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**Subject:** Community Water Fluoridation

Greetings,

I am writing to you today as a concerned member of this community and also as a registered dental hygienist with a duty to advocate on behalf of my clients. For the past several months I have been bringing mobile oral care services into long term care and have been working hard towards making vital oral healthcare services more accessible in my community through my mobile practice, volunteering my time with charitable clinics and by creating public awareness through advocacy.

As an oral health care provider I am familiar with the benefits and efficacy of community water fluoridation. There are many credible sources that offer very good science and evidence based information regarding the practice of community water fluoridation. There are also many "google" sources of inaccurate, negative and biased information as well. The contradicting information can be confusing, intimidating and even scary.

As a responsible provider I feel a great sense of duty and obligation to ensure that my knowledge and sources of information are accurate and up-to date to ensure my clients and my community receive only the best from my practice and that my efforts and advocacy are grounded in a solid foundation of accurate information and best practices.

I'm happy to share some of the reliable resources that healthcare providers often refer to as quality sources of information for your consideration and will attach links for your perusal. I will also add these reports as attachments so that they may be easily accessible.

Before I start explaining why I support the recommendations of the Windsor Essex Public Health Unit and community water fluoridation in general I would like to talk a little about those among us who benefits from the practice and why we need to come together as a community to support those who truly need it.

**This requires some understanding of another very important issue that underlies the debate about water fluoridation which is that for some of us, access to absolutely vital oral healthcare is not a reality. This is the real social justice issue.**

Good oral health is important to overall health and well-being. Good dental hygiene habits and regular Dental check-ups help to prevent dental health issues and while the majority of Ontarians do have good oral health, there are subgroups in Ontario that cannot appropriately access dental care and have poorer oral health. Those most likely to report poorer oral health and barriers include lower income earners especially children in low income families, the uninsured, older adults and vulnerable populations where the social determinants of health are likely to contribute to poor overall health...

**(In ontario, approximately 2-3 million people report fair to poor oral health including those who are most affected by the social determinants of Health)**

[-https://www.cdho.org/docs/default-source/pdfs/oral-health-rpt/review-of-oral-health-services-in-ontario-\(full-report\).pdf?sfvrsn=eb8b85a0\\_6](https://www.cdho.org/docs/default-source/pdfs/oral-health-rpt/review-of-oral-health-services-in-ontario-(full-report).pdf?sfvrsn=eb8b85a0_6)

In Canada, Equitable access to preventive care and basic treatments is a basic principle in developing oral care programs. However despite overall improvement in the oral health of Canadians there are still subgroups that bear a disproportionate burden of oral diseases.

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[https://www.publichealthontario.ca/en/eRepository/Dental OralHealth Inequalities Ontario 2012.pdf](https://www.publichealthontario.ca/en/eRepository/Dental%20OralHealth%20Inequalities%20Ontario%202012.pdf)

It is well known to those of us in the dental community that access to our services can be very problematic for some. Even if equitable access to care were a reality, community water fluoridation is still recommended by over 90 respected health organization worldwide including (health canada, the world health organization, the center for disease control, canadian dental association, college of dental hygienists of Ontario etc...) as playing a key role in the prevention of the chronic oral disease of dental decay. But because not all Canadians are accessing oral care, the issue of essential access to this important tool for prevention is even more delicate because for some, especially our most vulnerable it may be the only "care" they receive.

It is our **most vulnerable** that benefit the most from access to community water fluoridation which promotes equality among all segments of the population, particularly the underprivileged and the hardest to reach including those most at risk for disease where other preventive measures may be inaccessible or not affordable.

Moreover, the number of Canadians unable to access dental care is likely to grow rapidly in the next decade as the baby boom generation retires and loses insurance coverage and the number of Canadians working in the gig economy, where benefits such as employer-sponsored health insurances are rare, rises. And although a number of provinces provide some oral health care to seniors in long-term care facilities, Ontario has virtually no reliable funding for this type of care and only one Province, Prince Edward Island, mandates annual oral examinations for long-term care. There appears to be a strong consensus among dentists that seniors in particular are in need of better access to oral care.

Canada's reliance on private usually employer-based dental insurance in combination with the limited scope of public programs generates unequal access to dental care. Dental problems are strongly correlated with income and without insurance, the result is often untreated dental problems, sometimes resulting not only in a long-term loss of quality of life, but also to lower employment income and wasteful use of other Healthcare Services

Public dental insurance, starting with the expansion of existing public programs would help create a more equitable Canada by improving many vulnerable people's access to oral health care.

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[https://www.cdhowe.org/sites/default/files/attachments/research\\_papers/mixed/Final%20April%2026%20Commentary%20510.pdf](https://www.cdhowe.org/sites/default/files/attachments/research_papers/mixed/Final%20April%2026%20Commentary%20510.pdf)

According to a report published by WECHU entitled: Dental health of adults and seniors in windsor-essex survey results 2018:

Not surprisingly, Income and dental insurance play a key role in accessing dental health services in our communities as well. Individuals living in low-income households have to prioritize their financial resources in order to cover the cost dental check-ups and necessary treatment. This lack of access to Dental Care results in a greater burden of disease and additional strain on the healthcare system as individuals with dental health needs visit other medical practitioners and the emergency department seeking relief.

The 2016 Community needs assessment identified the dental health of adults in Windsor Essex as a concern, and the second most reported service need for residence.

Summary of recommendations from The Windsor Essex County Health Unit include

1. Partnerships
  2. Advocacy
  3. Community water fluoridation
  4. comprehensive community-based approach to Healthy Living programs and services.
- <https://www.wechu.org/reports/dental-health-adults-and-seniors-windsor-essex-survey-results-2018-0>

#### IMPACT OF ORAL HEALTH TO OVERALL HEALTH: WHAT PROBLEMS COULD POOR DENTAL HEALTH CAUSE?



Oral health is not isolated but linked to the health of the rest of the body. Very important body systems like the heart, lungs, brain and even unborn babies can be adversely affected by poor oral health. Oral infection can also affect blood sugar levels making it difficult to control diabetes.

Gum disease and cavities are chronic, contagious oral infections that can lead to major health concerns and negatively affect the course of other diseases and treatments.

Microorganisms such as bacteria from oral infections can enter the bloodstream or airways and travel to other parts of the body. These microorganisms have the potential to worsen or increase the risk of other types of health problems.

[-https://odha.on.ca/wp-content/uploads/2016/08/Overall-Health-14-1-final.pdf](https://odha.on.ca/wp-content/uploads/2016/08/Overall-Health-14-1-final.pdf)

In Canada 57% of children, 59% of adolescents and 96% of adults have been affected by tooth decay. Prevention is critical to good oral health. Tooth decay and gum disease are almost always easily preventable and there are some very important preventative oral health services that should be available to all ontarians including the access to optimally fluoridated drinking water. Water fluoridation can reduce tooth decay in Children's Primary teeth by up to 60% and in their permanent teeth by up to 35%. Adults experience a 20 to 40% reduction of tooth decay from Life long exposure to water fluoridation. It 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.

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[http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral\\_health/oral\\_health.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.pdf)

#### THE POWER OF PREVENTION:

Community water fluoridation is not an all-encompassing answer to the problem of poor oral health for subgroups of Canadians. It is however, a very effective tool backed by science and over 70 years of use which can have a significant impact on the prevention of decay, particularly when accessed early in life. Prevention is a powerful tool in impacting positive oral health outcomes and therefore positive overall health outcomes in populations and for individuals.

#### COMMON CONCERNS:

I have often been asked questions or listened to patient concerns about fluoride in practice. I welcome these questions because they are an opportunity to research and grow my own understanding and also offer valid resources for information to assist my clients in making informed decisions about their care as well.

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.

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[http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral\\_health/oral\\_health.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.pdf)

Moreover, In October of 2018 Public Health Ontario published a review on all existing evidence of adverse health effects of drinking optimally fluoridated water published between 2010-2017. They concluded that the only adverse effect experienced from the consumption of optimally fluoridated water 0.7 mg / L or 0.7 PPM is mild Dental fluorosis which is generally unnoticeable white specks on teeth, according to the existing literature.

[-https://www.publichealthontario.ca/en/eRepository/evidence-review-effects-drinking-optimally-fluoridated-water.pdf](https://www.publichealthontario.ca/en/eRepository/evidence-review-effects-drinking-optimally-fluoridated-water.pdf)

Community leaders and decision-makers have a moral and ethical responsibility to consider the unheard voices when reviewing all aspects of sensitive issues such as these. Children, elderly, those surviving day by day in poverty or even just low-income families often are not able to advocate for themselves. Strong communities are only as strong as the most vulnerable among us.

I believe the real question is not whether to force fluoridation on those who don't want it, the real question is whether the select few can force the blockage of access to this important Community Health Resource for those who need it most.

Additional Resources:

[https://www.cda-adc.ca/en/about/position\\_statements/fluoride/](https://www.cda-adc.ca/en/about/position_statements/fluoride/)

[https://www.cdc.gov/oralhealth/children\\_adults/child.htm](https://www.cdc.gov/oralhealth/children_adults/child.htm)

<https://www.cdc.gov/fluoridation/index.html>

<https://ilikemyteeth.org/fluoridation/>

<https://ilikemyteeth.org/category/experts-say-fluoride/>

<https://www.compoundchem.com/2014/05/19/natural-vs-man-made-chemicals-dispelling-misconceptions/>

[https://files.cdha.ca/profession/resources/CDHA\\_2017\\_CWF\\_position\\_statement\\_EN.pdf](https://files.cdha.ca/profession/resources/CDHA_2017_CWF_position_statement_EN.pdf)

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