

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

**From:** Gracia, Nadine (OS/IO)  
**Sent:** Thursday, July 21, 2011 7:11 PM  
**To:** Balley, William (CDC/ONDIEH/NCCDPHP); Gooch, Barbara (CDC/ONDIEH/NCCDPHP); Beltran, Eugenio D. (CDC/ONDIEH/NCCDPHP); Orgain, Linda S. (CDC/ONDIEH/NCCDPHP); Buschick, Jennifer (OS); Goodman, Jesse (FDA/OC); Hyman, Frederick N (FDA/CDER); Birnbaum, Linda (NIH/NIH/NIH) [E]; Bucher, John (NIH/NIH/NIH) [E]; Flowers, Christine B (NIH/NIH/NIH) [E]; Garcia, Isabel (NIH/NIH/NIH) [E]; Iafolla, Timothy (NIH/NIH/NIH) [E]; Johnson, Susan (NIH/NIH/NIH) [E]; Scanton, Jim (OS); Howard, Sandra (OS); Sinks, Tom (CDC/ONDIEH/NCEH); Fitzpatrick, Suzanne (FDA/OC); Halliday, Christopher (OS/OSG); Bigley, Marybeth (OS/OSG); Gertner, Heidi (FDA/OC); Jasperse, Carolyn V. (FDA/OC/OCC); Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Williams, Desmond E. (CDC/ONDIEH/NCCDPHP); Graham, Garth (OS); Rollins, Rochelle (OS/OMH); Lee, Elizabeth (OS)  
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**Subject:** Fluoride Meeting  
**Attachments:** ADA Proposal on Fluoride.docx; NDA Plan of Action June 20th Meeting (2).doc

Hi everyone,

We would like to reconvene the HHS fluoride team and a few others to provide updates on some recent issues and to reengage this team on next steps for a coordinated fluoride strategy. The Issues we will discuss include 1) concerns raised by Andrew Young and other civil rights leaders regarding water fluoridation (see weblink below), 2) preliminary discussion to convene an internal HHS fluoride research meeting, 3) update on CDC and OASH communications outreach to stakeholder organizations on a pro-fluoride communications strategy and 4) update on the timeline for the final HHS Community Water Fluoridation Guidelines.

My assistant Gloria Westbrook will reach out to schedule the meeting – our target date is Tuesday or Wednesday, July 26 or 27.

Attached and below:

1. Press Release – Statement by Andrew Young: <http://www2.fluoridealert.org/AIert/United-States/Georgia/Atlanta-Civil-Rights-Leaders-Call-for-Halt-to-Water-Fluoridation>
2. Proposals from the American Dental Association and National Dental Association (note – these proposals were prepared by the two organizations but have not been endorsed by any of the HHS agencies)

Best,

Nadine

J. Nadine Gracia, MD, MSCE  
 Chief Medical Officer  
 Office of the Assistant Secretary for Health  
 U.S. Department of Health and Human Services

**National Institute of Dental and Craniofacial Research:**

The ADA recommends that NIDCR carry out three new studies related to fluoridated water:

1. Determine if and how fluoride metabolism—including fluoride bioavailability, intake and excretion—is influenced by environment, altitude, temperature, genetics, age, sex, race, nutritional status, pharmacological agents, physiological status and culture.
2. Seek to determine the health effects of optimally fluoridated water (0.7 mg/L) for individuals with kidney disease and/or diabetes (Type I and II) and if such an effect varies by age, sex or race.
3. Reports have shown that minority populations have a higher incidence of dental fluorosis. NIDCR should initiate studies that look at total fluoride intake from all sources and the occurrence of dental fluorosis in all minority populations.

NIDCR should give priority in awarding grants or contracts for these projects to proposals from Historical Black Colleges and Universities (HBCUs) or institutions that partner with HBCUs.

**CDC – Division of Oral Health**

The ADA recommends that the CDC convene a Consensus Conference to determine the Cost Effectiveness of Caries Preventive Methods. The last consensus conference was held in 1989 and there is a strong need to update information, including examining individualized preventive planning using risk assessment that has resulted since the previous conference.

Community Fluoridation: NDA Plan of Action – June 20, 2011  
Meeting with ADA, CDC, OMH, EPA

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1. **Utilize the National Call to Action to Promote Oral Health** to develop an oral health plan focused on community fluoridation, specifically **looking at Action 5**.
  - a. Employ collaborations between public and private sectors (community-based, cross disciplinary as this is and culturally sensitive) and ensuring their success.
  - b. Develop disease prevention and health promotion campaigns focused on Community Fluoridation
  - c. Develop at all levels (state, local and national) formal plans and goals, implementation steps, strong evaluation components and monitoring plans to help facilitate setting realistic timelines, guidelines and budgets.
2. **Convene a Consensus Panel on Community Fluoridation** to address what is known and unknown as it relates to oral and systemic health and fluoridation. This is vital because while we as oral health professionals and advocates may be aware of this knowledge, our communities may not. And, in order for us to build this nation's oral health infrastructure, we must now see the community as a part of our infrastructure and also a part of our audience.
3. **EPA:**
  - a. **Disseminate clear and concise information through PSA** as it directly relates to the new fluoride recommendations:
    4. Specifically indicating: what the new recommendation is and what it means in terms of community fluoridation levels, in terminology that is not confusing and readily understandable by the community.
  - b. Identify the current levels of fluoride in our communities in the US and develop a plan of action to get our community fluoride levels to the new recommended levels (designating-starting and ending dates/time-frames)
4. **Conduct a multisite 6-7 year longitudinal study** to begin to look at the impact of the new 2011 levels of fluoride on oral and systemic health in all of our communities.