**SECTION I: PRACTICE OVERVIEW**

**Name of the Practice:**

New Hampshire Water Fluoridation Reporting System

**Public Health Functions:**

Assessment – Acquiring Data

**HP 2010 Objectives:**

21-9  Increase persons on public water receiving fluoridated water.

**State:**  
New Hampshire

**Region:**  
Northeast Region I

**Key Words:**  
Fluoridation, community water fluoridation, fluoridated water, fluoride levels, Water Fluoridation Reporting System, WFRS, prevention, surveillance

**Abstract:**

The Centers for Disease Control and Prevention (CDC), in collaboration with the Association of State and Territorial Dental Directors (ASTDD), developed the Water Fluoridation Reporting System (WFRS), a surveillance system to collect and edit data on-line to monitor fluoridation in the United States. With the introduction of WFRS in 2001, New Hampshire Department of Health and Human Services’ Oral Health Program hired a summer intern to enter updated state fluoridation information in the WFRS. Using WFRS, the updated numbers showed that 67% of New Hampshire residents received water from a public supply. Of the residents on public water supply, only 43% received fluoridated water. Previous to WFRS, New Hampshire relied on national data and was using the 1992 Fluoridation Census to report the number of people on public water supplies receiving fluoridated water in the state. The current information of the state’s residents on public water supply receiving fluoridated water provided by WFRS will be used to update publications and to monitor progress towards achieving the Healthy New Hampshire 2010 objective for fluoridation.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The decision by the largest city in the state, Manchester, to begin fluoridation at the end of 2000 led to renewed interest in water fluoridation in New Hampshire. Prior to 2001, data on fluoridation in the state was primarily from the national fluoridation census that was last conducted in 1992. With the introduction by the Centers for Disease Control and Prevention (CDC) of the Water Fluoridation Reporting System (WFRS), New Hampshire had a convenient way to update its numbers on fluoridation. New Hampshire Department of Health and Human Services’ Oral Health Program initiated the New Hampshire Water Fluoridation Reporting System.

Justification of the Practice:

The WFRS is the main tool used by CDC to assist water fluoridation programs in the states and tribal programs. WFRS also is the basis for national reports on the percentage of the U.S. population receiving fluoridated drinking water. WFRS was developed by CDC in partnership with the Association of State and Territorial Dental Directors (ASTDD) to provide a comprehensive water fluoridation tracking system and other information on a state’s water fluoridation program. It can be used to identify those local communities or areas that may need additional technical support.

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

New Hampshire Department of Health and Human Services’ Oral Health Program hired a summer intern and the state’s chronic disease epidemiologist supervised the intern. The student had proficient computer skills, which allowed him to understand the WFRS system without great difficulty. CDC’s National Fluoridation Engineer was most helpful whenever questions arose about WFRS. The only equipment needed was a computer with Internet access.

The intern worked for approximately 4 weeks updating the information in the WFRS system. Annual efforts to update this information should be relatively easy to perform.

With limited resources, it remains a challenge for the New Hampshire’s Oral Health Program to have staff to enter and maintain updated fluoridation data in the WFRS system.

WFRS allows a state to go on-line to update basic information including populations served, fluoridation status, and contact information. Users enter data, such as high, low and average fluoride concentrations, and indicate whether their water systems met the daily fluoride testing requirements. WFRS automatically determines if the water system provided optimally fluoridated water for the month. Numerous reports, available with a click of the mouse, provide tools needed to monitor the quality of fluoridation. WFRS reports identify water systems that are not maintaining optimal levels of fluoride, thereby making it easier for states to provide assistance to these systems. State and tribal officials approved by the state dental director or a tribal authority can participate in this password-protected system, entering state fluoridation data, and printing operational reports. WFRS data can be accessed by registered users only; permission to use this system is given by a state’s oral health program director.

Consumer access to some of the information contained in WFRS is provided by My Water’s Fluoride, an online resource for consumers in participating states to learn basic information of their public water system including the number of people served by the system and the target fluoridation level. General access to water fluoridation information from WFRS is also provided through Oral Health Maps, a Web-based Geographic Information System interactive mapping application that shows the percentage of people receiving fluoridated water at the state and county level.

New Hampshire has a relatively low rate of fluoridation. Only two-thirds (67%) of the state’s population is on a public water supply. Of those on public water, 43% receive fluoridated water. Eleven communities in the state are now fluoridated.
Budget Estimates and Formulas of the Practice:

The summer intern was paid approximately $8 per hour. He spent about one month on WRFS totaling $1,280 for his service to update the information for New Hampshire.

Lessons Learned and/or Plans for Improvement:

Because data on fluoridation is routinely handled by another state agency, it took the Oral Health Program a while to access the information needed to update the WFRS. Operators of fluoridated public water supplies in New Hampshire are not used to state involvement with regards to fluoridation, and it took some time to explain the purpose of our data requests to them.

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

Centers for Disease Control and Prevention, Community Water Fluoridation Homepage, http://www.cdc.gov/fluoridation/engineering.htm


Centers for Disease Control and Prevention, My Water’s Fluoride Website (provides general access to some of the information contained in WFRS online for consumers to learn basic information of their public water system), http://apps.nccd.cdc.gov/MWF/Index.asp

Centers for Disease Control and Prevention, Oral Health Maps (shows the percentage of people receiving fluoridated water at the state and county level), http://apps.nccd.cdc.gov/gisdoh/
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)?

Water fluoridation is considered one of the ten greatest public health achievements of the past century. The Water Fluoridation Reporting System allows the state to monitor the percentage of the population on a public water supply who are obtaining water that is optimally fluoridated. The system also provides a degree of quality control in New Hampshire where water utilities are autonomous and do not receive much oversight from the state, at least with regards to fluoridation. Once the data were available it became apparent that several fluoridated communities had difficulty in maintaining optimal fluoride levels. A training session was held to update water system operators on fluoridation procedures and practices.

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

Because the Water Fluoridation Reporting System was developed and maintained by CDC, the only cost to the state was staff time in updating the information. New data will be added periodically, which would not require much time. The required data, for the most part, is routinely collected from water utilities by the state agency responsible for public water supplies.

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

The Water Fluoridation Reporting System provides data for the national fluoridation census that is conducted by CDC. This is a long-standing data system that is likely to continue in the future. The amount of time required by the state to maintain the information is reasonable.

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

The Water Fluoridation Reporting System required the Department of Health and Human Services to collaborate with the Department of Environmental Services and with the 11 communities that provide fluoridated water in the state.

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?

The data from the Water Fluoridation Reporting System can be used to monitor progress towards Healthy People 2010 objective 21-9: increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.

Extent of Use Among States
Is the practice or aspects of the practice used in other states?

Participation in the Water Fluoridation Reporting System is voluntary and a majority of the states uses the system.