

**Ministry of Health
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JAN 23 2013

**Ministère de la Santé
et des Soins de longue durée**

Ministre de la Santé

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Ontario

CITY OF WINDSOR
COUNCIL SERVICES

JAN 23 2013

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To the Chair and Members, Windsor City Council:

As Chief Medical Officer of Health for Ontario, I am very concerned about the potential loss of fluoridated water in your community in spite of consistent evidence that water fluoridation is safe and effective.

I am pleased that Windsor has been supporting water fluoridation for 60 years, and I would urge you to continue displaying that leadership by reconfirming your support on January 28, 2013.

The practice of water fluoridation is the subject of some controversy, but the science is clear. Since 1997, there have been 18 major reviews examining fluoridation, including an expert panel convened by Health Canada in 2007. These reviews have consistently found that fluoridation is effective in reducing the risk of tooth decay, and is the most cost-effective way of providing the benefits of fluoride to all residents in a community regardless of age, socioeconomic status, education, employment or dental insurance status. This is important for Windsor-Essex as 33 per cent of your general population does not have dental insurance.¹

Fluoride has also been shown to provide the greatest benefits to those that need it the most, meaning those most at risk for disease.² In addition, even with other sources of fluoride available today, fluoridated water still has an impact on reducing the rates of tooth decay not only in children, but adults and seniors as well. Water fluoridation can reduce tooth decay in children's primary teeth by up to 60 per cent and in their permanent teeth by up to 35 per cent. Adults experience a 20 to 40 per cent reduction in tooth decay from lifelong exposure to water fluoridation.³

In Ontario, fluoride additives must meet rigorous standards of quality and purity before they can be used. Studies show that when fluoride is added to water at recommended levels in Ontario and across the country, it is not linked to adverse health effects.^{4 5}

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¹ Statistics Canada, Canadian Community Health Survey, 2009-2010

² McDonagh M, Whiting P, Bradley M, Cooper J, Sutton A, Chesnutt I, Misso K, Wilson P, Treasure E, Kleijnen J. A systematic review of public water fluoridation. York, UK: NHS Centre for Reviews and Dissemination, University of York; 2000. Available from: http://www.york.ac.uk/inst/crd/CRD_Reports/crdreport18.pdf

³ American Dental Association. Fluoridation facts. Chicago, IL: ADA; 2005. Available from: http://www.ada.org/sections/newsAndEvents/pdfs/fluoridation_facts.pdf

⁴ Rabb-Waytowich D. Water fluoridation in Canada: past and present *J Can Dent Assoc.* 2009 Jul;75(6):45 J-4.

⁵ McDonagh MS, Whiting PF, Wilson PM, Sutton AJ, Chesnutt I, Cooper J, Misso K, Bradley M, Treasure E, Kleijnen J. Systematic review of water fluoridation. *BMJ.* 2000 Oct 7;321(7265):855-9.

I cannot discuss fluoride without mentioning the irrefutable economic argument in support of community water fluoridation. Quite simply, this particular intervention saves money in addition to teeth. The average lifetime cost per person to fluoridate a community can be less than the cost of one dental filling.^{6 7} A study by the Centers for Disease Control and Prevention in the U.S. demonstrated that children in communities without fluoridated water were three times more likely than children in communities where the water is fluoridated to need and receive dental treatment in a hospital operating room. Obviously, by this point the condition is often quite severe. Also, the cost of that care is approximately twice as high as in communities where the water is fluoridated.⁸

It is also important to note that fluoride mouth rinses, fluoride varnish and sealants are all clinical interventions that require active participation by the client. These interventions are also more expensive and only benefit those who are offered or take advantage of them, while fluoridation of the water supply, where it is feasible, is a population level intervention with demonstrated value for money. It is a great example of a public health initiative rooted in health equity principles with no requirements of active participation of children and families to experience the benefits.

- It is my view that the improvements to oral health in Ontario as a result of our publicly funded oral health programs such as Children in Need of Treatment and Healthy Smiles Ontario would be undermined by the removal of fluoridation from the water supply.

Ontario has one of the highest rates of water fluoridation in Canada. It is important that Windsor remain a part of that important statistic and continue to fluoridate its municipal water supplies so that the residents can continue to enjoy the lasting health benefits.

Sincerely,

Arlene King, MD, MHSc, FRCPC
Chief Medical Officer of Health

⁶ Griffin SO, Jones K, Tomar SL. An economic evaluation of community water fluoridation. *J Public Health Dent.* 2001;61:78-86.

⁷ Campain AC, Mariilo RJ, Wright FA, Harrison D, Bailey DL, Morgan MV. The impact of changing dental needs on cost savings from fluoridation. *Aust Dent J.* 2010 Mar;55(1):37-44.

⁸ Centers for Disease Control and Prevention. Water fluoridation and costs of medicare treatment for dental decay-Louisiana, 1995-1996. *MMWR Morb Morla/ Wkly Rep.* 1999;48(34):753-757.