Oral Health Promotion: Fluoride Varnish Evaluation Report

Louisiana Department of Health
Bureau of Chronic Disease Prevention & Health Promotion

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List of Acronyms

LDH  Louisiana Department of Health
BCDPHP Bureau of Chronic Disease Prevention and Health Promotion
OHP  Oral Health Promotion
OHC  Oral Health Coalition
CWF  Community water fluoridation
CDC  Centers for Disease Control and Prevention
HRSA Health Resources and Services Administration
BCDPHP Bureau of Chronic Disease Prevention and Health Promotion
LSU  Louisiana State University
ULM  University of Louisiana Monroe
MCNA  MCNA Dental is a Medicaid dental plan in Louisiana
LDHA Louisiana Dental Hygienist's Association
ORH  Office of Rural Health
LPCA Louisiana Primary Care Association Inc.
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Executive Summary

The Bureau of Chronic Disease Prevention and Health Promotion (BCDPHP) within the Louisiana Department of Health (LDH) created the Well-Ahead Louisiana (WAL) Oral Health Promotion (OHP) to help improve the oral health of Louisiana residents through the development of community and statewide initiatives. The primary tasks of the Louisiana OHP include creating and sustaining an Oral Health Coalition, community water fluoridation (CWF), and implementing a dental sealant program. OHP received a five-year funding grant from the Centers for Disease Control and Prevention (CDC) in 2013 in an effort to strengthen the existing program infrastructure and enhance the oral health promotion efforts of OHP.

The OHP has an ongoing partnership with Healthy Louisiana to promote a fluoride varnish campaign among The Healthy Louisiana Managed Care Organization’s provider networks. Physicians applying fluoride varnish can help provide oral preventative care to a larger population of Louisiana youth who might be limited to medical health insurance. This program also helps unify medical and dental health.

The purpose of this process evaluation is to help inform improvement and evaluate the effectiveness of the Physician Applied Fluoride Varnish Campaign utilized by the BCDPHP-OHP. This evaluation answers the following questions; (1) To what extent are providers participating in the Smiles for Life training?, (2) To what extent are providers being reimbursed for fluoride varnish application as a result of OHP’s efforts?, (3) To what extent has the program affected a change in behavior toward oral health care provision among providers that are targeted? The intended audience of this report is the OHP and the CDC. The results of this process evaluation will also be used by state oral health promotion partners, state legislators, local decision-makers, and beneficiaries of program activities. The evaluation results are primarily intended for use by OHP team members to make adjustments and improvements to program activities, as well as oral health promotion partners to adjust program implementation strategies as needed. These results may also be used by LDH administrators and other state decision-makers who are interested in programmatic updates from BCDPHP.

Data used in this report comes from the OHP outreach and activity tracking, fluoride varnish certification data, and Medicaid fluoride varnish reimbursement claims data to examine the OHP fluoride varnish program outputs. The OHP tracks monthly outreach and activities in an excel chart. This chart was utilized to measure program inputs. The fluoride varnish certification data was measured monthly by Smiles for Life and provided to the OHP on a quarterly basis. The Medicaid fluoride varnish reimbursement claims and providers submitting claims were tracked by health plan quarterly. The data was analyzed descriptively using Microsoft Excel to determine the impact of the OHP on the education and utilization of fluoride varnish among medical providers in Louisiana.

Findings in this report show that the Louisiana Healthy Smiles Fluoride Varnish Initiative has increased outreach and promotion efforts from 2015 through 2017. In this same timeframe, the number of Smiles for Life certifications and providers submitting fluoride varnish reimbursement claims have both increased. Additionally, providers have reported to the OHP that they will continue to provide fluoride
varnish and learning about the process has increased their understanding of the importance of promoting oral health.

The results of this evaluation are limited in that tracking methods were not standardized due to job turnover of surveillance and evaluation staff members, follow up surveys had little participation, and reimbursement claims can experience an inconsistent lag time during the processing period.

Despite the limitations, the findings suggest that the OHP should develop a plan to 1) evaluate specific outreach and promotional efforts that will help identify the specific impact and reach of each program activity and 2) determine the best methods for educating providers about the Physician Applied Fluoride Varnish campaign. In addition, the OHP can develop a targeted outreach approach to focus efforts on providers in areas without water fluoridation and providers working under the largest health plans.
Program Description

History of the Oral Health Program
The purpose of the Louisiana Department of Health (LDH), Bureau of Chronic Disease Prevention and Health Promotion Oral Health Promotion (BCDPHP-OHP) is to improve the oral health of the residents of Louisiana through population-level programmatic initiatives. Since the Oral Health Promotion (OHP) began in the early 1990s, the program has focused on three principal areas: building and maintaining the oral health stakeholder partnerships, community water fluoridation (CWF), and implementing a dental sealant program. In 2013, the OHP was the recipient of a five-year Centers for Disease Control and Prevention (CDC) state infrastructure and capacity building cooperative agreement.

The purpose of this agreement is to assist the OHP in establishing, strengthening, and enhancing the infrastructure and capacity to plan, implement and evaluate population-based oral disease prevention and promotion activities. The objectives of this cooperative agreement are to increase the policies and programs supporting oral disease prevention in Louisiana and increase community-based public health prevention services for populations prioritized based on disease burden. In 2015, the funding that the OHP had previously received from the Health Resources and Services Administration (HRSA) was not renewed. Due to this change in funding, the OHP shifted its focus from the implementation of a dental sealant program to the implementation of fluoride varnish applications through pediatric healthcare offices. However, the OHP activities with the Oral Health Coalition and CWF have not changed. The reduction in funding in 2015 was the impetus for the update of the five-year OHP evaluation plan.

Program Goals and Objectives
The BCDPHP-OHP program goals are as follows:

**Goal 1:** Increase access to quality, comprehensive, and continuous oral health services for all Louisiana citizens throughout their life stages.

**Goal 2:** Educate and inform on the practice and benefit of good oral health and hygiene.

**Goal 3:** Improve and maintain oral health and prevent the progression of oral disease through interventions that address risk factors and at-risk population groups.

**Goal 4:** Conduct and maintain oral health surveillance to monitor the status of oral disease in Louisiana, to improve oral health outcomes through implementation of evidence-based strategies, and to guide policy changes that will improve oral health for all Louisiana citizens.

**Goal 5:** Support efforts to ensure the preparation of, and the recruitment and retention of, an oral health workforce that is adequate and skilled, so that it may better service the state’s population groups.
Description of Physician Applied Fluoride Varnish

Fluoride varnish is a safe topical fluoride used to prevent tooth decay. It is usually applied when the very first tooth erupts and can be applied 4 times a year. Applying it four times a year offers greater protection. Studies have shown that children who get fluoride varnish every 3 months have fewer cavities than those who get it less often or not at all. Because the varnish is painted onto teeth and only a very small amount is used, almost no fluoride is swallowed. It has never been associated with fluorosis. Medicaid pays $24.06 each time from 6 months to 5 years of age, as often as every 6 months.

The Smiles for Life Program, endorsed by the American Academy of Pediatrics, is a state-supported program which serves to encourage primary care physicians, specifically pediatricians, to incorporate oral health practices during routine infant/child well visits is key and has become a standard of care nationwide. Pediatric medical providers are in a unique position to provide early care, educate parents and encourage healthy habits to our youngest population. Smiles for Life is a national oral health curriculum designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups. The main goal of the program is to teach fluoride varnish application procedures to providers.

The Louisiana Healthy Smiles Fluoride Varnish Initiative seeks to increase the number of pediatricians in all regions of the state who conduct oral health education and fluoride varnish application. Louisiana Medicaid reimburses medical providers once every six months for topical fluoride varnish for patients age 6 months through 5 years. The application of fluoride varnish in pediatrician offices can successfully aid in decreasing oral health costs to the state by ultimately decreasing the burden of tooth decay in the state among children and potentially reaching a portion of the more than 750,000 children who are insured by Medicaid.

In December 2011, Louisiana approved expanding Medicaid coverage to reimburse non-dental providers for applying fluoride varnish twice each year to the teeth of Medicaid recipients between 6 months and 5 years of age. The reimbursement rate for fluoride varnish application in a medical office is sufficient to cover incurred costs, yet the number of medical providers submitting claims continues to remain low.

During year 3 (2016-2017) the OHP collaborated with a pediatrician to make “door to door” visits to pediatricians in rural areas. The strategy included having a face-to-face dialogue on the benefits of fluoride varnish, providing specifics Smiles for Life certification, review of current LA policy and receiving buy-in through written commitments to take the course and begin offering the service. We initially we received 16 practices on board for Smiles for Life certification. Six-month follow-up (survey, letter, email) was made and about half indicated on the survey that they were completing the service and submitting for reimbursement.

The OHP has an ongoing partnership with Healthy Louisiana to promote a fluoride varnish campaign among The Healthy Louisiana Managed Care Organization’s provider networks. The campaign agreed to increase awareness through targeted messages for Healthy Louisiana Providers starting in year 4 (2017). Communication materials including toolkits, other resources tailored to encourage pediatricians and other primary care providers to become certified for fluoride varnish reimbursement through Smiles for Life.
The OHP and WIC program began a partnership in 2017 (year 4-5) in which WIC clinics provided an ongoing educational interface with the parents/caregivers of WIC patients. This included a video to be played in WIC waiting rooms at over 100 WIC sites and direct mailers (seen in appendix A) both with the intention to inform parents of this evidence-based preventive dental service.

The LOHC and Fluoridation Advisory Board (FAB) held a webinar in August 2017 led by a panel of medical and dental providers of the Louisiana Oral Health Coalition. The webinar was attended by 26 physicians and provided valuable information on the role medical provider’s play in oral health prevention and becoming Smiles for Life certified.

The LOHC spearheaded events where physicians applied fluoride varnish to pre-k students at 38 schools in 2016, 30 schools in 2017, and 5 schools so far in 2018.

**Stakeholder Engagement in Evaluation**

The Louisiana OHP is housed within the Bureau of Chronic Disease Prevention and Health Promotion (BCDPHP) in the Louisiana Office of Public Health, which houses three other programs including Coordinated Chronic Disease, Tobacco Control and Prevention, and Well-Ahead Louisiana. By identifying and working collaboratively with internal programs with similar target populations, the program can leverage resources to maximize reach and impact. In addition to internal collaborations, the OHP has a strong Oral Health Coalition made up of stakeholders from many different sectors including local grassroots organizations, community advocates, educators, dental and medical providers, Medicaid, and businesses that are working in oral health in the state. The Louisiana Oral Health Coalition (LOHC) has been in existence for over ten years and is integral to the success of the OHP. The OHP is currently working with the LOHC to ensure sustainability. The LOHC is independent of the OHP and facilitated by an elected leadership team. The OHP works closely with the leadership team to provide valuable input on the fluoride varnish program as well as surveillance and evaluation efforts.
Figure 1. Physician Applied Fluoride Varnish Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding: CDC Cooperative</td>
<td>Promote fluoride varnish campaign among the Health Louisiana’s provider networks</td>
<td>Medical Provider feedback from survey responses</td>
<td>Short Term Outcomes</td>
</tr>
<tr>
<td>Smiles for Life Program</td>
<td>Provide ongoing educational interface with parents/caregivers of WIC patients</td>
<td>Pediatricians becoming Smiles for Life certified</td>
<td>Increased adoption of oral health in primary care</td>
</tr>
<tr>
<td>LA Office of Public Health</td>
<td>Hold webinar with a panel of medical and dental providers of LA OHC</td>
<td>Increased fluoride varnish reimbursements from Medicaid</td>
<td>Increased physician applied fluoride varnish</td>
</tr>
<tr>
<td>Well-Ahead LA</td>
<td>Hold fluoride varnish application events in schools</td>
<td></td>
<td>More children receiving fluoride varnish</td>
</tr>
<tr>
<td>Healthy Louisiana</td>
<td>Make door-to-door visits to pediatricians in rural areas to promote Smiles for Life certification and fluoride varnish education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td>Distribute six-month follow-up surveys to Smiles for Life certified pediatricians</td>
<td></td>
<td>Intermediate Outcomes</td>
</tr>
<tr>
<td>Oral Health Coalition: • LDA • LSU • ULM • MCNA • LDHA • ORH • Medicaid • LPCA</td>
<td>Establish fluoride varnish workgroup</td>
<td></td>
<td>Reduction of dental caries in children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reduction of disparities in children receiving fluoride varnish</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sustainable oral health promotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Long Term Outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Improve Oral Health in Louisiana</td>
</tr>
</tbody>
</table>
Evaluation Methodology

Evaluation Purpose
The purpose of this evaluation is to assess the implementation and efficacy of Louisiana Smiles for Life Fluoride Varnish Project. This evaluation will highlight OHP’s outreach and promotion for pediatricians to become certified in the application of fluoride varnish and number of fluoride varnish claims submitted by pediatricians for reimbursement.

Evaluation Use
The results of the physician-applied fluoride varnish evaluation will be shared with program staff, the Louisiana Oral Health Coalition, and external stakeholders. The communication of these evaluation results will be tailored to specific target audiences. The OHP plans to use the evaluation results to expand the Smiles for Life Program in the future if the program is determined to be effective.

Evaluation Questions
1. To what extent are providers participating in the Smiles for Life training?
2. To what extent are providers being reimbursed for fluoride varnish application as a result of OHP’s efforts?
3. To what extent has the program affected a change in behavior toward oral health care provision among providers that are targeted?

Frequency of Data Collection and Data Sources
Data for this evaluation comes from Medicaid claims data, the OHP Indicator Tracking Document, and the Fluoride Varnish Follow-up Survey. The OHP Indicator Tracking document was used to examine the quarterly number of providers and organizations that were certified with the Smiles for Life materials. Quarterly Medicaid claims data were used to measure the number of providers from each Louisiana health plan that began requesting reimbursement for fluoride varnish after the training is complete. Medicaid health plans include Acadia Health Management Group (AMG), Louisiana Healthcare Connections (LHC), AmeriHealth Caritas Louisiana (ACLA), Aetna Medicaid (AETNA), and Louisiana UnitedHealthcare (UHC). Additionally, a Fluoride Varnish Application Follow-up survey was sent to pediatricians who were introduced to the fluoride varnish application and reimbursement process through the OHP’s fluoride varnish webinar. This survey was used to ascertain why the provider began applying fluoride varnish, or the reasons for not participating in the program. Three pediatricians responded to the survey between January 1st, 2017 and March 31st, 2017 out of the 26 pediatricians (11.5% response rate) that participated in the fluoride varnish webinar.

Measures
The number of providers who are certified through Smiles for Life was measured using OHP Indicator Tracking Document. This data was assessed quarterly from 2015-2017. Medicaid reimbursements for
fluoride varnish were measured using the proportion of Medicaid pediatricians billing for fluoride varnish reimbursement. This measure came from Medicaid Claims data and was tracked using the OHP Indicator Tracking Document. Behavioral change among providers on behavioral change toward oral health care provision was measured using three measures from the Fluoride Varnish Application Follow-up Survey: 1) reason for participation, 2) proportion of respondents planning to continue fluoride varnish application, and 3) proportion of providers that dropped or stopped submitting claims for fluoride varnish reimbursements.

Analysis
The Smiles for Life certification and fluoride varnish claims reimbursement data were described and graphed using Microsoft Excel. Absolute numbers were displayed due to the unavailability of denominators. The Fluoride Varnish Webinar follow up survey results were described based on the proportion of responses analyzed in Microsoft Excel.

Limitations
The reach of the promotional activities done by the OHP was not tracked in a standardized manner which affected the capacity for ascertaining that the providers who began applying for fluoride varnish reimbursement did so because of this program.

The fluoride varnish webinar follow-up survey had only a few participants. The lack of responses from providers’ means there is very low statistical power and we cannot give a good estimation of how providers feel about the Smiles for Life Program, if the program has resulted in a behavior change, and if providers found the OHP webinar useful.

The Medicaid claims can be delayed for a period of time before they are fully processed. Therefore, making temporal inferences using claims data can be difficult due to the lag time.
Findings/Results

To what extent are providers participating in the Smiles for Life training?
Overall, the number of providers who participated in the Smiles for Life certification has increased from the first quarter of 2015 through the fourth quarter of 2017 (Figure 2). In 2015, 113 providers completed the Smiles for Life curriculum followed by 128 in 2016 and 168 in 2017. The trend indicates that as the OHP increased outreach and promotion efforts, such as the development of communications toolkits and the WIC program partnerships, the number of Smiles for Life certified providers in Louisiana has increased.

To what extent are providers being reimbursed for fluoride varnish application as a result of OHP’s efforts?
The OHP analyzed both the number of providers submitting fluoride varnish claims as well as the total number of reimbursement from all five health plans from 2015 to 2017. The data shows that the number of providers submitting claims for all five health plans has steadily increased from 2015 to 2017 (Table 1). This suggests that as outreach efforts started in 2016 and continued through 2017 more providers started billing for fluoride varnish reimbursement. Although the number of providers increased for all five health plans, the number of claims submitted for reimbursement for the two largest health plans LHC and UHC both sharply increased in 2016 compared to 2015 but tapered off in 2017 while the three smaller health plans continued to increase billing for fluoride varnish reimbursement from 2015 to 2017. The OHP hypothesizes that the providers who work for the two larger health plans have less monetary motivation to submit fluoride varnish reimbursements than those who work for smaller health plans, which could explain the dip in claims experienced by LHC and UHC in 2017.

To what extent has the program affected a change in behavior toward oral health care provision among providers that are targeted?
The OHP provided a fluoride varnish webinar for Louisiana pediatricians encouraging them to become Smiles for Life Certified and provide fluoride varnish to their patients. 26 pediatricians attended the webinar. Following the webinar, attendees were sent a Survey Monkey survey to gain insight on their adoption of fluoride varnish into their practice and their assessment of the usefulness of the survey. The survey had three respondents out of the 26 attendees (11.5% response rate). The Fluoride Varnish Application Follow-up Survey showed that all three of the survey respondents reported that they planned to continue providing fluoride varnish and two respondents reported that their perception of the importance of oral health increased as a result of the fluoride varnish program. No explanation was given as to why one respondents’ perception of the importance of oral health remained unchanged. The low number of survey responses severely limited the conclusions that could be made from the survey results.
Figure 2: Smiles for Life Course 6 completions by quarter from January 1, 2015 – December 31st, 2017

Data Source: Smiles for Life certification
<table>
<thead>
<tr>
<th>Health Plan</th>
<th>2015 (Year 2)</th>
<th>2016 (Year 3)</th>
<th>2017 (Year 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provider</td>
<td>Claims</td>
<td>Provider</td>
</tr>
<tr>
<td>AMG</td>
<td>52</td>
<td>1,260</td>
<td>69</td>
</tr>
<tr>
<td>LHC</td>
<td>50</td>
<td>1,803</td>
<td>64</td>
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<tr>
<td>ACLA</td>
<td>37</td>
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<tr>
<td>AETNA</td>
<td>24</td>
<td>75</td>
<td>38</td>
</tr>
<tr>
<td>UHC</td>
<td>55</td>
<td>2,162</td>
<td>71</td>
</tr>
</tbody>
</table>

Data Source: Medicaid Reimbursement
Conclusions and Recommendations

The OHP has worked to promote the Healthy Smiles Fluoride Varnish Initiative to physicians’ offices, especially pediatricians, since 2016. The OHP has continued to push this program because providing fluoride varnish services in physician’s offices can improve the overall health of Louisiana children while potentially decreasing future cost and morbidity of untreated dental diseases in the population.

The outreach and promotional efforts have encouraged many providers to become Smiles for Life certified, start applying fluoride varnish and submitting Medicaid claims for fluoride varnish reimbursement. The Smiles for Life and Medicaid data show that providers are continuing to become certified and the overall number of providers submitting claims for reimbursement from each health plan has increased since the year prior to program initiation (2015). Providers who responded to the follow-up survey, reported that they will continue to provide fluoride varnish and the majority reported that the education toolkits provided to them increased their understanding of the importance of promoting oral health.

Moving forward the OHP should continue to promote the Fluoride Varnish Program to providers, especially in areas with inadequate water fluoridation. The OHP will also enhance the evaluation of specific outreach and promotional efforts in the future, which will help identify the specific impact and reach of each activity and will help determine the best methods for educating providers about the Fluoride Varnish Program. Additionally, the OHP will make an increased effort to increase promotion of fluoride varnish reimbursement for providers in the LHC and UHC. These recommendations will help the OHP continue to work strategically with physicians, stakeholders, and programs to promote the fluoride varnish and the importance of oral health in the state of Louisiana.

In conclusion, the OHP’s Fluoride Varnish Promotion has increased awareness of the benefits of physician applied fluoride varnish. The Smiles for Life certification and Medicaid reimbursement data demonstrations that physicians have been getting certified and have increasingly started submitting claims for reimbursement.
Use, Dissemination, and Sharing Plan

Evaluation results are insignificant if they are not shared and used by team members and other stakeholders. The OHP will utilize this report to see where the team has been and where it is going, and together we can determine how to adjust and continue evaluation activities to best suit the team and program’s needs.

This report will be shared with all OHP team members. The OHP evaluation team will also arrange a meeting with other team members to share the results and allow team members to discuss the report. To share the results with partners and other audiences, the evaluation team will work closely with the Communications Coordinator and other team members to create summaries or other forms of the report that fit the needs of partners and other audiences to communicate the evaluation results clearly, concisely, and appropriately.
Appendix A.

**FLUORIDE VARNISH CAN HELP PREVENT TOOTH DECAY.**
**ASK YOUR CHILD’S DOCTOR ABOUT IT TODAY!**

Did You Know? Children ages 6 months to 5 years are eligible for dental care during their regular wellness visits with their pediatrician or family doctor. Ask your child’s doctor about fluoride varnish. It’s is a gel substance that is applied directly to the teeth. It takes less than two minutes to apply and dries almost instantly. It’s safe and it prevents tooth decay. The best part? It’s a service that is covered by Medicaid. So, ask your child’s doctor about it today!

A healthy smile is important. Be sure your child is brushing two times a day for two minutes each time. Don’t forget to help them floss! Limit sugary drinks and snacks. Encourage them to drink water and eat fruits and veggies instead!

To learn more about dental health, visit www.wellaheadla.com/oralhealth.

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You can learn more about fluoride varnish on www.wellaheadla.com/OralHealth
Appendix B.

INFORMATION FOR CONSUMERS

FLUORIDE VARNISH – FREQUENTLY ASKED QUESTIONS

Question: What is Fluoride Varnish?
Answer:
Fluoride varnish is a topical fluoride used to prevent tooth decay. Fluoridated toothpaste is another type of topical fluoride. Both are used on the surface of teeth.

Question: How is Fluoride Varnish applied?
Answer:
A small piece of gauze is used to clean and dry the teeth. The varnish is painted onto the front and back, top and bottom of the teeth with a tiny brush. It forms a sticky covering over the tooth and becomes hard as soon as saliva in the mouth touches it. It takes less than 2 minutes to varnish the teeth.

Question: Will Fluoride Varnish make the teeth look different?
Answer:
Some brands of fluoride varnish coat the teeth with a yellow film. Other brands are white and may make the teeth look dull. This is normal and does not hurt the teeth. When the varnish comes off the next morning when the teeth are brushed, the teeth will be white and shiny.

Question: How does Fluoride Varnish work?
Answer:
Fluoride in varnish enters the tooth enamel and makes the tooth hard. It prevents new cavities and slows down or stops decay from getting worse. If tooth decay is just starting, it repairs the tooth.

Question: Do I need to do anything special after my child has Fluoride Varnish?
Answer:
Your child does not have to wait to eat and drink. Food should be soft and not crunchy the rest of the day. Do not brush or floss the teeth until the next morning.

Question: Is Fluoride Varnish safe?
Answer:
Fluoride varnish is safe. It is used on babies from the time they have their first tooth. Because the varnish is painted onto teeth and only a very small amount is used, almost no fluoride is swallowed.

Question: How often should my child get Fluoride Varnish?
Answer:
Fluoride varnish can be applied 4 times a year or every 3 months. Studies show that children who get fluoride varnish every 3 months have fewer cavities than those who get it less often or not at all.

Question: What about children with prescription fluoride, vitamins or formula with fluoride or fluoride in drinking water? Should they get Fluoride Varnish?
Answer:
Some children get more cavities than others. Talk to your doctor or dentist on what is best for your child. Even if your child gets fluoride from other sources, your doctor or dentist may still feel it best for your child to have fluoride varnish.

Question: Why is my doctor using Fluoride Varnish?
Answer:
Very young children usually do not see a dentist unless there is a problem. Yet they will see a doctor 11 times for check-ups and shots by the time they are three. Dental health is an important part of the total health of your child. Because your doctor cares about your child’s health, looking at the teeth and applying fluoride varnish is another way to keep your child healthy.

Question: When is Fluoride Varnish not used?
Answer:
Fluoride varnish is not used if there are noticeable sores in the mouth or on the gums. It is also not used if there is an allergy to one of the ingredients in the varnish or to pine nuts. If you have any questions, talk to your doctor or dentist.