Florida Oral Health Alliance

Meeting
Friday, June 1, 2018

Twitter: @FL_OH_Alliance
#OH2020FL
Result:
All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.
Headline Indicator #1: Percentage of Medicaid-eligible Children Ages 0 - 20 Receiving any Dental Services

Source: Florida Form CMS-416 line 12a data retrieved in July 2017 from the Florida Institute for Health Innovation.
Headline Indicator #2: Percentage of Medicaid-eligible Children Ages 1 - 20 Receiving Preventive Dental Services

Source: Florida Form CMS-416 line 12b minus <1 data retrieved in July 2017 from the Florida Institute for Health Innovation.
Meeting Results

By the end of the meeting, participants will have:

- Received information on new data and tools available to inform statewide oral health programs and policies.
- Learned about statewide efforts to improve access and public perception of community water fluoridation.
- Discussed how best to advance the Alliance's prioritized strategies based on these new resources.
- Defined next steps for the oral health hot-spotting subcommittee to support implementation of targeted oral health interventions.
2016-2017 Oral Health Status of Florida’s Third Grade Children

Louiza Saint-Hillien, Data Analyst, Florida Department of Health
Oral Health Status of Florida’s Third Grade Children 2016-2017

Presenter:
Louiza Saint-Hillien, MPH
Overview of Presentation

- Introduction
- Method
- Results
- Florida’s National Ranking
- Limitations of the Project
- Recommendations for Improving the Oral Health of Florida’s Children
Introduction: Burden of Oral Disease Among Children

- Dental caries (tooth decay) is the most preventable chronic disease among young children and adolescents, five times more common than asthma (Benjamin, R.M., 2010)
- Nationally in 2015-2016, 43.1% of youth aged 2-19 years had dental caries, with rates for Black and Hispanic children higher than for Whites and Asian children (Fleming E., Afful J., 2018)
- Children with poor oral health are three times more likely to miss school and four times more likely to perform poorly than their healthy peers (Jackson, S., 2011)
- Low income children are 20% less likely to receive dental sealants, a cost-effective procedure that can prevent 80% of tooth decay (Centers for Disease Control and Prevention, 2016).
- Barriers from receiving dental sealants or other dental care include the lack of access to dental services, dental care costs, and inadequate oral health literacy (U.S. Department of Health and Human Services Oral Health Coordinating Committee, 2016).
Method: Basic Screening Survey

• The Florida 2016-2017 Third Grade Oral Health Screening Project was based on the Basic Screening Survey (BSS) tool supported by the Association of State and Territorial Dental Directors (ASTDD).

• The BSS captured information on the following dental health indicators:
  - Untreated Decay
  - Treated Decay
  - Caries Experience
  - Dental Sealants
  - Urgency of Need for Dental Care

• Dental screenings were provided by the contracted Florida Dental Hygienists’ Association Registered Dental Hygienists (RDHs) following the BSS protocols.

Source: Association of State and Territorial Dental Directors (ASTDD), 2008
### 2017 Third Grade Oral Health Screening Form

<table>
<thead>
<tr>
<th>Screen Date:</th>
<th>School Code:</th>
<th>Screener’s Initials:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Primary Untreated Decay:
- □ 0 = No untreated decay
- □ 1 = Yes untreated decay

#### Primary Treated Decay:
- □ 0 = No treated decay
- □ 1 = Yes treated decay

#### Sealants on Permanent Molars:
- □ 0 = No sealants
- □ 1 = Yes sealants (at least one)

#### Permanent Untreated Decay:
- □ 0 = No untreated decay
- □ 1 = Yes untreated decay

#### Permanent Treated Decay:
- □ 0 = No treated decay
- □ 1 = Yes treated decay

#### Treatment Urgency:
- □ 0 = No obvious problem
- □ 1 = Early dental care
- □ 2 = Urgent dental care

#### Comments (if needed, not required):
Method: Sampling Procedure

- 42 of Florida’s public elementary schools throughout 19 counties were selected within the 6 regions.
- Schools were contacted and consented to participate in the survey.
- Consent forms were sent to the participating schools and distributed to the third grade children.
- Only students that returned a positive parental consent form were screened by registered dental hygienists.
- Outcome data were weighted to represent all of Florida’s third grade children.
Consent and Questionnaire Form for Parents
### Results: Demographic Characteristics of Participating Children

- 4,427 third grade children were enrolled at the 42 participating schools during the 2016-2017 school year.
- 1,685 children returned their consent forms
- 1,331 children positively consented to be screened
- 1,259 children participated and were screened
- The average age of participating children was 8.77 years.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Participants</td>
<td>1,259</td>
</tr>
<tr>
<td>Age (Years)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>2 (0.2%)</td>
</tr>
<tr>
<td>8</td>
<td>395 (31.4%)</td>
</tr>
<tr>
<td>9</td>
<td>762 (60.5%)</td>
</tr>
<tr>
<td>10/11</td>
<td>99 (7.9%)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (0.0%)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>587 (46.6%)</td>
</tr>
<tr>
<td>Female</td>
<td>667 (53.0%)</td>
</tr>
<tr>
<td>Missing</td>
<td>5 (0.4%)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>427 (33.9%)</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>276 (21.9%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>372 (29.5%)</td>
</tr>
<tr>
<td>Asian</td>
<td>51 (4.1%)</td>
</tr>
<tr>
<td>Other</td>
<td>108 (8.6%)</td>
</tr>
<tr>
<td>Missing</td>
<td>25 (2.0%)</td>
</tr>
<tr>
<td>Eligible for Free/Reduced Lunch</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>746 (59.3%)</td>
</tr>
<tr>
<td>No</td>
<td>347 (27.6%)</td>
</tr>
<tr>
<td>Don’t Know/Don’t Remember</td>
<td>100 (7.9%)</td>
</tr>
<tr>
<td>Missing</td>
<td>66 (5.2%)</td>
</tr>
<tr>
<td>Dental Insurance Coverage</td>
<td></td>
</tr>
<tr>
<td>Private Insurance</td>
<td>362 (28.8%)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>489 (38.8%)</td>
</tr>
<tr>
<td>No Insurance</td>
<td>173 (13.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>11 (0.9%)</td>
</tr>
<tr>
<td>Don’t Know/Don’t Remember</td>
<td>26 (2.1%)</td>
</tr>
<tr>
<td>Missing</td>
<td>198 (15.7%)</td>
</tr>
</tbody>
</table>
Results: Oral Health Indicators

Oral Health Status (Percent and 95% C.I.) of Florida’s Third Grade Children 2016-2017

- Untreated Decay: 25.1% (21.4, 28.9)
- Caries Experience: 45.5% (41.5, 49.5)
- Dental Sealants: 40.5% (34.3, 46.6)
- Early Dental Care Need: 20.6% (17.1, 24.0)
- Urgent Dental Care Need: 3.0% (1.6, 4.4)
**Results:** Oral Health Indicators by Age

- **Highest prevalence of untreated decay:** children aged 10 and 11 years (31.7%)
- **Lowest prevalence of untreated decay:** children aged 9 years (22.8%)
- **Highest prevalence of dental sealants:** children aged 9 years (43.0%)
- **Lowest prevalence of dental sealants:** children aged 10 and 11 years (32.6%)

<table>
<thead>
<tr>
<th>Age</th>
<th>Caries Experience</th>
<th>Untreated Decay</th>
<th>Dental Sealants</th>
<th>Early Need for Dental Care</th>
<th>Urgent Need for Dental Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-8</td>
<td>45.2% (38.6, 51.8)</td>
<td>27.6% (20.6, 34.6)</td>
<td>37.9% (30.0, 45.8)</td>
<td>22.3% (15.2, 29.4)</td>
<td>3.6% (1.3, 5.9)</td>
</tr>
<tr>
<td>9</td>
<td>45.6% (40.6, 50.6)</td>
<td>22.8% (19.1, 26.5)</td>
<td>43.0% (36.0, 50.0)</td>
<td>18.9% (15.9, 21.8)</td>
<td>2.7% (1.2, 4.1)</td>
</tr>
<tr>
<td>10-11</td>
<td>45.7% (34.9, 56.6)</td>
<td>31.7% (22.5, 40.8)</td>
<td>32.6% (23.5, 41.7)</td>
<td>25.4% (17.1, 33.7)</td>
<td>2.9% (0.0, 6.4)</td>
</tr>
</tbody>
</table>
**Results**: Oral Health Indicators by Race/Ethnicity

- **Highest prevalence of untreated decay**: Non-Hispanic Black children (34.6)
- **Lowest prevalence of untreated decay**: Other racial groups (15.8%)
- **Highest prevalence of dental sealants**: Other racial groups (46.3%)
- **Lowest rate of dental sealants**: Non-Hispanic Black children (33.3%)
Results: Oral Health Indicators by Region

- The Northwest region:
  - **Highest rate of untreated decay** (53.3%)
  - **Highest rate of caries experience** (66.1%)
  - **Highest rate of dental sealants** (57.4%)
- Lowest rate of untreated decay: Atlantic Coast (19.0%)
- Lowest rate of caries experience: Northeast region (32.8%)
- Lowest rate of dental sealants: Central region (23.9%)

### Prevalence (95% Confidence Interval) of the Oral Health Indicators, by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Caries Experience</th>
<th>Untreated Decay</th>
<th>Dental Sealants</th>
<th>Early Need for Dental Care</th>
<th>Urgent Need for Dental Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>41.5% (30.0, 53.0)</td>
<td>19.0% (9.4, 28.5)</td>
<td>44.0% (27.6, 60.5)</td>
<td>16.0% (10.5, 20.9)</td>
<td>4.5% (0.0, 10.6)</td>
</tr>
<tr>
<td>Central</td>
<td>43.0% (34.3, 51.8)</td>
<td>25.2% (15.8, 34.6)</td>
<td>23.9% (12.1, 35.7)</td>
<td>16.2% (4.9, 27.4)</td>
<td>0.9% (0.0, 2.0)</td>
</tr>
<tr>
<td>Northeast</td>
<td>32.8% (23.6, 42.0)</td>
<td>19.9% (9.3, 30.5)</td>
<td>46.0% (24.6, 67.5)</td>
<td>16.1% (8.2, 24.1)</td>
<td>3.8% (0.0, 9.0)</td>
</tr>
<tr>
<td>Northwest</td>
<td>66.1% (49.3, 82.9)</td>
<td>53.3% (31.2, 75.5)</td>
<td>57.4% (33.2, 81.7)</td>
<td>38.6% (7.7, 69.5)</td>
<td>8.8% (7.5, 10.0)</td>
</tr>
<tr>
<td>South</td>
<td>36.3% (28.1, 44.5)</td>
<td>23.3% (17.3, 29.3)</td>
<td>44.5% (32.5, 56.5)</td>
<td>19.8% (16.3, 23.4)</td>
<td>3.8% (0.1, 7.5)</td>
</tr>
<tr>
<td>West Coast</td>
<td>58.3% (50.1, 66.5)</td>
<td>26.2% (19.4, 32.9)</td>
<td>43.2% (30.8, 55.6)</td>
<td>25.0% (20.3, 29.7)</td>
<td>2.0% (0.0, 4.1)</td>
</tr>
</tbody>
</table>
Results: Oral Health Indicators by Free/Reduced Lunch (FRL) Status

- **Highest rate of untreated decay**: third grade children from schools with >75% of students enrolled in free/reduced lunch (30.0%)
- **Lowest rate of untreated decay**: third grade children from schools with <25% of students enrolled in free/reduced lunch (5.3%)
- **Highest rate of dental sealants**: third grade children from schools with <25% of students enrolled in free/reduced lunch (52.5%)
- **Lowest rate of dental sealants**: third grade children from schools with 50-75% of students enrolled in free/reduced lunch (37.2%)
Results: Oral Health Indicators by Dental Insurance

• Highest prevalence of untreated decay: children with no dental insurance (32.8%)
• Lowest prevalence of untreated decay: children with private insurance (16.4%)
• Highest prevalence of dental sealants: children with private insurance (46.5%)
• Lowest prevalence of dental sealants: children with no insurance (35.0%)
Results: Oral Health Indicators by Toothaches

- Children who experienced toothaches:
  - Highest rate of untreated decay (46.9%)
  - Highest rate of caries experience (68.1%)
  - Lowest rate of dental sealants (32.8%)

![Prevalence (95% Confidence Interval) of the Oral Health Indicators, by Toothache](image)
Florida’s National Ranking: Caries Experience among Third Graders

Percent of Third Graders with Caries Experience by State
Healthy People 2020 Goal: 49.0%

Source: Centers for Disease Control and Prevention, “Oral Health Data,” 2015
Florida’s National Ranking: Untreated Decay among Third Graders

Percent of Third Graders with Untreated Decay by State

Healthy People 2020 Goal: 25.9%

Source: Centers for Disease Control and Prevention, “Oral Health Data,” 2015
Florida’s National Ranking: Dental Sealants among Third Graders

Percent of Third Graders with Dental Sealants by State

Healthy People 2020 Goal: 28.1%

Source: Centers for Disease Control and Prevention, “Oral Health Data,” 2015
Limitations of the Project

• The screenings were conducted without the use of radiographs (x-rays), so the findings may differ from those observed and diagnosed by clinicians.

• This survey was conducted only on public school children and may not be representative of all third grade children in Florida.

• The screeners are encouraged to be conservative, thus, the results represented here may be an underrepresentation of the true oral health status of Florida’s third grade children.
Recommendations for Improving the Oral Health of Children in Florida

- Continue collaborative partnerships with school-based dental programs
- Evaluate, address, and overcome barriers that exist in promoting dental sealant services for school age children.
- Increase the dental workforce providing school-based dental services.
- Increase the dissemination of proper oral care information and resources to children and parents.
- Promote the benefits of fluoride and the consumption of fluoridated tap water.
- Continue oral health surveillance activities for school-age children
Thank You!

• Acknowledgements:
  • Authors:
    • Louiza Saint-Hillien, MPH
    • Abigail Holicky, MPH
  • Jennifer Wahby, MPH - School-Based Sealant Program Coordinator
  • Association of State and Territorial Dental Directors (ASTDD)
    • Christine Wood, RDH, BS - Executive Director
  • Dr. Michael C. Manz, DDS, MPH, DrPH - Epidemiologist and Consultant
  • Florida Dental Hygienists’ Association (FDHA)
    • Tami Miller, BS, CRDH - Executive Director
  • To read the full report, please visit the Public Health Dental Program’s website: www.flhealth.gov/dental/reports
References


Florida’s Roadmap to Living Healthy

Justin Mandrup-Poulsen, GIS Technician and Allie Caldwell, Special Projects Coordinator, Florida Department of Agriculture and Consumer Services, Division of Food, Nutrition, and Wellness
Florida’s Roadmap to Living Healthy

05/31/2018
Understanding the Issue

In 2014 the Department conducted a study about health and food access in Florida.

Findings:

• Factors such as location, cost, education, culture, time, preferences, habits, and age can affect food choice.

• Having access to healthy food is linked to better health and this pattern exists in both urban and rural Florida communities.

So what can we do to help?
Setting Goals and Creating a Plan

**Setting Goals**
- **Reduce** hunger
- **Improve** healthy food access
- **Enhance** community health
- **Increase** economic opportunity and prosperity for all Floridians
- **Showcase** local leadership and solutions

**Creating a Plan**
- **Gather** data for informed decision-making
- **Create** tools to facilitate change
- **Foster** resources
- **Encourage** growth
- **Support** local leaders and solutions
Facilitating Change

“Florida’s Roadmap to Living Healthy is an interactive map that provides a new way of looking at information about health and nutrition in Florida by using Geographic Information Systems (GIS) technology to visualize data.”
Fostering better Resources

Through surveys and individual sessions users were able to express their concerns about the original Roadmap.

What were some issues people had with the old version?
- Difficult to navigate
- Not user friendly

How is the new version different?
- Improved organization of data layers into themes.
- User friendly, larger icons, more features and functionalities to enhance the user experience.
- User manual, helpful tips, and videos that explain how to use the map.
So what’s in the Roadmap
Florida’s Roadmap to Living Healthy

✓ View data in multiple ways:

- Tabular reports
- Visual infographics
- GIS map
Florida’s Roadmap to Living Healthy

✓ Over 25 Data Sets organized into 5 themes

- Demographics
- Economics
- Health
- Food Access
- Education
Florida’s Roadmap to Living Healthy

- Highly customizable map options
- Ability to layer data sets
- Taylor specific areas of interest
- See gaps in service and statistical trends
Florida’s Roadmap to Living Healthy

✓ GIS Map Capabilities and Features include:

- View details of layers
- Build reports from the GIS Map
Florida’s Roadmap to Living Healthy

✓ GIS Map Capabilities and Features include:
  o Drawing and measuring features
Florida’s Roadmap to Living Healthy

✓ GIS Map Capabilities and Features include:

- Bookmarks
- Export and print
Florida’s Roadmap to Living Healthy

✓ GIS Map Capabilities and Features include:

- View and export data from the Attribute Table
Reports

- Generate comprehensive reports from data layers that are available in the Roadmap application.

Create reports for pre-defined areas
- County
- Zip
- Custom area in a tabular report

Reports can be viewed
- saved
- printed

Florida's Roadmap To Living Healthy

Bradford County
Custom User Report

Date:  March 22, 2010
Location: Bradford County

This custom user report summarizes data by county.

Population

The population in Bradford County increased by 5.6% between 2010 and 2012.

- Population in 2010: 20,529
- Population in 2012: 20,914
- Male: 10,019
- Female: 12,510

Source: United States Census Bureau

Population by Households

Bradford County had 9,679 households, with an average household size of 2.5. The number of households with males was greater than those with females. There was a greater number of households without children than with children.

- Households: 9,679
- Average Household Size: 2.5
- Number of Households, Male: 5,083
- Number of Households, Female: 4,596
- Married Households with Children: 5,711
- Married Households without Children: 2,913
Infographics

- View Roadmap data as an infographic to get an idea of how data can be presented.
Florida’s Roadmap to Living Healthy

Have Questions while using the Roadmap?

• view Webinars, FAQ’s, and the User Manual
• Access help videos while using the Map
Become a Champion User and do more
Champion Users Can:

- Add their own data sets
Champion Users Can:

✓ View Open Data on ArcGIS Online
Champion Users Can:

✓ Create customizable reports using their own data and Roadmap data
Let's Work Together and Put the Roadmap to Work

SHARE WITH US

FEEDBACK
We'd love to hear your thoughts.
Please take a moment to give us suggestions and comments about what we could do to improve Florida's Roadmap to Living Healthy.

SUBMIT

TESTIMONIALS
Florida's Roadmap to Living Healthy provides the public a trusted source of health and nutrition data to enable people and organizations to identify gaps in services and improve access to nutritious food.

See what others are saying about the Roadmap.

CONTINUE
Questions

This institution is an equal opportunity provider.
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Fax: (850) 617-7404
Carey.Caldwell@freshfromflorida.com
Efforts to Improve Community Water Fluoridation Access and Public Perception

Dr. Johnny Johnson, Pediatric Dentist and President of the American Fluoridation Society
Fluoridation decisions

Who is involved

Florida Oral Health Alliance Virtual Meeting
June 1, 2018
Johnny Johnson, Jr., DMD, MS
Fluoride science meets political science

- City councils
- Water utility boards
- County commissions
Reaching out to decision-makers and staff

Engage the local decision-makers:

- Encourage them to be guided by the credible evidence
- Recognize how their constituents’ concerns shape their thinking
- Explore whether they have a personal “dog in the fight”
- Invite their questions

Staff (Elected officials often seek their input):

- City manager/County administrator
- Water utility manager/director
Don’t wait. At the earliest signs …

✓ Call or email (individually) your local CWF decision-makers to request a meeting to discuss dental health — and take a local health dept. official to join you

✓ Send a “thank you” email afterward (to their public email address)
  • Briefly summarize the discussion that you had
  • Include the position on CWF that he/she declared
  • Share any data or info that you promised to follow up with

✓ Meet with all candidates seeking state/local office who will be in a CWF decision-making position and ask where they stand

✓ Keep and print all of the emails that you send or share with these officials or candidates
Wisdom from a Florida county commissioner:

“Public officials have a responsibility to listen to their constituents. We also have a duty to not allow false fear to drive public health decisions. We should direct our constituents to reputable websites . . . We shouldn’t let “guess what I read on the internet” be the reason that we abandon a proven, safe practice like water fluoridation.”

Karen Williams Seel (R)
Board of Commissioners, Pinellas County, FL

(Source: Karen Williams Seel, “Fluoridation: Elected officials have a critical duty,” Teeth Matter, the blog of the Children’s Dental Health Project, July 17, 2014.)
If you don’t show up, someone else will

• You are the ideal person to advise public officials
• You care deeply about the health and wellness of your community
• You must step forward or someone else becomes “the expert” by default
• I did it — and so can you!
Ignoring the evidence can have consequences

Pinellas County, FL County Commission

Oct. 4, 2011: CWF was voted out by 4-3

On Nov. 27, 2012, the County Commissioners voted to restore fluoridation by a 6-1 vote.
Engaging the news media

Know the media landscape in your county or community:

- Newspaper reporters and editors
- TV and radio show hosts
- Bloggers
- Online bulletin boards

Reporters & Editors: Reach out to them and present yourself as a resource who can answer questions and clarify issues
Times' winning Pulitzer Prize entry for Editorial Writing

Monday, April 15, 2013

The Tampa Bay Times won its ninth Pulitzer Prize on Monday for a series of editorials last year by Tim Nickens and Daniel Ruth after the Pinellas County Commission moved to stop putting fluoride in the drinking water, affecting the dental health of 700,000 people in the county. As Nickens and Ruth wrote in the last of the 10 editorials submitted for the Pulitzer Prize in Editorial Writing, "It took nearly 14 months, an election and the clarion voice of Pinellas County voters to persuade county commissioners to correct a serious error in judgment." And the newly reconstituted commission quickly moved to vote to restore fluoride to the water system. Here is the Pulitzer nominating letter from Times Editor Neil Brown, with links to the 10 editorials.

To the judges:
In October 2012, the Pinellas County Commission heard
zealous and tea party conservatives, abruptly voted to stop
adding fluoride to the drinking water. The commission...

American Fluoridation Society
Local water personnel:
Establish a relationship
Get to know your local water personnel

- Tour your local water plant
- Compliment the staff on the facility’s organization and cleanliness
- Thank them for providing safe drinking water to their residents
- Thank them for providing fluoride to help prevent cavities
- Let them know the impact they are making
- Let them know that they prevent more cavities than all of the dental professionals in their area could do in a lifetime by fluoridating the water
<table>
<thead>
<tr>
<th>Claims by Opponents: <strong>ALL FALSE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO data shows cavities coming down all countries the same regardless of CWF</strong></td>
</tr>
<tr>
<td><strong>Allergies to fluoridation</strong></td>
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<tr>
<td><strong>THYROID PROBLEMS</strong></td>
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<tr>
<td><strong>“Harvard Study” Lowers IQ in children:</strong></td>
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<tr>
<td><strong>Cochrane Oral Health Group says it isn’t effective</strong></td>
</tr>
<tr>
<td><strong>“ChildSmile”</strong></td>
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<tr>
<td><strong>PHARMACEUTICAL GRADE FLUORIDE</strong></td>
</tr>
<tr>
<td><strong>Forced Medication</strong></td>
</tr>
</tbody>
</table>
Why water personnel play a key role

• They handle a job that most local elected officials do not fully understand

• Elected officials tend to defer to water operators and managers — especially when they hear no countervailing facts
Claim: Fluoridation causes pipes to corrode

FALSE

“The concern that using fluorosilicate additives to fluoridate drinking water causes water system pipes to corrode is not supported by science.”

(Source: “Community Water Fluoridation: Drinking Water Pipe Systems,” Centers for Disease Control and Prevention, updated July 10, 2015.)
Visit the AmericanFluoridationSociety.org

- Find helpful one-pagers through the AFS website
- Find info to “debunk” the claims that critics are circulating in your state or community
A Critical and Immediate Request:

Pull your Water Quality Annual Report Today!!

• Check the fluoride levels. The Range detected for 2016 was from likely background levels of 0.06ppm up to 0.79ppm.
• The Highest Ave. Level Detected was 0.62. This requires investigation. What was going on? Repairs during which CWF had to be stopped? Stopped on purpose?
• The explanation is likely credible, but the DOH fluoridation officer, Dr. Fairrow, would have access to monthly reports and other data. Let her know immediately. This could be a problem area.

Nashville, TN, 2017
https://www.nashville.gov/Portals/0/StateContent/WaterServices/docs/reports/2017%20CCR.pdf
THANK YOU!!

Questions?

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Discussion

- How can these new resources help inform statewide programs and policies?
- How do they align with the Alliance’s focus areas and prioritized strategies?
  - Communication/messaging
  - Medical/dental integration
  - Oral health hot-spotting
Oral Health Hot-Spotting Subcommittee

**Overall Goal:** Identify multi-sector oral health data available to be able to guide the development and implementation of targeted oral health interventions (oral health hot-spotting).

**Objectives:**

1. Identify multiple sectors of data that could be integrated.
2. Identify data analytics partner that could integrate multiple data sets to identify oral health hot spots.
3. Develop an oral health hot-spotting map for each county and for the state.

**Proposed Deliverables:**

- Plan for integrating multiple data sets
- Oral health hot-spotting map
Next Steps

- What should be the focus of the analysis?
  - Example: Looking for clusters of disease, high rates of ED utilization, etc.

- What data do we have access to and what is the scope of the data sets (age, gender, insurance, school location, etc.)?

- What additional partners do we need to engage that can help to move this work forward?
Upcoming Meetings

- Next meeting is currently scheduled for:
  - Friday, August 24 from 10am-12pm
  - How does this timing work for the group?
Learning Opportunities

The 2018 Oral Health Florida Conference: SHAPING THE FUTURE OF ORAL HEALTH

Tuesday, July 24, 2018, 8:30 am to 6:00 pm @ Florida Hotel and Conference Center, Orlando

About this year’s Oral Health Florida Conference:

Our annual Oral Health Conference brings people together to find innovative ways to improve oral health throughout Florida. Over 200 stakeholders from dentistry, academia, medicine, business, and philanthropy have shared ideas and learned the latest in dental health care trends. The theme of this year’s conference is “Shaping the Future of Oral Health”. We hope that you will be able to join us to build excellence and improve the health of our Florida citizens. Early bird REGISTRATION ends TODAY (June1)!
Oral Health Needs Index

OralHealthIndex.org

Stay tuned for an upcoming webinar!

Home

OHNI Project

OHNI interactive mapping website was developed by the National Community Mapping Institute at Meharry. The site uses Mappler technology.

OHNI PROJECT?

The Oral Health Needs Index is designed to be an easy to access, place-based analytic tool with resources that links environmental and social determinants of health, health behaviors, and healthcare access to oral health outcomes.

OHNI is a partnership between Texas Health Institute, Critical Learning Systems, Inc., McNary Group, and National Community Mapping Institute at Meharry Medical College.
Learning Opportunities

Oral Health 2020 Network
Sign up for the OH2020 Network’s e-community to get the latest news and updates on impact being made across the country, participate in webinars, access resources and technical assistance from experts and make new connections and share your own learnings with hundreds of others working to make our country healthier.

- Register: http://www.oralhealth.network
- Join the Florida State Page!

Florida OH 2020 Alignment Network
Florida page for state collaboration

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