



KFL&A (<https://www.kflaph.ca/en/index.aspx>)
Public Health

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Contact information

Required fields are marked with asterisks (*)

Please review the following errors ×

- Please enter a valid postal code (A1A1A1).

Last name

n/a

First name

Christine

Middle Name

n/a

E-mail address

cmssyc@gmail.com

Street address

City or town

Province

Postal Code (no spaces)

Phone number

Alternate phone number

Please describe in detail the records you would like to access. Please upload any necessary supporting documents using the file upload option below.

1. All studies in the possession, custody or control of the institution that scientifically prove/provide evidence that drinking water that has been fluoridated (via the typical water fluoridation agent: hydrofluorosilicic acid, aka fluorosilicic acid aka HFSA, which eats through concrete, is contaminated with arsenic, lead, etc. and spilled on highway 401 in 2017 in a deadly accident that sent many first-responders to hospital) is safe for everyone and effective for everyone at reducing dental caries.

Reminder:

Scientific proof/evidence is not opinion, declaration, endorsement, reviews or descriptive studies. Scientific proof/evidence requires use of the scientific method to test falsifiable hypotheses through valid, rigorous, repeatable controlled experiments.

2. All records in the possession, custody or control of the institution that prove that the actual HFSA product (which is not pure HFSA) that might be added to public drinking water under the advisement of the people acting as "the Board of Health" dissociates 100% in local tap water (which is not pure H₂O).

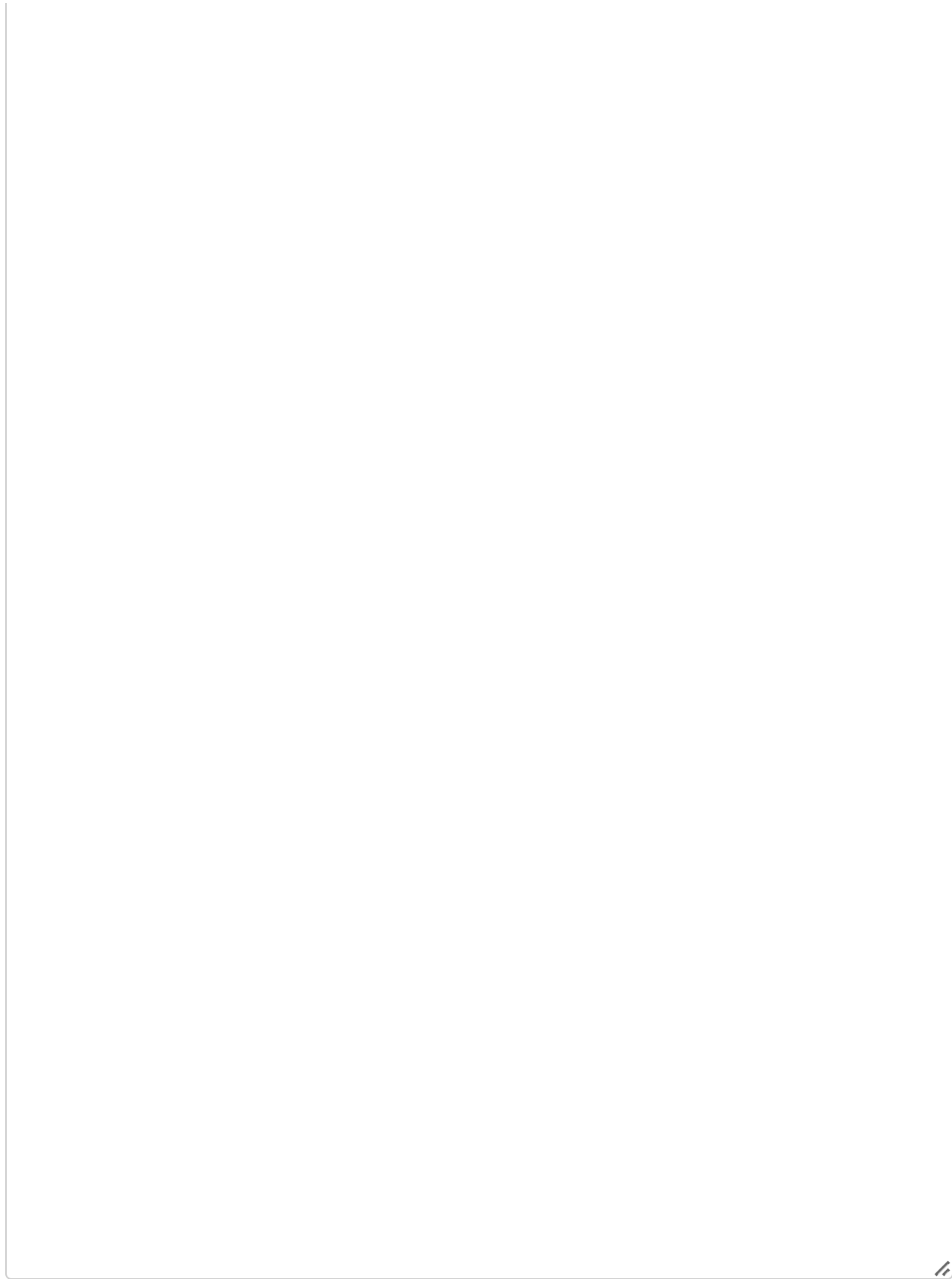
3. All other records in the possession, custody or control of the institution surrounding the consideration, plan and recommendations for the fluoridation of drinking water, including but not limited to those about the safety and effectiveness of fluoridation of drinking water.

General Note:

I seek all records that match the above descriptions, regardless of whether they were authored by someone working at the institution or elsewhere. If any records match the above descriptions and are currently available to the public elsewhere, please assist me by providing enough information about each record so that I may identify and access each one with certainty (i.e. title, author(s), date, journal, where the public may access it). Please provide URLs where possible.

Format:

Pdf documents sent to me via email; please don't ship anything to me;



Please upload any necessary supporting documents

Allowed extensions pdf, doc, docx, xls, xlsx, jpg, jpeg, gif, png, tif

Would you like to

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By checking this box, I acknowledge I have read, understand, and agree that the information provided in this form is correct. *

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I give permission to KFL&A Public Health to use my email address to correspond and send the record requested. *

- Yes
- No

The personal information on this form is being collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA and PHIPA) and will be used for the purpose of responding to your request. Any questions about the collection of this information should be directed to the Director, Corporate Services at Kingston, Frontenac and Lennox & Addington Public Health, 221 Portsmouth Avenue, Kingston, Ontario, 613-549-1232, or 1-800-267-7875, ext. 1262

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Christine, an unincorporated woman <cmssyc@gmail.com>

MFIPPA Request

Suzette Taggart <Suzette.Taggart@kflaph.ca>
To: Christine Massey <cmssyc@gmail.com>

Mon, Apr 15, 2024 at 2:48 PM

Dear Christine Massey,

Please find the following documents in response to your request on March 18, 2024.

Suzette

Suzette Taggart, MBA

Director, Corporate Services

Phone: 613-549-1232, ext. 1262

Toll-Free: 1-800-267-7875
suzette.taggart@kflaph.ca

KFL&A Public Health

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KFL&A Public Health is situated on the traditional territories of the Anishinaabe and Haudenosaunee.

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3 attachments**Memo C Massey March 2024.docx**

439K

**BOH Feb 28, 20242024-04-15-135116.pdf**

2400K

**BOH April 26 20232024-04-15-135353.pdf**

1334K

April 15, 2024

Christine Massey

cmssyc@gmail.com

christine@flouridefreepeel.ca

To: Ms. Christine Massey

Request received under the Municipal Freedom of Information and Protection Privacy Act (MFIPPA) for the:

1. All studies in the possession, custody or control of the institution that scientifically prove/provide evidence that drinking water that has been fluoridated (via the typical water fluoridation agent: hydrofluorosilicic acid, aka fluorosilicic acid aka HFSA, which eats through concrete, is contaminated with arsenic, lead, etc. and spilled on highway 401 in 2017 in a deadly accident that sent many first-responders to hospital) is safe for everyone and effective for everyone at reducing dental caries.

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2. All records in the possession, custody or control of the institution that prove that the actual HFSA product (which is not pure HFSA) that might be added to public drinking water under the advisement of the people acting as "the Board of Health" dissociates 100% in local tap water (which is not pure H₂O).

3. All other records in the possession, custody or control of the institution surrounding the consideration, plan and recommendations for the fluoridation of drinking water, including but not limited to those about the safety and effectiveness of fluoridation of drinking water.

General Note:

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RE: Your records request dated March 18, 2024

In response to your request for records date March 18, 2024:

Request Part 1. All studies in the possession, custody or control of the institution that scientifically prove/provide evidence that drinking water that has been fluoridated (via the typical water fluoridation agent: hydrofluorosilicic acid, aka fluorosilicic acid aka HFSA, which eats through concrete, is contaminated with arsenic, lead, etc. and spilled on highway 401 in 2017 in a deadly accident that sent many first-responders to hospital) is safe for everyone and effective for everyone at reducing dental caries.

Response Part 1: KFL&A Public Health is committed to using rigorous, tested scientific methods to monitor and assess evidence. These methods are designed to obtain the highest quality evidence available and reduce bias to the greatest extent. These methods are applied to all health issues that are being addressed by KFL&A Public Health, including community water fluoridation (CWF).

When considering evidence for safety and effectiveness of community water fluoridation, KFL&A Public Health uses systematic reviews to examine the existing weight of evidence, rather than individual studies, as illustrated by the hierarchy of quantitative evidence (Figure 1)¹.

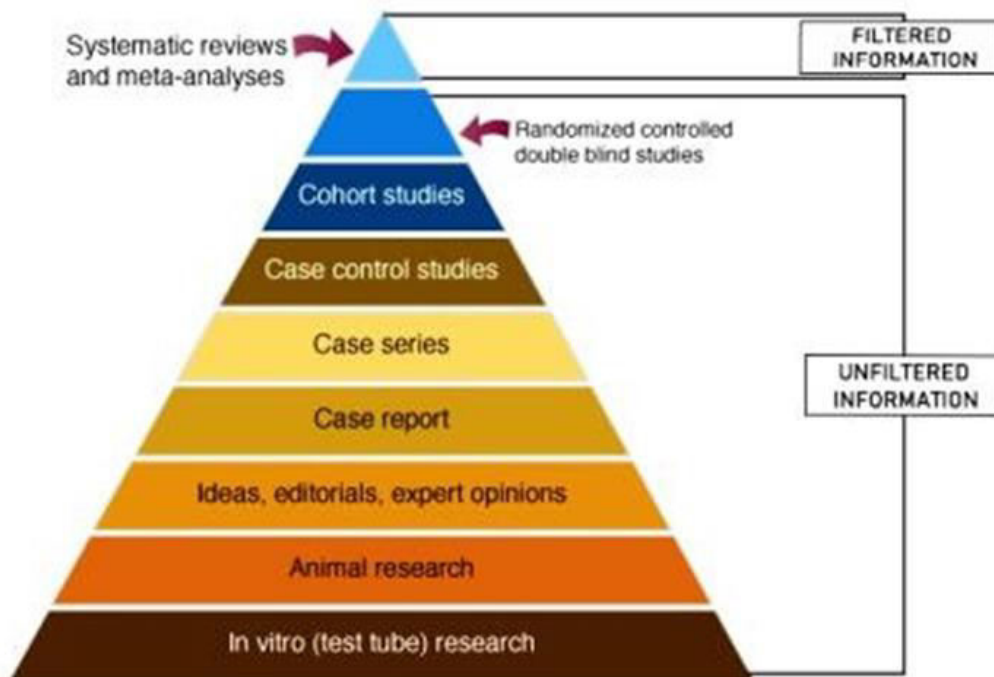


FIGURE 1: The hierarchy of quantitative evidence

^[1] Filtered information assesses the quality of a studies and provides recommendations for practice, in consideration of all of the evidence. Unfiltered information includes single, original research studies that have not yet been assessed for quality or combined. On their own, they are difficult to interpret and apply to practice and/or decision-making.

Through strict process and criteria, systematic reviews examine high quality single studies and compile results to answer specific research questions. On the hierarchy of quantitative evidence (Figure 1)¹, systematic reviews are at the top of the pyramid, representing the highest level of evidence due to the rigour of research methodology used. The higher the methodological rigour, the fewer systematic errors or biases that exist in the research process. Bias in research may be reflected in how a study is designed, conducted, analyzed, and/or interpreted.

Although a large amount scientific research has been published on water fluoridation, basing public health policies on a single research study or a small group of selected studies can lead to poor decisions. Therefore, KFL&A Public Health makes recommendations on CWF based on systematic reviews of published, peer reviewed literature published in English; that assess the effect of CWF at the range used in drinking water (i.e., 0.5 to 1.5 parts per million); and include humans as the subject. Excluded from a review of evidence are studies that assess the effect of consuming water that contains fluoride outside the range of 0.5 to 1.5 parts per million; are based on in-vitro or animal studies; are non-systematic literature reviews, opinion notes or editorials; or that do not state study methodology.

Finally, systematic reviews are not individual studies and as such, we do not have individual studies that meet your request. However, we have attached references below for the systematic reviews in our possession:

Systematic reviews with consideration to safety and effectiveness of community water fluoridation in the range of 0.5 to 1.5 parts per million are identified below:

Canadian Agency for Drugs and Technologies in Health. Community Water Fluoridation Programs: A Health Technology Assessment – Review of Dental Caries and Other Health Outcomes [Internet]. Ottawa, ON; 2019 [cited 2024 April 11].

McLaren L, Singhal S. Does cessation of community water fluoridation lead to an increase in tooth decay? A systematic review of published studies. *J Epidemiol Community Health*. 2016;70(9):934–40. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5013153/pdf/jech-2015-206502.pdf>

Jack B, Ayson M, Lewis S, Irving A, Agresta B, Ko H, et al. Health effects of water fluoridation: Evidence evaluation report. Report to the National Health and Medical Research Council (NHMRC) [Internet]. Canberra, Australia; 2016 [cited 2024 April 11]. Available from: <https://www.nhmrc.gov.au/sites/default/files/documents/reports/fluoridation-evidence.pdf>

Ihezor-Ejiofor Z, Worthington HV, Walsh T, O'Malley L. Water fluoridation for the prevention of dental caries (Review). *Cochrane Database Syst Rev* [Internet]. 2015;CD010856(6):1–265. Available from: <https://doi.org/10.1002/14651858.CD010856.pub2>

U.S. Community Preventive Services Task Force. Oral Health: Preventing Dental Caries, Community Water Fluoridation [Internet]. 2013 [cited 2024 April 11]. Available from: <https://www.thecommunityguide.org/findings/dental-caries-cavities-community-water-fluoridation>

Yin XH, Huang GL, Lin DR, Wan CC, Wang YD, Song JK, et al. Exposure to fluoride in drinking water and hip fracture risk: A meta-analysis of observational studies. *PLoS One*. 2015;10(5):1–14. Available from: <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0126488&type=printable>

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Taher MK, Momoli F, Go J, et al. Systematic review of epidemiological and toxicological evidence on health effects of fluoride in drinking water. *Critical reviews in toxicology*. 2024; 54:2-34. Available from:

<https://www.tandfonline.com/doi/full/10.1080/10408444.2023.2295338?scroll=top&needAccess=true>

Kumar JV, Moss ME, Liu H, Fisher-Owens S. Association between low fluoride exposure and children's intelligence: a meta-analysis relevant to community water fluoridation. *Public Health*. 2023; 219: 73-84. Available from:

<https://www.sciencedirect.com/science/article/pii/S0033350623000938?via%3Dihub>

Request Part 2: All records in the possession, custody or control of the institution that prove that the actual HFSA product (which is not pure HFSA) that might be added to public drinking water under the advisement of the people acting as "the Board of Health" dissociates 100% in local tap water (which is not pure H2O).

Response Part 2: Hydrofluorosilicic acid (HFSA) is an additive used in community water fluoridation. Community water fluoridation is a safe and effective measure to prevent tooth decay, regardless of the fluoride additive used. Scientific evidence has focused on the health effects of treated water rather than the health effects of concentrated additives. See list of systematic reviews above.

Request Part 3: All other records in the possession, custody or control of the institution surrounding the consideration, plan and recommendations for the fluoridation of drinking water, including but not limited to those about the safety and effectiveness of fluoridation of drinking water.

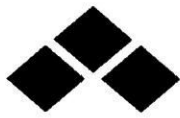
Response Part 3: Records surrounding the consideration, plan and recommendations for fluoridation of drinking water are publicly available in KFL&A Public Health Board of Health meeting packages (which include Minutes, Agendas, Memos, and Correspondence). Please find records from 2023 to present:

- BOH Minutes and Motion- BOH Package, May 24, 2023-pages2-4
- Memo and Letter- BOH Package, February 28, 2024 (revised).pdf - pages 70-75

Sincerely,



Suzette Taggart, PHIPA / MFIPPA Officer



MEMORANDUM

TO: Board of Health Members, Dr. Piotr Oglaza, MOH

FROM: Susan Stewart, Director, Community Health & Well-Being Portfolio
Sarah Donnelly, Manager, Dental & Vision Team

DATE: February 28, 2024

SUBJECT: Increased tooth decay in KFL&A: What's next? -- Community survey results

Recent data shows a concerning increase in tooth decay among senior kindergarten children. KFL&A Public Health's school dental screening results from last year showed that 40 percent of children in senior kindergarten have experienced tooth decay. This is an increase of 60 percent since 2019.¹ This increase is higher in our region compared to neighbouring public health units, with Hastings Prince Edward Public Health and Leeds, Grenville and Lanark District Health Unit reporting increases of 8 percent and 25 percent, respectively. Tooth decay causes pain and serious infection if left untreated. It can impact all parts of life, including eating, sleeping, and ability to attend work or school.

Layers of prevention are important to limit tooth decay. KFL&A Public health promotes healthy individual habits (such as brushing and flossing teeth) through promotional campaigns, schools, and community events. Access to dental care is supported through school screening, fluoride varnish programs, and connecting individuals to other programs and services including Healthy Smiles Ontario, Ontario Seniors Dental Care Program, and the Dental Treatment Assistance Fund. Community water fluoridation is an additional population-based layer of prevention that does not require action by individuals and benefits everyone. Municipal water in KFL&A region does not have an optimal level of fluoride, which puts residents at higher risk of tooth decay.

KFL&A Public Health supports community water fluoridation as an equitable, population-based layer of prevention, that is cost effective, safe and reduces tooth decay by at least 25 percent across all ages.²⁻⁴ In this role, a public opinion survey (N = 400) was conducted by phone in December 2023 with randomly selected Kingston residents, to understand the current knowledge of and opinion about community water fluoridation in our community. Results were weighted by gender, age, and household income to the population of Kingston. A low percentage of respondents correctly identified that fluoride is not currently added to municipal water supply (24 percent). The reality is that most do not know the current status, whether they gave the wrong answer or actually responded "I don't know." Only 19 percent were opposed to community water fluoridation. These findings are largely unchanged from the 2016 survey, using the same methodology. These consistent findings demonstrate stability in public opinion, where the majority support community water fluoridation.

Kingston residents are being left behind. Over 10 million residents of Ontario (73 percent)⁵ have access to optimally fluoridated water, including residents of Belleville and Brockville, as well as Ottawa, London, Sudbury, Hamilton, Peterborough, Toronto, and Windsor. The positive impact of community water fluoridation becomes clear when we study what happens if it is discontinued. In 2013, Windsor City Council voted to stop community water fluoridation. The Windsor-Essex County Health Unit reported a 51 percent increase in tooth decay five years later.⁶ Local dentists described treating more cavities in younger children, and more severe cavities. Windsor City Council subsequently reversed their earlier decision and voted to reintroduce water fluoridation in 2018. A similar situation occurred in Calgary, Alberta, when City Council voted to discontinue community water fluoridation in 2011, then reinstated it in 2021 after increases in tooth decay were reported.⁷

Recommendation:

- WHEREAS** decay rates in senior kindergarten students have increased by 60 percent in KFL&A since 2019. This increase is higher than in neighbouring public health units; and
- WHEREAS** tooth decay causes pain and serious infection if left untreated, and can impact all parts of life, including eating, sleeping, and ability to attend work or school; and
- WHEREAS** a layered approach to prevention is needed to limit tooth decay, including healthy individual habits, access to dental care, and community water fluoridation; and
- WHEREAS** community water fluoridation is an equitable, population-based layer of prevention that does not require actions by individuals and benefits all; and
- WHEREAS** community water fluoridation is cost-effective, safe, and reduces tooth decay by 25 percent for all ages; and
- WHEREAS** the KFL&A Board of Health passed a Motion on April 26, 2023, THAT the Board of Health reaffirms support for community water fluoridation as an effective and safe measure to prevent tooth decay and reduce inequities in oral health in Kingston; and
- WHEREAS** results of the randomized public opinion survey for Kingston residents indicated that only 19 percent opposed community water fluoridation and this result was largely unchanged from findings in 2016 using the same methodology (18 percent); and
- WHEREAS** the survey found the majority supported community water fluoridation and this finding is consistent over time (2016 and 2023); and
- WHEREAS** over 73 percent of Ontarians have access to optimally fluoridated water, including residents of Belleville, Brockville, Ottawa, London, Sudbury, Hamilton, Peterborough, Toronto, and Windsor; and

WHEREAS the discontinuation of community water fluoridation in Windsor and Calgary led to large increases in tooth decay, and both City Councils subsequently voted to reintroduce community water fluoridation.

NOW THEREFORE BE IT RESOLVED that the KFL&A Board of Health share the community survey results on community water fluoridation with Mayor Bryan Patterson and City of Kingston Council and ask that City Council resume their work on exploring the feasibility of community water fluoridation, which was paused in March 2020, to reduce tooth decay for all Kingston residents through this equitable, population-based prevention measure.

AND FURTHER that a letter with the above recommendations be sent to Mayor Bryan Paterson and City of Kingston Council.

References

1. KFL&A Public Health. Elementary School Dental Screening Results, 2018-19 and 2022-23.
2. Centers for Disease Control and Prevention. Community Water Fluoridation. 2020. Available at: <https://www.cdc.gov/fluoridation/index.html>
3. Canadian Agency for Drugs and Technologies in Health (CADTH). Community Water Fluoridation Programs: A Health Technology Assessment - Review of Dental Caries and Other Health Outcomes. 2019. Ottawa, Ontario.
4. Canadian Agency for Drugs and Technologies in Health. Community Water Fluoridation Programs: A Health Technology Assessment – Budget Impact Analysis. 2019.
5. Public Health Agency of Canada. The State of Community Water Fluoridation Across Canada, 2022 Report. 2022. Available at: <https://www.canada.ca/en/public-health/services/publications/healthy-living/community-water-fluoridation-across-canada.html>
6. Windsor Essex County Health Unit. Oral Health Report 2018 Update. 2018. Available at: <https://www.wechu.org/reports/oral-health-2018-report>
7. McLaren L, Patterson SK, Thawer S, et al. Exploring the short-term impact of community water fluoridation cessation on children’s dental caries: a natural experiment in Alberta, Canada. Public Health. 2017;146. <https://doi.org/10.1016/j.puhe.2016.12.040>.

February 28, 2024

VIA: Electronic Mail (mayor@cityofkingston.ca)

Bryan Paterson, Mayor of Kingston
City Hall
216 Ontario Street
Kingston, ON K7L 2Z3

Dear Mayor Paterson and City of Kingston Councillors:

RE: Increasing Tooth Decay in KFL&A

The KFL&A Board of Health was presented with recent data, which shows a concerning increase in tooth decay among senior kindergarten children. KFL&A Public Health's school dental screening results from last year showed that 40 percent of children in senior kindergarten have experienced tooth decay. This is an increase of 60 percent since 2019.¹ This increase is higher in our region compared to neighbouring public health units, with Hastings Prince Edward Public Health and Leeds, Grenville and Lanark District Health Unit reporting increases of 8 percent and 25 percent, respectively. Tooth decay causes pain and serious infection if left untreated. It can impact all parts of life, including eating, sleeping, and ability to attend work or school.

Layers of prevention are important to limit tooth decay. KFL&A Public health promotes healthy individual habits, such as brushing and flossing teeth, through promotional campaigns, schools, and community events. Access to dental care is supported through school screening, fluoride varnish programs, and connecting individuals to other programs and services including Healthy Smiles Ontario, Ontario Seniors Dental Care Program, and the Dental Treatment Assistance Fund. Community water fluoridation is an additional population-based layer of prevention that does not require action by individuals and benefits everyone. Municipal water in KFL&A region does not have an optimal level of fluoride, which puts residents at higher risk of tooth decay.

KFL&A Public Health supports community water fluoridation as an equitable, population-based layer of prevention, that is cost effective, safe and reduces tooth decay by at least 25 percent across all ages.²⁻⁴ In this role, a public opinion survey (N = 400) was conducted by phone in December 2023 with randomly selected Kingston residents, to understand the current knowledge of and opinion about community water fluoridation in our community. Results were weighted by gender, age, and household income to the population of Kingston. A low percentage of respondents correctly identified that fluoride is not currently added to municipal water supply (24 percent). The reality is that most do not know the current status, whether they gave the wrong answer or actually responded "I don't know." Only 19 percent were opposed to community water fluoridation. These findings are

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Kingston residents are being left behind. Over 10 million residents of Ontario (73 percent)⁵ have access to optimally fluoridated water, including residents of Belleville and Brockville, as well as Ottawa, London, Sudbury, Hamilton, Peterborough, Toronto, and Windsor. The positive impact of community water fluoridation becomes clear when we study what happens if it is discontinued. In 2013, Windsor City Council voted to stop community water fluoridation. The Windsor-Essex County Health Unit reported a 51 percent increase in tooth decay five years later.⁶ Local dentists described treating more cavities in younger children, and more severe cavities. Windsor City Council subsequently reversed their earlier decision and voted to reintroduce water fluoridation in 2018. A similar situation occurred in Calgary, Alberta, when City Council voted to discontinue community water fluoridation in 2011, then reinstated it in 2021 after increases in tooth decay were reported.⁷

At its meeting of February 28, 2024, the KFL&A Board of Health passed the following resolution:

Recommendation:

- WHEREAS** decay rates in senior kindergarten students have increased by 60 percent in KFL&A since 2019. This increase is higher than in neighbouring public health units; and
- WHEREAS** tooth decay causes pain and serious infection if left untreated, and can impact all parts of life, including eating, sleeping, and ability to attend work or school; and
- WHEREAS** a layered approach to prevention is needed to limit tooth decay, including healthy individual habits, access to dental care, and community water fluoridation; and
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AND FURTHER that a letter with the above recommendations be sent to Mayor Bryan Paterson and City of Kingston Council.

Your attention to this urgent issue is greatly appreciated.

Sincerely,

Wess Garrod
KFL&A Board of Health Chair

References

1. KFL&A Public Health. Elementary School Dental Screening Results, 2018-19 and 2022-23.
2. Centers for Disease Control and Prevention. Community Water Fluoridation. 2020. Available at: <https://www.cdc.gov/fluoridation/index.html>
3. Canadian Agency for Drugs and Technologies in Health (CADTH). Community Water Fluoridation Programs: A Health Technology Assessment - Review of Dental Caries and Other Health Outcomes. 2019. Ottawa, Ontario.
4. Canadian Agency for Drugs and Technologies in Health. Community Water Fluoridation Programs: A Health Technology Assessment – Budget Impact Analysis. 2019.
5. Public Health Agency of Canada. The State of Community Water Fluoridation Across Canada, 2022 Report. 2022. Available at: <https://www.canada.ca/en/public-health/services/publications/healthy-living/community-water-fluoridation-across-canada.html>
6. Windsor Essex County Health Unit. Oral Health Report 2018 Update. 2018. Available at: <https://www.wechu.org/reports/oral-health-2018-report>
7. McLaren L, Patterson SK, Thawer S, et al. Exploring the short-term impact of community water fluoridation cessation on children’s dental caries: a natural experiment in Alberta, Canada. Public Health. 2017;146. <https://doi.org/10.1016/j.puhe.2016.12.040>.

Presentations

8. Dental Health (A. Bradshaw)

Dr. P. Oglaza introduced S. Stewart, Director, Community Health and Wellbeing and A. Bradshaw, Public Health Promoter Dental and Vision Team. A. Bradshaw provided a presentation on Oral Health in Our Region; the following are highlights of the presentation:

Importance of oral health:

- April is oral health month. Oral Health is an important component of overall health and quality of life; dental diseases are preventable.
- Tooth decay remains a public health issue among children and adults in the KFL&A region.
- Every year, KFL&A Public Health dental team conducts dental screening in 67 elementary schools which amounts to approximately 6000 children per year.
- The decay rate over the past 5-years, of these 67 schools, is as follows:
 - 4 schools are considered high-risk.
 - 18 schools medium risk.
 - 45 schools low risk.
 - Members were advised that tooth decay in children in Kindergarten Junior and Senior ages is still very high in the medium and low risk schools; low risk is approximately 33 per cent and medium risk is approximately 41.2 per cent.
- Severity of decay and number of teeth affected in all schools is approximately 37 per cent in 5 year olds with an average of 4 teeth affected; high risk schools that number jumps to 60 per cent with an average of 6 teeth affected.
- Typical treatment in the KFL&A region (seen by the naked eye) shows urgent needs have doubled, cost \$250 plus per tooth, wait time for treatment is 6 months or longer, traumatic for the child and parent, sedation usually required, which also means time off from work and school. Without treatment these decays will get worse and will affect the children daily life.
- Good oral health is important for everyone in the community. Many adults have unmet dental needs as well; 1 in 4 adults have untreated dental decay this is due to the cost.
- The Hospital Reporting Database NACRS reported in 2021 that there were 1813 visits to the emergency department in the KFL&A region (Kingston and Napanee EDs)

How do we prevent dental decay?

- Individual behaviours, Access to dental and Population prevention e.g., community water fluoridation:
 - Drinking water that has fluoride
 - Brush twice a day
 - Eat a healthy diet (limiting sweet drinks, sticky candies)
 - Talk to your dentist about fluoride treatments.
- Population impact of dental health interventions is important.
 - Water fluoridation (bottom of the pyramid)
 - Dental sealants
 - Plaque and calculus removal

- Behavioural change and cessation to promote oral health and prevent oral disease (top of the pyramid). This is the highest individual effort and has the lowest effectiveness on a population basis.
- KFL&A Public Health preventive strategies:
 - Oral hygiene and nutrition
 - Health promotion
 - Health communication campaigns
 - Education in schools, community settings
 - Community events
 - Outreach to vulnerable
 - Access to dental care
 - Universal school screening
 - Dental hygiene clinics
 - Fluoride varnish programs
 - Administering and promoting public dental programs
 - Service navigation
 - Charitable funding – DTAF
 - Outreach
 - Population prevention measures
 - Support for community water fluoridation
- Fluoridation is a key part of a comprehensive approach in oral health.
 - Mineral found naturally in soil, air and water. It keeps teeth strong and may help in repair of early tooth decay.
 - Combining different sources of fluoride increases protection i.e. fluoride toothpaste, fluoride varnish and community water fluoridation. Not all members in our community benefit from toothpaste and fluoride treatments
- Community water fluoridation (CWF) adjusts the level of natural-occurring fluoride to an optimal concentration. It requires the Municipal governments to make the decision to add CWF and the federal and provincial governments to set guidelines on fluoridation.
- The optimal level of fluoride in water is 0.7 parts per million (ppm or mg/L) currently in Kingston naturally fluoridated water is approximately 0.1 ppm. In Ontario approximately 73.2 per cent have access to fluoridated water. These are regions outside of the KFL&A; A. Bradshaw noted that this region is missing out.
- Fluoridation is endorsed by more than 90 national and international professional and governmental health organizations. Community water fluoridation has been proven to be a safe, effective and equitable way to prevent and reduce tooth decay for all individuals of all ages.
- Efforts in the KFL&A region: No municipality in the KFL&A region has CWF.
 - 2016 – The KFL&A Board of Health directed staff to work with local municipalities to improve dental health which included water fluoridation.
 - 2018 – Motion passed to support the community water fluoridation advocacy strategy
 - 2019 – Motion passed to recommend to the Kingston City Council that they direct City staff to investigate the implications of water fluoridation from a cost and health perspective.

- 2020 – Motion passed to support community water fluoridation as an effective and safe measure to prevent tooth decay and reduce inequities in oral health in Kingston.
- City of Kingston Strategic Plan 2019 – 22: To examine the feasibility of fluoridating the drinking water. Information available at cityofkingston.ca and kflaph.ca, public consultation, reports from KFL&A Public Health, Feasibility study: Utilities Kingston. Special council meeting did not happen due to COVID-19 the meeting was cancelled.

Is community water fluoridation effective and safe?

- KFL&A Public Health makes public health recommendations based on the entire body of research evidence. The evidence has proven that CWF prevents dental decay by 25 per cent in children and adults, leads to improved oral health outcomes and still effective when other sources of fluoride are available.
- Dental fluorosis is a faint white line on the teeth. This does not affect health or function of teeth. In Canada most people have no fluorosis.
- Community water fluoridation is ethically justified, distributed to all households and benefits all members of the community and is the most economical way to improve oral health of the population regardless of income, education and employment.
- Cost and return on investment; less costly to start, savings from preventing decay, CWF saves \$42 per dollar invested.
- Oral health is important for everyone in our community.

All children from Senior Kindergarten to grade 2 are screen and some in older grades if required. In 5 years old there has been approximately a 50 per cent increase in decay since COVID-19. Members were advised that 5 years old have an estimated 20 teeth in their month. Physicians within the Emergency Departments cannot treat tooth decay emergencies they have to be treated by a dentist.

It MOVED by Councillor C. Glenn and SECONDED by Councillor J. McLaren THAT the Board of Health reaffirms support for community water fluoridation as an effective and safe measure to prevent tooth decay and reduce inequities in oral health in Kingston.

AND FURTHER THAT a letter of support be sent to Mayor Bryan Paterson and City of Kingston Council.

CARRIED



