

Dental Public Health Activity Descriptive Summary

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School-Based Weekly Fluoride Mouthrinse Program

The North Carolina Oral Health Section (NC OHS) funds a weekly school-based fluoride mouthrinse program (FMR) at no cost to NC school systems. The program consists of supervised weekly rinsing with a .02% sodium fluoride solution. Supervised regular use of fluoride mouthrinse has shown an average 23% reduction in decayed, missing and filled teeth among participating children, even if the children use fluoride toothpaste or live in water-fluoridated communities. NC schools with 60% or more of students eligible for the Free & Reduced Meals Program are eligible to participate. All classrooms of grades 1st through 5th/6th must participate to be compliant; kindergartners are not eligible. OHS public health hygienists identify schools eligible for enrollment and, once approved; provide training for each school's designated FMR coordinator. FMR supplies are ordered through the OHS, but school coordinators are responsible for safe storage and disposal of the fluoride, collection of necessary inventory information and also serve as the contact person for teachers and OHS hygienists.

Program evaluation is currently based on administrative procedures and processes, rather than health outcomes. However, a statewide school dental survey in 2003-2004 revealed the FMR program confers substantial caries-preventive benefits to children in high-risk schools when compared to those in low-risk schools. This study also justified the reinstatement of the FMR program in 2006 after it had been discontinued due to budget constraints. Program reinstatement presented challenges as new school eligibility criteria and ordering process were imposed. Effective and efficient communication between the OHS and participating schools regarding FMR ordering and receiving is an ongoing area of improvement.

In 2016-17, FMR program expenses were \$127,000, which covered approximately 48,000 participating students, or an average \$2.65 per student.

Lessons Learned:

Through the statewide school dental survey, results showed that FMR does work for low income children who use it consistently and long-term. Prior to the survey, funding for the program was discontinued and therefore the program was removed from the schools. Targeted use is the most effective and the best use of resources (funding and staff).

Prior to discontinuing the program, challenges were primarily limited to compliance issues at the school level. Program reinstatement presented challenges: getting back into school systems that had previously participated and because the program was no longer open to all schools, but only high-risk schools. Also, ordering supplies is the responsibility of the schools, whereas prior to the reimplementation, the NCOHS ordered and delivered supplies. The change in ordering protocol has created some challenges. For the manufacturer to receive payment from the NCOHS, packing slips must be signed by school personnel receiving the order and returned to show that their shipment arrived. It has been difficult at times to get packing slips from the school. The NCOHS is continually working to streamline the process.

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