

Connecticut Statewide Fluoridation Plan

July 2011



**Connecticut Department
of Public Health**

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Introduction

Fluoride is present in small but widely varying amounts in practically all soils, water supplies, plants, animals, and thus is a normal constituent of all diets. All public water supplies in this country contain at least trace amounts of natural fluoride. 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 and has been recognized as one of the 10 great achievements in public health of the 20th century.¹ 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 is equally effective in preventing dental caries among different socioeconomic, racial, and ethnic groups. Fluoridation helps to lower the cost of dental care and helps residents retain their teeth throughout life.²

Water fluoridation can reduce the amount of decay in children's teeth by as much as 60%. When used in combination with fluoride toothpaste, mouth rinses, and professionally-applied fluoride treatments (including: gels, foams, and varnishes), fluoridation can reduce tooth decay by 18-40% in children and nearly 35% in adults.³

Not only does community water fluoridation effectively prevent dental caries, it is one of very few public health prevention measures that offer significant cost savings to almost all communities. It has been estimated that about every \$1 invested in community water fluoridation saves approximately \$38 in averted dental care costs.⁴ The cost per person of instituting and maintaining a water fluoridation program in a community decreases with increasing population size.

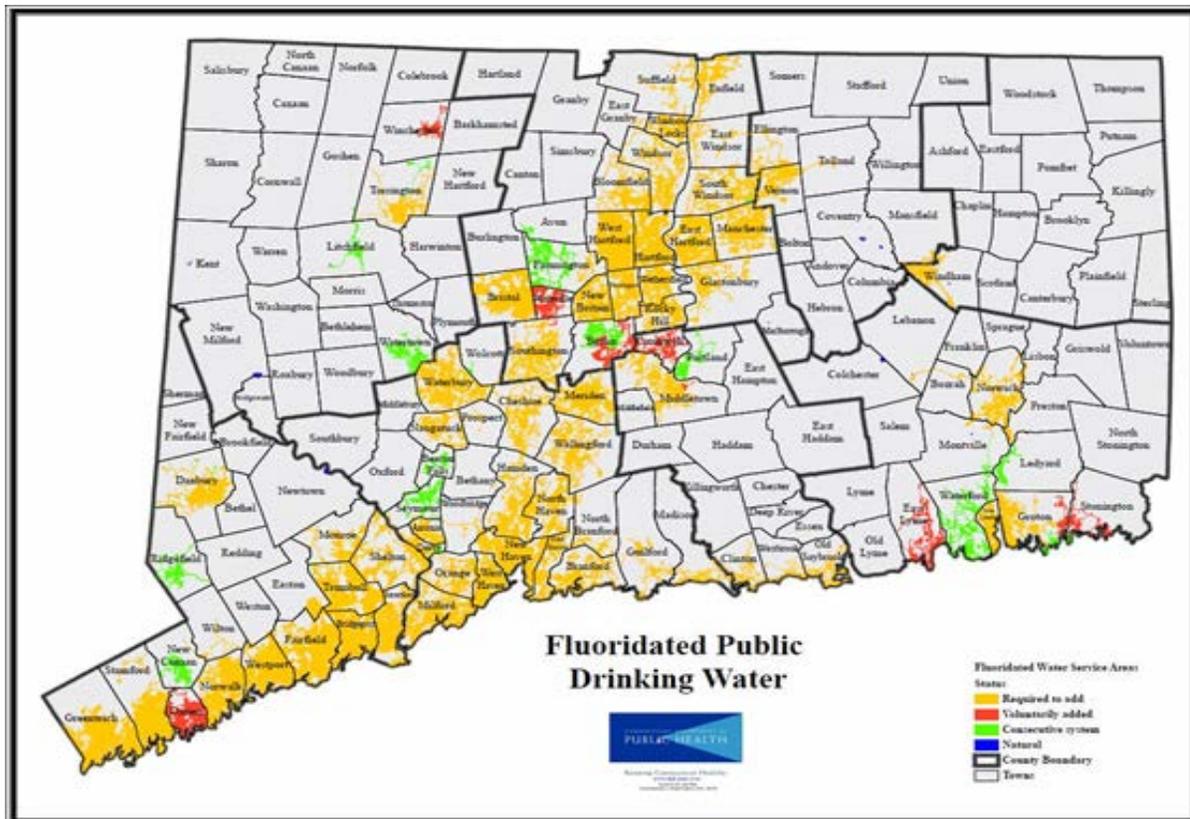
Strong evidence now exists that water fluoridation aids in the remineralization of the tooth, actually reversing the decay process after it already has begun. In addition, Fluoride may also make teeth more resistant to bacterial acids and inhibit the growth of certain kinds of bacteria that produce these acids. However, excessive Fluoride consumption can cause mottled enamel or fluorosis (i.e. whitish or brownish spots on teeth). Dental fluorosis in the United States appears mostly in the very mild or mild form – as barely visible lacy white markings or spots on the enamel. Dental fluorosis results from the ingestion of high levels of fluoride during tooth development in children less than 8 years old. The severe form of dental fluorosis, with staining and pitting of the tooth surface, is rare in the United States. Dental fluorosis causes no adverse health effects.

Capacity

Recognizing the importance of community water fluoridation, *Healthy People 2010* Objective 21-9 is to “Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water to 75 percent.”⁵ In the United States during 2006, approximately 184 million persons (69.2 percent of the population served by public water systems) received optimally fluoridated water.⁶

Connecticut has exceeded the level of fluoridation set forth by *Healthy People 2010* as well as the *Healthy People 2020*. The *Healthy People 2020* Objective OH-13 is to “Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water to 79.6 percent. Overall, an estimated 2.46 million people (91%) in Connecticut are receiving optimally fluoridated drinking water from a public water system (PWS).

There are several ways in which Connecticut PWS’s provide fluoridated drinking water to their consumers. A public water system adds fluoride to their drinking water supply as per Connecticut General Statute 19a-38. There are 33 out of 2,600 public water systems in Connecticut that add fluoride to their drinking water. Public water systems may also choose to voluntarily fluoridate their water supplies if they are not required by statute. Some PWS’s may purchase fluoridated drinking water from another public drinking water utility. Additionally, a PWS may be considered naturally fluoridated if fluoride concentrations fall within optimal levels.



Policy

Connecticut General Statute § 19a-38 requires all public water suppliers serving 20,000 or more people, where the fluoride content in the water is less than 0.8 mg/L, to add a measured amount of fluoride to maintain a fluoride content in the water supply between 0.8 mg/l and 1.2 mg/l.⁷ As a result of this statute, enacted in 1965, approximately 70.15% of Connecticut's population receives the benefits of community water fluoridation. The remaining 20.85% is from naturally occurring fluoride and PWS receiving fluoridated water.

On January 7, 2010, the U.S. Department of Health and Human Services and the U.S. Environmental Protection Agency (EPA) announced a change to the guidelines on fluoridation of drinking water. This change reflects a review of the scientific evidence regarding the safety and health benefits associated with community water fluoridation. The previous recommended level of fluoride in drinking water was a range of 0.7 to 1.2 mg of fluoride per liter of water; this has been modified from a recommended range to a single recommended level of 0.7 mg. The change in recommended fluoride level reflects the increase of fluoride availability from other sources including toothpaste, mouth rinses, and professional applications. The new recommended level seeks to maintain the oral health benefits of community water fluoridation while minimizing potential fluorosis. At this time, the EPA has not modified the MCL (Maximum Contaminant Level) for fluoride in drinking water which is 4.0.

In Connecticut, public water systems are guided by state statute and DPH regulations to provide the optimal range for fluoride in Connecticut drinking water from 0.8mg/l to 1.2mg/l. At this time, all public water systems in Connecticut will continue to adhere to the levels outlined in statute and regulations. DPH is reviewing the statute in collaboration with the Attorney General Office and if any future changes to these statutes and regulations is made in response to the new recommendations, the procedure for statutory and regulation revisions will be followed.

Program Management

The CT Department of Public Health's, Drinking Water Section (DWS) is responsible for ensuring the purity and adequacy of the state's public drinking water systems and sources of supply including more than 2,600 Public Water Systems' (PWS) and 5,489 sources of public drinking water supply. Consistent with its federal and state drinking water mandates, the DWS oversees water quality monitoring and reporting, approves treatment systems, infrastructure upgrades and new sources of supply, source protection, water conservation, water supply planning and the completion of sanitary surveys. The DWS also funds a portion of the Laboratory Certification Program, housed within the Environmental Health Section.

The responsibility for the DWS in collaboration with the Office of Oral Health is to meet the requirements set forth in statute and to accomplish the CDC Cooperative Agreement as resources permit. Activities are as follows:

- Monitor and report on a monthly basis water fluoridation data, consistent with the Water Fluoridation Reporting System

- Submit Water Fluoridation Reporting System report number 510 annually
- Maintaining consistency of fluoridation efforts with in the state
- Document review and approvals issued to PWS receiving new or replacement fluoridation equipment
- Report on water systems receiving new or replacement fluoridation equipment and the communities and populations affected
- Provide appropriate education and promotion of Community Water Fluoridation
- Notify communities requiring replacement fluoridation equipment
- Web Site – Develop, update and maintain information posted on the section’s website

DWS staff also utilizes the Safe Drinking Water Information System (SDWIS). SDWIS is not a requirement of the CDC Corporative Agreement. However, the system is a very resourceful tool for the DWS. Connecticut’s DWS is one of the top reporting states (to EPA) using the system.

Surveillance

SDWIS/STATE (Safe Drinking Water Information System) Database

SDWIS/STATE helps states manage the information necessary to supervise public water systems (PWSs). Fluoride sampling data from PWSs is uploaded into SDWIS/STATE via Electronic Data Interchange (EDI) or is added manually by data entry. Monthly operating reports of the fluoride levels at each fluoride treatment plant are entered manually into SDWIS/STATE on a monthly basis. Treatment plant inventory information is entered manually into SDWIS/STATE when treatment plant upgrades are made or from information found during a sanitary survey.

DWS staff reviews fluoride samples to determine compliance with the Maximum Contaminant Level (MCL) of 4.0 mg/l and the Secondary Maximum Contaminant Level (SMCL) of 2.0 mg/l for fluoride. The maximum contaminant level is based on a running annual average of quarterly samples. Additionally, the DWS verifies the fluoride treatment level average was within the optimal range of between 0.8 and 1.2 mg/l for each treatment plant. DWS staff also queries the results to determine if a PWS failed to monitor for fluoride during a required monitoring period. Violations are identified and processed using SDWIS/STATE. DWS staff track compliance steps and due dates for corrective action in SDWIS/STATE using compliance schedules.

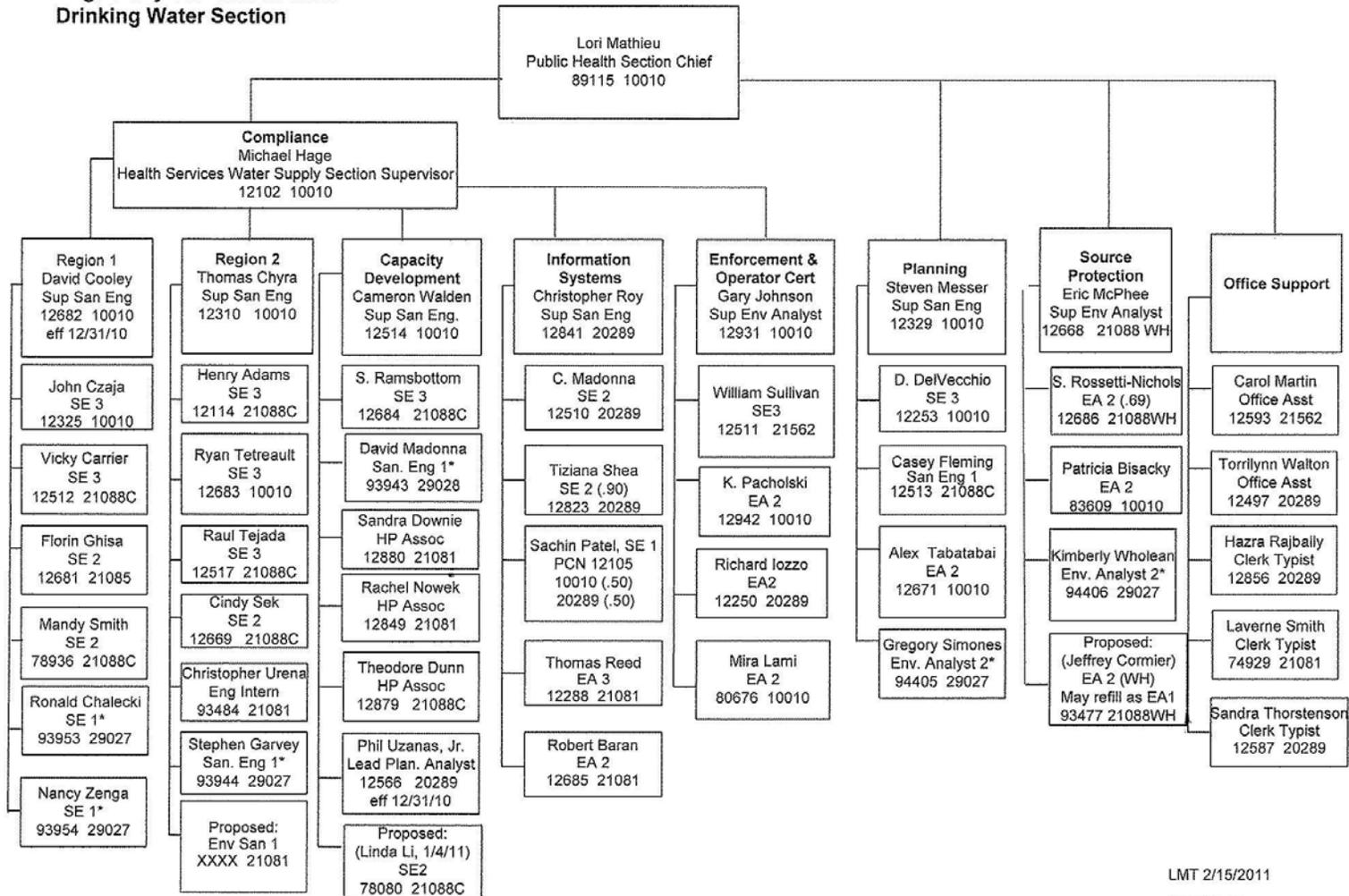
Water Fluoridation Reporting System (WFRS)

WFRS is the main tool used by the Center for Disease Control (CDC) to help state water fluoridation programs. WFRS also is the basis for national reports on the percentage of the U.S. population receiving fluoridated drinking water. DWS staff uploads Connecticut fluoridation data, including water quality and inventory information into WFRS on a monthly basis. WFRS allows DWS staff to print operational reports of PWSs fluoride treatment plants. Fluoridation data from WFRS is published on the CDC website in a section titled, “My Water’s Fluoride”.

Data elements include, but are not limited to, the following:

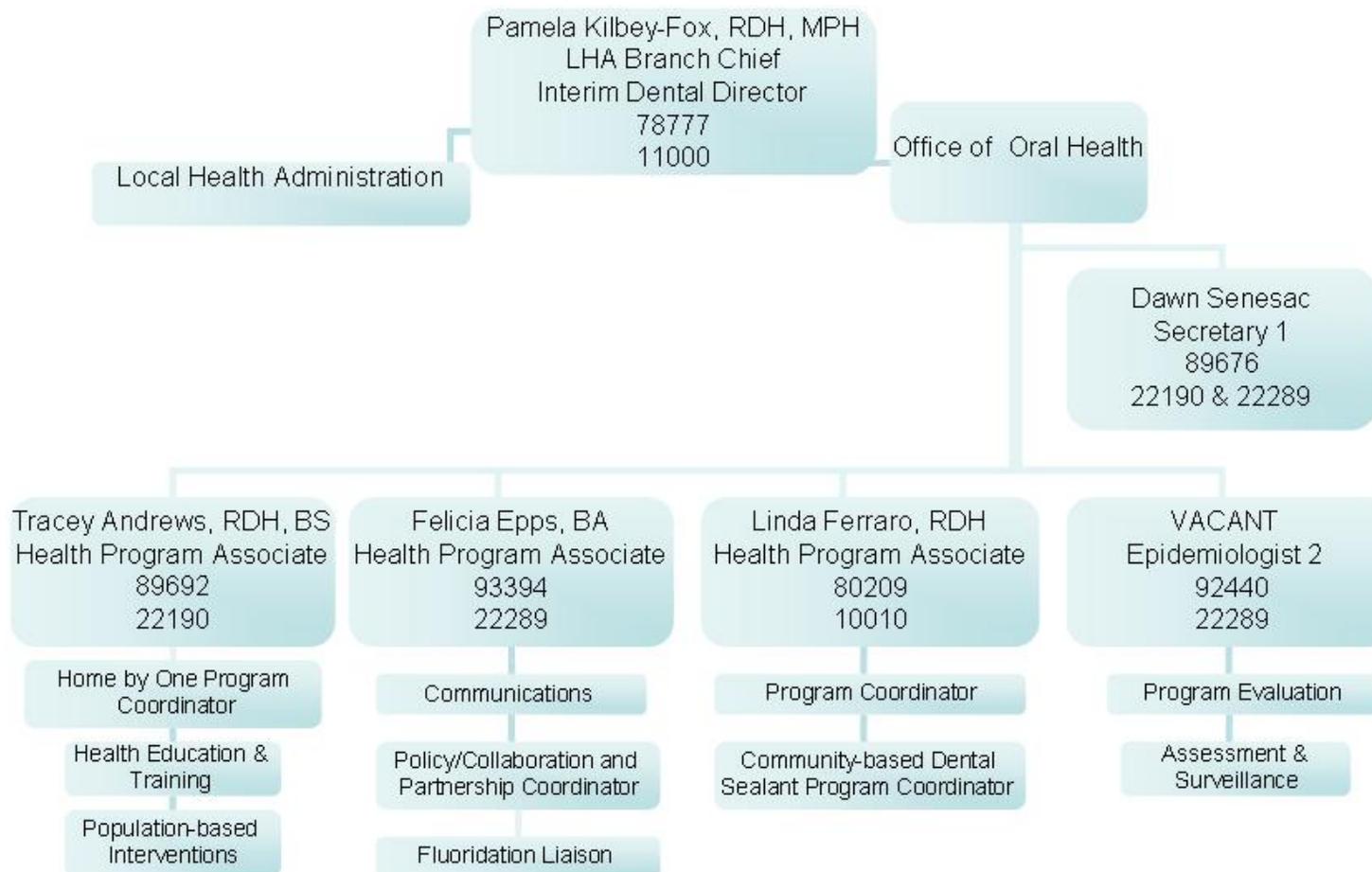
- Public Water System(PWS) Inventory
- PWS Contact Information
- PWS Water System Facility Information
- PWS Monitoring and Reporting Requirements
- PWS Violations and Compliance Schedules
- PWS Enforcement Actions
- PWS Site Visit Information
- PWS Significant Deficiencies

**Regulatory Services Branch
Drinking Water Section**



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OFFICE OF ORAL HEALTH



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Quality Assurance

There are 33 public water systems in Connecticut that add fluoride to their drinking water. These 33 public water systems are required to report their daily fluoride levels to the Drinking Water Section (DWS). The DWS reviews daily fluoride levels for compliance with the Regulations of Connecticut State Agencies Section 19-13-B102. By regulation, these 33 public water systems have to maintain a fluoride monthly average between 0.8 mg/l and 1.2 mg/l of daily readings. The fluoride water quality data is entered into the DWS's Safe Drinking Water Information System (SDWIS) database. Reports are run against the PWS fluoride water quality data and compared to the set standard (0.8 mg/L – 1.2 mg/L monthly average and a Maximum Contaminant Level (MCL) of 4 mg/L). The reports will identify any public water system that is not maintaining the required fluoride monthly average or exceeding the MCL. The reports will also identify any public water systems that have failed to monitor/report the required fluoride water quality data to the DWS. Public water systems that do not comply with maintaining the month average, exceed an MCL, or fail to monitor/report results are issued a treatment technique, MCL, or monitoring/reporting violation letter. Public Notice is required for each violation type.

In addition to the review of the water quality data submitted to the DWS from fluoridated public water systems, quality assurance measures are assessed through the sanitary survey inspection of the public water system. A sanitary survey is an onsite inspection of the water source, treatment, distribution system, finished water storage, pumping facilities and controls, monitoring and reporting data, system management and operation, and operator compliance with department requirements. A sanitary survey is conducted every 3 years for a community public water system and every 5 years for a non-community public water system. All of the public water systems in Connecticut that fluoridate are community public water systems. During the sanitary survey, DWS engineering staff will inspect the fluoride treatment equipment and associated accessories, including but not limited to bulk storage tanks, day tanks, chemical injection pumps, dry chemical hopper, mixing tank with agitator, fluoride saturators, scales, meters, continuous analyzers, chart recorders, and laboratory bench equipment. The sanitary survey also evaluates the maintenance and calibration of equipment, standard operating procedures, and the skills, knowledge and ability of the water treatment operator. Any deficiencies identified noted during the inspection are documented in a sanitary survey report issued to the public water system. The public water system is required to provide a written response with plan of action to correct each deficiency.

Education and Training

The Drinking Water Section conducts routing training classes for drinking water operators of water systems serving fewer than 3,300 persons, and participates in operator training programs offered by training providers. Operators are required to maintain training contact hours for the renewal of their certificates.

Training sessions cover subject mater including operator duties/responsibilities regulatory compliance, source protection, water quality, sampling, infrastructure components, customer service, safety and management. The unit also approves other operator training

course providers, operator training course curriculum and coordinates internal staff training for Drinking Water Section.

On May 26, 2010, the Connecticut Department of Public Health's Office of Oral Health and Drinking Water Section co-sponsored a training on Community Water Fluoridation offered free of charge to Certified Treatment Operators, Chief Operators, and Local Health Officials. The half-day training featured presentations on the oral health benefits of Community Water Fluoridation as well as the regulatory requirements, safety considerations, technical aspects of fluoridation procedures, and a vendor exhibition.

Over 75 operator and local health personnel attended the training workshop. All participants received CDC-developed posters on Community Water Fluoridation as well as educational materials that could be distributed to educate community members. Reviews of the session were highly positive, a number of operators expressed gratitude for the training and materials that will enable them to better respond to questions and concerns raised by community members with respect to water fluoridation. In addition, a number of operators in attendance represent smaller water systems that are not required to fluoridate. Training provided to these operators will allow smaller water systems to make informed decisions about voluntary fluoridation. With the success of last year's training, the Office of Oral Health and the Drinking Water Section has scheduled its second annual Community Water Fluoridation training is scheduled for May 18, 2011. The training has been modeled after the 2010 training with minor adjustments according to last year's evaluations (continue to give credits and allowing for expanded discussion on the subject).

Overall, the success of this training is a testament to the exceptional partnership between the Office of Oral Health and the Drinking Water Section.

The Office of Oral Health strives to build public awareness of community water fluoridation, increase the number of residents being served by fluoridated community water systems, provide appropriate education and develop, update and maintain information posted on the Office's website. One strategy the OOH implemented was partnering with (4) Local Health Districts (LHD) to provide education on the benefits and safety of drinking fluoridated water. The award criteria consisted of the following:

- LHDs with a population size less than 20,000 but greater than 14,000
- LHDs with a minimum of four towns in their region have small community wells that are currently not fluoridated.
- LHDs with a significant number of people in the towns on private well water with no public water supply available.

Award recipients included Farmington Health District, Ledge Light Health District, Naugatuck Valley Health District, and North Central Health District. The LHDs were charged with establishing goals that increase the following:

- a. the number of program participants able to correctly identify on post-test the benefits and safety of water fluoridation.

- b. the number of program participants able to correctly identify on post-test the benefits of testing their private well for fluoride levels.
- c. the number of program participants able to correctly identify on post-test the provider(s) of fluoride level testing for private wells.

As a result of the grants, Naugatuck Valley Health District presented their final report at the Commissioner's Semiannual Conference held on October 27, 2010. The report identified vehicles used to conduct educational opportunities, number of participants reached, program barriers and sustainability efforts. Another result of the grant is that all 77 LHDs have updated their websites to include facts about community water fluoridation and other fluoride resource materials.

The Office of Oral Health provides other public outreach activities to assist in the provision and development of all communication planning; (i.e. press releases, public meetings/notices) publications; (fact sheets, brochures, pamphlets, etc.) internal training; electronic public information services (email, webpage, Connecticut Health Alert Network, Wide Area Notification System); technical assistance initiatives; and assessment.

Evaluation

The Connecticut Department of Public DWS and OOH works to maintain a comprehensive evaluation system for all of its programs. Evaluation of the efforts towards community water fluoridation in Connecticut requires a good working alliance between the DWS and OOH. For this reason, the two groups currently meet on a monthly basis. These regular meetings allow for close monitoring of the progress made towards the goals outlined for this recipient activity. Additional meetings may be added for the production of key documents and efforts needed for any issues that may arise.

The evaluation process also enables continuous quality improvement. The development and review of the Fluoridation Plan, effectiveness of the CWF, WFRS reporting, SDWIS reporting, and participant surveys are just a few of the tools to complete the evaluation. The Community Water Fluoridation Logic Model, Evaluation Questions Evaluation Plan, Flow Chart, and SDWIS and WFRS reporting process are listed below.

Evaluation

| INPUTS | ACTIVITIES | OUTPUTS | SHORT-TERM OUTCOMES (~ 1 – 3 years) | INTERMEDIATE OUTCOMES (~ 3 – 5 years) | LONG-TERM OUTCOMES (~ 4 years & beyond) |
|---|--|---|--|---|--|
| <p>Office of Oral Health Staff</p> <ul style="list-style-type: none"> •Pamela Kilbey-Fox, MPH Oral Health Director •Linda Ferraro RDH Program Coordinator, Sealant Coordinator •Epidemiologist/ Evaluator •Felicia Epps Health Information/ Outreach Specialist •Dawn Senesac Administrative Support <p>Drinking Water Section</p> <ul style="list-style-type: none"> •Staff <p>Acronyms: CWF= Community Water Fluoridation CWS= Community Water Systems DWS= Drinking Water Section EARWF= Engineering & Administrative Recommendations for Water Fluoridation WFRS= Water Fluoridation Reporting System</p> | <ul style="list-style-type: none"> •Document DWS ability to fulfill goals •Assessment of DWS to achieve phase 2 fluoridation goals of cooperative agreement •Development of Statewide Fluoridation Plan •Development of Surveillance Plan for CWF activities •Arrange for CDC training in water fluoridation for staff of DWS and Office of OH •Monthly monitoring through WFRS •Monitor & report CWS receiving new or replacement fluoridation equipment •Measure & report % of population using CWS to receive fluoridated water •Request replacement plan from CWS in need of upgrades •Conduct inspections of all fluoridated CWS (at least every 3 yrs) •Education on & promotion of Fluoridation Practice and Importance •CWF Workforce •Public •Policy Makers | <ul style="list-style-type: none"> •Documentation of ability of DWS to fulfill goals <ul style="list-style-type: none"> •Statewide Fluoridation Plan •DWS and OOH working to implement statewide Fluoridation Plan •Surveillance Plan for CWF activities •Monthly reporting of CWF through WFRS •Documentation if CWS receiving new or replacement fluoridation equipment •Review and approval of replacement plan •Documentation of inspections of fluoridation equipment in use by CWS •Educational and Promotional materials related to community water fluoridation and its benefits •Evaluation Report | <ul style="list-style-type: none"> •Increased cooperation and formal partnership between DWS and Office of OH <ul style="list-style-type: none"> •Documentation of fluoridation goals and strategies to achieve them <ul style="list-style-type: none"> •Data Collection for CWF Surveillance •State contribution to national surveillance of CWF •Improved efficacy of DWS through implementation of national best practices •Increased knowledge surrounding the status of fluoridation equipment in use and improved planning for its replacement •OH, DWS staff and CW operators trained in CWF •Improved fluoridation QC through enhanced operator education and training •CWF Workforce, legislators, and public more aware of health benefits of CWF | <ul style="list-style-type: none"> •Increase in evidence-based programs for the improvement of Oral Health within the State of CT •Increase in Oral Health Programs targeting at-risk populations within CT based on results of Burden document •Increased awareness of Oral Health status of CT residents •Legislators •General Public •Oral Health Providers •Continuous evaluation of program gaps •Broadened population of state served by CWF •Assessment of Sealant Pilot Program Successes and Failures •Development of Plan for expansion of Sealant Program •Increased number of age 1 visits among at-risk populations •Decreased incidence of dental caries in Head Start population | <ul style="list-style-type: none"> •Improved Oral Health for the people of CT •Reduced prevalence of caries Reduced prevalence of untreated dental decay •Increased proportion of oral cancers detected at earliest stages •Reduced prevalence of periodontal disease •Increased utilization of preventive oral health services •Increased access to oral health services for at-risk groups •Increased percentage of children receiving dental sealants Reduced disparities in oral health outcomes •Documented trends in oral health indicators •Improved process based on evaluation results •Ongoing surveillance Program sustainability •Increased Quality of Life •Increased coordination of care between medical & dental providers |

Evaluation Questions

In order to assess the degree to which we have met our stated goals with respect to Community Water Fluoridation (CWF), we propose the following evaluation questions:

- Was the ability of Connecticut's Department of Public Health (DPH) to fulfill the requirements of RA5b: Community Water Fluoridation documented?
- Were any gaps noted in the ability of DPH to fulfill the requirements of this recipient activity? How were these gaps addressed?
- Was a statewide fluoridation plan developed? Disseminated? Utilized?
- Has the Office of Oral Health (OH) arranged for CDC training of DWS and OH staff?
- Has Connecticut participated in the Water Fluoridation Reporting System (WFRS)? Have reports to WFRS been completed on a timely basis?
- Has the review and approval of the installation of new or replacement fluoridation equipment by CWS been documented?
- Have systems in need of replacement equipment been notified?
- Does the DWS conducted inspections of all fluoridated CWS at least every 3 years?
- Have educational materials on water fluoridation been developed? Disseminated? Utilized?
- Have fluoridation trainings been held for CWS operators?

Conclusion

Connecticut has been fluoridating community water systems since 1950 and has been recognized by the CDC for excellence in maintaining fluoridation activities locally and at the state level. In addition, the Drinking Water Section within the State Department of Public Health is well-versed in CDC recommendations regarding community water fluoridation. DWS has instituted much of the Engineering and Administrative Recommendations for Water Fluoridation (EARWF), and state statute is in place mandating many of the recommendations of EARWF. Connecticut currently exceeds the Healthy People 2010 goals for community water fluoridation reports to WFRS on a regular basis. A close alignment of DWS with the Office of Oral Health should enable Connecticut to maintain its current level of success and expand the benefits of community water fluoridation in the future.

| Community Water Fluoridation | | | | | | | |
|--|--|-------------------|--------------------|--------------|--|---|----------------------|
| Evaluation question | Indicators/Measures | Data Source | Data Collection | Time Frame | Data Analysis | Communicate Results | Lead |
| Was the ability of Connecticut's DPH DWS to fulfill the requirements of RA5b documented? | Documentation of strategy to fulfill RA 5b with staff from DWS | CT DPH DWS | Published document | Aug 2009 | NA | Share documentation with Project Officer, upload to MOLAR, share with OH, DWS | Fluoridation Liaison |
| Were any gaps noted in the ability of DWS to fulfill the requirements of this recipient activity? How were these gaps addressed? | Documentation of strategy to fulfill RA 5b with staff from DWS | CT DPH DWS | Published document | Aug 2009 | NA | Share documentation with Project Officer, upload to MOLAR, share with OH, DWS | Fluoridation Liaison |
| Was a Statewide Fluoridation Plan developed? | Published State Fluoridation Plan | DWS, Office of OH | Published document | By July 2011 | NA | Upload document to MOLAR; share document with relevant stakeholders | Fluoridation Liaison |
| Was the Statewide Fluoridation Plan disseminated? | Published State Fluoridation Plan-dissemination plan; record of means of dissemination | DWS, Office of OH | Published document | By Dec 2011 | # of copies distributed, # of web postings (hits?) | Provide evaluation of dissemination plan and its success to both DWS and OH | Fluoridation Liaison |

| Community Water Fluoridation | | | | | | | |
|---|--|--------------------------------------|---------------------------------|---------------|--|--|----------------------|
| Evaluation question | Indicators/Measures | Data Source | Data Collection | Time Frame | Data Analysis | Communicate Results | Lead |
| | | | | | | staff; upload progress in MOLAR, use results to inform dissemination of other documents | |
| Was the Statewide Fluoridation Plan utilized? | Documentation of uses of State Fluoridation Plan | DWS, Office of OH, Stakeholder input | Success Stories | 2011 & beyond | NA | Collect Success Stories related to implementation; upload to MOLAR; use results to inform dissemination of other documents | Fluoridation Liaison |
| Has the Office of OH arranged for CDC training of DWS and OH staff? | Documentation of travel arrangements, participation in CDC training opportunities; training logs | DWS, Office of OH | Training Logs; travel documents | Ongoing | # of individuals trained, % of trainings where CT is represented | Upload information to MOLAR; Have staff attending training share material with those who have yet to attend | OOH |

| Community Water Fluoridation | | | | | | | |
|--|--|-------------------------|--------------------------------|------------|--|---|----------------------|
| Evaluation question | Indicators/Measures | Data Source | Data Collection | Time Frame | Data Analysis | Communicate Results | Lead |
| Has Connecticut participated in WFRS? Has reporting been timely? | Documentation of data provided to WFRS, timeline of submissions | DWS, Office of OH, WFRS | WFRS reports | Ongoing | # reports submitted on monthly basis | Upload information to MOLAR, provide feedback to DWS | Fluoridation Liaison |
| Has the installation of new or replacement fluoridation equipment by CWS been reviewed and approved? | Records of approvals of new or replacement fluoridation equipment by CWS | DWS, CWS | Documentation of record review | Ongoing | #, % of CWS acquiring new or replacement equipment | Share information with CWS to encourage replacement planning; OOH to upload to MOLAR | DWS |
| Have systems in need of replacement equipment been notified? | Records of systems in need of replacement equipment | DWS | Document review | Ongoing | #, % of CWS needing replacement equipment | Share information with CWS operators to encourage replacement planning; upload to MOLAR | DWS |

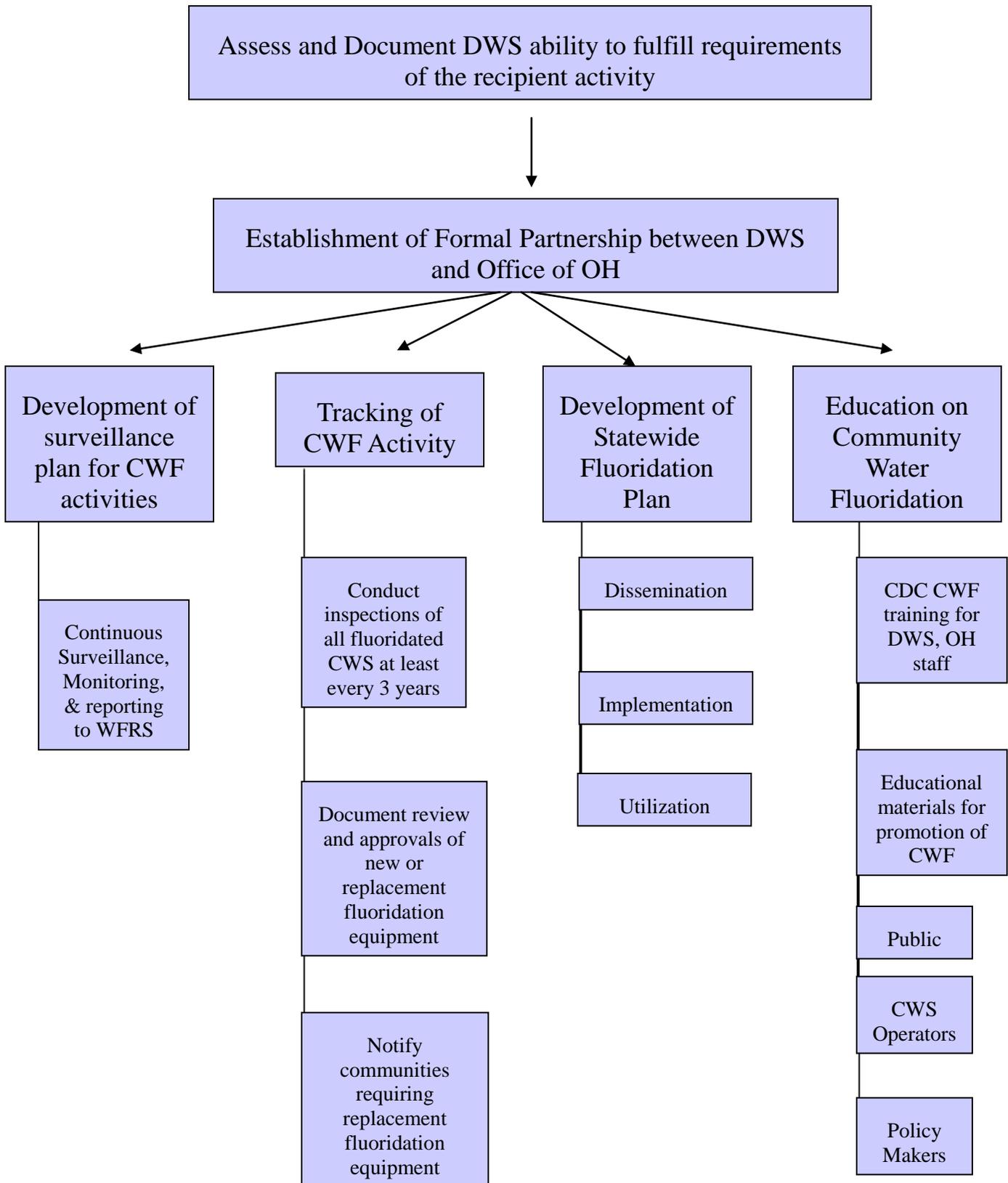
| Community Water Fluoridation | | | | | | | |
|---|--|--------------|---------------------|------------|---|--|----------------------|
| Evaluation question | Indicators/Measures | Data Source | Data Collection | Time Frame | Data Analysis | Communicate Results | Lead |
| Does the DWS conducted inspections of all fluoridated CWS at least every 3 years? | Documentation of inspections conducted | DWS | Document inspection | Ongoing | #, % of fluoridated CWS being inspected; on annual basis; #,% meeting 3 year goal | Share information with CWS to ensure compliance; ensure that goal can be reached, upload to MOLAR | DWS |
| Have educational materials on water fluoridation been developed? | Published factsheets and other educational materials | Office of OH | Document review | Ongoing | # of educational materials produced; % of materials produced which are population-specific; #,% of educational materials which include CT specific data; #,% which are produced in multiple languages | Distribute educational materials broadly, share materials with DWS/ develop collaboratively; upload to MOLAR | Fluoridation Liaison |

| Community Water Fluoridation | | | | | | | |
|---|---|---------------------------------|-------------------------------|------------|--|--|-----------------------|
| Evaluation question | Indicators/Measures | Data Source | Data Collection | Time Frame | Data Analysis | Communicate Results | Lead |
| Have educational materials on water fluoridation been disseminated? | Dissemination plan for specific educational materials | Office of OH | Document review | Ongoing | # of copies distributed, # of website placements (hits?) | Communicate results with DWS- use results to strategize further dissemination; upload to MOLAR | Fluoridation Liaison, |
| Have educational materials on water fluoridation been utilized? | Collection of Success Stories relative to utilization | Office of OH, stakeholder input | Collection of Success Stories | Ongoing | # of instances educational materials are utilized | Communicate results with DWS- use results to strategize further dissemination; upload to MOLAR | Fluoridation Liaison |

| Community Water Fluoridation | | | | | | | |
|--|--|--|-------------------------|------------|--|--|----------------------|
| Evaluation question | Indicators/Measures | Data Source | Data Collection | Time Frame | Data Analysis | Communicate Results | Lead |
| Have fluoridation trainings been held for CWS operators? | Documentation of trainings held, # of attendees, attendee assessments of trainings | DWS, Office of OH CWS operator attendees | Evaluation of attendees | Ongoing | # of trainings held, # of CWS operators trained, % of CWS operators trained, % of attendees who increased their understanding of the importance of CWF following training, % of attendees who perceived the training as valuable | Communicate availability of trainings to CWS operators to encourage participation, communicate results to DWS trainer to inform development of future trainings; upload to MOLAR | Fluoridation Liaison |

Community Water Fluoridation

Activity Flow Chart



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