

Michigan Department of Community Health

Oral Health Program

Community Water Fluoridation Plan



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Overview of Community Water (CWF) Fluoridation in Michigan

Grand Rapids, Michigan was the birthplace of community water fluoridation for the world, and this preventive practice has since been recognized as one of the 10 great achievements in public health of the 20th century [CDC 1999a].

Community water fluoridation is the process of adjusting the natural fluoride concentration of a community's water supply to a level that is best for the prevention of dental caries. In the United States, community water fluoridation has been the basis for the primary prevention of dental caries for 60 years [CDC 1999a].

It is an ideal public health method because it is effective, eminently safe, inexpensive, requires no behavior change by individuals, and does not depend on access or availability of professional services. Water fluoridation reduces or eliminates disparities in preventing dental caries among different socioeconomic, racial, and ethnic groups.

Fluoridation helps to lower the cost of dental care and dental insurance and helps residents retain their teeth throughout life [USDHHS 2000a].

Not only does community water fluoridation effectively prevent dental caries, it is one of very few public health prevention measures that offer significant cost saving in almost all communities [Griffin et al. 2001]. About every \$1 invested in community water fluoridation saves \$38 in averted costs. The cost per person of instituting and maintaining a water fluoridation program in a community decreases with increasing population size.

Recognizing the importance of community water fluoridation, *Healthy People 2010* Objective 21-9 aims to "Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water to 75%." In the United States during 2006, approximately 184 million people (69.2% of the population served by public water systems) received optimally fluoridated water [CDC 2008].

While Michigan exceeds the level of fluoridation set forth by HP2010, there are geographic disparities in community water fluoridation. Fluoridation is at its highest in the Southern Lower Peninsula and the Central Upper Peninsula. Conversely, fluoridation is relatively low in the Northern Lower Peninsula and the Western Upper Peninsula (Figure 1). Wells drilled for private use are currently untested for fluoride on a routine basis.

In Michigan, approximately 7.03 million people received optimally fluoridated water in 2009, representing 92% of the population served by public water systems.

There are currently 1405 public water systems in Michigan ranging from populations of 25 in small mobile home parks to large cities such as Detroit servicing 900,000 people. 378 systems add fluoride, while 1027 do not. 39 of these systems have sufficient natural levels of fluoride so adjusting is unnecessary. 863 systems have populations less than 1000. Water systems with populations over 1000 that currently are not fluoridating account for 428,836 people not receiving the benefits of fluoride. Funding is available in 2010 for communities wishing to purchase equipment to use to initiate a fluoridation program.

71% of Michigan residents are served by community water supplies. Many areas of Michigan are rural areas with families having private wells. Most of these wells have below optimal levels of fluoride for oral health. MDCH and the Michigan Oral Health Coalition will plan a community awareness campaign to educate the rural public on testing their private wells for fluoride.

For additional information on water fluoridation data in Michigan link to <http://www.cdc.gov/fluoridation>. For specific information on fluoridation data for Michigan, link to <http://apps.nccd.cdc.gov/MWF/Index>

MDCH Fluoridation Infrastructure

The Oral Health Program has a .5 FTE state position as a Fluoridation Coordinator. The remaining .5 FTE is devoted to oral health education activities. This position is funded the CDC Cooperative Agreement. Oversight and management of drinking water is a state responsibility managed by the Department of Environmental Quality (DEQ). Fluoridation activities, however, are jointly managed by the state oral health program and DEQ. The DEQ will merge with the Department of Natural Resources and will then be known as the DNR-E.

The responsibilities of the state Fluoridation Coordinator is to meet the requirements of the CDC Cooperative Agreement. Activities related to this include:

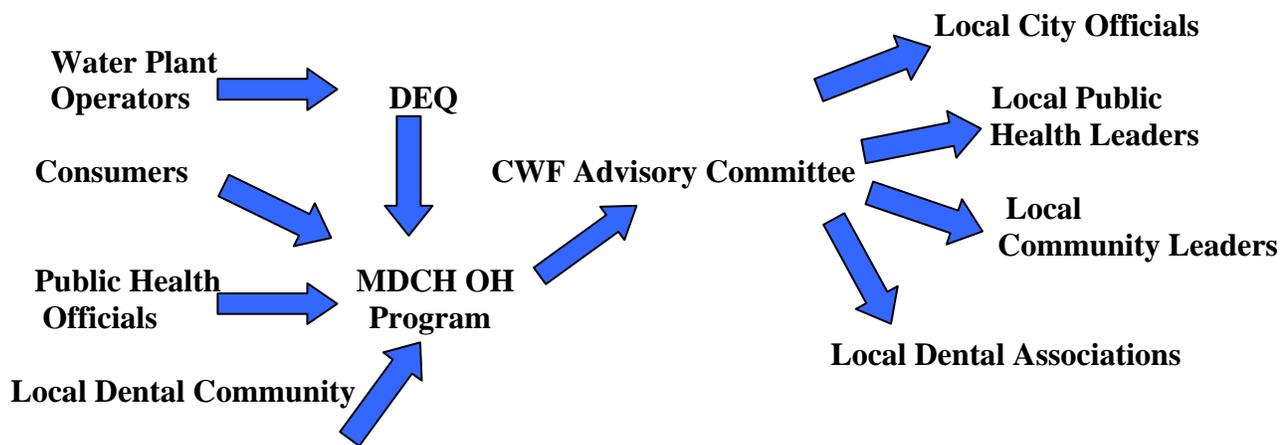
- Monitor and report on a monthly basis water fluoridation data, consistent with the Water Fluoridation Reporting System
- Submit WFRS report number 510 annually
- Promote and implement a state fluoridation program
- Maintaining consistency of fluoridation efforts within a state
- Develop and update a state fluoridation plan and submit annual status reports

- Track progress toward incorporating into practice the CDC Engineering and Administrative Recommendations for Water Fluoridation (EARWF)
- Document participation in the CDC Lab Proficiency Testing Program or equivalent
- Report on water systems receiving new or replacement fluoridation equipment and the communities and populations affected
- Measure and report progress towards exceeding *Healthy People* objective of 75 percent of population on public water supplies receiving fluoridated water
- Establish and monitor the CWF quality control program and utilization evaluation for continuous program improvement
- Provide appropriate education and promotion of CWF
- Identify communities that could benefit from community water fluoridation
- Identify communities and populations requiring replacement fluoridation equipment and develop replacement plan by funding source
- Implement a State CWF Committee to respond to communities seeking inquiry as to the alleged harm and benefits of CWF

Collaborative Partners

While the fluoride operation and reporting is the responsibility of the state, continued advocacy for community fluoridation requires many collaborative partners. To assist in educating, advocating, and providing scientific evidence on the benefits of community water fluoridation (CWF), a CWF Advisory Committee was formed. The CWF Advisory Committee is composed of water plant engineers, consumers, educators, dental professionals, physicians, and a myriad of other stakeholders from across the state. The CWF Advisory Committee has been very effective in mobilizing in the various geographic areas where anti-fluoridationists actively campaign against CWF. This Committee will soon become part of the Michigan Oral Health Coalition.

The communication network for alerting the CWF Advisory Committee when communities are considering stopping fluoridation feeds to the community water supply is represented in the diagram below.



Quality Assurance

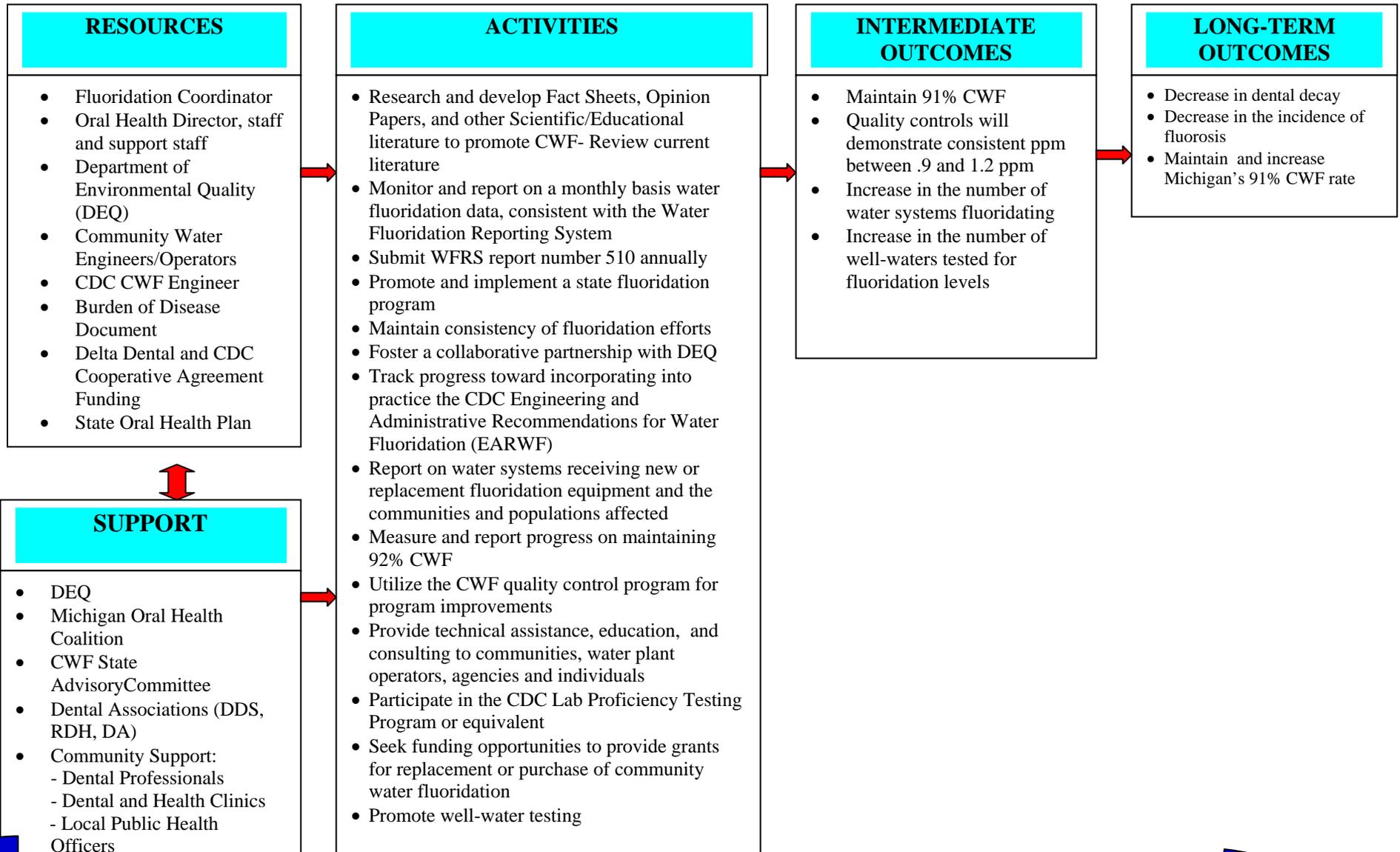
Quality assurance for drinking water safety is the direct responsibility of the Department of Environmental Quality. The MDCH Oral Health Program does participate in the quality assurance of fluoridation by entering and analyzing the data from DEQ that is populated into the WFRS system. DEQ and MDCH are currently developing the QA plan. Components of the developing plan include:

- Monitor and report on a monthly basis water fluoridation data, consistent with the Water Fluoridation Reporting System
- Submit WFRS report number 510 annually
- Maintaining consistency of fluoridation efforts within a state
- Track progress toward incorporating into practice the CDC Engineering and Administrative Recommendations for Water Fluoridation (EARWF)
- Document participation in the CDC Lab Proficiency Testing Program or equivalent
- Report on water systems receiving new or replacement fluoridation equipment and the communities and populations affected
- Identify communities and populations requiring replacement fluoridation equipment and develop replacement plan by funding source
- Education of water system operators and engineers.

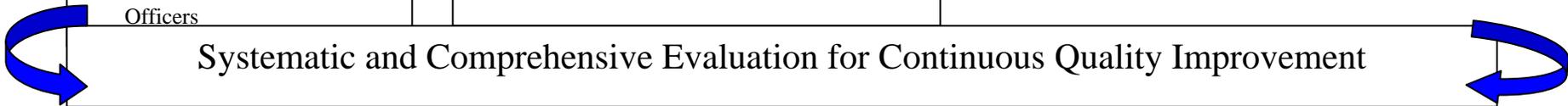
Evaluation

MDCH uses a systematic comprehensive evaluation system for all of its programs. Utilizing evaluation results in continuous quality improvement. Review of the Fluoridation Plan, effectiveness of the CWF, WFRS reporting, and participant surveys are just a few of the tools to complete the evaluation. The CWF Logic Model and Evaluation Plan are listed below. The comprehensive MDCH Oral Health Program 5-Year Evaluation Plan can be found in its entirety in MOLAR or through the Oral Health Program at MDCH.

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| LOGIC MODEL | MDCH COMMUNITY WATER FLUORIDATION |
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Systematic and Comprehensive Evaluation for Continuous Quality Improvement



Objective 5b: Access to and Utilization of Preventive Interventions - Community Water Fluoridation Evaluation Plan

The collective efforts of promoting and implementing a state fluoridation program and maintaining consistency of fluoridation efforts within a state can be characterized as a community water fluoridation program. Oversight and management of fluoridation activities is a state responsibility and this function may be jointly managed by the state oral health program and the state agency responsible for the drinking water program. Basic community water fluoridation program management is to be coordinated and implemented in 2 phases.

| Evaluation Question | what type of data you will need | where you will get the data | how you will get the data | when you will collect the data | what you will do with the data | when and how you will share results | who will get this done | evaluation completed (give date, initials of who completed it, and any comments) |
|---|--|---|--|--|--|---|--|--|
| 1. Develop a state fluoridation plan and submit annual status reports | -WFRS data -DEQ FI reports -Epi information on FI -Advise of State Fluoridation Advisory Committee. (FAC) | -DEQ -Epi surveil. Data -WFRS -FAC | -Request from DEQ -Meetings with FAC | -Reports submitted at least annually | -Use state plan to work toward achieving objectives -Submit annual status reports | -CDC Annual Reports -Burden of Disease Document -Surveil. Annual Report | -FAC -DEQ -Epi -Fluoridation Coord. -OH Director | -5/09 SKD Current Fluoridation Plan completed |
| 2. Conduct and report monthly monitoring consistent with the Water Fluoridation Reporting System (WFRS). Submit 510 report with interim reports | DEQ data | DEQ | -MOU from DEQ provides exchange of data -510 report from WFRS | Annually (or quarterly depending on DEQ) | -Populate WFRS - submit 510 report from WFRS to CDC | -CDC Annual Reports -WFRS data posted on CDC website | -FI Coord. | 4/09- 08 WFRS data entered; 510 report in MOLAR- SKD |

| Evaluation Question | what type of data you will need | where you will get the data | how you will get the data | when you will collect the data | what you will do with the data | when and how you will share results | who will get this done | evaluation completed (give date, initials of who completed it, and any comments) |
|---|--|---|---|---|--|---|---|--|
| 3. Track progress toward incorporating into practice the CDC Engineering and Administrative Recommendations for Water Fluoridation (EARWF); | -EARWF standards -DEQ standards | DEQ | Request from DEQ | -Annually | -Encourage DEQ to monitor each system according to recommended standards | -Note in MOLAR -Update annual report | -Fluoridation Coord. | 5/09 DEQ standards similar to EARWF received. SKD |
| 4. Report on water systems receiving new or replacement fluoridation equipment and the communities and populations affected | Water systems receiving new or replacement equip. | Request from DEQ | Request from DEQ | DEQ annual report | Incorporate into the MI fl plan | Annual Report | -DEQ -Fluoridation Coord | 11-09- Received Annual Progress Report from DEQ |
| 5. Measure and report progress towards reaching or exceeding <i>Healthy People</i> objective of 75 percent of population on public water supplies receiving fluoridated water | MI exceeds HP objectives with a 91% fl rate of CWS | -exceeds HP objectives with a 91% fl rate | MI exceeds HP objectives with a 91% fl rate | MI exceeds HP objectives with a 91% fl rate | MI exceeds HP objectives with a 91% fl rate | MI exceeds HP objectives with a 91% fl rate | MI exceeds HP objectives with a 91% fl rate | Continue to monitor and evaluate |

| Evaluation Question | what type of data you will need | where you will get the data | how you will get the data | when you will collect the data | what you will do with the data | when and how you will share results | who will get this done | evaluation completed (give date, initials of who completed it, and any comments) |
|---|---|-----------------------------|---|--------------------------------|--|--|---------------------------|--|
| 6. Enhance or expand existing community water fluoridation program management to a comprehensive level that meets or exceeds Healthy People objectives | MI exceeds HP objectives with a 91% fl rate | DEQ | Request from DEQ | Annually | Share data with FI Advisory Committee (FAC) and develop plans to increase fluoridation | Annually and if fluoridation of a water system is precarious – share through the FAC | FL Coordinator | Continue to monitor and evaluate |
| 7. Encourage attendance by state fluoridation coordinator, engineers and/or specialists at CDC fluoridation training or equivalent within 5 years | # of attendees from MI | DEQ and MDCH | -Request from DEQ; check MDCH program files | Annually | Encourage water plant engineers and operators to attend | Annually with FAC and semi-annually with DEQ meetings | FI Coordinator | 11-09- DEQ would like to send 2 engineers to CDC Training in Sacramento March 2010 MOHC representative will go to Sacramento also |
| 8. Conduct comprehensive inspections of all adjusted fluoridated water systems every three years to assure that all the technical recommendations, including the safety requirements of EARWF, are followed | Inspection data from DEQ | DEQ | Request from DEQ | Annually | Keep on file and share with FI Advisory Co | Annually with FAC | FI Coordinator; DEQ | Received report on this from DEQ 6/09 SKD |
| 9. Increase percent of fluoridated water systems consistently maintaining optimal levels of fluoride as defined by State and consistent with recommendations outlined in EARWF | MI exceeds HP objectives and EARWF standards with a 91% fl rate | DEQ | Request from DEQ | Annually | Share data with FAC and develop plans to increase fluoridation | Annually with FAC | FI Coordinator DEQ | Continue to monitor and evaluate |
| Evaluation Question | what type of data you will need | where you will get the data | how you will get the data | when you will collect the data | what you will do with the data | when and how you will share results | who will get this done | evaluation completed (give date, initials of who completed it, and any comments) |
| 10.Promote fluoridation to policymakers and the | Fluoridation statewide | DEQ and WFRS | DEQ | Annually | Work with Michigan Oral | Annually with FAC and | FI Coordinator | Report to be submitted Dec 2009 by SKD |

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| public as appropriate. | <p>rates</p> <p>Evidence of council meetings visited by FAC or FI Coord</p> <p>Number of CWF materials distributed</p> <p>Survey to health departments</p> | FI Coord; calendar of visits | FI Coord | Annually | Health Coalition (MOHC) to advocate for fluoridation; provide assistance to municipalities facing a fluoridation vote; public service marketing in areas of non-fluoridation; Fact sheets/ handouts/brochure | MOHC | | |
| Evaluation Question | what type of data you will need | where you will get the data | how you will get the data | when you will collect the data | what you will do with the data | when and how you will share results | who will get this done | evaluation completed (give date, initials of who completed it, and any comments) |
| 11.Establish a CWF quality control program | Inspection data, equipment data, and fluoridation rates from DEQ | DEQ | DEQ | Annually | Continue to promote Michigan in success of CWF Monitor levels and DEQ efforts | Promoting CWF; FAC; MOHC | FI Coord DEQ FAC MOHC | Report to be submitted Dec 2009 by SKD |
| 12.Provide appropriate education and promotion | Fluoridation statewide | DEQ and WFRS; | DEQ; Calendar | Annually | Work with Michigan Oral | Annually with DEQ, FAC, | FL Coordinator | CWF Brochure completed Oct 2008- SKD |

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| of CWF | rates; Evidence of promotion visits; Evidence of training dates | Fl Coord; FAC | dates for promotion visits and meetings Number of presentations; displays Amount of materials disseminated | | Health Coalition (MOHC) to advocate for fluoridation; provide assistance to municipalities facing a fluoridation vote; public service marketing in areas of non-fluoridation | MOHC and MDCH | | 5 Regional Operator Trainings complete- SKD |
| 13. Identify communities that, if fluoridated, would enable state to meet or exceed the Healthy People objective | MI exceeds HP objectives with a 91% fl rate | DEQ; WFRS | Lists from DEQ; WFRS | annually | Promote fluoridation to those communities | Annual report | Fl Coordinator | Report to be submitted Dec 2009-SKD |
| Evaluation Question | what type of data you will need | where you will get the data | how you will get the data | when you will collect the data | what you will do with the data | when and how you will share results | who will get this done | evaluation completed (give date, initials of who completed it, and any comments) |
| 14. Identify communities and populations requiring replacement fluoridation equipment and develop replacement plan by funding source | List of communities that require replacement equipment | DEQ; WFRS; Communities with interest | DEQ; WFRS; MDCH | Annually | Work with Delta Dental, (MOHC), and other collaboratives to identify funding sources for replacement equipment Offer grant reimbursements for new and replacement equipment to encourage continued CWF | Annually with DEQ, MOHC, FAC and other collaborative partners | Fl Coordinator | 6/09- Funding source identified: Delta Dental; RFP designed and ready for release Oct 1, 2009-SKD |
| 15. Participate in the CDC Lab Proficiency Testing | DEQ Lab Proficiency | DEQ | Request information | Annually | Promote fluoridation safety | Annual report to: | Fl Coord | Report submitted by DEQ Dec 08- SKD |

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| Program or equivalent | Testing information | | from DEQ | | | FAC; MOHC; MDCH | | |
| 16. External Evaluation of program | Data from all objectives | DEQ; WFRS; Oral health program | Annual reports | Once every three years | Continue to promote safety and health benefits of CWF | MOHC; public; dental health professionals | FI Coord; Outside EPI support | |

Process-related Evaluation Questions:

1. Does the dollar amount of resources expended for prevention and the amount of disease averted by prevention, greater than the expected costs associated with the disease had it not been averted?
2. What are the challenges associated with coordinating and implementing a limited community water fluoridation program management system?

2009-10 Community Water Fluoridation 1-5 Year Workplan
Revised 11-06-09

BOLD: Objectives and activities to be accomplished by January 2010.

GOAL: Community Water Fluoridation Program- To promote a quality Community Water Fluoridation Program through the State with the Oral Health Program and the Department of Environmental Quality (DEQ).

| Objective: | Activities: | Time Frame: | Progress: | Performance Measures: | Person(s) Responsible |
|--|--|--------------------|---|---|---|
| A. Develop State Fluoridation Plan that implements CDC grant requirements and submit requested reports. | 1. Susan to develop draft copy of state fluoridation plan and discuss with State Fluoridation Committee. | Feb 2009 | 1-09 Phone conference for first planning 3-09 Face to face- draft plan completed 6-09 Plan completed. 11-09 Updated plan | State Fluoridation Plan approved by Committee | Susan Deming, State Fluoridation Committee |
| | 2. Implement State Fluoridation Plan | 2009-2014 | 1-09: Many aspects of SFP have been implemented. Will be described in objectives below. | Each aspect SFP will have been addressed and progress recorded. | Susan Deming |
| | 3. Reports sent to CDC | 2009-2014 | 1-09: MOLAR data is being entered on continuous basis. | Reports submitted as per CDC request. | Susan Deming, Sheila Vandebush |
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| B. Monitor fluoride levels on monthly | 1. Collaborate with DEQ on receiving | 2009-2014 | 1-09: Progress has been made. We are receiving | Individual water systems providing | Susan Deming, |

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| basis consistent with WFRS. | monthly data from each water system on their fluoride levels. | | data from all 8 water districts 1 X yr and this is entered into WFRS. We are in discussion of trying to receive this data at least biannually. DEQ still not ready to implement monthly reports being sent to Oral Health Program. | monthly fluoride level readings to the Oral Health Program by 2014. | Pat Cook-DEQ |
| | 2. Monitor levels for optimal oral health benefits based on current literature and recommendations of CDC, AAPD, and EARWF standards. | June 2009 | 1-09: Michigan currently has their optimal levels set at .9-1.5ppm in WFRS. DEQ recommends levels set at .9-1.2 based on temperature and CDC recommendations. | Levels are reset to current recommended levels in WFRS Michigan changed WFRS data to reflect .9-1.2 range | Susan Deming Pat Cook |
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| C. Track Progress of incorporating CDC EARWF practices. | 1. Collaborate with DEQ on getting evidence of EARWF practices being inspected by DEQ on a routine basis. | 2009-2014 | 1-09: Just started on this. Sent Pat Cook the EARWF information sheet in Jan 09. 3-09 DEQ sent standards used in comparison to EARWF | Evidence submitted from DEQ to Oral Health Program on a three year cycle showing progress in meeting EARWF goals. | Susan Deming Pat Cook |
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| D. New or replacement equipment to communities looking to add fluoridation | 1. Acquire funding | 2009-2010 | 1-09: Proposal sent into Delta Dental Fall of 08 requesting funding for this project. 6-09: Delta agreed to use leftover Varnish program funds to fund RFP | Funding acquired and allocated. | Susan Deming |

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| | 2. Identify systems in need of new or replacement equipment | Nov 08- Jan 2014 | 1-09: Identified water systems without fluoridation. Assume these all would need new equipment. Would need to do survey to determine which systems need replacement equipment. | Survey not done due to release of RFP | Susan Deming |
| | 3. . Surveys sent to unfluoridated systems with populations over 1000 requesting interest, who would need new, who would new replacements, and how much funding would be needed. | Dec 2009 | 1-09: Still waiting on funding information 6-09: RFP designed and to be released Oct 2009. Unfluoridated systems identified. Will send RFP to all unfluoridated communities over 1000 Jan 2010 | 10% of non fluoridated water systems over 1000 population would show interest, meet criteria in receiving funding and start fluoridation process by September 2010. | Susan Deming |
| | 4. Develop an RFP process for distribution of funds. | March 2010 | 10-09: RFP designed and released Oct 1, 2009 | Funding completed and equipment purchases reimbursed by Sept 2010 | Susan Deming |
| | 5. Track and evaluate number of systems fluoridating as result of funding. | Jan 2011 | | 90% of funding grantees are operational for fluoridation 6 months after award notification. | Susan Deming |
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| E. Meet Healthy People 2010/2020 goal of 75% of population on Community Water Fluoridation | 1. Support efforts of communities wishing to implement CWF | Jan 2009-2014 | 1-09: We are presently at 91% . Goal is met but plan on continued success. | Maintain at least 75% of population under CWF | Susan Deming |
| | 2. Identify communities that would need CWF to reach Healthy People objective | Jan 2009-2014 | 1-09: Non fluoridated communities have been identified and populations determined. | List of non fluoridated areas in MI available through WFRS and DEQ | Susan Deming |
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| F. Education and Promotion of Community Water Fluoridation | 1. Integrate oral health education into state fluoridation training for water treatment operators and engineers, Local PPW directors, and other municipal utility organizations. | 2009-2014 | 1-09: Four dates are set in April of 09 to present oral health education to approximately 600 water treatment operators. 10-09: Susan presented to 5 regional DEQ meetings where 100-200 water system operators and engineers were present at each session. | Bi annual integration into DEQ's water treatment training schedule | Susan Deming |
| | 2. CDC fluoridation training for 1 State District Engineer per year when funds available. | 2010-2014 | 1:09 Checking on funding Oct 09: Funding available for 2 district engineers and one other to CDC training Nov 09: 2 District engineers will go to Sacramento in March 2010 and one representative for | All 8 district engineers will have attended the CDC fluoridation training in Tennessee or Sacramento by 2014 | Susan Deming |

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| | | | MOHC will go too. | | |
| | 3. Community Water Fluoridation Brochure developed and disseminated to public | 2008-2009 | 1-09: Brochure completed Oct 08. Need plan to disseminate to public 08-09: Plan to disseminate brochures with survey to health departments in student project Nov 09: Getting requests for copies of brochure from health departments due to survey sent | 3000 brochures have been disseminated to public health facilities by Dec 09 | Susan Deming |
| | 4. Update existing CWF fact sheets with current information | 2009-2014 | 1-09: Gathering fact sheets at this point | All fact sheets and information on CWF used by MDCH is updated on an annual basis. | Susan Deming |
| | 5. Meetings with Fluoridation Committee at least 2x/yr. for input into fluoridation work plan, education and promotion. At least one meeting to be face to face. | 2009-2014 | 1-09: Meeting scheduled for Feb 19, 2009. Will discuss SFP and other promotional activities. 3-09: Meeting face to face; workplan finalized. Next meeting to be scheduled Jan 2010 | Meetings scheduled at least 2x annually with one meeting face to face in Spring. | Susan Deming Fluoridation Committee |
| | 6. Continued support to communities wishing to continue or add fluoridation by addressing city councils, the public | 2009-2014 | 1-09: Have helped Port Huron retain fluoridation in 08. Addressed City Council of Three Rivers looking to add fluoridation 2-09. | Documentation annually of communities retaining or adding fluoridation. Documentation of | Susan Deming Pat Cook Fluoridation Committee |

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| | and supplying current fluoridation facts. | | 5-09: Village of Dexter council 6-09: Algonac city council 7-09: Traverse City city council Nov 09: Mt Pleasant Task Force | support to city councils annually. | |
| | 7. Update MDCH website to include separate section on fluoridation. | Jan 2010 | 6-09 Nothing at this time 8-09: Fluoridation heading added to website- need materials added | MDCH oral health website will have separate section to access information and other links on fluoridation. | Susan Deming, MDCH webmaster |
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| G. Participate in Lab Proficiency Testing or Equivalent | 1. Acquire evidence that Lab Proficiency Testing is being done through DEQ | Annually | 1-09 The DEQ Grand Rapids District Office did a proficiency testing survey for the water systems in that district that add fluoride in 2008. Results of this study are available at the DEQ. | Documentation annually | Susan Deming Pat Cook |
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| H. Maintain all above objectives through management and at a comprehensive level that meets or exceeds Healthy People objectives | 1. Continue Oral Health Fluoridation Coordinator position with state. | 2009-2014 | 1-09: This position has allowed better communication with DEQ and further progress toward meeting objectives | Continued progress meeting objectives as evidenced by documentation from DEQ and increased communities utilizing CWF | Susan Deming Pat Cook |
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| I. Fluoridation Coordinator with DEQ | 1. State of MI to hire this person on a permanent basis to | 2014 | 1-09: Just a dream at this point- | Actual position designated with DEQ | Susan Deming |

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| | manage the fluoridation objectives above through DEQ and work with the Oral Health Program | | Will need to research other states that do have this position | | |
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| J. Testing of individual wells for fluoride levels | 1. Have testing kits available through out state; in all local public health agencies. | 2009-2014 | 1-09: We now have drinking water test kits at the Oral Health program for the public. A link to getting the kits is on our website Need contact with each health agency to see if kits are needed. | Contacts made and test kits in each health agency Surveys sent to each health department asking for information on test kits | Susan Deming |
| | 2. Public awareness of testing individual wells possibly through newspapers, legislative newsletters or other sources. | 2009-2012 | 1-09: Brochure has been designed. Contact number available through state. Meeting with Fluoridation Committee to get ideas for public awareness Feb 19 | Public awareness campaign launched | Susan Deming Fluoridation Committee |
| | 3. Explore funding for distribution of | 2010 | 10-09 Nothing at this time | Funding streams explored: private and | Susan Deming |

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| | testing kits for low-income households. | | | public donations | |
| K. Study on fluorosis levels in the state | 1. Include fluorosis questions on 2010 Count Your Smiles screening to third graders | Nov 2009 | 1-09: This was mentioned but need meeting with Sheila on this. 6-09: Fluorosis on CYS survey | Questions included on 2010 Count Your Smiles screening form | Susan Deming Sheila Vandebush |
| | 2. Develop questions for screening using Dean's classification for fluorosis | Nov 2009 | 1-09: Will need to develop questions, provide training to examiners 10-09: Training in progress... | Questions included on 2010 Count Your Smiles screening form | Susan Deming Sheila Vandebush |
| | 3. Determine if study needs to be designed for MI using screening data | Dec 2010- Dec 2011 | 1-09: No progress at this time 10-09: will determine after screenings returned | Need of study will be determined by end of 2011. | Susan Deming EPI |
| | 4. Design study on fluoride levels for MI working with epidemiologist | Jan 2012- 2014 | 1-09: No progress at this time | Study designed and ready to implement by 2012 if indicated | Susan Deming EPI |
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| L. Survey to Health Departments on Private Well Testing | 1. Work with U of M student to design survey to HDs | Aug 09 | 8-09: Survey designed and disseminated to HDs. | Survey designed and disseminated to HDs. | Student Susan Deming |
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| M. CWF Program Evaluation | 1. Design evaluation objectives for CWF program | Jan 2010 | 10-09: Have internal evaluation in place; report by Dec 09 work on plan for external eval | Have process for internal and external evaluation measures in place by Sept 2010 | Susan Deming |
|----------------------------------|---|----------|--|--|--------------|