

# 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

# 2015-16 NEW YORK STATE EXECUTIVE BUDGET

## HEALTH AND MENTAL HYGIENE ARTICLE VII LEGISLATION

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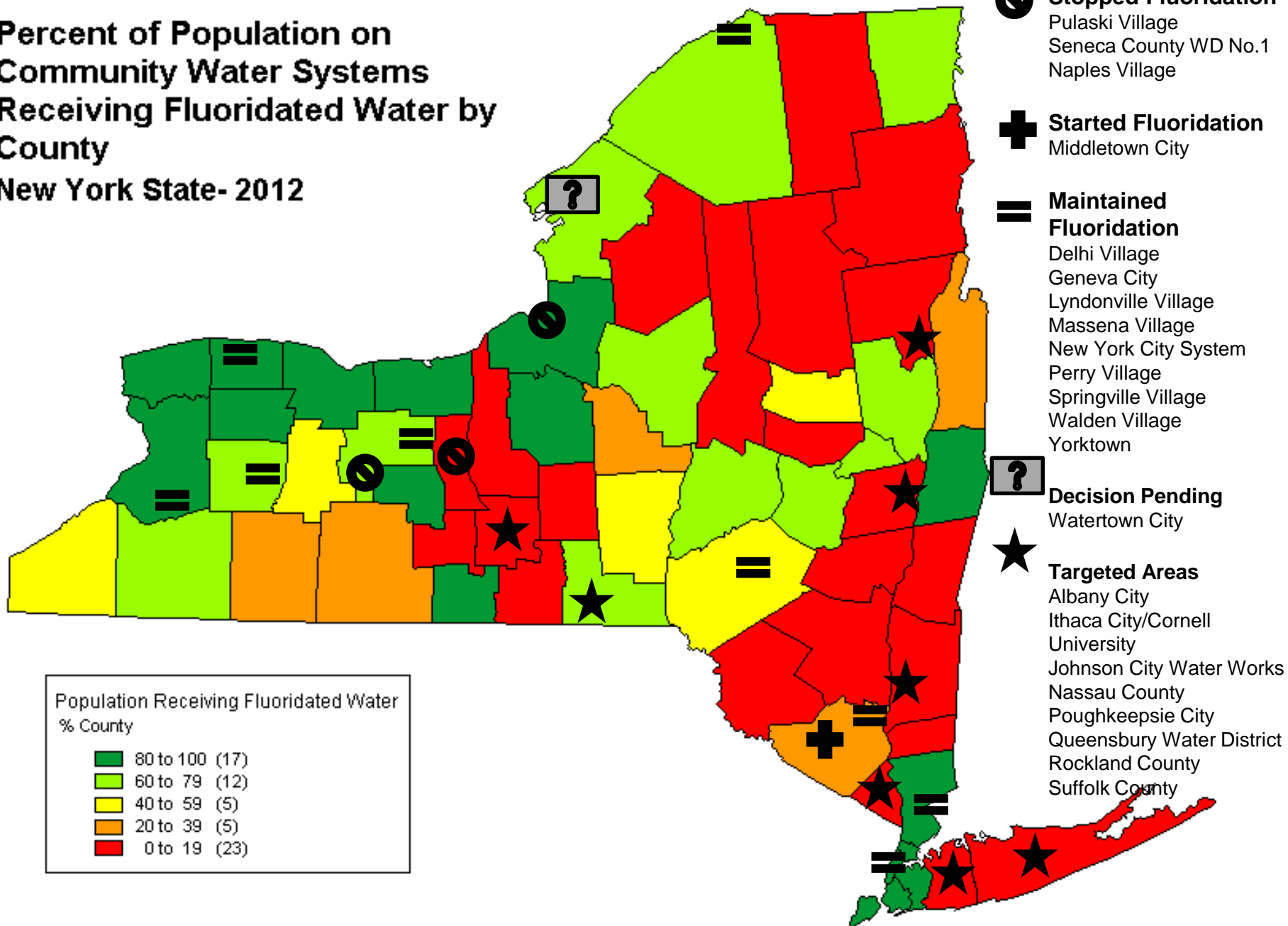
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# Percent of Population on Community Water Systems Receiving Fluoridated Water by County

## New York State- 2012



# 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
  - Ilikemyteeth.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

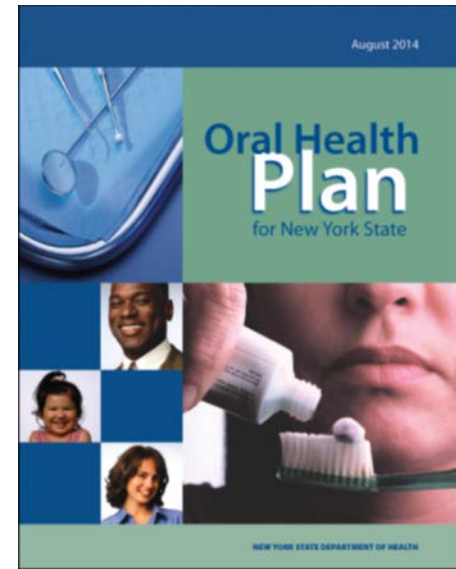
- Daily monitoring
- Monthly reports
- Monthly split sample

### Evaluation

- CDC -Community Guide
- State -based reports
- ADA , Pew
- International reports
- EPA
- Research

# 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



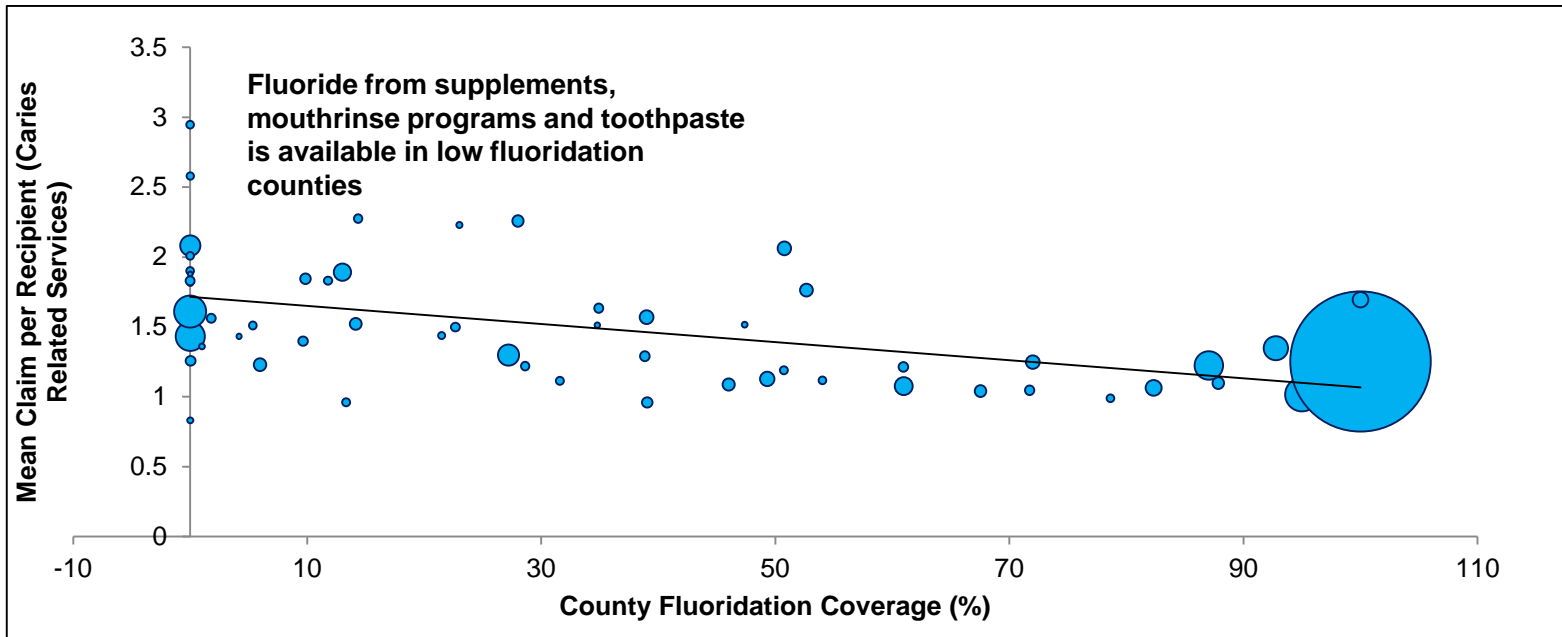
# Long term strategy

- ❑ 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



# Geographic Variation in Medicaid Claims for Dental Procedures in New York State

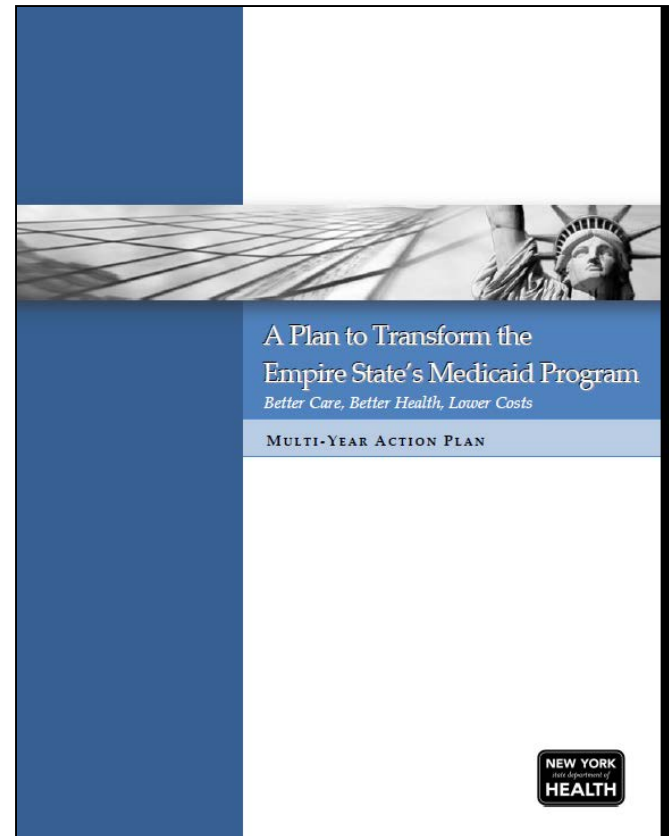
Mean claim per recipient for caries related procedures was correlated with county fluoridation status; average child in a higher fluoridation county incurred \$23.65 less in Medicaid dental expenditures, compared to a child in a lower fluoridation county



Source: Kumar JV, Adekugbe O, Melnik T. Public Health Reports 2010: 125 (Sept-Oct);647-654.

# 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.

Redesigning  
THE MEDICAID PROGRAM



NEW YORK STATE DEPARTMENT OF HEALTH

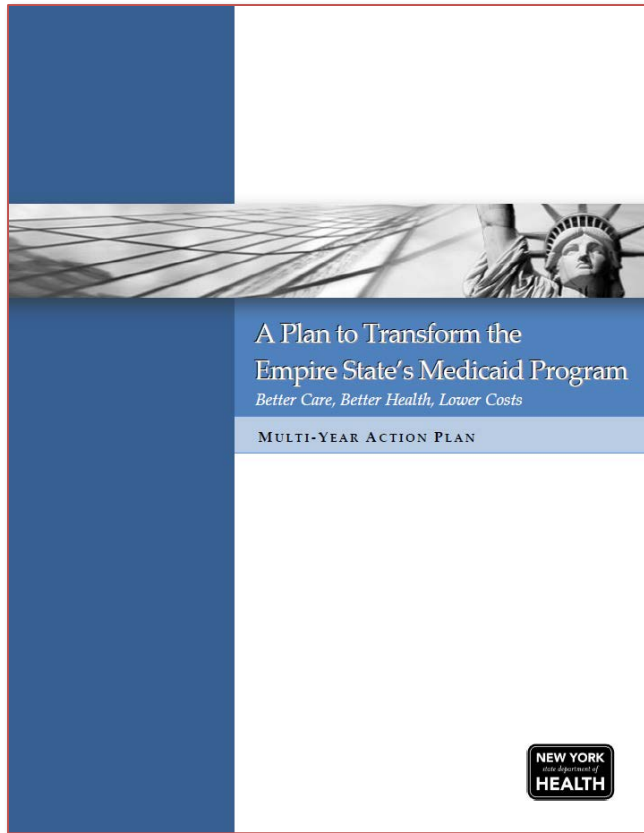
Medicaid Redesign  
Team (MRT)

Health Disparities Work Group

FINAL RECOMMENDATIONS

# Common Agenda

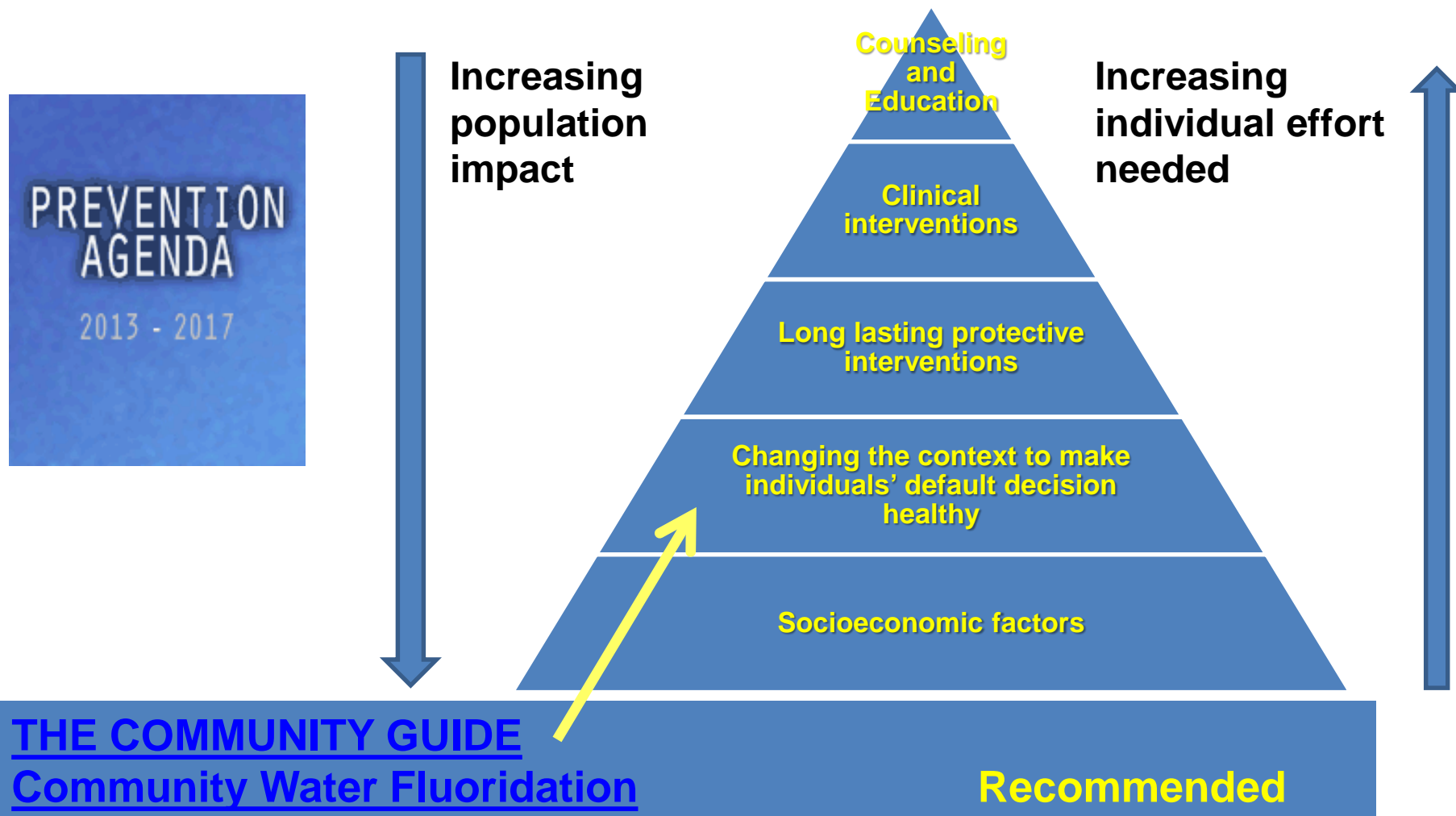
## Medicaid



## Public Health



# New York State's Health Improvement Plan



## COVER STORY

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# Reducing early childhood caries in a Medicaid population

## A systems model analysis

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Burton L. Edelstein, DDS, MPH; Gary Hirsch, SM;  
Marcy Frosh, JD; Jayanth Kumar, DDS, MPH

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**M**edicaid's Early and Periodic Screening, Diagnostic and Treatment benefit for children and the Children's Health Insurance Program both mandate comprehensive dental benefits<sup>1</sup> for the nearly one-half of US children enrolled at any time during the year. In the

## 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**

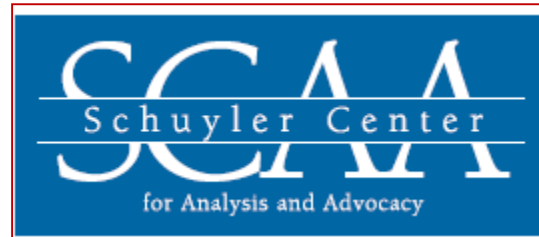
**PM1 Baseline:** 78% of adjusted water systems reported optimal levels of fluoride at least 9 out of 12 months in 2011.

**PM1 Target for Improvement:** 2% improvement from baseline

**Improvement Strategy:**

- Provide technical assistance
- Support equipment repair and replacement

# Partners





## 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.<sup>1</sup> Children from low-income families are more likely to have untreated decay than their more affluent peers. Approximately 32% of low-income children had untreated tooth decay, while only 15% of children living in higher income settings had untreated decay.<sup>2</sup>

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 health care spending. This is



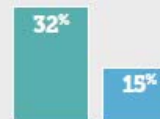
## Keep New York Smiling



51% of New York adults said they have lost one or more teeth to decay or gum disease.<sup>1</sup>



One in four 3rd graders in New York state has untreated decay.<sup>2</sup>



32 percent of low-income children had untreated decay, compared with only 15 percent of children in higher-income families.<sup>3</sup>



61 percent of children on Medicaid did not see a dentist in New York in 2012.<sup>4</sup> Individuals with lower years of education, lower incomes, minorities and younger adults are less likely to visit a dentist.<sup>4</sup>



Outside of New York City, less than half the state's population has access to community fluoridated water.<sup>5</sup>



Over time, treating severe early childhood cavities can cost up to \$10,000 a child.<sup>6</sup>



The total spending on treating severe early childhood cavities in 2008 equated \$31 million in the state of New York.<sup>7</sup>

### Solutions<sup>8</sup>

Cost per child per year



## 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.<sup>1,2</sup> This isn't exclusive to New York State. Tooth decay remains the most common chronic childhood disease in America.<sup>3</sup> 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



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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