



Dental Public Health Activities & Practices

Practice Number: 35004
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: New York State School-based Supplemental Fluoride Program		
Public Health Functions: Assurance – Population-based Interventions Assurance – Oral Health Communications Assurance – Building Community Capacity for Interventions		
HP 2010 Objectives: 21-1 Reduce dental caries experience in children. 21-2 Reduce untreated dental decay in children and adults. 21-12 Increase preventive dental services for low-income children and adolescents.		
State: New York State	Region: Northeast Region II	Key Words: Fluoride supplements, dental caries, tooth decay, fluoride mouth rinse, fluoride tablet, school based program, prevention, school age children, preschool children
Abstract: In 1978, the New York State Health Department initiated the Supplemental Fluoride Program. The goal of this program is to prevent dental caries among targeted groups of children at high risk for dental disease and promote awareness of the importance of oral health. The Fluoride Supplement Program consists of a school-based fluoride mouth rinse program and a preschool preventive tablet program. The Supplemental Fluoride Program is implemented in a participating school or facility as part of a health education program. The Supplemental Fluoride Program provides: (1) informational, financial and technical assistance to all schools interested in implementing the program, (2) educational and promotional information on fluorides and dental health to teachers, parents and health care providers, and (3) in-service training for program personnel at participating schools or facilities.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

In 1978, the New York State Health Department initiated the Supplemental Fluoride Program. The program provides a school-based fluoride mouth rinse program for elementary school children in fluoride-deficient areas and a preschool preventive tablet program for three and four year old preschool children living in fluoride-deficient areas). Schools receiving the approval of their board to participate in the program are provided health information as well as financial and technical assistance to implement the program. Fluoride supplement tablets are given to children attending Head Start centers, children in preschool programs at public schools, and preschool children of migrant workers.

Justification of the Practice:

Despite significant improvements in dental prevention strategies and treatment modalities, dental caries remain a common and often serious concern. The goal of the program is to reduce the incidence of dental caries through the use of self-applied fluorides in school settings and promotion of awareness of the importance of oral health.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

The New York State School-based Supplemental Fluoride Program is implemented in a participating school or other facility as part of a health education program. Student participation in the program is voluntary and parental consent is required for all participants. The fluoride supplies for each school is ordered by the program, purchased by the New York State Department of Health and shipped directly from the manufacturer to the participating school. The program oversees the shipment of supplies to the participating school districts. The program is under the general supervision of a volunteer supervising dentist or school physician and provides either the daily use of a fluoride tablet, or weekly fluoride mouth rinse solution. The fluoride material is monitored by the health coordinator, who is either the school nurse or a dental hygienist. For the mouth rinse program, the required number of pre-packaged cups of the solution, in the appropriate concentration, is delivered to the classroom teachers who oversee the students' use of the rinse in accordance with appropriate directions and training provided by the New York State Department of Health. The Supplemental Fluoride Program:

- Provide informational, financial and technical assistance to all schools interested in implementing the program.
- Provide educational and promotional information on fluorides and dental health to teachers, parents and health care providers.
- Provide in-service training for program personnel at participating schools.

The program provides fluoride mouth rinse to over 110,000 school children in grades 1-8 and offers fluoride drops and tablets to their clients through well-child clinics and WIC sites in thirteen counties. Since its inception in 1978, the program has maintained a 90 percent participation rate.

Budget Estimates and Formulas of the Practice:

- Budget allocation, \$130,000, MCH Block Grant
- Personnel – program personnel at school sites are volunteers
- New York State Department of Health, Bureau of Dental Health provides a 0.85 FTE for program administration

Lessons Learned and/or Plans for Improvement:

- Obtain approval from the school board before proceeding to present the program to individual schools within the district.
- Fluoride materials are to be locked (when they are not being used)
- Informational and technical assistance should be provided to schools located in high-income non-fluoridated areas, which are interested in starting such programs.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- In-service training materials
- Program administration package
- Program promotion materials

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability and benefits to the oral health care and well-being of certain populations or communities (i.e. reference scientific evidence and outcomes of the practice)?

Participants in these supplemental fluoride programs experience a nation-wide average of 30-40 percent reduction in dental caries. The Fluoride Supplement Program consists of a school-based fluoride mouth rinse program, which serves elementary school children in fluoride-deficient areas, and a preschool preventive tablet program, which serves three and four year old preschool children living in fluoride-deficient areas. More than 110,000 children are participating in these programs.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

The New York State School-based Supplemental Fluoride Program costs have remained almost constant over the years. Based on the allocated budget of \$130,000 MCHSBG funding and more than 110,000 children served annually by the program, the estimated cost per child is \$1.18.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

Since its inception in 1978, the program has maintained a 90 percent participation rate.

Collaboration/Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

The collaborative effort of the New York Department of Health, Department of Education, Head Start and the MCH Program supports the Fluoride Supplement Program. However, there are other partners for the program. For example, in cooperation with the New York State Agricultural Child Care Program, a fluoride supplement demonstration project has been initiated to serve children at migrant day care program sites in three counties.

Objective/Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basis infrastructure and capacity for state territorial oral health programs?

The New York State School-based Supplemental Fluoride Program supports efforts to make advances toward the following Healthy People 2010 objectives:

- 21-1 Reduce dental caries experience in children
- 21-2 Reduce untreated dental decay in children and adults
- 21-12 Increase preventive dental services for low-income children and adolescents

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

Several states have implemented fluoride mouth rinse and fluoride tablet/drops programs. ASTDD Synopses showed that in 2001, 34 states reported supporting fluoride mouth rinse programs and 14 states reported supporting fluoride supplement tablets/drops programs.