On Wednesday 12 September, Gisborne Mayor, Meng Foon took part in a “mass tooth-brushing” at Cobham School as part of local celebrations for World Oral Health Day. Dr Robyn Haisman-Welsh, Chief Dental Officer, Ministry of Health and Tairawhiti District Health (TDHB) CEO, Jim Green were also there to enjoy the activities.

Three schools and two kindergartens joined forces with TDHB to celebrate World Oral Health Day, an opportunity to raise awareness of oral health and the impact of tooth decay on general health and wellbeing of children. TDHB Oral Health Service places strong emphasis on patients/whānau in their approach to oral health.

The schools taking part in the week of activities were Cobham, Te Kura Kaupapa Māori Mangatuna and Waikirikiri. Other events took place at Knox St and Riverdale Preschool. TDHB Oral Health Promoter and Educator, Leanne Bodle, said the schools and kindergartens enjoyed a “tooth friendly” meal and education on oral health, before beginning a mass tooth-brushing exercise. Parents/Whānau of the children also attended.

continued on following page
Chief Dental Officer, Dr Robyn Haisman-Welsh lends support for World Oral Health Day in Gisborne

I recently had the pleasure of spending World Oral Health Day in Gisborne with the children, parents, whānau and staff of Cobham School.

We were celebrating the launch of an oral health tooth brushing programme that Tairawhiti District Health Board Community Oral Health Services had successfully won funding for through the Wrigley Company Foundation NZDA community service grant for World Oral Health Day.

I had the opportunity to sit in on Oral Health Promoter, Leanne Bodle’s informative and fun classroom sessions on tooth friendly foods, the whys and hows of toothbrushing (“Brush, Swish, Spit, don’t rinse”) and the benefits of drinking tap water (Gisborne has community water fluoridation).

We then had the opportunity to share a lunch of healthy and tooth-friendly foods with the children. Speeches followed and then it was on to the mass tooth brushing exercise, led by Mayor Foon. In addition to tooth brushes and toothpaste being provided for each child.

It was a fun day for all with a serious mission - to raise awareness of oral health, the impact tooth decay has on general health and wellbeing of children and to launch a programme that will enable the children of Cobham School to have regular structured tooth brushing at school.

I congratulate the DHB Community Oral Health Service for going the extra mile to bring the focus of World Oral Health Day to Gisborne. And the effort that Arish, David and Leanne went to when they applied for the funding that has enabled this tooth brushing programme to be implemented in Cobham School. I also thank the Mayor of Gisborne District Council and his Councillors for continuing the city’s community water programme. In doing this the Council are providing health benefits to the people of Gisborne and are taking a leadership role in improving, promoting and protecting the public health of their community.

Dr Robyn Haisman-Welsh  |  Chief Dental Officer  |  Ministry of Health
Recent addition to the CWF Activity Hub
www.NFIS.org.nz

Children’s Commissioner Letter to Central Hawkes Bay District Council (Abridged)

The Children’s Commissioner discusses the ethics of community water fluoridation

As the nation’s advocate for children, I am deeply saddened that the Council are considering removal of Fluoride from the water supply because I believe the decision will harm the children of Central Hawke’s Bay. As a paediatrician in Hawke’s Bay I am also concerned for the wider implications of this decision (…)

I wish to address the ethical arguments in more detail.

Firstly, that fluoridation is unethical, compulsory or mass medication, and done without consent.

This argument is at best a misunderstanding and at worst a fundamental misrepresentation of public health. Public health measures (reticulated sewerage, cycle helmets, mandatory seatbelt laws, fencing of swimming pools, food hygiene rules, clean air standards, chlorination of water) all involve some restriction of personal rights or freedoms for a greater good.

Restricting personal freedoms for the greater good can be justified under the following conditions:

1. They reduce health inequalities
2. They substantially reduce ill health
3. They improve outcomes for vulnerable groups (e.g., children).

Fluoridation meets all these criteria. To argue against fluoridation on the grounds that it imposes on our rights is to argue against all public health measures, which is clearly ridiculous.

Secondly, that it is parents’ job to ensure their children brush their teeth. The rest of us should not have to suffer because of the neglect of the few.

This is a different and, to my mind, more pernicious argument. What it really argues is that we should accept children’s suffering when their parents are unable to meet their needs. The same argument is used to argue against feeding hungry children in school and it has the same rebuttal: it does not matter why children have bad teeth or are hungry. What matters is that we care about children. A society that values its children does not tolerate a poor outcome for which there is a simple and cost-effective solution (…)

The final reason I am concerned that the Council is considering removal of fluoride from the water supply is the impact it must have on all of us. If fluoride is removed dental decay will increase. That is clear and predictable. There must therefore be an increase in demand for acute and elective dental surgery to remove and treat decayed teeth. A DHB is required to address acute demand – it is deeply unethical to know about unmet acute health need and to do nothing about it. We would therefore have to increase our dentistry workforce and take theatre time to meet the increased demand. This resource is fixed, so this must mean a reduction in the number of elective procedures our surgeons can perform. Removal of fluoride from the water supply therefore must lead to a reduction in the number of hip replacements, cataract operations and other surgery performed. This is an argument you will never hear from anti-fluoridationists but it worries health professionals deeply.

In summary, fluoridation reduces dental decay, particularly for our poorest and most vulnerable children (…). The so-called ethical arguments against fluoridation are in fact deeply unethical and disturbing (…)

I would therefore ask Council to please leave fluoridation of the Central Hawke’s Bay water supply in place. If Council is interested in improving health outcomes for children the Hawke’s Bay District Health Board team present today will be delighted to discuss ways we can work together.

Yours sincerely

Dr Russell Wills | Community and General Paediatrician, HBDHB | Children’s Commissioner

The full letter can be viewed at www.NFIS.org.nz CWF Activity Hub
The 2009 NZ Oral Health survey shows that community water fluoridation (CWF) continues to protect teeth and reduce decay in New Zealanders of all ages. The survey results showed people living in areas with CWF had less dental decay than those living in non-fluoridated communities, the most dramatic results were seen for children.

**How much of a difference does community water fluoridation make?**

Children aged 2-17 in non-fluoridated communities had 1.7 times more decay than those in communities with CWF.

In the wider population, adults 18 years and older in non-fluoridated communities had 1.1 times more decay than those in communities with CWF. Though not large, this effect was consistent across the population. Together these survey results show that CWF provides benefits across the lifespan even where other form of fluoride, including fluoridated toothpaste, are used.

A more sensitive measure of levels of decay is a count of decayed surfaces rather than whole teeth. This analysis of the average number of decayed surfaces also shows a consistent pattern of more decay in non-fluoridated communities.

**Who is most affected?**

People who live in poorer neighbourhoods, Māori and Pacific children, have the highest rates of decay.

**Dental fluorosis**

CWF can contribute to dental fluorosis, or flecking of teeth. In New Zealand in the majority of cases, it is barely noticeable, and dental fluorosis occurs roughly equally in areas with and without CWF. There is very little serious fluorosis in New Zealand. (Dental fluorosis is not the only cause of flecking or spots on tooth enamel)

**Limits of the information**

Although not designed specifically to study CWF, the data from 2009 oral health survey included whether participants lived in an area with or without CWF. The Survey did not account for people moving into and out of areas with CWF, rather providing a snapshot in time – not tracking people over their lifetime.

The results are however, statistically significant and are consistent with international surveys and research and other New Zealand statistics and research showing that community water fluoridation continues to have a protective effect on the oral health of New Zealanders.

Frequently Asked Questions

We are currently testing our ‘Frequently Asked Questions’, to see if we are hitting the mark with useful information, and if changes can be made. We are asking for feedback from a variety of people, in DHBs and Councils as well as the general public. You may notice changes over the next few months as we update the FAQs and website to include this feedback. If you would like to give us feedback please email us at nfis@huttvalleydhb.org.nz.

Fluoridation see pp 168-171 NZ Oral Health Survey 2009

Number of decayed surfaces with age group and CWF status

<table>
<thead>
<tr>
<th>Age group</th>
<th>Non Fluoridated</th>
<th>% more</th>
<th>F’d</th>
<th>% less</th>
</tr>
</thead>
<tbody>
<tr>
<td>2–17 years</td>
<td>3.9</td>
<td>56</td>
<td>2.5</td>
<td>35</td>
</tr>
<tr>
<td>18+</td>
<td>42.8</td>
<td>32</td>
<td>32.3</td>
<td>25</td>
</tr>
<tr>
<td>All 2+</td>
<td>32.3</td>
<td>29</td>
<td>25.0</td>
<td>22</td>
</tr>
</tbody>
</table>

These differences exist in spite of increased use of fluoridated toothpastes, dental varnishes etc.

Note: Each tooth for example has five surfaces mesial (front closest to the middle front of your teeth), distal (back further from the middle front of you teeth) occlusal (the chewing surface), lingual (the side you touch with your tongue), buccal or facial (the side that rubs against your cheek)

Fluoridation see pp 168-171 NZ Oral Health Survey 2009

www.NFIS.org.nz

What’s new...

Frequently Asked Questions

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Shared Learning changes to ‘CWF Activities hub’

Our shared learning page is getting a new name ‘CWF Activities hub’. The page will still provide a hub for powerpoints and other resources that Medical Officers of Health, Dentists, Iwi and others have used in discussions with councils, but will also include a wider range of interesting resources such as relevant letters and media releases that come across our desk. Please let us know if you have anything you would like to share with others.

Recent additions include the Children’s Commissioner letter to CHBDC and the Royal Society statement on CWF.

Issue 4 Correction: NFIS has been informed that there is no formal link between NZFIS and FANNZ for further information please contact Mark Atkin at: http://www.fluoridegatenz.org.nz/index.htm