



Association of State and Territorial Dental Directors

Fluoride Policy and Practice

IN A CHANGING ENVIRONMENT

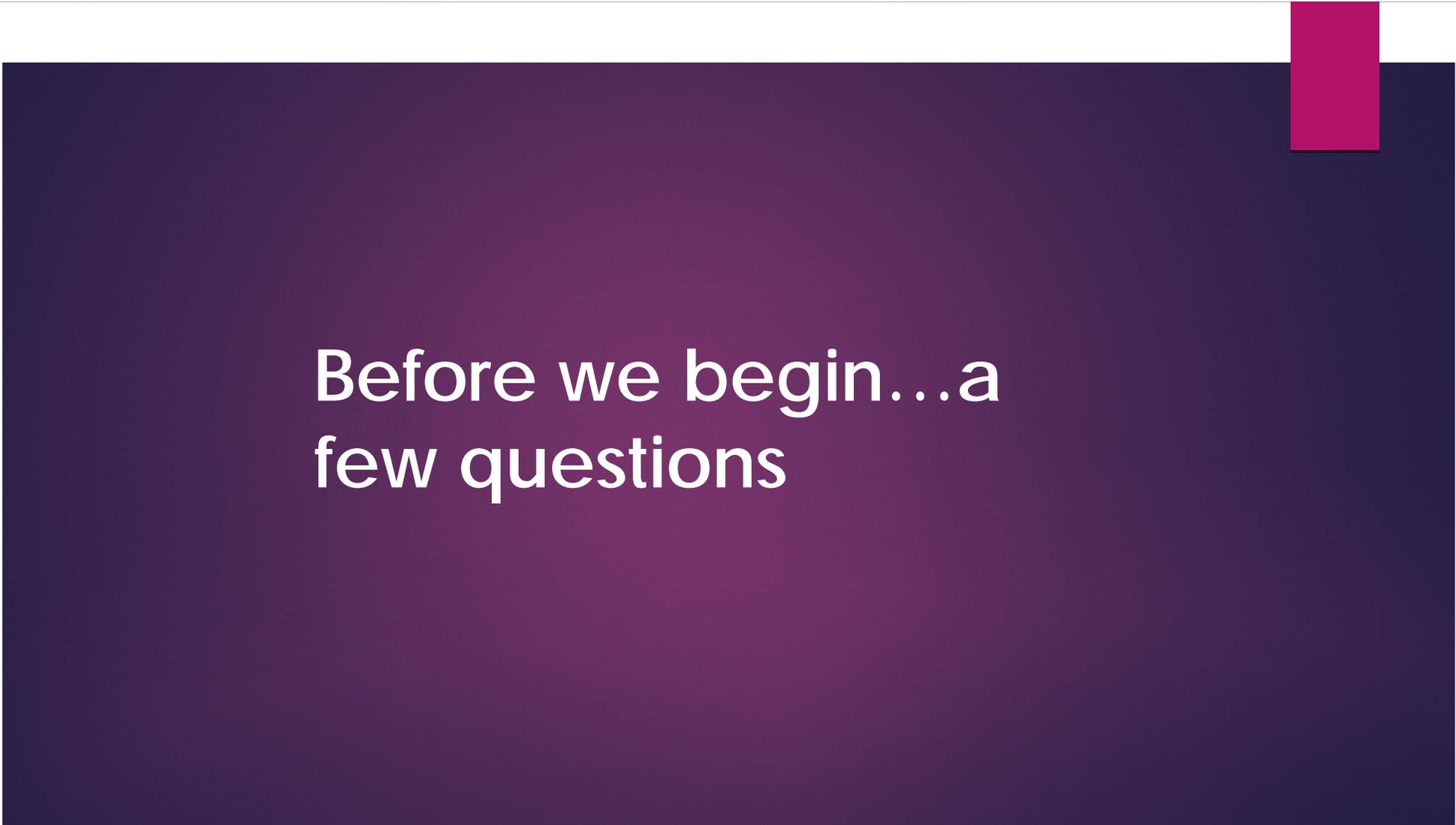
National Oral Health Conference April 2015

Introductions

Jason Roush, DDS, Dental Director West Virginia
Implications and development of ASTDD Fluoride Policies

LeeAnn Cooper, RDH, BS, Consultant ASTDD
What are the ASTDD policies, key changes and resources.

Judy Feinstein, MSPH
Moderator



Before we begin...a
few questions



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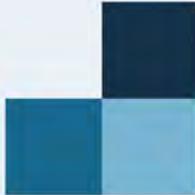
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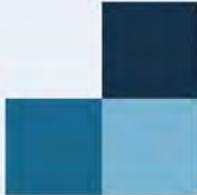
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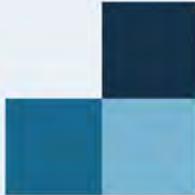
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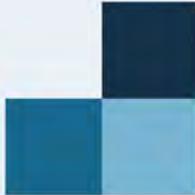
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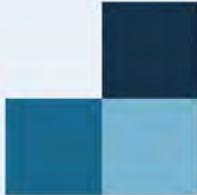
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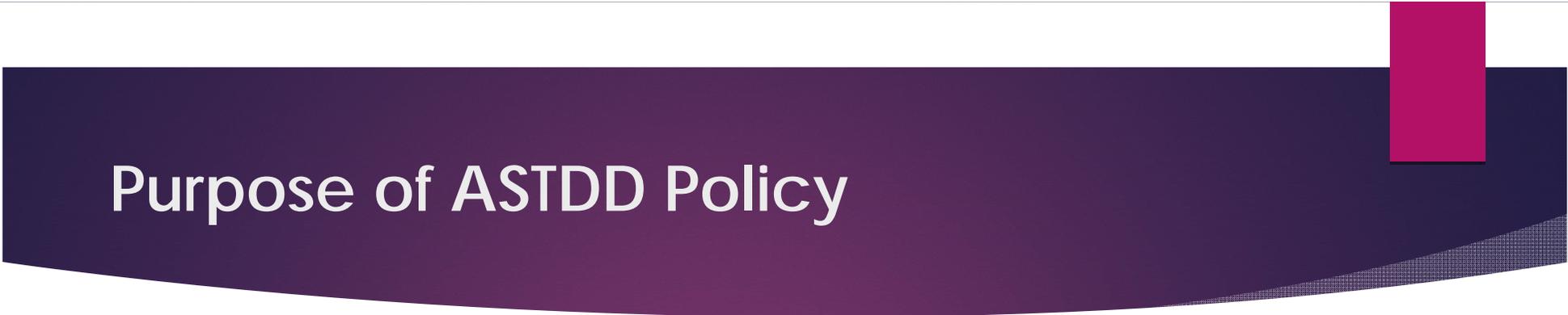
Definitions for ASTDD Policy Actions

- ▶ Issue Brief: outlines key findings and policy implications.
- ▶ Policy Statement: represents the official stand on issue.
- ▶ Position Paper: detailed report/major documentation and analysis of a broad policy issue; may recommend a course of action.
- ▶ Policy Resolution: statement of stance on specific issues.
- ▶ Resolution: formal expression of will or intent.
- ▶ Non-policy resolution: statement on non-policy matter, e.g., letter of support or commemoration.



A STATE PERSPECTIVE

It doesn't help, if
it isn't used.



Purpose of ASTDD Policy

Education

- Inform policy makers about best practices
- Promote education and training

Guidance

- Planning of programs and services
- Efficacious use of resources
- Set program priorities

Support

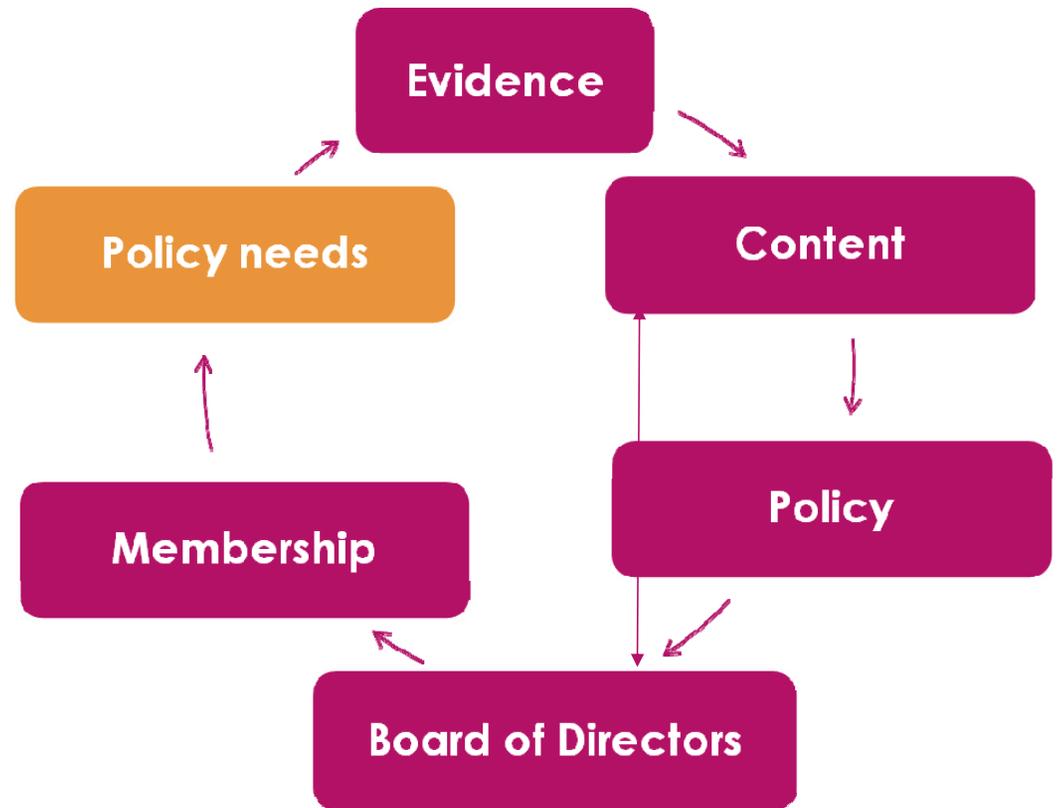
- Build community support for programs/services
- Advocate for funding
- Grant applications
- Further research and policy development

Definition

- Highlight what programs and services work
- Identify gaps in current knowledge and policy

Policy Development

Continuous process
An ever- changing environment



Proactive Policy

- ▶ Proactive
 - ▶ Happens BEFORE a change occurs to avoid a problem
 - ▶ Efforts focus on the long-term
 - ▶ Time to educate and gain support is more available (more control)
- ▶ Example: New HHS recommendations-Community Water Fluoridation
 - ▶ Language changes – from 'optimal' to "recommended by.."

Reactive Policy

- ▶ Typically happens **AFTER** a change has occurred to fix a problem
 - Efforts are focused on the short-term
 - Time to educate and gain support is limited (little control)
- ▶ Example: “Rollback” attempts - Community Water Fluoridation

Common Barriers to Fluoride Policy- Dental Directors

- ▶ Positioning in state government
 - Ability influence on environmental health
 - Education v. advocacy- continuum...(lobbying)
- ▶ Existing policy
 - Local control
 - Difficult to affect change
- ▶ Funding
 - Upgrades/maintenance of existing systems
 - New community start-ups

Policy and Strategies in a Changing Environment

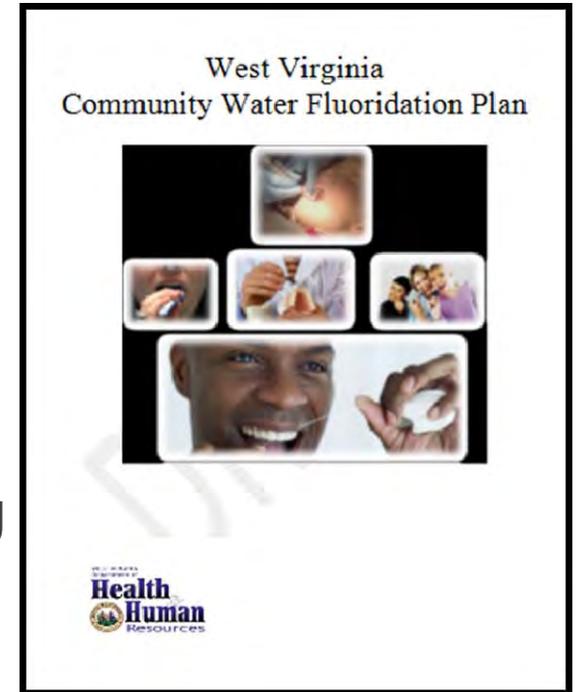
- ▶ Fluoridation of public water supplies is often considered to be a governmental policy matter addressed long ago.
- ▶ Until recently, it has not been given much attention.
- ▶ In West Virginia, opposition to CWF threatens to unwind the decades of public health policies supporting fluoridation of more than 90% of the state's water supply.

Water Board Discusses Role in Roadway Project, Hears Claims of Fluoride Conspiracy

Debate Continues Against Fluoride in Clarksburg Water - Water Board Hears from National Experts

WV Proactive Strategies

- ▶ *Community Water Fluoridation Plan*
- ▶ *Funding sources expanding CWF*
- ▶ *Legislative procedural rule changes*
 - Define proper notice efforts are proposed to be halted
 - Identifying requirements prior to a notice being submitted
 - Identifying evidence to submit with a notice



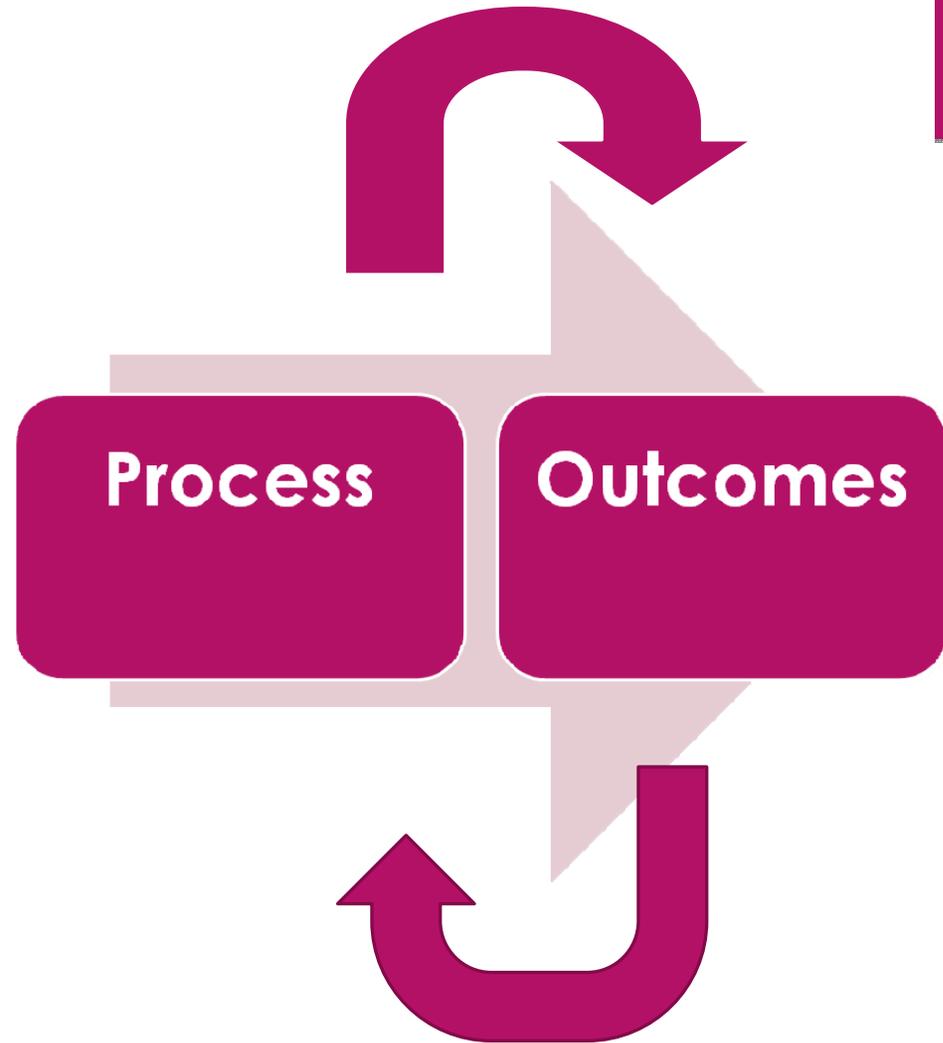
Proactive Strategies

- ▶ *On-going training* provided to community leadership on strategies to advance and protect CWF
- ▶ Continued *partnership* with national and state policy experts
 - ▶ The Pew Charitable Trusts
 - ▶ Children's Dental Health Project

Obstacles to Policy in WV

- ▶ **Political landscape**
 - Little attention by legislative leadership, executive branch
 - Public health officials are either uninvolved or simply unaware
 - Legislative priorities - environmental health rules and statutes
 - Example- WV chemical spill
- ▶ **On-going and emerging anti-fluoridation campaigns**
- ▶ **Hesitation of health professionals**

Evidence



Organizational

Dental	Other
ASTDD	AAP
ADA	AAFP
CDC	ADA (Dietetics)
ADHA	AMA
AAPD	NICE, SIGN, COCHRANE
APHA	MCH

Policy or Literature

Recent

3 or more

Duplication

Literature review

Meta-analysis

Randomized clinical trials

Evidence Resources

Strength of Evidence-ADA 2014

Strong	In favor	Weak	Expert Opinion For	Expert Opinion Against	Against
Evidence strongly supports providing this intervention	Evidence favors providing this intervention	Evidence suggests implementing this intervention only after alternatives have been considered	Evidence is lacking; the level of certainty is low. Expert opinion guides this recommendation	Evidence is lacking; the level of certainty is low. Expert opinion suggests not implementing this intervention	Evidence suggests not implement this intervention or discontinuing ineffective procedures

Breaking Down the Literature

Topical and Systemic Actions for ALL Fluorides

**US National Library
of Medicine**

NIH, HHS

22million citations

Dentition

**Primary or Permanent
Surface**

Smooth or Pit/Fissures

Time

Caries Risk

Caries History

Chronic OR Acute

Age

Quantity-Dose

Metabolism

Time

Frequency

Genetics?

Current ASTDD Fluoride Guidance

- ▶ What are they?
- ▶ How have they changed?
- ▶ Implications

Community Water Fluoridation

Supports and endorses CWF maintaining optimal fluoride levels between 0.7 and 1.2 parts per million in all public water systems throughout the United States.

CHANGE

- We should KNOW now: 0.7ppm?
- Optimal=recommended, targeted

IMPLICATION

- State regulation changes for ADJUSTED systems, what about non-adjusted
- Consider ALL ingested fluorides

Fluoride Toothpaste

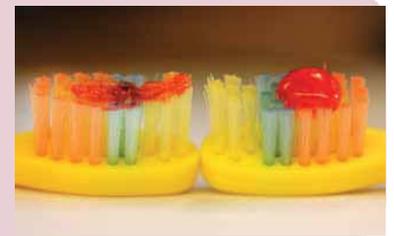
use of toothpaste containing 1000-1500 ppm fluoride in fluoridated and non-fluoridated communities for the prevention of tooth decay throughout life.

CHANGE

- **ADA 2014 – Begin with first tooth**
Rice/smear <3 , pea <6, strip >5
- **CDC 2001 – Ask your dentist, age <3**
- **ASTDD – Document in process**

IMPLICATION

- **Sources of ingested fluoride**



Fluoride Supplements

for children who are at high-risk for dental caries, whose primary source of drinking water *has suboptimal levels* of fluoride and whose other ingested sources of fluoride are low. Fluoride supplements should be prescribed based on caries risk assessment and fluoride history. Healthcare professionals should monitor parents' compliance with the current supplement dosage schedule on an ongoing basis.

CHANGE

- NOT for every child
 - in non-fluoridated communities
- Source of ingested fluoride
- Consider risk, compliance, time

IMPLICATION

- Assessment of sources of fluoride
- Highest risk families: less compliance and access to care

Fluoride Mouthrinses

...in schools for children age six years and older, when exposure to optimal systemic and topical fluorides is low, populations of children are at high risk for tooth decay *and* there is demonstrated support by school personnel.

CHANGE

- **HIGH Risk = Caries incidence > 2DMFS/year**
- **> Age 5 years only**
- **Fluoride Benefits NOT additive**
- **Compliance recognized**

IMPLICATION

- **Reduced effectiveness**
- **Reduced programs**
- **Measuring caries incidence**

Fluoride Varnish

..., adjunct in programs beginning with tooth eruption, for individuals at moderate to high risk for tooth decay as an effective adjunct in programs designed to reduce lifetime dental caries experience.

CHANGE

- 2014 U.S. Preventive Services Task Force
- 2013 ADA Topical Fluoride for Caries Prevention
 - Multiple providers, multiple locations
 - 4X @ 6 month intervals emerging frequency

IMPLICATION

- Are varnish programs effective?
 - Lack of evidence of *program* 'health' outcomes
 - 'Varnish only' programs, unlikely effective

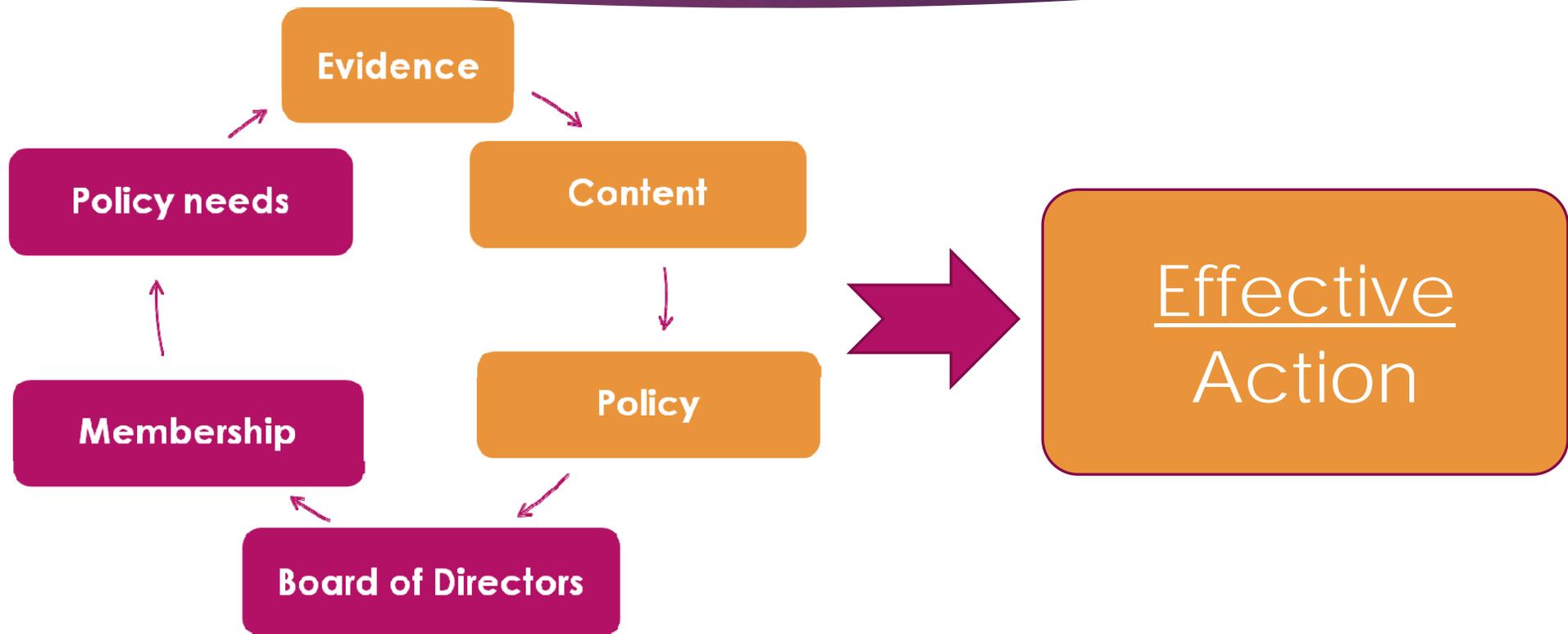
Small Group Exercise:

Share *strategies* for fluoride policy

Two Discussions-Each table select a 'reporter'

- ▶ 15 minutes for brainstorming, 15 minutes for reporting
 - Report one strategy per table
 - Develop a list of strategies used for ongoing promotion, adaption, adoption or evaluation of fluoride policy
- ▶ Group 1 – tables to the left.
New program: Silver diamine fluoride
- ▶ Group 2 – tables to the right.
Existing program: Community water fluoridation

Conclusion- What drives policy?



Questions?

