

**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 14, 2011 11:00 AM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Studer, Craig (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** FYI - fluoridation in Atlanta

The issue of fluoridation and impact on minority populations has arisen in Atlanta. Let's meet to discuss. Is later this afternoon a possibility?

<http://www2.fluoridealert.org/Alert/United-States/Georgia/Atlanta-Civil-Rights-Leaders-Call-for-Halt-to-Water-Fluoridation>

<http://wholefoodusa.wordpress.com/2011/04/13/atlanta-civil-rights-leaders-call-for-halt-to-water-fluoridation/>

**Scott M. Presson, DDS, MPH**

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**Subject:** CWF Impact on Minority Populations  
**Location:** TBD

**Start:** Fri 4/15/2011 9:00 AM  
**End:** Fri 4/15/2011 10:00 AM  
**Show Time As:** Tentative

**Recurrence:** (none)

**Meeting Status:** Not yet responded

**Organizer:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Required Attendees:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP);  
 Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Eke, Paul I. (CDC/ONDIEH/NCCDPHP);  
 Bailey, William (CDC/ONDIEH/NCCDPHP); Studer, Craig (CDC/ONDIEH/NCCDPHP);  
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**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 14, 2011 11:30 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: FYI - fluoridation in Atlanta

**Importance:** High

Eugenio is SME on fluorosis and lead author on the 2005 surveillance summary that reported R/E differences. His input is important. Can you re-send the invite to include him?

Thanks,  
BG

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**Cc:** Studer, Craig (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
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*Scott M. Presson, DDS, MPH*

**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 14, 2011 11:35 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Studer, Craig (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: FYI - fluoridation in Atlanta

Thank you Scott for sharing this information. I would agree that there does need to be a dialogue about the issues raised in the links listed below. I would also include Eugenio in this discussion. It may be better to schedule a discussion tomorrow morning, there are a few people that have scheduled commitments this afternoon. Eugenio is available tomorrow morning. I will follow-up with others to determine their availability.

Thanks, Gina

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**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Studer, Craig (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
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*Scott M. Presson, DDS, MPH*

**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 14, 2011 1:20 PM  
**To:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: FYI - fluoridation in Atlanta

Eugenio,

Barbara and Gina asked that I send you these links below. Gina is setting up a meeting to discuss Friday AM.

Scott

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
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**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
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*Scott M. Presson, DDS, MPH*

**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**Location:** TBD  
**Start:** Fri 4/15/2011 9:00 AM  
**End:** Fri 4/15/2011 10:00 AM  
**Show Time As:** Tentative  
**Recurrence:** (none)  
**Meeting Status:** Not yet responded  
**Organizer:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)

**When:** Friday, April 15, 2011 9:00 AM-10:00 AM (GMT-05:00) Eastern Time (US & Canada).  
**Where:** TBD

Note: The GMT offset above does not reflect daylight saving time adjustments.

\*~\*~\*~\*~\*~\*~\*~\*~\*~\*

Call my cell phone if you want me to call you (b)(6) This meeting is optional.

-----Original Appointment-----

**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 14, 2011 11:42 AM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Eke, Paul I. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Studer, Craig (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP)  
**Subject:** CWF Impact on Minority Populations  
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**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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\*~\*~\*~\*~\*~\*~\*~\*~\*~\*

Susan,

Let me know if you want to join this call at 9 am on Friday?

I will be in the office for the call.

BG

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**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**Organizer:** Thornton-Evans; Gina (CDC/ONDIEH/NCCDPHP)

Susan,

I'm not sure if you can join the conversation tomorrow morning. Let me know if you can and I will link you in. I'm wondering about the changes in both dental caries and fluorosis among African American children/adolescents from the 1970 - 80s to the current NHANES. Actually

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**Gooch, Barbara (CDC/ONDIEH/NCCDPHP)**

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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Kurt Ferré <(b)(6)>  
**Sent:** Thursday, April 14, 2011 1:27 PM  
**To:** Jane McGinley; Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Raquel Bournhonesque; Mel Rader  
**Subject:** Atlanta Civil Rights Leaders Call for Halt to Water Fluoridation | Journal of Living Food and Healing

Jane, Bill,

Well, I never expected to see an article such as this below, especially from Andrew Young. You've probably received this link already, but I just wanted to be sure.

It was nice seeing both of you in Pittsburgh. Flight home from Chicago was uneventful other than being 2 hours delayed out of O'Hare.

Jane: You mentioned that you have a slide comparing the costs of fluoridation vs. the combined cost of toothbrush/toothpaste, and application of fluoride varnish in any given year.

Would you please send me that slide?

Thanks,

Kurt  
<http://wholefoodusa.wordpress.com/2011/04/13/atlanta-civil-rights-leaders-call-for-halt-to-water-fluoridation/>

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** McGinley, Jane <mcginleyj@ada.org>  
**Sent:** Thursday, April 14, 2011 2:44 PM  
**To:** Kurt Ferré; Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Raquel Bournhonesque; Mel Rader  
**Subject:** RE: Atlanta Civil Rights Leaders Call for Halt to Water Fluoridation | Journal of Living Food and Healing  
**Attachments:** APHA 2009 Course 4054 Chart of Est Cost Hamilton Ontario CA 2009 w expl.doc

Hi Kurt,

Glad to hear you got home safe. O'Hare is always a difficult situation!

I did see this first thing this morning. Our DC office staff will be contacting the National Dental Association and we have all ready contacted the Georgia Dental Association who will be in contact with us should the need arise.

We will continue to monitor.

Attached is the item I discussed from Canada.

And below is the URL where you can download a pdf copy of the report prepared by the Kansas Health Foundation as part of their fact finding in an attempt to fluoridate Wichita, Kansas. The science rationale is now outdated. I provide this only as an example. This type of document is too long for decision makers. The chart from Hamilton above along with maybe a page or two explanation of what types of programs you are discussing and how you arrived at the numbers would be much more effective. <http://www.khi.org/documents/2000/sep/01/wichitasedgwick-county-kansas-alternatives-standar/>

**Jane McGinley, RDH, MBA** [mcginleyj@ada.org](mailto:mcginleyj@ada.org)  
 Manager, Fluoridation and Preventive Health Activities  
 Council on Access, Prevention and Interprofessional Relations  
 312.440.2862

American Dental Association 211 E. Chicago Ave. Chicago, IL 60611 [www.ada.org](http://www.ada.org)

---

**From:** Kurt Ferré [mailto:(b)(6)]  
**Sent:** Thursday, April 14, 2011 12:27 PM  
**To:** McGinley, Jane; Bill Bailey  
**Cc:** Raquel Bournhonesque; Mel Rader  
**Subject:** Atlanta Civil Rights Leaders Call for Halt to Water Fluoridation | Journal of Living Food and Healing

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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Kurt Ferré (b)(6)  
**Sent:** Thursday, April 14, 2011 3:17 PM  
**To:** McGinley, Jane; Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: Atlanta Civil Rights Leaders Call for Halt to Water Fluoridation | Journal of Living Food and Healing

Jane,

Another thought would be to have Dr. David Satcher, who lives in Atlanta, speak to Andrew Young and others who signed off on this anti-fluoridation letter.

Dr. Satcher came out to Oregon back in 2005 to speak at the Oregon Dental Association-sponsored legislative breakfast in the first days of the legislative session in Salem, our capitol.

As you know, he is a strong supporter of oral health and fluoridation.

Kurt

----- Original Message -----

**From:** McGinley, Jane  
**To:** Kurt Ferré ; Bill Bailey  
**Cc:** Raquel Bournhonesque ; Mel Rader  
**Sent:** Thursday, April 14, 2011 11:43 AM  
**Subject:** RE: Atlanta Civil Rights Leaders Call for Halt to Water Fluoridation | Journal of Living Food and Healing

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**Jane McGinley, RDH, MBA** [mcginleyj@ada.org](mailto:mcginleyj@ada.org)  
 Manager, Fluoridation and Preventive Health Activities  
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American Dental Association 211 E. Chicago Ave. Chicago, IL 60611 [www.ada.org](http://www.ada.org)

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Kurt  
<http://wholefoodusa.wordpress.com/2011/04/13/atlanta-civil-rights-leaders-call-for-halt-to-water-fluoridation/>

**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 9:56 AM  
**To:** Elizabeth C. Lense  
**Subject:** Fluoridation and African Americans

Hi, Liz,

FYI. The issue of fluoridation and impact on minority populations has arisen in Atlanta. See below.

<http://www2.fluoridealert.org/Alert/United-States/Georgia/Atlanta-Civil-Rights-Leaders-Call-for-Halt-to-Water-Fluoridation>

<http://wholefoodusa.wordpress.com/2011/04/13/atlanta-civil-rights-leaders-call-for-halt-to-water-fluoridation/>

**Scott M. Presson, DDS, MPH**

*Program Services Team Lead*

*Centers for Disease Control and Prevention*

*Division of Oral Health*

*4770 Buford Hwy, MS F-10*

*Atlanta, GA 30341*

*Ph: 770.488.6056*

*Fax: 770-488-6080*



**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

**From:** Elizabeth Lense <elense@dhr.state.ga.us>  
**Sent:** Friday, April 15, 2011 11:53 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Carol Smith; Dixianne Parker  
**Subject:** Re: Fluoridation and African Americans  
**Attachments:** Elizabeth Lense2.vcf

Hi Scott-

Yes, we were advised yesterday by our favorite anti-fluoridationist, (b)(6) of TN, that this had appeared. Dixianne "googled" for it and found the wholefoods blurb. we then sent it to Linda...

I also sent it to Mr. Jacob who gave the Pew lecture on responding to anti-fluoridationists.

I guess we should coordinate a response- I would say shame on the anti-fluoridationists for sinking to a new low in using "race-baiting" tactics.

Thanks- Liz

**Elizabeth C. Lense DDS, MSHA**

State Dental Director  
 Georgia Dept of Community Health  
 Division of Public Health  
 2 Peachtree St. NW, 11-106  
 Atlanta, GA 30303-3142  
 Tel: (404) 657-2571  
 Cell: (b)(6)  
 Fax: (404) 657-7307  
 Email: [elense@dhr.state.ga.us](mailto:elense@dhr.state.ga.us)

Reader Advisory Notice: Email to and from a Georgia state agency is generally public record, except for content that is confidential under specific laws. Security by encryption is applied to all confidential information sent by email from the Georgia Department of Community Health.

>>> On 4/15/2011 at 9:55 AM, in message  
 <A2A3CFBD5A97194EBE1C7D74D2AEF18D1AB5C1@LTA3VS022.ees.hhs.gov>, "Presson, Scott M.  
 (CDC/ONDIEH/NCCDPHP)" <skp4@cdc.gov> wrote:

Hi, Liz,

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*Program Services Team Lead*

*Centers for Disease Control and Prevention*

*Division of Oral Health*

*4770 Buford Hwy, MS F-10*

*Atlanta, GA 30341*

*Ph: 770.488.6056*

*Fax: 770-488-6080*

**Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)**

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 2:21 PM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Fluoridation and African Americans  
**Attachments:** Elizabeth Lense2.vcf

FYI Gina.

---

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**Sent:** Friday, April 15, 2011 12:17 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Fluoridation and African Americans

Sure- what's your #?

I sent this yesterday to Dr. Angie Snyder of the Georgia Health Policy Institute- which is part of the Andrew Young Policy Center of Georgia State University. They are working on a policy brief for us on this very subject... so she sent this to her Director- Karen Minyard, and asked if we should set up an information session with Mr. Young.

She just sent me another email to ask if I would be willing to be part of the conversation with him.

Don't know what will come of that request yet...

**Elizabeth C. Lense DDS, MSHA**

State Dental Director  
 Georgia Dept of Community Health  
 Division of Public Health  
 2 Peachtree St. NW, 11-106  
 Atlanta, GA 30303-3142  
 Tel: (404) 657-2571  
 Cell: (b)(6)  
 Fax: (404) 657-7307  
 Email: [eclense@dhr.state.ga.us](mailto:eclense@dhr.state.ga.us)

Reader Advisory Notice: Email to and from a Georgia state agency is generally public record, except for content that is confidential under specific laws. Security by encryption is applied to all confidential information sent by email from the Georgia Department of Community Health.

>>> On 4/15/2011 at 12:10 PM, in message <[DC49EB763D8B3B4EA2D88E31118C201D1049EB25@EMBX-CLFT2.cdc.gov](mailto:DC49EB763D8B3B4EA2D88E31118C201D1049EB25@EMBX-CLFT2.cdc.gov)>, "Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)" <[lbo6@cdc.gov](mailto:lbo6@cdc.gov)> wrote:

Liz, I had proposed developing a template letter with key facts that could be sent to partners.

Can you buzz me?

Linda

**From:** Elizabeth Lense [mailto:[elense@dhr.state.ga.us](mailto:elense@dhr.state.ga.us)]  
**Sent:** Friday, April 15, 2011 11:53 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Carol Smith; Dixianne Parker  
**Subject:** Re: Fluoridation and African Americans

Hi Scott-

Yes, we were advised yesterday by our favorite anti-fluoridationist, (b)(6) of TN, that this had appeared. Dixianne "googled" for it and found the wholefoods blurb. We then sent it to Linda...

I also sent it to Mr. Jacob who gave the Pew lecture on responding to anti-fluoridationists.

I guess we should coordinate a response- I would say shame on the anti-fluoridationists for sinking to a new low in using "race-baiting" tactics.

Thanks- Liz

**Elizabeth C. Lense DDS, MSHA**  
 State Dental Director  
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>>> On 4/15/2011 at 9:55 AM, in message  
 <[A2A3CFBD5A97194EBE1C7D74D2AEB18D1AB5C1@LTA3VS022.ees.hhs.gov](mailto:A2A3CFBD5A97194EBE1C7D74D2AEB18D1AB5C1@LTA3VS022.ees.hhs.gov)>, "Presson, Scott M.  
 (CDC/ONDIEH/NCCDPHP)" <[skp4@cdc.gov](mailto:skp4@cdc.gov)> wrote:

Hi, Liz,

FYI. The issue of fluoridation and impact on minority populations has arisen in Atlanta. See below.

<http://www2.fluoridealert.org/Alert/United-States/Georgia/Atlanta-Civil-Rights-Leaders-Call-for-Halt-to-Water-Fluoridation>

<http://wholefoodusa.wordpress.com/2011/04/13/atlanta-civil-rights-leaders-call-for-halt-to-water-fluoridation/>

*Scott M. Presson, DDS, MPH*

*Program Services Team Lead*

Centers for Disease Control and Prevention

Division of Oral Health

4770 Buford Hwy, MS F-10

Atlanta, GA 30341

Ph: 770.488.6056

Fax: 770-488-6080

**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 2:31 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: DRAFT

Looks good!!!!

---

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 02:25 PM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: DRAFT

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 1:20 PM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: DRAFT  
**Importance:** High

Gina,

Please read through the message below and let me know if you comments or changes.

Call me if you can. I'll be in the office until about 2:00 pm.

Thanks,

Barbara

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 1:08 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** DRAFT

This would be sent to Jeff Mckenna and Donna Garland; Sean Cucchi and (ADD INDIVIDUALS FROM OD Issues Management). Barbara – I'm looking for the name of the appropriate people in CDC OD Issues Management.

It has been brought to our attention that former Ambassador Andrew Young and Dr. Gerald Durley, minister and community leader, have written letters to Chip Rogers, Georgia Senate Majority Leader, and other state legislators in leadership positions that support repealing Georgia's state mandate for community water fluoridation. Drs. Young and Durley are prominent civil rights leaders, and part of their stated rationale for opposition to fluoridation is based on national data that indicate an increased prevalence of dental fluorosis in the African American community. These letters are being publicized by Dan Stockin of The Little Center, a

"Georgia-based firm working to end the practice of fluoridation," and the Fluoride Action Network, a prominent group opposed to water fluoridation.

Links to the Media Release issued by The Lillie Center are pasted below. This release includes links to the letters from both Drs. Young and Durley.

#### PASTE IN LINKS

In addition, there is a link to a letter written to Dr. Frieden from the President of the International Academy of Oral Medicine and Toxicology opposing fluoridation and the proposed HHS revised recommendation for water fluoridation.

DOH is considering approaches to reach out to Ambassador Young and Rev. Durley, in addition to consumers and policymakers in Georgia. These include providing technical assistance, subject matter expertise, and talking points to partners at the federal level, such as the HHS Region 4 Office of Minority Health, and at the state level, including the Georgia Department of Community Health, the Georgia Dental Association, the Georgia Dental Society, the Georgia Association of Family Physicians, the Georgia Chapter of the American Public Health Association, and others.

Please advise on appropriate next steps.

**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 2:49 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: DRAFT  
**Importance:** High

Hi,

I have revised this communication slightly – would appreciate your both looking at the rationale.

Let me know.

BG

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 1:08 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** DRAFT

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Georgia Department of Community Health, the Georgia Dental Association, the Georgia Dental Society, the Georgia Association of Family Physicians, the Georgia Chapter of the American Public Health Association, and others.

Please advise on appropriate next steps.

**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 3:00 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: DRAFT  
**Importance:** High

Oops – slightly revised. Linda – will you please call me?

---

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 1:08 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** DRAFT

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Please advise on appropriate next steps.

**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 3:52 PM  
**To:** McKenna, Jeffrey (CDC/OSELS/NCHM); Garland, Donna (CDC/OD/OADC); Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Gracia, Nadine (IO/OASH)  
**Subject:** New opposition strategy to water fluoridation in GA  
**Importance:** High

It has been brought to our attention that former Ambassador Andrew Young and Dr. Gerald Durley, minister and community leader, have written letters to Chip Rogers, Georgia Senate Majority Leader, and other state legislators in leadership positions that support repealing Georgia's state mandate for community water fluoridation. Drs. Young and Durley are prominent civil rights leaders, and part of their stated rationale for opposition to fluoridation is based on data from NHANES indicating that the prevalence of dental fluorosis - a condition that "shows overexposure to fluorides as a child" - is 41% among 12 - 15 year olds in the United States and that African Americans have a higher prevalence of dental fluorosis in comparison to non-Hispanic whites. These letters are being publicized by Dan Stockin of The Little Center, a "Georgia-based firm working to end the practice of fluoridation," and the Fluoride Action Network, a prominent group opposed to water fluoridation.

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<http://www2.fluoridealert.org/Alert/United-States/Georgia/Atlanta-Civil-Rights-Leaders-Call-for-Halt-to-Water-Fluoridation>  
 Letter from Dr. Gerald Durley: <http://spotsonmyteeth.com/wp-content/uploads/2010/02/durley-ltr-bw-PDF2.pdf>  
 Letter from Ambassador Young: <http://spotsonmyteeth.com/wp-content/uploads/2011/04/Letter-to-Georgia-Legislators-from-Ambassador-Andrew-Young.pdf>

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Please advise on appropriate next steps. Dr. Scott Presson, Team Lead, DOH Program Services, will coordinate our response.

Thanks,  
 Barbara Gooch

**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 4:42 PM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 3:52 PM  
**To:** McKenna, Jeffrey (CDC/OSELS/NCHM); Garland, Donna (CDC/OD/OADC); Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Gracia, Nadine (OS/IO)  
**Subject:** New opposition strategy to water fluoridation in GA  
**Importance:** High

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Letter from Dr. Gerald Durley: <http://spotsonmyteeth.com/wp-content/uploads/2010/02/durley-ltr-bw-PDF2.pdf>

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Letter to CDC Director from IAOMT President Matt Young: <http://iaomt.org/news/archive.asp?intReleaseID=367>

DOH is considering approaches to reach out to Ambassador Young and Rev. Durley, in addition to consumers and policymakers in Georgia. These include providing technical assistance, subject matter expertise, and talking points to partners at the federal level, such as the HHS Region 4 Office of Minority Health, and at the state level, including the Georgia Department of Community Health, the Georgia Dental Association, the Georgia Dental Society, the Georgia Association of Family Physicians, and others.

Please advise on appropriate next steps. Dr. Scott Presson, Team Lead, DOH Program Services, will coordinate our response.

Thanks,  
Barbara Gooch

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 11:29 AM  
**To:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: New opposition strategy to water fluoridation in GA

Reading info right now. Did anything happen in ga?

---

**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 11:28 AM  
**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

Sean - Any advice?

---

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 15, 2011 3:52 PM  
**To:** McKenna, Jeffrey (CDC/OSELS/NCHM); Garland, Donna (CDC/OD/OADC); Cucchi, Sean (CDC/ONDIEH/NCCDPHP);  
 Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Orgain, Linda S.  
 (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Gracia,  
 Nadine (OS/IO)  
**Subject:** New opposition strategy to water fluoridation in GA  
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Please advise on appropriate next steps. Dr. Scott Presson, Team Lead, DOH Program Services, will coordinate our response.

Thanks,  
Barbara Gooch

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 11:54 AM  
**To:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: New opposition strategy to water fluoridation in GA

Tom is meeting with the Commissioner for Dept of community health (ga) today. I have shared a subset of the information with Meunier as a starting point.

---

**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 11:35 AM  
**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: New opposition strategy to water fluoridation in GA

No, the legislative session is over. They're advocating for hearings on fluoride's effect on certain populations.

---

**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 11:29 AM  
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**Importance:** High

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---

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Letter from Dr. Gerald Durley: <http://spotsonmyteeth.com/wp-content/uploads/2010/02/durley-ltr-bw-PDF2.pdf>

Letter from Ambassador Young: <http://spotsonmyteeth.com/wp-content/uploads/2011/04/Letter-to-Georgia-Legislators-from-Ambassador-Andrew-Young.pdf>

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Please advise on appropriate next steps. Dr. Scott Presson, Team Lead, DOH Program Services, will coordinate our response.

Thanks,  
Barbara Gooch

**Gooch, Barbara (CDC/ONDIEH/NCCDPHP)**

---

**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 2:37 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA

Linda and Barbara,

Please see the questions from Jenn (Dr. Frieden) and Sean and advise. This is needed today.

Thanks in advance,  
 Nick

---

**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 2:33 PM  
**To:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA

Can you track down validity of data and what our core messages are for fluoride..

---

**From:** Meunier, Jennifer (CDC/OD/OCS)  
**Sent:** Monday, April 18, 2011 1:34 PM  
**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: New opposition strategy to water fluoridation in GA

Are they correct about the data? Are we responding?

---

**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 11:54 AM  
**To:** Meunier, Jennifer (CDC/OD/OCS)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

I believe Dr. Frieden is meeting with David Cook from the Ga Department of Community Health today. Might be worthwhile to raise importance of fluoridated water given the campaign that is unfolding here in Georgia.

It has been brought to our attention that former Ambassador Andrew Young and Dr. Gerald Durley, minister and community leader, have written letters to Chip Rogers, Georgia Senate Majority Leader, and other state legislators in leadership positions that support repealing Georgia's state mandate for community water fluoridation. Drs. Young and Durley are prominent civil rights leaders, and part of their stated rationale for opposition to fluoridation is based on data from NHANES indicating that the prevalence of dental fluorosis - a condition that "shows overexposure to fluorides as a child" - is 41% among 12 - 15 year olds in the United States and that African Americans have a higher prevalence of dental fluorosis in comparison to non-Hispanic whites. These letters are being publicized by Dan Stockin of The Little Center, a "Georgia-based firm working to end the practice of fluoridation," and the Fluoride Action Network, a prominent group opposed to water fluoridation.

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**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

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**Sent:** Monday, April 18, 2011 4:27 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
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**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

HHS

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP) [mailto:bfq1@cdc.gov]**Sent:** Friday, April 15, 2011 3:52 PM**To:** McKenna, Jeffrey (CDC/OSELS/NCHM); Garland, Donna (CDC/OD/OADC); Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)**Cc:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Gracia, Nadine (IO/OASH)**Subject:** New opposition strategy to water fluoridation in GA**Importance:** High

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Please advise on appropriate next steps. Dr. Scott Presson, Team Lead, DOH Program Services, will coordinate our response.

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HHS

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 6:59 PM  
**To:** Gracia, Nadine (OS/IO); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Talking Points  
**Attachments:** William Owens June 2010.docx

Nadine, here are some talking points on the two issues. Please let us know if you need additional information or if we can be of help in any way. Thanks.

Bill

REORGANIZATION (source of talking points mainly from Center Leadership)

The reorganization of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) focuses on the elimination of two divisions and the creation of two new ones.

The Division of Oral Health and the Division of Adolescent and School Health will be eliminated and both will become branches in a new Division of Population Health.

Two new divisions will be created from the current Division of Adult and Community Health, to include the proposed new Division of Community Health and the proposed new Division of Population Health.

The Division of Community Health would house the potential new Community Transformation Grant Program, Communities Putting Prevention to Work, REACH, ACHIEVE, and Strategic Alliance for Health.

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It has been stated that the Branch of Oral Health into the new Division of Population Health will maintain and strengthen current activities, have increased access to crucial policy and communication support, develop effective collaboration and integration across programs, ensure effective management and administrative processes, and devote as many resources as possible to programmatic work.

Oral health will be one of five remaining budget lines within the NCCDPHP.

Many oral health organizations and former Chief Dental Officers have expressed their dissatisfaction with the reorganization as proposed.

ANDREW YOUNG and BLACK PASTORS OPPOSING FLUORIDATION

A MMWR surveillance summary, "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis --- United States, 1988--1994 and 1999--2002.", (2005 54(03):1-44), reported higher levels of very mild and mild fluorosis in non-Hispanic Blacks compared to White, non-Hispanic in NHANES 1999-2002 (See Table 23 and Figure 19, and pages 7, 9, 10). <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>

There is no clear explanation why dental fluorosis was elevated, mostly in its milder forms, among non-Hispanic black compared to non-Hispanic white participants, and CDC has called for further research to identify reasons for the observed differences.

Sources of fluoride intake in children include water, beverages, food, and toothpaste.

As is always the case, there is a balance between dental fluorosis and prevention against tooth decay. This same surveillance summary reported a decrease in the prevalence and severity of tooth decay in permanent teeth in all age groups, and a narrowing of health disparities regarding tooth decay and untreated tooth decay in children.

HHS/CDC has recently proposed setting the optimum level of fluoride for water fluoridation at 0.7 mg/L for the United States.

CDC continues to support water fluoridation as a safe and effective preventive measure to prevent tooth decay in children and adults.

In 2001, CDC developed recommendations for using fluoride to prevent and control dental caries in the United States (MMWR August 17, 2001). The main focus of those recommendations was to promote fluoride use to optimize its preventive effect (against dental caries) while minimizing its side effect (enamel fluorosis). We continue to promote those recommendations, including support for water fluoridation.

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The USPHS Commissioned Corps: Protecting, promoting and advancing the health and safety of the Nation.

USPHS Values: Integrity, Excellence, Leadership, Service

**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**To:** Gracia, Nadine (OS/IO); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: New opposition strategy to water fluoridation in GA

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 Acting Director, Division of Oral Health  
 National Center for Chronic Disease Prevention and Health Promotion  
 4770 Buford Hwy NE, MS F-10  
 Atlanta, GA 30341

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 19, 2011 9:25 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** In house response  
**Attachments:** Dental Caries & Fosis Minorities.xlsx

Scott,

Attached is the breakdown of data regarding fluorosis among 12-15 year old children using all the available data (2 more years than the MMWR).

Yes, non-Hispanics African Americans have a higher dental fluorosis than non-Hispanics Whites, but the levels of dental caries remains the same. These levels of fluorosis represent exposures occurring 7-12 years ago and are difficult to associate with any specific exposure. In Georgia, 82% of the population in public water services use fluoridated water at 0.8 ppm (?), especially in the major cities and everybody uses fluoride toothpaste. It would be difficult to assume that this is cause by a differential use of toothpaste, thus, a more reasonable hypothesis would be higher consumption of fluoridated water earlier in life. This may be associated with using power and concentrated infant formula diluted with fluoridated water. I am not sure if the reduction to 0.7 in Georgia may produce an effect if there is no change in the feeding patterns. But that is just a speculation.

Eugenio

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**Sent:** Monday, April 18, 2011 4:27 PM  
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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 19, 2011 10:51 AM  
**To:** Rollins, Rochelle (OS/OMH)  
**Cc:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Proposed agenda for meeting with Dr. Koh

Hi Rochelle,

Thank you for the invitation, but respectfully, I don't think this is a meeting in which I should participate.

The meeting was requested by the ADA and others, in part, to express their dissatisfaction with the reorganization at CDC. That is their battle, not ours. It would be awkward and probably even wrong for CDC to be participating in this meeting.

Nadine Gracia asked for talking points on the reorganization and for the Andrew Young fluoridation issue last evening. I have attached below what I sent to her.

Bill

**REORGANIZATION (source of talking points mainly from Center Leadership)**

The reorganization of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) focuses on the elimination of two divisions and the creation of two new ones.

The Division of Oral Health and the Division of Adolescent and School Health will be eliminated and both will become branches in a new Division of Population Health.

Two new divisions will be created from the current Division of Adult and Community Health, to include the proposed new Division of Community Health and the proposed new Division of Population Health.

The Division of Community Health would house the potential new Community Transformation Grant Program, Communities Putting Prevention to Work, REACH, ACHIEVE, and Strategic Alliance for Health.

The new Division of Population Health would house the potential new Consolidated Chronic Disease Prevention Grant Program, Preventive Services Block Grant, Prevention Research Centers, the Chronic Disease Epidemiology in States program, Arthritis, Healthy Aging, and the Alcohol Program, in addition to our Oral Health and Adolescent and School Health activities.

Creating these divisions is being done to allow CDC to advance the work of Community Transformation Grants and the Consolidated Chronic Disease Prevention Grant Program if this funding becomes available.

It has been stated that the Branch of Oral Health into the new Division of Population Health will maintain and strengthen current activities, have increased access to crucial policy and communication support, develop effective collaboration and integration across programs, ensure effective management and administrative processes, and devote as many resources as possible to programmatic work.

Oral health will be one of five remaining budget lines within the NCCDPHP.

Many oral health organizations and former Chief Dental Officers have expressed their dissatisfaction with the reorganization as proposed.

ANDREW YOUNG and BLACK PASTORS OPPOSING FLUORIDATION

A MMWR surveillance summary, "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis -- United States, 1988-1994 and 1999-2002.", (2005 54(03):1-44), reported higher levels of very mild and mild fluorosis in non-Hispanic Blacks compared to White, non-Hispanic in NHANES 1999-2002 (See Table 23 and Figure 19, and pages 7, 9, 10). <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>

There is no clear explanation why dental fluorosis was elevated, mostly in its milder forms, among non-Hispanic black compared to non-Hispanic white participants, and CDC has called for further research to identify reasons for the observed differences.

Sources of fluoride intake in children include water, beverages, food, and toothpaste.

As is always the case, there is a balance between dental fluorosis and prevention against tooth decay. This same surveillance summary reported a decrease in the prevalence and severity of tooth decay in permanent teeth in all age groups, and a narrowing of health disparities regarding tooth decay and untreated tooth decay in children.

HHS/CDC has recently proposed setting the optimum level of fluoride for water fluoridation at 0.7 mg/L for the United States.

CDC continues to support water fluoridation as a safe and effective preventive measure to prevent tooth decay in children and adults.

In 2001, CDC developed recommendations for using fluoride to prevent and control dental caries in the United States (MMWR August 17, 2001). The main focus of those recommendations was to promote fluoride use to optimize its preventive effect (against dental caries) while minimizing its side effect (enamel fluorosis). We continue to promote those recommendations, including support for water fluoridation.

Last summer CDC received controlled correspondence from Reverend William Owens expressing concern about fluoridation. Among his concerns was the fact that African American children were observed to have higher levels of dental fluorosis than other children.

A letter was sent in early June responding to his concerns. A copy of the letter is attached.

CDC has spoken to the regional Office of Minority Health about this issue, with the thought that respected community members could provide education and perspective on this issue.

This may be a significant threat, especially if other cities/mayors/councils/legislatures see fluoridation as an intervention that creates fluorosis disparities rather than reducing disparities for tooth decay.

We stand ready and willing to provide any support you may need.

Bill

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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 19, 2011 1:45 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Proposed agenda for meeting with Dr. Koh

Talking points

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 19, 2011 10:51 AM  
**To:** Rollins, Rochelle (OS/OMH)  
**Cc:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Proposed agenda for meeting with Dr. Koh

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Bill



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**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 19, 2011 9:28 PM  
**To:** Griffin, Susan (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: In house response  
**Attachments:** Dental Caries & Fosis Minorities.xlsx

I think we are entering the middle of a conversation, but apparently GA's fluoride level is 0.8 ppm.

BG

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**From:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 19, 2011 9:25 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** In house response

Scott,  
Attached is the breakdown of data regarding fluorosis among 12-15 year old children using all the available data (2 more years than the MMWR).  
Yes, non-Hispanics African Americans have a higher dental fluorosis than non-Hispanics Whites, but the levels of dental caries remains the same. These levels of fluorosis represent exposures occurring 7-12 years ago and are difficult to associate with any specific exposure. In Georgia, 82% of the population in public water services use fluoridated water at 0.8 ppm (?), especially in the major cities and everybody uses fluoride toothpaste. It would be difficult to assume that this is cause by a differential use of toothpaste, thus, a more reasonable hypothesis would be higher consumption of fluoridated water earlier in life. This may be associated with using power and concentrated infant formula diluted with fluoridated water. I am not sure if the reduction to 0.7 in Georgia may produce an effect if there is no change in the feeding patterns. But that is just an speculation.

Eugenio

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**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 4:27 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

Scott and Eugenio,

Per the below, can you ensure that the data below is valid and send me DOH's core messages on fluoride.

Thanks in advance,  
Nick

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 4:24 PM

**To:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: New opposition strategy to water fluoridation in GA

Nick, we are both out of the office, but I agree this is important.

Work with scott presson and eugenio beltran.

Barbara is in a training. I will call her.

L

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**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 02:36 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA

Linda and Barbara,

Please see the questions from Jenn (Dr. Frieden) and Sean and advise. This is needed today.

Thanks in advance,  
 Nick

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**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 2:33 PM  
**To:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA

Can you track down validity of data and what our core messages are for fluoride..

---

**From:** Meunier, Jennifer (CDC/OD/OCS)  
**Sent:** Monday, April 18, 2011 1:34 PM  
**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: New opposition strategy to water fluoridation in GA

Are they correct about the data? Are we responding?

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**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 11:54 AM  
**To:** Meunier, Jennifer (CDC/OD/OCS)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

I believe Dr. Frieden is meeting with David Cook from the Ga Department of Community Health today. Might be worthwhile to raise importance of fluoridated water given the campaign that is unfolding here in Georgia.

It has been brought to our attention that former Ambassador Andrew Young and Dr. Gerald Durley, minister and community leader, have written letters to Chip Rogers, Georgia Senate Majority Leader, and other state legislators in leadership positions that support repealing Georgia's state mandate for community water fluoridation. Drs. Young and Durley are prominent civil rights leaders, and part of their stated rationale for opposition to fluoridation is based on data from NHANES indicating that the prevalence of dental fluorosis - a condition that "shows overexposure to fluorides as a child" - is 41% among 12 - 15 year olds in the United States and that African Americans have a higher prevalence of

dental fluorosis in comparison to non-Hispanic whites. These letters are being publicized by Dan Stockin of The Little Center, a "Georgia-based firm working to end the practice of fluoridation," and the Fluoride Action Network, a prominent group opposed to water fluoridation.

Links to the Media Release issued by The Lillie Center are pasted below. This release includes links to the letters from both Drs. Young and Durley.

<http://www2.fluoridealert.org/Alert/United-States/Georgia/Atlanta-Civil-Rights-Leaders-Call-for-Halt-to-Water-Fluoridation>

Letter from Dr. Gerald Durley: <http://spotsonmyteeth.com/wp-content/uploads/2010/02/durley-ltr-bw-PDF2.pdf>

Letter from Ambassador Young: <http://spotsonmyteeth.com/wp-content/uploads/2011/04/Letter-to-Georgia-Legislators-from-Ambassador-Andrew-Young.pdf>

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 21, 2011 11:18 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Talking points

Scott,

These are the talking points I sent to Nadine Gracia, which are based on what you had provided earlier in the week. Also pasted below is the correspondence we sent to Reverend William Owens in June 2010 on this issue.

Bill

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**ANDREW YOUNG and BLACK PASTORS OPPOSING FLUORIDATION**

A MMWR surveillance summary, "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis --- United States, 1988--1994 and 1999--2002.", (2005 54(03):1-44), reported higher levels of very mild and mild fluorosis in non-Hispanic Blacks compared to White, non-Hispanic in NHANES 1999-2002 (See Table 23 and Figure 19, and pages 7, 9, 10). <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>

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This may be a significant threat, especially if other cities/mayors/councils/legislatures see fluoridation as an intervention that creates fluorosis disparities rather than reducing disparities for tooth decay.

**We stand ready and willing to provide any support you may need.**

**Bill**

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Dear Reverend Owens,

Thank you for your letter to the Centers for Disease Control and Prevention (CDC). Your letter expressed concerns about fluoridation and its relationship to individuals with diabetes and kidney disease and enamel fluorosis being more prevalent African-American children. Additionally, you state that fluoridation takes away people's choice.

There have been many legal challenges to the practice of community water fluoridation. State Supreme Courts have consistently supported community water fluoridation on issues relating to state or local use of police power; freedom from forced or mass medication; and privacy; the unauthorized practice of medicine, dentistry and pharmacy; pure water; and other issues relating to the safety and health effects of community water fluoridation. Just as other public health interventions have been supported by courts, including seat belt laws and anti-smoking ordinances, fluoridation has been viewed as something beneficial to the health of the population.

The benefits of reduced tooth decay and the possibility for enamel fluorosis are linked. Although fluoride prevents decay, excessive fluoride intake when teeth are developing can result in severe forms of fluorosis characterized by tooth discoloration and/or pitting of enamel. There are many sources of fluoride, including fluoride toothpaste, supplements, rinses, and water with high natural concentrations (greater than 2 mg/L) of fluoride that can contribute to total fluoride intake and the possibility of enamel fluorosis. Consumption of water at optimal fluoride concentrations, by itself, has not been observed to be associated with fluorosis that results in staining or pitting of tooth surfaces. However, total fluoride intake from all sources must be considered.

One major way that CDC shares public health information is through the publication of the Morbidity and Mortality Weekly Report (MMWR). As reported in the MMWR from August 26, 2005 (54(03)/ 54(03);1-44;1-44), Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis --- United States, 1988--1994 and 1999--2002, 2.45% of persons aged 6-39 years were found to have moderate/severe fluorosis, with 3.43% observed in Black, non-Hispanics. As stated in the MMWR, no clear explanation exists why fluorosis was more severe among non-Hispanic black children than among non-Hispanic white or Mexican-American children. This observation has been reported elsewhere, and different hypotheses have been proposed, including increased fluoride intake due greater consumption of plain water, inappropriate prescribing of fluoride supplements, or inadvertent swallowing of fluoride toothpaste.

CDC has stated that further research is needed to improve public health surveillance of fluoride exposure to identify new and timelier methods to measure total fluoride exposure. We are interested in the development of valid and reliable techniques to monitor total fluoride exposure in children, allowing adjustment in public health practice and recommendations to reduce the cosmetic consequences of fluoride exposure while preventing and controlling dental caries.

CDC has developed recommendations to reduce the risk for enamel fluorosis, which can only occur during the time of enamel formation, before the teeth come into the mouth. Steps can be taken to reduce the potential for enamel fluorosis associated with drinking water and other fluoride products. In 2001, the Centers for Disease Control and Prevention (CDC) published

Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States, which provides guidance to dental and other healthcare providers, public health officials, policymakers, and the public in the use of fluoride to achieve maximum protection against dental caries while reducing the likelihood of enamel fluorosis. A copy of this MMWR can be obtained by going to <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm> on the Internet.

With regard to renal health, the National Kidney Foundation (NKF) stated in their 2008 recommendations that "Dietary advice for patients with chronic kidney disease should primarily focus on established recommendations for sodium, potassium, calcium, phosphorus, energy/calorie, protein, fat, and carbohydrate intake. Fluoride intake is a secondary concern." The organization went on to state that "The NKF has no position on the optimal fluoridation of water." Also on this subject, the National Research Council report, Fluoride in Drinking Water: A Scientific Review of EPA's Standards, reported that "People living in fluoridated areas (at 1.0 mg/L) drinking 0 L of water a day will consume 1 mg of fluoride a day. There are no published studies that show that fluoride intake on a chronic basis at that concentration can affect the kidney."

While health conditions, such as diabetes and kidney disease, can influence individual variation in water consumption, we believe the margin of safety is adequate to prevent adverse health effects. CDC continues to recommend that all persons in the United States drink optimally fluoridated water.

We appreciate your concerns regarding water fluoridation. I can assure you that CDC continues to stay current with and bases our community water fluoridation recommendations on the weight of the available science. More information about this topic is available on our Website at <http://www.cdc.gov/fluoridation/index.htm>. I hope this information is helpful.

William Bailey, DDS, MPH  
Rear Admiral, United States Public Health Service  
Assistant Surgeon General  
Chief Dental Officer, USPHS  
Acting Director, Division of Oral Health  
National Center for Chronic Disease Prevention and Health Promotion  
Office: 770-488-6075  
FAX: 770-488-6080  
[wdb9@cdc.gov](mailto:wdb9@cdc.gov)



**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Griffin, Susan (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 3:20 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft message to Briss - fluoridation

Hey Barbara,

Looks good. I think one other pertinent piece of information for them is that the fluorosis disparities by race were also reported in the MMWR for 4 years of data. Have you looked at that lately? Should I look at it? Although it may have been for all ages (there may be more detailed breakdown in one of the figures), we did report differences by race.

Susan

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 3:09 PM  
**To:** Griffin, Susan (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft message to Briss - fluoridation

I've worked on one part (in blue) – what do you think?

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 1:02 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Susan Jeansonne ([Susan.Jeansonne@LA.Gov](mailto:Susan.Jeansonne@LA.Gov)); Linda M. Altenhoff  
**Subject:** Draft message to Briss - fluoridation

Based on our meeting, here is a draft summary. Please comment today, as we'd like to discuss with Peter Briss today if possible. Thanks.

Scott

Update on issue of opposition to fluoridation in Georgia:

The ADA has raised this issue during meeting with ASH Koh. We understand ADA wants HHS to coordinate with ADA on any responses. They are planning to write a letter with the National Dental Association (NDA - an African American dentist group) to Young and Durley, and would like someone in CDC or HHS to be signatory.. We at DOH have been in contact with Dr. Arlene Lester (HHS OMH-Atlanta). Arlene has spoken with Bob Johns, Executive Director of NDA and the GA Dental Society President Janet Stiles. They would like to set up a meeting with Andrew Young and Pastor Durley at Morehouse School of Medicine. Attendees may include Morehouse School of Medicine Dr. John Maupin (and possibly David Satcher), Bob Johns (NDA), Dr. Janet Stiles (GA Dental Society President), Arlene, Dr. Liz Lense (GA DOH oral health), CDC DOH representatives, and possibly Dr. Judy Greenlea Taylor, of the North Georgia Dental Society, and a representative from the ADA. We also would like to have a scientist available with expertise in kidney function and the impact of fluoride

DOH is conducting additional analyses of data from NHANES 1999-2004. We have previously reported that dental fluorosis was higher among children aged 12 – 15 years in 1999-2004 compared with same aged children in 1986-1987 (41% vs. 23% respectively). Recent analyses also have indicated that dental fluorosis (i.e., Very Mild, Mild, and Moderate/Severe) is higher in Black Non-Hispanic 12-15 yo children compared to White NH (58% versus 36%,

respectively). In the 1986-87 NIDCR survey, there was no such difference, with Black NH compared to White NH showing little difference (24% vs 22%). Reported increases in dental fluorosis over the past three decades have paralleled expansion of water fluoridation and the increased availability of other sources of ingested fluorides, such as fluoride toothpaste (if swallowed) and fluoride supplements. Changes in the prevalence and severity of fluorosis by race/ethnicity most likely reflect differences in fluoride intake.

Additional analyses of NHANES data are planned to look at other age groups and possibly look at regional findings. Georgia may have some state data; we have asked for an update from their Oral Health Program.

The approach we are considering in meeting with Young and Durley would be to place these differences in dental fluorosis in context with the disparities in untreated caries and missing teeth in children and adults, and differences in presence of dental sealants. Lack of access to dental care is also a substantial problem. Although poor children may be eligible for Medicaid dental benefits, they often have difficulty finding a provider. In many states, adult dental benefits have been scaled back to nothing or perhaps emergency care only, and Medicare does not cover routine dental care. We are in the process of developing talking points that we will furnish to the ADA, NDA, GA DOH, and Morehouse participants. We also will have pictures available of the forms of dental fluorosis.

**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Griffin, Susan (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 3:53 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft message to Briss - fluoridation

Hey Barbara,

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 Susan

---

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**Sent:** Friday, April 22, 2011 3:37 PM  
**To:** Griffin, Susan (CDC/ONDIEH/NCCDPHP)  
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Additional multivariate analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S. Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

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**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Griffin, Susan (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 3:53 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft message to Briss - fluoridation

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 3:37 PM  
**To:** Griffin, Susan (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Draft message to Briss - fluoridation

---

**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 1:02 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Susan Jeansonne ([Susan.Jeansonne@LA.Gov](mailto:Susan.Jeansonne@LA.Gov)); Linda M. Altenhoff  
**Subject:** Draft message to Briss - fluoridation

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Scott

Update on issue of opposition to fluoridation in Georgia:

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**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

**From:** Robison, Valerie (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 4:03 PM  
**To:** Robison, Valerie (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Draft message to Briss - fluoridation skills policy analyst must have- diplomacy, assigning work, cannot polarize people must be able to work closely with SME's and be an excellent writer. Document that Barbara Gooch could not clear

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 1:02 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Susan Jeansonne ([Susan.Jeansonne@LA.Gov](mailto:Susan.Jeansonne@LA.Gov)); Linda M. Altenhoff  
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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Robison, Valerie (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 4:12 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft message to Briss - fluoridation

Anything I can do to assist? Val

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 3:40 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft message to Briss - fluoridation

Susan and I are working on the text below and will have a response in about 30 minutes. What is the status of proposed meeting with Peter Briss?

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 1:02 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Susan Jeansonne (Susan.Jeansonne@LA.Gov); Linda M. Altenhoff  
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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Robison, Valerie (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 5:42 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft message to Briss - fluoridation

I am not available on Thursday Val

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 4:34 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft message to Briss - fluoridation

Bill and I talked with Peter briefly by phone. Peter will not be able to meet with us until Thursday morning, so we have more time for developing this summary. He'd like to include Barbara Bowman as well. I'll send a meeting request for our DOH group to meet on Monday and for a Thursday meeting with Briss and Bowman that includes Barbara Gooch, Bill, and I. Anyone else?

Scott

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 3:40 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
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**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Susan Jeansonne ([Susan.Jeansonne@LA.Gov](mailto:Susan.Jeansonne@LA.Gov)); Linda M. Altenhoff  
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HHS

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 25, 2011 1:25 PM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Conference Call - Anti-fluoridation in GA

Peter,

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Bill

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 Assistant Surgeon General  
 Chief Dental Officer, USPHS  
 Acting Director, Division of Oral Health  
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 4770 Buford Hwy NE, MS F-10  
 Atlanta, GA 30341  
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 Fax: 770-488-6080

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USPHS Values: Integrity, Excellence, Leadership, Service

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 25, 2011 1:00 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Conference Call - Anti-fluoridation in GA

Should we let Peter know that Nadine has requested this call?

HHS

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HHS

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 25, 2011 1:28 PM  
**To:** Gracia, Nadine (OS/IO); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Graham, Garth (OS); Cobb, Clara H. (OS); Buschick, Jennifer (OS); Rollins, Rochelle (OS/OMH)  
**Subject:** RE: Conference Call - Anti-fluoridation in GA

Hi Nadine,

Thanks for the invitation. I am available tomorrow within your timeframe from 11:30 – 1:00.

Best,  
Bill

William Bailey, DDS, MPH  
Assistant Surgeon General  
Chief Dental Officer, USPHS  
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HHS

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 25, 2011 2:56 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Conference Call - Anti-fluoridation in GA

I'm on a plane from 12 to 2. I might be able to join earlier if that helps.

---

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 25, 2011 1:25 PM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Conference Call - Anti-fluoridation in GA

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**Sent:** Monday, April 25, 2011 1:00 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Conference Call - Anti-fluoridation in GA

Should we let Peter know that Nadine has requested this call?

HHS

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HHS

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 10:25 AM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Conference Call - Anti-fluoridation in GA

Thanks Peter. The call is at noon. We'll fill you in on what is discussed. Safe travels.  
 Bill

---

**From:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 25, 2011 2:56 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Conference Call - Anti-fluoridation in GA

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**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, December 01, 2011 4:23 PM  
**To:** Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 11:11 AM  
**To:** Gracia, Nadine (OS/IO); Graham, Garth (OS); Cobb, Clara H. (OS); Buschick, Jennifer (OS); Rollins, Rochelle (OS/OMH)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP)  
**Subject:** Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Please consider the following information close hold.

**Overview and Meeting Objective:**

We are meeting today to discuss the best way to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators concerning their opposition to community water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

**Background:** The American Dental Association (ADA) raised this issue in a recent meeting with ASH Koh, and we understand that the ADA wants would like to coordinate its responses with those of HHS. They are planning to write a letter with the National Dental Association (NDA is an African American dentist group) to Young and Durley, and would like someone in CDC or HHS to be signatory. We at DOH have also been in contact with the Georgia Oral Health Program and with Dr. Arlene Lester (HHS OMH-Atlanta). Arlene has spoken with Bob Johns, NDA Executive Director and GA Dental Society President Janet Stiles. They would like to set up a meeting with Andrew Young and Pastor Durley at the Morehouse School of Medicine. In addition to Dr. Lester, attendees may include Morehouse School of Medicine Dr. John Maupin (and possibly Dr. David Satcher), Bob Johns (NDA), Dr. Janet Stiles (GA Dental Society President), Dr. Liz Lense (Director, Oral Health Section GA Department of Community Health), CDC DOH representatives, and possibly Dr. Judy Greenlea Taylor of the North Georgia Dental Society and a representative from the ADA. We also would like to have a scientist available with expertise in kidney function and the impact of fluoride.

In 2005, CDC reported that prevalence of very mild and mild fluorosis was higher in non-Hispanic Blacks compared to non-Hispanic Whites aged 6–39 years, in NHANES 1999–2002. (Source: MMWR Surveillance Summary, "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis—United States, 1988–1994 and 1999–2002.", (2005 54(03):1–44) (See Table 23 and Figure 19, and pages 7, 9, 10 in <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>).

There was no clear explanation why dental fluorosis was elevated, mostly in its milder forms, among non-Hispanic Black compared to non-Hispanic White participants. CDC called for further research to identify reasons for the observed differences and to improve public health surveillance of fluoride exposure. Sources of fluoride intake in children include water, beverages, food, toothpaste, and dietary fluoride supplements. The 2002 surveillance summary reported a decrease in the prevalence and severity of tooth decay in permanent teeth in all age groups, and a narrowing of health disparities regarding tooth decay and untreated tooth decay in children between NHANES 1988–1994 and 1999–2002. Dental fluorosis was not assessed in NHANES 1988–1994.

DOH is conducting additional analyses of data from NHANES 1999–2004. In November 2010, CDC reported that dental fluorosis was higher among children aged 12–15 years in 1999–2004 compared with same aged children in 1986–1987

(41% vs. 23%, respectively). Recent analyses (unpublished) also have indicated that dental fluorosis (i.e., Very Mild, Mild, and Moderate/Severe) is higher in non-Hispanic Black children 12–15 years compared to NH White (58% vs. 36%, respectively). In the 1986–87 NIDCR survey there was no such difference, with BH Black compared to NH White showing little difference (24% vs. 22%). Reported increases in dental fluorosis over the past three decades have paralleled the expansion of water fluoridation and the increased availability of other sources of ingested fluorides, such as fluoride toothpaste (if swallowed) and fluoride supplements.

Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S. Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

The approach we are considering in meeting with Young and Durley would be to place these differences in dental fluorosis in context with the disparities in untreated caries and missing teeth in children and adults, and differences in the presence of dental sealants. Lack of access to dental care is also a substantial problem. Although poor children may be eligible for Medicaid dental benefits, they often have difficulty finding a dental provider. In many states, adult dental benefits have been scaled back to nothing or perhaps emergency care only, and Medicare does not cover routine dental care. We are in the process of developing talking points that we will furnish to the ADA, NDA, GA health department, and Morehouse participants. We also will have pictures available of the forms of dental fluorosis. (See Fact Sheet on Dental Fluorosis [http://www.cdc.gov/fluoridation/safety/dental\\_fluorosis.htm](http://www.cdc.gov/fluoridation/safety/dental_fluorosis.htm).)

### Talking Points:

Some talking points and data that we could use for such a discussion are provided below.

### Data on Dental Fluorosis and Talking Points

% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1986–1987

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
NHW	50.17 (3.94)	28.16 (2.89)	16.64 (2.76)	3.92 (0.80)	1.11 (0.20)
NHB	41.14 (5.27)	34.47 (4.01)	18.61 (3.81)	4.57 (1.33)	1.21 (0.47)

\*Estimates for severe alone were statistically unreliable.

% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1999–2004

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
NHW	42.03 (3.42)	22.09 (2.46)	25.94 (1.92)	7.06 (1.02)	2.85 (0.61)
NHB	26.78 (3.77)	15.38 (1.69)	35.87 (2.49)	15.10 (1.47)	6.87 (0.93)

\*Estimates for severe alone were statistically unreliable.

### Talking points:

1. In 1999–2004 among adolescents, aged 12–15 years, NH Blacks had higher levels of dental fluorosis than NH Whites (58% vs. 36%). Most dental fluorosis — about 90% — is very mild to mild for both groups.
2. In 1986–1987 there was no difference in the prevalence of dental fluorosis between NH Black and NH White adolescents (24% vs. 22%)
3. In 1999–2004 both NH Black and NH White adolescents, aged 12–15 years, had higher prevalence of dental fluorosis compared with same aged children in 1986–87, but the change is larger for NH Blacks.
4. CDC is supporting studies of national data to explore factors that may be related to differences in fluorosis prevalence by age and race/ethnicity.

## Data on Diseased, Missing and Filled Surfaces (DMFS) and Talking Points

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1986–1987

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.40* (0.06)	0.09* (0.01)	3.53* (0.11)	4.02 (0.15)
NHB	1.20 (0.15)	0.43 (0.07)	2.94 (0.19)	4.57 (0.24)

\*Varies by race

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1999–2004

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.44 (0.07)	0.17 (0.04)	2.14 (0.25)	2.75 (0.23)
NHB	0.53 (0.05)	0.23 (0.05)	1.73 (0.15)	2.49 (0.18)

### Talking points:

1. The average number of permanent tooth surfaces affected by tooth decay has decreased between surveys for adolescents, aged 12–15 years, from more than 4 surfaces to fewer than 3 surfaces.
2. In 1986–1987, NH Blacks had more untreated decayed and missing surfaces than NH Whites, whereas in 1999–2004 there was no difference.
3. While NH Whites were significantly more likely to report a past year dental visit than were NH Blacks (Dye, Series 11) levels of untreated disease did not differ.
4. An analysis of Medicaid claims data in Louisiana found that very young children (ages 1 to 3 years) living in non-fluoridated parishes were over 3 times more likely to receive extensive dental restorations in a hospital operating room under general anesthesia than were similar children living in fluoridated parishes.
5. Studies in 3 states have found that Medicaid dental expenditures for restorative services are significantly lower for children living in fluoridated versus non-fluoridated communities. The difference in average treatment costs between children living and not living in fluoridated communities were \$36 in LA, \$24 in NY, and \$24 in TX.

Linda S. Orgain, MPH  
 Health Communications Specialist  
 Division of Oral Health  
 National Center for Chronic Disease Prevention  
 and Health Promotion  
 4770 Buford Highway, NE, MS F-10  
 Atlanta, GA 30341-3717  
 Tel: 770-488-5301  
 Fax: 770-488-6080



**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 12:08 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: Conference Call - Anti-fluoridation in GA

Glad its in good hands

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 10:24 AM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Conference Call - Anti-fluoridation in GA

Thanks Peter. The call is at noon. We'll fill you in on what is discussed. Safe travels.  
 Bill

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**From:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 25, 2011 2:56 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Conference Call - Anti-fluoridation in GA

I'm on a plane from 12 to 2. I might be able to join earlier if that helps.

---

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 25, 2011 1:25 PM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Conference Call - Anti-fluoridation in GA

Peter,  
 I know that you are traveling but wanted to make you aware of this request for a call by Nadine Gracia of the OASH. Will keep you apprised as to a final time, and will provide call details in the event that you can sit in on it. Thanks.  
 Bill

William Bailey, DDS, MPH  
 Assistant Surgeon General  
 Chief Dental Officer, USPHS  
 Acting Director, Division of Oral Health  
 National Center for Chronic Disease Prevention and Health Promotion  
 4770 Buford Hwy NE, MS F-10  
 Atlanta, GA 30341  
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 Fax: 770-488-6080

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USPHS Values: Integrity, Excellence, Leadership, Service

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 11:49 AM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

This is my only comment. Very nice summary.  
 Bill

- Decide on which data describing prevalence and severity of dental fluorosis and caries will be most appropriate for messaging. (Question: Release of data (fluorosis and caries) by race/ethnicity for 12 – 15 year olds in NH 1999-2004 and in comparison to NIDR 1986-87.)

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 10:40 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia  
**Importance:** High

Linda and I have worked on next steps along with some selected edits (blue text underlined) to the brief that was sent to participants in the yesterday's meeting.

Please review and comment at your earliest convenience so we can send to Peter, Barbara and other DOH participants in preparation for tomorrow's meeting.

Thanks,  
 Barbara

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 10:34 AM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

DOH staff met yesterday with several HHS officials (Nadine Gracia, Garth Graham, Clara Cobb, Arlene Lester, Jennifer Buschick) to discuss whether to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators requesting them to repeal the state mandate for water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

(HHS)

Potential next steps include the following:

- Promote active approach to engage, inform, and educate grass roots organizations, policymakers and the public about fluoridation, tooth decay, and fluorosis

- Plan validator calls with key partners/stakeholders: ADA, NDA, AAP, NMA, Pew (Pew is conducting grassroots research across US related to determine key strategies and messages to promote water fluoridation in communities),
- Plan coordinated legislative approach could engage: NACCHO (Larry Johns), NCSL and NBCSL, CSG, NGA, Conference of Mayors, NALBOH
- Consider role for Dr. Satcher
- Message: In January HHS proposed a new recommended concentration for fluoride in drinking water. Since January questions, comments, and letters indicate that stakeholders, including some key stakeholders and the public do not understand the purpose of fluoridation, fluorosis and related changes in the appearance of the teeth; the relationship between tooth decay and fluorosis; and changes in prevalence of tooth decay and fluorosis over the past several decades, particularly among specific racial and ethnic groups
- Decide on which data describing prevalence and severity of dental fluorosis will be most appropriate for messaging. (Question: Release of data (fluorosis and caries) by race/ethnicity for 12 – 15 year olds in NH 1999-2004 and in comparison to NIDR 1986-87.)

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)

**Sent:** Tuesday, April 26, 2011 11:11 AM

**To:** Gracia, Nadine (OS/IO); Graham, Garth (OS); Cobb, Clara H. (OS); Buschick, Jennifer (OS); Rollins, Rochelle (OS/OMH)

**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP)

**Subject:** Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Please consider the following information close hold.

#### **Overview and Meeting Objective:**

We are meeting today to discuss the best way to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators concerning their opposition to community water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

**Background:** The American Dental Association (ADA) raised this issue in a recent meeting with ASH Koh, and we understand that the ADA wants would like to coordinate its responses with those of HHS. They are planning to write a letter with the National Dental Association (NDA is an African American dentist group) to Young and Durley, and would like someone in CDC or HHS to be signatory. We at DOH have also been in contact with the Georgia Oral Health Program and with Dr. Arlene Lester (HHS OMH-Atlanta). Arlene has spoken with Bob Johns, NDA Executive Director and GA Dental Society President Janet Stiles. They would like to set up a meeting with Andrew Young and Pastor Durley at the Morehouse School of Medicine. In addition to Dr. Lester, attendees may include Morehouse School of Medicine Dr. John Maupin (and possibly Dr. David Satcher), Bob Johns (NDA), Dr. Janet Stiles (GA Dental Society President), Dr. Liz Lense (Director, Oral Health Section GA Department of Community Health), CDC DOH representatives, and possibly Dr. Judy Greenlea Taylor of the North Georgia Dental Society and a representative from the ADA. We also would like to have a scientist available with expertise in kidney function and the impact of fluoride.

In 2005, CDC reported that prevalence of very mild and mild fluorosis was higher in non-Hispanic Blacks compared to non-Hispanic Whites aged 6–39 years, in NHANES 1999–2002. (Source: MMWR Surveillance Summary, "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis—United States, 1988–1994 and 1999–2002.", (2005 54(03):1-44) (See Table 23 and Figure 19, and pages 7, 9, 10 in <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>).

Overall among persons 6 – 39 years in NHANES 1999–2002, the prevalence of very mild (14.5%); mild (4.7%); and moderate/severe (2.5%) was 23% (22.7%). Generally, non-Hispanic blacks were more likely to have dental fluorosis (very mild or higher) than non-Hispanic whites (32% vs. 20%). The prevalence of dental fluorosis for non-Hispanic blacks vs. non-Hispanic whites was very mild fluorosis (21.2% vs. 14.1%); mild (8.2% vs. 3.9%); and moderate/severe (3.4% vs. 1.9%).

There was no clear explanation why dental fluorosis was elevated, mostly in its milder forms, among non-Hispanic Black compared to non-Hispanic White participants. CDC called for further research to identify reasons for the observed

differences and to improve public health surveillance of fluoride exposure. Sources of fluoride intake in children include water, beverages, food, toothpaste, and dietary fluoride supplements. The 2002 surveillance summary reported a decrease in the prevalence and severity of tooth decay in permanent teeth in all age groups, and a narrowing of health disparities regarding tooth decay and untreated tooth decay in children between NHANES 1988–1994 and 1999–2002. Dental fluorosis was not assessed in NHANES 1988–1994.

DOH is conducting additional analyses of data from NHANES 1999–2004. In November 2010, CDC reported that dental fluorosis was higher among children aged 12–15 years in 1999–2004 compared with same aged children in 1986–1987 (41% vs. 23%, respectively). Recent analyses (unpublished) also have indicated that dental fluorosis (i.e., Very Mild, Mild, and Moderate/Severe) is higher in non-Hispanic Black children 12–15 years compared to NH White (58% vs. 36%, respectively). In the 1986–87 NIDCR survey there was no such difference, with NH Black compared to NH White showing little difference (24% vs. 22%). Reported increases in dental fluorosis over the past three decades have paralleled the expansion of water fluoridation and the increased availability of other sources of ingested fluorides, such as fluoride toothpaste (if swallowed) and fluoride supplements.

Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S. DOH is just completing analyses of Healthstyle data that address parent report of toothpaste use by race. Findings suggest that percent of young children reportedly using more than a "pea-sized" amount of toothpaste (1/4 of length of toothbrush) may vary by race (Black – 80% and White – 63%). Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

The approach we are considering in meeting with Young and Durley would be to place these differences in dental fluorosis in context with the disparities in untreated caries and missing teeth in children and adults, and differences in the presence of dental sealants. Lack of access to dental care is also a substantial problem. Although poor children may be eligible for Medicaid dental benefits, they often have difficulty finding a dental provider. In many states, adult dental benefits have been scaled back to nothing or perhaps emergency care only, and Medicare does not cover routine dental care. We are in the process of developing talking points that we will furnish to the ADA, NDA, GA health department, and Morehouse participants. We also will have pictures available of the forms of dental fluorosis. (See Fact Sheet on Dental Fluorosis [http://www.cdc.gov/fluoridation/safety/dental\\_fluorosis.htm](http://www.cdc.gov/fluoridation/safety/dental_fluorosis.htm).)

#### Talking Points:

Some talking points and data that we could use for such a discussion are provided below.

#### Data on Dental Fluorosis and Talking Points

% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1986–1987

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
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\*Estimates for severe alone were statistically unreliable.

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\*Estimates for severe alone were statistically unreliable.

#### Talking points:

1. In 1999–2004 among adolescents, aged 12–15 years, NH Blacks had higher levels of dental fluorosis than NH Whites (58% vs. 36%). Most dental fluorosis — about 90% — is very mild to mild for both groups.
2. In 1986–1987 there was no difference in the prevalence of dental fluorosis between NH Black and NH White adolescents (24% vs. 22%)
3. In 1999–2004 both NH Black and NH White adolescents, aged 12–15 years, had higher prevalence of dental fluorosis compared with same aged children in 1986–87, but the change is larger for NH Blacks.
4. CDC is supporting studies of national data to explore factors that may be related to differences in fluorosis prevalence by age and race/ethnicity.

### Data on Diseased, Missing and Filled Surfaces (DMFS) and Talking Points

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1986–1987

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.40* (0.06)	0.09* (0.01)	3.53* (0.11)	4.02 (0.15)
NHB	1.20 (0.15)	0.43 (0.07)	2.94 (0.19)	4.57 (0.24)

\*Varies by race

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1999–2004

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.44 (0.07)	0.17 (0.04)	2.14 (0.25)	2.75 (0.23)
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### Talking points:

1. The average number of permanent tooth surfaces affected by tooth decay has decreased between surveys for adolescents, aged 12–15 years, from more than 4 surfaces to fewer than 3 surfaces.
2. In 1986–1987, NH Blacks had more untreated decayed and missing surfaces than NH Whites, whereas in 1999–2004 there was no difference.
3. While NH Whites were significantly more likely to report a past year dental visit than were NH Blacks (Dye, Series 11) levels of untreated disease did not differ.
4. An analysis of Medicaid claims data in Louisiana found that very young children (ages 1 to 3 years) living in non-fluoridated parishes were over 3 times more likely to receive extensive dental restorations in a hospital operating room under general anesthesia than were similar children living in fluoridated parishes.
5. Studies in 3 states have found that Medicaid dental expenditures for restorative services are significantly lower for children living in fluoridated versus non-fluoridated communities. The difference in average treatment costs between children living and not living in fluoridated communities were \$36 in LA, \$24 in NY, and \$24 in TX.

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, December 06, 2011 3:38 PM  
**To:** Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Dr. Bauer's Office, room 3008 - "Georgia Fluordiation Issue Meeting" , Thursday, April 28, 2011 at 10:00 am --- Thank you

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 2:29 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Dr. Bauer's Office, room 3008 - "Georgia Fluordiation Issue Meeting" , Thursday, April 28, 2011 at 10:00 am --- Thank you

Scott, FYI. See you tomorrow.

Barbara


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**From:** Jenkins, Etta (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 2:27 PM  
**To:** Williams, Pamela R. (CDC/ONDIEH/NCCDPHP); Smith, Imani (CDC/ONDIEH/NCCDPHP) (CTR)  
**Cc:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Flores, Marcelina (CDC/ONDIEH/NCCDPHP); Jenkins, Etta (CDC/ONDIEH/NCCDPHP)  
**Subject:** Dr. Bauer's Office, room 3008 - "Georgia Fluordiation Issue Meeting" , Thursday, April 28, 2011 at 10:00 am --- Thank you

Hello Pam,

Thanks so much for letting us use Dr. Bauer's room for "Georgia Fluordiation Issue Meeting" from 10:00 am – 11:00 am. (Dr. Bowman, Dr. Briss and DOH) It will be about 8 people in the meeting. I am aware that the Senior Staff Meeting is at 11:00 am. Have a wonderful day.

Thanks much,  
 ettaj



Assistant, NCCDPHP/ADS  
 OFFICE OF DIRECTOR  
 770-488-5414  
 MSK40

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, December 06, 2011 3:38 PM  
**To:** Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Georgia Fluoridation Issue Meeting -- April 28, 2011

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 2:59 PM  
**To:** Jenkins, Etta (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Georgia Fluoridation Issue Meeting -- April 28, 2011

Thanks, Etta, always a moving target.

Barbara

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**From:** Jenkins, Etta (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 2:58 PM  
**To:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Georgia Fluoridation Issue Meeting -- April 28, 2011

Hello Barbara,

I spoke with Scott and he wants to still with time at 3:00 pm, two of the attendees are not available at 10:00 am anymore. I reserved 3040 also, so I mentioned to him, he will change the meeting place to 3040.

Thanks,  
 ettaj

*Etta Jenkins*

Assistant, NCCDPHP/ADS  
 OFFICE OF DIRECTOR  
 770-488-5414  
 MSK40

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**From:** Jenkins, Etta (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 2:28 PM  
**To:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Georgia Fluoridation Issue Meeting -- April 28, 2011

Dr. Bauer's room is available. I have set up room from 10:00-11:00 am with Pam.

Thanks,  
 ettaj

*Etta Jenkins*

Assistant, NCCDPHP/ADS  
OFFICE OF DIRECTOR  
770-488-5414  
MSK40

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 2:04 PM  
**To:** Jenkins, Etta (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Georgia Fluoridation Issue Meeting

Hi Etta, any luck finding another place for us to meet tomorrow? There will be about 8 of us. If Dr. Bauer's office isn't available, perhaps 3040?

Thanks,  
Barbara

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 11:19 AM  
**To:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Georgia Fluoridation Issue Meeting

Hi, Barbara,

Were you able to determine if there is a meeting place we could use for the earlier time tomorrow of 10-11? Thanks.

Scott

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 5:39 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Georgia Fluoridation Issue Meeting

Thanks, Scott.

Etta, could you check to see whether we can meet in 3040, or Dr. Bauer's office?

Thanks,  
Barbara

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 5:28 PM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** Georgia Fluoridation Issue Meeting



Hi, Peter and Barbara,

I just sent a meeting invitation for Thursday, April 28 at 3:00. DOH would prefer an earlier meeting time (10:00), but we could not find any meeting room available in Columbia. If you have access to a room that would accommodate 6 and want to meet at 10:00, let me know. Thank you.

**Scott M. Presson, DDS, MPH**

*Program Services Team Lead*

*Centers for Disease Control and Prevention*

*Division of Oral Health*

*4770 Buford Hwy, MS F-10*

*Atlanta, GA 30341*

*Ph: 770.488.6078*

*Mobile: 678.386.9170*

*Fax: 770-488-6080*

*Email: [skp4@cdc.gov](mailto:skp4@cdc.gov)*

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

---

**Subject:** Georgia Fluoridation Issue  
**Location:** Columbia 3040

**Start:** Thu 4/28/2011 3:00 PM  
**End:** Thu 4/28/2011 4:00 PM  
**Show Time As:** Tentative

**Recurrence:** (none)

**Meeting Status:** Not yet responded

**Organizer:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Required Attendees:** Bailey, William (CDC/ONDIEH/NCCDPHP) (wdb9@CDC.GOV); Gooch, Barbara (CDC/ONDIEH/NCCDPHP) (bfg1@CDC.GOV); Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP) (lub2@CDC.GOV); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP) (gdt4@CDC.GOV); Griffin, Susan (CDC/ONDIEH/NCCDPHP) (sig1@cdc.gov)

**When:** Thursday, April 28, 2011 3:00 PM-4:00 PM (GMT-05:00) Eastern Time (US & Canada).

**Where:** Columbia 3040

**Note:** The GMT offset above does not reflect daylight saving time adjustments.

\*~\*~\*~\*~\*~\*~\*~\*~\*~\*

Update 4/27: Meeting Room changed to Columbia 3040. Meeting time remains 3:00.  
 Scott

Meeting to discuss response to Andrew Young letter calling for discontinuation of fluoridation in Georgia due to disparities in dental fluorosis and kidney concerns. Susan and Laurie will join by phone. Will try to locate Room for 6 in Columbia earlier Thursday (10-11), as that is a preferred time. No rooms currently available at 10. 3:00 appears to be next best time.

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, December 06, 2011 3:37 PM  
**To:** Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Georgia Fluoridation Issue

---

**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 3:07 PM  
**To:** McKenna, Jeffrey (CDC/ONDIEH/NCCDPHP); Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Georgia Fluoridation Issue



Georgia Fluoridation  
Issue

Jeff and Sean, please join us if you're available.

Thanks,  
Barbara

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, December 06, 2011 3:37 PM  
**To:** Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Georgia Fluoridation Issue

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 4:08 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Georgia Fluoridation Issue

Scott, thanks, I also invited Jeff McKenna from communications.

Thanks,  
 Barbara

-----Original Appointment-----

**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 4:08 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Georgia Fluoridation Issue  
**When:** Thursday, April 28, 2011 3:00 PM-4:00 PM (GMT-05:00) Eastern Time (US & Canada).  
**Where:** Columbia 3040

Update 4/27: Extending invitation to Sean and Nick.

Update 4/27: Meeting Room changed to Columbia 3040. Meeting time remains 3:00.  
 Scott

Meeting to discuss response to Andrew Young letter calling for discontinuation of fluoridation in Georgia due to disparities in dental fluorosis and kidney concerns. Susan and Laurie will join by phone. Will try to locate Room for 6 in Columbia earlier Thursday (10-11), as that is a preferred time. No rooms currently available at 10. 3:00 appears to be next best time.

**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

**From:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 19, 2011 9:25 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** In house response  
**Attachments:** Dental Caries & Fosis Minorities.xlsx

Scott,

Attached is the breakdown of data regarding fluorosis among 12-15 year old children using all the available data (2 more years than the MMWR).

Yes, non-Hispanics African Americans have a higher dental fluorosis than non-Hispanics Whites, but the levels of dental caries remains the same. These levels of fluorosis represent exposures occurring 7-12 years ago and are difficult to associate with any specific exposure. In Georgia, 82% of the population in public water services use fluoridated water at 0.8 ppm (?), especially in the major cities and everybody uses fluoride toothpaste. It would be difficult to assume that this is cause by a differential use of toothpaste, thus, a more reasonable hypothesis would be higher consumption of fluoridated water earlier in life. This may be associated with using power and concentrated infant formula diluted with fluoridated water. I am not sure if the reduction to 0.7 in Georgia may produce an effect if there is no change in the feeding patterns. But that is just an speculation.

Eugenio

---

**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 4:27 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

Scott and Eugenio,

Per the below, can you ensure that the data below is valid and send me DOH's core messages on fluoride.

Thanks in advance,  
 Nick

---

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 4:24 PM  
**To:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: New opposition strategy to water fluoridation in GA

Nick, we are both out of the office, but I agree this is important.

Work with scott presson and eugenio beltran.

Barbara is in a training. I will call her.

L

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**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 02:36 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA

Linda and Barbara,

Please see the questions from Jenn (Dr. Frieden) and Sean and advise. This is needed today.

Thanks in advance,  
 Nick

---

**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 2:33 PM  
**To:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA

Can you track down validity of data and what our core messages are for fluoride..

---

**From:** Meunier, Jennifer (CDC/OD/OCS)  
**Sent:** Monday, April 18, 2011 1:34 PM  
**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: New opposition strategy to water fluoridation in GA

Are they correct about the data? Are we responding?

---

**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 18, 2011 11:54 AM  
**To:** Meunier, Jennifer (CDC/OD/OCS)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

I believe Dr. Frieden is meeting with David Cook from the Ga Department of Community Health today. Might be worthwhile to raise importance of fluoridated water given the campaign that is unfolding here in Georgia.

It has been brought to our attention that former Ambassador Andrew Young and Dr. Gerald Durley, minister and community leader, have written letters to Chip Rogers, Georgia Senate Majority Leader, and other state legislators in leadership positions that support repealing Georgia's state mandate for community water fluoridation. Drs. Young and Durley are prominent civil rights leaders, and part of their stated rationale for opposition to fluoridation is based on data from NHANES indicating that the prevalence of dental fluorosis - a condition that "shows overexposure to fluorides as a child" - is 41% among 12 - 15 year olds in the United States and that African Americans have a higher prevalence of dental fluorosis in comparison to non-Hispanic whites. These letters are being publicized by Dan Stockin of The Little Center, a "Georgia-based firm working to end the practice of fluoridation," and the Fluoride Action Network, a prominent group opposed to water fluoridation.

Links to the Media Release issued by The Lillie Center are pasted below. This release includes links to the letters from both Drs. Young and Durley.

<http://www2.fluoridealert.org/Alert/United-States/Georgia/Atlanta-Civil-Rights-Leaders-Call-for-Halt-to-Water-Fluoridation>  
 Letter from Dr. Gerald Durley: <http://spotsonmyteeth.com/wp-content/uploads/2010/02/durley-ltr-bw-PDF2.pdf>

Letter from Ambassador Young: <http://spotsonmyteeth.com/wp-content/uploads/2011/04/Letter-to-Georgia-Legislators-from-Ambassador-Andrew-Young.pdf>

## Major Findings

### Fluorosis

There has been a statistically significant increase in very mild fluorosis between 1986-7 and 1999-04 for both NH groups. There has been a statistically significant increase in mild and moderate fluorosis between 1986-7 and 1999-2004 among NH Blacks. Among NH Whites there are signs of such increase but this requires a formal statistic. In 1999-04, NH Blacks had statistically higher levels of very mild, mild and moderate fluorosis than NH Whites in 1999-2004. These differences were not observed in 1986-7

Conclusion: Although there was an increase in very mild to moderate for both NH groups, the rate of increase appears larger among NH Blacks

### Caries

There are no differences in mean DMFT between NH Whites and NH Blacks in both surveys.

There has been a statistically significant reduction in mean DMFT in both NH groups.

Both NH groups showed statistically significant reductions in number of filled teeth

NH Blacks show a statistically significant reduction in the mean number of untreated decayed teeth. Such reduction is not statistically significant among NH Whites.

The large difference in mean number of untreated decayed and filled teeth between NH Whites and NH Blacks in 1986-87 has decreased in 1999-04.

### Conclusions

Differences in disease patterns between NH Whites and NH Blacks are decreasing.

### Caries and fluorosis

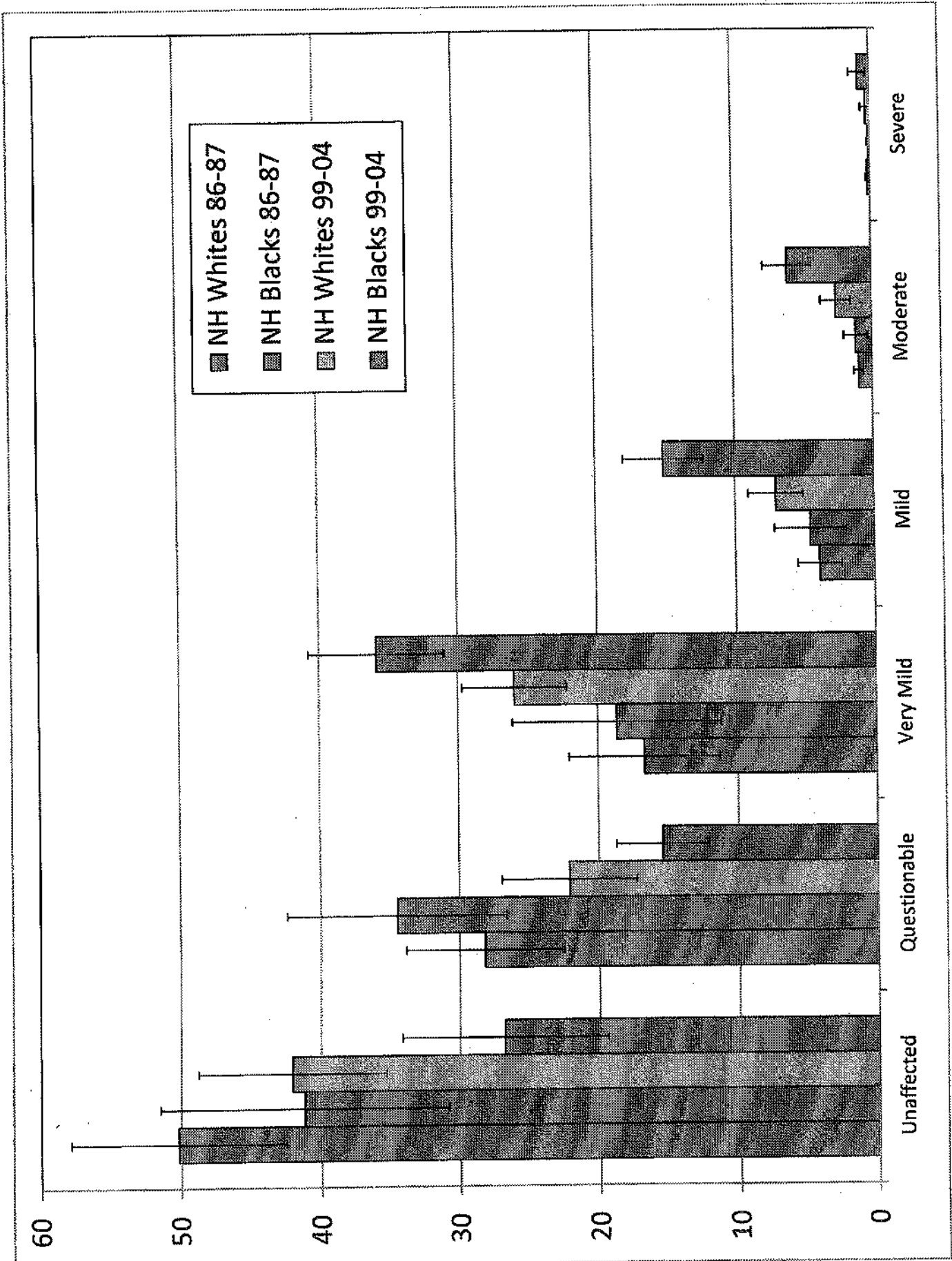
There is a pattern toward lower mean DMFT from the questionable to the mild categories among both NH groups, but not statistically significant. Most mean DMFT scores were lower in the questionable to mild categories than in the unaffected category, although there most error bars overlap.

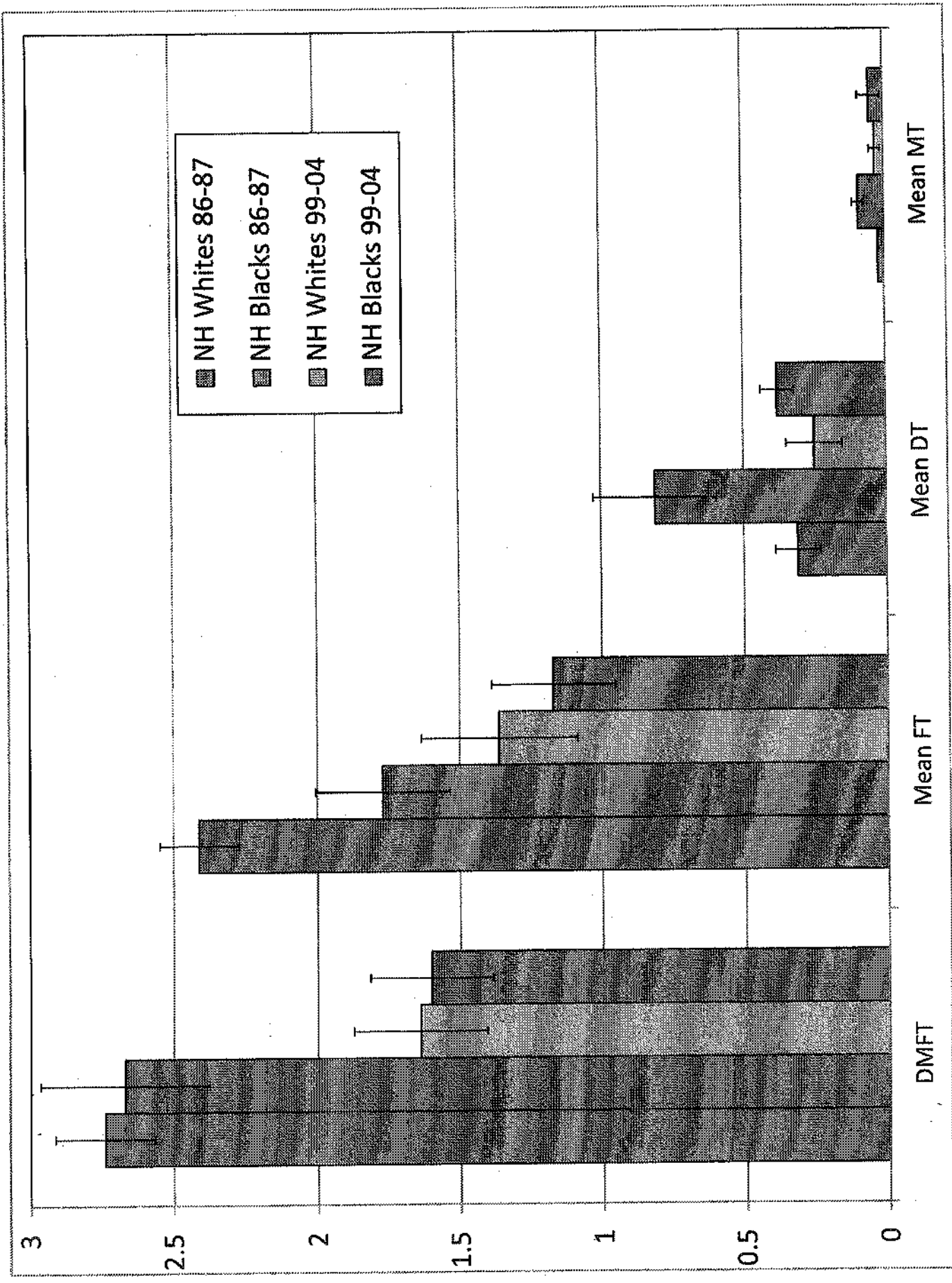
There are no differences in mean DMFT between NH Whites and NH Blacks for each category of fluorosis, from unaffected to moderate

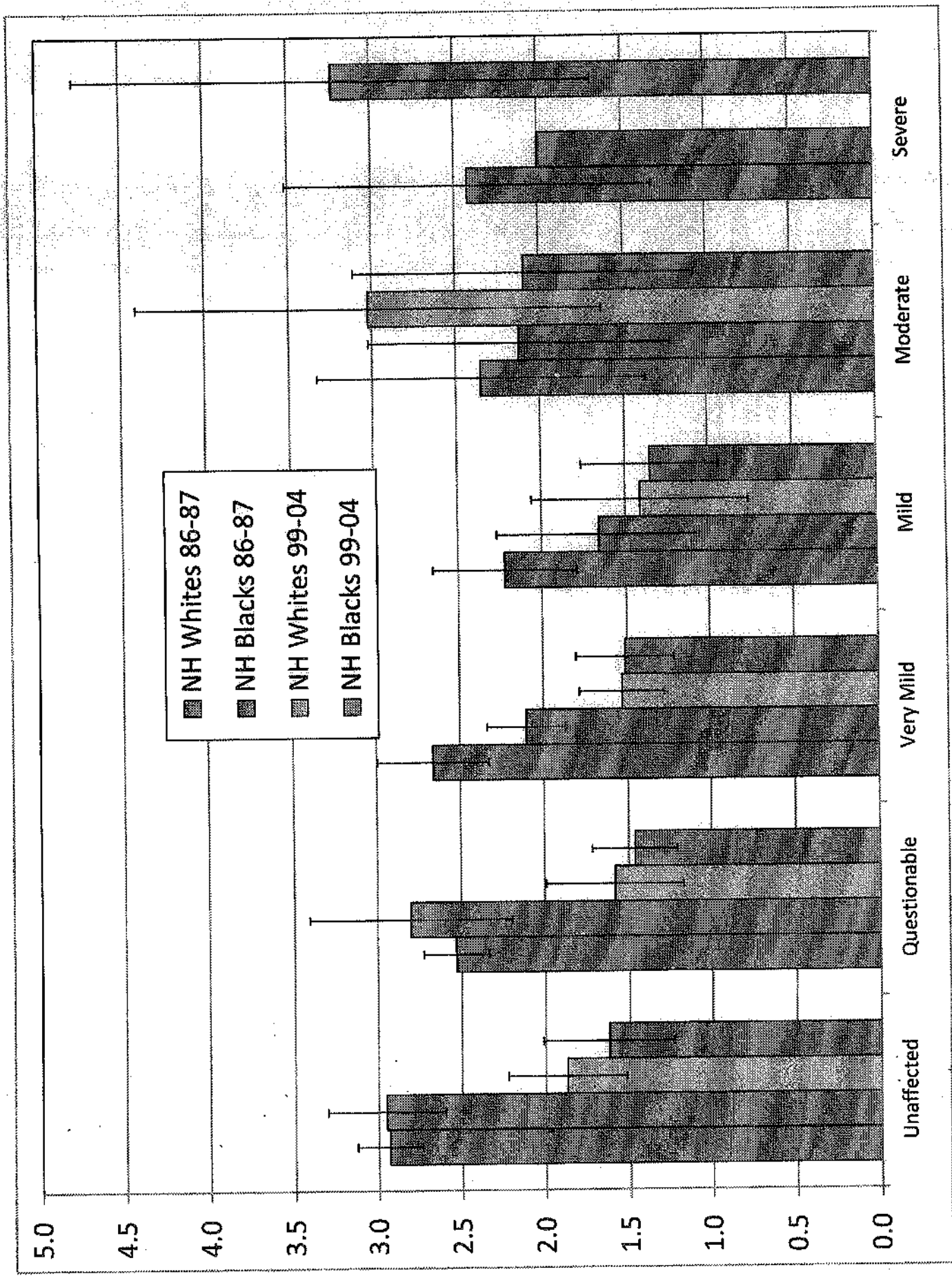
The reduction in mean DMFT reported above, remains for the unaffected, questionable and very mild categories

Large variation on mean DMFT scores in the moderate and severe categories (due to small sample sizes) preclude any conclusion about these two categories.









Dental Caries and Enamel Fluorosis Among participants Aged 12-15 Years in the NIDR 1986-7 Survey of School Children

Caries-tooth Race/ethnicity	N	Pop	Mean DT		SE(DT)		Mean FT		SE(FT)		Mean MT		SE(MT)		DMFT	SE(DMFT)	1.96SE	1.96SE
			%		%		%		%									
NH-White			0.31	0.04	0.0784	2.41	0.07	0.1372	0.02	0	0	2.74	0.09	0.1764				
NH-Black			0.81	0.11	0.2156	1.77	0.12	0.2352	0.09	0.01	0.0196	2.67	0.15	0.294				
Hispanic					0			0		0	0			0				

Caries-surface Race/ethnicity	N	Pop	Mean DS		SE(DS)		Mean FS		SE(FS)		Mean MS		SE(MS)		DMFS	SE(DMFS)	1.96SE	1.96SE
			%		%		%		%									
NH-White																		
NH-Black																		
Hispanic																		

Fluorosis Race/ethnicity	Unaffected						Questionable						Very Mild						
	N		%		SE(%)		N		%		SE(%)		N		%		SE(%)		
	Pop		Pop		Pop		Pop		Pop		Pop		Pop		Pop		Pop		
NH-White	4323	4429K	50.17	3.94	7.7224	2465	2486K	28.16	2.89	5.6644	1404	1469K	16.64	2.76	5.4096				
NH-Black	558	948K	41.14	5.27	10.3292	548	794K	34.47	4.01	7.8596	289	429K	18.61	3.81	7.4676				
Hispanic					0					0					0				

Fluorosis Race/ethnicity	Mild						Moderate						Severe						
	N		%		95% CI		N		%		95% CI		N		%		95% CI		
	Pop		Pop		Pop		Pop		Pop		Pop		Pop		Pop		Pop		
NH-White	302	346k	3.92	0.8	1.568	79	83k	0.94	0.18	0.3528	16	15k	0.17	0.05	0.098				
NH-Black	58	105	4.57	1.33	2.6068	16	26k	1.15	0.44	0.8624	1	1k	0.06	0.06	0.1176				
Hispanic					0					0					0				

DMFS NH White	4.27	3.93-4.61	3.42	3.12-3.72	3.69	3.20-4.19
DMFS NH Black	4.88	4.22-5.53	4.62	3.74-5.50	3.61	3.20-4.02
DMFS Hispanic						



**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 1:02 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Susan Jeansonne (Susan.Jeansonne@LA.Gov); Linda M. Altenhoff  
**Subject:** Draft message to Briss - fluoridation

<b>Tracking:</b>	<b>Recipient</b>	<b>Recall</b>
	Bailey, William (CDC/ONDIEH/NCCDPHP)	Failed: 4/22/2011 4:36 PM
	Gooch, Barbara (CDC/ONDIEH/NCCDPHP)	Failed: 4/22/2011 4:43 PM
	Robison, Valerie (CDC/ONDIEH/NCCDPHP)	Failed: 4/22/2011 4:37 PM
	Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)	
	Susan Jeansonne (Susan.Jeansonne@LA.Gov)	
	Linda M. Altenhoff	

Based on our meeting, here is a draft summary. Please comment today, as we'd like to discuss with Peter Briss today if possible. Thanks.

Scott

Update on issue of opposition to fluoridation in Georgia:

The ADA has raised this issue during meeting with ASH Koh. We understand ADA wants HHS to coordinate with ADA on any responses. They are planning to write a letter with the National Dental Association (NDA - an African American dentist group) to Young and Durley, and would like someone in CDC or HHS to be signatory. We at DOH have been in contact with Dr. Arlene Lester (HHS OMH-Atlanta). Arlene has spoken with Bob Johns, Executive Director of NDA and the GA Dental Society President Janet Stiles. They would like to set up a meeting with Andrew Young and Pastor Durley at Morehouse School of Medicine. Attendees may include Morehouse School of Medicine Dr. John Maupin (and possibly David Satcher), Bob Johns (NDA), Dr. Janet Stiles (GA Dental Society President), Arlene, Dr. Liz Lense (GA DOH oral health), CDC DOH representatives, and possibly Dr. Judy Greenlea Taylor, of the North Georgia Dental Society, and a representative from the ADA. We also would like to have a scientist available with expertise in kidney function and the impact of fluoride

DOH is conducting additional analyses of data from NHANES 1999-2004. We have previously reported that dental fluorosis has increased in the population from 1986-87 to 1999-2004 (23% and 41% respectively). We have confirmed that Very Mild, Mild, and Moderate/Severe fluorosis is higher in Black Non-Hispanic 12-15 yo children compared to White NH (58% versus 36% total). In the 1986-87 NIDCR survey, there was no such difference, with Black NH compared to White NH showing little difference (24% vs 22%). Additional analyses of NHANES data are planned to look at other age groups and possibly look at regional findings. Additional research will be needed to more fully understand these results, but differences are possibly due to differences in drinking water intake, intake of milk and other beverages, use of formula concentrates, and use of toothpaste. Georgia may have some state data; we have asked for an update from their Oral Health Program.

The approach we are considering in meeting with Young and Durley would be to place these differences in dental fluorosis in context with the disparities in untreated caries and missing teeth in children and adults, and differences in presence of dental sealants. Lack of access to dental care is also a substantial problem. Although poor children may be eligible for Medicaid dental benefits, they often have difficulty finding a provider. In many states, adult dental benefits have been scaled back to nothing or perhaps emergency care only, and Medicare does not cover routine dental care. We are in the process of developing talking points that we will furnish to the ADA, NDA, GA DOH, and Morehouse participants. We also will have pictures available of the forms of dental fluorosis.

**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

---

**From:** Barker, Laurie (CDC/ONDIEH/NCCDPHP)  
**Sent:** Saturday, April 23, 2011 5:06 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP)  
**Cc:** Robison, Valerie (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: Draft message to Briss - fluoridation

I'm available by phone.

---

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 05:11 PM  
**To:** Griffin, Susan (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP)  
**Cc:** Robison, Valerie (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Draft message to Briss - fluoridation

I would you to be available for Thursday's meeting by phone. Scott will be sending invites.

Thanks,

BG

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 4:34 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft message to Briss - fluoridation

Bill and I talked with Peter briefly by phone. Peter will not be able to meet with us until Thursday morning, so we have more time for developing this summary. He'd like to include Barbara Bowman as well. I'll send a meeting request for our DOH group to meet on Monday and for a Thursday meeting with Briss and Bowman that includes Barbara Gooch, Bill, and I. Anyone else?

Scott

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 3:40 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft message to Briss - fluoridation

Susan and I are working on the text below and will have a response in about 30 minutes. What is the status of proposed meeting with Peter Briss?

---

**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 22, 2011 1:02 PM

**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Susan Jeansonne (Susan.Jeansonne@LA.Gov); Linda M. Altenhoff  
**Subject:** Draft message to Briss - fluoridation

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**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 25, 2011 2:34 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Additional messages on fluorosis and caries

## Fluorosis data

% with fluorosis by level of severity (standard error) among U.S. children aged 12 to 15 years, 1986-1987

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe
NHW	50.17 (3.94)	28.16 (2.89)	16.64 (2.76)	3.92 (0.80)	1.11 (0.20)
NHB	41.14 (5.27)	34.47 (4.01)	18.61 (3.81)	4.57 (1.33)	1.21 (0.47)

\*Varies by race

% with fluorosis by level of severity (standard error) among U.S. children aged 12 to 15 years, 1999-2004

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe
NHW	42.03 (3.42)	22.09 (2.46)	25.94 (1.92)	7.06 (1.02)	2.85 (0.61)
NHB	26.78 (3.77)	15.38 (1.69)	35.87 (2.49)	15.10 (1.47)	6.87 (0.93)

1. In 1999-2004 among adolescents, aged 12 - 15 years, NH Blacks had higher levels of dental fluorosis than NH Whites (58% vs. 36%). Most dental fluorosis - about 90% - is very mild to mild for both groups.
2. In 1986-1987 there was no difference in the prevalence of dental fluorosis between NH Black and NH White adolescents (24% vs. 22%)
3. In 1999-2004 both NH Black and NH Whites adolescents, aged 12 - 15 years, had higher prevalence of dental fluorosis compared with same aged children in 1986-87, but the change is larger for NH Blacks.
4. CDC is supporting studies of national data to explore factors that may be related to differences in fluorosis prevalence by age and race/ethnicity.

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, April 25, 2011 11:38 AM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New improved DMFS talking points

I'll be sending the fluorosis talking points before lunch. Here are:

DMFS talking points

DATA

## Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1986-1987

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.40* (0.06)	0.09* (0.01)	3.53* (0.11)	4.02 (0.15)
NHB	1.20 (0.15)	0.43 (0.07)	2.94 (0.19)	4.57 (0.24)

\*Varies by race

## Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1999-2004

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.44 (0.07)	0.17 (0.04)	2.14 (0.25)	2.75 (0.23)
NHB	0.53 (0.05)	0.23 (0.05)	1.73 (0.15)	2.49 (0.18)

## Talking points:

1. The average number of permanent tooth surfaces affected by tooth decay has decreased between surveys for adolescents, aged 12 – 15 years, from more than 4 surfaces to less than 3.
2. In 1986-1987, NHB had more untreated decayed and missing surfaces than NHW whereas in 1999-2004 there was no difference.
3. While NHW were significantly more likely to report a past year dental visit than were NHB (Dye, Series 11) levels of untreated disease did not differ.
4. An analysis of Medicaid claims data in Louisiana found that very young children (ages 1 to 3 years) living in non-fluoridated parishes were over 3 times more likely to receive extensive dental restorations in a hospital operating room under general anesthesia than were similar children living in fluoridated parishes.
5. Studies in 3 states have found that Medicaid dental expenditures for restorative services are significantly lower for children living in fluoridated versus non-fluoridated communities. The difference in average treatment costs between children living and not living in fluoridated communities were \$24 in NY, \$36 in LA, and \$24 in TX..

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)

**Sent:** Monday, April 25, 2011 11:29 AM

**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)

**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)

**Subject:** FW: Draft message to Briss - fluoridation

Here are edits from Susan and me. We would like this overview to be general until additional multivariate analyses provide more information about relationships between fluorosis and hypothesized factors from birth through ages 6 – 8 years.

Thanks,  
BG

**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)

**Sent:** Friday, April 22, 2011 1:02 PM

**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Susan Jeansonne (Susan.Jeansonne@LA.Gov); Linda M. Altenhoff

**Subject:** Draft message to Briss - fluoridation

Based on our meeting, here is a draft summary. Please comment today, as we'd like to discuss with Peter Briss today if possible. Thanks.

Scott

Update on issue of opposition to fluoridation in Georgia:

The ADA has raised this issue during meeting with ASH Koh. We understand ADA wants HHS to coordinate with ADA on any responses. They are planning to write a letter with the National Dental Association (NDA - an African American dentist group) to Young and Durlley, and would like someone in CDC or HHS to be signatory.. We at DOH have been in contact with Dr. Arlene Lester (HHS OMH-Atlanta). Arlene has spoken with Bob Johns, Executive Director of NDA and the GA Dental Society President Janet Stiles. They would like to set up a meeting with Andrew Young and Pastor Durlley at Morehouse School of Medicine. Attendees may include Morehouse School of Medicine Dr. John Maupin (and possibly David Satcher), Bob Johns (NDA), Dr. Janet Stiles (GA Dental Society President), Arlene, Dr. Liz Lense (GA DOH oral health), CDC DOH representatives, and possibly Dr. Judy Greenlea Taylor, of the North Georgia Dental Society, and a representative from the ADA. We also would like to have a scientist available with expertise in kidney function and the impact of fluoride

DOH is conducting additional analyses of data from NHANES 1999-2004. We have previously reported that dental fluorosis was higher among children aged 12 – 15 years in 1999-2004 compared with same aged children in 1986-1987 (41% vs. 23% respectively). Recent analyses also have indicated that dental fluorosis (i.e., Very Mild, Mild, and Moderate/Severe) is higher in Black Non-Hispanic 12-15 yo children compared to White NH (58% versus 36%, respectively). In the 1986-87 NIDCR survey, there was no such difference, with Black NH compared to White NH showing little difference (24% vs 22%). Reported increases in dental fluorosis over the past three decades have paralleled expansion of water fluoridation and the increased availability of other sources of ingested fluorides, such as fluoride toothpaste (if swallowed) and fluoride supplements.

Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S. Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

The approach we are considering in meeting with Young and Durlley would be to place these differences in dental fluorosis in context with the disparities in untreated caries and missing teeth in children and adults, and differences in presence of dental sealants. Lack of access to dental care is also a substantial problem. Although poor children may be eligible for Medicaid dental benefits, they often have difficulty finding a provider. In many states, adult dental benefits have been scaled back to nothing or perhaps emergency care only, and Medicare does not cover routine dental care. We are in the process of developing talking points that we will furnish to the ADA, NDA, GA DOH, and Morehouse participants. We also will have pictures available of the forms of dental fluorosis.

**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 11:11 AM  
**To:** Gracia, Nadine (OS/IO); Graham, Garth (OS); Cobb, Clara H. (OS); Buschick, Jennifer (OS); Rollins, Rochelle (OS/OMH)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP)  
**Subject:** Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Please consider the following information close hold.

**Overview and Meeting Objective:**

We are meeting today to discuss the best way to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators concerning their opposition to community water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

**Background:** The American Dental Association (ADA) raised this issue in a recent meeting with ASH Koh, and we understand that the ADA wants would like to coordinate its responses with those of HHS. They are planning to write a letter with the National Dental Association (NDA is an African American dentist group) to Young and Durley, and would like someone in CDC or HHS to be signatory. We at DOH have also been in contact with the Georgia Oral Health Program and with Dr. Arlene Lester (HHS OMH-Atlanta). Arlene has spoken with Bob Johns, NDA Executive Director and GA Dental Society President Janet Stiles. They would like to set up a meeting with Andrew Young and Pastor Durley at the Morehouse School of Medicine. In addition to Dr. Lester, attendees may include Morehouse School of Medicine Dr. John Maupin (and possibly Dr. David Satcher), Bob Johns (NDA), Dr. Janet Stiles (GA Dental Society President), Dr. Liz Lense (Director, Oral Health Section GA Department of Community Health), CDC DOH representatives, and possibly Dr. Judy Greenlea Taylor of the North Georgia Dental Society and a representative from the ADA. We also would like to have a scientist available with expertise in kidney function and the impact of fluoride.

In 2005, CDC reported that prevalence of very mild and mild fluorosis was higher in non-Hispanic Blacks compared to non-Hispanic Whites aged 6–39 years, in NHANES 1999–2002. (Source: MMWR Surveillance Summary, "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis—United States, 1988–1994 and 1999–2002.", (2005 54(03):1-44) (See Table 23 and Figure 19, and pages 7, 9, 10 in <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>).

There was no clear explanation why dental fluorosis was elevated, mostly in its milder forms, among non-Hispanic Black compared to non-Hispanic White participants. CDC called for further research to identify reasons for the observed differences and to improve public health surveillance of fluoride exposure. Sources of fluoride intake in children include water, beverages, food, toothpaste, and dietary fluoride supplements. The 2002 surveillance summary reported a decrease in the prevalence and severity of tooth decay in permanent teeth in all age groups, and a narrowing of health disparities regarding tooth decay and untreated tooth decay in children between NHANES 1988–1994 and 1999–2002. Dental fluorosis was not assessed in NHANES 1988–1994.

DOH is conducting additional analyses of data from NHANES 1999–2004. In November 2010, CDC reported that dental fluorosis was higher among children aged 12–15 years in 1999–2004 compared with same aged children in 1986–1987 (41% vs. 23%, respectively). Recent analyses (unpublished) also have indicated that dental fluorosis (i.e., Very Mild, Mild, and Moderate/Severe) is higher in non-Hispanic Black children 12–15 years compared to NH White (58% vs. 36%, respectively). In the 1986–87 NIDCR survey there was no such difference, with BH Black compared to NH White showing little difference (24% vs. 22%). Reported increases in dental fluorosis over the past three decades have paralleled the expansion of water fluoridation and the increased availability of other sources of ingested fluorides, such as fluoride toothpaste (if swallowed) and fluoride supplements.

Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S. Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

The approach we are considering in meeting with Young and Durley would be to place these differences in dental fluorosis in context with the disparities in untreated caries and missing teeth in children and adults, and differences in the presence of dental sealants. Lack of access to dental care is also a substantial problem. Although poor children may be eligible for Medicaid dental benefits, they often have difficulty finding a dental provider. In many states, adult dental benefits have been scaled back to nothing or perhaps emergency care only, and Medicare does not cover routine dental care. We are in the process of developing talking points that we will furnish to the ADA, NDA, GA health department, and Morehouse participants. We also will have pictures available of the forms of dental fluorosis. (See Fact Sheet on Dental Fluorosis [http://www.cdc.gov/fluoridation/safety/dental\\_fluorosis.htm](http://www.cdc.gov/fluoridation/safety/dental_fluorosis.htm).)

### Talking Points:

Some talking points and data that we could use for such a discussion are provided below.

### Data on Dental Fluorosis and Talking Points

% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1986–1987

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
NHW	50.17 (3.94)	28.16 (2.89)	16.64 (2.76)	3.92 (0.80)	1.11 (0.20)
NHB	41.14 (5.27)	34.47 (4.01)	18.61 (3.81)	4.57 (1.33)	1.21 (0.47)

\*Estimates for severe alone were statistically unreliable.

% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1999–2004

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
NHW	42.03 (3.42)	22.09 (2.46)	25.94 (1.92)	7.06 (1.02)	2.85 (0.61)
NHB	26.78 (3.77)	15.38 (1.69)	35.87 (2.49)	15.10 (1.47)	6.87 (0.93)

\*Estimates for severe alone were statistically unreliable.

### Talking points:

1. In 1999–2004 among adolescents, aged 12–15 years, NH Blacks had higher levels of dental fluorosis than NH Whites (58% vs. 36%). Most dental fluorosis — about 90% — is very mild to mild for both groups.
2. In 1986–1987 there was no difference in the prevalence of dental fluorosis between NH Black and NH White adolescents (24% vs. 22%)
3. In 1999–2004 both NH Black and NH White adolescents, aged 12–15 years, had higher prevalence of dental fluorosis compared with same aged children in 1986–87, but the change is larger for NH Blacks.
4. CDC is supporting studies of national data to explore factors that may be related to differences in fluorosis prevalence by age and race/ethnicity.

### Data on Diseased, Missing and Filled Surfaces (DMFS) and Talking Points

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1986–1987

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.40* (0.06)	0.09* (0.01)	3.53* (0.11)	4.02 (0.15)
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\*Varies by race

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1999–2004

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.44 (0.07)	0.17 (0.04)	2.14 (0.25)	2.75 (0.23)
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Talking points:

1. The average number of permanent tooth surfaces affected by tooth decay has decreased between surveys for adolescents, aged 12–15 years, from more than 4 surfaces to fewer than 3 surfaces.
2. In 1986–1987, NH Blacks had more untreated decayed and missing surfaces than NH Whites, whereas in 1999–2004 there was no difference.
3. While NH Whites were significantly more likely to report a past year dental visit than were NH Blacks (Dye, Series 11) levels of untreated disease did not differ.
4. An analysis of Medicaid claims data in Louisiana found that very young children (ages 1 to 3 years) living in non-fluoridated parishes were over 3 times more likely to receive extensive dental restorations in a hospital operating room under general anesthesia than were similar children living in fluoridated parishes.
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Linda S. Orgain, MPH  
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 4770 Buford Highway, NE, MS F-10  
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 E-mail: LORGAIN@CDC.GOV

**Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)**

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 11:21 AM  
**To:** McKenna, Jeffrey (CDC/ONDIEH/NCCDPHP); Garland, Donna (CDC/OD/OADC)  
**Subject:** Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Jeff and Donna, I wanted to apprise you of the following activities that were brought to our attention recently and which is discussed in some detail below. It appears that The Lillie Center (Dan Stockin) is orchestrating a concerted campaign of attack on water fluoridation in Georgia. At this time, we're not certain as to how much Hon. Andrew Young and Rev Durley and others are linked to the center – much of the language in their letters to state officials, as well as some others CDC has recently received, is very similar if not identical. At this point we are exploring CDC's role in a response. ASH's Koh's office and the Office of Minority Affairs are involved because their letters address their concerns about the disproportionate effect on African Americans of dental fluorosis and other purported health effects of water fluoridation. We are engaged in conducting some additional analyses of the NHANES data to try to explore possible reasons for differences in fluorosis prevalence between these two groups. As the tables below demonstrate, most of the fluorosis we see in this country is the very mild/mild forms. Another story we can tell is that the gap between the two racial groups in the level of dental disease has continued to close over the past decade (both groups are experiencing less dental disease).

Please let us know if you want to discuss this further with us. Jeff has been invited to a meeting later this week with Dr. Peter Briss and Dr. Barbara Bowman on this subject.

Linda S. Orgain, MPH  
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 and Health Promotion  
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 Tel: 770-488-5301  
 Fax: 770-488-6080  
 E-mail: LORGAIN@CDC.GOV

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 11:11 AM  
**To:** Gracia, Nadine (OS/IO); Graham, Garth (OS); Cobb, Clara H. (OS); Buschick, Jennifer (OS); Rollins, Rochelle (OS/OMH)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP)  
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#### Talking points:

1. The average number of permanent tooth surfaces affected by tooth decay has decreased between surveys for adolescents, aged 12–15 years, from more than 4 surfaces to fewer than 3 surfaces.
2. In 1986–1987, NH Blacks had more untreated decayed and missing surfaces than NH Whites, whereas in 1999–2004 there was no difference.
3. While NH Whites were significantly more likely to report a past year dental visit than were NH Blacks (Dye, Series 11) levels of untreated disease did not differ.

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5. Studies in 3 states have found that Medicaid dental expenditures for restorative services are significantly lower for children living in fluoridated versus non-fluoridated communities. The difference in average treatment costs between children living and not living in fluoridated communities were \$36 in LA, \$24 in NY, and \$24 in TX.

**Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)**

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 2:01 PM  
**To:** Cobb, Clara H. (OS)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

I heard you! Dr. Bailey also told me he had forwarded the call in information. Interesting perspective from Dr. Graham.

Linda

HHS

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP) [mailto:lbo6@cdc.gov]  
**Sent:** Tuesday, April 26, 2011 11:56 AM  
**To:** Cobb, Clara H (HHS/OASH)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Can you please forward it to Dr. Arlene Lester – in the regional Office of Minority Health? Thanks.

HHS

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP) [mailto:lbo6@cdc.gov]  
**Sent:** Tuesday, April 26, 2011 11:48 AM  
**To:** Cobb, Clara H (HHS/OASH)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Give us a minute – we've asked Nadine Gracia.

HHS

**Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)**

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 9:59 AM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

**Importance:** High

Linda – Here are my selected note regarding next steps from yesterday's meeting. I have also underlined additions/changes to the existing narrative. In contrast to meeting notes – once next steps are described to our satisfaction, I would like to send this entire message to Peter and Barbara for their information prior to the meeting.

**Next steps:**

- Promote active approach to engage, inform, and educate grass roots organizations, policymakers and the public about fluoridation, tooth decay, and fluorosis
- Plan validator calls with key partners/stakeholders: ADA, NDA, AAP, Pew (Pew is conducting grassroots research across US related to...),
- Plan coordinated legislative approach could engage: NACCHO (Larry Johns), NCSL, NBCSL, NMA(?)
- Consider role for Dr. Satcher
- Message: In January HHS proposed a new recommended concentration for fluoride in drinking water. Since January questions, comments, and letters indicate that stakeholders, including some key stakeholders and the public do not understand the purpose of fluoridation, fluorosis and related changes in the appearance of the teeth; the relationship between tooth decay and fluorosis; and changes in prevalence of tooth decay and fluorosis over the past several decades, particularly among specific racial and ethnic groups
- Decide on which data describing prevalence and severity of dental fluorosis will be most appropriate for messaging. (Question: Release of data (fluorosis and caries) by race/ethnicity for 12 – 15 year olds in NH 1999-2004 and in comparison to NIDR 1986-87.

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 11:11 AM  
**To:** Gracia, Nadine (OS/IO); Graham, Garth (OS); Cobb, Clara H. (OS); Buschick, Jennifer (OS); Rollins, Rochelle (OS/OMH)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP)  
**Subject:** Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Please consider the following information close hold.

**Overview and Meeting Objective:**

We are meeting today to discuss the best way to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators concerning their opposition to community water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

**Background:** The American Dental Association (ADA) raised this issue in a recent meeting with ASH Koh, and we understand that the ADA wants would like to coordinate its responses with those of HHS. They are planning to write a letter with the National Dental Association (NDA is an African American dentist group) to Young and Durley, and would like someone in CDC or HHS to be signatory. We at DOH have also been in contact with the Georgia Oral Health Program and with Dr. Arlene Lester (HHS OMH-Atlanta). Arlene has spoken with Bob Johns, NDA Executive Director and GA Dental Society President Janet Stiles. They would like to set up a meeting with Andrew Young and Pastor Durley at the Morehouse School of Medicine. In addition to Dr. Lester, attendees may include Morehouse School of Medicine Dr. John Maupin (and possibly Dr. David Satcher), Bob Johns (NDA), Dr. Janet Stiles (GA Dental Society President), Dr. Liz

Lense (Director, Oral Health Section GA Department of Community Health), CDC DOH representatives, and possibly Dr. Judy Greenlee Taylor of the North Georgia Dental Society and a representative from the ADA. We also would like to have a scientist available with expertise in kidney function and the impact of fluoride.

In 2005, CDC reported that prevalence of very mild and mild fluorosis was higher in non-Hispanic Blacks compared to non-Hispanic Whites aged 6–39 years, in NHANES 1999–2002. (Source: MMWR Surveillance Summary, Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis—United States, 1988–1994 and 1999–2002. (2005 54(09):1–44) (See Table 23 and Figure 19 and pages 7, 9, 10 in <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>)

Overall among persons 6–39 years in NHANES 1999–2002, the prevalence of very mild (14.5%), mild (4.7%), and moderate/severe (2.5%) was 23% (22.7%). Generally, non-Hispanic blacks were more likely to have dental fluorosis (very mild or higher) than non-Hispanic whites (32% vs. 20%). The prevalence of dental fluorosis for non-Hispanic blacks vs. non-Hispanic whites was very mild fluorosis (21.2% vs. 14.1%), mild (8.2% vs. 3.9%), and moderate/severe (3.4% vs. 1.9%).

There was no clear explanation why dental fluorosis was elevated, mostly in its milder forms, among non-Hispanic Black compared to non-Hispanic White participants. CDC called for further research to identify reasons for the observed differences and to improve public health surveillance of fluoride exposure. Sources of fluoride intake in children include water, beverages, food, toothpaste, and dietary fluoride supplements. The 2002 surveillance summary reported a decrease in the prevalence and severity of tooth decay in permanent teeth in all age groups, and a narrowing of health disparities regarding tooth decay and untreated tooth decay in children between NHANES 1988–1994 and 1999–2002. Dental fluorosis was not assessed in NHANES 1988–1994.

DOH is conducting additional analyses of data from NHANES 1999–2004. In November 2010, CDC reported that dental fluorosis was higher among children aged 12–15 years in 1999–2004 compared with same aged children in 1986–1987 (41% vs. 23%, respectively). Recent analyses (unpublished) also have indicated that dental fluorosis (i.e., Very Mild, Mild, and Moderate/Severe) is higher in non-Hispanic Black children 12–15 years compared to NH White (58% vs. 36%, respectively). In the 1986–87 NIDCR survey there was no such difference, with NH Black compared to NH White showing little difference (24% vs. 22%). Reported increases in dental fluorosis over the past three decades have paralleled the expansion of water fluoridation and the increased availability of other sources of ingested fluorides, such as fluoride toothpaste (if swallowed) and fluoride supplements.

Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S. DOH is just completing analyses of Healthstyle data that address parent report of toothpaste use by race. Findings suggest that percent of young children reportedly using more than a "pea-sized" amount of toothpaste (1/4 of length of toothbrush) may vary by race (Black – 80% and White – 63%). Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

The approach we are considering in meeting with Young and Durley would be to place these differences in dental fluorosis in context with the disparities in untreated caries and missing teeth in children and adults, and differences in the presence of dental sealants. Lack of access to dental care is also a substantial problem. Although poor children may be eligible for Medicaid dental benefits, they often have difficulty finding a dental provider. In many states, adult dental benefits have been scaled back to nothing or perhaps emergency care only, and Medicare does not cover routine dental care. We are in the process of developing talking points that we will furnish to the ADA, NDA, GA health department, and Morehouse participants. We also will have pictures available of the forms of dental fluorosis. (See Fact Sheet on Dental Fluorosis [http://www.cdc.gov/fluoridation/safety/dental\\_fluorosis.htm](http://www.cdc.gov/fluoridation/safety/dental_fluorosis.htm).)

#### Talking Points:

Some talking points and data that we could use for such a discussion are provided below.

#### Data on Dental Fluorosis and Talking Points

% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1986–1987

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
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NHW	50.17 (3.94)	28.16 (2.89)	16.64 (2.76)	3.92 (0.80)	1.11 (0.20)
NHB	41.14 (5.27)	34.47 (4.01)	18.61 (3.81)	4.57 (1.33)	1.21 (0.47)

\*Estimates for severe alone were statistically unreliable.

% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1999–2004

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
NHW	42.03 (3.42)	22.09 (2.46)	25.94 (1.92)	7.06 (1.02)	2.85 (0.61)
NHB	26.78 (3.77)	15.38 (1.69)	35.87 (2.49)	15.10 (1.47)	6.87 (0.93)

\*Estimates for severe alone were statistically unreliable.

#### Talking points:

1. In 1999–2004 among adolescents, aged 12–15 years, NH Blacks had higher levels of dental fluorosis than NH Whites (58% vs. 36%). Most dental fluorosis — about 90% — is very mild to mild for both groups.
2. In 1986–1987 there was no difference in the prevalence of dental fluorosis between NH Black and NH White adolescents (24% vs. 22%).
3. In 1999–2004 both NH Black and NH White adolescents, aged 12–15 years, had higher prevalence of dental fluorosis compared with same aged children in 1986–87, but the change is larger for NH Blacks.
4. CDC is supporting studies of national data to explore factors that may be related to differences in fluorosis prevalence by age and race/ethnicity.

#### Data on Diseased, Missing and Filled Surfaces (DMFS) and Talking Points

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1986–1987

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.40* (0.06)	0.09* (0.01)	3.53* (0.11)	4.02 (0.15)
NHB	1.20 (0.15)	0.43 (0.07)	2.94 (0.19)	4.57 (0.24)

\*Varies by race.

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1999–2004

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.44 (0.07)	0.17 (0.04)	2.14 (0.25)	2.75 (0.23)
NHB	0.53 (0.05)	0.23 (0.05)	1.73 (0.15)	2.49 (0.18)

#### Talking points:

1. The average number of permanent tooth surfaces affected by tooth decay has decreased between surveys for adolescents, aged 12–15 years, from more than 4 surfaces to fewer than 3 surfaces.
2. In 1986–1987, NH Blacks had more untreated decayed and missing surfaces than NH Whites, whereas in 1999–2004 there was no difference.

3. While NH Whites were significantly more likely to report a past year dental visit than were NH Blacks (Dye, Series 11) levels of untreated disease did not differ.
4. An analysis of Medicaid claims data in Louisiana found that very young children (ages 1 to 3 years) living in non-fluoridated parishes were over 3 times more likely to receive extensive dental restorations in a hospital operating room under general anesthesia than were similar children living in fluoridated parishes.
5. Studies in 3 states have found that Medicaid dental expenditures for restorative services are significantly lower for children living in fluoridated versus non-fluoridated communities. The difference in average treatment costs between children living and not living in fluoridated communities were \$36 in LA, \$24 in NY, and \$24 in TX.

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**Mothers' use of xylitol helps prevent kids' caries**

A Finnish study has found that mothers who chew gum with xylitol while their children are very young will significantly delay the occurrence of caries in those children over the long term. [E-MAIL ARTICLE](#)

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May 6

Chicago

[Connecticut State Dental Association](#)

[\(CSDA\) Charter Oak Dental Meeting](#)

May 11-13

Uncasville

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[Spring Scientific Session](#)

May 12-14

Anaheim

[5th CAD/CAM & Computerized Dentistry](#)

[International Conference](#)

May 12-13

Dubai

[27th Annual American Academy of](#)

[Cosmetic Dentistry \(AACD\) Scientific](#)

[Session](#)

May 18-21

Boston

[Inspired to Innovate](#)

May 20

Washington, DC

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**Amalgam foes want mandatory separators in Calif.**

**Ga. civil rights leaders want to end water fluoridation**

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**Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)**

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 3:01 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

It's good to go.

---

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 2:58 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

I think it's set for 3 pm. Did you get an invite? Also, please look through Scott's changes below and make final revisions. Then I will send to all.

Thanks,  
 BG

---

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 2:50 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Do we have a time for this meeting yet?

---

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 1:07 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Please look through Scott's changes and let me know if OK. I have to write my review of a document.

Can you begin to bring together elements that you know will be helpful in addressing the Whyte and Young letters?

Thanks,  
 BG

---

**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 11:16 AM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Nice summary. Here are a few suggested edits. I added a phrase and reordered the sequence slightly. I thought Dr. Graham wanted to highlight the health benefits and have fluorosis to be seen as a minor issue.

Scott

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 10:40 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia  
**Importance:** High

Linda and I have worked on next steps along with some selected edits (blue text underlined) to the brief that was sent to participants in the yesterday's meeting.

Please review and comment at your earliest convenience so we can send to Peter, Barbara and other DOH participants in preparation for tomorrow's meeting.

Thanks,  
 Barbara

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 10:34 AM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

DOH staff met yesterday with several HHS officials (Nadine Gracia, Garth Graham, Clara Cobb, Arlene Lester, Jennifer Buschick) to discuss whether to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators requesting them to repeal the state mandate for water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

(HHS)

Potential next steps include the following:

- Promote active approach to engage, inform, and educate grass roots organizations, policymakers and the public about fluoridation, tooth decay, and fluorosis
- Plan validator calls with key partners/stakeholders: ADA, NDA, AAP, NMA, Pew (Pew is conducting grassroots research across US related to determine key strategies and messages to promote water fluoridation in communities),
- Plan coordinated legislative approach that could engage: NACCHO (Larry Johns), NCSL and NBCSL, CSG, NGA, Conference of Mayors, NALBOH
- Consider role for Dr. Satcher
- Message: In January HHS proposed a new recommended concentration for fluoride in drinking water. Since January questions, comments, and letters indicate that stakeholders, including some key stakeholders and the public do not understand the purpose of fluoridation, the remarkable progress that has been made in reducing tooth decay in all age groups, changes in prevalence of tooth decay and fluorosis over the past several decades, particularly among specific racial and ethnic groups, fluorosis and related changes in the appearance of the teeth, and the relationship between tooth decay and fluorosis;
- Decide on which data describing prevalence and severity of dental fluorosis and dental caries will be most appropriate for messaging. (Question: Release of data (fluorosis and caries) by race/ethnicity for 12 – 15 year olds in NH 1999-2004 and in comparison to NIDR 1986-87.)

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)

**Sent:** Tuesday, April 26, 2011 11:11 AM

**To:** Gracia, Nadine (OS/IO); Graham, Garth (OS); Cobb, Clara H. (OS); Buschick, Jennifer (OS); Rollins, Rochelle (OS/OMH)

**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP)

**Subject:** Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Please consider the following information close hold.

**Overview and Meeting Objective:**

We are meeting today to discuss the best way to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators concerning their opposition to community water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

**Background:** The American Dental Association (ADA) raised this issue in a recent meeting with ASH Koh, and we understand that the ADA wants would like to coordinate its responses with those of HHS. They are planning to write a letter with the National Dental Association (NDA is an African American dentist group) to Young and Durley, and would like someone in CDC or HHS to be signatory. We at DOH have also been in contact with the Georgia Oral Health Program and with Dr. Arlene Lester (HHS OMH-Atlanta). Arlene has spoken with Bob Johns, NDA Executive Director and GA Dental Society President Janet Stiles. They would like to set up a meeting with Andrew Young and Pastor Durley at the Morehouse School of Medicine. In addition to Dr. Lester, attendees may include Morehouse School of Medicine Dr. John Maupin (and possibly Dr. David Satcher), Bob Johns (NDA), Dr. Janet Stiles (GA Dental Society President), Dr. Liz Lense (Director, Oral Health Section GA Department of Community Health), CDC DOH representatives, and possibly Dr. Judy Greenlea Taylor of the North Georgia Dental Society and a representative from the ADA. We also would like to have a scientist available with expertise in kidney function and the impact of fluoride.

In 2005, CDC reported that prevalence of very mild and mild fluorosis was higher in non-Hispanic Blacks compared to non-Hispanic Whites aged 6–39 years, in NHANES 1999–2002. (Source: MMWR Surveillance Summary, "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis—United States, 1988–1994 and 1999–2002.", (2005 54(03):1–44) (See Table 23 and Figure 19, and pages 7, 9, 10 in <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>).

Overall among persons 6 – 39 years in NHANES 1999–2002, the prevalence of very mild (14.5%); mild (4.7%); and moderate/severe (2.5%) was 23% (22.7%). Generally, non-Hispanic blacks were more likely to have dental fluorosis (very mild or higher) than non-Hispanic whites (32% vs. 20%). The prevalence of dental fluorosis for non-Hispanic blacks vs. non-Hispanic whites was very mild fluorosis (21.2% vs. 14.1%); mild (8.2% vs. 3.9%); and moderate/severe (3.4% vs. 1.9%).

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Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S. DOH is just completing analyses of Healthstyle data that address parent report of toothpaste use by race. Findings suggest that percent of young children reportedly using more than a "pea-sized" amount of toothpaste (1/4 of length of toothbrush) may vary by race (Black - 80% and White - 63%). Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

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\*Estimates for severe alone were statistically unreliable.

### Talking points:

1. In 1999–2004 among adolescents, aged 12–15 years, NH Blacks had higher levels of dental fluorosis than NH Whites (58% vs. 36%). Most dental fluorosis — about 90% — is very mild to mild for both groups.
2. In 1986–1987 there was no difference in the prevalence of dental fluorosis between NH Black and NH White adolescents (24% vs. 22%)
3. In 1999–2004 both NH Black and NH White adolescents, aged 12–15 years, had higher prevalence of dental fluorosis compared with same aged children in 1986–87, but the change is larger for NH Blacks.
4. CDC is supporting studies of national data to explore factors that may be related to differences in fluorosis prevalence by age and race/ethnicity.

### Data on Diseased, Missing and Filled Surfaces (DMFS) and Talking Points

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1986–1987

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.40* (0.06)	0.09* (0.01)	3.53* (0.11)	4.02 (0.15)
NHB	1.20 (0.15)	0.43 (0.07)	2.94 (0.19)	4.57 (0.24)

\*Varies by race

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1999–2004

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.44 (0.07)	0.17 (0.04)	2.14 (0.25)	2.75 (0.23)
NHB	0.53 (0.05)	0.23 (0.05)	1.73 (0.15)	2.49 (0.18)

Talking points:

1. The average number of permanent tooth surfaces affected by tooth decay has decreased between surveys for adolescents, aged 12–15 years, from more than 4 surfaces to fewer than 3 surfaces.
2. In 1986–1987, NH Blacks had more untreated decayed and missing surfaces than NH Whites, whereas in 1999–2004 there was no difference.
3. While NH Whites were significantly more likely to report a past year dental visit than were NH Blacks (Dye, Series 11) levels of untreated disease did not differ.
4. An analysis of Medicaid claims data in Louisiana found that very young children (ages 1 to 3 years) living in non-fluoridated parishes were over 3 times more likely to receive extensive dental restorations in a hospital operating room under general anesthesia than were similar children living in fluoridated parishes.
5. Studies in 3 states have found that Medicaid dental expenditures for restorative services are significantly lower for children living in fluoridated versus non-fluoridated communities. The difference in average treatment costs between children living and not living in fluoridated communities were \$36 in LA, \$24 in NY, and \$24 in TX.

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**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 4:33 PM  
**To:** Barker, Laurie (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

I changed the region to areas defined...

Also, not surprisingly, the confidence interval does overlap for these R/E percentages – only n = 44 for NHB.

Marlyn has been on a mad dash – using amount of toothpaste as a continuous variable rather than categorical (more than ¼ of toothbrush). We will probably need your input on most robust test for these small numbers.

Also, the weighted vs. non-weighted... I tend to agree with Tammy that weights were not generated based on parents of young children only.

---

**From:** Barker, Laurie (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 4:02 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Barbara,

I'm comfortable with the race/ethnicity data interpretation for Black and White populations.

Regarding NHANES by region – I have confirmed from the NCHS documentation for NHANES that region is not available in the NHANES public use data from 1999 forward (not even NE, SE, SW, NW), but we may be able to use the restricted data to examine differences among areas defined by average annual temperatures.

Laurie

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 3:56 PM  
**To:** Barker, Laurie (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Laurie,

I want to send out the following message stream to participants in tomorrow afternoon's mtg. Please let me know if you are comfortable with Health Styles data that I included in the following paragraph:

Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different areas of the U.S. defined by average annual temperature. DOH is just completing analyses of Health Styles data (2009) that address parent report of toothpaste use by race. Findings suggest that percent of young children reportedly using more than a "pea-sized" amount of toothpaste (1/4 of length of toothbrush) may vary by race (Black – 80% and White – 63%). Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 3:29 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 1:07 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Please look through Scott's changes and let me know if OK. I have to write my review of a document.

Can you begin to bring together elements that you know will be helpful in addressing the Whyte and Young letters?

Thanks,  
 BG

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**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 11:16 AM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Nice summary. Here are a few suggested edits. I added a phrase and reordered the sequence slightly. I thought Dr. Graham wanted to highlight the health benefits and have fluorosis to be seen as a minor issue.

Scott

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 10:40 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia  
**Importance:** High

Linda and I have worked on next steps along with some selected edits (blue text underlined) to the brief that was sent to participants in the yesterday's meeting.

Please review and comment at your earliest convenience so we can send to Peter, Barbara and other DOH participants in preparation for tomorrow's meeting.

Thanks,  
 Barbara

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 10:34 AM



**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)

**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

DOH staff met yesterday with several HHS officials (Nadine Gracia, Garth Graham, Clara Cobb, Arlene Lester, Jennifer Buschick) to discuss whether to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators requesting them to repeal the state mandate for water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

(HHS)

Potential next steps include the following:

- Promote active approach to engage, inform, and educate grass roots organizations, policymakers and the public about fluoridation, tooth decay, and fluorosis
- Plan validator calls with key partners/stakeholders: ADA, NDA, AAP, NMA, Pew (Pew is conducting grassroots research across US related to determine key strategies and messages to promote water fluoridation in communities),
- Plan coordinated legislative approach could engage: NACCHO (Larry Johns), NCSL and NBCSL, CSG, NGA, Conference of Mayors, NALBOH
- Consider role for Dr. Satcher
- Message: In January HHS proposed a new recommended concentration for fluoride in drinking water. Since January questions, comments, and letters indicate that stakeholders, including some key stakeholders and the public do not understand the purpose of fluoridation, the remarkable progress that has been made in reducing tooth decay in all age groups, changes in prevalence of tooth decay and fluorosis over the past several decades, particularly among specific racial and ethnic groups, fluorosis and related changes in the appearance of the teeth; and the relationship between tooth decay and fluorosis;
- Decide on which data describing prevalence and severity of dental fluorosis will be most appropriate for messaging. (Question: Release of data (fluorosis and caries) by race/ethnicity for 12 – 15 year olds in NH 1999-2004 and in comparison to NIDR 1986-87.)

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)

**Sent:** Tuesday, April 26, 2011 11:11 AM

**To:** Gracia, Nadine (OS/IO); Graham, Garth (OS); Cobb, Clara H. (OS); Buschick, Jennifer (OS); Rollins, Rochelle (OS/OMH)

**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP)

**Subject:** Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Please consider the following information close hold.

**Overview and Meeting Objective:**

We are meeting today to discuss the best way to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators concerning their opposition to community water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

**Background:** The American Dental Association (ADA) raised this issue in a recent meeting with ASH Koh, and we understand that the ADA wants would like to coordinate its responses with those of HHS. They are planning to write a letter with the National Dental Association (NDA is an African American dentist group) to Young and Durley, and would

like someone in CDC or HHS to be signatory. We at DOH have also been in contact with the Georgia Oral Health Program and with Dr. Arlene Lester (HHS OMH-Atlanta). Arlene has spoken with Bob Johns, NDA Executive Director and GA Dental Society President Janet Stiles. They would like to set up a meeting with Andrew Young and Pastor Durley at the Morehouse School of Medicine. In addition to Dr. Lester, attendees may include Morehouse School of Medicine Dr. John Maupin (and possibly Dr. David Satcher), Bob Johns (NDA), Dr. Janet Stiles (GA Dental Society President), Dr. Liz Lense (Director, Oral Health Section GA Department of Community Health), CDC DOH representatives, and possibly Dr. Judy Greenlea Taylor of the North Georgia Dental Society and a representative from the ADA. We also would like to have a scientist available with expertise in kidney function and the impact of fluoride.

In 2005, CDC reported that prevalence of very mild and mild fluorosis was higher in non-Hispanic Blacks compared to non-Hispanic Whites aged 6–39 years, in NHANES 1999–2002. (Source: MMWR Surveillance Summary, "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis—United States, 1988–1994 and 1999–2002," (2005 54(03):1-44) (See Table 23 and Figure 19, and pages 7, 9, 10 in <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>).

Overall among persons 6–39 years in NHANES 1999–2002, the prevalence of very mild (14.5%); mild (4.7%); and moderate/severe (2.5%) fluorosis was 23% (22.7). Generally, non-Hispanic blacks were more likely to have dental fluorosis (very mild or higher) than non-Hispanic whites (32% vs. 20%). The prevalence of dental fluorosis for non-Hispanic blacks vs. non-Hispanic whites was: very mild fluorosis (21.2% vs. 14.1%); mild (8.2% vs. 3.9%); and moderate/severe (3.4% vs. 1.9%).

There was no clear explanation why dental fluorosis was elevated, mostly in its milder forms, among non-Hispanic Black compared to non-Hispanic White participants. CDC called for further research to identify reasons for the observed differences and to improve public health surveillance of fluoride exposure. Sources of fluoride intake in children include water, beverages, food, toothpaste, and dietary fluoride supplements. The 2002 surveillance summary reported a decrease in the prevalence and severity of tooth decay in permanent teeth in all age groups, and a narrowing of health disparities regarding tooth decay and untreated tooth decay in children between NHANES 1988–1994 and 1999–2002. Dental fluorosis was not assessed in NHANES 1988–1994.

DOH is conducting additional analyses of data from NHANES 1999–2004. In November 2010, CDC reported that dental fluorosis was higher among children aged 12–15 years in 1999–2004 compared with same aged children in 1986–1987 (41% vs. 23%, respectively). Recent analyses (unpublished) also have indicated that dental fluorosis (i.e., Very Mild, Mild, and Moderate/Severe) is higher in non-Hispanic Black children 12–15 years compared to NH White (58% vs. 36%, respectively). In the 1986–87 NIDCR survey there was no such difference, with NH Black compared to NH White showing little difference (24% vs. 22%). Reported increases in dental fluorosis over the past three decades have paralleled the expansion of water fluoridation and the increased availability of other sources of ingested fluorides, such as fluoride toothpaste (if swallowed) and fluoride supplements.

Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S. DOH is just completing analyses of Health Styles data (2009) that address parent report of toothpaste use by race. Findings suggest that percent of young children reportedly using more than a "pea-sized" amount of toothpaste (1/4 of length of toothbrush) may vary by race (Black – 80% and White – 63%). Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

The approach we are considering in meeting with Young and Durley would be to place these differences in dental fluorosis in context with the disparities in untreated caries and missing teeth in children and adults, and differences in the presence of dental sealants. Lack of access to dental care is also a substantial problem. Although poor children may be eligible for Medicaid dental benefits, they often have difficulty finding a dental provider. In many states, adult dental benefits have been scaled back to nothing or perhaps emergency care only, and Medicare does not cover routine dental care. We are in the process of developing talking points that we will furnish to the ADA, NDA, GA health department, and Morehouse participants. We also will have pictures available of the forms of dental fluorosis. (See Fact Sheet on Dental Fluorosis [http://www.cdc.gov/fluoridation/safety/dental\\_fluorosis.htm](http://www.cdc.gov/fluoridation/safety/dental_fluorosis.htm).)

#### Talking Points:

Some talking points and data that we could use for such a discussion are provided below.

### Data on Dental Fluorosis and Talking Points

% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1986–1987

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
NHW	50.17 (3.94)	28.16 (2.89)	16.64 (2.76)	3.92 (0.80)	1.11 (0.20)
NHB	41.14 (5.27)	34.47 (4.01)	18.61 (3.81)	4.57 (1.33)	1.21 (0.47)

\*Estimates for severe alone were statistically unreliable.

% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1999–2004

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
NHW	42.03 (3.42)	22.09 (2.46)	25.94 (1.92)	7.06 (1.02)	2.85 (0.61)
NHB	26.78 (3.77)	15.38 (1.69)	35.87 (2.49)	15.10 (1.47)	6.87 (0.93)

\*Estimates for severe alone were statistically unreliable.

#### Talking points:

1. In 1999–2004 among adolescents, aged 12–15 years, NH Blacks had higher levels of dental fluorosis than NH Whites (58% vs. 36%). Most dental fluorosis — about 90% — is very mild to mild for both groups.
2. In 1986–1987 there was no difference in the prevalence of dental fluorosis between NH Black and NH White adolescents (24% vs. 22%).
3. In 1999–2004 both NH Black and NH White adolescents, aged 12–15 years, had higher prevalence of dental fluorosis compared with same aged children in 1986–87, but the change is larger for NH Blacks.
4. CDC is supporting studies of national data to explore factors that may be related to differences in fluorosis prevalence by age and race/ethnicity.

### Data on Diseased, Missing and Filled Surfaces (DMFS) and Talking Points

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1986–1987

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.40* (0.06)	0.09* (0.01)	3.53* (0.11)	4.02 (0.15)
NHB	1.20 (0.15)	0.43 (0.07)	2.94 (0.19)	4.57 (0.24)

\*Varies by race

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1999–2004

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.44 (0.07)	0.17 (0.04)	2.14 (0.25)	2.75 (0.23)
NHB	0.53 (0.05)	0.23 (0.05)	1.73 (0.15)	2.49 (0.18)

#### Talking points:

1. The average number of permanent tooth surfaces affected by tooth decay has decreased between surveys for adolescents, aged 12–15 years, from more than 4 surfaces to fewer than 3 surfaces.
2. In 1986–1987, NH Blacks had more untreated decayed and missing surfaces than NH Whites, whereas in 1999–2004 there was no difference.
3. While NH Whites were significantly more likely to report a past year dental visit than were NH Blacks (Dye, Series 11) levels of untreated disease did not differ.
4. An analysis of Medicaid claims data in Louisiana found that very young children (ages 1 to 3 years) living in non-fluoridated parishes were over 3 times more likely to receive extensive dental restorations in a hospital operating room under general anesthesia than were similar children living in fluoridated parishes.
5. Studies in 3 states have found that Medicaid dental expenditures for restorative services are significantly lower for children living in fluoridated versus non-fluoridated communities. The difference in average treatment costs between children living and not living in fluoridated communities were \$36 in LA, \$24 in NY, and \$24 in TX.

Linda S. Orgain, MPH  
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**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, December 01, 2011 4:28 PM  
**To:** Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)

Arguments

No context

Reflect total exposure among children in 1990's, not now

Infer CWF but not other exposures such as toothpaste ingestion

No consideration of measurement error

**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, April 27, 2011 4:59 PM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP);  
 Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP);  
 Barker, Laurie (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina  
 (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Orgain, Linda S.  
 (CDC/ONDIEH/NCCDPHP)  
**Cc:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP);  
 Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Background Information for 4/28 meeting (GA Fluoridation Issue)

**Summary of HHS meeting (4/26) including potential next steps:**

DOH staff met yesterday with several HHS officials (Nadine Gracia, Garth Graham, Clara Cobb, Arlene Lester, Jennifer Buschick) to discuss whether to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators requesting them to repeal the state mandate for water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

(HHS)

**Potential next steps include the following:**

- Promote active approach to engage, inform, and educate grass roots organizations, policymakers and the public about fluoridation, tooth decay, and fluorosis
- Plan validator calls with key partners/stakeholders: ADA, NDA, AAP, NMA, Pew (Pew is conducting grassroots research across US related to determine key strategies and messages to promote water fluoridation in communities),
- Plan coordinated legislative approach could engage: NACCHO (Larry Johns), NCSL and NBCSL, CSG, NGA, Conference of Mayors, NALBOH
- Consider role for Dr. Satcher
- Message: In January HHS proposed a new recommended concentration for fluoride in drinking water. Since January questions, comments, and letters indicate that stakeholders, including some key stakeholders and the public do not understand the purpose of fluoridation, the remarkable progress that has been made in reducing tooth decay in all age groups, changes in prevalence of tooth decay and fluorosis over the past several decades, particularly among specific racial and ethnic groups, fluorosis and related changes in the appearance of the teeth; and the relationship between tooth decay and fluorosis;
- Decide on which data describing prevalence and severity of dental fluorosis and tooth decay will be most appropriate for messaging. (Question: Release of data (fluorosis and tooth decay) by race/ethnicity for 12 – 15 year olds in NH 1999-2004 and in comparison to NIDR 1986-87.)

**Additional Information Provided to Participants prior to 4/26 Meeting, including Data Tables and Key Findings/Talking Points****Overview and Meeting Objective:**

We are meeting today to discuss the best way to approach the Hon. Andrew Young and Rev Gerald Durley concerning letters they have written to Georgia state legislators concerning their opposition to community water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population.

**Background:** The American Dental Association (ADA) raised this issue in a recent meeting with ASH Koh, and we understand that the ADA wants would like to coordinate its responses with those of HHS. They are planning to write a letter with the National Dental Association (NDA is an African American dentist group) to Young and Durley, and would like someone in CDC or HHS to be signatory. We at DOH have also been in contact with the Georgia Oral Health Program and with Dr. Arlene Lester (HHS OMH-Atlanta). Arlene has spoken with Bob Johns, NDA Executive Director and GA Dental Society President Janet Stiles. They would like to set up a meeting with Andrew Young and Pastor Durley at the Morehouse School of Medicine. In addition to Dr. Lester, attendees may include Morehouse School of Medicine Dr. John Maupin (and possibly Dr. David Satcher), Bob Johns (NDA), Dr. Janet Stiles (GA Dental Society President), Dr. Liz Lense (Director, Oral Health Section GA Department of Community Health), CDC DOH representatives, and possibly Dr. Judy Greenlea Taylor of the North Georgia Dental Society and a representative from the ADA. We also would like to have a scientist available with expertise in kidney function and the impact of fluoride.

In 2005, CDC reported that prevalence of very mild and mild fluorosis was higher in non-Hispanic Blacks compared to non-Hispanic Whites aged 6–39 years, in NHANES 1999–2002. (Source: MMWR Surveillance Summary, "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis—United States, 1988–1994 and 1999–2002.", (2005 54(03):1-44) (See Table 23 and Figure 19, and pages 7, 9, 10 in

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>).

Overall among persons 6–39 years in NHANES 1999–2002, the prevalence of very mild (14.5%); mild (4.7%); and moderate/severe (2.5%) fluorosis was 23% (22.7%). Generally, non-Hispanic blacks were more likely to have dental fluorosis (very mild or higher) than non-Hispanic whites (32% vs. 20%). The prevalence of dental fluorosis for non-Hispanic blacks vs. non-Hispanic whites was: very mild fluorosis (21.2% vs. 14.1%); mild (8.2% vs. 3.9%); and moderate/severe (3.4% vs. 1.9%).

There was no clear explanation why dental fluorosis was elevated, mostly in its milder forms, among non-Hispanic Black compared to non-Hispanic White participants. CDC called for further research to identify reasons for the observed differences and to improve public health surveillance of fluoride exposure. Sources of fluoride intake in children include water, beverages, food, toothpaste, and dietary fluoride supplements. The 2002 surveillance summary reported a decrease in the prevalence and severity of tooth decay in permanent teeth in all age groups, and a narrowing of health disparities regarding tooth decay and untreated tooth decay in children between NHANES 1988–1994 and 1999–2002. Dental fluorosis was not assessed in NHANES 1988–1994.

DOH is conducting additional analyses of data from NHANES 1999–2004. In November 2010, CDC reported that dental fluorosis was higher among children aged 12–15 years in 1999–2004 compared with same aged children in 1986–1987 (41% vs. 23%, respectively). Recent analyses (unpublished) also have indicated that dental fluorosis (i.e., Very Mild, Mild, and Moderate/Severe) is higher in non-Hispanic Black children 12–15 years compared to NH White (58% vs. 36%, respectively). In the 1986–87 NIDCR survey there was no such difference, with NH Black compared to NH White showing little difference (24% vs. 22%). Reported increases in dental fluorosis over the past three decades have paralleled the expansion of water fluoridation and the increased availability of other sources of ingested fluorides, such as fluoride toothpaste (if swallowed) and fluoride supplements.

Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S. DOH is just completing analyses of Health Styles data (2009) that address parent report of toothpaste use by race. Findings suggest that percent of young children reportedly using more than a "pea-sized" amount of toothpaste (1/4 of length of toothbrush) may vary by race (Black – 80% and White – 63%). Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

The approach we are considering in meeting with Young and Durley would be to place these differences in dental fluorosis in context with the disparities in untreated caries and missing teeth in children and adults, and differences in the presence of dental sealants. Lack of access to dental care is also a substantial problem. Although poor children may be eligible for Medicaid dental benefits, they often have difficulty finding a dental provider. In many states, adult dental benefits have been scaled back to nothing or perhaps emergency care only, and Medicare does not cover routine dental care. We are in the process of developing talking points that we will furnish to the ADA, NDA, GA health department, and Morehouse participants. We also will have pictures available of the forms of dental fluorosis. (See Fact Sheet on Dental Fluorosis [http://www.cdc.gov/fluoridation/safety/dental\\_fluorosis.htm](http://www.cdc.gov/fluoridation/safety/dental_fluorosis.htm).)

## Data on Dental Fluorosis and Talking Points

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% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1999–2004

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\*Estimates for severe alone were statistically unreliable.

#### Talking points:

1. In 1999–2004 among adolescents, aged 12–15 years, NH Blacks had higher levels of dental fluorosis than NH Whites (58% vs. 36%). Most dental fluorosis — about 90% — is very mild to mild for both groups.
2. In 1986–1987 there was no difference in the prevalence of dental fluorosis between NH Black and NH White adolescents (24% vs. 22%)
3. In 1999–2004 both NH Black and NH White adolescents, aged 12–15 years, had higher prevalence of dental fluorosis compared with same aged children in 1986–87, but the change is larger for NH Blacks.
4. CDC is supporting studies of national data to explore factors that may be related to differences in fluorosis prevalence by age and race/ethnicity.

#### **Data on Diseased, Missing and Filled Surfaces (DMFS) and Talking Points**

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1986–1987

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.40* (0.06)	0.09* (0.01)	3.53* (0.11)	4.02 (0.15)
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\*Varies by race

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1999–2004

Race/ethnicity	DS	MS	FS	DMFS
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NHB	0.53 (0.05)	0.23 (0.05)	1.73 (0.15)	2.49 (0.18)

#### Talking points:

1. The average number of permanent tooth surfaces affected by tooth decay has decreased between surveys for adolescents, aged 12–15 years, from more than 4 surfaces to fewer than 3 surfaces.



2. In 1986–1987, NH Blacks had more untreated decayed and missing surfaces than NH Whites, whereas in 1999–2004 there was no difference.
3. While NH Whites were significantly more likely to report a past year dental visit than were NH Blacks (Dye, Series 11) levels of untreated disease did not differ.
4. An analysis of Medicaid claims data in Louisiana found that very young children (ages 1 to 3 years) living in non-fluoridated parishes were over 3 times more likely to receive extensive dental restorations in a hospital operating room under general anesthesia than were similar children living in fluoridated parishes.
5. Studies in 3 states have found that Medicaid dental expenditures for restorative services are significantly lower for children living in fluoridated versus non-fluoridated communities. The difference in average treatment costs between children living and not living in fluoridated communities were \$36 in LA, \$24 in NY, and \$24 in TX.

**Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)**

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 28, 2011 12:21 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

No, I did not copy Sean Cucchi or Nick Burton. Nick had sent a question about the Young and Durley letters when we were at NOHC – the question was on the content of their letters (fluorosis/fluoridation) – and I had referred him to Eugenio in our absence.

I had asked him who we should be keeping apprised in the CDC Issues Management area, but he had said just to keep him apprised.

I will forward the below to him and Sean now.

Linda

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 11:21 AM  
**To:** McKenna, Jeffrey (CDC/ONDIEH/NCCDPHP); Garland, Donna (CDC/OD/OADC)  
**Subject:** Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Jeff and Donna, I wanted to apprise you of the following activities that were brought to our attention recently and which is discussed in some detail below. It appears that The Lillie Center (Dan Stockin) is orchestrating a concerted campaign of attack on water fluoridation in Georgia. At this time, we're not certain as to how much Hon. Andrew Young and Rev Durley and others are linked to the center – much of the language in their letters to state officials, as well as some others CDC has recently received, is very similar if not identical. At this point we are exploring CDC's role in a response. ASH's Koh's office and the Office of Minority Affairs are involved because their letters address their concerns about the disproportionate effect on African Americans of dental fluorosis and other purported health effects of water fluoridation. We are engaged in conducting some additional analyses of the NHANES data to try to explore possible reasons for differences in fluorosis prevalence between these two groups. As the tables below demonstrate, most of the fluorosis we see in this country is the very mild/mild forms. Another story we can tell is that the gap between the two racial groups in the level of dental disease has continued to close over the past decade (both groups are experiencing less dental disease).

Please let us know if you want to discuss this further with us. Jeff has been invited to a meeting later this week with Dr. Peter Briss and Dr. Barbara Bowman on this subject.

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, April 26, 2011 11:11 AM  
**To:** Gracia, Nadine (OS/IO); Graham, Garth (OS); Cobb, Clara H. (OS); Buschick, Jennifer (OS); Rollins, Rochelle (OS/OMH)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Griffin, Susan (CDC/ONDIEH/NCCDPHP); Barker, Laurie (CDC/ONDIEH/NCCDPHP)  
**Subject:** Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Please consider the following information close hold.

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In 2005, CDC reported that prevalence of very mild and mild fluorosis was higher in non-Hispanic Blacks compared to non-Hispanic Whites aged 6–39 years, in NHANES 1999–2002. (Source: MMWR Surveillance Summary, "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis—United States, 1988–1994 and 1999–2002.", (2005 54(03):1-44) (See Table 23 and Figure 19, and pages 7, 9, 10 in <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>).

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DOH is conducting additional analyses of data from NHANES 1999–2004. In November 2010, CDC reported that dental fluorosis was higher among children aged 12–15 years in 1999–2004 compared with same aged children in 1986–1987 (41% vs. 23%, respectively). Recent analyses (unpublished) also have indicated that dental fluorosis (i.e., Very Mild, Mild, and Moderate/Severe) is higher in non-Hispanic Black children 12–15 years compared to NH White (58% vs. 36%, respectively). In the 1986–87 NIDCR survey there was no such difference, with BH Black compared to NH White showing little difference (24% vs. 22%). Reported increases in dental fluorosis over the past three decades have paralleled the expansion of water fluoridation and the increased availability of other sources of ingested fluorides, such as fluoride toothpaste (if swallowed) and fluoride supplements.

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Some talking points and data that we could use for such a discussion are provided below.

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% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1986–1987

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
NHW	50.17 (3.94)	28.16 (2.89)	16.64 (2.76)	3.92 (0.80)	1.11 (0.20)
NHB	41.14 (5.27)	34.47 (4.01)	18.61 (3.81)	4.57 (1.33)	1.21 (0.47)

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1. In 1999–2004 among adolescents, aged 12–15 years, NH Blacks had higher levels of dental fluorosis than NH Whites (58% vs. 36%). Most dental fluorosis — about 90% — is very mild to mild for both groups.
2. In 1986–1987 there was no difference in the prevalence of dental fluorosis between NH Black and NH White adolescents (24% vs. 22%)
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Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1986–1987

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NHB	1.20	0.43	2.94	4.57

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**Gooch, Barbara (CDC/ONDIEH/NCCDPHP)**

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**Cc:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
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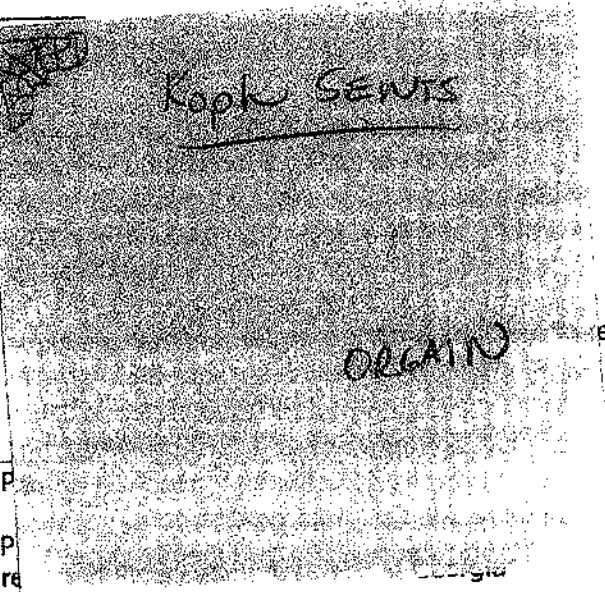
**Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)**

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 28, 2011 1:41 PM  
**To:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

On 4/26, DOH participants were Drs Bill Bailey, Barbara Gooch, Scott Presson, and myself.

I will find the meeting request now.

**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 28, 2011 12:53 PM  
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**Cc:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Mc  
**Subject:** RE: Meeting to Consider Steps to Add



OK, thanks. Who from DOH participated in the

Sean will be at the meeting and I will be joining not already.

eff McKenna if you have

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 28, 2011 12:39 PM  
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I believe they did reach out to us, because they had heard about the Young and Durley letters through the ADA. Information about those letters arrived through several different channels/people, so it's a little hard to extract what came first. The Office of Minority Health had also heard about the letters, and since they allege more serious consequences for African Americans, they felt that we needed to pull together to respond. However, as another communication from us discussed, Dr. Graham felt strongly that a organizations should be informed so they could develop their own grassroots efforts supporting fluoridation.

Will you be attending this afternoon's meeting?

**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
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Linda – how did the conference call with Nadine Gracia, et al come about? Did they reach out to you? We need to keep CDC/OD informed.

Thanks,  
Nick

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Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
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NHB	41.14 (5.27)	34.47 (4.01)	18.61 (3.81)	4.57 (1.33)	1.21 (0.47)

\*Estimates for severe alone were statistically unreliable.

% with fluorosis by level of severity (standard error) among U.S. children aged 12–15 years, 1999–2004

Race/ethnicity	Unaffected	Questionable	Very Mild	Mild	Moderate/Severe*
NHW	42.03 (3.42)	22.09 (2.46)	25.94 (1.92)	7.06 (1.02)	2.85 (0.61)
NHB	26.78 (3.77)	15.38 (1.69)	35.87 (2.49)	15.10 (1.47)	6.87 (0.93)

\*Estimates for severe alone were statistically unreliable.

#### Talking points:

1. In 1999–2004 among adolescents, aged 12–15 years, NH Blacks had higher levels of dental fluorosis than NH Whites (58% vs. 36%). Most dental fluorosis — about 90% — is very mild to mild for both groups.
2. In 1986–1987 there was no difference in the prevalence of dental fluorosis between NH Black and NH White adolescents (24% vs. 22%).
3. In 1999–2004 both NH Black and NH White adolescents, aged 12–15 years, had higher prevalence of dental fluorosis compared with same aged children in 1986–87, but the change is larger for NH Blacks.
4. CDC is supporting studies of national data to explore factors that may be related to differences in fluorosis prevalence by age and race/ethnicity.

#### Data on Diseased, Missing and Filled Surfaces (DMFS) and Talking Points

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1986–1987

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.40* (0.06)	0.09* (0.01)	3.53* (0.11)	4.02 (0.15)
NHB	1.20 (0.15)	0.43 (0.07)	2.94 (0.19)	4.57 (0.24)

\*Varies by race

Mean DMFS by component (standard error) among U.S. children aged 12 to 15 years, 1999–2004

Race/ethnicity	DS	MS	FS	DMFS
NHW	0.44 (0.07)	0.17 (0.04)	2.14 (0.25)	2.75 (0.23)
NHB	0.53 (0.05)	0.23 (0.05)	1.73 (0.15)	2.49 (0.18)

#### Talking points:

1. The average number of permanent tooth surfaces affected by tooth decay has decreased between surveys for adolescents, aged 12–15 years, from more than 4 surfaces to fewer than 3 surfaces.
2. In 1986–1987, NH Blacks had more untreated decayed and missing surfaces than NH Whites, whereas in 1999–2004 there was no difference.
3. While NH Whites were significantly more likely to report a past year dental visit than were NH Blacks (Dye, Series 11) levels of untreated disease did not differ.
4. An analysis of Medicaid claims data in Louisiana found that very young children (ages 1 to 3 years) living in non-fluoridated parishes were over 3 times more likely to receive extensive dental restorations in a hospital operating room under general anesthesia than were similar children living in fluoridated parishes.

5. Studies in 3 states have found that Medicaid dental expenditures for restorative services are significantly lower for children living in fluoridated versus non-fluoridated communities. The difference in average treatment costs between children living and not living in fluoridated communities were \$36 in LA, \$24 in NY, and \$24 in TX.

**Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)**

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 28, 2011 2:46 PM  
**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP);  
 Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
 Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:**  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

On Monday, 4/5, Nadine Gracia, MD, MSCE, Chief Medical Officer, Office of the Assistant Secretary for Health, HHS, requested a conference call on Tuesday, 4/6.

Please let me know if you need additional information.

Thanks,  
 Barbara

---

**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 28, 2011 12:40 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

How did the call with Garth Graham occur? Did OS call us or did we initiate?

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**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 28, 2011 12:28 PM  
**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meeting to Consider Steps to Address anti-Fluoridation Activities in Georgia

Sean and Nick – In preparation for this afternoon's meeting, here is some additional information. The information under the paragraph below is what we discussed in a conference call with Nadine Gracia, Garth Graham, and others. I believe we already sent you a brief summary of that meeting, which helps inform this afternoon's meeting with Dr. Briss, Dr. Bowman, and others.

I sent the below to Jeff McKenna earlier this week:

I wanted to apprise you of the following activities that were brought to our attention recently and which is discussed in some detail below. It appears that The Lillie Center (Dan Stockin) is orchestrating a concerted campaign of attack on water fluoridation in Georgia. At this time, we're not certain as to how much Hon. Andrew Young and Rev Durley and others are linked to the center – much of the language in their letters to state officials, as well as some others CDC has recently received, is very similar if not identical. At this point we are exploring CDC's role in a response. ASH's Koh's office and the Office of Minority Affairs are involved because their letters address their concerns about the disproportionate effect on African Americans of dental fluorosis and other purported health effects of water fluoridation. We are engaged in conducting some additional analyses of the NHANES data to try to explore possible reasons for differences in fluorosis prevalence between these two groups. As the tables below demonstrate, most of the fluorosis we see in this country is the very mild/mild forms. Another story we can tell is that the gap between the two racial groups in the level of dental disease has continued to close over the past decade (both groups are experiencing less dental disease).

Sent: Thursday, April 28, 2011 06:04 PM

To: Bailey, William (CDC/ONDIEH/NCCDPHP)

Cc: Lester, Arlene M. (OS); 'arlene8@blackberry.net' <arlene8@blackberry.net>; Hall, Renee (OS)

Subject: Meet with Oral Health Staff Tomorrow

Bill - Garth is going to be in Atlanta tomorrow. He would like to meet with key staff to discuss the anti-fluoridation issue. Who should he talk to at CDC and what time is possible? I will need to give him an address and room number. He is contacting Arlene to see what meetings with stake holders would be useful.

Rochelle

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Sent using BlackBerry



**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, December 06, 2011 3:36 PM  
**To:** Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meet with Oral Health Staff Tomorrow

## -----Original Message-----

**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 29, 2011 11:33 AM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Cc:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: Meet with Oral Health Staff Tomorrow

Thanks, glad this can work out. Am in Baltimore on TDY.

Regards,  
 Barbara

## -----Original Message-----

**From:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 29, 2011 09:36 AM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Cc:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Meet with Oral Health Staff Tomorrow

This fine with me. Let us know if you need more from one of us.

## -----Original Message-----

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 29, 2011 9:30 AM  
**To:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Briss, Peter (CDC/ONDIEH/NCCDPHP); Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Cc:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Meet with Oral Health Staff Tomorrow

FYI. Thoughts?

I will be out of the office and away from e-mail until after lunch; then in the office for the afternoon. Others with the exception of Bill should be available, if needed.

Thanks,  
 BG

## -----Original Message-----

From: Bailey, William (CDC/ONDIEH/NCCDPHP)  
Sent: Friday, April 29, 2011 7:57 AM  
To: Rollins, Rochelle (OS/OMH)  
Cc: Lester, Arlene M. (OS); 'arlene8@blackberry.net'; Hall, Renee (OS); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
Subject: Re: Meet with Oral Health Staff Tomorrow

Rochelle,

Barbara Gooch, Associate Director of Science, and Scott Presson, Program Services Team Lead, and Gina Thornton-Evans, Dental Officer, and Linda Orgain, Communication Lead, are the best people. Arlene knows how to contact them.

(b)(6)

Bill

----- Original Message -----

(HHS)

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 29, 2011 6:11 PM  
**To:** Liburd, Leandris C. (CDC/OD/OMHHE); Harrell, Kerry (CDC/OD/OCS)  
**Cc:** Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Notes on Oral Health meeting with OS Office of Minority Health

Please see below. I was able to get a staff member to the meeting. We will keep you informed of future interactions and activity.

Sean

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**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 29, 2011 6:04 PM  
**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Subject:** Notes on Oral Health meeting with Office of Minority Health

Sean,

This afternoon, I was invited to attend a meeting with Dr. Garth Graham from the HHS/Office of Minority Health and Dr. Arlene Lester (HHS regional office) and folks from our Division of Oral Health. The primary topic of discussion was a letter that the Honorable Andrew Young and Rev. Gerald Durley wrote to Georgia state legislators concerning their opposition to community water fluoridation. The letters detail several points, including that African Americans are disproportionately affected by dental fluorosis, and have more burden due to high rates of kidney disease and diabetes, making them a susceptible population. My understanding is that Dr. Graham's office learned about this matter from the American Dental Association and reached out to folks in the Division of Oral Health to set up this meeting when he was in town.

Division of Oral Health outlined that that prevalence of very mild and mild fluorosis was higher in non-Hispanic Blacks compared to non-Hispanic Whites and that there was no clear explanation why dental fluorosis was elevated, mostly in its milder forms, among non-Hispanic Black compared to non-Hispanic White participants. Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S.

Dr. Graham and Division of Oral Health agreed that the best approach that CDC can take is highlight the science/evidence-base. HHS will be holding a "validator" (stakeholder) call in early/mid-May in which they will discuss this issue (among other oral health disparities issues) with partner organizations in the oral health and minority health areas. The Division of Oral Health will work on a fact sheet outlining the problem of oral health disparities and what CDC is doing to work on them and will work to disseminate this out to targeted partner organizations. It sounded like there was interest on Dr. Graham's end on making this an HHS-wide document (bringing in HRSA, CMS, etc.). Dr. Lester is going to be reaching out to Division of Oral Health to develop messaging on oral health disparities (broader than just fluoride – including disparities in access to care, tooth loss, and oral cancers) in advance of Dr. Koh's meeting with ADA (scheduled for May 12<sup>th</sup>). There was also talk of having a larger messaging outreach regarding oral health disparities later in the Summer, possibly to coincide with the National Dental Association's (NDA is an African American dentist group) annual meeting in DC.

That's it for now – I will let you know if/when I hear further. Have a good weekend.

Nick

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, May 02, 2011 9:02 AM  
**To:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Fw: Notes on Oral Health meeting with OS Office of Minority Health

For future planning

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**From:** Liburd, Leandris C. (CDC/OD/OADPG)  
**Sent:** Monday, May 02, 2011 07:27 AM  
**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Harrell, Kerry (CDC/OD/OCS)  
**Cc:** Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Notes on Oral Health meeting with OS Office of Minority Health

Thanks, Sean... please let me know if our office can be of assistance!

Leandris

Leandris C. Liburd, PhD, MPH

Director

Office of Minority Health and Health Equity (Proposed)

Centers for Disease Control and Prevention

404-498-2320

404-498-2355 (FAX)

[lel1@cdc.gov](mailto:lel1@cdc.gov)

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**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 29, 2011 6:11 PM  
**To:** Liburd, Leandris C. (CDC/OD/OADPG); Harrell, Kerry (CDC/OD/OCS)  
**Cc:** Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Notes on Oral Health meeting with OS Office of Minority Health

Please see below. I was able to get a staff member to the meeting. We will keep you informed of future interactions and activity.

Sean

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**From:** Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, April 29, 2011 6:04 PM

**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)

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That's it for now – I will let you know if/when I hear further. Have a good weekend.

Nick

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, May 02, 2011 9:03 AM  
**To:** Liburd, Leandris C. (CDC/OD/OMHHE)  
**Subject:** Re: Notes on Oral Health meeting with OS Office of Minority Health

Will do.

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**From:** Liburd, Leandris C. (CDC/OD/OADPG)  
**Sent:** Monday, May 02, 2011 07:27 AM  
**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Harrell, Kerry (CDC/OD/OCS)  
**Cc:** Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Notes on Oral Health meeting with OS Office of Minority Health

Thanks, Sean... please let me know if our office can be of assistance!

Leandris

Leandris C. Liburd, PhD, MPH

Director

Office of Minority Health and Health Equity (Proposed)

Centers for Disease Control and Prevention

404-498-2320

404-498-2355 (FAX)

[lel1@cdc.gov](mailto:lel1@cdc.gov)

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**Sent:** Friday, April 29, 2011 6:04 PM

**To:** Cucchi, Sean (CDC/ONDIEH/NCCDPHP)

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That's it for now – I will let you know if/when I hear further. Have a good weekend.

Nick

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HHS



**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, May 03, 2011 11:23 AM  
**To:** Gracia, Nadine (OS/IO); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Cc:** Buschick, Jennifer (OS)  
**Subject:** Re: Possible Call Today at 4:30pm?

Nadine,

Unfortunately I will be in the air at that time. My flight lands in Atlanta at 7:00 pm. Is it possible to do have the call tomorrow? If not, please proceed and I will catch up on the discussion tomorrow. Thanks.

Bill

HHS

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

(HHS)

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP) [mailto:bf1@cdc.gov]  
**Sent:** Tuesday, May 03, 2011 11:42 AM  
**To:** Gracia, Nadine (IO/OASH)  
**Cc:** Buschick, Jennifer (HHS/OASH); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Possible Call Today at 4:30pm?

Hi Nadine,

I am available today and tomorrow, but would prefer tomorrow since Bill is available. This policy issue, however, relates directly to toothpaste use especially in children under 2 years of age. FDA has specific regulations related to OTC use of fluorides for caries prevention, including toothpaste use. I consider FDA involvement and input critical to the development of an appropriate response.

This issue was brought up during the Q and A at the NOHC. I responded, in part, based on the FDA regulations.

Thanks,  
BG

HHS

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HHS

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, May 03, 2011 1:53 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Gracia, Nadine (OS/IO)  
**Cc:** Buschick, Jennifer (OS)  
**Subject:** Re: Possible Call Today at 4:30pm?

Tomorrow at 1:00 is fine for me, too  
 Bill

---

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, May 03, 2011 12:00 PM  
**To:** Gracia, Nadine (OS/IO)  
**Cc:** Buschick, Jennifer (OS); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Possible Call Today at 4:30pm?

Yes, tomorrow at 1 pm will be fine.

Thanks!

HHS

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP) [mailto:bfg1@cdc.gov]  
**Sent:** Tuesday, May 03, 2011 11:42 AM  
**To:** Gracia, Nadine (IO/OASH)  
**Cc:** Buschick, Jennifer (HHS/OASH); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Possible Call Today at 4:30pm?

Hi Nadine,

I am available today and tomorrow, but would prefer tomorrow since Bill is available. This policy issue, however, relates directly to toothpaste use especially in children under 2 years of age. FDA has specific regulations related to OTC use of fluorides for caries prevention, including toothpaste use. I consider FDA involvement and input critical to the development of an appropriate response.

This issue was brought up during the Q and A at the NOHC. I responded, in part, based on the FDA regulations.

Thanks,  
 BG

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

---

**From:** Bill Maas (Consultant) <BMaas-consultant@pewtrusts.org>  
**Sent:** Friday, May 06, 2011 12:25 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: 130 studies of brain change

Bill, You may recall that I suggested some time ago, perhaps even before you were CDO, that we ought to find someone who is "the Gary Whitford of brain change or IQ studies". If my recollection is correct, some of the very first studies associating fluoride with IQ were refuted by a review of David Locker. Of course his death has ended that source of ongoing rebuttal. I thought it best that we find out the types of people that other divisions of CDC would go to answer questions about whether substances cause brain alteration. Of course our biases may be entirely different than other Divisions. They may be looking for the slightest evidence that something in the environment is bad for brains, whereas we are only interested in compelling evidence that our favorite substance causes brain changes, and want to minimize the credibility of poorly conducted studies or well-conducted studies that are not relevant.

While I don't want to completely dismiss the possibility that fluoride in water at levels provided to the public in the U.S. (that would be 4 mg/L or less) causes brain changes, IQ changes, etc, I suspect that all of these 130 studies that were mentioned share some common flaws that someone who studies IQ and brain changes for a living would be able to identify and summarize for us, (much as we've used Gary Whitford to help us understand the flaws in studies purporting changes to kidney function, etc.).

While it was good that the NRC report summarized the literature available to it as being flawed and unable to draw conclusions, enough time has passed since then that I think we are becoming vulnerable to claims that some of the more recent studies overcome the weaknesses that were the basis of the NRC committee's dismissal of the previous ones.

bill

---

**From:** Sherman, Judy C. [mailto:shermanj@ada.org]  
**Sent:** Friday, May 06, 2011 12:03 PM  
**To:** Bill Maas (Consultant); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bill Bailey (USPHS) (wdb9@cdc.gov); Lampiris, Lewis N.; McGinley, Jane  
**Subject:** RE: Implications of CDC demotion, as seen through eyes of CWF opponent

Bill B. and Scott,  
I know that CDC is working on helping to answer the claims in the letter put out by Andrew Young and Pastor Druley. I think that the attached letter serves as a road map for what influenced Young and Druley. I would be interested in knowing what science we have to counter these claims. For example, the mention that 130 studies show brain changes. I am aware that that the main study they like to cite has been found to be bad science – but do we have that in writing?

I don't mean to make more work but I also want to be fully prepared.

**Judy C. Sherman** [shermanj@ada.org](mailto:shermanj@ada.org)  
Director  
Congressional Affairs  
202.789.5164

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American Dental Association 1111 14th St. NW Suite 1100 Washington, DC 20005 [www.ada.org](http://www.ada.org)

I know that CDC is working on helping to answer the claims in the letter put out by Andrew Young and Pastor Druley. I think that the attached letter serves as a road map for what influenced Young and Druley. I would be interested in knowing what science we have to counter these claims. For example, the mention that 130 studies show brain changes. I am aware that that the main study they like to cite has been found to be bad science – but do we have that in writing?

I don't mean to make more work but I also want to be fully prepared.

**Judy C. Sherman** [shermanj@ada.org](mailto:shermanj@ada.org)

Director

Congressional Affairs

202.789.5164

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American Dental Association 1111 14th St., NW Suite 1100 Washington, DC 20005 [www.ada.org](http://www.ada.org)

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**From:** Bill Maas (Consultant) [<mailto:BMaas-consultant@pewtrusts.org>]  
**Sent:** Thursday, May 05, 2011 1:04 PM  
**To:** Sherman, Judy C.  
**Cc:** Bill Bailey (USPHS) ([wdb9@cdc.gov](mailto:wdb9@cdc.gov)); Lampiris, Lewis N.  
**Subject:** Implications of CDC demotion, as seen through eyes of CWF opponent

I don't want to over-react to the rantings of a long-time anti-fluoridationist, but I came across something that may get traction in contributing to perceptions about what HHS and CDC really believe about fluoridation now (since, to save face, it is unlikely to retract its 1999 proclamations about fluoridation as a great public health achievement).

Councilman Vallone, of NY City, has proposed discontinuation of CWF in NYC. Dr. Neal Herman, a former city dental director, wrote Vallone a letter, which Vallone's office has shared with many long-standing opponents of fluoridation, including Carol Kopf, who wrote the attached letter. As usual, it includes a difficult-to-separate mix of correctly quoted statements from credible scientific reports along with misleading assertions about health risks or lack of health benefits from fluoridation.

But, what caught my eye as new was the following:

"You mention that the Centers for Disease Control recognizes fluoridation as one of the ten greatest and effective public health innovations ever. Then why tooth decay has rate gone up since that statement was made and why was the CDC's Oral Health Division demoted to a branch no longer working for children. It seems that statement just doesn't hold water. It's just words strung together that has no scientific basis."

About the only good thing I can say about the reorganization is that the Division of Population Health is to include what used to be the Division of Adolescent and School Health, but I don't know how visible that will be to counter the charge that this is a Division not "working for children".

This certainly is relevant to the recommendations of the IoM committee to HHS that perceptions matter. CDC's reorganization sends a message about one of the great public health achievements of the 20<sup>th</sup> century that may be difficult to counter.

Bill Maas

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bill Maas (Consultant) <BMaas-consultant@pewtrusts.org>  
**Sent:** Friday, May 06, 2011 12:38 PM  
**To:** 'Sherman, Judy C.'; Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Lampiris, Lewis N.; McGinley, Jane  
**Subject:** RE: Implications of CDC demotion, as seen through eyes of CWF opponent

It is difficult to know what "new" information triggered Young to get involved. I think the opponents are doing a good job of (mis)using the warning from the NRC report about vulnerability of certain groups to harms from fluoride. It is my understanding that the NRC did not conclude that any of these groups were harmed by fluoride in drinking water, only that they would be the most vulnerable because of high water consumption, different ways to metabolize or process fluoride, etc., and therefore they were the groups that should be considered by the EPA and studied by scientists. Opponents don't need to show that any of these groups have been harmed because they are planting enough doubts just by repeating the NRC's conclusions of vulnerability, which suggests that the NRC had evidence of harm (which I don't believe they did).

If one accepts that SOME African American children have fluorosis that they received from higher than average consumption of fluoridated drinking water, AND if one accepts the claim that this "damage" is just the most visible evidence of OTHER damage inside the body, then one begins to believe that the NRC's warnings about vulnerability are really based on evidence of harm for this group, and by extension, all the other vulnerable groups they mentioned.

I think everyone copied on this message knows how sympathetic the public, ourselves included, are to concerns that the most "vulnerable" need to be protected. That word really elicits emotion (which tends to shut down the cognitive sections of the brain.)

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**From:** Sherman, Judy C. [mailto:shermanj@ada.org]  
**Sent:** Friday, May 06, 2011 12:20 PM  
**To:** Sherman, Judy C.; Bill Maas (Consultant); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bill Bailey (USPHS) (wdb9@cdc.gov); Lampiris, Lewis N.; McGinley, Jane  
**Subject:** RE: Implications of CDC demotion, as seen through eyes of CWF opponent

<http://spotsonmyteeth.com/wp-content/uploads/2011/04/Letter-to-Georgia-Legislators-from-Ambassador-Andrew-Young.pdf>

I just reread the letter that Andrew Young sent to the GA legislators – it is almost identical to the points made by Kopf in her letter.

**Judy C. Sherman** [shermanj@ada.org](mailto:shermanj@ada.org)  
 Director  
 Congressional Affairs  
 202.789.5164

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American Dental Association 1111 14th St., NW Suite 1100 Washington, DC 20005 [www.ada.org](http://www.ada.org)

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**From:** Sherman, Judy C.  
**Sent:** Friday, May 06, 2011 12:03 PM  
**To:** 'Bill Maas (Consultant)'; Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bill Bailey (USPHS) (wdb9@cdc.gov); Lampiris, Lewis N.; McGinley, Jane  
**Subject:** RE: Implications of CDC demotion, as seen through eyes of CWF opponent

Bill B. and Scott,

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, June 03, 2011 7:24 AM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP);  
Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Subject:** Urgent: Draft NDA Fluoridation Strategy  
**Attachments:** NDA Fluoridation Strategic Plan June 2 2011 Working Draft.doc

Please see attached. A call will take place today at noon to discuss this strategy.

A meeting is being planned for Monday at 1:00 pm at Moorehouse College with Andrew Young, NDA and other parties. CDC attendance is being requested.

I would like to discuss with you before today's noon call, if possible. Both Barbara and Scott are on leave and are unavailable.

Please let me know if you have any time between 10 and 11:30 to briefly discuss. Thanks.

Bill

HHS



**Smalls; Marcia V. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, December 02, 2011 5:52 PM  
**To:** Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Monday mtg at Morehouse

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**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, June 03, 2011 6:02 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** Monday mtg at Morehouse

Hi Bill and Barbara,

I have gotten advice from the OD that I should attend this meeting on Monday. I will do so as an observer, but certainly identify myself and show CDC's commitment to engaging with and listening to these community concerns. Please send me the mtg location and other information.

Thanks,  
Ursula

Ursula E. Bauer, PhD, MPH  
Director, National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention

[ubauer@cdc.gov](mailto:ubauer@cdc.gov)  
770-488-5401

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**Sent:** Friday, June 03, 2011 7:24 AM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP);  
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Bill

HHS

June 2, 2011

## **National Dental Association Georgia Fluoridation Strategic Plan Working Draft**

National Dental Association is collaborating with American Dental Association (ADA), Health and Human Services (HHS), Centers for Disease Control (CDC), Office of Minority Health (OMH) and other organizations to discuss and identify the best way to approach community concerns regarding community fluoridation in Georgia.

**The NDA has been addressing this issue for the last three weeks.** During that time we have met with various entities, in addition to reviewing the literature and the links associated with the fluoridation issue; in an effort to get an understanding of the concerns of the communities and the Clergy in Georgia. *Most recently the NDA Leadership has had the opportunity to have discussions with Ambassador Andrew Young- an individual who has expressed great concern regarding this issue.*

**As you know the Mission of the NDA is to address the concerns of our minority dentists and the minority communities that they serve.** Having said that, the 2000 Surgeon General Report, as you are aware addressed the links between oral health and overall health. It appears that from our findings, that the community, the African American Clergy and Ambassador Young are very concerned about this oral/systemic link to water fluoridation. It also appears that the benefit of fluoride is understood and is not their primary concern. They are concerned about the impact of fluoride on diseases such as diabetes, kidney disease and the inability of low income families to afford to purchase and have available to them non-fluoridated water on a regular basis. As oral health practitioners within the NDA, we must be cognizant of the oral and systemic health concerns facing our communities.

**As a result of our findings, the NDA can best serve our communities as an honest broker;** in that we will seek to find the answers that the communities and the profession are in search of. While we fully agree and understand the benefits of community fluoridation we must also stay abreast of our mission as an organization. **With this in mind, the NDA must begin to ask these questions:**

1. *How can the NDA best assist the community - through education, fully understanding the scientific concerns, helping the community to discover the answers to their concerns.*
2. *What does a current review of the literature regarding fluoridation and systemic diseases reveal?*
3. *Do the systemic risks of fluoride usage outweigh the benefits*
4. *What is the impact of fluoridation on systemic diseases such as diabetes, kidney disease etc. in our communities and which subgroups are impacted the most?*
5. *What is the current level of the research that has been conducted and has there been meaningful more definitive research conducted to determine causation such as randomized trials?*

From our initial review of the literature it appears that there is a need for additional research in this area.

**With this being the case, the NDA will engage the following steps:**

1. We will meet with the Clergy in Georgia and Ambassador Young to discuss their concerns and possible solutions to include discussing this general research proposal.
2. We will include in this meeting, HHS, OMH, CDC, EPA and other professional dental organizations with a common interest to begin discussions regarding conducting a multisite fluoride study, funded by CDC and designed to target the impact of fluoride on specific systemic diseases in minority communities. We will initially consider case control studies, followed by more definitive randomized trials.
3. Identify experts in the field to conduct the research
4. We are proposing that this study is conducted at HBCs such as: Meharry (*Center of Excellence for Minority Health*), Morehouse and Howard.

**We will proceed with the following short and long-term action plan:**

**Short-Term Action Plan:**

- Address the immediate concerns focusing on key local community leaders (African American Clergy)
- May 31, 2011- Consultation with David Satcher, M.D., PhD - Satcher Health Leadership Institute (SHLI) at Morehouse School of Medicine.
- Request a meeting with Ambassador Andrew Young and Reverend Gerald L. Durley, PhD
- Conduct a small and very focused meeting in Georgia
- **Date and Time:**
- **Location:** Morehouse School of Medicine
- **Objectives:** Promote oral health and disease prevention through education: Provide the evidence regarding oral and systemic health as it directly relates to community fluoridation. We will identify national experts on fluoridation to accomplish this goal.

**Expected Outcomes From the June 6, 2011:**

- 1) **Identify and make clear** any impact or perceived impact that fluoride consumption may have on communities.
- 2) **Participants and Community Leaders to leave the meeting** more knowledgeable regarding community wide fluoride benefits and or risks to the community. *Highlighting current literature and informing the participants of 2011 changes in the current fluoridation guidelines.*
- 3) **Provide culturally competent and meaningful information** to community leaders using culturally competent terminology that the community feels comfortable with and would allow one to be willing to embrace community water fluoridation as evidence by:

- a. **Community leaders publicly supporting community fluoridation in their community and among their parishioners or be willing to not address this issue of fluoridation until more definitive answers are provided through national fluoride research initiatives.**
- b. **Community leaders willing to partner with the NDA, other oral health organizations, government entities and advocates to conduct a community symposium focusing on Community Leaders to provide to them, accurate information on fluoridation and conduct an open dialogue regarding the concerns that exist associated with fluoridation in their community.**
- c. **Community leaders assisting the NDA in identifying key community leaders that can assist with this Town Hall type of symposium.**

4). **If not identify the barriers to embracing community fluoridation in their community in that we can address them.**

5). **Inform participants of the NDA's Long-Term Effort to partner with the ADA, key fluoridation researchers, Historically Black Dental Schools, Health and Human Services (HHS), CDC, Office of Minority Health (OMH), EPA and the Community to develop and conduct further research addressing fluoridation in African American and other minority communities.**

- **Short-term research – case - control studies**
- **Long-term research – randomized clinical trials (more definitive studies)**

**Panel: Research Scientists/Key Opinion Leaders:**

- **HHS** has agreed to support these short-term efforts by providing a review of the literature and a research scientist from the CDC who are experts in the area of community fluoridation and the Lillie Center, to accompany the NDA to Georgia.
  - Dr. Scott Presson, The CDC Program Services Team Leader,
  - Dr. Barbara Gooch, the CDC Associate Director for Science and
  - Dr. Bill Bailey, Acting Director of the CDC Division of Oral Health.
- **ADA** has contacted the Kidney Association to identify an individual with expertise in kidney disease and will be asked to contact the Diabetes Association with an expert in diabetes as it relates specifically to community water fluoridation.
- **ADA** will be asked to approach Dr. Jay Kumar and Dr. Howard Pollack as suggested by OMH.

**~20 - Attendees:**

**National Oral Health Organizations represented:**

- NDA Leadership, and NDA Local Chapter Presidents,
- ADA

**Federal and State Government and Research Entities Represented:**

- Health and Human Services (HHS)
- Center for Disease Control (CDC)
- Office of Minority Health (OMH)

- NRC
- EPA GA. State Dental Officer (1) – Dr. Elizabeth Lense
- Fluoridation Research Scientists (2)**
- Community Oral Health Advocates and Leaders to be invited**
  - Ambassador Andrew Young
  - Local Clergy: Dr. Durley

#### Long-Term Action Plan:

##### Community Town Hall Fluoridation type Symposium

- Provide an opportunity to focus on developing relationships between the community, community leaders (including other clergy in leadership roles) and the NDA, and other oral health partners
- Provide information on fluoridation based on research evidence as it relates to oral and systemic health
- July or September 2011?

##### Fluoridation Research Study

- Conduct a fluoridation study at McHarry, Howard School of Dentistry, Morehouse (will contact the Deans)
- Partner with HHS and other government entities for funding to conduct the essential research

#### Tentative June 6, 2011 Short-term Meeting Agenda:

##### *Dr. Sheila Brown-NDA President*

- Welcome and Introduction Statement
  - NDA Mission
  - Discuss how we are advocates for African American Dentists and the Communities that we serve.
- Objective of the meeting
- Brief introduction by attendees

##### Research Scientists/Key Opinion Leaders-Presentation

##### Questions and Answers

##### Dr. Sheila Brown

- Expected Meeting Outcomes
- Closing Remarks

The NDA sees this as the best approach to address the concerns of the community, community advocates (Clergy) and the dental and medical profession as a whole. *In summary, NDA views this as an excellent opportunity for government entities, organizations and the community to partner together and conduct community based participatory research to address community concerns while answering meaningful research questions. This is*

*the position of the NDA and how we as an organization will proceed. The NDA appreciates your support as we collectively seek to bring about a resolution to this very complicated oral and systemic health issue.*

*Sheila R Brown*

Sheila R. Brown, M.Ed., D.D.S.  
President  
National Dental Association

***Empowering our Membership, Eliminating Disparity, Ensuring Diversity while Advocating for the Community***

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, December 06, 2011 3:27 PM  
**To:** Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Urgent: Draft NDA Fluoridation Strategy  
**Attachments:** NDA Fluoridation Strategic Plan June 2 2011 Working Draft.doc

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, June 03, 2011 10:52 AM  
**To:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Urgent: Draft NDA Fluoridation Strategy

Ursula and John, we need your guidance. Peter and Sean are both out.

Best,  
 Barbara

---

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, June 03, 2011 7:24 AM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Subject:** Urgent: Draft NDA Fluoridation Strategy

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Bill

HHS



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(HHS)

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Saturday, June 04, 2011 4:44 PM  
**To:** Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** Information for Monday meeting on fluoridation

Desmond,

I am providing some information that will provide background for the Monday meeting at Morehouse College. The purpose of the meeting is to meet with Ambassador Andrew Young and Reverend Durley (Georgia Black Pastors Association) on the issue of fluoridation. Both Ambassador Young and Reverend Durley have taken the stance that fluoridation should be discontinued because it may be causing harm to African Americans.

I have attached a document with some links to Web sites showing how this issue is being portrayed on the Internet. There have been a couple of articles in the main stream press, but so far this hasn't received widespread attention in that arena.



Blacks  
Disproportionatel...

One document that may be useful is the statement on fluoride made by the National Kidney Foundation. This statement was made in 2008 and considered the information contained in the 2006 National Research Council Report. I have taken the liberty of highlighting some text that may be of interest.



NATIONAL KIDNEY  
FOUNDATION ST...

Fluoridation opponents have been in existence since fluoridation was initiated in 1945. Many of their current arguments come from language contained in the 2006 National Research Council Report *Fluoride in Drinking Water: A Scientific Review of EPA's Standards*. This report was done at the request of EPA to assist them in setting safe maximum levels of fluoride in drinking water and the report examines possible health effects that may be associated with fluoride that occurs in water naturally at high levels. The NRC Report does not address health effects that may occur with levels of fluoride added to drinking water to reduce tooth decay. A copy of this report is available from the National Academies Press and can be read online (page by page) at [http://www.nap.edu/catalog.php?record\\_id=11571#toc](http://www.nap.edu/catalog.php?record_id=11571#toc). After considering all evidence, the NRC concluded that elevated fluoride concentrations in water at or above 4 mg/L (4 times the amount used for fluoridation) can result in severe enamel fluorosis, and may (if used for 70 years) increase the risk for bone fractures and skeletal fluorosis.

The chapters that may be of most interest for this meeting are Chapter 2 *Measures of Exposure to Fluoride in the United States*, Chapter 8 *Effects on the Endocrine System*, and Chapter 9 *Effects on the Gastrointestinal, Renal, Hepatic, and Immune System*. I have copied the summary and recommendations for Chapter 2 along with the recommendations for chapters 8 and 9 (those summaries are difficult to copy because of tables) and have highlighted text that may be of interest. It would be good to scan the chapters as they have numerous references to diabetes and kidney/renal function.



NRC -  
recommendations...

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<< File: NATIONAL KIDNEY FOUNDATION STATEMENT ON FLUORIDE.docx >>

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<< File: NRC - recommendations selected chapters.docx >>

I will be unavailable for most of Sunday, but will be in the office on Monday morning if you have questions. I have copied this message to several individuals who know a great deal about fluoridation. We are here to assist as needed.

Bill

William Bailey, DDS, MPH  
Assistant Surgeon General  
Chief Dental Officer, USPHS  
Acting Director, Division of Oral Health

National Center for Chronic Disease Prevention and Health Promotion  
4770 Buford Hwy NE, MS F-10  
Atlanta, GA 30341  
Ph: 770-488-6075  
Fax: 770-488-6080

The USPHS Commissioned Corps: Protecting, promoting and advancing the health and safety of the Nation.

USPHS Values: Integrity, Excellence, Leadership, Service



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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

---

**From:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Sent:** Sunday, June 05, 2011 8:53 AM  
**To:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Urgent: Draft NDA Fluoridation Strategy

how'd this come out?

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, June 03, 2011 9:28 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Briss, Peter (CDC/ONDIEH/NCCDPHP); Cucchi, Sean (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Urgent: Draft NDA Fluoridation Strategy

Thanks, Bill, 10:30-11 could work for me. John, your guidance would be helpful – Peter is in clinic this morning.

Best,  
 Barbara

---

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, June 03, 2011 7:24 AM  
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HHS

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HHS

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**To:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
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**Subject:** Re: Information for Monday meeting on fluoridation

It is a good idea to talk and make sure that we are well prepared for the meeting.

One item I would like to discuss is whether we may want either Scott or Eugenio to attend the meeting at Morehouse to provide back up expertise on fluoride/fluoridation should it be needed.

We'll talk to you at 9:00 on Monday.

Bill

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**Sent:** Sunday, June 05, 2011 10:24 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Information for Monday meeting on fluoridation

Thank you very much, Bill and team. This is very helpful. Bill, Gina and Desmond, let's touch base Monday morning, before the meeting and make sure we are all on the same page. I will set up a conference call – please try to prioritize this – I may not be able to find a time that is free on all of our calendars. Others are welcome to join the call, as well.

Thanks,

Ursula

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**Sent:** Saturday, June 04, 2011 4:44 PM  
**To:** Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
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I am providing some information that will provide background for the Monday meeting at Morehouse College. The purpose of the meeting is to meet with Ambassador Andrew Young and Reverend Durley (Georgia Black Pastors Association) on the issue of fluoridation. Both Ambassador Young and Reverend Durley have taken the stance that fluoridation should be discontinued because it may be causing harm to African Americans.

I have attached a document with some links to Web sites showing how this issue is being portrayed on the Internet. There have been a couple of articles in the main stream press, but so far this hasn't received widespread attention in that arena.

<< File: Blacks Disproportionately Harmed by Fluorides and Fluoridated Water.docx >>

One document that may be useful is the statement on fluoride made by the National Kidney Foundation. This statement was made in 2008 and considered the information contained in the 2006 National Research Council Report. I have taken the liberty of highlighting some text that may be of interest.

<< File: NATIONAL KIDNEY FOUNDATION STATEMENT ON FLUORIDE.docx >>

Fluoridation opponents have been in existence since fluoridation was initiated in 1945. Many of their current arguments come from language contained in the 2006 National Research Council Report *Fluoride in Drinking Water: A Scientific Review of EPA's Standards*. This report was done at the request of EPA to assist them in setting safe maximum levels of fluoride in drinking water and the report examines possible health effects that may be associated with fluoride that occurs in water naturally at high levels. The NRC Report does not address health effects that may occur with levels of fluoride added to drinking water to reduce tooth decay. A copy of this report is available from the National Academies Press and can be read online (page by page) at [http://www.nap.edu/catalog.php?record\\_id=11571#toc](http://www.nap.edu/catalog.php?record_id=11571#toc). After considering all evidence, the NRC concluded that elevated fluoride concentrations in water at or above 4 mg/L (4 times the amount used for fluoridation) can result in severe enamel fluorosis, and may (if used for 70 years) increase the risk for bone fractures and skeletal fluorosis.

The chapters that may be of most interest for this meeting are Chapter 2 *Measures of Exposure to Fluoride in the United States*, Chapter 8 *Effects on the Endocrine System*, and Chapter 9 *Effects on the Gastrointestinal, Renal, Hepatic, and Immune System*. I have copied the summary and recommendations for Chapter 2 along with the recommendations for chapters 8 and 9 (those summaries are difficult to copy because of tables) and have highlighted text that may be of interest. It would be good to scan the chapters as they have numerous references to diabetes and kidney/renal function.

<< File: NRC - recommendations selected chapters.docx >>

I will be unavailable for most of Sunday, but will be in the office on Monday morning if you have questions. I have copied this message to several individuals who know a great deal about fluoridation. We are here to assist as needed.

Bill

William Bailey, DDS, MPH  
Assistant Surgeon General  
Chief Dental Officer, USPHS  
Acting Director, Division of Oral Health

National Center for Chronic Disease Prevention and Health Promotion  
4770 Buford Hwy NE, MS F-10  
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The USPHS Commissioned Corps: Protecting, promoting and advancing the health and safety of the Nation.

USPHS Values: Integrity, Excellence, Leadership, Service

Bill

William Bailey, DDS, MPH  
Assistant Surgeon General  
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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

---

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Sunday, June 05, 2011 9:28 PM  
**To:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: Information for Monday meeting on fluoridation

Agree we may not want too large an entourage from CDC. Your comment about Dr. Jaffe has me intrigued. Looking forward to talking to you tomorrow.

---

**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Sunday, June 05, 2011 08:30 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: Information for Monday meeting on fluoridation

Yes, I think that is fine. Also fine for you to attend. Just not sure what signals we send if too many or too few people attend from CDC. Let's discuss on the call and see how we want to proceed. I spoke with Harold Jaffe about this Friday night, so am somewhat rethinking what we want to do.

Sent using BlackBerry

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Sunday, June 05, 2011 06:49 PM  
**To:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: Information for Monday meeting on fluoridation

It is a good idea to talk and make sure that we are well prepared for the meeting.

One item I would like to discuss is whether we may want either Scott or Eugenio to attend the meeting at Morehouse to provide back up expertise on fluoride/fluoridation should it be needed.

We'll talk to you at 9:00 on Monday.

Bill

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**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Sunday, June 05, 2011 10:24 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Information for Monday meeting on fluoridation

Letter to CDC Director from IAOMT President Matt Young: <http://iaomt.org/news/archive.asp?intReleaseID=367>

DOH is considering approaches to reach out to Ambassador Young and Rev. Durley, in addition to consumers and policymakers in Georgia. These include providing technical assistance, subject matter expertise, and talking points to partners at the federal level, such as the HHS Region 4 Office of Minority Health, and at the state level, including the Georgia Department of Community Health, the Georgia Dental Association, the Georgia Dental Society, the Georgia Association of Family Physicians, and others.

Please advise on appropriate next steps. Dr. Scott Presson, Team Lead, DOH Program Services, will coordinate our response.

Thanks,  
Barbara Gooch



**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 9:39 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

Please see message below. I'm not sure I understand the question but thought you should see it. Please weigh in if you have thoughts.  
 Bill

---

**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 9:30 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

Bill,  
 These are the materials Nadine was asking about (in yellow) -- do we have these talking points?  
 Thanks,  
 Ursula

---

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP) [mailto:bfq1@cdc.gov]  
**Sent:** Friday, April 15, 2011 3:52 PM  
**To:** McKenna, Jeffrey (CDC/OSELS/NCHM); Garland, Donna (CDC/OD/OADC); Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Gracia, Nadine (IO/OASH)  
**Subject:** New opposition strategy to water fluoridation in GA  
**Importance:** High

It has been brought to our attention that former Ambassador Andrew Young and Dr. Gerald Durley, minister and community leader, have written letters to Chip Rogers, Georgia Senate Majority Leader, and other state legislators in leadership positions that support repealing Georgia's state mandate for community water fluoridation. Drs. Young and Durley are prominent civil rights leaders, and part of their stated rationale for opposition to fluoridation is based on data from NHANES indicating that the prevalence of dental fluorosis - a condition that "shows overexposure to fluorides as a child" - is 41% among 12 - 15 year olds in the United States and that African Americans have a higher prevalence of dental fluorosis in comparison to non-Hispanic whites. These letters are being publicized by Dan Stockin of The Little Center, a "Georgia-based firm working to end the practice of fluoridation," and the Fluoride Action Network, a prominent group opposed to water fluoridation.

Links to the Media Release issued by The Little Center are pasted below. This release includes links to the letters from both Drs. Young and Durley.

<http://www2.fluoridealert.org/Alert/United-States/Georgia/Atlanta-Civil-Rights-Leaders-Call-for-Halt-to-Water-Fluoridation>

Letter from Dr. Gerald Durley: <http://spotsonmyteeth.com/wp-content/uploads/2010/02/durley-ltr-bw-PDF2.pdf>

Letter from Ambassador Young: <http://spotsonmyteeth.com/wp-content/uploads/2011/04/Letter-to-Georgia-Legislators-from-Ambassador-Andrew-Young.pdf>

In addition, there is a link to a letter written to Dr. Frieden from the President of the International Academy of Oral Medicine and Toxicology opposing fluoridation and the proposed HHS revised recommendation for water fluoridation.

stage for a little-publicized change of stance by the Centers for Disease Control on baby formula.

CDC now says that parents can use low-fluoride water when mixing milk formula to reduce the risk of permanent teeth staining caused by fluorides.

The Gerber company is selling an unfluoridated bottled water so parents and caregivers can avoid using fluoridated water in formula.

Bottled water may not be a feasible solution for many families, however.

In a personal letter sent to the Georgia legislators, Ambassador Young wrote, "I am most deeply concerned for poor families who have babies: if they cannot afford unfluoridated water for their babies' milk formula, do their babies not count? Of course they do. This is an issue of fairness, civil rights, and compassion. We must find better ways to prevent cavities, such as helping those most at risk for cavities obtain access to the services of a dentist."

He also stated, "My father was a dentist. I formerly was a strong believer in the benefits of water fluoridation for preventing cavities. But many things that we began to do 50 or more years ago we now no longer do, because we have learned further information that changes our practices and policies. So it is with fluoridation."

Dr. Durley's letter addressed disproportionate fluoride harm to black citizens' teeth, and noted that with disproportionate amounts of kidney disease and diabetes in the black community, blacks are more impacted by fluorides.

He stated, "We also need to know why the full story about harm from fluorides is only just now coming out. I support the holding of Fluoridegate hearings at the state and national level so we can learn why we haven't been openly told that fluorides build up in the body over time (and) why our government agencies haven't told the black community openly that fluorides disproportionately harm black Americans..."

Others are also concerned about harm to minority citizens and sensitive populations.

In an April 6th letter to CDC Director Dr. Thomas Frieden, the President of the International Academy of Oral Medicine and Toxicology noted, "The recent Health & Human Services attempt to somewhat lower the amount of fluorides in drinking water still does not address the fact that poor and minority families will be ingesting more fluorides than others, and it does not address dose – merely concentration in water."

IAOMT President Matt Young also stated, "We do not wish to shoulder the responsibility of people thinking that dentists could possibly know how much fluoride each person has ingested systemically..."

A recent article in an American Association for Justice newsletter for trial lawyers described potential upcoming fluoride legal actions based on personal injury, consumer fraud, and civil rights harm.

In February a group of Republican and Democrat Tennessee legislators sent a letter to the State's Health Commissioner describing worries about the impacts of fluoridation on babies and other groups.

Daniel G. Stockin of The Lillie Center Inc., a Georgia-based firm working to end the practice of fluoridation, salutes the leaders now speaking out on the issue.

"Ambassador Young and Dr. Durley see the potential implications of fluorides building up over time in our bones and joints, that seniors should know about this. They see the common sense arguments against fluoridation, such as the fact that poor families should not be forced for financial reasons to use fluoridated water in their babies' formula."

Now that the liability and health risks are better understood, Stockin foresees even more community leaders speaking out against fluoridation.

###

Reference Links / Sources:

\* Letter to CDC Director from IAOMT President Matt Young: <http://iaomt.org/news/archive.asp?intReleaseID=367>

\* Letter from Dr. Gerald Durley: <http://spotsonmyteeth.com/wp-content/uploads/2010/02/durley-ltr-bw-PDF2.pdf>

\* Letter from Ambassador Young: <http://spotsonmyteeth.com/wp-content/uploads/2011/04/Letter-to-Georgia-Legislators-from->

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**Subject:** Meeting with NDA and Andrew Young and Reverend Durley  
**Location:** Moorehouse School of Medicine  
  
**Start:** Mon 6/6/2011 1:00 PM  
**End:** Mon 6/6/2011 4:30 PM  
**Show Time As:** Tentative  
  
**Recurrence:** (none)  
  
**Meeting Status:** Not yet responded  
  
**Organizer:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Required Attendees:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)

**When:** Monday, June 06, 2011 1:00 PM-4:30 PM (GMT-05:00) Eastern Time (US & Canada).  
**Where:** Moorehouse School of Medicine

**Note:** The GMT offset above does not reflect daylight saving time adjustments.

\*~\*~\*~\*~\*~\*~\*~\*~\*~\*

Just in case, please keep this time open on your calendars. Tentative time is for the meeting to start at one -- more information will be forthcoming. Please keep this information confidential. Thanks.

**Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)**

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**From:** Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 10:28 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: New opposition strategy to water fluoridation in GA

Bill,

The talking points were in Linda's draft, which we have commented. Those are not cleared yet.  
 Eugenio

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 9:39 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

Please see message below. I'm not sure I understand the question but thought you should see it. Please weigh in if you have thoughts.  
 Bill

**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 9:30 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: New opposition strategy to water fluoridation in GA  
**Importance:** High

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 Ursula

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**Sent:** Friday, April 15, 2011 3:52 PM  
**To:** McKenna, Jeffrey (CDC/OSELS/NCHM); Garland, Donna (CDC/OD/OADC); Cucchi, Sean (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Briss, Peter (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Gracia, Nadine (IO/OASH)  
**Subject:** New opposition strategy to water fluoridation in GA  
**Importance:** High

It has been brought to our attention that former Ambassador Andrew Young and Dr. Gerald Durley, minister and community leader, have written letters to Chip Rogers, Georgia Senate Majority Leader, and other state legislators in leadership positions that support repealing Georgia's state mandate for community water fluoridation. Drs. Young and Durley are prominent civil rights leaders, and part of their stated rationale for opposition to fluoridation is based on data from NHANES indicating that the prevalence of dental fluorosis – a condition that “shows overexposure to fluorides as a child” - is 41% among 12 – 15 year olds in the United States and that African Americans have a higher prevalence of dental fluorosis in comparison to non-Hispanic whites. These letters are being publicized by Dan Stockin of The Little Center, a “Georgia-based firm working to end the practice of fluoridation,” and the Fluoride Action Network, a prominent group opposed to water fluoridation.

Links to the Media Release issued by The Lillie Center are pasted below. This release includes links to the letters from both Drs. Young and Durley.

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Letter from Dr. Gerald Durley: <http://spotsonmyteeth.com/wp-content/uploads/2010/02/durley-ltr-bw-PDF2.pdf>

Letter from Ambassador Young: <http://spotsonmyteeth.com/wp-content/uploads/2011/04/Letter-to-Georgia-Legislators-from-Ambassador-Andrew-Young.pdf>

In addition, there is a link to a letter written to Dr. Frieden from the President of the International Academy of Oral Medicine and Toxicology opposing fluoridation and the proposed HHS revised recommendation for water fluoridation.

Letter to CDC Director from IAOMT President Matt Young: <http://iaomt.org/news/archive.asp?intReleaseID=367>

DOH is considering approaches to reach out to Ambassador Young and Rev. Durley, in addition to consumers and policymakers in Georgia. These include providing technical assistance, subject matter expertise, and talking points to partners at the federal level, such as the HHS Region 4 Office of Minority Health, and at the state level, including the Georgia Department of Community Health, the Georgia Dental Association, the Georgia Dental Society, the Georgia Association of Family Physicians, and others.

Please advise on appropriate next steps. Dr. Scott Presson, Team Lead, DOH Program Services, will coordinate our response.

Thanks,  
Barbara Gooch

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, December 06, 2011 3:24 PM  
**To:** Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Monday mtg at Morehouse

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**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 10:35 AM  
**To:** Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Monday mtg at Morehouse

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, June 03, 2011 6:16 PM  
**To:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Monday mtg at Morehouse

Ursula,

Thanks for your support. I appreciate you attending.

I spoke with Rochelle Rollins just now and learned that David Satcher be also attending and may even help facilitate the meeting. She said that he may have concerns about fluoride research as well, but wasn't certain what those concerns might be.

Here are the meeting details:

The meeting is scheduled for Monday, June 6<sup>th</sup> at 1:30 pm, at the following location:

Morehouse School of Medicine  
 National Center for Primary Care  
 Board Room (located on the 4<sup>th</sup> Floor)  
 720 Westview Drive, SW  
 Atlanta, GA 30310

The group should come to the President's Office, Suite 400, located on the 4<sup>th</sup> Floor of the National Center for Primary Care Building.

Your names will be left with security at the Westview Gate,

Please note there are two entrances to the Morehouse School of Medicine and attendees should come to the National Center for Primary Care building at the Westview entrance.

Should you have questions, you may contact Ms. Sonia Gregory at 404-752-1749 who will be happy to assist you.

I will be available over the weekend if any questions or concerns arise.

Bill

---

**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, June 03, 2011 6:02 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** Monday mtg at Morehouse

Hi Bill and Barbara,

I have gotten advice from the OD that I should attend this meeting on Monday. I will do so as an observer, but certainly identify myself and show CDC's commitment to engaging with and listening to these community concerns. Please send me the mtg location and other information.

Thanks,  
Ursula

Ursula E. Bauer, PhD, MPH  
Director, National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention

[ubauer@cdc.gov](mailto:ubauer@cdc.gov)  
770-488-5401

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 10:45 AM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Today's Meeting at Morehouse College

Thank you very much for the call and information Gina,

I also spoke extensively with Bill on Friday and he shared some useful background information too.

From our vantage point, there is very little data linking fluoride intake with diabetes, kidney disease or complications thereof. I will be providing some background information about the burden of kidney disease in AA communities and discussing the main risk factors, our continuing research into the disparity that exist with kidney failure and the comprehensive federal response.

Let me know if you want me to provide additional information

I hope to see you all at 1pm.

Thanks

Des

Desmond Williams, MD PhD  
 Assoc. Branch Chief  
 Team Lead for the CDC CKD Initiative  
 Epidemiology and Statistic Branch (ESB)  
 Division of Diabetes Translation  
 NCCDPHP  
 Centers for Disease Control & Prevention  
 4770 Buford Hwy, NE (MS-K10)  
 Atlanta, Georgia 30341-3724  
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 Fax: 404-929-2861

FedEx Address  
 CDC Division Diabetes Translation  
 2877 Brandywine Road  
 Atlanta, GA 30341

email: [dewilliams@cdc.gov](mailto:dewilliams@cdc.gov)

---

**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 10:16 AM  
**To:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Williams, Desmond E. (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Briss, Peter (CDC/ONDIEH/NCCDPHP)



**Subject:** Today's Meeting at Morehouse College  
**Importance:** High

Good Morning,

I just spoke with Dr. Williams and provided him with a brief overview of the meeting at 9. Dr. Presson sat in on this call. I focused the content areas we discussed earlier and Dr. Williams is prepared to provide some background regarding the impact of kidney disease and diabetes in the African American community. I have also provided him with some background from the call on Friday, specifically the draft documents that NDA prepared.

Regards, Gina

Gina Thornton-Evans, DDS, MPH  
Dental Officer  
CDC, Division of Oral Health  
Surveillance, Investigations, and Research Team  
4770 Buford Highway, Mailstop F-10  
Atlanta Georgia 30341

Office: 770-488-5503  
Fax: 770-488-6080  
Email: [gdt4@cdc.gov](mailto:gdt4@cdc.gov)

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 11:01 AM  
**To:** Williams, Desmond E. (CDC/ONDIEH/NCCDPHP); Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: Today's Meeting at Morehouse College

Thank you, Dr Williams. Note to all: it is confirmed that Mr Stockin will not be attending this mtg.

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 Sent using BlackBerry

**From:** Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 10:44 AM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Today's Meeting at Morehouse College

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I hope to see you all at 1pm.

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Des

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**To:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
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Regards, Gina

Gina Thornton-Evans, DDS, MPH

Dental Officer

CDC, Division of Oral Health

Surveillance, Investigations, and Research Team

4770 Buford Highway, Mailstop F-10

Atlanta Georgia 30341

Office: 770-488-5503

Fax: 770-488-6080

Email: [gdt4@cdc.gov](mailto:gdt4@cdc.gov)

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, December 02, 2011 5:51 PM  
**To:** Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Thank you!

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**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 4:53 PM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Williams, Desmond E. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Bowman, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** Thank you!

Thanks to all for working so hard on short notice and being so well prepared for today's meeting on community concerns about water fluoridation. I think the meeting went extremely well and the outcomes are exactly what we could have hoped for and present yet another opportunity to draw critical attention to oral health.

We'll hear from Dr. Graham regarding next steps, but on my list of things to consider, I have a Surgeon General's Call to Action to Reduce Oral Health Disparities and a communication strategy on fluoride that better recognizes community concerns. The latter is something we may want to work with a number of external stakeholders on, but we can discuss with HHS, as well. Nadine Gracia and I touched briefly on this earlier today.

Thanks for a job well done!  
Ursula

Ursula E. Bauer, PhD, MPH  
Director, National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention

[ubauer@cdc.gov](mailto:ubauer@cdc.gov)  
770-488-5401

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 5:18 PM  
**To:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Howd meet go today?

Hi Peter,

We just concluded a post brief in DOH with Gina and Scott. They thought the meeting went well. All parties involved - CDC, EPA, OMH, National Dental Association and American Dental Association - had important talking points provided useful information.

Ambassador Young and Pastor Durley listened carefully and then presented their thoughts. They were pleased that their concerns were being listened to and were interested in what could be done to look possible systemic effects of fluoridation such as diabetes and kidney disease. Apparently they were not as concerned about dental fluorosis.

Posted below is a message that Ursula sent as a follow up to the meeting.

Bill

---

Thanks to all for working so hard on short notice and being so well prepared for today's meeting on community concerns about water fluoridation. I think the meeting went extremely well and the outcomes are exactly what we could have hoped for and present yet another opportunity to draw critical attention to oral health.

We'll hear from Dr. Graham regarding next steps, but on my list of things to consider, I have a Surgeon General's Call to Action to Reduce Oral Health Disparities and a communication strategy on fluoride that better recognizes community concerns. The latter is something we may want to work with a number of external stakeholders on, but we can discuss with HHS, as well. Nadine Gracia and I touched briefly on this earlier today.

Thanks for a job well done!  
Ursula

-----Original Message-----

**From:** Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 06, 2011 4:39 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** Howd meet go today?

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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, June 07, 2011 1:52 PM  
**To:** Westbrook, Gloria (OS/OWH)  
**Cc:** Gracia, Nadine (OS/IO)  
**Subject:** FW: Fluoride Strategy Meeting  
**Attachments:** NDA Fluoridation Strategic Plan June 2 2011 Working Draft.docx; 2011-06-05 Authored by FAN on Mercola Web Site The Healthy Drink that Can Damage your Health CWF Harms Minorities.pdf

Gloria,

I am available for the follow up meeting on Thursday, June 9 (either of the time slots) and Monday, June 10 from noon - 4:00. Thanks.

Bill

William Bailey, DDS, MPH  
Assistant Surgeon General  
Chief Dental Officer, USPHS  
Acting Director, Division of Oral Health  
National Center for Chronic Disease Prevention and Health Promotion  
4770 Buford Hwy NE, MS F-10  
Atlanta, GA 30341  
Ph: 770-488-6075  
Fax: 770-488-6080

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USPHS Values: Integrity, Excellence, Leadership, Service

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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 8:45 AM  
**To:** Gracia, Nadine (OS/IO)  
**Subject:** RE: Today's meeting

Hi Nadine,

I would be happy to provide the overview. However, I have the call scheduled for 3 pm, not 2 pm. Is it at 2?

Bill

-----Original Message-----

HHS

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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HHS

----- Original Message -----

From: Bailey, William (CDC/ONDIEH/NCCDPHP) [<mailto:wdb9@cdc.gov>]

Sent: Monday, June 13, 2011 08:44 AM

To: Gracia, Nadine (IO/OASH)

Subject: RE: Today's meeting

Hi Nadine,

I would be happy to provide the overview. However, I have the call scheduled for 3 pm, not 2 pm. Is it at 2?

Bill

-----Original Message-----

HHS

**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 8:50 AM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Today's meeting

Hi Gina,  
Can you please share the facts/stats that you used at the Morehouse Meeting? Also, I am assuming that you and Scott will be joining the Fluoride Strategy call. My calendar has it listed for 3pm, not 2pm.  
Bill

-----Original Message-----

HHS

**Presson, Scott M. (CDC/ONDIEH/NCCDPHP)**

---

**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 9:14 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Today's meeting  
**Attachments:** Talking points 6 6 2011.docx

Here are the talking points I used for the meeting last week.

-----Original Message-----

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 8:50 AM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Today's meeting

Hi Gina,  
Can you please share the facts/stats that you used at the Morehouse Meeting? Also, I am assuming that you and Scott will be joining the Fluoride Strategy call. My calendar has it listed for 3pm, not 2pm.  
Bill

-----Original Message-----

HHS

Good Afternoon,

I will keep my comments brief with the goal of setting the state for the open discussion. There are three specific areas that I would like to introduce to set the stage.....

First, the prevalence of dental caries experience in permanent teeth across race/ethnicity has been widely published. The most recent report, referred to as the Series 11 Report, highlights trends from 1988-1994 compared to 1999 to 2004. Specifically, dental caries among Adolescents 12 to 19:

White, NH 68 to 58

AA 63 to 54

MA 69 to 64

We have made progress in reducing disparities, but gaps in preventive care, namely access to dental sealants for AA children, along with higher levels of untreated dental decay and tooth loss among adults remain.

CDC continues to monitor trends across SES indicators, serving as the lead on the HP 2020 initiative—focusing on the oral health objectives. We believe that CWF has contributed to much of this decline related to dental caries. CDC along with the Task Force on Community Preventive Services recommended water fluoridation based on strong evidence of effectiveness in reducing tooth decay.

The second area to emphasize is that as we have monitored dental caries; we have also reported on the increase in prevalence in dental fluorosis noting increases among AA adolescents in forms of very mild and mild dental fluorosis as referenced in the 2005 MMWR Surveillance Summary. In 2001, CDC released recommendations addressing the appropriate use and range of preventive aids that have fluoride, namely fluoride supplements, topical fluorides, and toothpaste. These findings were one of the factors which influenced proposing a new optimal level of fluoride. CDC partnered with other federal entities along

with external partners to address this increase in dental fluorosis, in part, by releasing the PHS guidelines to look at the fluoride levels at the national and state levels. The guidelines were released for public comment earlier this year and it is expected that the final guidelines will be released at the end of the calendar year. The guidelines call for lowering the optimal fluoride level to .7 mg/l.

In addition, CDC's DOH has posted its strategic plan on the web highlighting areas of focus related to proposed research ( to include oral diseases such as dental caries and dental fluorosis, along with continued surveillance related to CWF ) and we continue to work to enhance our surveillance methods to monitor oral diseases.

Finally, there have been specific concerns regarding the impact of fluoride ingestion among persons with kidney disease and diabetes, specifically the sub-population most impacted, namely AA. Dr. Desmond Williams, Associate Branch Chief in the Division of Diabetes Translation and Team Lead for the CDC Chronic Kidney Disease Initiative is here with us today to give the current state of the scientific evidence related to these conditions and the impact on the AA community.

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 9:56 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Today's meeting--Data Facts and Stats  
**Attachments:** Data Facts.docx  
**Importance:** High

Dr. Bailey,

I have compiled a file with general facts regarding dental fluorosis and dental caries, by age and race/ethnicity. Please let me know if you need more information or have any questions. I sent an email to Linda regarding the document that Barbara used at the meeting mentioned below.

Thanks, Gina

-----Original Message-----

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 8:50 AM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Today's meeting

Hi Gina,

Can you please share the facts/stats that you used at the Morehouse Meeting? Also, I am assuming that you and Scott will be joining the Fluoride Strategy call. My calendar has it listed for 3pm, not 2pm.

Bill

-----Original Message-----

HHS



**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 9:58 AM  
**To:** Robison, Valerie (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Today's meeting--Data Facts and Stats  
**Attachments:** Data Facts.docx

**Importance:** High

FYI--Information I put together for Bill Bailey for the meeting this afternoon. Additional information will be included later today.

-----Original Message-----

**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 9:56 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Today's meeting--Data Facts and Stats  
**Importance:** High

Dr. Bailey,

I have compiled a file with general facts regarding dental fluorosis and dental caries, by age and race/ethnicity. Please let me know if you need more information or have any questions. I sent an email to Linda regarding the document that Barbara used at the meeting mentioned below.

Thanks, Gina

-----Original Message-----

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 8:50 AM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Today's meeting

Hi Gina,

Can you please share the facts/stats that you used at the Morehouse Meeting? Also, I am assuming that you and Scott will be joining the Fluoride Strategy call. My calendar has it listed for 3pm, not 2pm.  
 Bill

-----Original Message-----

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### Data Facts and Stats by Race/Ethnicity

**Dental Fluorosis—Information has not been published.** (Taken from an email Barbara Gooch drafted to SM of Chronic)

DOH is conducting additional analyses of data from NHANES 1999-2004. **We have previously reported that dental fluorosis was higher among children aged 12 – 15 years in 1999-2004 compared with same aged children in 1986-1987 (41% vs. 23% respectively). Recent analyses also have indicated that dental fluorosis (i.e., Very Mild, Mild, and Moderate/Severe) is higher in Black Non-Hispanic 12-15 yo children compared to White NH (58% versus 36%, respectively).** In the 1986-87 NIDCR survey, there was no such difference, with Black NH compared to White NH showing little difference (24% vs 22%). Reported increases in dental fluorosis over the past three decades have paralleled expansion of water fluoridation and the increased availability of other sources of ingested fluorides, such as fluoride toothpaste (if swallowed) and fluoride supplements.

Additional analyses of NHANES data are planned to explore factors that may be related to differences in fluorosis prevalence and severity by age and race/ethnicity and, if possible, different regions of the U.S. Also, Georgia may have some state data; we have asked for an update from their Oral Health Program.

Draft Fact Sheet—CWF, Linda sent this out for comments.

Most dental fluorosis in the United States— about 92 percent—is very mild to mild, appearing as white spots on the tooth surface that in many cases only a dental professional would notice. Dental fluorosis does not adversely affect a person's overall health, and teeth affected by these changes are typically equally resistant to tooth decay, if not more resistant.

Dental fluorosis in African Americans: According to the National Health and Examination Survey, covering 1999-2003 (this should be 2002), one-third of non-Hispanic blacks age 6–39 years had teeth with some dental fluorosis. For non-Hispanic whites in that age group, the teeth of 20% had dental fluorosis. The majority of fluorosis identified was the very mild to mild forms. Previous national studies had not shown a difference in dental fluorosis by race. Scientists are not certain of the reasons for this difference in the prevalence of dental fluorosis, and further research is needed to understand the factors contributing to this change.

**CDC MMWR published in 2005, I put these tables together**

Taken from Table 23, page 33, Enamel Fluorosis (using Dean's Index), Ages 6 -39, NHANES 1999-2002

Characteristic	Very Mild	Mild	Moderate/Severe
<b>Age Group</b>			
6 -11	20%	6%	2.71
12 to 15	25%	8%	4%
16 to 19	21%	7%	4%
20 to 39	11%	3%	2%

Characteristic	Very Mild	Mild	Moderate/Severe
<b>Race/Ethnicity</b>			
White, Non-Hispanic	14%	4%	2%
Black, Non-Hispanic	21%	8%	3%
Mexican-American	16%	5%	5%**

\*\*Unreliable estimate: the standard error is 30% the value of the point estimate, or greater.

#### Fact Sheet CWF—data from the Series 11 Report

From the early 1970s to the present, the prevalence of tooth decay in at least one permanent tooth (excluding the third molars, or wisdom teeth) among adolescents, aged 12–17 years, has decreased from 90% to 60%, and the average number of teeth affected by decay (i.e., decayed, missing and filled teeth) decreased from 6.2 to 2.6 (Kelly JE, 1975; Dye B, et al, 2007).

In more recent years, the National Health and Nutrition Examination Survey continues to show a decline in tooth decay in youth and adolescents of all racial/ethnic groups. For example, there was a significant decrease in the percentage of 12–19 year olds who had ever experienced tooth decay in their permanent teeth:

- Non-Hispanic white youth/adolescents: the prevalence of tooth decay decreased from 68 percent in 1988–1994 to 58% in 1999–2004.
- Non-Hispanic, black youth/adolescents: the prevalence of tooth decay decreased from 63 percent in 1988–1994 to 54% in 1999–2004.
- Mexican American youth/adolescents: the prevalence of tooth decay decreased from 69 percent in 1988–1994 to 64% in 1999–2004. REF: Dye B, et al, 2007.

**Albuquerque, Melissa (CDC/ONDIEH/NCCDPHP)**

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**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 9:58 AM  
**To:** Robison, Valerie (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Today's meeting  
**Attachments:** Talking points 6 6 2011.docx

FYI--information used for the Morehouse meeting last week. There will be a follow-up call today at 3.

-----Original Message-----

**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 9:14 AM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Today's meeting

Here are the talking points I used for the meeting last week.

-----Original Message-----

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, June 13, 2011 8:50 AM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Cc:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Today's meeting

Hi Gina,

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-----Original Message-----

HHS

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White, NH 68 to 58

AA 63 to 54

MA 69 to 64

We have made progress in reducing disparities, but gaps in preventive care, namely access to dental sealants for AA children, along with higher levels of untreated dental decay and tooth loss among adults remain.

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with external partners to address this increase in dental fluorosis, in part, by releasing the PHS guidelines to look at the fluoride levels at the national and state levels. The guidelines were released for public comment earlier this year and it is expected that the final guidelines will be released at the end of the calendar year. The guidelines call for lowering the optimal fluoride level to .7 mg/l.

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Finally, there have been specific concerns regarding the impact of fluoride ingestion among persons with kidney disease and diabetes, specifically the sub-population most impacted, namely AA. Dr. Desmond Williams, Associate Branch Chief in the Division of Diabetes Translation and Team Lead for the CDC Chronic Kidney Disease Initiative is here with us today to give the current state of the scientific evidence related to these conditions and the impact on the AA community.

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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bill Maas (Consultant) <BMaas-consultant@pewtrusts.org>  
**Sent:** Tuesday, June 14, 2011 4:04 PM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Ambassador Andrew Young & Atlanta  
**Attachments:** AndrewYoungLettertoGASenChipRogersMarch292011.pdf;  
 GeraldDurleyLettertoGASenators3-9-11.pdf

Thanks for calling today to discuss the concerns about higher prevalence of fluorosis among African Americans and how this has been distorted to justify some bad policy recommendations. Pew is aware of the problems Dan Stockin has created, the terrible 2 part story by the Atlanta CBS-affiliate, etc. Pew worked behind the scenes to ensure that the recent meeting documented below would occur, even though no one from Pew was present.

I trust you will keep this summary from Dr. Stanislav in confidence.

I think there are tremendous benefits to CDC and Pew, as well as other private and public partners, to work together.

**Bill Maas**

Consultant to Pew Children's Dental Campaign

Pew Center on the States

[www.pewcenteronthestates.org/dental](http://www.pewcenteronthestates.org/dental)

p: 301-231-7814 | m: (b)(6) | e: [bmaas-consultant@pewtrusts.org](mailto:bmaas-consultant@pewtrusts.org)

**From:** (b)(6) [mailto:(b)(6)]

**Sent:** Tuesday, June 07, 2011 11:07 AM

**To:** Bill Maas (Consultant); Shelly Gehshan

**Cc:** [calnonw@ada.org](mailto:calnonw@ada.org); [shermanj@ada.org](mailto:shermanj@ada.org)

**Subject:** Ambassador Andrew Young & Atlanta

Bill & Shelly,

Yesterday, I was asked to fly to Atlanta by the ADA to help address concerns expressed by Andrew Young and Rev. Gerald Durley regarding the impact of fluoride on minority populations. If you have not seen their letters I have them attached. The meeting was arranged by the NDA and facilitated at Morehouse by Dr. Maupin. Those present agreed to a non-disclosure statement so I am limited as to what I can tell you. At the end of my comments will be a list of the attendees.

Most everyone in the room had a chance to speak and I believe we were there about an hour and a half. The initial tone was one of distrust and I think this was generated by Dan Stockin who was finally asked not to be present prior to the meeting. Dr. Durely & Ambassador Young did not hold back on questioning the Government parties represented nor did they indicate they would stop efforts to alleviate the expressed disparities. I think Bill (Dr. Calnon) and I made a pretty good impression on them because they mellowed quite a bit by the time we spoke nearer the end of the meeting. They were a bit more conciliatory to us. In fact, both left with a statement of renewed trust and asked all of us to sort out a plan of action. So the tone changed remarkably. We will not know how effective we were for some time but a conference call is scheduled for June 20th by the primary parties that presented pro-fluoridation views.

Here is why I am contacting you. Although I did not use it by name, I contrasted the Lillie Center with Pew. I told Durley & Young about the 8 benchmarks, our work in progress regarding the fluoride campaign, etc. I then stated that one should ask other organizations who their board of directors are, their committees, their panels, their resources, etc and compare

for example to the foundations like the Pew Charitable Trusts. I indicated that Pew's reputation and due diligence was impeccable and that I would trust them far more than some organizations (unnamed).

Ambassador Young looked at me and said he would like to know more about Pew and their work and position on CWF. Especially, as we can relate to minorities and disparities. They are concerned about the bigger picture of minority health as well.

So, if you would look this over and advise me on your thoughts. This is becoming a very large picture with a movement through the black ministries and, possibly, even as high as the administration. Maybe this is an opportunity for both sides.

Stan

This list may not be complete but it is what was provided:

Ambassador Andrew Young  
 Rev. Gerald Durley  
 Dr. David Satcher  
 Dr. John Maupin, Morehouse School of Medicine

EPA: Dr Gwen Keyes Fleming - Regional Administrator region IV

HHS/CDC: Dr Ursula Bauer- Director of National Center for Chronic Disease Prevention and Health Promotion

Dr. Scott Presson - program services  
 Dr. Gina Thornton-Evans - Oral epidemiologist  
 Dr. Desmond Williams - Lead, Chronic Kidney Disease Initiative

HHS/Office Minority Health  
 Dr. Garth Graham - Deputy Assistant Secretary for Minority Health  
 Dr. Rochelle Rollins - Director, Division of Policy & Data  
 Dr. Arlene Lester - Regional Minority Health Consultant

State: Dr. Elizabeth Lense - State Dental Director, Georgia

NDA:  
 Dr. Sheila Brown, Pres.  
 Dr. Roy Irons P-E  
 Dr. Kim Perry, Chairman of the Board  
 Mr Robert Johns, ED

ADA: Dr. Bill Calnon, Pres-Elect  
 Dr. Leon Stanisiav, former Chairman NFAC  
 Judy Sherman, Wash DC Office

**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, June 24, 2011 8:42 PM  
**To:** Gracia, Nadine (OS/IO); Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Lehnerr, John R. (CDC/ONDIEH/NCCDPHP); Briss, Peter (CDC/ONDIEH/NCCDPHP)  
**Cc:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** Fw: 2011-06-23 FAN posting New evidence confirms dentists controlled statements by CDC on fluoridation toxicity concerns  
**Attachments:** New evidence confirms dentists controlled statements by CDC on fluoridation .pdf  
**Importance:** High

I just wanted to make you aware of this latest development from the fluoridation opponents. This is specifically about CDC.

We obviously always make it clear that CDC relies on findings from expert panels, scientific reviews and the weight of the evidence as the basis for our statements about and support for fluoridation.

The content that can be accessed at link also discusses the Atlanta fluoridation issue.

Bill

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**From:** Sherman, Judy C. [<mailto:shermanj@ada.org>]  
**Sent:** Friday, June 24, 2011 04:48 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: 2011-06-23 FAN posting New evidence confirms dentists controlled statements by CDC on fluoridation toxicity concerns

FYI

**Judy C. Sherman** [shermanj@ada.org](mailto:shermanj@ada.org)  
 Director  
 Congressional Affairs  
 202.789.5164

---

American Dental Association 1111 14th St., NW Suite 1100 Washington, DC 20005 [www.ada.org](http://www.ada.org)

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**From:** McGinley, Jane  
**Sent:** Friday, June 24, 2011 4:32 PM  
**To:** Ohr, Kenneth; Sherman, Judy C.  
**Cc:** Lampiris, Lewis N.; McManus, Joseph; Clough, Sharon R.  
**Subject:** 2011-06-23 FAN posting New evidence confirms dentists controlled statements by CDC on fluoridation toxicity concerns  
**Importance:** High

The attached document was posted today on FAN's website promoting Stockin's efforts. It's a press release that talks about the CDC list of employees and new info about another relative of Dr. King who apparently has taken an antiF stance. You'll also find the hyperlinks at the bottom of interest. First is the CDC list of employees and it goes on from there including a 1979 ADA White Paper on Fluoridation and a report from a 1951 meeting of ASTDD.

Please share as you deem appropriate.

<http://www2.fluoridealert.org/Alert/United-States/National/New-evidence-confirms-dentists-controlled-statements-by-CDC-on-fluoridation-toxicity-concerns>

**Jane McGinley, RDH, MBA** [mcginleyj@ada.org](mailto:mcginleyj@ada.org)  
Manager, Fluoridation and Preventive Health Activities  
Council on Access, Prevention and Interprofessional Relations  
312.440.2862

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# New evidence confirms dentists controlled statements by CDC on fluoridation toxicity concerns

Press Release from The Lillie Center, Inc. (Ellijay GA)  
June 22, 2011

## ***New evidence confirms dentists controlled statements by CDC on fluoridation toxicity concerns***

*Another King family member speaks out as Fluoridegate scandal builds in Atlanta*

Contact: Daniel G. Stockin, MPH  
Ph: 706-669-0786 • Email: [stockin2@yahoo.com](mailto:stockin2@yahoo.com) • Web:  
<http://spotsomyteeth.com/>

Ellijay, GA – Swirling questions about conflicts of interest and improper influence grew rapidly today as Freedom of Information Act documents showed that since the 1970s, dental health professionals alone in the Centers for Disease Control (CDC) have controlled the agency's stance supporting water fluoridation.

A response to a request for the names and job descriptions of all persons in CDC that have had input into CDC's decision to support fluoridation listed no CDC toxicologists, minority health professionals, experts in diabetes, or others outside the Oral Health Division.

CDC says its administrative structure is set up to address what the agency calls "cross cutting issues." Yet only CDC's directors of oral health were listed over several decades as being responsible for the agency's fluoridation stance, a disquieting disclosure for water, health, and political leaders that believed CDC utilized its broad array of internal expertise in assessing research on whole-body, outside-the-mouth harm from fluoridation.

The documentation intensifies focus on the motivations behind CDC's and EPA's fluoride safety statements that appear at odds with current scientific knowledge.

After a 2006 report from the National Research Council documented extensive amounts of basic research never conducted on whole-body fluoride impacts, CDC continued promoting fluoridation while stating on its website, "Extensive research conducted over the past 60 years has shown that fluoridation of public water supplies is safe and effective for all community residents."

The disclosures come as yet another prominent member of the Atlanta black community is calling for a halt to water fluoridation and highlighting concerns about the CDC's role in promoting it.

Alveda King, nationally known minister and niece of civil rights leader Martin Luther King Jr., joins the civil rights leader's daughter, Bernice King, former Atlanta mayor and U.N. ambassador Andrew Young, and civil rights leader and minister Dr. Gerald Durley in drawing attention to risks from fluoridation.

Alveda King posted information on her blog today. "The Centers for Disease Control has clearly been trying to preserve fluoridation at all costs, but the facts about fluoride harm are coming out anyway," she says.

"This is a civil rights issue," she continues. "No one should be subjected to drinking fluoride in their water, especially sensitive groups like kidney patients and diabetics, babies in their milk formula, or poor families that cannot afford to purchase unfluoridated water. Black and Latino families are being disproportionately harmed."

A growing body of published research shows that minorities, kidney patients, diabetics, babies and seniors are particularly at risk for harm from ingested fluorides.

Law firms are now reviewing old and new documents believed to highlight a pattern of attempts to curtail discussions on fluoride toxicity and downplay the importance of professionals personally reviewing scientific

### Latest News from National

- [New evidence confirms dentists controlled statements by CDC on fluoridation toxicity concerns](#)
- [The Environmental Injustice of Water Fluoridation](#)
- [Ralph Nader on mandatory fluoridation](#)
- [The Relation Between the Socioeconomic Status and Dental Health](#)
- [ADA celebrates 66 years of fluoridation](#)

[Read more news from National](#)

reports about fluorides.

One such document is an explosive transcript of a 1951 meeting of state dental directors on file at the Library of Congress.

State dental leaders at the meeting were encouraged to promote fluoridation were told, "The question of toxicity is on the same order. Lay off it altogether. Just pass it over. 'We know there is absolutely no effect other than reducing tooth decay,' you say, and go on. If it becomes an issue, then you will have to take it over, but don't bring it up yourself."

A white paper issued by the American Dental Association in 1979 stated that, "individual dentists must be convinced that they need not be familiar with scientific reports of laboratory and field investigations on fluoridation to be effective participants in the promotion program and that nonparticipation is an overt neglect of professional responsibility."

"I think it's pretty clear that the public, the media, and health providers were given soothing talking points about fluoridation, and in many cases dissuaded from personally looking at toxicity data," says Daniel G. Stockin, a career public health professional who is opposed to fluoridation.

"How can CDC oral health professionals in a department that has promoted fluoridation for decades be objective, let alone competent to assess research and draw conclusions about the toxicity of fluorides on thyroid glands, kidneys, and the pineal gland?" he asks.

"There is a reason we're seeing calls for Fluoridegate investigations," Stockin continues. "The legal community and the media are waking up to this. I believe jurors will see a clear pattern of disinformation, half-truths, misdirection, and omission of critical material facts concerning harm from fluoridated drinking water."

###

#### Reference Links / Sources:

- Freedom of Info. Act Request & Response: <http://spotsonmyteeth.com/wp-content/uploads/2010/02/FOIA-use-send-vlw.pdf>
- CDC statement on structure set up to address cross cutting issues: <http://cdc.gov/about/organization/cio.htm>
- CDC's "60 years of extensive research" statement (see "Safety and Fluoridation") : [http://www.sboh.wa.gov/Meetings/2010/06-09/docs/Tab16h-Fluoridation\\_CDC\\_FAQs.pdf](http://www.sboh.wa.gov/Meetings/2010/06-09/docs/Tab16h-Fluoridation_CDC_FAQs.pdf)
- Alveda King blog: see June 22, 2011 post at: <http://www.priestsforlife.org/africanamerican/blog/> Direct link: <http://www.priestsforlife.org/africanamerican/blog/index.php/spotsonmyteeth-com-reveals-controversial-fluoride-issue>
- National Research Council report on fluorides: see "Susceptible Subpopulations" pp. 350-51: [http://books.nap.edu/openbook.php?record\\_id=11571&page=350](http://books.nap.edu/openbook.php?record_id=11571&page=350) Harm to minorities – see Table 23 from CDC MMWR publication and other research references at: <http://articles.mercola.com/sites/articles/archive/2011/06/05/poor-and-minority-americans-disproportionately-harmed-by-fluoride.aspx>
- Transcript of 1951 meeting of state dental directors (see p. 23): <http://www.nofluoride.com/PDF/State%20Dental%20Directors.pdf> Original document on file at Library of Congress: call number RK21.C55 LC, control no.: 59062243, LCCN permalink: <http://lccn.loc.gov/59062243> Meeting name: Conference of the State and Territorial Dental Directors with the Public Health Service and the Children's Bureau. Main title: Proceedings. Published/Created: [Washington] U. S. Dept. of Health, Education, and Welfare.
- ADA White Paper on Fluoridation: see bottom p. 10: <http://fluoridealert.org/ada.white.paper.1979.html>
- Atlanta leaders on fluoridation: Bernice King Facebook page, see May 10, 2011 post: <https://www.facebook.com/pages/Be-A-King/222731605570>; Rev. Durley and Ambassador Young: <http://spotsonmyteeth.com/wp-content/uploads/2011/04/Letter-to-Georgia-Legislators-from-Ambassador-Andrew-Young.pdf> <http://spotsonmyteeth.com/wp-content/uploads/2010/02/durley-ltr-bw-PDF2.pdf>



**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, July 04, 2011 8:35 AM  
**To:** Ikeda, Robin (CDC/ONDIEH/OD)  
**Cc:** Bonzo, Sandra E. (CDC/ONDIEH/OD); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** Fluoride Summary

Hi Robin,

As I mentioned on Friday, HHS is very concerned about the Community Fluoride situation here in Atlanta getting out of hand and escalating into similar situations across the country. The controversy around fluoride has been pretty constant over the past several decades, flaring up and calming down over the years. HHS (Dora Hughes) feels CDC is not being proactive in addressing the issue promptly as we have flare ups. There are mixed views how proactive to be and whether jumping into the fray adds fuel to the fire or quiets things down. We are working with Nadine Gracia in the ASH and Garth Graham in OMH.

The situation in Atlanta is that several strong civil rights leaders have joined the debate about apparent systemic health effects of fluoride, especially effects on the kidney and a concern that these negative systemic effects disproportionately affect African Americans. As this issue has gained attention, other groups, e.g., the Fluoride Action Network and the NYS Coalition Opposing Fluoride, have requested information (e.g., a FOIA request from the latter group regarding CDC information on the Atlanta situation). There is also concern about CDC's recommendation to use nonfluoridated water when mixing infant formula and the burden this places on poor families in particular.

CDC is developing a short- and longer-term communication strategy for this situation, identifying press opportunities and developing/revising/updating fact sheets and FAQ, to be released as opportunities are identified. This should be ready for discussion with HHS on July 11. We are also working closely with the American Dental Association, the National Dental Association and Pew Dental Project to join in and add to their efforts. We would also like to bring in other groups including the American Academy of Pediatrics.

We do recognize the need to develop communication materials that more directly recognize and respond to community concerns about claimed systemic effects, and that put into context the 2006 National Research Council report on adverse health effects associated with exposure to community water fluoride levels above the EPA maximum contaminant level of 4.0 mg/l. These levels occur in areas with naturally fluoridated water. Mitigating these effects (mainly fluorosis) requires removing fluoride from water. Incidence of mild fluorosis have increased over time and African Americans are disproportionately affected. The current hypothesis is this is due to the ready availability of fluoride in a number of products (e.g., soda bottled in areas with fluoridated water), especially fluoridated toothpaste, which children tend to swallow and which we all tend to use too much of (e.g., should be a pea-sized dose of toothpaste on the brush, not the long ribbon featured in pictures and ads).

Later this summer, CDC, in conjunction with EPA, will issue revised recommendations for community water fluoridation. The current recommendation ranges from 0.7 to 1.2 mg/l, depending on climate. The new recommendation will be 0.7 mg across the board. This is based, in part, on a reassessment of the original assumptions related to the amount of water consumed based on average temperature. The reassessment suggestions that water consumption is pretty much the same across the country.

In addition, we are exploring the possibility of a statement by the Surgeon General on community water fluoridation, its importance in reducing oral health disparities, and the relative safety of community water fluoridation for all populations. As a longer-term strategy, we are considering a Surgeon General Call to Action to Reduce Oral Health Disparities.

Finally, other communications can focus on the progress we have made in oral health and reducing oral health disparities as a result of community water fluoridation. In the past, partners have not wanted to trumpet these achievements, feeling that any mention of fluoride ignites antifluoride groups and it is best simply to not bring up the topic.

If we do launch a public communication strategy, we will need to be strategic, stalwart and determined and sustain the program through to completion, otherwise we do risk stimulating more opposition. Let us know if you need additional information.

Thanks,  
 Ursula

Ursula E. Bauer, PhD, MPH  
Director, National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention

[ubauer@cdc.gov](mailto:ubauer@cdc.gov)  
770-488-5401

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Ikeda, Robin (CDC/ONDIEH/OD)  
**Sent:** Tuesday, July 05, 2011 8:57 AM  
**To:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bonzo, Sandra E. (CDC/ONDIEH/OD); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Fluoride Summary

Thanks very much for this summary. I will share with Ileana and others in the OD.

Robin M. Ikeda, MD, MPH  
 CAPT, USPHS  
 Deputy Director, Noncommunicable Disease, Injury, and Environmental Health  
 Centers for Disease Control and Prevention  
 4770 Buford Highway, MS F-39  
 Atlanta, GA 30341  
 (770) 488-0608

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**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, July 04, 2011 8:35 AM  
**To:** Ikeda, Robin (CDC/ONDIEH/OD)  
**Cc:** Bonzo, Sandra E. (CDC/ONDIEH/OD); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** Fluoride Summary

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Thanks,  
Ursula

Ursula E. Bauer, PhD, MPH  
Director, National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention

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770-488-5401

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**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Bonzo, Sandra E. (CDC/ONDIEH/OD)  
**Sent:** Friday, July 22, 2011 1:57 PM  
**To:** Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Fluoride Meeting  
**Attachments:** ADA Proposal on Fluoride.docx; NDA Plan of Action June 20th Meeting (2).doc

Hi John,

I check the forecasting portal per Tom Sink's suggestion and didn't see this meeting. Will Chronic put it in?

Thanks,

Sandy

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**From:** Sinks, Tom (CDC/ONDIEH/NCEH)  
**Sent:** Friday, July 22, 2011 8:25 AM  
**To:** Bonzo, Sandra E. (CDC/ONDIEH/OD); Chaney, Sascha (ATSDR/OA/OD); Portier, Christopher (CDC/ONDIEH/NCEH)  
**Cc:** Sinks, Tom (CDC/ONDIEH/NCEH)  
**Subject:** FW: Fluoride Meeting

FYI - Sandy you may want to share this with Robin and Ileana. I assume that Chronic is including updates on this issue in their submissions to the forecast portal.

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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, July 25, 2011 1:55 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft Agenda for Your Review

Do you want to discuss briefly after our next call? I have not connected yet with Nadine...left her a message.

HHS

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, July 25, 2011 2:03 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft Agenda for Your Review

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, July 25, 2011 1:56 PM  
**To:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft Agenda for Your Review

Yes, let's do discuss.

**From:** Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, July 25, 2011 1:55 PM  
**To:** Bailey, William (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft Agenda for Your Review

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HHS

**Bailey, William (CDC/ONDIEH/NCCDPHP)**

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, July 25, 2011 3:58 PM  
**To:** Gracia, Nadine (OS/IO); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft Agenda for Your Review

Nadine,  
 Good deal. We will call you then.  
 Bill

HHS

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP) [<mailto:wdb9@cdc.gov>]  
**Sent:** Monday, July 25, 2011 3:52 PM  
**To:** Gracia, Nadine (IO/OASH); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft Agenda for Your Review

Hi Nadine,

Barbara and I would like to discuss the agenda with you. Do you have a chance to discuss any time after 5 pm today?  
 Thanks,  
 Bill

William Bailey, DDS, MPH  
 Assistant Surgeon General  
 Chief Dental Officer, USPHS  
 Acting Director, Division of Oral Health  
 National Center for Chronic Disease Prevention and Health Promotion  
 4770 Buford Hwy NE, MS F-10  
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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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HHS

**From:** Bailey, William (CDC/ONDIEH/NCCDPHP) [<mailto:wdb9@cdc.gov>]  
**Sent:** Monday, July 25, 2011 3:52 PM  
**To:** Gracia, Nadine (IO/OASH); Gooch, Barbara (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Draft Agenda for Your Review

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**Bailey, William (CDC/ONDIEH/NCCDPHP)**

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**Smalls, Marcia V. (CDC/ONDIEH/NCCDPHP)**

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**From:** Tucker, Jennifer (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, July 26, 2011 2:53 PM  
**To:** Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Marynak, Kristy (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Fluoride Meeting  
**Attachments:** ADA Proposal on Fluoride.docx; NDA Plan of Action June 20th Meeting (2).doc

Thanks John – The meeting is in the portal. Mtg scheduled for 7/29 at 2:30.

Kristy – FYI

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**From:** Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, July 25, 2011 9:11 AM  
**To:** Tucker, Jennifer (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Fluoride Meeting

Can't recall if I shared this w/ you. I did fwd to Craig & bill b and asked that they make sure it's in their portal entries

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**From:** Bonzo, Sandra E. (CDC/ONDIEH/OD)  
**Sent:** Friday, July 22, 2011 1:57 PM  
**To:** Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Subject:** FW: Fluoride Meeting

Hi John,

I check the forecasting portal per Tom Sink's suggestion and didn't see this meeting. Will Chronic put it in?

Thanks,

Sandy

---

**From:** Sinks, Tom (CDC/ONDIEH/NCEH)  
**Sent:** Friday, July 22, 2011 8:25 AM  
**To:** Bonzo, Sandra E. (CDC/ONDIEH/OD); Chaney, Sascha (ATSDR/OA/OD); Portier, Christopher (CDC/ONDIEH/NCEH)  
**Cc:** Sinks, Tom (CDC/ONDIEH/NCEH)  
**Subject:** FW: Fluoride Meeting

FYI - Sandy you may want to share this with Robin and Ileana. I assume that Chronic is including updates on this issue in their submissions to the forecast portal.

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**Studer, Craig (CDC/ONDIEH/NCCDPHP)**

**From:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 14, 2011 11:35 AM  
**To:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Studer, Craig (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP); Seltran, Eugenio D. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: FYI - fluoridation in Atlanta

Thank you Scott for sharing this information. I would agree that there does need to be a dialogue about the issues raised in the links listed below. I would also include Eugenio in this discussion. It may be better to schedule a discussion tomorrow morning, there are a few people that have scheduled commitments this afternoon. Eugenio is available tomorrow morning. I will follow-up with others to determine their availability.

Thanks, Gina

**From:** Presson, Scott M. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Thursday, April 14, 2011 11:00 AM  
**To:** Thornton-Evans, Gina (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Studer, Craig (CDC/ONDIEH/NCCDPHP); Robison, Valerie (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** FYI - fluoridation in Atlanta

The issue of fluoridation and impact on minority populations has arisen in Atlanta. Let's meet to discuss. Is later this afternoon a possibility?

<http://www2.fluoridealert.org/Alert/United-States/Georgia/Atlanta-Civil-Rights-Leaders-Call-for-Halt-to-Water-Fluoridation>

<http://wholofoodusa.wordpress.com/2011/04/13/atlanta-civil-rights-leaders-call-for-halt-to-water-fluoridation/>

Scott M. Presson, DDS, MPH

**Studer, Craig (CDC/ONDIEH/NCCDPHP)**

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, July 26, 2011 11:30 AM  
**To:** Studer, Craig (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Fluoride Meeting

Done. We have a budget submission to do as well. Can we talk when you are back tomorrow?

Linda

**From:** Studer, Craig (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, July 26, 2011 10:37 AM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** w: Fluoride Meeting

Linda,

If you have not done so, please include this meeting on the Portal.

Thanks

Craig Studer  
 Deputy Director Division of Oral Health  
 Centers for Disease Control  
 Atlanta GA 30333  
 (404) 488 6218

**From:** Bonzo, Sandra E. (CDC/ONDIEH/OD)  
**Sent:** Friday, July 22, 2011 04:26 PM  
**To:** Lehnert, John R. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Tucker, Jennifer (CDC/ONDIEH/NCCDPHP); Studer, Craig (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Fluoride Meeting

Thanks!! Enjoy the HOT weekend.

**From:** Lehnert, John R. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Friday, July 22, 2011 4:10 PM  
**To:** Bonzo, Sandra E. (CDC/ONDIEH/OD)  
**Cc:** Tucker, Jennifer (CDC/ONDIEH/NCCDPHP); Studer, Craig (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Fluoride Meeting

I have requested program to do so

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**Subject:** FW: Fluoride Meeting

Hi John,

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Sandy

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**Sent:** Friday, July 22, 2011 8:25 AM  
**To:** Bonzo, Sandra E. (CDC/ONDIEH/OD); Chaney, Sascha (ATSDR/OA/OD); Portier, Christopher (CDC/ONDIEH/NCEH)  
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(HHS)

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(HHS)



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Craig Studer  
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 Centers for Disease Control  
 Atlanta GA 30333  
 (404) 488 6218

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HHS

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**Subject:** RE: Fluoride Meeting

Thanks!! Enjoy the HOT weekend.

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**Sent:** Friday, July 22, 2011 4:18 PM  
**To:** Bonzo, Sandra E. (CDC/ONDIIEH/OD)  
**Cc:** Tucker, Jennifer (CDC/ONDIIEH/NCCDPHP); Studer, Craig (CDC/ONDIIEH/NCCDPHP)  
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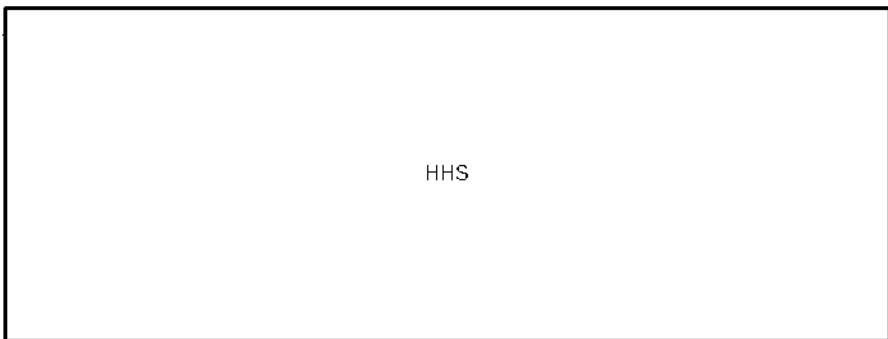
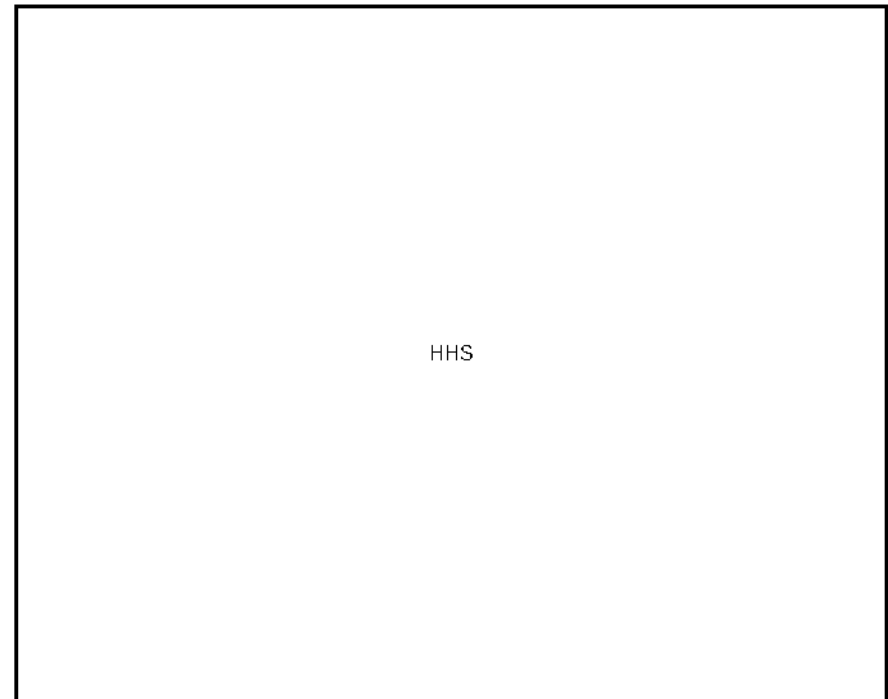
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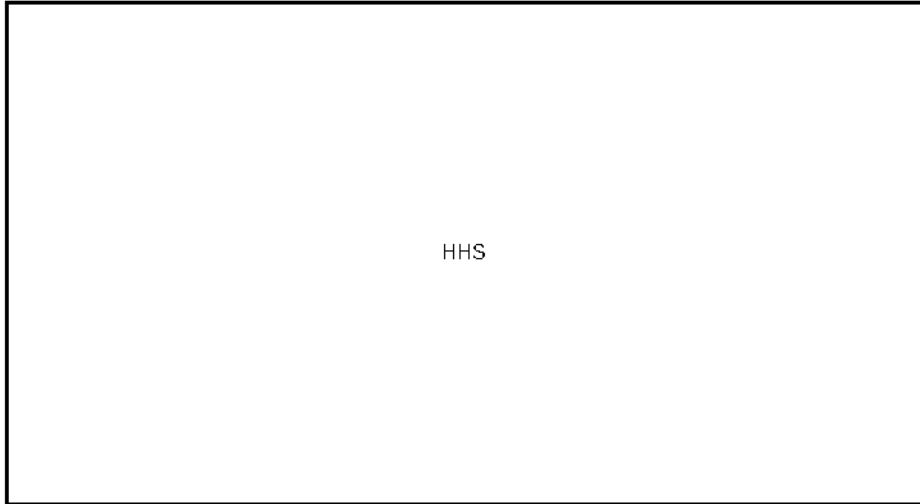
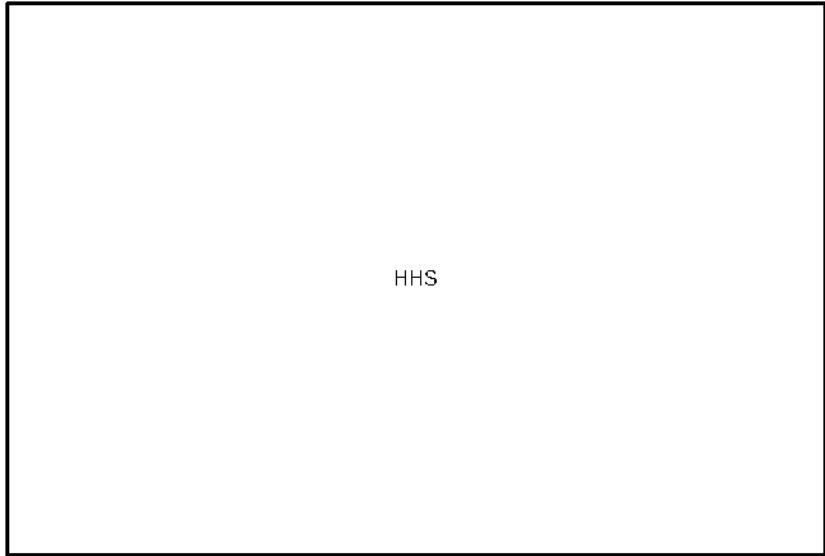
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HHS

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**From:** Studer, Craig (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, July 26, 2011 11:45 AM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Subject:** Re: Fluoride Meeting

is that the FY 13 budget and sure we can discuss  
 Craig Studer  
 Deputy Director Division of Oral Health  
 Centers for Disease Control  
 Atlanta GA 30333  
 (404) 488 6218

**From:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, July 26, 2011 11:30 AM  
**To:** Studer, Craig (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Fluoride Meeting

Done. We have a budget submission to do as well. Can we talk when you are back tomorrow?

Linda

**From:** Studer, Craig (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, July 26, 2011 10:37 AM  
**To:** Orgain, Linda S. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** w: Fluoride Meeting

Linda,

if you have not done so, please include this meeting on the Portal.

Thanks

Craig Studer  
 Deputy Director Division of Oral Health  
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**From:** Bonzo, Sandra E. (CDC/ONDIEH/OD)  
**Sent:** Friday, July 22, 2011 04:26 PM  
**To:** Lehnsherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Cc:** Tucker, Jennifer (CDC/ONDIEH/NCCDPHP); Studer, Craig (CDC/ONDIEH/NCCDPHP)  
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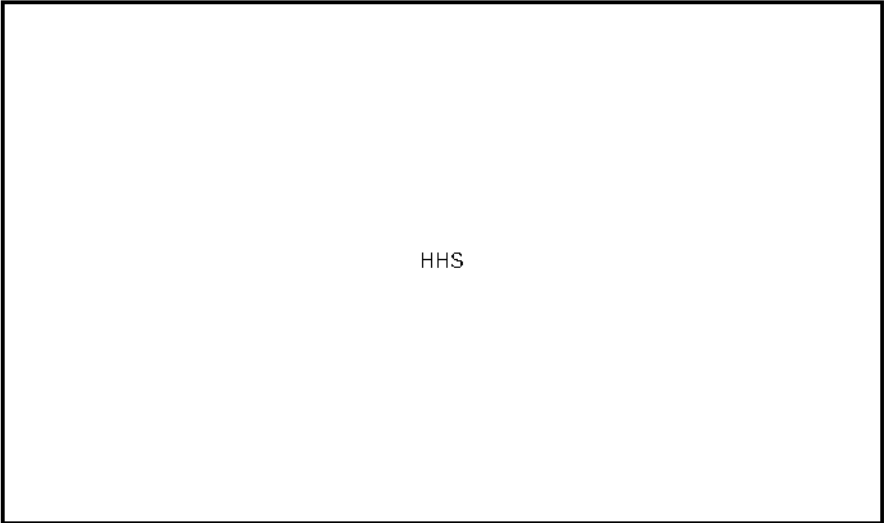
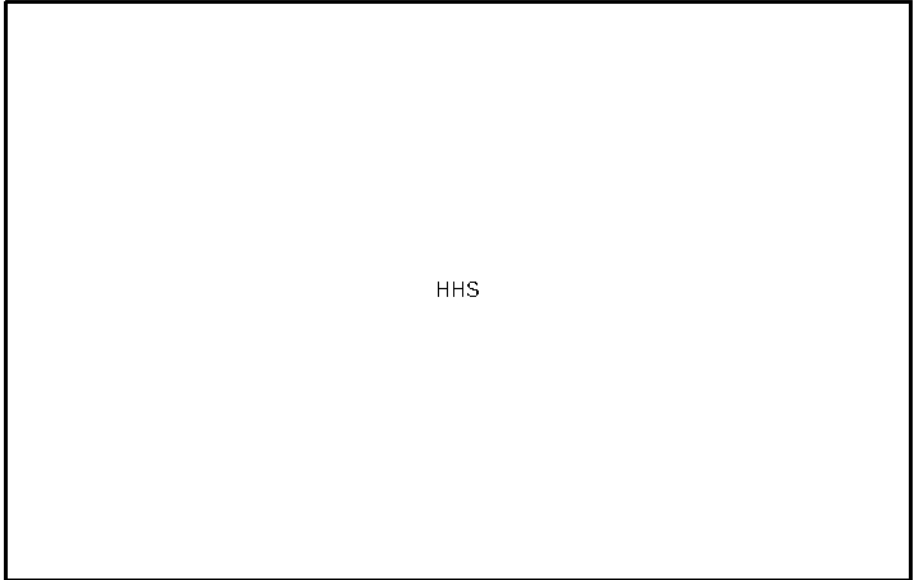
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**From:** Studer, Craig (CDC/ONDIEH/NCCDPHP)  
**Sent:** Wednesday, July 27, 2011 8:36 AM  
**To:** Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Subject:** RE: Fluoride Meeting

Thanks, wonder if Patrick is related to George McGovern who is also from Mitchell

**From:** Lehnherr, John R. (CDC/ONDIEH/NCCDPHP)  
**Sent:** Tuesday, July 26, 2011 10:47 AM  
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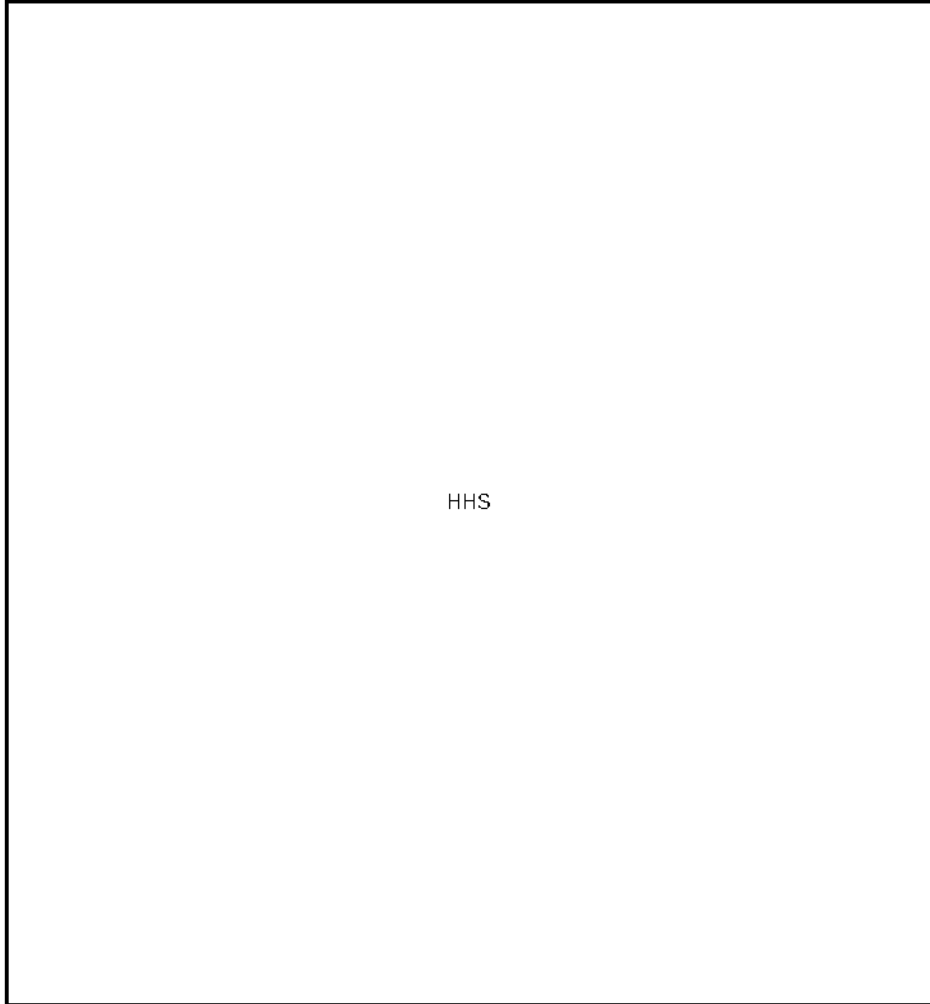
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HHS



**Dean, Contessa J. (CDC/OD/OCS)**

---

**From:** Frieden, Thomas (Tom) (CDC/OD)  
**Sent:** Friday, June 03, 2011 10:12 PM  
**To:** Arias, Ileana (CDC/OD)  
**Cc:** Villar, Carmen S. (CDC/OD/OCS)  
**Subject:** Re: Meeting - Andrew Young/June 6th

Nor I.

He was my graduation speaker ... Very good ...and I met him a few years ago in a mtg w Ted Turner and told he what he had said....not a strong link but enough for me to speak w him about it sometime. Would be good to speak w him re global heal also

On Jun 3, 2011, at 9:59 PM, "Arias, Ileana (CDC/OD)" <[iaa4@cdc.gov](mailto:iaa4@cdc.gov)> wrote:

FYI. I wasn't aware.

HHS

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HHS

**Dean, Contessa J. (CDC/OD/OCS)**

---

**From:** Frieden, Thomas (Tom) (CDC/OD)  
**Sent:** Sunday, June 05, 2011 1:08 PM  
**To:** Arias, Ileana (CDC/OD)  
**Cc:** Villar, Carmen S. (CDC/OD/OCS)  
**Subject:** Re: Meeting - Andrew Young/June 6th

Od

On Jun 5, 2011, at 11:48 AM, "Arias, Ileana (CDC/OD)" <[iaa4@cdc.gov](mailto:iaa4@cdc.gov)> wrote:

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HHS

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HHS

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**From:** Frieden, Thomas (Tom) (CDC/OD)  
**Sent:** Tuesday, July 05, 2011 12:34 PM  
**To:** Arias, Ileana (CDC/OD)  
**Cc:** Villar, Carmen S. (CDC/OD/OCS)  
**Subject:** RE: Fluoride Summary

At some point I was going to try to meet with some of the AA leaders who had raised this.

---

**From:** Arias, Ileana (CDC/OD)  
**Sent:** Tuesday, July 05, 2011 12:00 PM  
**To:** Frieden, Thomas (Tom) (CDC/OD)  
**Subject:** FW: Fluoride Summary

You mentioned fluoridation twice in the SBC TPs and fluoridation has been an issue of interest at HHS so thought you might be interested in this.

---

**From:** Ikeda, Robin (CDC/ONDIEH/OD)  
**Sent:** Tuesday, July 05, 2011 9:27 AM  
**To:** Arias, Ileana (CDC/OD)  
**Cc:** Bonzo, Sandra E. (CDC/ONDIEH/OD)  
**Subject:** FW: Fluoride Summary

Another agenda item for today's meeting.

Robin M. Ikeda, MD, MPH  
 CAPT, USPHS  
 Deputy Director, Noncommunicable Disease, Injury, and Environmental Health  
 Centers for Disease Control and Prevention  
 4770 Buford Highway, MS F-39  
 Atlanta, GA 30341  
 (770) 488-0608

---

**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, July 04, 2011 8:35 AM  
**To:** Ikeda, Robin (CDC/ONDIEH/OD)  
**Cc:** Bonzo, Sandra E. (CDC/ONDIEH/OD); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** Fluoride Summary

Hi Robin,  
 As I mentioned on Friday, HHS is very concerned about the Community Fluoride situation here in Atlanta getting out of hand and escalating into similar situations across the country. The controversy around fluoride has been pretty constant over the past several decades, flaring up and calming down over the years. HHS (Dora Hughes) feels CDC is not being proactive in addressing the issue promptly as we have flare ups. There are mixed views how proactive to be and whether jumping into the fray adds fuel to the fire or quiets things down. We are working with Nadine Gracia in the ASH and Garth Graham in OMH.

The situation in Atlanta is that several strong civil rights leaders have joined the debate about apparent systemic health effects of fluoride, especially effects on the kidney and a concern that these negative systemic effects disproportionately affect African Americans. As this issue has gained attention, other groups, e.g., the Fluoride Action Network and the NYS

Coalition Opposing Fluoride, have requested information (e.g., a FOIA request from the latter group regarding CDC information on the Atlanta situation). There is also concern about CDC's recommendation to use nonfluoridated water when mixing infant formula and the burden this places on poor families in particular.

CDC is developing a short- and longer-term communication strategy for this situation, identifying press opportunities and developing/revising/updating fact sheets and FAQ, to be released as opportunities are identified. This should be ready for discussion with HHS on July 11. We are also working closely with the American Dental Association, the National Dental Association and Pew Dental Project to join in and add to their efforts. We would also like to bring in other groups including the American Academy of Pediatrics.

We do recognize the need to develop communication materials that more directly recognize and respond to community concerns about claimed systemic effects, and that put into context the 2006 National Research Council report on adverse health effects associated with exposure to community water fluoride levels above the EPA maximum contaminant level of 4.0 mg/l. These levels occur in areas with naturally fluoridated water. Mitigating these effects (mainly fluorosis) requires removing fluoride from water. Incidence of mild fluorosis have increased over time and African Americans are disproportionately affected. The current hypothesis is this is due to the ready availability of fluoride in a number of products (e.g., soda bottled in areas with fluoridated water), especially fluoridated toothpaste, which children tend to swallow and which we all tend to use too much of (e.g., should be a pea-sized dose of toothpaste on the brush, not the long ribbon featured in pictures and ads).

Later this summer, CDC, in conjunction with EPA, will issue revised recommendations for community water fluoridation. The current recommendation ranges from 0.7 to 1.2 mg/l, depending on climate. The new recommendation will be 0.7 mg across the board. This is based, in part, on a reassessment of the original assumptions related to the amount of water consumed based on average temperature. The reassessment suggestions that water consumption is pretty much the same across the country.

In addition, we are exploring the possibility of a statement by the Surgeon General on community water fluoridation, its importance in reducing oral health disparities, and the relative safety of community water fluoridation for all populations. As a longer-term strategy, we are considering a Surgeon General Call to Action to Reduce Oral Health Disparities.

Finally, other communications can focus on the progress we have made in oral health and reducing oral health disparities as a result of community water fluoridation. In the past, partners have not wanted to trumpet these achievements, feeling that any mention of fluoride ignites antifluoride groups and it is best simply to not bring up the topic.

If we do launch a public communication strategy, we will need to be strategic, stalwart and determined and sustain the program through to completion, otherwise we do risk stimulating more opposition. Let us know if you need additional information.

Thanks,  
Ursula

Ursula E. Bauer, PhD, MPH  
Director, National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention

ubauer@cdc.gov  
770-488-5401

**Dean, Contessa J. (CDC/OD/OCS)**

---

**From:** Arias, Ileana (CDC/OD)  
**Sent:** Friday, July 22, 2011 3:06 PM  
**To:** Villar, Carmen S. (CDC/OD/OCS)  
**Subject:** Fw: Fluoride Meeting  
**Attachments:** ADA Proposal on Fluoride.docx; NDA Plan of Action June 20th Meeting (2).doc

FYI.

---

**From:** Bonzo, Sandra E. (CDC/ONDIEH/OD)  
**Sent:** Friday, July 22, 2011 02:02 PM  
**To:** Arias, Ileana (CDC/OD); Ikeda, Robin (CDC/ONDIEH/OD)  
**Subject:** FW: Fluoride Meeting

I checked the portal and this meeting is not currently in. Sent a note to Chronic and asked them to enter it.

---

**From:** Sinks, Tom (CDC/ONDIEH/NCEH)  
**Sent:** Friday, July 22, 2011 8:25 AM  
**To:** Bonzo, Sandra E. (CDC/ONDIEH/OD); Chaney, Sascha (ATSDR/OA/OD); Portier, Christopher (CDC/ONDIEH/NCEH)  
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HHS

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**To:** Arias, Ileana (CDC/OD)  
**Cc:** Villar, Carmen S. (CDC/OD/OCS)  
**Subject:** Re: Meeting - Andrew Young/June 6th

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FYI. I wasn't aware.

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**Dean, Contessa J. (CDC/OD/OCS)**

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**Sent:** Sunday, June 05, 2011 2:11 PM  
**To:** Villar, Carmen S. (CDC/OD/OCS)  
**Subject:** Fw: Meeting - Andrew Young/June 6th

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**From:** Arias, Ileana (CDC/OD)  
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**Subject:** FW: Fluoride Summary

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**From:** Ikeda, Robin (CDC/ONDIEH/OD)  
**Sent:** Tuesday, July 05, 2011 9:27 AM  
**To:** Arias, Ileana (CDC/OD)  
**Cc:** Bonzo, Sandra E. (CDC/ONDIEH/OD)  
**Subject:** FW: Fluoride Summary

Another agenda item for today's meeting.

Robin M. Ikeda, MD, MPH  
 CAPT, USPHS  
 Deputy Director, Noncommunicable Disease, Injury, and Environmental Health  
 Centers for Disease Control and Prevention  
 4770 Buford Highway, MS F-39  
 Atlanta, GA 30341  
 (770) 488-0608

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**From:** Bauer, Ursula (CDC/ONDIEH/NCCDPHP)  
**Sent:** Monday, July 04, 2011 8:35 AM  
**To:** Ikeda, Robin (CDC/ONDIEH/OD)  
**Cc:** Bonzo, Sandra E. (CDC/ONDIEH/OD); Bailey, William (CDC/ONDIEH/NCCDPHP)  
**Subject:** Fluoride Summary

Hi Robin,



As I mentioned on Friday, HHS is very concerned about the Community Fluoride situation here in Atlanta getting out of hand and escalating into similar situations across the country. The controversy around fluoride has been pretty constant over the past several decades, flaring up and calming down over the years. HHS (Dora Hughes) feels CDC is not being proactive in addressing the issue promptly as we have flare ups. There are mixed views how proactive to be and whether jumping into the fray adds fuel to the fire or quiets things down. We are working with Nadine Gracia in the ASH and Garth Graham in OMH.

The situation in Atlanta is that several strong civil rights leaders have joined the debate about apparent systemic health effects of fluoride, especially effects on the kidney and a concern that these negative systemic effects disproportionately affect African Americans. As this issue has gained attention, other groups, e.g., the Fluoride Action Network and the NYS Coalition Opposing Fluoride, have requested information (e.g., a FOIA request from the latter group regarding CDC information on the Atlanta situation). There is also concern about CDC's recommendation to use nonfluoridated water when mixing infant formula and the burden this places on poor families in particular.

CDC is developing a short- and longer-term communication strategy for this situation, identifying press opportunities and developing/revising/updating fact sheets and FAQ, to be released as opportunities are identified. This should be ready for discussion with HHS on July 11. We are also working closely with the American Dental Association, the National Dental Association and Pew Dental Project to join in and add to their efforts. We would also like to bring in other groups including the American Academy of Pediatrics.

We do recognize the need to develop communication materials that more directly recognize and respond to community concerns about claimed systemic effects, and that put into context the 2006 National Research Council report on adverse health effects associated with exposure to community water fluoride levels above the EPA maximum contaminant level of 4.0 mg/l. These levels occur in areas with naturally fluoridated water. Mitigating these effects (mainly fluorosis) requires removing fluoride from water. Incidence of mild fluorosis have increased over time and African Americans are disproportionately affected. The current hypothesis is this is due to the ready availability of fluoride in a number of products (e.g., soda bottled in areas with fluoridated water), especially fluoridated toothpaste, which children tend to swallow and which we all tend to use too much of (e.g., should be a pea-sized dose of toothpaste on the brush, not the long ribbon featured in pictures and ads).

Later this summer, CDC, in conjunction with EPA, will issue revised recommendations for community water fluoridation. The current recommendation ranges from 0.7 to 1.2 mg/l, depending on climate. The new recommendation will be 0.7 mg across the board. This is based, in part, on a reassessment of the original assumptions related to the amount of water consumed based on average temperature. The reassessment suggests that water consumption is pretty much the same across the country.

In addition, we are exploring the possibility of a statement by the Surgeon General on community water fluoridation, its importance in reducing oral health disparities, and the relative safety of community water fluoridation for all populations. As a longer-term strategy, we are considering a Surgeon General Call to Action to Reduce Oral Health Disparities.

Finally, other communications can focus on the progress we have made in oral health and reducing oral health disparities as a result of community water fluoridation. In the past, partners have not wanted to trumpet these achievements, feeling that any mention of fluoride ignites antifluoride groups and it is best simply to not bring up the topic.

If we do launch a public communication strategy, we will need to be strategic, stalwart and determined and sustain the program through to completion, otherwise we do risk stimulating more opposition. Let us know if you need additional information.

Thanks,  
Ursula

Ursula E. Bauer, PhD, MPH  
Director, National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention

ubauer@cdc.gov  
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770-488-5401

**From:** Arias, Ileana (CDC/OD)  
**Sent:** Friday, July 22, 2011 3:06 PM  
**To:** Villar, Carmen S. (CDC/OD/OCS)  
**Subject:** Fw: Fluoride Meeting  
**Attachments:** ADA Proposal on Fluoride.docx; NDA Plan of Action June 20th Meeting (2).doc

FYI.

---

**From:** Bonzo, Sandra E. (CDC/ONDIEH/OD)  
**Sent:** Friday, July 22, 2011 02:02 PM  
**To:** Arias, Ileana (CDC/OD); Ikeda, Robin (CDC/ONDIEH/OD)  
**Subject:** FW: Fluoride Meeting

I checked the portal and this meeting is not currently in. Sent a note to Chronic and asked them to enter it.

---

**From:** Sinks, Tom (CDC/ONDIEH/NCEH)  
**Sent:** Friday, July 22, 2011 8:25 AM  
**To:** Bonzo, Sandra E. (CDC/ONDIEH/OD); Chaney, Sascha (ATSDR/OA/OD); Portier, Christopher (CDC/ONDIEH/NCEH)  
**Cc:** Sinks, Tom (CDC/ONDIEH/NCEH)  
**Subject:** FW: Fluoride Meeting

FYI - Sandy you may want to share this with Robin and Ileana. I assume that Chronic is including updates on this issue in their submissions to the forecast portal.

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