

Community Water Fluoridation



"...one of the 10 great public health achievements of the twentieth century."¹



Oral Health in *<Your State>*: A Fact Sheet

What is the public health issue?

Oral health is integral to general health.² Although preventable, tooth decay is a chronic disease affecting all age groups. In fact, it is the most common chronic disease of childhood.² The burden of disease is far worse for those who have limited access to prevention and treatment services. Left untreated, tooth decay can cause pain and tooth loss. Among children, untreated decay has been associated with difficulty in eating, sleeping, learning, and proper nutrition.³ Among adults, untreated decay and tooth loss can also have negative effects on an individual's self-esteem and employability.

In the U.S., tooth decay³ affects:

- ✓ 1 in 4 elementary school children
- ✓ 2 out of 3 adolescents
- ✓ 9 out of 10 adults

What is the impact of fluoridation?

Fluoride added to community drinking water at a concentration of 0.7 to 1.2 parts per million has repeatedly been shown to be a safe, inexpensive, and extremely effective method of preventing tooth decay.² Because community water fluoridation benefits everyone in the community, regardless of age and socioeconomic status, fluoridation provides protection against tooth decay in populations with limited access to prevention services. In fact, for every dollar spent on community water fluoridation, up to \$42 is saved in treatment costs for tooth decay.⁴ The Task Force on Community Preventive Services recently conducted a systematic review of studies of community water fluoridation. The Task Force is a national, independent, nonfederal, multidisciplinary task force appointed by the director of the Centers for Disease Control and Prevention (CDC). They found that, in communities that initiated fluoridation, the decrease in childhood decay was almost 30 percent over 3–12 years of follow-up.³

How is *<Your State>* doing?

In *year*, almost ___ percent of *Your State's* third-graders had experienced tooth decay. In 2002, nearly ___ percent of *Your State's* 65+ population had lost all of their permanent teeth.⁴ In 2002, ___ percent of the population in *Your State* on public water systems received fluoridated water. This translates into ___ percent of *Your State's* total population receiving fluoridated water.

Related U.S. *Healthy People 2010* Objectives⁵

- ✓ Seventy-five percent of the population on public water will receive optimally fluoridated water.
 - In *Your State*, ___% of the population on public water receives fluoridated water.
- ✓ Reduce to 20% of adults age 65+ years who have lost all their teeth.
 - In *Your State*, ___% of adults age 65+ years have lost all of their teeth.
- ✓ Reduce tooth decay experience in children under 9 years old to 42%.
 - In *Your State*, ___% of children under 9 years old have experienced tooth decay.

<Your State> *Healthy People 2010* Objectives⁷

What is **Your State** doing?

[Insert examples from your state here, e.g., communities that have fluoridated in the past 5 years, public education campaigns, brochures to dental providers and other health care providers on appropriate fluoride supplement programs, resources on well-water testing.]

Strategies for **<Your State's>** Future

- ✓ Encourage fluoride supplements for those at increased risk for decay who are not receiving fluoridated drinking water.
- ✓ Develop and use data from well-water testing programs.
- ✓ Continue supporting and funding **Your State's** oral health program.
- ✓ Educate and empower the public regarding the benefits of fluoridation.

References

1. Centers for Disease Control and Prevention. Fluoridation of drinking water to prevent dental caries. *Morbidity and Mortality Weekly Report* 48 (1999): 933–40.
2. U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, 2000.
3. Truman BI, Gooch BF, Sulemana I, et al., and the Task Force on Community Preventive Services. Reviews of evidence on interventions to reduce dental caries, oral and pharyngeal cancers, and sports-related craniofacial injury. *American Journal of Preventive Medicine* 23 (2002, 1S): 1–84.
4. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *Preventing Dental Caries*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2002. http://www.cdc.gov/OralHealth/factsheets/dental_caries.htm.
5. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2010*. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2000. <http://www.health.gov/healthypeople>.
6. Burt BA, Eklund SA. *Dentistry, Dental Practice, and the Community* (5th ed.). Philadelphia: W.B. Saunders, 1999.
7. **Source for your state's information. Example: Washington State Department of Health, *SMILE Survey*, 2000, May 2001.**

For more information, contact:
Your state's contact information.

Your logo.

Adapted from a fact sheet developed by the Oral Health Program, Bureau of Health, Maine Department of Human Services, 2004, in cooperation with the Association of State and Territorial Dental Directors and funding from Division of Oral Health, Centers for Disease Control and Prevention (cooperative agreement # U58/CCU723036-01) and Maternal and Child Health Bureau, Health Resources and Services Administration (cooperative agreement # U44MC00177-04-02). Photo credits: Mother and son at left, Andrea Schroll, RDH, BS, CHES, Illinois Department of Public Health; grandmother, mother, and daughter, Getty Images; water, Comstock Images.