COMMUNITY WATER FLUORIDATION

by SIMON HEARNSHAW

WHERE ARE WE NOW AND HOW WE CAN ALL CONTRIBUTE TO GETTING THIS OVER THE LINE?

As we are all aware, the Covid-19 pandemic has exposed fault-lines in services across healthcare and increased health inequalities, disproportionately affecting more deprived communities. I think two of the stark learning points from the last two years are: public health has a crucial role to play; and a greater focus on prevention is critical because, when a crisis like the pandemic occurs, if prevention is embedded there is likely to be greater health resilience within communities.

Community water fluoridation (CWF), as we all know, has the potential to dramatically improve the prevention resilience of communities, improving health and reducing health inequalities. The public health programme is the most cost-effective oral health improvement intervention returning £22 for every £1 invested over a ten-year period[1] reducing caries by around 20% for 5-year-olds.[2] The recent fluoridation monitoring report also makes the important point that whilst the trend amongst 3 and 5 year-olds was a reduction in caries prevalence and severity with increasing fluoride concentration it was the children in the most deprived quintile who saw the greatest overall reduction. In addition, up to 56% of hospital admissions for the removal of decayed teeth among children and young people could be prevented in the most deprived areas through water fluoridation schemes. As the report goes on to say, it is significant that the greatest benefit is seen amongst children from the poorest areas.

None of this is news to dental teams working at the dental 'coal face'. Many dental hygienists and therapists working in fluoridated areas see for themselves daily the positive health effect of CWF and those with experience of working in fluoridated and non-fluoridated areas can testify to the obvious differences in oral health.

So where are we now?

The Health and Care Bill received Royal Assent and became an Act of Parliament on 28 April 2022. Included in the new legislation are specific proposals referring to water fluoridation aimed at streamlining implementation through transferring responsibilities from Local Authorities to national Government. These responsibilities include financial support for feasibility studies, revenue costs (central Government already pay capital costs for schemes) and the costs and process of consultation. All of this is extremely good news because cash strapped Local Authorities were finding it extremely difficult to fund feasibility studies let alone the annual costs of schemes of around £1 per person per year.

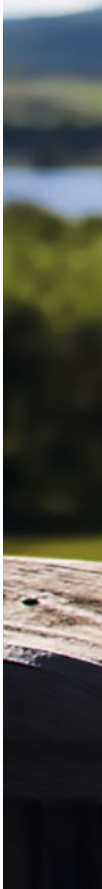
Support for water fluoridation has also been building with the supportive statements on behalf of all four UK Chief Medical Officers[3], the statement from the Chief Dental Officer for England[4] and the recent press release by the Department of Health and Social Care.[5]

The CWF National network, of which BSHDT is a founder member, exists to raise the profile of fluoridation and to lobby for implementation on behalf of stakeholders. Membership is strong, as you would expect, across dental organisations. We are also very pleased to include the National Children's Bureau a children's charity with the aim of building a better future for every child. We have always worked very closely with the British Fluoridation Society (BFS) and recently moved even closer joining the BFS Council so we can work more collaboratively to support our common aims. This is important because whilst the proposals in the 2022 Health and Care Act present significant and positive opportunities the hard work is not done yet and we need to be collectively ready to support the Government proposals, consultations and the journey through to implementation.

So, what can you do?

I think we can all collectively advocate for CWF especially in areas where future schemes are proposed. The messages we need to get across are simply that CWF is safe and effective, that it improves health and reduces inequality. There are some excellent resources that we helped Public Health England to produce[6] which can be downloaded and used to support conversations. The strength of the National CWF network is that the campaigning began within primary care and from the very start was supported by Local Dental Committees (LDCs). The one part per million website, funded by Hull LDC and other LDCs mainly in the north of England, has some excellent resources.[7] The BFS website also has some excellent information.[8]

If any dental hygienists or therapists would like to get more involved, please get in touch. The BFS are running some



training sessions shortly for dental team members who would like to get more involved so those of you who would like to become more active campaigners will be supported to do this. If you are interested, please get in touch via the BSDHT.

I think all the recent changes are partly, and possibly predominantly, because of the strong advocacy of dental teams, individuals and organisations over several decades. With more collective effort over the next few years, we should see the positive change we have been campaigning for in the interest of patients and reducing inequalities. Thank you for all your support so far and we look forward to working with you in the next critical period of the campaign.

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