Policy for Private Water Source Fluoride Testing

In October of 1999, the Office of Oral Health expanded community water fluoridation activities in Arkansas. The program included working with physicians and dentists on prescribing proper fluoride supplement dosages in non-fluoridated areas of the state. The fluoride supplement dosage schedule is based on knowing the background level of fluoride in the primary drinking water. However, no central resource existed in the state to provide the background level of fluoride. Proper prescription of fluoride supplements requires knowing the background level of fluoride in the drinking water to determine fluoride dosage.

Because no such program existed in Arkansas, the state dental director initiated the program by developing a policy within the state health department to realize this goal. Various divisions within the health department were brought together to gain support for the policy, to make revisions in current guidelines and work practices, and to finalize the policy within the department’s structure. The Office of Oral Health prepared a draft policy to initiate a fluoride testing program. The State Health Laboratory, the agency responsible for water testing, was involved in developing needed work practice changes to implement the program, giving input on the policy language, and approving the testing application form to be sent from dentists and physicians. Various management levels within the department approved the new policy. The policy development for fluoride testing requires no funding beyond personnel time. Due to the expected low volume of testing requests at any given time for the program, and the importance of obtaining accurate fluoride testing levels, the Office of Oral Health was able to negotiate with the State Health Laboratory to make the testing cost-free to providers.

Announcement of the testing program is sent to dentists and physicians annually. Professionals are urged to use the new testing service and prescription guidelines for non-fluoridated communities, as well as to explore community water fluoridation if their communities were not fluoridated. The Office of Oral Health is the focal point for receiving test requests, sending out sample bottles, receiving samples, checking paperwork for completeness, conveying samples to the laboratory, receiving the test results from the lab and notifying the submitting provider. Feedback from participating dentists and physicians has been extremely supportive.

Lessons Learned:

Establishing the new testing program was relatively easy within the state health department. Because the program was estimated, and has proven, to test no more than 15-20 samples per year, managing the program has been no problem either for the Office of Oral Health or the state lab. Dentists and physicians using the program have expressed their appreciation for the program and that it is provided at no charge to them or their patients.

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