



27 July 2022

Alex Parmley  
Chief Executive  
Waitaki District Council  
aparmley@waitaki.govt.nz

Tēnā koe Mr Parmley

### **Decision in relation to fluoridation direction**

Thank you for responding to my letter of 3 May 2022. I have considered the information you have provided, alongside further information I am required to consider under section 116E of the Health Act 1956 (the Act). I have also received and considered advice from the Director of Public Health.

Informed by the matters I am required to consider, I have decided to exercise my statutory powers under section 116E of the Act to direct you to fluoridate the Oamaru drinking water supply in your region.

In accordance with section 116I of the Act, you are required to ensure that by 30 June 2024 you are fluoridating at the optimal levels (between 0.7ppm to 1ppm, parts per million) at the Oamaru supply. Contravening these requirements, or permitting these requirements to be contravened, constitutes an offence under section 116J of the Act.

Fluoridation of the Oamaru drinking water supply is an important step in improving the oral health of your community, and it is my intention that Manatū Hauora (the Ministry of Health) will work constructively with you to implement these important changes.

In reaching my decision to issue this direction to you, I considered the scientific evidence on the effectiveness of adding fluoride to drinking water in reducing the prevalence and severity of dental decay. I am satisfied that community water fluoridation is a safe and effective public health measure that significantly reduces the prevalence and severity of dental decay. In reaching this conclusion, I considered: *Water fluoridation to prevent tooth decay* (Cochrane Collaboration 2015), *Health effects of water fluoridation: A review of the scientific evidence* (PMCSA and Royal Society Te Apārangi 2014) and *Fluoridation: An update on evidence* (PMCSA 2021).

In reaching my decision, I also considered whether the benefits of adding fluoride to the drinking water outweigh the financial costs, taking into account: the state or likely state of the oral health of your community served by the Oamaru supply; the number of people who are reasonably likely to receive drinking water from this supply; and the likely financial cost and savings of adding fluoride to the drinking water of this supply, including any additional financial costs of ongoing management and monitoring.

I am satisfied that the benefits of introducing community water fluoridation across the Oamaru drinking water supply outweigh the financial costs of doing so. In reaching this conclusion, I gave weight to the following:

- the Oamaru community would receive significant benefit, through improvement to the state of its oral health, because fluoridation of the drinking water supply would significantly reduce the prevalence and severity of dental decay in its community
- approximately 15,561 people are reasonably likely to receive drinking water from the Oamaru supply
- the likely financial cost and savings of adding fluoride to drinking water for the Oamaru supply, including any additional financial costs of ongoing management and monitoring.

My decision-making process included inviting written comment from Waitaki District Council, and having regard to the comments I received. Below I summarise and respond to the comments I received:

- the estimated capital cost of introducing fluoridation for the Oamaru supply is \$367,500. Ongoing management and monitoring costs were not specified at this time.
- the Waitaki District Council cannot provide a date by which it could comply with a direction, as there are many factors leading into this.

As part of considering whether to issue a direction to fluoridate, I considered the cost estimates you provided. I have also factored in that you were unable to provide a specific date by which you could comply with a direction. I have issued a compliance date (30 June 2024) that I believe is reasonable given the size of the Oamaru supply and timeframes that generally apply for supplies of this scale.

Appendix 1 presents a more extensive summary of the information that informed my decision-making, including the advice I received and considered from the Director of Public Health.

### *Funding*

Manatū Hauora is making capital works funding available for local authorities that have been issued a direction to fluoridate, and that begin work to fluoridate drinking water supplies by the end of 2022. It will shortly provide detailed information about the application process for this funding to cover fluoridation-related capital costs.

### *Communicating this 'direction to fluoridate' decision*

Manatū Hauora is responsible for communicating this decision at a national level. Please note too, that as required under section 116E(5) of the Act, all direction letters will be published on the Manatū Hauora website in due course.

*Next steps*

An official from Manatū Hauora will contact your team in the coming weeks to discuss any needs you might have for further clarity or additional information. Manatū Hauora recognises that this is a busy time for local authorities and wishes to work with you to make the process as straightforward as possible for your team.

Nākū noa, nā

A handwritten signature in black ink, appearing to read 'A Bloomfield', written in a cursive style.

Dr Ashley Bloomfield  
**Te Tumu Whakarae mō te Hauora**  
**Director-General of Health**

Appendix 1:

Waitaki District Council: Oamaru water supply

<b>Analysis</b>	
<b>Criterion</b>	<b>1. Scientific evidence on the effectiveness of adding fluoride to drinking water in reducing the prevalence and severity of dental decay</b>
Evidence	<p>The Ministry has considered the following information:</p> <ul style="list-style-type: none"> <li>• <a href="#">Fluoridation: an evidence update   Office of the Prime Minister's Chief Science Advisor (June 2021)</a></li> <li>• <a href="#">Health effects of water fluoridation: A review of the scientific evidence (August 2014) Office of the Prime Ministers Chief Science Advisor and Royal Society of New Zealand Te Aparangi</a></li> <li>• <a href="#">Water fluoridation to prevent tooth decay   Cochrane Collaboration (June 2015).</a></li> </ul> <p>Fluoridation: An update on evidence (PMCSA 2021) examines new evidence on water fluoridation published since the Royal Society Te Apārangī report in 2014. The Cochrane Collaboration’s water fluoridation to prevent tooth decay (2015) is a high-quality scientific meta-analysis of a large number of high-quality research studies conducted over a long period worldwide.</p>
Analysis	<p>The sources of evidence referred to above are reviews that examine substantial bodies of research generated over periods of time on the safety of community water fluoridation (CWF) and its effectiveness at reducing dental decay. Considered together, these reports provide an up-to-date and high-quality scientific assessment of the state of the scientific evidence on the health effects of CWF. They find that the provision of CWF at a level of 0.7-1 mg/L is safe and significantly reduces the prevalence and severity of dental decay.</p> <p>The summary analysis of evidence stated above justifies the conclusion that provision of CWF at a level of 0.7-1 mg/L in the Oamaru water supply would be safe and effective at significantly reducing the prevalence and severity of dental decay in the populations serviced by this water supply.</p>
Director of Public Health advice	Informed by the findings of the reviews noted in ‘Criterion 1 Evidence’ above on CWF, my assessment is that there is strong evidence that CWF is a safe and effective way to improve oral health outcomes, by reducing and preventing dental decay. I also consider that this strong evidence applies to the communities served by the Oamaru water supply.
<b>Criterion</b>	<b>2. whether the benefits of adding fluoride to drinking water outweigh the financial costs, taking into account:</b>
<b>Criterion</b>	<b>2a. the state or likely state of the oral health of a population group or community where the local authority supply is situated</b>
Evidence	<p>The Ministry has considered the following information:</p> <ul style="list-style-type: none"> <li>• data on <a href="#">Age 5 and Year 8 oral health outcomes from the Community Oral Health Service</a> (Ministry of Health)</li> <li>• data from the New Zealand Health Survey: Oral Health (<a href="#">New Zealand Health Survey   Ministry of Health NZ</a>)</li> <li>• Oral Health Survey Report (<a href="#">Our Oral Health: Key findings of the 2009 New Zealand Oral Health Survey   Ministry of Health NZ</a>)</li> <li>• 2013 New Zealand Index of Deprivation (NZDep) (<a href="#">Socioeconomic deprivation profile   ehinz</a>)</li> </ul>

	<p>This is the most relevant up-to-date data available. It should be noted that oral health outcome data can take a long time to change substantially.</p>
Analysis	<p>The Oamaru supply is situated within the previous Southern District Health Board area.</p> <p>2020 data for children aged 0-12 in Southern District Health Board show:</p> <ul style="list-style-type: none"> <li>- overall, 32 percent of children had experienced tooth decay at age five</li> <li>- on average, children at age five have 1.29 decayed, missing or filled primary teeth, and at school year 8 have on average 0.66 decayed, missing or filled adult teeth</li> <li>- Māori and Pacific children have significantly worse outcomes than other children within Southern District Health Board. For example, 46 percent of Māori children had experienced decay at age five compared to 28 percent for all other (non-Māori and non-Pacific) children.</li> </ul> <p>The 2017- 2020 New Zealand Health Survey results for Southern District Health Board show:</p> <ul style="list-style-type: none"> <li>- 47.6 percent of adults (15+) had one or more teeth removed in their lifetime due to decay, an abscess, infection or gum disease</li> <li>- 7.1 percent of adults (15+) had one or more teeth removed in the last 12 months due to decay, an abscess, infection or gum disease.</li> </ul> <p>From the data summarised above, it is reasonable to conclude that there are significant levels of dental decay in the communities serviced by the Oamaru water supply. There is strong evidence that CWF reduces dental decay. There are therefore also significant opportunities for oral health improvement for the communities served by the Oamaru water supply. The evidence indicates that fluoridation of the Oamaru water supply would make significant improvements to oral health outcomes for the communities it serves.</p> <p>Within the Oamaru area, there are significant levels of deprivation. In the 10-level score in which decile 1 has the least deprivation, Oamaru South is in decile 6, and Oamaru Central and Oamaru North are in decile 7. There is a significant body of evidence that levels of tooth decay are highest among the most deprived socioeconomic groups.</p>
Director of Public Health advice	<p>Informed by the evidence and data sources listed above at ‘Criterion 1 Evidence’ and ‘Criterion 2a Evidence’, I have reviewed the state of oral health of the populations served by the Oamaru supply. In summary, my assessment is as follows. The Oamaru population presently have significant levels of preventable dental decay. The evidence that CWF improves oral health outcomes by reducing dental decay is applicable to this population. So too is the evidence that these benefits tend to be greater for populations that experience higher levels of tooth decay, such as Māori and Pacific communities. Fluoridation of the water supply that serve these communities would consequently improve oral health outcomes and is likely also to reduce health inequities.</p>
Criterion	<b>2b. the number of people who are reasonably likely to receive drinking water from the local authority supply</b>
Evidence	<p>We have considered the following information:</p> <ul style="list-style-type: none"> <li>• <a href="#">the Public Register of Drinking Water Suppliers.</a></li> </ul>

Analysis	<b>Water supply</b>		<b>Population size</b>												
	Oamaru		15,561												
Criterion	<b>2c. the likely financial cost and savings of adding fluoride to the drinking water, including any additional financial costs of ongoing management and monitoring</b>														
Evidence	<p>The Ministry has considered the following information:</p> <ul style="list-style-type: none"> <li>• <a href="#">Review of the Benefits and Costs of Water Fluoridation in New Zealand</a>. Sapere Research Group. May 2015.</li> <li>• <a href="#">Water Fluoridation Engineering Costs. August 2015</a>.</li> <li>• Waitaki District Council's estimated costs, including ongoing management and monitoring costs (for more detail on Waitaki District Council's comments see table below).</li> </ul>														
Analysis	<p>The 2015 Sapere Report estimated that adding fluoride to New Zealand's water treatment plants classified as medium sized and above (ie, those supplying populations of over 5000) is cost-saving, and for smaller supplies (ie, those supplying populations of over 500) is likely to be cost-saving. The Sapere report also noted:</p> <ul style="list-style-type: none"> <li>- an estimated total net discounted saving over 20 years for smaller supplies and above to be \$1,401 million, made up of a cost of fluoridation of \$177 million and cost offsets of \$1,578 million from reduced dental decay</li> <li>- "We estimate the 20-year discounted net saving of water fluoridation to be \$334 per person, made up of \$42 for the cost of fluoridation and \$376 savings in reduced dental care"</li> </ul> <p>The Oamaru supply fits into the category of supplies servicing over 5000 people (see further detail in Criterion 2b). The estimated costs provided by Waitaki Council are presented in the table below. These estimates vary from the cost estimates Sapere 2015 used in reaching its conclusion that fluoridation is cost-saving for supplies servicing over 5000 people. For water supplies servicing over 10,000 people, Sapere 2015 estimated \$347,004 for capital costs, and \$8742 per annum for management and monitoring costs; while for the Oamaru supply servicing 15,561 people, Waitaki District Council estimated \$367,500 for capital costs. The ongoing management and monitoring costs for the Oamaru supply were not specified.</p>														
	<table border="1"> <thead> <tr> <th>Water Supply</th> <th>Population size</th> <th>Waitaki District Council estimate of capital cost</th> <th>Waitaki District Council estimate of management and monitoring costs (per annum)</th> </tr> </thead> <tbody> <tr> <td>Oamaru</td> <td>15,561</td> <td>\$367,500</td> <td>n/a</td> </tr> <tr> <td><b>Total</b></td> <td><b>15,561</b></td> <td><b>\$367,500</b></td> <td></td> </tr> </tbody> </table>		Water Supply	Population size	Waitaki District Council estimate of capital cost	Waitaki District Council estimate of management and monitoring costs (per annum)	Oamaru	15,561	\$367,500	n/a	<b>Total</b>	<b>15,561</b>	<b>\$367,500</b>		
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Oamaru	15,561	\$367,500	n/a												
<b>Total</b>	<b>15,561</b>	<b>\$367,500</b>													

### Summary of the information received from Waitaki District Council

As required by section 116G, Waitaki District Council was invited to give written comments on the estimated financial costs of adding fluoride to the drinking water, including any additional costs of ongoing management and monitoring; and the date by which each local authority would be able to comply with a direction. Waitaki District Council responded within the required timeframe. A copy of Waitaki District Council's formal response is attached to this Report as Appendix One.

For Waitaki District Council's estimated financial costs of adding fluoride to the drinking water, including any additional costs of ongoing management and monitoring please see Criterion 2c above.

#### **Oamaru Water Supply**

The Waitaki District Council cannot provide a date by which it could comply with a direction, as there are many factors leading into this.