FLUORIDATION PROGRAM MANAGEMENT

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Managing a program

- Elements of a state fluoridation program
- Challenges and opportunities
- Revision to Public Health Law
Fluoridation in New York State

- Long history with focus on research and evaluation
- New York law supports local decision making
- Challenges to fluoridation
(a) issue a notice to the public of the preliminary determination to …

(b) provide the department at least ninety days prior written notice of the intent to discontinue and submit a plan for discontinuance that …

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Percent of Population on Community Water Systems Receiving Fluoridated Water by County
New York State- 2012

- **Stopped Fluoridation**: Pulaski Village, Seneca County WD No.1, Naples Village
- **Started Fluoridation**: Middletown City
- **Maintained Fluoridation**: Delhi Village, Geneva City, Lyndonville Village, Massena Village, New York City System, Perry Village, Springville Village, Walden Village, Yorktown
- **Decision Pending**: Watertown City
- **Targeted Areas**: Albany City, Ithaca City/Cornell University, Johnson City Water Works, Nassau County, Poughkeepsie City, Queensbury Water District, Rockland County, Suffolk County

Population Receiving Fluoridated Water
%
- County
- 80 to 100 (17)
- 60 to 79 (12)
- 40 to 59 (5)
- 20 to 39 (5)
- 0 to 19 (23)
Fluoridation Program Domains

**Education & Training**
- Professionals
  - Water system
  - Dental
  - Health
  - Local Health
    - Health
    - Environmental
- Public
  - General
  - Specific Groups
  - Policymakers
    - Local
    - State
    - Communication Plan

**Resource Development**
- Websites
  - likemyteeth.org
  - FluorideScience
  - CDC
    - My Water
    - WFRS
  - Water system webpage template
  - ADA
  - ASTDD
  - NYSDOH
  - Media
    - Posters
    - Brochures
    - PSAs
    - Infograms
  - Guidance
    - Manuals
    - Presentations

**Support Communities**
- Partnership (Oral Health NY) NYSHF, HFCWNY, SCAANY, NYSDA, LHDs, NYSRWA, Pew, Foundations, CDHP, OHCE
- GRANTS, LOANS
  - Equipment
  - Replacement
  - New
  - Additives
- CAMPAIGNS

**Surveillance, Evaluation & Research**
- Surveillance
  - Daily monitoring
  - Monthly reports
  - Monthly split sample
- Evaluation
  - CDC -Community Guide
  - State -based reports
  - ADA, Pew
  - International reports
  - EPA
  - Research

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**Fluoridation Program Domains**
Strategies

- Build support
- Provide training
- Engage partners and stakeholders
  - State Oral Health Coalition
  - Rural Water Association for technical assistance
  - Local Health Departments
  - State Dental Association
- Develop resources
Long term strategy

- Document cost savings in New York State
- Advocate for investment in cost saving interventions
  - State budget
  - Centers for Medicare and Medicaid Services
  - Foundations
  - Social Impact Bonds
- Develop a method for supporting costs of fluoridation equipment, supplies and staff time
Mean claim per recipient for caries related procedures was correlated with county fluoridation status; average child in a higher fluoridation county incurred $23.65 less in Medicaid dental expenditures, compared to a child in a lower fluoridation county.

Fluoride from supplements, mouthrinse programs and toothpaste is available in low fluoridation counties.

Medicaid Redesign

“Medicaid reform must be about more than health care system redesign and payment reform. Medicaid reform – and broader reform of the entire New York health system – must also be about improving overall population health.”
Medicaid Redesign Team Recommendations

13) Medicaid Coverage of Water Fluoridation:

To address disparities in access to dental services the Workgroup recommends that Medicaid funding be made available to support costs of fluoridation equipment, supplies and staff time for public water systems in population centers (population over 50,000) where the majority of Medicaid eligible children reside.
Common Agenda

Medicaid

Public Health
New York State's Health Improvement Plan

THE COMMUNITY GUIDE
Community Water Fluoridation Recommended

Increasing population impact

Increasing individual effort needed

Counseling and Education

Clinical interventions

Long lasting protective interventions

Changing the context to make individuals' default decision healthy

Socioeconomic factors


Reducing early childhood caries in a Medicaid population
A systems model analysis

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Abstract

Background. Despite early childhood caries (ECC) being largely preventable, its repair accounts for a disproportionate share of Medicaid expenditures. In this study, the authors model disease reductions and cost savings from ECC management alternatives.

Methods. The authors apply system dynamics modeling to the New York State Medicaid population of young children to compare potential outcomes of 9 preventive interventions.
Performance Management Program

Performance Measure 1: Percentage of adjusted public water systems in New York State which report optimal levels of fluoride at least 9 out of 12 months

PM1 Baseline: 78% of adjusted water systems reported optimal levels of fluoride at least 9 out of 12 months in 2011.
PM1 Target for Improvement: 2% improvement from baseline

Improvement Strategy:
• Provide technical assistance
• Support equipment repair and replacement
Partners

NYS Health Foundation
Improving the state of New York's health

Health Foundation for Western & Central New York
Investing in Better Health for People and Communities

children's dental health project

Schuyler Center for Analysis and Advocacy

PEW Charitable Trusts

New York State Dental Foundation
Improving the Oral Health of All New Yorkers
Fluoride in Water: Foundation of Cavity Prevention

Overview
Healthy teeth are essential for overall good health. However, tooth decay remains the most common chronic childhood disease in America. In New York State, one in four 3rd graders has untreated decay.1 Children from low-income families are more likely to have untreated decay than their more affluent peers. Approximately 52% of low-income children had untreated tooth decay, while only 15% of children living in higher income settings had untreated decay.2

Tooth decay is a disease. Unless it is prevented, it must be treated or it can threaten a person’s overall health. It is a disease with innumerable costs in pain, in lost time away from school and work, and in healthcare spending. This is

Prevention First: Making Sure New York Smiles

Overview
Healthy teeth are vital for a healthy life. Unfortunately, far too many New Yorkers suffer from dental pain and the burden of high dental treatment costs. Poor dental health results in missed days of work, poor performance in school, acute and chronic pain and in extreme cases, death.3 This isn’t exclusive to New York State. Tooth decay remains the most common chronic childhood disease in America.4 The good news is that tooth decay is largely preventable. The bad news is that New York is not taking full advantage of several proven prevention strategies—including increasing access to fluoridated water, school-based sealant programs, and fluoride varnish.

Nature of the disease

Solutions
Cost per child per year
Community water fluoridation
Fluoride toothpastes
Prescribed fluoride supplements
Preprofessional applied fluoride gel (for children over 7)
Preprofessional applied fluoride varnish
Over-the-counter or over-the-counter

Keep New York Smiling

61%
61%

32%
15%

One in four 3rd graders in New York state has untreated decay
33 percent of low-income children had untreated decay, compared with only 1.5 percent of children in higher economic settings.

Outside of New York City, less than half the state’s population has access to community fluoridated water.

10,000
$10,000

per
$31 million

per year
2008

This long-standing trend means counterproductive.

Kids and adults in communities with fluoridation have lower rates of tooth decay.

29% of children in Medicaid dentists use a dentist in New York in 2008. Children with three years of education, lower income, minority and younger adults are less likely to visit a dentist.

31% of New York adults said they had one or more teeth decay or gum disease.
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Key to success

• Strategy
• Fluoridation became a state priority
• Data
• Partnership
• Champions
• Flexibility to compromise
• Demonstrated ability to administer funds
Thank you