



Dental Public Health Activities & Practices

Practice Number: 06002
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: California Water Fluoridation		
Public Health Functions: Policy Development – Building Linkages and Partnerships for Interventions Policy Development – Building Community Capacity for Interventions		
HP 2010 Objectives: 21-1 Reduce dental caries experience in children. 21-9 Increase persons on public water receiving fluoridated water.		
State: California	Region: West Region IX	Key Words: Fluoridation, community partnerships, fluoridation policy, legislation, law, fluoridation task force
Abstract: AB 733, signed into law in 1995, requires all public water systems with 10,000 service connections to fluoridate their systems once funds have been provided. This law charged the California Department of Health Services (DHS) to secure the necessary funds, develop regulations to enforce the law and provide the necessary scientific information and support to the public. No State funds were provided for this directive. In order to implement the law and secure funds, the DHS formed a workgroup representing oral health community/political/financial power bases entitled, Fluoridation Workgroup 2010. The Workgroup consists of representatives from the California Dental Association, the Dental Health Foundation, and the California Fluoridation Task Force along with DHS. The Workgroup has been successful in raising \$15 million dollars for various communities and water districts to fluoridate their water systems. Through the Workgroup, the California Fluoridation Task Force, the DHS, and local community activist's state and local fluoridation policies have been changed or have been developed to support water fluoridation. The State further supports water fluoridation and coordinates their efforts with the Workgroup. With financial assistance of the federal government (includes the Preventive Health and Health Services (PHHS) Block Grant and CDC funding), the DHS Office of Oral Health directs funds to support water fluoridation activities at the state level, supports local purveyors, and impacts State policy regarding fluoridation. Through the community activities of the workgroup, the Dental Health Foundation and the State of California, community water fluoridation has increased to almost 30% in 2002 compared to 17% in 1995.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Throughout the 70's, 80's and 90's, California has had strong political and environmental activists who have led the anti-fluoridation movement. As a result, California has not been successful in fluoridating its water systems. Subsequently, various organizations have been formed to promote oral health and fluoridation. Such an organization is the California Fluoridation Task Force (CFTF), which is comprised of oral health advocates from throughout the state representing dental organizations, local government, education and other health advocates, as well as the Dental Health Foundation (DHF), founded to promote oral health in California. The state has promoted oral health through its' Children's Dental Disease Prevention Program (CDDPP), a school based program and by creating and supporting the fluoridation program within the Office of Oral Health. The California Dental Association (CDA), in promoting oral health, became a legislative advocate, in particular for fluoridation. A partnership was formed to promote and implement AB 733, which requires all public water systems with 10,000 service connections to fluoridate their systems once funds have been provided. Through its legislative arm, the CDA was able to gain support of then Assemblywoman Spier who carried the fluoridation legislation for the partners. AB 733 was signed into law in 1995.

Justification of the Practice:

Fluoridation is a major public health effort in preventing dental diseases since not all Californians have access to dental care. It has been estimated that almost \$700 million dollars is spent annually in California by the Denti-Cal program (California's federal Medicaid dental program) to treat dental disease. It has also been estimated that \$385 million in taxpayer dollars could be saved within 5 years by preventing one carious lesion in each child currently on the Denti-Cal program. For every dollar spent on fluoridation, Californians will save \$120 in dental bills. Fluoridation costs consumers an average of \$.54 per person per year. Fluoridation is the most equitable major dental disease prevention program that is available to low income, multi-ethnic, underserved populations, the majority of whom do not have access to dental care or preventive care. Currently, the State sponsored CDDPP, a school-based oral health program with two preventive programs (fluoride and dental sealants) serves only 300,000 children in grades kindergarten through sixth grade who are high-risk, low income, and without access to dental care. It is estimated that over two million children in California's public schools attending kindergarten through sixth grade and are on the federal school lunch program are eligible to participate in the CDDPP. California ranked in the bottom 25 percent in the country in providing fluoridated water to its residents. California is far behind the other states in meeting its Year 2010 Healthy People Objectives, while its population continues to increase. Its residents continue to experience dental disease, and dental access is minimal. The implementation of AB 733 would enable California to fight dental disease and promote healthy lifestyles. A Task Force, in developing the Guide for Community Preventive Services, recommends water fluoridation based on systematic reviews of scientific evidence of effectiveness.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

AB 733 charged the California Department of Health Services (DHS) to secure the necessary funds, develop regulations to enforce the law and provide the necessary scientific information and support to the public regarding fluoridation. No State funds were provided for this directive. In order to implement the law and secure funds, the DHS formed a workgroup representing oral health community/political/financial power bases entitled Fluoridation Workgroup 2010. The Workgroup consists of representatives from CDA, DHF, and the California Fluoridation Task Force, along with the DHS.

Through the community activities of Fluoridation 2000 Workgroup, community water fluoridation has increased to almost 30% in 2002 from 17% in 1995. The Workgroup's accomplishments consist of the following:

- Raising \$15 million dollars for various communities and water districts to fluoridate their water systems.
- State and local fluoridation policies of the California Fluoridation Task Force, the DHS, and local community activists have been changed or have been developed to better support water fluoridation.
- Local community oral health/fluoridation coalitions/advisory groups have been formed to promote oral health at the local level. Some of local communities are Los Angeles, Sacramento, San Diego, Redding, Ventura, and others.

- Legal challenges have been processed and dismissed.
- Communities have been fluoridated with some communities and water districts *having volunteered* to fluoridate their water systems such as Los Angeles, Sacramento, Mountain View, the Helix Water District, Daly City, the remaining portion of the San Francisco Public Utilities Commission, City of Port Hueneme, City of Escondido totaling an additional four million citizens receiving fluoridated water.

The State further coordinates their fluoridation efforts with the Workgroup 2010. The California Department of Health Services (DHS), Office of Oral Health (OOH) houses the fluoridation activities as part of its dental health functions. OOH supports water fluoridation activities at the state level, supports local purveyors, and impacts State policy regarding fluoridation. Additionally, OOH utilizes Preventive Health and Health Services (PHHS) block grant funds for fluoridation activities. A total of 1.5 FTE's are directed towards fluoridation efforts: the DHS state fluoridation consultant and an OOH part-time support staff member. DHS contracts with the Regents of the University of California, as a fiscal intermediary, to provide the state fluoridation consultant. The consultant and state staff are members of the California Fluoridation Task Force and they provide support to the Workgroup 2010. The fluoridation consultant works with local communities in the areas of fluoridation planning, policy, and implementation. The consultant also provides testimony to state and local governments, water districts, and other interested parties, and supports community coalition building. Also, the consultant works closely with The California Endowment and other organizations with regard to fund raising or developing policy to expend any funds secured for AB 733 implementation.

Budget Estimates and Formulas of the Practice:

- \$146,000 PHHS funds support state fluoridation activities.
- \$100,000 CDC federal funding has been obtained annually for three years to fluoridate a local water district.
- \$15,000,000 support local fluoridation activities through the Workgroup 2010.

Lessons Learned and/or Plans for Improvement:

- The State must provide the necessary political, financial and scientific expertise to local constituents.
- The use of private funds for fluoridation in California can be unrestricted as compared to state and federal funding which is time limited.
- The local community is the driving force to promote fluoridation and oral health.
- Educating the local community, city and water district leaders and state politicians is important.
- Anti-fluoridationists have developed their strategies and cannot be underestimated.
- Partnerships are important in that each organization can play key roles in promoting fluoridation. For example, the CDA provided legislative leadership and DHS promoted the governor to sign AB 733

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- Educational brochures developed by OOH in English and Spanish
- Science report on fluoridation prepared by Glennah Trochet, M.D., M.P.H. for the Sacramento County Board of Supervisors
- ADA – Fluoridation Facts
- Department of Health and Human Services Facts and Fiction on Fluoridation
- White paper on Fluoridation prepared by Michael Easley DDS, for California

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

Since the passage of AB 733 in 1995, with the partnership working together and the securing of some funds, the following cities have been fluoridated: Los Angeles, Sacramento, Mountain View, completion of the San Francisco Public Utilities Commission, Helix Water District, and other smaller communities. California has 30% of its water fluoridated in 2002 compared to 17% prior to AB 733. California legislators have been educated and support various water fluoridation issues, as well as dental health. Community coalitions have developed to support and implement fluoride in their water systems. Legal challenges have been processed and dismissed. Further, a Task Force, in developing the Guide for Community Preventive Services, recommends community water fluoridation as an effective intervention strategy based on systematic review of scientific evidence.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

The State has supported fluoridation activities by providing financial and other resources to promote fluoridation throughout California. The local community and the State benefit from fluoridation due to the reduction of dental caries and less dental treatment that is needed. It has been estimated that almost \$700 million dollars is spent annually in California by the Denti-Cal program (California's federal Medicaid dental program) to treat dental disease. It has also been estimated that \$385 million in taxpayer dollars could be saved within 5 years by preventing one carious lesion in each child currently on the Denti-Cal program. For every dollar spent on fluoridation, Californians will save \$120 in dental bills. Fluoridation costs consumers an average of \$.54 per person per year.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

Since the passage of AB 733 in 1995, communities have developed local constituents to support fluoridation. Through the networking of these local communities, the California Fluoridation Task Force, Workgroup 2010 and the State (DHS, OOH), various communities have enrolled in supporting fluoridation either by volunteering to fluoridate with their own funds, approaching Workgroup 2010 for financial and political support, and promoting fluoridation within the community.

Collaboration/Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

The State, California Dental Association, California Fluoridation Task Force and the Dental Health Foundation have formed the nucleus of Workgroup 2010. From this main partnership, other partnerships have subsequently arisen. The Task Force is composed of local community representative, education representatives, water districts representatives, professional media firms, Delta Dental, dental hygienists, and representatives of the local Public Health Associations. Local dental societies are also playing a key role in the promotion of fluoridation. Building of partnerships is essential to the promotion and implementation of fluoridation.

Objectives/Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

Promoting and increasing the number of fluoridated water systems does support the HP 2010. Children receiving fluoridated water will experience reduced dental caries. To fluoridate California's water systems is a unique process that requires a number of individuals, organizations and governments to complete the process. Promoting fluoridation brings an oral health awareness that

in the past was limited. Through the various California organizations, conferences and publications have been held to promote the Surgeon General's Report on Oral Health and to raise the State's capacity to influence administrative and legislative policy makers.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

California is unique in that the state does not provide financial support for water districts to fluoridate. As such, California has called upon all interested parties at the federal, state and local level to support fluoridation. The local community is involved in developing and implementing state fluoridation policies through Workgroup 2010. No other state in the country has a law requiring water fluoridation without the necessary funds.