



# Dental Public Health Project Descriptive Report Form

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: [lcofano@astdd.org](mailto:lcofano@astdd.org)

<b>Name of Project</b>
<b>Fluoride Varnish Program</b>
<b>Executive Summary (250-word limit)</b>
<p>Oral health is an essential component of primary care, and it has been identified as a significant contributor to overall health. Oral health has a great impact on the quality of life. However, oral diseases, such as dental caries (tooth decay) and gum disease, continue to be the most common chronic diseases among adults and children, despite being preventable conditions.</p> <p>Since dental caries and gum disease are transmissible infections, it is important to educate pregnant women, parents, and caregivers regarding the importance of having good oral health to protect their children from potential tooth decay bacteria contamination. Parents with poor oral health put babies and children at higher risk for oral disease. In fact, a mother with untreated dental caries or gum disease can transmit bacteria to her newborn baby. Early contact with bacteria, high sugar consumption, giving an infant or toddler a bottle filled with milk or sugary drinks, and poor oral hygiene practices can lead to early childhood caries (ECC).</p> <p>The New Mexico (NM) Office of Oral Health (OOH) has implemented best practices to reduce the incidence of dental caries and increase the application of fluoride varnish and dental sealants, and the frequency and quality of oral health education (improving oral health literacy). The activities of the OOH are aimed to reduce oral health disparities and achieve oral health equity among underserved communities in NM).</p> <p>OOH provides preventive care to Early Head Start (EHS), Head Start (HS), preschool and school-aged children throughout NM in urban/rural schools.</p> <p>OOH conducts a fluoride varnish program for HS and EHS centers. This program provides dental screening, three fluoride varnish applications per year, oral health education, and dental case management. Dental case management includes securing a dental home and finding treatment for uninsured and low-income children. Finally, OOH provides home dental hygiene supplies (toothbrush and toothpaste).</p>

For the FY2022 -2023, a total of 3,606 children were screened. A total of 1,055 fluoride varnish applications were provided to EHS, HS and pre-kindergarten students and 2,876 sealants were applied to elementary school children.

**Name of Program or Organization Submitting Project**

New Mexico Office of Oral Health

**Essential Public Health Services to Promote Health and Oral Health in the United States**

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

<input checked="" type="checkbox"/>	Assessment
<input type="checkbox"/>	Policy development
<input type="checkbox"/>	Assurance

<http://www.astdd.org/state-guidelines/>

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

**Healthy People 2030 Objectives**

List Healthy People 2030 objectives related to the project.

**Healthy People 2030 Goal:**

Improve oral health by increasing access to oral healthcare, including preventive services.

**Healthy People 2030 Objectives:**

- OH-08 - Increase the use of the oral health care system.
- OH-01 - Reduce the proportion of children and adolescents with lifetime tooth decay.
- OH-02 - Reduce the proportion of children and adolescents with active and untreated tooth decay.
- AHS-05 - Reduce the proportion of people who can't get the dental care they need when they need it.
- NWS-10- Reduce consumption of added sugars by people aged 2 years and over.
- OH-09 - Increase the proportion of low-income youth who have a preventive dental visit.
- OH-10 - Increase the proportion of children and adolescents who have dental sealant on 1 or more molars.

This information will be used as a data resource for ASTDD purposes.

**Keywords for sorting the project by topic.**

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

Children, dental sealants, fluoride, pregnant women, education, screening, dental case management.

## Detailed Project Description

### Project Overview

(750-word limit)

1. What problem does the project address? How was the problem identified?

The high incidence of dental caries among Early Head Start (EHS), Head Start (HS) and elementary school students has been identified through dental screenings. Dental screenings were conducted at early head start and head start a convenient sample of schools in Santa Fe. Dr. Ron Romero, (contractor dentist for the FY 2022-2023), conducted dental screenings as part of the fluoride varnish application intervention within the FV program. Additionally, dental screenings were conducted by dental hygienists as part of the program in a convenient sample of schools from Santa Fe and Rio Arriba, Albuquerque area and Las Cruces area. School dental screening refers to visual inspection of children's oral cavity, in a school setting, followed up with a report that goes home with the student, informing parents about their child's oral health status and encouraging a follow up with their established dentist.

2. Who is the target population?

Low-income students enrolled in EHS, HS and elementary schools.

3. Provide relevant background information.

The Office of Oral Health (OOH) has implemented best practices to reduce the incidence of dental caries: the application of fluoride varnish, dental sealants, and oral health education (improving oral health literacy). The activities of the OOH are aimed to reduce oral health disparities and achieve oral health equity among underserved communities in New Mexico (NM). OOH provides preventive care to EHS, HS, preschool and school-aged children throughout NM in urban/rural schools. OOH conducts a fluoride varnish program for HS and EHS centers. This program provides dental screening, three fluoride varnish applications per year, oral health education, dental case management. Additionally, OOH provides dental case management, securing a dental home and treatment for uninsured and low-income children. Finally, OOH provides home dental hygiene supplies (toothbrush and toothpaste). For the FY2022 -2023, a total of 2,217 children were screened. A total of 1,055 fluoride varnish applications were provided among EHS, HS and pre-kindergarten (PK) students and 2,876 sealants were applied among elementary school children.

4. Describe the project goals.

Decrease the proportion of children with Early Childhood Caries (ECC) by implementing oral health prevention and promotion strategies.

#### Objectives:

1. By the end of 2024, increase by 1 % the number of children 1-17, who had a preventive dental visit during the past year.
2. By the end of 2024, increase by 1% the number of children who received at least one dental sealant on a permanent tooth through the Office of Oral Health (OOH).

3. By the end of 2024, increase by 1% the number of children who received at least one fluoride varnish application through the Albuquerque and Las Cruces. OOH.
4. By the end of 2024, all children enrolled in the OOH preventative program for the 2023-2024 school year, will have received at least one oral health class promoting oral health, oral hygiene, and proper nutrition.
5. By the end of 2024, provide one oral health education session to the parents of children enrolled in EHS and HS schools, served by the OOH, (parents who attend the session), regarding the best oral health practices to take care of their child's teeth and the importance of the first dental visit at age of one.

## Resources, Data, Impact, and Outcomes

(750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

OOH staff: Oral health program director, 3 dental hygienists, 3 dental assistants, 1 dental case manager for the office in Santa Fe, and 2 contractors.

2. (a) What process measure data are collected (e.g., sealants placed, people hired, etc.)?

# of children screened

# of fluoride varnish applications

# of children served by the program

# of schools served by the program

Proportion of dental caries among the targeted population.

(b) What outcome measure data are being collected (e.g., improvement in health)?

No improvement was measured in the last FY 2022-2023, because in previous years participation was low due to pandemic.

## 2022-2023 Data Summary

- The Office of Oral Health (OOH) program activities include a sealant program, a fluoride varnish program, a dental screening program and case management.
- Data collected by the OOH for the FT 2022 - 2023 shows that after the COVID-19 pandemic, oral health disparities persist among school aged children enrolled in HS and in elementary public schools served by the Santa Fe, Albuquerque, and Las Cruces OOH.
- There were 7,812 children eligible to participate in programs from 186 schools.
- 3,606 children (46%) returned consent to participate and received services.
- **The dental sealant program** screened 1,216 children; from those 498 (40.95%) had untreated dental caries.
- 769 children received dental sealants and a total of 2,876 sealants were provided.
- **The Fluoride Varnish Program** screened 2,272 children. Of those, 544 (23.94%) had active/chronic dental caries and 1,155 **FV** applications were provided.
- Overall, OOH screened a total of 3,488 Children; 1,042 (29.87%) children had active/chronic dental caries.
- **Dental case management** was done to 534 children from the total of 3,488 children who received oral health services. There were 639 calls made and 2526 letters sent for a total of 2,526 contacts with parents.
- **Demographics**

- 12.4%% of the population served was White, 1.83% African American, 75.03% Hispanic, 1.5% Asian, 6.3% Native American, 0.1 % Pacific Islander and 2.8% considered as other ethnicity.
- 49.83% of children served by the program were males and 50.17% females.
- 70.34% of children had **dental insurance**, with 11.8% enrolled in private insurance and 58.54% enrolled in Medicaid, and 5.9% with no dental insurance. 23.8% did not respond.
- 68.92 % of children reported to have a **dental home** and 13.03 % did not have dental home. 18% did not provide information.
  - 71% of children had a **dental visit during the last year** and 28.1% did not.

(c) How frequently is data collected?

Data is collected from the consent forms and patient charts every fiscal year (July 1<sup>st</sup> to June 30<sup>th</sup>).

3. How are the results shared?

Results are shared through a fact sheet sent to different stakeholders and legislators.

### **Budget and Sustainability**

(500-word limit )

Note: Charts and tables may be used.

Program is funded by the state general funds and federal funding.

1. What is/was the budget for the project?

An estimated of \$85,000

2. How is the project funded (e.g., federal, national, state, local, private funding)?

Federal and state funding.

3. What is the sustainability plan for the project?

For the FY 24, general and federal funds will be projected for the program to continue. Also, the OOH will be exploring options of collaboration with external oral health partners to support oral health fluoride application in EHS and HS beginning in the Fall of 2023 via new MOAs.

### **Lessons Learned**

(750-word limit )

(a) What lessons were learned that would be useful for others seeking to implement a similar project?

Having appropriate funding and staff to run the program and good communication with HS schools is crucial for the program's success. The OOH uses to confirm activities scheduled one week before the date, to make sure that everything is ready (consents, space, and to confirm OOH attendance). Bidirectional communication has been an

essential component for the FV program to schedule clinics, inform clinic cancelations, and rescheduling activities that have been cancelled.

It is recommended that a MOU should be established between the parties to make sure that schools are committed to the program by encouraging parents to sign consent and improve student's participation.

(b) Any unanticipated outcomes?

The lack of students' participation in the program after COVID, due to hesitation amongst parents regarding safety protocols post COVID when masks were still a requirement in most public schools across New Mexico.

(c) Is there anything you would have done differently?

A complete understanding of the terms of the MOU to reduce the possibility of duplicate services by other organizations.

## Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

Contact for Inquiries	
Name:	Sonia C Garcia Lopez
Title:	Dental Case Manager
Agency/Organization:	New Mexico Office of Oral Health
Address:	1190 S Saint Francis Dr.
Phone:	505-490-5196
Email:	Sonia.garcia-lopez@doh.nm.gov
Second Contact for Inquiries	
Name:	Amy Sandoval
Title:	Office of Oral Health Dental Director
Agency/Organization:	New Mexico Office of Oral Health
Address:	1190 S Saint Francis Dr.
Phone:	
Email:	Amy.sandoval@doh.nm.gov

<b>To Be Completed By ASTDD</b>	
Descriptive report number:	34010
Associated BPAR:	Early Childhood Caries Prevention and Management
Submitted by:	New Mexico Office of Oral Health
Submission file name:	DES34010NM
Submission date:	September 2023
Last reviewed:	September 2023
Last updated:	September 2023