Dental Public Health Activity Descriptive Report Submission Form

The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your **successful dental public health activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: Strength of Evidence Supporting Best Practice Approaches
Systematic vs. Narrative Reviews: http://libguides.mssm.edu/c.php?g=168543&p=1107631

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

"Save Our Smiles" Voluntary Fluoride Mouthrinse Program

Public Health Functions*: Check one or more categories related to the activity.

"X"	**Assessment**
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
x	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
x	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
x	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
	8. Assure an adequate and competent public and private oral health workforce
x	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
x	10. Conduct and review research for new insights and innovative solutions to oral health problems

***ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health**

Healthy People 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	Healthy People 2020 Oral Health Objectives	
x	OH-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
x	OH-2	Reduce the proportion of children and adolescents with untreated dental decay
	OH-3	Reduce the proportion of adults with untreated dental decay
	OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
x	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
x	OH-8	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9	Increase the proportion of school-based health centers with an oral health component
	OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
x	OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year

	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

"X"	Other national or state Healthy People 2020 Objectives: (list objective number and topic)	

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:
School-based oral health, access to care, children services, children oral health, fluoride mouthrinse, fluoride in schools

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The "Save Our Smiles" voluntary weekly fluoride mouthrinse program is funded by the New Jersey Department of Health. Schools targeted for participation include "high-need/high risk" schools located in districts where community water is not optimally fluoridated. CDC has established a standard for optimal fluoridation at .7 parts of fluoride per million parts of water and not more than 2 parts per million. The program started in 1981 and served 20,000 children that year. During the 2016-2017 school year, approximately 70,000 students received oral health/hygiene education and oral health personal care resources. During that school year, over 11,500 students participated in the voluntary school-based fluoride mouthrinse program.

During the 2016-2017 school year, the cost of one mix and pump fluoride mouthrinse kit was $91.80. Each kit serves 75 students per school year. The program funding overall was $80,000.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

Complete using **Verdana 9 font.

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

The program was initiated as a result of a recognition of the needs of youth residing in communities that lacked water fluoridation at optimal levels, for better oral health education and outreach. The U.S.

Surgeon General's Report on Oral Health, released in 2000, addressed the need and importance of fluoride in preventing tooth decay.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Low income (less than 200% of the federal poverty level) have long been considered at high risk of poor oral health outcomes. This group remains at heightened risk. In 2015, while 789,480 children age 18 and under were covered by Medicaid, only 390,480 received any dental services that year. This represents just under 50% of these low income children. More telling, only 365,278 of the children covered by Medicaid (46%) received preventive oral health services that year. See Kids Count Report, 2017, Advocates for Children of New Jersey, available electronically at: https://acnj.org/downloads/2017_05_22_new_jersey_kids_count_2017.pdf. See also, Medicaid Enrollment, 2015, reported by the New Jersey Department of Human Services, Division of Medical Assistance and Health Services, available electronically at: http://www.state.nj.us/humanservices/dmahs/news/reports/enrollment_2015.pdf.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

The Save Our Smiles initiative was kicked off in July of 1981. The initial year 20,000 children were served. The program has grown to serve 70,000 children annually.

The sections below follow a logic model format. For more information on logic models go to: W.K. Kellogg Foundation: Logic Model Development Guide

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES

1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

Save Our Smiles has the following resources: Dental hygienist from the NJ Department of Health to oversee the program, collaborators who are funded grantees that ensure that training is provided around oral health education and outreach, as well as the Fluoride Mouthrinse (FMR) program. Funding in the amount of $80,000 is provided annually. Collaborators include federally qualified health centers, the NJ Department of Health, the NJ Department of Human Services (Medicaid) and local school districts

INPUTS	**PROGRAM ACTIVITIES**	OUTPUTS	OUTCOMES

2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

The New Jersey "Save Our Smiles" FMR is a voluntary state-funded program that targets high need/high risk schools in areas of New Jersey where the public water supply is not optimally fluoridated. CDC has established a standard for optimal fluoridation at .7 parts of fluoride per million parts of water and not more than 2 parts per million. If schools choose to participate, a contact person from the school, who will administer the program, is identified and receives training in program administration in the school setting. A comprehensive program manual updated in 2016 is provided.

Annual monitoring of the program takes place through completion and submission of monitoring forms. Compliance visits also take place at the school to ensure adherence to program guidelines and telephone or in-person consultation is provided as needed or requested by school staff. The FMR is administered through the mix-and-pump or unit-dose method. Schools that choose to administer the program via unit dose, pay the cost difference between the mix and pump and unit dose administration system. Regional Oral Health Program staff assists schools to determine the quantity of supplies needed for the school year. The on-going supplier of fluoride, Medical

Products, ships supplies to each participating school by the third week of September each school year.

INPUTS	PROGRAM ACTIVITIES	**OUTPUTS**	OUTCOMES

3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

During the 2016-2017 school year, approximately 70,000 students received oral health/hygiene education and oral health personal care resources. During that school year, over 11,500 students participated in the voluntary school-based fluoride mouth rinse program.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	**OUTCOMES**

4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
    a. How outcomes are measured
    b. How often they are/were measured
    c. Data sources used
    d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

Outcomes are measured annually by participating schools that report the number of students participating, after consent is obtained from their parents. The source of the data is tracked by school officials counting the number of students attending oral health education programs, as well as those who participate in the FMR program, with parental consent. The program has short-term goals since the same children are not monitored from year to year.

Budgetary Information:
NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

   $80,000

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

   $91.80 per mouthrinse kit, which includes one fluoride mix and a pump.

3. How is the activity funded?

   Through the Title V, Maternal and Child Health Services Block Grant (HRSA).

4. What is the plan for sustainability?

   The program is currently funded under the MCH Block Grant and the immediate plan is to continue focusing on this National Priority Measure.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

The program has been successful in helping vulnerable children (in school districts that do not have optimally fluoridated water) to have access to a fluoride mouthrinse in the school setting.

2. What challenges did the activity encounter and how were those addressed?

The largest challenge has been a lack of parental consent for more students to take part in the voluntary mouthrinse program. We intend to ensure that our messaging is more culturally and linguistically competent in order to increase participation.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

New Jersey Fluoride Mouthrinse Program Annual Report Form

New Jersey Save Our Smiles Training Manual-2018

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	33004
Associated BPAR:	Use of Fluoride in Schools
Submitted by:	New Jersey Department of Health, Division of Community Health Services
Submission filename:	**DES33004NJfmrprogram-2018**
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