

Head Start Caries Intervention Program Manual

Mission Statement: Aid in meeting the national health objectives for 2010, by decreasing the substantial disparities in the level of preventive dental care obtained by poor and minority children, compared with other children in Pinellas County.

Goal: Our goal is to reduce the prevalence of dental caries in underserved, high risk populations by implementing a fluoride varnish program for Pinellas County Head Start and Early Head Start children.

Problem Statement: “Ensuring dental care for Head Start children is notoriously difficult because of Medicaid’s low payment to dentists and low numbers of participating dentists. Federal studies report that poor preschoolers suffer more than twice the tooth decay and twice the dental pain as their affluent peers, but are only half as likely to visit a dentist. Healthy People 2010 reports that one-in-five (18%) two-to-four year olds have visible cavities and that past efforts to reduce this disease burden have failed” (Children’s Dental Health Project July 2003).

Solution: Decrease the need for restorative dental treatment through a caries prevention program.

Proposal: Application of fluoride varnish (Vanish™ 5% NAF) two times a year for Pinellas County Head Start and Early Head Start children. Fluoride varnish will be applied by volunteer licensed dental hygienists on-site at the Head Start and Early Head Start Centers.

Intermediate Goal: Yearly expansion of the Head Start Caries Intervention Program: adding a new county or counties.

Long Term Goal: State wide implementation of Head Start Caries Intervention Program.

- Objectives:**
- 1) Compliance with objectives of Healthy People 2010.
 - 2) Increase community awareness and action.
 - 3) Increase oral health knowledge of parents and children.
 - 4) Increase general health of children of low income status by improving their oral health.
 - 5) Improve oral health through preventive fluoride varnish applications two times a year.
 - 6) Assist local pedodontists and general dentists with preventive oral healthcare.

- Plan of Action:**
- 1) Approval of project/proposal by Head Start and Early Head Start.
 - 2) Secure necessary seed money:
 - a) Grant applications
 - b) Seek legislative support
 - c) Head Start Funding: grant matching
 - d) Corporate charitable contributions.
 - 3) Distributions and explanation of consent forms to parents.
 - 4) Recruit volunteers-licensed dental hygienists.

Project Budget Summary

Budget is based on 1600 children in Pinellas County receiving 2 fluoride varnish applications in a fiscal year.

Line Item	Cost
*Unit-dose Vanish™5% NaF Fluoride Varnish (1,000 doses; unit price\$1.26 per application) \$2016.00	
*Ear loop Face Masks (50/box; unit price \$10.25)	\$30.75
*Nitrile Gloves (100/box; unit price \$6.45)	\$206.40

Total Supplies Cost \$2253.15

Caries Intervention cost per child \$2.80 (2 fluoride varnish applications per year).

Caries Intervention cost per child per application \$1.40

*Pricing as of April , 2009 and is subject to change dependent upon suppliers change of pricing.

Head Start: An Opportunity to Improve the Oral Health of Children and Families

Early Head Start and Head Start are comprehensive child development programs that serve infants and children from birth through age 5, pregnant women, and their families. The overall goal of these child-focused programs is to increase the school readiness of young children from families with low incomes.

Statements of Facts:

- More than one third (38.6 percent) of poor children ages 2 to 9 have one or more untreated decayed primary teeth, compared to 17.3 percent of non-poor children.
- Low-income and minority children have more dental cavities than other children.
- Poor Mexican-American children ages 2-9 have the highest proportion of untreated decayed teeth (70.5 percent), followed by poor non-Hispanic black children (67.4 percent).
- Less than one of every five poor children enrolled in Medicaid receives preventive dental services in a given year, even though Medicaid provides dental coverage for enrolled children.
- There are serious barriers to care in publicly provided insurance programs. The number of providers is declining, creating a shortage of qualified dentists in some areas, particularly among specialty care providers and minority practitioners.
- Because the system for financing and delivering dental services has evolved separately from the medical care system, there are also barriers that arise from care coordination between primary care medical and dental providers.

(Grant Makers in Health, Filling the Gap: Strategies for Improving Oral Health)

Surgeon General's Report: Oral Health in America

- Dental caries is the single most common chronic disease of childhood, occurring five to eight times as frequently as asthma, the second most common chronic disease in children.
- Early childhood caries can be a devastating condition, often requiring thousands of dollars and a hospital visit with general anesthesia for treatment.
- The pain, psychological trauma, health risks, and costs associated with restoration of these carious teeth for children affected by early childhood caries can be substantial.
- More than 51 million school hours are lost each year to dental-related illness.
- Poor children have nearly 12 times more restricted activity days because of dental-related illness than children from higher-income families.
- Pain and suffering due to untreated diseases can lead to problems in eating, speaking, and attending to learning.
- Despite the reduction in cases of caries in recent years, more than half of all children have caries by the second grade and by the time students finish high school, about 80 percent have caries.
- The average number of decayed and filled teeth among 2-4-year-olds has remained unchanged over the past 25 years.

Explanation of Fluoride Varnish

Topically applied fluoride varnishes usually consist of sodium fluoride in a resin carrier and are used primarily as a caries prevention therapy for pediatric and high-risk caries patients. Only relatively recently have they become available for use in the United States. However, fluoride varnishes have been widely used in Western Europe, Canada, and the Scandinavian countries since the 1980s as a caries prevention therapy. A large number of studies, most done outside the United States, have shown that fluoride varnishes are safe and efficacious in preventing or reducing caries.

Patients should be advised prior to treatment that some varnishes (usually the sodium-based ones which are yellow) can impart a slight discoloration to the teeth. The discoloration is temporary, however, and is removed by brushing. Biannual applications of fluoride varnishes are usually recommended, however some clinicians advise treatment every 3 months. Fluoride varnishes are believed to be efficacious because their stickiness helps to keep them in contact with tooth structure for a longer time than topically-applied fluoride gels and liquids.

Omnii Oral Pharmaceuticals manufactures Vanish™; the first 5% NAF white fluoride varnish available in unit-dosed packaging. The company offers their varnish in a dosage size of .50ml. The doses are provided in a convenient, asepsis friendly, disposable “lollipop” package that includes a bend-a-brush applicator.

Clinical Studies on Fluoride Varnishes:

Fluoride varnish is effective in preventing cavities in children, according to a study conducted by a University of Florida College of Dentistry assistant professor of pediatric dentistry.

Dr. Jaana Autio, originally from Finland, used fluoride varnish in her practice there and wanted to study its effectiveness in at-risk 3-to-5 year-olds in the United States. Autio's nine-month study used 222 children from Head Start. Part of the group received Duraphat while the rest treated with a standard fluoride gel.

Autio found that in the Duraphat group, 80 percent of children had fewer cavities. In the gel group, 37 percent of children had fewer cavities.

(<http://fluoride.oralhealth.org/papers/2000/health-362.html>)

Review of Literature by Cochran Group: Cochran Systematic Reviews

"These studies were conducted in both the presence and the absence of fluoride-whether in the water, salt, or what ever. Studies involved simultaneous use of fluoride toothpaste and demonstrated benefits over and above those of fluoride toothpaste. They used conventional meta-analysis to determine the benefit. From this systemic review, they concluded that the application of varnishes two to four times a year results in a significant decrease in the incidence of caries. The reduction was 46%- better than people had thought based on the studies that have appeared periodically."

(www.cochrane-oral.mam.ac.uk)

Current States with Fluoride Varnish Programs:

Alaska, Colorado, Georgia, Idaho, Iowa, Kansas, Kentucky, Massachusetts, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, Pennsylvania, South Carolina, Virginia and Wisconsin.



**Pinellas County Head Start & Early Head Start
Fluoride Varnish Program**

Dear Parent:

A preventive dental program is available through the Pinellas County Head Start. A licensed professional will apply a protective coating called fluoride varnish to your child's teeth as a preventive measure against tooth decay.

To receive these no-cost services you must provide consent.

Yes, I want my child to receive fluoride varnish (please fill in the bottom of this form)

No, I do not want my child to receive these preventive fluoride varnish services.

Name of Child: _____ Date of Birth: _____

Male: _____ Female: _____ Race: _____ School: _____

Teacher: _____ Room: _____

Home Address: _____ City: _____ Zip: _____

Parent/Guardian's name: _____

Please print

HEALTH HISTORY

1. Has your child ever had health problems? No: Yes: If yes, please explain:

2. Have you ever been told your child has a heart murmur? No: Yes:

3. Does your child have any allergies? No: Yes: If yes, please list all allergies and include any food, flavoring or dye allergies: _____

Parent Signature: _____ Date: _____

***** This service does not replace a comprehensive evaluation. It is our recommendation that a dentist regularly examines your child *******

FOR OFFICE USE ONLY

Comments _____

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Varnish placed on: _____ by: _____



Information for Parents about Fluoride Varnish

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Why do we recommend putting fluoride varnish on children's teeth?

Tooth decay is one of the most common preventable diseases seen in children. Children as young as 12-18 months can get cavities. Cavities in baby teeth can cause pain and even prevent children from being able to eat, speak, sleep and learn properly. Children do not lose all their baby teeth until they are about 12 to 13 years old.

What is fluoride varnish?

Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started.

Is fluoride varnish safe?

Yes, fluoride varnish can be used on babies from the time they have their first teeth. Only a very small amount of fluoride varnish is used. This method of providing fluoride to teeth has been used in Europe for more than 30 years. Fluoride varnish is approved by the FDA and is endorsed by the American Dental Association.

How is it put on the teeth?

The varnish is painted on the teeth. It is quick and easy to apply and does not have a bad taste. There is no pain, but your child may cry just because babies and children don't like having things put in their mouths especially by people they don't know! Your child's teeth may be yellow after the fluoride varnish is painted on, but the yellow color will come off when you brush your child's teeth tomorrow.

How long does the fluoride last?

The fluoride coating will work best if it is painted on the teeth 3-4 times a year.

Baby Teeth are Important!

Remember, do not clean your child's teeth today and do not give them hot, hard or sticky foods. Start cleaning your child's teeth tomorrow morning. The yellow color will come off when you brush your child's teeth

Directions for Care after Treatment with Fluoride Varnish (Vanish™)

After the application of fluoride varnish (Vanish™) you will feel a coating and may notice a difference in color while the varnish remains on your teeth. To obtain the maximum benefit during the 4-6 hour treatment period, we ask that you take the following care:

- Do not remove Vanish™ by brushing or flossing for at least 4-6 hours.
- If possible, wait until tomorrow morning to resume normal oral hygiene.
- Eat a soft food diet during the treatment period.
- Avoid hot drinks during the treatment time.

A thorough brushing and flossing will easily remove any remaining Vanish™. Your teeth will return to the same shine and brightness as before the treatment.

PROGRAMA DE BARNIZ DE FLUORURO



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Estimados Padres:

Un programa dental preventivo está disponible con la ventaja del condado de Pinellas.

El programa ayuda a prevenir las caries en los dientes de los niños. Una persona con licencia aplicara una barrera protectora llamada barniz de fluoruro. Este barniz fortalece los dientes y los hace mas resistente contra las caries.

Para recibir estos servicios no-cost usted debe proporcionar consentimiento.

___ **Si**, quiero que mi hijo (a) recibe el barniz de fluoruro (por favor, complete la parte de abajo de esta forma)

___ **No**, deseo que mi hijo (a) recibe este servicio de barniz de fluoruro sin-costo.

Nombre del Niño (a): _____ Fecha de nacimiento: _____

Masculino: _____ Femenina: _____ Raza: _____ Centro: _____

Maestra: _____ Salón: _____

Domicilio: _____ Ciudad: _____ Zona: _____

Nombre de los Padres/Guardián: _____

Historial Medica

1. ¿Su niño ha tenido siempre problemas de salud? Si: ___ No: ___ Si sí, explique por favor: _____

2. Le han dicho siempre que su niño tiene murmullos del corazón ? Si: ___ No: ___

3. ¿Su niño tiene alergias? Si: ___ No: ___ Si enumere sí, por favor todas las alergias e incluya cualquier alimento, condimentación, o alergia del tinte: _____

Firma de los Padres _____ Fecha: _____

***** Este servicio no reemplaza un examen para una completa evaluacion. Es nuestra recomendacion es que su dentista lo(a) vea regularmente.*****

FOR OFFICE USE ONLY

Comments _____

Varnish placed on: _____ by: _____



Información para los padres Sobre el esmalte de fluoruro

¿Porque nosotros recomendamos la aplicación del esmalte de fluoruro en los dientes de los niños?

Las caries es una de las enfermedades preventibles mas comunes vista en los niños. Los niños pequeños desde los 12-18 meses pueden tener cavidades. Las cavidades en los dientes de leche pueden causar dolor y aun hasta evitar a los niños a poder comer, hablar, dormir y aprender apropiadamente. Los niños no pierden todos sus dientes de leche hasta que tienen como de 11 a 12 años de edad.

¿Que es el esmalte de fluoruro?

El esmalte de fluoruro es una capa protectora que es pintada sobre los dientes para ayudar a prevenir nuevas cavidades y para ayudar a detener a las cavidades que ya hallan comenzado.

¿Es el esmalte de fluoruro seguro?

Si, el esmalte de fluoruro puede ser usado en bebés desde que ellos tienen sus primeros dientes. Solamente una cantidad pequeña de esmalte de fluoruro es usada. Este metodo de proveer fluoruro a los dientes a sido usado en Europa por mas de 25 años. El esmalte de fluoruro es aprobado por la “FDA” y es respaldado por la Asociación Dental Americana.

¿Como es el fluoruro aplicado en los dientes?

El esmalte es pintado sobre los dientes. Es rapido y fácil de aplicar y no tiene mal sabor. No hay dolor, pero su niño/a puede llorar simplemente porque a los bebés y niños no les gusta que les pongan cosas en su boca ¡especialmente por gente que ellos no conocen! Los dientes de su niño/a estaran amarillos despues que el esmalte de fluoruro sea aplicado, pero el color amarillo se caera cuando usted cepille los dientes de su niño/a mañana.

¿Cuanto tiempo dura el fluoruro?

La capa de fluoruro trabajara mejor si es aplicada en los dientes de 3-4 vecez al año.

¡ Los dientes de leche son importantes!

Recuerde, no limpie los dientes de su niño/a hoy y no les de comidas duras o pegajosas. Comience a limpiar los dientes de su niño/a mañana en la mañana.

El color amarillo se caera cuando usted cepille los dientes de su niño/a.

Instrucciones para el Cuidado Después del Tratamiento con el Barniz de Fluoruro Vanish™

Después de la aplicación de Vanish™ usted sentirá una capa en sus dientes y puede notar una diferencia de color mientras el barniz permanezca en sus dientes. Para obtener el beneficio máximo durante las 4 – 6 horas del período del tratamiento, le pedimos que siga las siguientes instrucciones:

- No remueva Vanish™ con cepillo o hilo dental antes de 4 – 6 horas.

- Si fuera posible, espere hasta la mañana siguiente para continuar su higiene oral como de costumbre.
- Mantenga una dieta de alimentos blandos durante el período del tratamiento.
- Evite las bebidas calientes durante el período del tratamiento.

El cepillarse y pasarse hilo dental minuciosamente removerá con facilidad el Vanish™ que quede. Sus dientes tendrán el mismo brillo y resplandor que tuvieron antes del tratamiento.

Pre-application instructions:

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- Remind the parent to give the child something to eat and drink before coming to receive a fluoride application.
- Advise the parent that the varnish can be brushed off the following day.

You will need to have:

- Disposable gloves
- Fluoride varnish
- Small disposable fluoride applicator
- Paper towels or disposable bids to place under the child's head (optional)

Position the child:

- For an infant – place the child on the parent’s lap with the child’s head on the parent’s knees and the child’s legs around the parent’s waist. Position yourself knee-to-knee with the parent and treat the child from behind the head.
- Or, place the infant on an exam table and work from behind the head.
- Or, as you gain experience, do whatever works for you.
- For a young child – place the child in a prone or sitting position and work from above the head as with an infant. Or, adapt a method that works best for you.

The application:

- Using gentle finger pressure, open the child’s mouth.
- Apply a **thin** layer of the varnish to **all surfaces of the teeth**. Avoid applying varnish on large open cavities where there may be pulp involvement.
- Once the varnish is applied, you need not worry about moisture (saliva) contamination. The varnish sets quickly.

Remember:

- Even though the child may fuss, the varnish application is not unpleasant.