

平成26年度当初予算 予算要求シート

| 整理番号 | 213 - 033 | マスター・プラン 3つの挑戦 | マスター・プラン 施策番号 | 2 - 4 - - | 局・課名 | 東区役所 東保健センター | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 区分 | | | | | | (単位 千円) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業名 | フッ素塗布事業(東区) | | | 平成24年度決算額 | 平成25年度予算額 | 平成26年度要求額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 関連事業 | 子ども青少年局 1歳6か月児健康診査 子どもの歯相談室、2歳児の歯科相談 健康相談・健康展 | | 事業費 | 100 | 100 | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業目的 | | | 事業期間 | H ~ H | 全体事業費 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 今年度要求のポイント 1歳児のう蝕罹患率の減少を目的に、う蝕予防に有効なフッ素塗布を手段の一つとして実施する。また、その後のかかりつけ歯科医での継続塗布の啓発することにより、う蝕罹患の改善を図る。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業内容 | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">主な要求内容</th> <th colspan="3">(単位 : 千円)</th> </tr> <tr> <th>項目</th> <th>25年度予算</th> <th>26年度要求額</th> <th colspan="2">内容・積算等</th> </tr> </thead> <tbody> <tr> <td>事業費</td> <td>100</td> <td>97</td> <td colspan="2">フルオールゼリー、フッ素反応版等</td> </tr> <tr><td></td><td></td><td></td><td colspan="2"></td></tr> <tr><td>その他</td><td></td><td></td><td colspan="2"></td></tr> <tr> <td></td> <td>合計</td> <td>100</td> <td colspan="2">97</td> </tr> </tbody> </table> | | | | | 主な要求内容 | | (単位 : 千円) | | | 項目 | 25年度予算 | 26年度要求額 | 内容・積算等 | | 事業費 | 100 | 97 | フルオールゼリー、フッ素反応版等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | その他 | | | | | | 合計 | 100 | 97 | |
| 主な要求内容 | | (単位 : 千円) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 項目 | 25年度予算 | 26年度要求額 | 内容・積算等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業費 | 100 | 97 | フルオールゼリー、フッ素反応版等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 合計 | 100 | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| スケジュール (経過及び今後展開) | | | | | その他 特記事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【経過(~25年度)】 1歳6か月児~4歳未満を対象に子どもの歯相談室で希望者にフッ素塗布を実施。平成19年度より1歳6か月児健康診査時に希望者にフッ素塗布を実施。 | | 【26年度】 事業の継続実施 | | 【今後(27年度~)】 事業の継続実施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |