11445 HOUSE HEALTH,EDUCATION & SOCIAL SERVICES

Alaska Dental Society, Inc.
9170 Jewel Lake Road, Suite 203
Anchorage, Alaska 99502-5390
(907) 563-3003 • FAX: 563-3009
akdental@alaska.net

RESOLUTION IN SUPPORT OF COMMUNITY WATER FLUORIDATION TO IMPROVE ORAL HEALTH

WHEREAS, dental tooth decay is recognized as a chronic disease, and the most common chronic disease found in children (1); and

WHEREAS, fluoride is a naturally occurring element, and the fluoride content of community water supplies is the single most safe and effective public health measure to prevent tooth decay and to improve oral health for a lifetime (2); and

WHEREAS, community water fluoridation is a public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care; and

WHEREAS, the average yearly cost for a community to fluoridate its water is estimated at an average cost of $0.50, with a range of $0.12 - $5.41 per person, depending mostly on the size of the community and labor costs (2); and

WHEREAS, the lifetime average cost per person represents less than one third of the charge for one dental restoration; and

WHEREAS, fluoridation of community water supplies is supported by over 90 professional health organizations including the American Dental Association (2); and

WHEREAS, the Centers for Disease Control and Prevention has named water fluoridation as one of the ten greatest public health achievements during the 20th century (3) and 2005 marks the 60th anniversary of water fluoridation in the United States;

THEREFORE BE IT RESOLVED, that the Alaska Dental Society recognizes the public health benefits of community water fluoridation for preventing dental decay, and encourages Alaska communities to fluoridate water supplies to levels optimal to prevent tooth decay and promote optimal oral health.

APPROVED BY UNANIMOUS VOTE this Eleventh day of December, in the year 2004

James R. Towle
Executive Director

REFERENCES:

(1) U.S. Department of Health and Human Services, "Oral Health in America: A Report of the Surgeon General, October 2000.
(2) American Dental Association, "Fluoridation Facts", 1999.
(3) USDHHS, Centers for Disease Control and Prevention, "Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries", *MMWR*, 48(41), pp. 933-940, October 22, 1999

Years of Caring
1930-2005

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Alaska Chapter

Alaska Chapter
Executive Committee

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Jodyne L. Butto, MD, FAAP
3340 Providence Drive, Ste. 486
Anchorage, AK 99508
Phone: 907/562-2423
Fax: 907/563-1170
E-mail: jlbutto@gci.net

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AAP Headquarters
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: Mdsdocs@aap.org
www.aap.org

ALASKA CHAPTER of the AMERICAN ACADEMY OF PEDIATRICS
RESOLUTION IN SUPPORT OF
COMMUNITY WATER FLUORIDATION TO IMPROVE ORAL HEALTH

WHEREAS, dental tooth decay is recognized as a chronic disease, and the most common chronic disease found in children (1); and

WHEREAS, fluoride is a naturally occurring element, and the fluoride content of community water supplies is the single most safe and effective public health measure to prevent tooth decay and to improve oral health for a lifetime (2); and

WHEREAS, community water fluoridation is a public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care; and

WHEREAS, the annual cost for a U.S. community to fluoridate its water is estimated to range from approximately $0.50 per person in large communities to approximately $3.00 per person in small communities, depending on the type of fluoride compound used, its costs of transportation and storage, and the equipment used to add and monitor fluoride additives (2); and

WHEREAS, the lifetime average cost per person represents less than one third of the charge for one dental restoration; and

WHEREAS, fluoridation of community water supplies is supported by over 90 professional health organizations including the American Academy of Pediatrics (2); and

WHEREAS, the Centers for Disease Control and Prevention has named water fluoridation as one of the ten greatest public health achievements during the 20th century (3) and 2005 marks the 60th anniversary of water fluoridation in the United States;

THEREFORE BE IT RESOLVED, that the Alaska Chapter of the American Academy of Pediatrics recognizes the public health benefits of community water fluoridation for preventing dental decay, and encourages Alaska communities to fluoridate water supplies to levels optimal to prevent tooth decay and promote optimal oral health.

DONE AND DATED this 30th day of January in the year 2006 .

SIGNED BY:

Jodyne L. Butto, MD, FAAP
President, American Academy of Pediatrics, Alaska Chapter

REFERENCES:

(1) U.S. Department of Health and Human Services, "Oral Health in America: A Report of the Surgeon General, October 2000.
(2) American Dental Association, "Fluoridation Facts", 2005.
(3) USDHHS, Centers for Disease Control and Prevention, "Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries", *MMWR*, 48(41), pp. 933-940, October 22, 1999

AkNA Alaska Nurses Association

✆ 907-274-0827
🖷 907-272-0292
3701 E. Tudor Rd. Suite 208
Anchorage, AK 99507
www.aknurse.org

ALASKA NURSES ASSOCIATION
RESOLUTION IN SUPPORT OF
COMMUNITY WATER FLUORIDATION TO IMPROVE ORAL HEALTH

WHEREAS, dental tooth decay is recognized as a chronic disease, and the most common chronic disease found in children (1); and

WHEREAS, fluoride is a naturally occurring element, and the fluoride content of community water supplies is the single most safe and effective public health measure to prevent tooth decay and to improve oral health for a lifetime (2); and

WHEREAS, community water fluoridation is a public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care; and

WHEREAS, the annual cost for a U.S. community to fluoridate its water is estimated to range from approximately $0.50 per person in large communities to approximately $3.00 per person in small communities, depending on the type of fluoride compound used, its costs of transportation and storage, and the equipment used to add and monitor fluoride additives (2); and

WHEREAS, the lifetime average cost per person represents less than one third of the charge for one dental restoration; and

WHEREAS, fluoridation of community water supplies is supported by over 90 professional health organizations (2); and

WHEREAS, the Centers for Disease Control and Prevention has named water fluoridation as one of the ten greatest public health achievements during the 20th century (3) and 2005 marks the 60th anniversary of water fluoridation in the United States;

THEREFORE BE IT RESOLVED, that the ALASKA NURSES ASSOCIATION recognizes the public health benefits of community water fluoridation for preventing dental decay, and encourages Alaska communities to fluoridate water supplies to levels optimal to prevent tooth decay and promote optimal oral health.

DONE AND DATED this 6th day of December, in the year 2005.

Dianne O'Connell, Executive Director

REFERENCES:

(1) U.S. Department of Health and Human Services, "Oral Health in America: A Report of the Surgeon General, October 2000.
(2) American Dental Association, "Fluoridation Facts", 2005.
(3) USDHHS, Centers for Disease Control and Prevention, "Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries", *MMWR*, 48(41), pp. 933-940, October 22, 1999

TOTAL P.01

CITY OF PORT LIONS

RESOLUTION # 05-03-R

**A RESOLUTION OF THE CITY OF PORT LIONS
AFFIRMING SUPPORT FOR
COMMUNITY WATER FLUORIDATION TO IMPROVE ORAL HEALTH**

WHEREAS, The Port Lions City Council, hereinafter called the Council, is the governing body of the City of Port Lions; and

WHEREAS, The Port Lions City Council has recognized that there is overall community support for the fluoridation of The Port Lions Public Water System; and

WHEREAS, The Council Recognizes that dental tooth decay is a chronic disease, and the most common chronic disease found in rural Alaskan children; and

WHEREAS, Fluoride is a naturally occurring element, and the fluoride content of community water supplies is the single most safe and effective public health measure to prevent tooth decay and to improve oral health for a lifetime; and

WHEREAS, Community water fluoridation is a public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care; and

WHEREAS, Fluoridation of community water supplies is supported by over 90 professional health organizations including the American Public Health Association, American Dental Association, World Hea Organization and the American Medical Association; and

WHEREAS, The Centers for Disease Control and Prevention has named water fluoridation as one of the ten greatest public health achievements during the 20th century and 2005 marks the 60th anniversary of water fluoridation in the United States;

THEREFORE BE IT RESOLVED, That the City of Port Lions recognizes the public health benefits of community water fluoridation for preventing dental decay, and is committed to the safe and effective practice of water fluoridation as defined by the Centers for Disease Control and Prevention's Engineering and Administrative Recommendations for Water Fluoridation.

NOW THEREFORE BE IT RESOLVED, That the City Council of Port Lions Unanimously supports the Fluoridation of the Port Lions Public Water System.

1-13-05
Date of Adoption

Port Lions City Mayor:
Marvin Bartleson Sr.

ATTEST: City Clerk
Kathryn Adkins

ADOPTED at a duly noticed meeting of the Executive Committee of Bristol Bay Area Health Corporation at a meeting held on August 17, 2005 at which a quorum was present.

H. Sally Smith

H. Sally Smith, Chair

CERTIFICATION

I, the undersigned Secretary of the Bristol Bay Area Health Corporation, do hereby certify that the foregoing resolution was duly passed by the Executive Committee of the Bristol Bay Area Health Corporation on August 17, 2005 and that such resolution remains in full force and effect and has not been amended or rescinded.

Diane Shangin

Diane Shangin, Secretary

Bristol Bay Area Health Corporation
6000 Kanakanak Road
P.O. Box 130
Dillingham, AK 99576
(907) 842-5201
800-478-5201
FAX (907) 842-9354

Bristol Bay Area Health Corporation is a tribal organization representing 34 villages in Southwest Alaska:

- Aleknagik
- Chignik Bay
- Chignik Lagoon
- Chignik Lake
- Clark's Point
- Dillingham
- Egegik
- Ekuk
- Ekwok
- Goodnews Bay
- Iguigig
- Iliamna
- Ivanof Bay
- Kanatak
- King Salmon
- Knugank
- Kokhanok
- Koliganek
- Levelock
- Manokotak
- Naknek
- New Stuyahok
- Newhalen
- Nondalton
- Pedro Bay
- Perryville
- Pilot Point
- Platinum
- Port Heiden
- Portage Creek
- South Naknek
- Toglak
- Twin Hills
- Ugashik

To promote health with competence, a caring attitude & cultural sensitivity

Bristol Bay Area Health Corporation
PO Box 130
DILLINGHAM, ALASKA 99576
(907) 842-5201
Resolution BBC 05-01

Resolution Affirming Support for Community Water Fluoridation To Improve Oral Health

Whereas, Dental tooth decay is recognized as a chronic disease, and the most common chronic disease found in children (1); and

Whereas, Fluoride is naturally occurring element, and the fluoride content of community water supplies is the single most safe and effective public health measure to prevent tooth decay and to improve oral health for a lifetime (2); and

Whereas, Community water fluoridation is public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care; and,

Whereas, The average yearly cost for a community to fluoridate its water is estimated at an average cost of $0.50, with a range of $0.51 - $5.41 per person (2); and

Whereas, The lifetime average cost per person represents less than one third of the charge for one dental restoration; and

Whereas, Fluoridation of community water supplies is supported by over 90 professional health organizations including the American Public Health Association, American Dental Association, World Health Organization and the American Medical Association (2); and

Whereas, The Centers for Disease Control and Prevention has named water fluoridation as one of the ten greatest public health achievements during the 20th century (3), and 2005 marks the 60th anniversary of water fluoridation in the United States.

THEREFORE BE IT RESOLVED, that the Board of Directors of the Bristol Bay Area Health Corporation recognizes the public health benefits of community water fluoridation for preventing dental decay, and is committed to the safe and effective practice of water fluoridation as defined by the State of Alaska Oral Health Program.

Alaska Primary Care Association, Inc.
903 West Northern Lights, Suite 200
Anchorage, Alaska 99503
Phone: (907) 929-2722
Fax: (907) 929-2734

Alaska Primary Care Association
Board of Directors

RESOLUTION 2006-03

Title: Support of Community Water Fluoridation to Improve Oral Health (HCR 5)

WHEREAS, dental tooth decay is recognized as a chronic disease, and the most common chronic disease found in children (1); and

WHEREAS, fluoride is a naturally occurring element, and the fluoride content of community water supplies is the single most safe and effective public health measure to prevent tooth decay and to improve oral health for a lifetime (2); and

WHEREAS, community water fluoridation is a public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care; and

WHEREAS, the annual cost for a U.S. community to fluoridate its water is estimated to range from approximately $0.50 per person in large communities to approximately $3.00 per person in small communities, depending on the type of fluoride compound used, its costs of transportation and storage, and the equipment used to add and monitor fluoride additives (2); and

WHEREAS, the lifetime average cost per person represents less than one third of the charge for one dental restoration; and

WHEREAS, fluoridation of community water supplies is supported by over 90 professional health organizations (2); and

WHEREAS, the Centers for Disease Control and Prevention has named water fluoridation as one of the ten greatest public health achievements during the 20th century (3) and 2005 marks the 60th anniversary of water fluoridation in the United States;

THEREFORE BE IT RESOLVED, that the Alaska Primary Care Association recognizes the public health benefits of community water fluoridation for preventing dental decay; encourages Alaska communities to fluoridate water supplies to levels optimal to prevent tooth decay and promote optimal oral health; and supports legitimate and appropriate efforts necessary by its staff

and members to ensure the passage of HCR 5 Fluoridation before the Alaska State Legislature, Second Session.

SUBMITTED BY: Shelley Hughes, APCA Policy Analyst DATE: February 2, 2006

DONE AND DATED this 3 day of February, in the year 2006.

SIGNED BY Joan Fisher
Joan Fisher, APCA Board President

References:

(1) U.S. Department of Health and Human Services, "Oral Health in America: A Report of the Surgeon General, October 2000."
(2) American Dental Association, "Fluoridation Facts", 2005
(3) USDHHS, Centers for Disease Control and Prevention, "Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries", MMWR, 48(41), pp. 933-940, October 22,1999

Compendium

"National and International Organizations that Recognize the Public Health Benefits of Community Water Fluoridation for Preventing Dental Decay."

Academy of Dentistry International
Academy of General Dentistry
Academy of Sports Dentistry
Alzheimer's Association
American Academy of Allergy, Asthma and Immunology
American Academy of Family Physicians
American Academy of Oral and Maxillofacial Pathology
American Academy of Pediatrics
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association for the Advancement of Science
American Association for Dental Research
American Association of Community Dental Programs
American Association of Dental Schools
American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists
American Association of Public Health Dentistry
American Cancer Society
American College of Dentists
American College of Physicians—American Society of Internal Medicine
American College of Prosthodontists
American Council on Science and Health
American Dental Assistants Association
American Dental Association
American Dental Hygienists' Association
American Dietetic Association
American Federation of Labor and Congress of Industrial Organizations
American Hospital Association
American Medical Association
American Nurses Association
American Osteopathic Association
American Pharmaceutical Association
American Public Health Association
American School Health Association
American Society of Clinical Nutrition
American Society for Dentistry for Children
American Society for Nutritional Sciences
American Student Dental Association
American Veterinary Medical Association
American Water Works Association
Association for Academic Health Centers
Association of Maternal and Child Health Programs
Association of State and Territorial Dental Directors
Association of State and Territorial Health Officials
British Dental Association
British Fluoridation Society
British Medical Association
Canadian Dental Association
Canadian Dental Hygienists Association
Canadian Medical Association
Canadian Nurses Association
Canadian Paediatric Society
Canadian Public Health Association
Chocolate Manufacturers Association
Consumer Federation of American
Delta Dental Plans Association
European Organization for Caries Research
FDI World Dental Federation
Federation of Special Care Organizations in Dentistry
    Academy of Dentistry for Persons with Disabilities
    American Association of Hospital Dentists
    American Association for Geriatric Dentistry
Health Insurance Association of America
Hispanic Dental Association
International Association for Dental Research
International Association for Orthodontics
International College of Dentists
Institute of Medicine
National Academy of Sciences
National Alliance for Oral Health
National Association of County and City Health Officials
National Association of Dental Assistants
National Confectioners Association
National Council Against Health Fraud
National Dental Assistants Association
National Dental Association
National Dental Hygienists' Association
National Down Syndrome Congress
National Down Syndrome Society
National Foundation of Dentistry for the Handicapped
National Kidney Foundation
National PTA
National Research Council
Society of American Indian Dentists
The Dental Health Foundation (of California)
US Department of Defense
US Department of Veterans Affairs
US Public Health Service
    Centers for Disease and Prevention (CDC)
    Health Resources and Services Administration (HRSA)
    Indian Health Service (IHS)
    National Institute of Dental and Craniofacial Research (NIDCR)
World Federation of Orthodontists
World Health Organization

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January 19, 2006

Tom Anderson, Representative
Alaska House of Representatives
State Capital, Room 408
Juneau, AK 99801-1182

Dear Representative Anderson:

I am writing in support of House Concurrent Resolution 5 (HCR 5), Support for Community Water Fluoridation. As a father, public health professional and district 19 constituent, I feel that passage of HCR 5 would improve the health status of Alaskans. Most importantly, HCR 5 would not require communities to fluoridate their community water supply, but would increase opportunities for cooperation among out state's many public health entities.

As you may know, water fluoridation was recently recognized by the Center's for Disease Control and Prevention as *One of the Ten Greatest Public Health Achievements in the 20th Century*. Over sixty years of scientific research has proven water fluoridation to be both safe and effective. I hope you will support HCR 5. Please call me at (907) 332-0289 with any questions.

Sincerely,

Troy L. Ritter

cc: Representative Paul Seaton, HCR 5 Sponsor

Alaska Native
Tribal Health Consortium

Administration 4000 Ambassador Drive Anchorage, Alaska 99508 Phone (907) 729-1900 Fax: (907) 729-1901 www.anthc.org

January 19, 2006

Paul Seaton, Representative
Alaska House of Representatives
State Capital, Room 102
Juneau, AK 99801-1182

Dear Representative Seaton:

I am writing in support of House Concurrent Resolution 5 (HCR 5), Support for Community Water Fluoridation. The Alaska Native Tribal Health Consortium (ANTHC) strongly endorses safe and effective community water fluoridation. Passage of HCR 5 would help align state, federal and tribal efforts around this prover public health initiative.

The ANTHC is a multi-faceted nonprofit organization dedicated to providing Alaska Natives with the highest quality health services. With an annual budget of nearly $300 million, ANTHC is the largest tribally managed health organization in the United States. As such, we consider water fluoridation to be an important tool in the advancement of Alaska Native health. It has been shown that adjusting the natural fluoride concentration of drinking water can reduce dental disease by up to 60 percent. There are also thousands of studies which show that optimal fluoridation does not lead to other undesirable health consequences.

I hope you will support HCR 5. You may contact Troy Ritter, ANTHC's fluoride program coordinator with questions about water fluoridation and Alaska Native health. Mr. Ritter can be reached at (907) 729-4290. Thank you.

Sincerely,

Paul Sherry
Chief Executive Officer

cc: Alaska Oral Health Work Group
Alaska Native Health Board

COMMUNITY HEALTH SERVICES
SouthEast Alaska Regional Health Consortium

222 Tongass Drive, Sitka, AK 99835
907 966-8710 • www.searhc.org

January 20, 2006

Peggy Wilson, Representative
Alaska House of Representatives
State Capital, Room 108
Juneau, AK 99801-1182

Dear Representative Wilson:

I am writing in support of House Concurrent Resolution 5 (HCR 5), Support for Community Water Fluoridation. The South East Alaska Regional Health Corporation's (SEARHC) Office of Environmental Health supports and promotes the safe and effective use of water fluoridation. While passage of HCR 5 would not require communities to fluoridate their water supply, this resolution would help align state, federal and tribal efforts around this proven public health initiative.

The fluoridation of public water systems is described as one of the "Ten Great Public Health Achievements in the United States, 1900-1999". The Center for Disease Control and Prevention states that "Fluoridation of drinking water began in 1945 and in 1999 reaches an estimated 144 million persons in the United States. Fluoridation safely and inexpensively benefits both children and adults by effectively preventing tooth decay, regardless of socioeconomic status or access to care. Fluoridation has played an important role in the reductions in tooth decay (40%-70% in children) and of tooth loss in adults (40%-60%)".

Alaskans have much to gain with the access to optimally fluoridated water. For example, it is estimated that 60 percent of Alaskan Natives lack access to dental services and Alaskan Native children suffer three to four times more dental decay than the US average. In addition the safety and effectiveness of water fluoridation have been re-evaluated frequently, and no credible evidence supports an association between fluoridation and any adverse health condition.

I hope you will support HCR 5 as a means of improving the health of all Alaskans. You may contact me at (907) 966-8741 with questions about water fluoridation or HCR 5. Thank you.

Sincerely,

Tom Fazzini, RS, MPH, Environmental Health Director, SEARHC

cc: Representative Paul Seaton, HCR 5 Sponsor

Your Partner in Health

The Alaska Environmental Health Association

January 19, 2006

Representatives of the Alaska State Legislature:

Access to regular dental care poses a problem for many Alaskans and presents a considerable public health challenge. Community water fluoridation is the single most effective public health measure to improve oral health and especially benefits those without access to regular dental care. The fluoridation of community water supplies is supported by the American Dental Association, the National Environmental Health Association, the U.S. Public Health Service, and the American Medical Association. The Alaska Environmental Health Association supports fluoridation in communities with the capability to safely fluoridate water to the benefit of all socioeconomic groups in those communities.

Sincerely,

Joe Sarcone
President

Alaska Environmental Health Association
1040 C Street
Anchorage, AK 99501

(907) 677-8707

YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

January 23, 2006

Honorable Paul Seaton
Alaska House of Representatives
Capitol, Room 102
Juneau, Alaska 99801-1182

Dear Representative Seaton:

On behalf of the Yukon-Kuskokwim Health Corporation I thank you for your efforts to improve the dental health of Alaskans, through your sponsorship of House Committee Resolution 5, "*Support for Community Water Fluoridation.*"

Your Resolution clearly describes the public health impacts of dental decay, and the Yukon-Kuskokwim Health Corporation is in full agreement. Our Dental Department sees cases of serious juvenile tooth decay on a daily basis.

Currently only four community water systems on the Yukon-Kuskokwim Delta are fluoridated. I hope a Legislative Resolution will encourage more of our communities to recognize the benefits of safe and effective drinking water fluoridation.

Please feel free to display this letter to your colleagues as you seek passage of House Committee Resolution 5.

Sincerely,
YUKON-KUSKOKWIM HEALTH CORPORATION

Gene Peltola
President and CEO

P.O. Box 528 • Bethel, Alaska 99559 • 907-543-6000 • 1-800-478-3321

William J. Marley, DDS
183 West Bayview Ave
Homer, Alaska 99603
907-235-8987

Compass Editorial
Anchorage Daily News

As a practicing dentist for 37 years in Alaska, I know that by far one of the most disappointing and discouraging encounters for a dentist is to examine is an Alaskan youth who's oral health is so poor you know that even with optimal restoration and ongoing care this child's future will be severely hindered by the impact of their dental disease. Their ability to eat, to communicate and as well their self esteem will be compromised for the rest of their life.

As the Alaska Dental Society's representative on the Alaska Oral Health Work Group I must express with great concern, and some embarrassment, the current oral health of many of our Alaskan communities. In 1992 Alaska had 120 community water supplies with optimally adjusted water fluoridation. Today that number is less than 37. Current scientifically accepted research demonstrates that fluoridation of community water supplies reduces dental caries (decay) by 18 to 38 percent. With 3 to 4 times the average rate of decay most Alaskan Natives would most certainly realize even a greater benefit.

A recent study in Georgia showed that for every dollar invested in community water fluoridation $18 was saved. In a Louisiana study involving Medicaid-eligible children the cost of dental care was approximately twice as high in communities without as with fluoridated water. A recent Anchorage Daily News article indicated that 1/2 of all the children in the Bethel area were treated via general anesthesia for their dental care, a very costly treatment regimen. At Anchorage Native Medical Center (ANMC) it is reported there were over 600 cases of general anesthesia for dental treatment last year alone. In a great number of these cases patients are flown to treatment destinations in the company of a parent at great expense. During 2004 Alaska spent $19.3 million on Medicaid and Denali dental care alone.

While there is clear economic reasoning for fluoridation there are also 60 years of history which factually substantiates its efficacy as well as safety. The discovery of fluoride as a health benefit was made as the result of its naturally occurring existence in community water supplies.

The American Dental Association (ADA) sites over 35.. peer reviewed scientific articles and there are over 90 national and international health organizations that recognize the public health benefits of fluoridation for preventing dental decay. Forty-two of the largest fifty cities in the United States have fluoridated water supplies. Fifty percent of Alaskans benefit already from fluoridation but residents in most smaller communities do not. A past Gallop poll indicated that 78-percent of our country supports this positive preventive health benefit.

Alaskan organizations that support community water fluoridation include the Alaska Public Health Association, Alaska Dental Society, Alaska Medical Society, Alaska Dental Hygiene Society, Alaska Department of Health and Social Services. Support of Community Water Fluoridation is part of the Healthy Alaskan 2010 document and the All Alaska Pediatric Partnership.

Rep. Paul Seaton has submitted House Concurrent Resolution (HCR)-5 Supporting the Efficacy and Safety of Fluoridation of Community Water Supplies. This resolution simp' endorses this health benefit but does not mandate fluoridation anywhere in our State.

Those who benefit most from this lifelong preventive health measure are the developing bodies of our children who, of course, are unable to vote. It is only through ***our leadership*** that this measure can be passed ***for their benefit***. Passage of HCR-5 will be of no cost to the State of Alaska. However, it will cause the State agencies to function and perform in such a way that there is uniformity, encouragement and safety in the implementation of this most valuable health benefit.

If this resolution gives a community the added incentive to fluoridate their community water supplies they can look forward to their children having a significantly reduced disease rate, and a significantly reduced cost of care (50% less in many cases). These children will be much more likely to feel free and confident to smile, talk, eat and have the esteem to feel they are equal to their peers. People who have their natural teeth even have a greater life expectancy.

The leadership of Alaska clearly has the responsibility to suppor HCR-5 and cause this positiv. health measure to move forward.

William J. Marley, DDS.

Katie Shows

From: BYuknis@aol.com
Sent: Wednesday, February 01, 2006 2:07 AM
To: Katie Shows
Subject: HOUSE CONCURRENT RESOLUTION #5

To Katie Shows, Legislative Assistant to Rep Paul Seaton

Hello,

I am currently a practicing dentist in the communities of Wasilla and Anchorage. I feel strongly that this resolution should be passed for I have seen the effect on the teeth of people without fluoridation versus those who have fluoridation.

Thank-you,

Birch A Yuknis DDS

(907) 333-9591

Katie Shows

From: william fell [williamfell@gci.net]
Sent: Wednesday, February 01, 2006 12:42 AM
To: Katie Shows
Subject: help spread the good word--thanks

dear katie: my name is william fell-- a dentist in anchorage--i have had the opportunity/education of doing dentistry since 1968 in anchorage--and eight years of bush dentistry in kipnuk--one of the simplest and kindest things you can do for our great citizens is fluoridation of our water--every very young child that is cavity free till their parents loose control--10-14 years of age--is just one more adult with one less life time fear--can not buy that gift any cheeper --please give it your best to help this simple good request get through--thanks bill fell

Katie Shows

From: Richard J. Cook DDS [DrCook@gci.net]
Sent: Wednesday, February 01, 2006 1:06 PM
To: Katie Shows
Subject: HCR#5_1-30-06 concurrent resolution on fluoridation

Hi Katie,

Will you include my personal support for the resolution? There are very few public health measures that a community can do that are as safe, cheap and effective and community water fluoridation.

Every major world health organization supports this.

Sincerely,

Rick Cook

Richard J. Cook DDS
712 West 12th Street
Juneau, AK 99801
DrCook@gci.net

Katie Shows

From: Dr. Bob White [drbobwhite@gci.net]
Sent: Monday, February 06, 2006 1:36 PM
To: Katie Shows
Subject: House Concurrent Resolution #5

To: House Of Representatives
State Of Alaska

Re: House Concurrent Resolution #5

In health care, preventive treatment is the least costly and the best quality of care. Disease treatment is much more costly and usually does not restore optimum health.

In dentistry - particularly in the oral health care of children - fluoridation over many, many years nation-wide - has proven to be a low cost, highly effective preventative therapy to prevent dental decay.

On the local level, I treat children from several of the nearby communities that do not have fluoridated water supplies - Skagway, Hoonah, Angoon, Gustavus. In general, the dental decay rate is much higher than Juneau children experiencing fluoridated water. Many of the children from outlying, small communities, receive state aid. This involves air fare for one parent and patients, lodging because there usually are fillings that cannot be completed in one day. The cost savings to the state with long-term fluoridation programs in the communities would be significant and would be increasingly productive over time, long term.

A few citizens will resist on the basis of medication by decree without consent - that is an unfounded view because those people can buy and drink bottled water. In the U.S., we do not withhold polio vaccinations, etc. because someone doesn't choose to have it. It allows "free choice", then there is the classic response - "It's poisonous" - it's in the same chemical family as chloride and no city would consider not chlorinating the city swimming pool.

Respectfully submitted,
Dr. Bob White

Katie Shows

From: Doug Weaver [dsweaver@gci.net]
Sent: Wednesday, February 01, 2006 10:30 PM
To: Katie Shows
Subject: Fluoride

Katie,

Could you please convey my wishes of support for the House Concurrent Resolution #5 supporting the use of community fluoride wherever possible in the state of Alaska.

Thank you very much.

Doug Weaver, DDS
Juneau

Katie Shows

From: Christine Moleski [cmoleski@gci.net]
Sent: Wednesday, February 01, 2006 4:13 PM
To: Katie Shows
Subject: HCR 5

I am a dentist in Juneau, and the president of the Alaska Academy of General Dentistry (part of the National AGD). I strongly support HCR 5, supporting community fluoride as a positive program. I urge all Legislators to vote in favor of this resolution.

thank you. Christine Moleski, DMD

GARY A. MOELLER, D.D.S.
JORDAN CREEK OFFICE CONDOMINIUMS
2247 NORTH JORDAN AVENUE
JUNEAU, ALASKA 99801

OFFICE: 789-0619
HOME: 789-6211

February 1, 2006

Dear Ms. Shows:

I am writing to express my personal and professional support for House Concurrent Resolution No 5. Through my thirty years of experience in Alaska as a dentist in the Airforcre, small and now large communities, I have witnessed innumerable instances of the benefits of fluoride on n.y patients.

Respectfully,

Gary A. Moeller, DDS

Kenai Kodiak
Dental Society
FAX 907-465-3472

February 18, 2006

Honorable Representative Paul Seaton
Attn: Katie Shows

Dear Representative Seaton and Katie:

We the undersigned members of the Kenai Kodiak chapter of the Alaska Dental Society would like to show support for HCR #5. As practicing dental professionals who on a daily basis see the benefits of fluoride use in the reduction in dental disease we would like to see the state take an active role in promoting the use of fluoride in our state. This decision was unanimous among the members present at our winter meeting.

Sincerely,

Chris L. Hudson DDS

Ronald L. Martinelli DDS

Thomas A. Kobylarz D.D.S.

W. Jay Marley, Jr. DDS

Z. Zoubek, DDS.

DAN O. PITTS DDS.

DEREK N. PRIEBE DDS MDS

Robert J. Bender DMD

James J. Julien DDS

W. J. MARLEY DDS

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Alaska Area Native Health Services
4141 Ambassador Drive
Anchorage, Alaska 99508-5928

February 10, 2006

The Honorable Paul Seaton, Representative
Alaska House of Representatives
State Capital, Room 102
Juneau, AK 99801-1182

Dear Representative Seaton:

I am writing to express my support for passage of House Concurrent Resolution 5 (HCR 5), Support for Community Water Fluoridation. The Indian Health Service (IHS) publicly supports safe and effective community water fluoridation. Passage of HCR 5 will promote coordination of state, federal and tribal efforts to improve oral health by implementation of this proven public health initiative.

The Indian Health Service (IHS) is an agency of the U.S. Department of Health and Human Services and has been providing health care to Alaska Natives and American Indians for the past half century. The annual program budget for the IHS in Alaska is in excess of $450 million. I join with the U.S. Surgeon General, Dr. Richard H. Carmona in affirming that oral health is essential to general health and well being. The Centers for Disease Control and Prevention have determined that in most communities, every $1 invested in fluoridation saves $38 or more in treatment costs. Thousands of studies have shown that optimal water fluoridation is safe and effective.

Please join me in supporting HCR 5.

Sincerely,

Christopher Mandregan, Jr., MPH
Director
Alaska Area Native Health Service, IHS, DHHS

Katie Shows

From: Louie Flora
Sent: Thursday, February 02, 2006 4:06 PM
To: Katie Shows
Subject: For your bill file

-----Original Message-----
From: POMS@legis.state.ak.us [mailto:POMS@legis.state.ak.us]
Sent: Thursday, February 02, 2006 2:20 AM
To: Louie Flora
Subject: New Pom:HJR 5 No Milk Tax

Denny Weathers
Third Judicial District
% Po Box 1791
Cordova 99574,DENNYKAY
northerngirl@starband.net
907-424-3745
907-424-3745

I am very much opposed to this bill. Fluoridation in public drinking water can be deadly & many studies show it is a carcinogenic. A dentist will only prescribe floride tablets to a child up to the age of 10 or 12 years, after that floride taken internally is hazardous.

Katie Shows

From: Louie Flora
Sent: Monday, February 13, 2006 8:18 AM
To: Katie Shows
Subject: Pom for bill packet?

-----Original Message-----
From: POMS@legis.state.ak.us [mailto:POMS@legis.state.ak.us]
Sent: Friday, February 10, 2006 12:46 PM
To: Louie Flora
Subject: New Pom:Health & Social Services

Pamela Samash
Hc 66 Box 29715

Nenana 99760,

Many states have outlawed fluoride in the water for good reason.It&#39s inaffective and dangerous.Long continual use of fluoride can cause a series of diseases,including auto-immune diseases,cancers and circu-lation problems.The medical community even admits this.Pleaseconsider removingall fluoride out of the water since standard water filters can&#39t.

Paul Seaton

From: Dennis [epaloose2@acsalaska.net]
Sent: Thursday, February 09, 2006 11:38 AM
To: Paul Seaton
Subject: Fluoride

Dear Paul,

I'm a dentist in Homer. I want to go on record as being against fluoride in public water systems.

There may be some scientific evidence that fluoride may reduce tooth decay, but there is so much we don't know about other potentially toxic effects that it makes no sense to take chances with our health. A young child who is new to the area from a non fluoridated water area, who is given multivitamins with fluoride, and then brushes with a fluoridated tooth paste plus now is drinking fluoridated water is in danger of being over fluoridated and experiencing the effects fluorosis.

I started dentistry in the early 70s. A time when the mercury in the amalgam fillings placed at that time was considered to be "locked up" in the filling, and therefore harmless. After working in dentistry for 26 years, I became very sick from my exposure to mercury both from my own amalgam fillings and exposure when removing old fillings from my patients. We now have more sensitive equipment that shows that the mercury is not "locked up", and poses a very real threat to the health of people who have those fillings. Now we know that dentists have the highest suicide rate in the world. They also have many other mercury related problems. We were assured we were safe, and we were not safe. Fluoride in water systems is another experiment with human health. Can we really afford to take that risk? I think not. A water system with the cleanest, purest water is, in my opinion, the safest for all concerned. If someone wants to add fluoride to it for their own use, that's their option. Some of us are too sensitive to be in this experiment.

Thank you for listening.

Dennis L. Anderson DDS

Research showing the benefits of community water Fluoridation

Community Water Fluoridation --The # 1 Way to Prevent Dental Decay

What is Community Water Fluoridation? Community water fluoridation is the process of adjusting the fluoride content that occurs naturally in a community's water to the best level for preventing tooth decay. A key word in this definition is "adjusting" because all drinking water supplies contain some fluoride naturally. Fluorine is the 13th most abundant element in nature. It is present in small and varying amounts in all soils, plants, animals and water supplies and, therefore, all diets contain fluoride. There is no such thing as a fluoride-free water supply. A community that fluoridates its water is simply modifying the amount of fluoride already found naturally in the water to a level that is best for its residents dental health. Thus, adjusted water fluoridation means that the appropriate amount of fluoride is being maintained in the community's water supply. Getting the right amount of ingested fluoride is important to prevent tooth decay. However, where water fluoride levels occurs in nature at too high a level or dietary fluoride supplements or fluoride toothpaste are misused, discoloration of the teeth (dental fluorosis) also can occur. Thus, water operators continuously monitor the fluoride content of drinking water in communities that fluoridate. Research has shown that the most favorable concentration for community water fluoridation in the United States varies from 0.7 parts-per-million (ppm) in hot climates to 1.2 ppm in cold climates. For moderate climates, one part fluoride in one million parts of water (1 ppm) is recommended. (1 ppm is the same a 1 mg/L.) This amount is extremely small. To appreciate how small, think of it compared with other units of measurement. ***1 ppm is equivalent to 1 inch in 16 miles, 1 minute in 2 years, or 1¢ in $10,000.***

What Are the Benefits of Community Water Fluoridation? Hundreds of studies carried out in the United States and many other countries during the past half century prove that community water fluoridation prevents tooth decay. At a time when the only fluoride available was that found naturally in drinking water, studies showed that children who grew up in fluoridated communities experienced about 50-60 percent less decay than those in non-fluoridated ones. Because fluoride was so successful in preventing decay, it later was incorporated into many oral health products, such as toothpastes and mouthrinses. Most people in non-fluoridated communities now receive some protection against cavities from fluoride contained in these toothpastes and mouthrinses and in foods and beverages processed in fluoridated communities. This is why recent measures of dental decay prevention from community water fluoridation in the United States have been smaller, generally in the 20 – 40 % range. This remains a substantial reduction in disease.

Do Adults Benefit from Drinking Fluoridated Water? It has been a popular misconception that fluoridation helps only children. **Adults as well as children benefit from drinking fluoridated water throughout their lives.** Several studies show that people in their sixties who have lived all of their lives in areas with sufficient fluoride in the drinking water have much less tooth loss and tooth decay than do adults in non-fluoridated communities. Because more people are living longer and keeping more of their natural teeth, and older persons often experience receding gums and exposed roots, the problem of decay on the root surfaces of teeth is increasing. Recent studies have shown that adults who live in communities with optimal levels of fluoride in the water supply have much less root-surface decay than do adults of the same ages in low-fluoride communities.

Why is Community Water Fluoridation an Ideal Public Health Method? **Community water fluoridation is effective, safe, inexpensive, and practical.** The average cost of fluoridation is about 50 cents per person a year. This is one of the best bargains in health today. Studies in the United States, Canada and New Zealand have shown that the annual costs of children's dental care decrease after community fluoridation has been in operation for several years.

The entire community benefits from community water fluoridation, regardless of a person's age, income, level of education, or access to dental care services. Everyone automatically benefits when they drink fluoridated water and consume foods and beverages prepared with it.

Is Community Water Fluoridation Safe? **The safety of community water fluoridation has been studied more thoroughly than any other public health measure during the past 45 years,** with results of hundreds of clinical, animal and laboratory studies supporting its safety. **One reason for the large amount of this research is that opponents of fluoridation have made so many inappropriate claims of harm,** including assertions that water fluoridation causes heart disease, cancer, Down's syndrome, premature aging and even acquired immune-deficiency syndrome (AIDS). Much additional research has been conducted which refutes these unsupported claims. **Each study has reaffirmed the safety of fluoridation.**

In areas where other fluoride methods have not been widely available, studies of community water fluoridation historically have shown reductions in tooth decay of approximately 60%. With use of other fluoride products such as fluoride containing toothpaste, rinses and gels, currently widespread in most areas of the United States, the measurable benefits from water fluoridation now are:

- *20 to 40 percent less dental decay in persons of all ages.*
- *More children free of dental decay.*
- *Many fewer extracted permanent first molars ("6-year molars") in children.*
- *Lower dental bills for repairing decayed teeth.*
- *Less need for procedures that require anesthesia and drilling.*

Who Supports and Who Opposes Community Water Fluoridation? **Community water fluoridation has the unqualified approval of every major health organization in the United States and many other countries as well.** The American Dental Association and the U.S. Public Health Service have endorsed community water fluoridation since 1950, and the American Medical Association, since 1951. In 1958, the World Health Organization recognized it as a practical and effective public health measure and has repeated its support at successive World Assemblies. The U.S. Department of Health and Human Services recently reaffirmed its support. The Consumers union has published excellent review articles in support of fluoridation. Other organizations have adopted policies in support of fluoridation, including The American Academy of Pediatrics, American Cancer Society, American Heart Association, American Public Health Association and International Association for Dental Research. Based on extensive review of 50 years of experience with fluoridation, the American Association of Public Health Dentistry in 1992 reaffirmed its unqualified support of fluoridation. Efforts to begin community water fluoridation, however, have frequently been hampered because of organized opposition to fluoridation. Frequently, these opponents also take issue with such basic health practices as the pasteurization of milk and immunization against infectious diseases. These groups try to attract support by appealing to popular generic issues, such as individual rights, freedom of choice, anti-pollution, natural diets and substances in the environment that lead to cancer. In many areas, proposals to fluoridate the water have become political issues, decided by public referenda or by elected officials who sometimes lack specific knowledge about the benefits and safety of fluoridation or fail to seek expert advice on health matters. During these campaigns, opponents often resort to scare tactics and spread false, irrelevant and misleading information. As a result of such misinformation, doubts raised in voters' minds may lead them to rejection of fluoridation.

What is the Current Status of Community Water Fluoridation? More than half of the U.S. population (about 135 million persons) live in communities served by fluoridated water supplies (0.7 ppm or more). This includes about 10 million people who live in communities with sufficient naturally occurring fluoride in their drinking water. About 30 million Americans cannot benefit from fluoridation because they live in areas, largely rural, that lack community water supplies. Currently, 42 of the 50 largest cities in the U.S. fluoridate their drinking water supplies. Several of them, including San Francisco, Baltimore, Pittsburgh and Washington D.C., have had fluoridated water for about 40 years. However, eight of the nation's 50 largest cities, including Los Angeles, San Diego, San Antonio and Honolulu, still have not fluoridated their water supplies and, consequently, are not providing the known dental benefits of fluoridation to their residents. Community water fluoridation has not been adopted as widely by smaller U.S. cities and towns. The reasons are usually economic or political, or sometimes simply reflect a lack of perceived need. As of December 31, 1989, the International Dental Federation (FDI) reported that its member countries estimated that 275 million persons living in 24 of those countries drank fluoridated water that was adjusted properly. The estimates showed that another 300 million persons, in the world drank water with naturally occurring, appropriate amounts of fluoride. The Republic of Ireland passed legislation requiring national fluoridation in the early 1960s. The municipal water supplies in Hong Kong and Singapore have been fluoridated for many years.

In summary, community water fluoridation is the most effective way to prevent tooth decay. The following key facts about fluoridation summarize why this is so.

- ***Fluoridation is the least expensive and most effective way to reduce tooth decay.***
- ***Fluoridation is safe.***
- ***Fluoridation benefits children and adults.***
- ***Fluoridation provides benefits that continue for a lifetime when consumption of fluoridated water continues.***
- ***Fluoridation reduces the need for and cost of dental treatment.***
- ***Fluoridation is the surest way for everyone in the community to benefit.***
- ***Fluoridation benefits everyone when they drink fluoridated water and consume foods and beverages prepared with it.***

Can you obtain information on fluoridation from your dentist?

Contact your family dentist and discuss with him/her the values of fluoridation of public water systems.

The American Association of Public Health Dentistry urges you to support of fluoridation of your community water system.

If you need additional information please do not hesitate to visit our web site at "www.volusia.healthnet.net\eh" or call one of the one of the following phone numbers, where additional information may be obtained:

(904) 947-3436 --------Volusia County Environmental Health Engineering Drinking Water Program
(850) 487-1845---------Florida Department of Health Office of Dental Health
(312) 440-2593 --------American Dental Association
(404) 488-4450---------Centers for Disease Control

Water Fluoridation

Fluoride is nature's cavity fighter, occurring in the earth's crust, in combination with other minerals in rocks and soil. Small amounts of fluoride occur naturally in all water sources, and varying amounts of the mineral are found in all foods and beverages. Water fluoridation is the process of adjusting the natural level of fluoride to a concentration sufficient to protect against tooth decay. Thanks in large part to community water fluoridation, half of children ages 5 to 17 have never had a cavity in their permanent teeth.

Fluoride's benefits are particularly important for those people, especially children, who lack adequate access to dental care. Water fluoridation has been recognized by the Centers for Disease Control and Prevention (CDC) as one of the 10 great public health achievements of the 20th Century. U.S. Surgeon General David Satcher wrote in his report, *Oral Health in America*, "Community water fluoridation is safe and effective in preventing dental caries in both children and adults. Water fluoridation benefits all residents served by community water supplies regardless of their social or economic status."

According to the April 2000 *Journal of Dental Research*, the use of fluoride since 1960 has been the primary factor in saving some $40 billion in oral health care costs in the United States. The annual cost of community water fluoridation is approximately $0.50 per person The lifetime cost to provide fluoridated water to one person is less than the cost of a single dental filling.

Unfortunately, despite overwhelming evidence of fluoridation's safety and efficacy, more than 100 million Americans still do not benefit from fluoridated water. The ADA recommends that Congress increase funding for federal and local initiatives to support water fluoridation in communities nationwide.

In addition to the ADA, nearly 100 national and international organizations recognize the public health benefits of community water fluoridation for preventing dental decay. They include the World Health Organization, the U.S. Public Health Service, the American Medical Association, the American Academy of Pediatrics, the American Academy of Family Physicians, the International Association for Dental Research, the American Cancer Society and the American Dietetic Association.

The ADA's policies regarding community water fluoridation are based on generally accepted scientific knowledge, that is, knowledge based on the efforts of nationally recognized scientists who have conducted research using the scientific method, have drawn appropriate balanced conclusions based on their research findings and have published their results in peer-reviewed professional journals that are widely held or circulated.

The ADA is committed to helping to bring the benefits of water fluoridation to more Americans, through education, advocacy and research.

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An Economic Evaluation of Community Water Fluoridation

Susan O. Griffin, PhD; Karl Jones, PhD; Scott L. Tomar, DMD, DrPH

Abstract

Objective: *The purpose of this research was to assess the local cost savings resulting from community water fluoridation, given current exposure levels to other fluoride sources.* ***Methods:*** *Adopting a societal perspective and using a discount rate of 4 percent, we compared the annual per person cost of fluoridation with the cost of averted disease and productivity losses. The latter was the product of annual dental caries increment in nonfluoridated communities, fluoridation effectiveness, and the discounted lifetime cost of treating a carious tooth surface. We obtained or imputed all parameters from published studies and national surveys. We conducted one-way and three-way sensitivity analyses.* ***Results:*** *With base-case assumptions, the annual per person cost savings resulting from fluoridation ranged from $15.95 in very small communities to $18.62 in large communities. Fluoridation was still cost saving for communities of any size if we allowed increment, effectiveness, or the discount rate to take on their worst-case values, individually. For simultaneous variation of variables, fluoridation was cost saving for all but very small communities. There, fluoridation was cost saving if the reduction in carious surfaces attributable to one year of fluoridation was at least 0.046.* ***Conclusion:*** *On the basis of the most current data available on the effectiveness and cost of fluoridation, caries increment, and the cost and longevity of dental restorations, we find that water fluoridation offers significant cost savings.* *[J Public Health Dent 2001;61(2):78-86]*

Key Words: cost, cost savings, cost effectiveness, water fluoridation, and caries increment.

The Centers for Disease Control and Prevention recently identified water fluoridation as one of 10 great public health achievements in the 20th century (1). Before 1980, communities with fluoridated water supplies typically experienced 50 percent less tooth decay than did nonfluoridated communities (2). Because of the relatively high caries before 1980, economic evaluations of community water fluoridation during this time typically found that the cost of averted disease attributable to fluoridation exceeded the cost to implement and maintain fluoridation (3-5). For example, Niessen and Douglass reported a ratio of cost of averted disease to program cost of 8.22 (5), while Davies reported a ratio of 6.6 (3). In the 1980s, national survey data indicated a secular decline in caries prevalence (2,6) largely attributed to the widespread use of fluoride toothpaste, increased fluoridation of community water systems, and the associated diffusion of fluoride to nonfluoridated communities via the export of beverages and foods (2,7).

This led some to question whether community water fluoridation was still a worthwhile public health investment. For example, according to White, "as recently as 1989, major newspapers have reported articles that call for reexamination of water fluoridation programs, citing the decline in dental caries as a reason to reconsider fluoridation and proposing that water fluoridation may no longer be needed" (8). To date, no economic evaluation of community water fluoridation has assessed the associated cost of averted disease in the presence of lower caries incidence. Therefore, the purpose of this research is to determine if reduction in cost of restorative care due to averted disease still exceeds the program costs of water fluoridation, and, if not, to measure its cost effectiveness. Our analysis was conducted from a societal perspective, which may be adapted to decisions at the local level.

Methods

Form of Economic Evaluation. We examined the per person net cost resulting from one year of exposure to water fluoridation, where (9)

$$\text{Net Cost} = \text{Cost}_{\text{Water Fluoridation}} - \text{Cost}_{\text{Disease Averted and Productivity Losses Averted}} \quad \text{(Equation 1)}$$

If net cost is negative, then water fluoridation is cost saving. We confined our analysis to two alternatives—implementing or not implementing fluoridation—because previous studies have found that it is the least costly way to deliver fluoride (10). We used the following formula to calculate the *Cost of Disease Averted and Productivity Losses Averted:*

$$\text{Cost}_{\text{Disease Averted and Productivity Losses Averted}} = (\text{Caries Increment}_{\text{Nonfluoridated}}) * (\text{Effectiveness}_{\text{Water Fluoridation}}) * (\text{Average Discounted Lifetime Cost of Carious Surface}) \quad \text{(Equation 2)}$$

where

$\text{Caries Increment}_{\text{Nonfluoridated}}$ = annual increment of decayed, missing, and filled surfaces (DMFS) in persons not exposed to fluoridated water,

$\text{Effectiveness}_{\text{Water Fluoridation}}$ =

Send correspondence and reprint requests to Dr. Griffin, Centers for Disease Control and Prevention, Division of Oral Health, Surveillance, Investigations and Research Branch, 4770 Buford Highway, MSF10, Chamblee, GA 30341. E-mail: sig1@cdc.gov. Web site: www.cdc.gov/nccdphp/doh. At the time of this study, Dr. Jones was affiliated with the Georgia Institute of Technology, School of Economics. She currently is affiliated with the University of Georgia, Terry College of Business, Department of Banking and Finance. At the time this study was conducted, Dr. Tomar was affiliated with the Centers for Disease Control and Prevention, Division of Oral Health, Surveillance and Investigation Branch. He currently is affiliated with the University of Florida College of Dentistry, Division of Public Health Services and Research. Manuscript received: 2/7/00; returned to authors for publication: 6/26/00; accepted for publication: 8/10/00.

estimates of DFS would underestimate caries increment in unexposed persons. To correct for this bias, we used mean DFS figures from Region VII (Pacific), the region with the lowest percentage of the population receiving fluoridated water (20 percent). Imputed mean annual increments equaled 1.09 surfaces for adults aged 18–44 years and 0.43 for adults aged 45–65 years.

Caries increments from NHANES (I–III) were imputed with the same basic methodology as the NSOH estimates and calculated with the following formula:

$$\text{Increment} = DFT_{t2} - (TEETH_{t2} / TEETH_{t1}) * DFT_{t1} \quad \text{(Equation 4)}$$

where

DFT_{tx} = number of decayed and filled teeth in time period x

$TEETH_{tx}$ = the number of teeth in the mouth in time period x

With NHANES, however, we used data on the same birth cohort over time while with NSOH we used data from different birth cohorts for the same time period. Additionally, NHANES data in earlier time periods were reported at the tooth level rather than the surface level. To obtain surface level increments for the NHANES data, tooth level increments for each cohort were multiplied by the ratio of DFS to DFT from the NSOH data (16). Finally, NHANES did not report findings by fluoridation status or region of the country.

We used Equation 4 to calculate increments for children aged 8–17 years between 1971 and 1974 and adults aged 25–34 years between 1988 and 1991. This increment, 0.49 surfaces, was generalized both to children and to adults aged 18–45 years. For older adults we compared adults aged 35–44 years between 1971 and 1974 with adults aged 55–65 years between 1988 and 1991. For this group, increment rounded to 0.0 surfaces.

Table 1 contains increment estimates for each age group derived from the three data sources. Because our evaluation criterion is net cost or cost savings, worst-case assumptions are those that decrease cost savings (NHANES) and best-case assumptions are those that increase cost savings (published studies).

Water Fluoridation Effectiveness. Estimates of the effectiveness of water fluoridation were obtained from the published literature and imputed from the National Survey of Oral Health in US Schoolchildren, 1986–87 Public Use Data File (15). A review of published studies that were conducted from 1979 to 1989 among US children reported a mean caries reduction of 26 percent from water fluoridation (2). The few post-1980 studies documenting the effectiveness of water fluoridation in adult populations also produced effectiveness parameters close to 25 percent. For example, Grembowski et al. found that adults aged 30 years living in fluoridated communities in the Pacific Northwest experienced 31 percent less dental decay than did adults in nonfluoridated communities (17). Eklund et al. found that adults who received water with a high fluoride concentration (3.5 ppm) experienced 20 percent fewer carious surfaces than did adults living in communities in which the fluoride content was 0.7 ppm (21).

Effectiveness estimates obtained from cross-sectional surveys vary widely across geographic region (2). For example, analysis of the National Survey of Oral Health in US Schoolchildren, which compared caries prevalence in children with lifetime exposure and with no exposure to fluoridated water, found that water fluoridation's effectiveness ranged from –5.6 percent in the Midwest to 60.6 percent in the Pacific region. The national estimate of effectiveness, after controlling for exposure to other sources of fluoride, was 25 percent (22). The negative effectiveness value in the Midwest may have been due to small sample size because few children living in this region actually received nonfluoridated water (2). Using the NSOH data set we estimated effectiveness from the age-adjusted DMFS for children aged 6–17 years who were not exposed to fluoride drops or tablets and who had lifetime residence in communities either with or without fluoridation. Base-case effectiveness (25%), worst-case effectiveness (12%), and best-case effectiveness (29%) were calculated, respectively, from data for all children living in the United States, children living within the four regions with the lowest effectiveness ($DMFS_{Fluoridated}$=2.73, $DMFS_{Nonfluoridated}$ =3.11), and children living in the three regions with the highest effectiveness ($DMFS_{Fluoridated}$=2.56, $DMFS_{Nonfluoridated}$= 3.60).

Number of Carious Surfaces Attributable to Foregoing One Year of Water Fluoridation Exposure. Estimates of the *number of carious surfaces attributable to foregoing one year of water fluoridation exposure* (annual caries increment in nonfluoridated communities * fluoridation effectiveness), ranged from 0.04, assuming low effectiveness and increment, to 0.34, assuming high effectiveness and increment, and equaled 0.19 under base-case assumptions.

Average Discounted Lifetime Cost of a Carious Surface. An amalgam restoration requires maintenance over the life of the tooth. To simplify the calculation of the discounted lifetime cost associated with a carious surface, we divided the population into 10 age groups (6–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55–59, and 60–65). For each age group, we calculated the discounted expected lifetime cost of applying and maintaining a one-surface amalgam restoration for a carious surface developed at the midpoint of the age group. This calculation required estimates of the costs associated with treatment and lost productivity, the expected life of an amalgam, and the probability that a previously restored tooth was present at the midpoint of each age group.

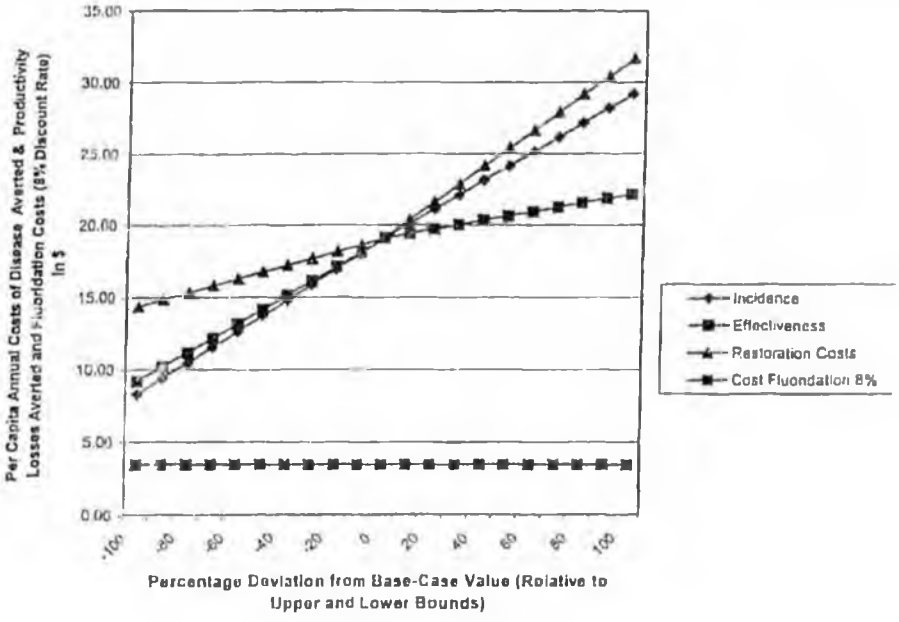
An American Dental Association Survey found that the average cost of a one-surface amalgam restoration in 1995 was $54 (23). To calculate productivity losses, we assumed that the average loss in work time due to a restorative dental visit was one hour. The average hourly total compensation per US worker in 1995 was $18.12 (24). We included this cost for all individuals, regardless of age or work status. For individuals not earning an income outside of the home, this value reflected the opportunity cost of that decision; for children, this value reflected the sacrifice in caregiver time to take the child to the dentist. Hence, the total cost to society resulting from a decayed tooth surface was approximately $72.

We estimated the expected life of an amalgam from five published studies (25-29). The estimated median life for an amalgam ranged from 9 to 14 years and for our calculations, we assumed the expected life of an amalgam to be

TABLE 4
Annual per Person Cost Savings (Negative Net Cost) from Water Fluoridation

Community Size	Best Case	Base Case	Worst Case
<5,000	$31.04	$15.95	$0.85
5,000–9,999	$32.57	$17.48	$2.38
10,000–20,000	$33.15	$18.06	$2.96
>20,000	$33.71	$18.62	$3.52

FIGURE 1
One-way Sensitivity Analysis for Varying Incidence, Effectiveness, and Average Discounted Lifetime Cost of Carious Surface



but two of the systems used hydrofluosilicic acid) covered an increase in fluoride from <0.3 ppm to 0.8 ppm. We annuitized the one-time fixed costs over 15 years using discount rates of 4 percent (base case), 0 percent (best case), and 8 percent (worst case) (32). All costs were converted to 1995 US dollars with use of the CPI-U (33) (Table 3).

Sensitivity Analysis. To test the sensitivity of our results to estimated parameter values, we varied the parameters one at a time and calculated their break-even values. Additionally, we conducted three-way sensitivity analyses, allowing the discount rate, effectiveness, and increment to vary throughout their plausible ranges simultaneously.

Results

With a 4 percent discount rate and with the *number of carious surfaces attributable to foregoing one year of water fluoridation exposure* taking on its best-, worst- and base-case values, the net cost of community water fluoridation was negative (cost saving) under all scenarios (Table 4).

In the one-way sensitivity analysis, the per person *Cost of Disease Averted and Productivity Losses Averted* (hereafter termed *Costs Averted*) was calculated as the increment, effectiveness, and *average discounted lifetime cost of a carious surface* (hereafter termed *costs of caries*) were varied individually between their lower- and upper-bound estimates (Figure 1). The slopes of the resulting lines suggest that *Costs Averted* was most sensitive to increases in *cost of caries* above its baseline value and to decreases in increment below its baseline value. Holding all other parameters constant and allowing effectiveness to vary from its worst- to best-case value caused *Costs Averted* to range from $9.18 to $22.18. Allowing only increment or *cost of caries* to vary from their worst- to best-case values produced *Costs Averted* estimates of $8.30 to $29.18 and $14.74 to $31.67, respectively. The horizontal line in Figure 1 shows a per person fluoridation costs of $3.44 (worst-case scenario costs for a community of fewer than 5,000). Thus, when only one parameter (increment, effectiveness, or *cost of caries*) is varied between its upper- and lower-bound values, water fluoridation is cost saving for communities of all sizes.

We performed break-even analyses both for communities with populations fewer than 5,000 and those with populations greater than 20,000. Holding the discount rate constant at 4 percent and increment constant at its baseline (0.76), water fluoridation was cost saving for all effectiveness levels greater than 0.04 in the smallest communities or 0.01 in the largest communities. Holding discount rate constant at 4 percent and effectiveness constant at its baseline (0.25), water fluoridation was cost saving for all increment levels greater than 0.13 in the smallest communities or 0.02 in the largest communities. Holding effectiveness and increment constant at their baselines (0.25 and 0.76, respectively), water fluoridation was cost saving if the discount rate was less than 49 percent for the smallest and 202 percent for the largest communities.

The per person annual cost of water fluoridation was compared with *Costs Averted* when the *number of carious surfaces attributed to foregoing one year of water fluoridation* and the discount rate vary (Figure 2). Only when we allowed effectiveness, increment, and the discount rate to take on their worst-case values (the number of carious surfaces attributed to foregoing one year of water fluoridation equaled 0.04 and the discount rate equaled 8 percent) was water fluoridation not cost saving, and then only for communities with fewer than 5,000 people. Water fluoridation was cost saving for very small communities when the *number of carious surfaces attributed to foregoing one year of water fluoridation* exceeded 0.046 surfaces.

Discussion

With use of the most current data available on the effectiveness and costs of water fluoridation, caries in-

life of a water fluoridation project was 15 years and the benefits did not begin until after five years of exposure, the per person discounted cost savings over the life of the project would be $25.55 (under base-case assumptions). This value would be $66.16 if benefits accrued after only one year of exposure. Finally, we assumed that the costs of dental fluorosis attributable to water fluoridation are negligible (14).

It is important to note that we assumed no change in dentists' behavior in response to income reductions spurred by decreased need for restorative care. Since dental markets are characterized by asymmetric information (patients don't have full information and thus make their dental consumption decisions based on their dentists' recommendations), providers may be able to induce demand for other dental services. Also, dentists' clinical decisions may vary due to differences in knowledge and beliefs about diagnostic criteria, disease processes, risk factors, and alternative treatment options (37). Thus, dentists may be predisposed to diagnose marginal lesions as carious in fluoridated areas with small patient supplies (36). To the extent that this is possible, dentists may provide more diagnostic, preventive, or even restorative services to maintain a steady stream of income, or may reduce the recall interval between dental visits. Such behavior was reported by Grembowski, who found that insured children with continuous fluoridation exposure received more diagnostic, preventive, and simple restorative services than children with low fluoride exposure (36). Thus, the potential cost savings from reduced restorative care may be partially offset by increased consumption of diagnostic and preventive care.

Alternatively, other assumptions made in this analysis may have biased cost savings downward. For example, we did not include the *Costs of Disease Averted and Productivity Losses Averted* for decay in the primary dentition or for adults over age 65 years. Furthermore, we did not include productivity losses due to dental discomfort in our estimates of averted productivity losses. Finally, we assumed that simple amalgam restorations would always be used to treat initial decay and in subsequent replacements. These assumptions ignore potentially costlier treatment, including for example, composite restorations, root canal treatment, crowns, and bridges.

The magnitude of the cost savings resulting from water fluoridation will depend on the parameter values of the population under consideration. To measure the cost savings that have accrued from the introduction of water fluoridation in the United States, high-end estimates of effectiveness and increment would be most appropriate, because initial increment and effectiveness rates are likely to be high when no water is being fluoridated. A local community that is evaluating a proposed water fluoridation project may require lower increment and effectiveness assumptions if it receives diffused benefits of water fluoridation from nearby communities (2,7,38). For example, in midwestern US communities, low-end increment and effectiveness parameters would be more applicable, whereas in the Pacific US region, high-end values of incidence and effectiveness would be more pertinent.

Relatively few economic evaluations of community water fluoridation programs have been conducted within the last decade. Brown et al. determined that a negative structural shift in US dental expenditures had occurred around 1979 (55). The authors attributed the shift in part to improved oral health resulting from increased access to community water fluoridation. Expenditures decreased by 10 percent which in turn led to savings of 39.1 billion dollars (1990 dollars) from 1979 to 1989. In 1989 the *Journal of Public Health Dentistry* dedicated a special issue to the proceedings from a University of Michigan workshop on the cost effectiveness of caries prevention in dental public health (56). Many of the articles in that issue provided estimates of parameters used in our analysis. The issue did not, however, feature a complete economic evaluation that explicitly stated all assumptions and findings, nor was a sensitivity analysis performed. Our analysis is unique in that it includes both the productivity losses and the costs of subsequent replacements in measuring the costs associated with a dental restoration. In addition, to our knowledge, no other study has used sensitivity analysis to determine the robustness of water fluoridation cost savings given the secular decline in caries incidence and the increased diffusion of water fluoridation's benefits to communities without fluoridation.

Using knowledge of local increment and effectiveness estimates, local officials may estimate potential cost savings from the information presented here. Tables providing net cost estimates for 756 combinations of effectiveness, increment, and cost of caries may be obtained from the authors. One benefit of the per-year savings approach is that it allows decision makers to customize their calculations for projects in which the *Costs of Averted Disease* differ in each year or for projects of varying duration. This would allow consideration of various scenarios, such as decreasing incidence over time due to fluoridation in nearby areas.

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Likewise, Costs of Disease and Productivity Losses$_{fluoridated}$ = Caries Increment$_{fluoridated}$ * Average Discounted Lifetime Cost of Carious Surface.

Thus, Costs$_{Disease\ Averted\ and\ Productivity\ Losses\ Averted}$ reduces to:

(Caries Increment$_{nonfluoridated}$ − Caries Increment$_{fluoridated}$) * Average Discounted Lifetime Cost of a Carious Surface.

This equation is multiplied by (Caries Increment$_{nonfluoridated}$ / Caries Increment$_{nonfluoridated}$), a factor of 1, to yield:

(Caries Increment$_{nonfluoridated}$ − Caries Increment$_{fluoridated}$) * (Caries Increment$_{nonfluoridated}$ / Caries Increment$_{nonfluoridated}$) * (Average Discounted Lifetime Cost of a Carious Surface).

Regrouping terms, this equation may be rewritten:

Caries Increment$_{nonfluoridated}$ * [(Caries Increment$_{nonfluoridated}$ − Caries Increment$_{fluoridated}$) / (Caries Increment$_{nonfluoridated}$] * (Average Discounted Lifetime Cost of a Carious Surface).

The term in brackets is the absolute value of the measure of effectiveness in the studies from which we took our data (2,3). Thus, the equation becomes

Costs$_{Disease\ Averted\ and\ Productivity\ Losses\ Averted}$ = (Caries Increment$_{Nonfluoridated}$) * (Effectiveness$_{Water\ Fluoridation}$) * (Average Discounted Lifetime Cost of Carious Surface),

which is Equation 2 in text.

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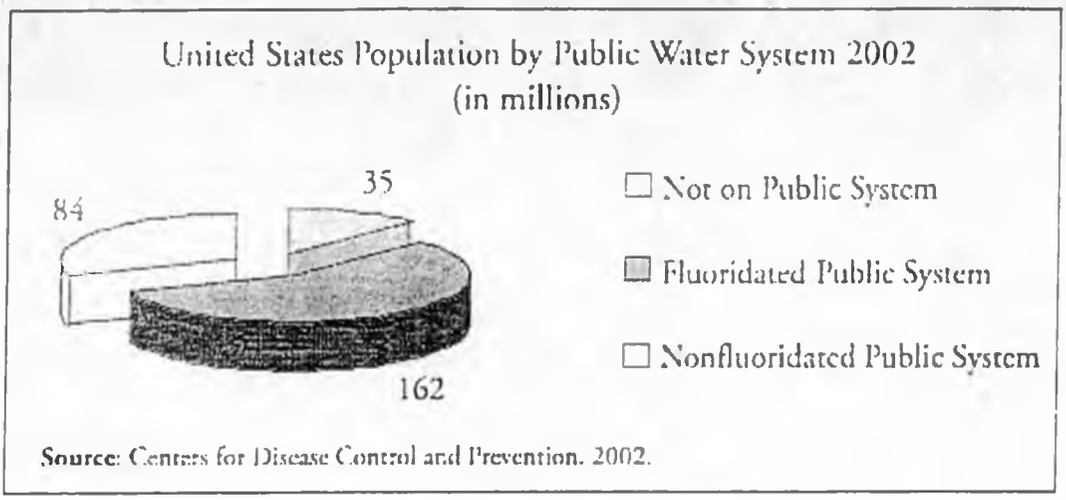
COMMUNITY WATER FLUORIDATION

In 1945, Grand Rapids, Mich., became the first city in America to add fluoride to its water supply to reduce tooth decay. This began a steady increase in community water fluoridation as a low-cost, efficient public health intervention. Fluoride occurs naturally in water at varying levels. Adding or reducing fluoride in the water to about 1 part per million has been found to reduce tooth decay substantially at a low cost of less than $1 dollar per person per year, depending on the size of the community. Although fluoride is particularly beneficial to children while their teeth are forming, it helps throughout life. It is superior to other options because no individual or family decision has to be made to benefit and no appointment or routine compliance or purchase of a product is necessary. In 1999, the Centers for Disease Control included water fluoridation in its list of 10 great public health achievements of the 20th century. As of 2002, 162 million people drink fluoridated water. This represents 66 percent of the 245 million who are served by public water supplies.

About 27 states have achieved the goal established by the Department of Health and Human Services of fluoridating water for 75 percent or more of their citizens. Although public water systems are managed locally, state legislatures become involved with fluoridation when they appropriate funds for oral health programs, assist communities with fluoridation, or consider legislation that mandates or prohibits water fluoridation. According the Centers for Disease Control (CDC), 11 states- California, Connecticut, Delaware, Georgia, Illinois, Kentucky, Minnesota, Nebraska, Nevada, Ohio and South Dakota-plus Puerto Rico and the District of Columbia currently mandate community water fluoridation.

Community water fluoridation has its opponents. A variety of groups, such as the Fluoride Action Network, Citizens for Safe Drinking Water and the Citizens for Health, oppose fluoridation because they claim it has never been tested for safety; it leads to a high incidence of fluorosis, (discoloring of tooth enamel) and causes bone fractures, cancer, osteoporosis, arthritis, kidney disorders, low sperm count, low IQ and other problems. The Foundation for Neuroscience and Safety links community water fluoridation to higher rates of lead poisoning in children, which causes hyperactivity, learning disabilities, substance abuse and violent crime. Some people also feel that adding fluoride should be a personal choice and that adding it to the water is "mass medication."



Senator Ray Rawson, a Nevada dentist who led the drive for fluoridating water in Las Vegas, calls these arguments "junk science." "Fluoride really works, and it really is safe," he says. More than 3,700 studies on fluoride have been completed during the last 30 years, including 50 peer-reviewed epidemiological studies, and none has established a higher risk of cancer or any other disease. A review of the scientific literature shows only a few studies that document health problems in animals, and then only when subjects were given concentrations of fluoride that are 50 to 200 times higher than people could possibly obtain through drinking fluoridated water. In 1978, *Consumer Reports* magazine wrote "The simple truth is that there is no scientific controversy over the safety of fluoridation. The practice is safe, economical and beneficial." Opposition to community water fluoridation has slowed progress in getting communities on board, which has led to higher rates of tooth decay and health care costs.

For legislators who are interested in alternatives to fluoridated water, other options exist which most states pursue, primarily for rural and frontier communities who use well water. In 2001, 34 state oral health programs provided school-based programs that provide fluoride mouth rinses or tablets to 1.1 million children. Fourteen states have programs to apply dental sealants-which coat permanent teeth to prevent tooth decay- among high-risk populations. Fewer than 150,000 children were helped this way in 2001. These programs are more expensive than community water fluoridation, and reach relatively few people.

TO NEXT SECTION (IN THE ABSTRACT)

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Press Release

ADA and CDC Celebrate 60th Anniversary of Community Water Fluoridation

CHICAGO, January 21, 2005—Community water fluoridation, cited as one of 10 great public health achievements of the 20th century by the Centers for Disease Control and Prevention (CDC), celebrates its 60th birthday this year.

To help recognize this public health milestone, the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC), will host a National Fluoridation Symposium at the ADA headquarters in Chicago from July 13–July 16, 2005. The symposium will recognize the impact of community water fluoridation for improving oral health and overall health.

To also commemorate the anniversary, CDC has developed a resource poster for water facility operators. The poster provides key information, including optimal fluoridation level for their states, how to monitor fluoridation levels at the plant to ensure optimal levels, operational and maintenance guidance, and benefits to the community. The poster has been endorsed by key partners in expanding community water fluoridation including the American Water Works Association, the National Rural Water Association, and the Association of State and Territorial Dental Directors.

"Fluoridation is the single most effective public health measure for preventing tooth decay and improving oral health over a lifetime," stated William R. Maas, D.D.S., M.P.H., Director, CDC Division of Oral Health.

"Community water fluoridation is the most economical preventive method we have in dentistry," said Richard Haught, D.D.S., ADA president, "We need to put special emphasis on providing fluoridation to those who aren't able to enjoy its benefits now."

Grand Rapids, Michigan, first community to fluoridate water

On January 25, 1945, Grand Rapids, Mich., became the first community to adjust the fluoride content in the public water system to the level effective for prevention of tooth decay. Since that time, some 170 million Americans now have access to community water fluoridation.

"Because it reaches all people in a community regardless of education or income level, it is a powerful strategy in our efforts to eliminate differences in oral health among our citizens, explained Dr. Maas.

"There has been a significant and profound improvement in the oral health of the nation's children living in fluoridated communities," said the ADA's Dr. Haught. "I am convinced of the benefits of community water fluoridation. I have seen the oral health differences before and after it was instituted in my hometown of Tulsa, Oklahoma."

Supports expansion of community water fluoridation

The CDC Division of Oral Health supports expansion of community water fluoridation throughout the nation by providing technical assistance to state water programs on fluoridation implementation and practices. The division monitors the extent and quality of fluoridation through the Water Fluoridation Reporting System, which also provides the public with information on the level of fluoride in water systems. This information is available on the My Water's Fluoride Web site, which allows consumers in 31 participating states and two Native American tribes to obtain basic information about their water system, including the number of people served by the system and the target fluoridation level (http://apps.nccd.cdc.gov/MWF/Index.asp).

The American Dental Association has long endorsed community water fluoridation as safe, effective and necessary in preventing tooth decay. This support has been the Association's position since policy was first adopted in 1950. The ADA, along with state and local dental societies, continues to work with federal, state, and local agencies to increase the number of communities benefiting from optimally fluoridated water. The ADA has developed a number of information resources, including the *Fluoridation Facts* booklet, videos, electronic presentations and resource kits. For more information and to view the entire ADA resource list, visit the ADA's "Fluoride and Fluoridation" Web site at http://www.ada.org/goto/fluoride.*

Key Facts About Community Water Fluoridation

- Water fluoridation is the addition of fluoride to adjust the natural concentration of a community's water supply to the level recommended by the U.S. Public Health Service for optimal dental health—0.7 to 1.2 parts per million (equivalent to about 1 inch in 16 miles or 1 cent in $10,000).
- Dental caries, commonly known as tooth decay or cavities, is an infectious multifactorial disease in which acid from bacteria dissolve the enamel of a tooth. This often results in pain and loss of tooth structure. Fluoride works by facilitating remineralization of the tooth's enamel, keeping the tooth strong by preventing the loss of minerals from the enamel as well as by enhancing the re-uptake of

minerals into the tooth.[1]

- Fluoridation of the public water supply was first instituted on January 25, 1945, in Grand Rapids, Michigan. Studies in eight communities (four implemented fluoridation and four did not) comparing rates of tooth decay documented persuasive evidence of its effectiveness in decreasing tooth decay in children. As a result, other U.S. cities rapidly adopted this preventive intervention.[2-5]
- A recent review by the U.S. Task Force on Community Preventive Services strongly recommended community water fluoridation . For the many studies reviewed, there was a median 29% reduction of decay among children and adolescents. [6]
- Community water fluoridation benefits everyone, especially those without access to regular dental care. It is the most efficient way to prevent one of the most common childhood diseases – tooth decay (5 times as common as asthma and 7 times as common as hay fever in 5-to-17-year-olds). Without fluoridation, there would be many more than the estimated 51 million school hours lost per year in this country because of dental-related illness. [7]
- Currently, 67% of Americans on public water systems receive optimally fluoridated water.[8]
- Fluoridation is cost effective. For most U.S. communities, every dollar spent on community water fluoridation results in a savings of $38 in costs to repair (fill) a decayed tooth. [9]

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minerals into the tooth.[1]

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Subject: Fluoridation
Date: Fri, 29 Oct 2004 15:08:27 -0500
From: "William J. Marley" <iswjm@alaska.net>
To: Represenative Paul Seaton <Representative_Paul_Seaton@Legis.state.ak.us>

Rep Seaton and Lauren Radcliffe

Paul, Lauren;

Following is the information we discussed regarding the efficacy of fluoridation.

Its hard to be any more credible than CDC.

National Center for Chronic Disease Prevention and Health Promotion

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Cost Savings of Community Water Fluoridation

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August 2001-Two recently published studies conducted by CDC reaffirm the benefits of community water fluoridation. Together, the studies continue to show that widespread community water fluoridation prevents cavities and saves money, both for families and the health care system. In fact, the economic analysis found that for larger communities of more than 20,000 people where it costs about 50 cents per person to fluoridate the water, every $1 invested in this preventive measure yields $38 savings in dental treatment costs.

"An Economic Evaluation of Community Water Fluoridation," published in the spring issue of the *Journal of Public Health Dentistry* , presents the results of an economic analysis of water fluoridation under modern conditions of widespread availability of fluorides. Researchers from CDC and Terry College of Business, University of Georgia, found that under typical conditions, the annual per person cost savings in fluoridated communities ranged from $16 in very small communities (<5,000) to nearly $19 for larger communities (>20,000). The analysis takes into account the costs of installing and maintaining necessary equipment and operating water plants, the expected effectiveness of fluoridation, estimates of expected cavities in non-fluoridated communities and treatment of cavities, and time lost visiting the dentist for treatment.

A related analysis found that children living in non-fluoridated communities in states that are highly fluoridated receive partial benefits of fluoridation from eating foods and drinking beverages processed in fluoridated communities. This second study, "Quantifying the Diffused Benefit from Water Fluoridation," was published in the March issue of *Community Dentistry and Oral Epidemiology* . The study reports that 12-year-old children living in

states where more than half of the communities have fluoridated water will have 26% fewer decayed tooth surfaces per year than 12-year-old children living in states where less than one-quarter of the communities are fluoridated.

"Widespread community water fluoridation prevents cavities even in neighboring communities that are not fluoridated," according to Dr. Susan Griffin, the study's main author. "For instance, a 12-year-old child who has lived in a non-fluoridated community in a highly fluoridated state would typically have one fewer cavity than a child in a low-fluoridated state."

The CDC Division of Oral Health currently provides support to 10 states and one Native American tribe to expand their community water fluoridation systems and operates a national fluoridation training and quality assurance program. CDC seeks to improve the oral health of communities by extending the use of proven strategies to prevent oral diseases, enhancing monitoring of oral diseases, strengthening the nation's oral health capacity, and guiding infection control in dentistry.

Related Links

Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States .*MMWR*, Vol. 50, No. RR14;1-42. (August 17, 2001)

Water Fluoridation Fact Sheet, 2000

Water Fluoridation Fact Sheet, 1992

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Thank You;

W. J. Marley, D.D.S.

Opposition arguments to community water Fluoridation

The Fluoridation War: a Scientific Dispute or a Religious Argument?

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Ernest Newbrun, DMD, PhD

Abstract

Communal water fluoridation is not considered controversial by the vast majority of the scientific community; however, politically it has persisted as an issue that many legislators and community leaders have avoided because of an aura of dispute. it has been a battleground for vigorous opposition by a very small but outspoken minority who have fought it with the dedication of religious zealots. This paper reviews the nature of the opposition, who they are, the broad thrust of their arguments, some of the specific issues they have raised, and their techniques. [J Public Health Dent 1996;56(5):246-52]

Key Words: AIDS, antifluoridationists, cancer, courts, dental caries, effectiveness, community water fluoridation, safety.

When I was invited to participate in this symposium celebrating the 50th anniversary of controlled communal water fluoridation at Grand Rapids, Michigan, I was asked to discuss the opposition to this measure. Fortunately, I was given carte blanche on how to address this topic and I confess the title is of my own choosing. Professor Donald McNeil has referred to "the fight for fluoridation" and described it as "America's longest war" (1). He went on to state that "a few things remain constant in America--death, taxes, baseball, and since 1950, widespread, often successful efforts by a passionate minority to keep fluoride out of public drinking water" (1).

Health professionals and biomedical researchers see water fluoridation as a scientific issue, and almost all agree that questions about its efficacy and safety were more than adequately settled long ago. Opponents, however, object to fluoridation on philosophical principles concerning the rights of individuals to freedom of choice on health matters. With the exception of some Christian Scientists, few oppose it on strictly religious grounds, but many of those opposed to fluoridation are willing to fight with the dedication of religious zealots—hence the title of my lecture. In this review I will examine the nature of the opposition, who they are, the broad thrust of their arguments, some of the specific issues they have raised, and their techniques.

The Antifluoridationists

When Trendley Dean, Philip Jay, and John Knutson met with the mayor of Grand Rapids 50 years ago to gain his approval for a water fluoridation experiment, no opposition existed to becloud the issue (2). However, complaints of ill effects due to water fluoridation were reported shortly after January 1, 1945, the official starting date. These complaints included: "Since they've been adding fluoride in our drinking water I have been gaining weight rapidly," and "Bathing in fluoridated water is causing a rash all over my body." Owing to delays in delivery of the equipment, fluoridation did not actually start in Grand Rapids until January 25, yet the complaints preceded the implementation of water fluoridation! Initially the complaints came from isolated individuals, but eventually there grew to be an organized network of hard-core opposition to this public health measure, not only at a local level, but at national and international levels. This opposition is not altogether surprising from a historical perspective, as there was opposition in the 1920s to pasteurization of milk and immunization of children against diphtheria and smallpox. Similarly, at the turn of the last century there existed fierce opposition to chlorination of the drinking water. More recently, gene splicing and organ transplantation have encountered some hostility. In all of these cases, the opposition perceives these procedures not as advances in public health and preventive medicine, but rather as "tampering with nature" and as forced medication.

At a national level, the antifluoridationists include the National Health Federation, the Center for Health Action, Citizens for Health, and the Safe Water Association. Their activities are detailed elsewhere (3,4). The *National Fluoridation News* was published quarterly "in the interest of all organizations and individuals concerned with keeping our drinking water free of chemicals not needed for purification" and was illustrated with clever cartoons ridiculing academia, the health establishment, government, and industry for their endorsement of fluoridation. In addition, local "pure water" associations have been organized to prevent fluoridation, their name itself being something of a misnomer as there are over 40 different chemicals, apart from fluoride, that are commonly used in water treatment plants to make water potable (5).

It is important to distinguish people who have voted against this measure in referenda but have not been active opponents from those in the much smaller but extremely vociferous group who are the real "antifluoridationists." According to most opinion surveys conducted between 1952 and 1977, the antifluoridationists constituted about 10 to 20 percent of the US population (6). In a more recent survey of parents' attitude toward fluoridated

Dr. Newbrun is professor emeritus of oral biology and periodontology, Department of Stomatology, University of California, San Francisco. Send correspondence to Dr. Newbrun at Division of Oral Biology, University of California San Francisco, 513 Parnassus Avenue, San Francisco, CA 94143-0512.

California, a state that ranks near the bottom (48th) in the nation with respect to percent of the population (18%) enjoying the benefits of water fluoridation, I have been called upon to participate as a scientific expert on fluoridation in several city council or water authority hearings in Los Angeles, Marin County, and the East Bay Municipal Water District, as well as to testify to the California legislature. In addition, I have testified to a committee of the US Congress, in the Queen's Court in Canada, and the Ministry of Health in Chile, and I have submitted written testimony to a Royal Commission in Victoria, Australia. I have debated antifluoridationists on television and radio and appeared on call-in radio programs to answer questions about fluoridation. I have heard or read most of the arguments that the opponents have presented, although I confess I have never heard them specifically claim that fluoridation causes nymphomania and satyriasis, as others have reported (2). I feel I have been in the trenches in this fluoridation war for most of my professional life. Although the specific arguments of the antifluoridationists may change with the *Zeitgeist*, the basic tenets have changed very little over the years. They are as follows: fluoride is a poison and causes deleterious health effects, fluoride is ineffective in preventing decay, fluoridation is costly, and fluoridation interferes with freedom of choice and infringes on individual rights (Table 2).

TABLE 2
Principal Antifluoridation Arguments and Profluoridation Answers

Antifluoridation Arguments	Profluoridation Answers
Poison	Safe at 0.7–1.2 ppm
Ineffective	15–40% less caries
Delays caries	Less caries at all ages
Costly	Cheap 25¢ (median/person/year) 50¢ (mean/person/year)
Freedom of choice Individual rights	Individual restraints in the interest of community public health

TABLE 3
Expert Reports on the Safety, Risks, and Benefits of Water Fluoridation

Year	Organization	Ref
1957	Commission of Inquiry, New Zealand	25
1968	Royal Commission of Tasmania, Australia	26
1970	World Health Organization, Geneva, Switzerland	27
1976	Royal College of Physicians, London, UK	28
1977	National Academy of Sciences, Washington, DC	29
1977	Commission of Inquiry, Victoria, Australia	30
1982	International Agency for Research on Cancer, Geneva, Switzerland	31
1985	Department of Health, San Francisco, California	32
1985	Working Party (Knox), London, UK	33
1990	State Department of Health, New York	34
1991	National Health and Medical Research Council, Canberra, Australia	35
1991	US Public Health Service (Young), Washington, DC	36

Claims that Fluoride is Harmful. Opponents identify fluoride as a poison both specifically as being toxic and generally as being responsible for a wide spectrum of common ills including allergy, birth defects, cancer, and heart disease, as well as rarer conditions such as crib death, immune deficiency, and Gilbert's syndrome (20). Antifluoridation propaganda frequently shows fluoride with a skull and crossbones, labeled poison, ignoring the matter of dosage. When antifluoridationists speak about fluoride, they compare it with lead and arsenic (17,21), rather than with essential elements such as iodine, zinc, or iron, or with Vitamins A and D, which are also toxic in excess. Waldbott, one of the earlier physicians to oppose fluoridation, listed the illnesses attributable to "artificial" fluoridation as: stomach and intestinal, stomatitis, polydipsia, joint pains, migraine-like headaches, visual disturbances, tinnitus, and mental depression (22). Regrettably, all too often these illnesses are reported as anecdotal cases that are not based on randomized clinical trials. Such uncontrolled or poorly controlled observations can be dismissed.

It is beyond the scope of this review to respond to all the health-related claims of antifluoridationists; these have been amply detailed elsewhere (23,24). Reports of independent expert in relevant fields of medicine and epidemiology, as well as scientists and water engineers, have been unanimous that the benefits of water fluoridation far outweigh any potential risks. Data concerning the safety of water fluoridation have been reviewed repeatedly by international, national, state, and local authorities (25-36). Scientists have recently reviewed the results of more than 50 epidemiologic studies on the relationship between fluoride concentrations in the drinking water and the risk of human cancer, as well as animal toxicity data (37). The conclusion of all of these reports has been uniform: there are no significant health risks associated with water fluoridation at an optimal level (Table 3). At optimal fluoride concentration the growth, health, and development of children is normal. Claims of carcinogenicity, teratogenicity, genotoxicity, and the like have not been substantiated under rigorous scientific examination. Mortality rates and other health statistics (other than dental caries) in fluoridated and nonfluoridated communities are similar. No injury from optimally fluoridated water has been proven to date. Dental fluorosis, mostly of the very mild to mild degree, may occur in some of the population, but this is primarily a cosmetic issue and not an adverse health effect.

Claims that Fluoridation is Ineffec-

memorate the 50th anniversary of water fluoridation—hardly a controversial issue considering that the postal service has issued commemorative stamps for Elvis Presley and Marilyn Monroe, both of whom died of a drug overdose. Other countries have issued postage stamps recognizing water fluoridation. Apparently the members of the US Postal Commission were "neutralized" and have as yet refused to issue a fluoridation commemorative stamp.

In September 1984, Wendy Nelder, a member and at that time president of the San Francisco Board of Supervisors, requested an investigation into fluoridation as a cause of increased risk of AIDS, cancer, and other diseases (18). In a debate on the "Today" television show, she stated that the death rate in fluoridated communities was 300 percent higher than in nonfluoridated ones and subsequently claimed an "overwhelming increase of the death rate from heart disease in fluoridated areas" (52). In a few minutes she was able to present much misinformation that would require a much longer time to refute. Nelder was referring to the Bartlett (8 ppm F)–Cameron (0.4 ppm F) study in Texas of residents who had lifelong exposure to natural fluoride (53). In the ten-year period from 1943 to 1953, 14 persons died in Bartlett whereas only 4 persons died in Cameron, hence the "300 percent" increase (Table 6). What she failed to inform the viewers was that in Bartlett, 15 percent of the population in 1943 and 12 percent of the population in 1953 were older than 70 years of age, while in Cameron during the same time span only 4 percent were older than 70 years of age (Figure 2). No wonder there was a higher death rate in the fluoridated community! Such tricks of lying with statistics are not new (54); nevertheless, the use of uncorrected data, particularly in relation to cancer deaths, is typical of the opposition, and was used most effectively in the Los Angeles referendum in 1975 (55).

Another convincing example of why not to debate with opponents of fluoridation comes from San Antonio, where in October 1985, on the eve of a referendum, proponents and opponents of fluoridation participated in a televised debate. The station manager required that all debaters be San Antonio residents, which disqualified Dr. C. Everett Koop, the prestigious Surgeon General who supported fluoridation. However, John Yiamouyannis, who lives in Ohio, showed up at the station with a San Antonio voter registration card and was allowed to debate. The antifluoridationists took the night with a barrage of assertions phrased in scare rhetoric that were difficult to refute in 30 seconds or less and

TABLE 5
Techniques Used by Opponents to Prevent Fluoridation

- Neutralizing politicians: creating the semblance of "controversy" by using massive letter-writing campaigns, telephone calls, and even threats
- The big lie: alleging serious health hazards, including many different diseases attributed to fluoridation
- Half-truths: fluoride is a poison and causes dental fluorosis
- Innuendo: urging fluoridation be delayed until all doubts are resolved
- Statement out of context: citing only a portion of a study and misrepresenting the conclusions
- "Experts" quoted: all doctors are considered equal by viewers of TV or newspaper readers; some dentist, physician, or scientist can always be found who will oppose fluoridation
- Conspiracy gambit: health establishment, government, and industry are in cahoots
- Scare words: pollutant, toxic waste, cancer, artificial, chemical
- Debating the issue: debates give the illusion of scientific controversy, even though the vast majority of health professionals and scientists support fluoridation

FIGURE 2
Comparison of Age Distribution of Population 70 Years and Older in Bartlett (7.6–8.2 ppm F) and Cameron (0.4–0.5 ppm F) [Data from Leone et al. (53)]

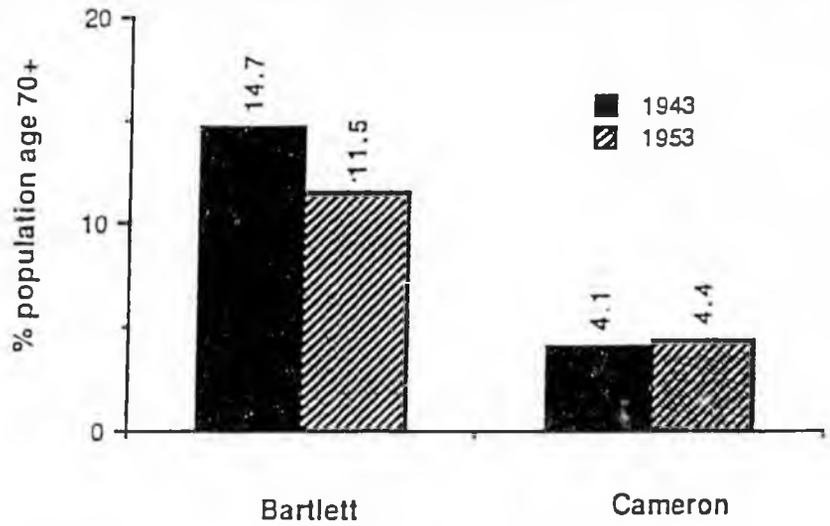

TABLE 6
Number of Participants in 10-year Medical/Dental Study of Residents in Bartlett and Cameron, Texas, with High and Low Levels of Natural Fluoride*

	Bartlett (8 ppm F)	Cameron (0.4 ppm F)
1943	116	121
1953	96	113
Deceased	14	4

*Data from Leone et al. (53).

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HCR

11

IOUSE COMMITTEE REPO

(7

Date Referred to Committee: April 22, 2005 **FURTHER REFERRALS:**

Date of Committee Action: April 26, 2005

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: **HCR 11**

HOUSE CONCURRENT RESOLUTION NO. 11 **PARENTS' DAY**

Proclaiming July 24, 2005, as Parents' Day.

Recommends it be replaced with [ ] HCS *or* [ ] CS *for* _____(_____)
For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR_____ **[ ] Same Title [ ] New Title**

[ ] attach amendments
[ ] add new referral to _____Committee
[ ] Letter of Intent_____Committee

List of Abbrev for Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
HSS
LEG
LAW
LWF
MVA
DNR
DPS
REV
DOT
UA

***NEW* FISCAL NOTES**
*Assigned by Chief Clerk's Office

List by Dept(s):	*FN#	Fiscal	Indet.	Zero
LEG				✓

***PREVIOUS* FISCAL NOTES**

List by Dept(s):	FN#	Fiscal	Indet.	Zero

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
	Cissna	✓			
	Gardner	X			
	Anderson	X			
Chair: Bobby Wilson	Wilson	X			
Chair:					

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: HCR 11
() Publish Date:

Revision Date/Time (Note if correction):
Dept. Affected: Legislature
Title: Proclaiming July 24, 2005, as Parents' Day.
BRU: Legislative Council
Component: Council and Subcommittees
Sponsor: "Representatives Cissna, McGuire,...."
Session
Requestor: House HESS
Component No. 783

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
CAPITAL EXPENDITURES	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
CHANGE IN REVENUES ( )	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Estimate of any current year (FY2004) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

This legislation has zero fiscal impact on the Legislative Affairs Agency.

Prepared by: Karla Schofield, Deputy Director
Phone 465-6626
Division: Administrative Services
Date/Time 4/25/05 1:28 PM

Approved by: Pamela Varni, Executive Director
Date 4/25/2005
Agency: Legislative Affairs Agency

(Revised 9/2001 OMB)

Alaska State Legislature

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Representative Sharon Cissna

MEMORANDUM

TO: Representative Peggy Wilson
Chair, House Health Education and Social Services Committee

FROM: Representative Sharon Cissna

DATE: April 22, 2005

RE: House Concurrent Resolution 11

I respectfully request that House Concurrent Resolution 11, Proclaiming July 24, 2005, Parent's Day, be scheduled for a hearing in the House Health, Education and Social Services Committee at your earliest possible convenience. I have attached a sponsor statement and background information. Thank you.

Alaska State Legislature

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Representative Sharon Cissna

Sponsor Statement
HCR 11 – Proclaiming July 24, 2005, as parent's day

In 1994 the United States Congress passed a law declaring every fourth Sunday in July as National Parents' Day. This resolution recognizes parent's day this year and encourages Alaskans to honor the holiday with remembrance and celebration.

Every day through current events, we see more clearly the importance of inculcating values into the next generation of Americans, a responsibility borne mostly by parents. As a society, we can only do well by encouraging respect and admiration for the role of parents. Governmental institutions ought to consid parents as a supreme resource.

From advertisements, we know parents are the "anti-drug." From best selling books, like "Family First" by Dr. Phil McGraw, we know parents are the powerful impetus for to building phenomenal families. From teachers in our schools, we know parents are ever valuable in preparing their children both physically and psychologically for the classroom.

It is befitting that with this Resolution we recognize the role of parents on wider on wider levels Besides the nitty-gritty of taking care of children at home, parents in general sustain family life. They stimulate community activity. They stabilize social values. And they steer national pride. Parents are valued the world over.

This Resolution underscores for all Alaskans this vital, and increasingly visible, role parents play in developing the next generation of leaders.

This Resolution officially recognizes this national holiday on a state level and allows Alaskans to celebrate Parent's Day with dignity and pride.

Parents' Day, 2003

For Immediate Release
Office of the Press Secretary
July 25, 2003

Parents' Day, 2003
By the President of the United States of America
A Proclamation

Children are a daily reminder of the blessings and responsibilities of life and a source of joy, pride, and fulfillment. Parents, stepparents, adoptive parents, and foster parents have the important responsibility of providing for, protecting, nurturing, teaching, and loving their children. On Parents' Day, we honor America's mothers and fathers and celebrate the values that bind families from one generation to the next and help define us as a Nation.

As a child's first teachers, parents are the most influential and effective instructors in a child's life. Through their words, actions, and sacrifices, parents are living examples for children. Young boys and girls watch their parents closely and imitate their behavior. Parents play a critical role in instilling responsibility, integrity, and other life lessons that shape the lives of America's future leaders.

My Administration is committed to supporting our Nation's families. We are working with faith-based and community organizations to promote healthy marriages, responsible parenting, and education. And we are committed to fully funding and supporting the Promoting Safe and Stable Families Program, which helps strengthen family bonds, promote adoption, and provide help for vulnerable children across our country.

Volunteer service is one way parents can spend time with their children while encouraging them to learn the value of helping others. The USA Freedom Corps' "How I Spent My Summer" initiative includes volunteer opportunities where parents and children can work together to meet the needs of their communities. This initiative offers ideas such as collecting food for local food banks or school supplies for children in need. In addition, families can volunteer at one of our Nation's parks or recreation areas creating trails, assisting with archeological digs, or building and restoring houses. Teaching by example, parents can help their children become responsible citizens.

Parenting is one of the most rewarding and challenging endeavors in life. On this special day, we recognize the hard work and compassion of America's parents and celebrate the mothers and fathers who are positive role models for their children. I encourage parents to spend more time reading, talking, and volunteering with their children. I also urge parents to share the joys and wisdom of parenthood with new families in their communities and those planning

families for the future.

NOW, THEREFORE, I, GEORGE W. BUSH, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States and consistent with Public Law 103-362, as amended, do hereby proclaim Sunday, July 27, 2003, as Parents' Day. I encourage all Americans to express their respect and appreciation to parents everywhere for their contributions to their children, families, communities, and our Nation. I also call upon citizens to observe this day with appropriate programs, ceremonies, and activities.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-fifth day of July, in the year of our Lord two thousand three, and of the Independence of the United States of America the two hundred and twenty-eighth.

GEORGE W. BUSH

# # #

Return to this article at:
http://www.whitehouse.gov/news/releases/2003/07/20030725-10.html

Florida Senate Resolution

By Senator Bullard

. . . . . .

A resolution recognizing and celebrating Parents' Day in Florida.

WHEREAS, in 1994, the Congress of the United States proclaimed that the fourth Sunday in July of every year is to be celebrated as "Parents' Day," and

WHEREAS, the family unit is the most fundamental of all organizational elements of civilized society, and is the primary source of the behavioral influences that develop ethical character, moral values, and the capacity of children to accept and responsibly perform their duties to others and themselves, and

WHEREAS, parents are best positioned to influence the growth and development of their children from the moment of their birth through their adolescent years to know right from wrong; to have the values necessary to be impelled to choose right instead of wrong; to be selfless enough to be aware of and have compassionate concern for other people; to always try to make their best efforts to accomplish the things they undertake to do without attempting to diminish anyone else; to readily and honestly acknowledge their mistakes with genuine humility; and to continually try to fully develop their God-given talents, completely realize their potential capabilities, and become all they can and should be for others and themselves, and

WHEREAS, the observance of Parents' Day is intended to serve as a reminder of the indispensable importance of successful marriages, wholesome lifestyles, and responsible parenting to ensure sound development of the young people who will be leading the world into the future, NOW, THEREFORE,

Be It Resolved by the Senate of the State of Florida:

That the Florida Senate recognizes the fourth Sunday in July of every year as "Parents' Day" in Florida, and encourages all parents to commit themselves to responsible and nurturing parenting to ensure sound development of their children and a healthier society.

. . . . . .

SENATE STATE OF FLORIDA

This is a true and correct copy of Senate Resolution No. 1800, adopted by the Florida Senate on April 21, 2004.

James E. "Jim" King, Jr.

James E. "Jim" King, Jr.
President of the Senate

ATTEST:

Faye W. Blanton
Secretary of the Senate

HCR

31

Alaska State Legislature

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Representative Sharon Cissna

Sponsor Statement
HCR 31

A resolution "relating to an integrated information and referral system."

Access to health care in Alaska is difficult due to a variety of factors. For instance, a growing number of Alaskans can neither afford nor qualify for health insurance. The vast size of our state and the distance between communities can make timely and affordable access to health care difficult or impossible. Currently the state has a shortage of physicians, and to make matters worse, Alaska's health care costs and surgical procedures continue to represent some of the highest medical expenditures in the nation. People over sixty-five, who are covered by Medicare, find fewer doctors who will accept or keep them as patients.

HCR 31 contends these issues point to the need for an integrated, health-related information and referral system available to anyone with a telephone. Throughout the country, other states have found referral systems can provide information about services that will best meet consumers' health care needs. A health care database, which includes contact information about the quality and variety of services, will allow Alaskans to make informed medical and health-related purchasing decisions.

So Alaskans can maximize their health purchases within the state, the State of Alaska must enlist government and private sector partners to investigate and develop an integrated, statewide information and referral system similar to other states' 2-1-1 info lines, which utilize state-of-art software and well-maintained databases. HCR 31 proposes that the info line could be further used to disseminate information and coordinate services in times of a natural disaster or a statewide emergency.

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: HCR031-DHSS-FMS-04-25-06
( ) Publish Date:

Revision Date/Time (Note if correction):
Dept. Affected: Health & Social Services

Title: INTEGRATED STATEWIDE INFORMATION AND REFERRAL SYSTEM
RDU: Departmental Support Services
Component: Administrative Support Svcs

Sponsor: CISSNA
Requester: HOUSE (HES)
Component No.: 320

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services	•	•	•	•	•	•
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	•	•	•	•	•	•
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2006) cost:
Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal: [ ]

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

This integrated information system has the potential of providing consumers of health related services with accurate and up-to-date information concerning the availability of those services and providing them with options for obtaining the services. The information could provide for the consumer the ability to make informed choices when choosing a provider for specific health related services.

By providing a self registration process for volunteerism options, the coordination of health support following a natural disaster or any other statewide emergency would be be greatly enhanced. Having the profile and contact information for health care volunteers available in an integrated database will provide emergency responders with quick and easy access to informtion to enable them to rapidly deploy the appropriate support.

Prepared by: Janet Clarke, Assistant Commissioner — Phone 465-1630
Division: Finance and Management Services — Date/Time 04/24/2006
Approved by: Karleen Jackson, Commissioner — Date 04/25/2006
Agency: Department of Health and Social Services

STATE OF ALASKA
2006 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

The fiscal impact to the state is unknown at this time. Analysis of what other states have done in this area and a review of how they accomplished the development and support of their integrated systems will have to occur in order to determine the investment required for the State of Alaska to develop a referral system. Following a requirements analysis to determine the specifics for the statewide integrated referral system a survey of what other states are doing in this area will be done. Attempts will be made to capitalize on what other states have done as a means of minimizing the fiscal impact of developing a system.

There will be a requirement for full-time program staff to provide administration and support. This support would include responding to telephone, mail and email communication. Although internet access is somewhat ubiquitous in the State of Alaska, there will certainly be segments of the population that do not have required access to utilize the system.

There will be a staffing requirement to provide quality assurance of the data residing in the database. It is anticipated that this will be a self registration database, staff will still be required to maintain the overall quality of the data. They must also be available to support both the provider community and comsumer community.

Additional costs will be required for infrastructure to support the system. This will include the necessary hardware platform to support the operation of the system.

Promotion of the availability of the referral system to both providers of services and to healthcare consumers will also be required.

Based on the above factors, the department is submitting an indeterminate fiscal note.

Find your local 2-1-1/I&R Call Center.

Frequently Asked Questions

What is 2-1-1?

- 2-1-1 is an easy to remember telephone number that connects callers to information health and human services available in their community.
- 2-1-1 reaches approximately 107 million people (over 37% of the total U.S. populatic states and the District of Columbia. Yet, millions of Americans still need to be connect
- America needs 2-1-1 to be accessible nationwide. As the number of organizations pro specialized services is on the rise, people find it frustrating and confusing to access cc services. 2-1-1 provides a one-stop service for vital information.
- While services that are offered through 2-1-1 vary from community to community, 2- callers with information about and referrals to human services for every day needs ar crisis. For example, 2-1-1 can offer access to the following types of services:
  - **Basic Human Needs Resource:** food banks, clothing, shelters, rent assistan assistance.
  - **Physical and Mental Health Resources:** medical information lines, crisis int services, support groups, counseling, drug and alcohol intervention, rehabilitat insurance programs, Medicaid and Medicare, maternal health, children's healtl programs.
  - **Employment Support:** unemployment benefits, financial assistance, job trair transportation assistance, education programs.
  - **Support for Older Americans and Persons with Disabilities:** home healtl day care, congregate meals, Meals on Wheels, respite care, transportation, an services.
  - **Support for Children, Youth and Families:** Quality childcare, Success by 6, programs, Head Start, family resource centers, summer camps and recreation mentoring, tutoring, protective services.
  - **Volunteer opportunities and donations.**

How is United Way involved in 2-1-1?

- 2-1-1 was first launched by United Way of Metropolitan Atlanta in 1997 and now reac states and the District of Columbia.
- United Way supports 2-1-1 as the first number to call to connect with health and hun and volunteer opportunities.
- UWA has declared February 11th as National 2-1-1 Day.
- United Ways have a long-standing tradition of commitment to funding information an (I&R) services in their respective communities.
- 2-1-1 and its goal to contribute vital information that benefits individuals and commu the mission of the 1,400 United Ways nationwide to better people's lives.

How is 2-1-1 funded?

- 2-1-1 centers have various funding sources -- local United Ways, community foundat and local government funds.
- Senators Elizabeth Dole (R-NC) and Hillary Clinton (D-NY) have introduced bi-partisar named the Calling 2-1-1 Act that would provide Federal funding for 2-1-1 and encour it nationwide.
  - There is a toll-free number - 1.888.PASS211 (1.888.727.7211) - where suppo can call to encourage their own Members of Congress to cosponsor S. 211 or t House legislation.

Cost Benefit Analysis

United Way of America commissioned a study to assess the expected costs and anticipated b
nationwide 2-1-1 system. Completed in December, the University of Texas Ray Marshall Cen
Study of Human Resources concluded the following:

- When an individual seeks information or referral services for which they have little or
knowledge or experience, dialing 2-1-1 is much simpler than other options.
- General information systems, such as 4-1-1, provide information that is too general i
very useful and may charge a fee.
- As a one-stop shop for social services, 2-1-1 would ultimately save Americans million
taxpayer money.
- A national service of this type is estimated to provide $1.1 billion in net value to socie
next 10 years.

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United Way • AIRS 2-1-1 Get Connected. Get Answers.

United Way

Find your local 2-1-1/I&R Call Center.

Kevin was looking for a way to give back to his community. He called 2-1-1 looking for volunteer opportunities, but wasn't quite sure what he would be able to do. After the 2-1-1 Call Specialist explored his interests and specific talents it was revealed that he once owned a landscaping business. It occurred to him that he might be able to use his landscaping specialties to assist a community group. He was referred to a local Interfaith Ministry which runs a community garden. It was a perfect fit...the Ministry's garden was in need of many improvements and Kevin was able to donate his time and expertise and give back to his community.

2-1-1 serves approximately 165 million Americans - over 55% of the US population; 190 active 2-1-1 systems covering all or part of 38 states (including 13 states with 100% coverage) plus Washington, DC and Puerto Rico. >>

PASS 2-1-1

We want our nation's leaders on Capitol Hill to hear our voices. Please join our efforts to obtain critical federal funds for your community. We encourage you to contact your Senators and Representatives to urge co-sponsorship of the Calling for 2-1-1 Act. The legislation will provide federal money to states starting or enhancing a 2-1-1 system.

You can also make your views known electronically by logging on to: **www.capwiz.com/unitedway/home.**

Citizens don't have to be in Washington D.C., to have their voices heard.

News

- **Trial by Wind and Water** How 2-1-1 Played a vital role 2004 Florida Hurricanes
- **2-1-1 Legislation Info**
- **2-1-1 Cost Benefit Analysi**
- The **United Way Hurricane Response Fund** has been ac help affected communities be rebuilding their lives. All fund allocated for both front-line d relief and long-term recovery determined by local United W affected areas, in coordinatio vast network of human servic and volunteer centers.
- **Born Learning** - United Way Council and Civitas have laun Born Learning public engager campaign to help parents and family/friend caregivers creat learning opportunities for you children. To find out more, vi **www.bornlearning.org**

What can you do?

- **Contact Your Members of**
- **Contact Your Governor**
- **Contact Your Local United**

2-1-1 Finder

Find your local 2-1-1/I&R C Center.

2-1-1 Directs Consumers to Essential Community Services

FCC Consumer Facts

In many states, dialing "2-1-1" provides individuals and families in need with a shortcut through what may be a bewildering maze of health and human service agencies' phone numbers. By simply dialing 2-1-1, those in need of assistance are referred, and sometimes connected, to appropriate agencies and community organizations.

Background

In July 2000, the Federal Communications Commission (FCC) reserved the 2-1-1 dialing code for community information and referral services. The 2-1-1 code was intended as an easy-to-remember and universally-recognizable number that would enable a critical connection between individuals and families in need and the appropriate community-based organizations and government agencies. Dialing 2-1-1 helps the elderly, the disabled, those who do not speak English, those who are having a personal crisis, the illiterate, or those who are new to their communities, among others, by providing referrals to, and information about, health and human services organizations and agencies.

Currently 32 states and Washington, D.C. provide 2-1-1 referral services. Other states are in various phases of implementation.

How 2-1-1 Works

2-1-1 works a bit like 9-1-1. Calls to 2-1-1 are routed by the local telephone company to a local or regional calling center. The 2-1-1 center's referral specialists question callers, access databases of resources available from private and public health and human service agencies, match the callers' needs to available resources and link or refer them directly to an agency or organization that can help.

What Types of Referrals 2-1-1 Offers

- **Basic Human Needs Resources** – *food and clothing* banks, shelters, rent assistance, and utility assistance.
- **Physical and Mental Health Resources** - health insurance programs, Medicaid and Medicare, maternal health resources, health insurance programs for children, medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention and rehabilitation.

- **Work Support** – financial assistance, job training, transportation assistance and education programs.

- **Support for Older Americans and Persons with Disabilities** – adult day care, congregate meals, respite care, home health care, transportation, and homemaker services.

- **Children, Youth and Family Support** – child care, after school programs, educational programs for low-income families, family resource centers, summer camps and recreation programs, mentoring, tutoring, and protective services.

Individuals who wish to donate time or money to health and human services-related agencies and organizations can also dial 2-1-1.

To find out more about 2-1-1 or to find out if your state has implemented 2-1-1, visit www.211.org or contact the FCC's Consumer Center at 1-888-CALL-FCC (1-888-225-5322) voice or 1-888-TELL-FCC (1-888-835-5322) TTY.

For this or any other consumer publication in an alternative format (electronic ASCII text, Braille, large print, or audio) please write or call us at the address or phone number below, or send an e-mail to FCC504@fcc.gov.

To receive information on this and other FCC consumer topics through the Commission's electronic subscriber service, click on http://www.fcc.gov/cgb/contacts/.

This document is for consumer education purposes only and is not intended to affect any proceeding or cases involving this subject matter or related issues.

10/07/05

Federal Communications Commission · Consumer & Governmental Affairs Bureau · 445 12th St. S.W. · Washington, DC 20554

1-888-CALL-FCC (1-888-225-5322) TTY: 1-888-TELL-FCC (1-888-835-5322) · Fax: 1-866-418-0232 · www.fcc.gov/cgb/

last reviewed/updated on 10/07/05

Federal Communications Commission
445 12th Street SW
Washington, DC 20554
More FCC Contact Information...

Phone: 1-888-CALL-FCC (1-888-225-5322)
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Fax: 1-866-418-0232
E-mail: fccinfo@fcc.gov

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FOR IMMEDIATE RELEASE

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703-683-7871

United Way of America Calling for 2-1-1 Expansion Nationwide

Cost Benefit Analysis of 2-1-1 Shows $1.1 Billion Value to Society.
Wal-Mart Contributes $500,000 to Support 2-1-1 Expansion.

ALEXANDRIA, VA (February 11, 2005)—Today, United Way of America (UWA) is rallying local communities nationwide to support stronger efforts and Federal funding to make 2-1-1 service available to all Americans. To help increase 2-1-1 coverage nationwide, the Wal-Mart Foundation announced an investment of $500,000 to support United Way efforts.

2-1-1 is an easy-to-remember 3-digit dialing system (similar to 9-1-1 and 4-1-1) that makes a simple, but critical connection between individuals and families who are seeking services or volunteer opportunities and the appropriate community-based organizations and government agencies. It is a cost-effective answer to help local communities navigate the complex and ever-growing maze of human service agencies and programs, and we know from the experiences of 9-1-1 and 4-1-1 that clear, concise 3-digit dialing works.

"Where 2-1-1 is operational, people can more quickly gain access to a full range of community resources," said Brian Gallagher, UWA President and CEO. "In a country where we are only as strong as our local communities, we must ensure that all, not just some, have the ability to give and get help when and where they need it. A nationwide 2-1-1 system would do that and citizens can make it happen."

As evidenced by the response to the hurricanes in Florida last year, where hundreds of thousands of calls went to 2-1-1 over many weeks, an active, robust 2-1-1 system can be an integral crisis response tool for communities across the country. In widespread emergencies like an attack, flood, tornado, fire, or health crisis, not only does this valuable service alleviate the strain on systems like 9-1-1, but it is also there for people who don't know where to turn for help, thus saving individuals time and agencies and taxpayers money by making existing systems work more efficiently and effectively.

2-1-1 can further be used as a long-term community planning tool. Based on aggregate data about the types of calls a local 2-1-1 call center receives, communities are in a better position to anticipate demand for services and mobilize resources to meet changing needs.

Congressional Support for 2-1-1

Efforts are underway in Congress to facilitate the expansion of 2-1-1, with the recent reintroduction of *The Calling for 2-1-1 Act* (S. 211) in the Senate by Senators Elizabeth Dole (R-NC) and Hillary Clinton (D-NY). This bill spearheads a bipartisan effort to secure $150 million in federal funding for 2-1-1 and support its nationwide adoption. Similar legislation will soon be introduced in the U.S. House of Representatives.

"With the abundance of agencies and help lines, people often aren't sure where to turn to get the proper assistance," said Senator Dole. "The 2-1-1 line allows families and individuals to find the faith-based, community or government agency to best serve their needs. United Way 2-1-1 has done an outstanding job in working to meet so many needs. I have seen firsthand why it is so important to coordinate volunteers and various agencies, particularly during a crisis situation."

"For some time now I have been an ardent supporter of the creation of a nationwide 2-1-1 system," said Senator Clinton. "I had the pleasure of recently visiting the opening of a 2-1-1 call center in Rochester, New York, to see firsthand the positive impact it can have on individuals by making a wide array of social services and volunteer opportunity information available quickly and easily. 2-1-1 currently reaches only a little more than one-third of the U.S. population because of funding constraints. The federal government partnering with state and local 2-1-1 stakeholders will help bring real impact by helping to launch it nationwide."

Americans interested in supporting 2-1-1 in their states can do so by calling a toll free line, 1-888-PASS-211 (1-888-727-7211), which will automatically connect them to the Washington, D.C., offices of their Members of Congress and allow their voices to be heard.

Three More States Launch 2-1-1 Service on 2/11/05

New Jersey, Utah and Vermont today became the most recent states with statewide 2-1-1 networks, inaugurating their services on the symbolic date of February 11. 2-1-1 was first launched by United Way of Metropolitan Atlanta in 1997 and in only a few years, this service has grown to currently serve nearly 102 million Americans—over 34 percent of the U.S. population—in a total of 141 active 2-1-1 systems in 30 states and Washington, D.C. UWA has a goal to help ensure that 50 percent of the population is covered by 2-1-1 by the end of this year.

Cost-benefit Analysis

Recently, UWA commissioned a study to assess the expected costs and anticipated benefits of a nationwide 2-1-1 system. The study, completed by the University of Texas Ray Marshall Center for the Study of Human Resources, concluded that 2-1-1 would ultimately provide American taxpayers up to $1.1 billion in net value over the next 10 years. Furthermore, when an individual seeks information or referral services for which he or she has little or no prior knowledge or experience, dialing 2-1-1 is much simpler than other options. The research also found that dialing a general information system (such as 4-1-1) is no substitute for 2-1-1 since the telephone directory system lists entities by name only, which provides information that is too general in nature to be very useful and may also charge a fee for the service.

For further information or to obtain a copy of the cost-benefit analysis, please visit www.unitedway.org.

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About United Way of America

United Way of America is the national organization dedicated to leading the United Way movement in making a measurable impact in every community in America. The United Way movement includes approximately 1,400 community-based United Way organizations. Each is independent, separately incorporated and governed by local volunteers. For more information about United Way, visit www.unitedway.org.

AIRS™
Bringing People and Services Together

About AIRS

About AIRS

About AIRS
Board & Staff
What is I&R?

AIRS mission: "To provide leadership and support to the membership to advance the capacity of a Standards-driven Information and Referral industry that brings people and services together."

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2-1-1 Get Connected. Get Answers.

Our Members

PENNSYLVANIA AIRS

The Alliance of Information and Referral Systems (AIRS) was incorporated in 1973 to improve access to services for all people through information and referral.

AIRS offers a professional umbrella for all I&R providers in both public and private organizations. Comprehensive and specialized I&R programs are found in nearly ever community and operate as a critical part of the health and human service delivery system.

AIRS is ...

... the international voice of Information and Referral (I&R).

... a professional membership association of over 1,000 organizations, supporting ove 30 state and regional affiliates, bringing people and services together.

... in partnership with the United Way, the premier leader in the development of the 2-1-1 movement that has transformed access for human services.

... the driving force behind the development of clear and consistent professional Standards that benchmark every aspect of quality I&R.

... the administrator of an accreditation program that measures an organization's abilit to meet the AIRS Standards, and a certification program that evaluates the competence of I&R practitioners.

... a provider of training, support and technical assistance that culminates in an annua international conference that attracts over 700 delegates to participate in nearly 100 workshops.

... a national leader in human services that participates in critical partnerships with the United Way of America, the National Association of State Units on Aging, the Nationa Emergency Number Association, the American Association of Suicidology and InformCanada.

... a non-profit organization as determined under section 501(c)(3) of the Internal Revenue Code.

... a membership organization committed to serving our members at the same level that they serve their clients. (To view the AIRS Member Service Standards, click here)

Please Join Us

AIRS welcomes your membership and the opportunity to serve your need. You can join AIRS now or contact the AIRS office by calling 703-218-AIRS x 206 for more information.

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2-1-1 Initiative

I&R: The Birthplace of 2-1-1

"We find that the Information & Referral Petitioners have demonstrated sufficien public benefits to justify use of a scarce public resource and we therefore assig 2-1-1 to be used for access to community information and referral services."
Federal Communications Commission's final order to assign 2-1-1 on 21st July, 2000.

2-1-1 is a simple, easy-to-remember three-digit telephone number that has transforme access to human services.

2-1-1 is a national partnership between AIRS and the United Way of Amer..a

2-1-1 is built on existing I&R infrastructure, providing an easy way for citizens to acces comprehensive and specialized I&R services in their community.

People in search of critical services such as emergency financial assistance, food, shelter, child care, jobs, or mental health support often do not know where to begin. Looking for help means locating dozens of phone numbers and/or websites (for those who have acce..), and then searching through a maze of agencies and services to make the right connection.

2-1-1 provides an easy way for every citizen to access comprehensive and specialized I&R services in their community. This universal number connects individuals with community resources to find help or give help in their communities.

The mission of 2-1-1 is to build America's capacity to strengthen the way people access help and engage in civic life.

AIRS and the United Way of America have provided ongoing leadership to the 2-1-1 initiative which is designed to accelerate, lead, and support the implementation and sustainability of the national 2-1-1 system.

As of March 2006, 2-1-1 serves over 163 million Americans – over 55% of the entire population – through 187 active 2-1-1 systems covering all or part of 38 states plus Washington DC and Puerto Rico. Every few weeks, those numbers increase. In Canada, 2-1-1 currently covers over 20% of the population.

For more information on 2-1-1 in the United States, visit www.211.org. For more information on 2-1-1 in Canada, visit www.211.ca.

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2-1-1 INFOLINE Connecting Connecticut with Services United Wa

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Related Links...
- Framework of a 2-1-1 Call
- How Data is Collected
- Products

About Us

2-1-1 Infoline has been helping people need throughout the state for almost 3(years.

2-1-1 Infoline is an integrated system of help via the telephone - a sin source for information about community services, referrals to human services, and crisis intervention. It is accessed toll-free from anywhere Connecticut by simply dialing 2-1-1. It operates 24 hours a day, 365 d a year. Multilingual call specialists and TDD access is available.

Infoline was created in 1976 as a public/private partnership of United Way and the State of Connecticut. By the mid-eighties, it had gained national recognitio as a model system. In 1995, Infoline was certified in crisis intervention by the American Association of Suicidology.

In 1998, the Governor and Legislature supported the initiative for an easy-to-remember, three-digit 2-1-1 number for Infoline. The number went into effect March 1999, replacing 1-800-203-1234. Though there are numerous informati and referral services throughout the country, Connecticut is the first state in th nation to use 2-1-1 statewide.

In July 2000, the Federal Communications Commission designated 2-1-1 as th number to call nationally for information about health and human services. Uni Way of Connecticut was a leader in making the three-digit number accessible nationwide and is now involved in helping other states set up their 2-1-1 syste

How Infoline helps callers

Connecticut residents call Infoline for many different types of help. Professional call specialists help callers with such complex issues as substance abuse, gambling, domestic violence programs, suicide prevention, financial problems, and much more. Other callers may sim be looking for volunteer opportunities. By dialing 2-1-1, a caller is connected with an Infoline call specialist who helps the caller assess th situation and find the community services in their area that can assist them. It's importa.t for people to remember that 911 remains the number to call for police, fire or EMS emergency response and 411 remains the number to call for telephone directory information.

Serving Agencies, Government and Businesses

Infoline has developed the state's most comprehensive database of human service resources. It is continuously updated, providing the

foundation for mailing list, a statewide directory available on CD Rom, and a searchable database on our web site www.infoline.org. The collection of data on demographics and caller problems provides anoth valuable resource by presenting an overview of the problems facing Connecticut residents. This data is used for many types of human-neec assessments in the state.

Customized arrangements enable many non-profit agencies to provide after-hours coverage for their clients. Infoline call specialists screen cal and access agency staff when crisis intervention is necessary.

Some Infoline Facts

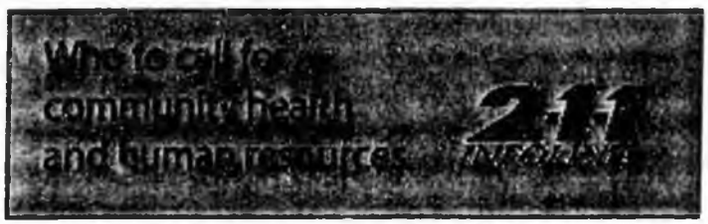
- Over 300,000 people in Connecticut called Infoline last year. Help is available 24 hours a day, every day of the year. Infoline has multilingual call specialist and is accessible to the hearing-impaired by TDD.
  The most frequently requested services are: Financial Assistance Food, Protective Services, Legal Assistance, Child Care, Utilities/Heat, Social Support, Housing, and Mental Health.
- Infoline is fully certified in crisis intervention by the American Association of Suicidology since 1995.

Some Typical Calls

- The mother of a 12-year-old seeks counseling for her son who is not going to school regularly.
- A single mother is worried about the gas shutoff notice she just received.
- A landlord has been threatened by a tenant who has damaged his apartment, moved out, and now wants security deposit back.
- A caller is depressed, considering suicide and wants help.
- A young woman with a disability inquires about available transportation.
- The caller needs information about eligibility for Food Stamps.
- A guidance counselor is searching for a parenting education course for a teen father.
- A recent widower is looking for a social group to join.
- A caller with gambling problems seeks services for help.
- A traveler wants to know how to get a passport.
- A teenager has problems at home, a father who drinks, and needs someone to talk to.
- An older man has been caring for his wife, who has advancing Alzheimer symptoms. He is now exhausted and needs assistance and respite.
- A recently divorced employee is frequently missing work; he needs affordable, reliable child care.

2-1-1 Infoline is a public/private partnership between the State of Connecticut and Connecticut United Ways. 2-1-1 Infoline is accredited by the Alliance of Information and Referral Systems (AIRS) and by American Association of Suicidology (AAS). Copyrighted materials reproduced by permission from INFOLINE of Los Angeles. Translate this page

211 INFOLINE Connecting Connecticut with Services United Way



Have you ever wondered...

How to find a community service when you or someone you know needs help? Or where do you turn when you want to reach out and help by volunteering or donating? There are thousands of health and human services programs to help people in Connecticut. Finding the one you need can be difficult.

The first step in finding help is knowing WHO to call... you know to dial 911 for emergencies... and 411 for directory assistance... and now, you can dial 2-1-1 for community health and human resources! Dialing 2-1-1 can help you locate a variety of services in Connecticut.

If you are outside of Connecticut call 1-800-203-1234 or if you are looking for a 2-1-1 Call Center outside of Connecticut go to 211.org.

2-1-1 Infoline is a public/private partnership between the State of Connecticut and Connecticut United Ways and is is accredited by American Association of Suicidology (AAS) and the Alliance of information and Referral Systems (AIRS).

Focus on: Individual Development Accounts (IDAs)

Individual Development Accounts (IDAs) are restricted savings accounts for individuals of limited financial means and for specific restricted purposes such as continuing education, purchasing a home or starting a business . ...more

- Organizations that Offer the IDA Program

Save the Date

May 17 - New England Information and Referral Training Conference >>

Search for Services

2-1-1 Infoline: Search Connecticut's health and human services database.

Child Care: Search for child care options in Connecticut

eLibrary: Tips and resources on health and human services topics.

Health Care Resource Guide: Information on how to get health care in Connecticut

Housing: Find shelter, transitional housing, housing assistance programs, subsidized housing and more.

Specialized Directories: Search for food, housing and more

Substance Abuse: Search for prevention, treatment, rehabilitative services, and more.

Where to Turn in Connecticut When You Become Unemployed: Provides information on state, federal and local resources to help people who are unemployed and looking for jobs.