Fluoride Policy and Practice
IN A CHANGING ENVIRONMENT

National Oral Health Conference  April 2015
Introductions

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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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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.
It doesn’t help, if it isn’t used.
Purpose of ASTDD Policy

Education
- Inform policymakers 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
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.
West Virginia Reactive Strategies

► **Electronic Rapid Response Alert**
  - Mobilize health, education, and policy communities

► **Professional testimony**
  - Testimony provided by national, state and local representatives.

► **Face to face meetings and conference calls with local boards of health**
  - Address specific issues of concern
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
**Evidence Resources**

**Strength of Evidence-ADA 2014**

<table>
<thead>
<tr>
<th>Dental</th>
<th>Other</th>
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<tbody>
<tr>
<td>ASTDD</td>
<td>AAP</td>
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<tr>
<td>ADA</td>
<td>AAFP</td>
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<tr>
<td>CDC</td>
<td>ADA (Dietetics)</td>
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<tr>
<td>ADHA</td>
<td>AMA</td>
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<tr>
<td>AAPD</td>
<td>NICE, SIGN, COCHRANE</td>
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<tr>
<td>APHA</td>
<td>MCH</td>
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**Policy or Literature**
- Recent
- 3 or more
- Duplication
- Literature review
- Meta-analysis
- Randomized clinical trials

**Organizational**

<table>
<thead>
<tr>
<th>Strength</th>
<th>In favor</th>
<th>Weak</th>
<th>Expert Opinion For</th>
<th>Expert Opinion Against</th>
<th>Against</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence strongly supports providing this intervention</td>
<td>Evidence favors implementing this intervention only after alternatives have been considered</td>
<td>Evidence is lacking; the level of certainty is low. Expert opinion guides this recommendation</td>
<td>Evidence is lacking; the level of certainty is low. Expert opinion suggests not implementing this intervention</td>
<td>Evidence suggests not implementing this intervention or discontinuing ineffective procedures</td>
<td></td>
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Breaking Down the Literature
Topical and Systemic Actions for ALL Fluorides

Dentition
- Primary or Permanent
- Surface
  - Smooth or Pit/Fissures
- Time
  - Caries Risk
  - Caries History

Chronic OR Acute
- Age
- Quantity-Dose
- Metabolism
- Time
- Frequency

Genetics?

US National Library of Medicine
NIH, HHS
22 million citations
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
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, adoption, adaptation 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?

Evidence

Policy needs

Membership

Content

Policy

Effective Action

Board of Directors
Questions?