

From: [Deming, Amy](#)
To: [Water Utility Board](#)
Subject: FW: Letter of support for continued community water fluoridation
Date: Thursday, August 20, 2020 3:57:28 PM
Attachments: [CWF Madison Water Utility_Final.pdf](#)

From: McLinn, Gene <gmclinn@burnsmcd.com>
Sent: Wednesday, August 19, 2020 11:33 AM
To: Deming, Amy <ADeming@madisonwater.org>
Subject: FW: Letter of support for continued community water fluoridation

Caution: This email was sent from an external source. Avoid unknown links and attachments.

From: DHS DPH Administrator <DHSDPHAdministrator@dhs.wisconsin.gov>
Sent: Tuesday, August 18, 2020 4:56 PM
To: debsimon86@gmail.com; dvoegeli@cityofmadison.com; McLinn, Gene <gmclinn@burnsmcd.com>; speckson@charter.net; district6@cityofmadison.com; district16@cityofmadison.com; mdailey8845@yahoo.com; pdelmore@edgewood.edu
Cc: Ullsvik, Jennifer C - DHS1 <jennifer.ullsvik1@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Dunkel, Russell D - DHS <Russell.Dunkel@dhs.wisconsin.gov>
Subject: Letter of support for continued community water fluoridation

Attached please find a letter of support from the Division of Public Health Interim Administrator and State Health Officer, Stephanie Smiley, and State Dental Director, Russ Dunkel, to continue community water fluoridation for the Madison area.

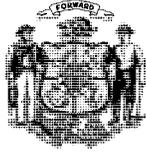
Best,

Tara J. Vasby
Executive Staff Assistant
Division of Public Health
Wisconsin Department of Health Services
1 West Wilson Street, Room 250, Madison, WI 53703
Phone: (608) 266-7333 | Fax:
tara.vasby@dhs.wisconsin.gov

NOTICE: This email and any attachments may contain confidential information. Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations and agreements. If you received this email in error, please notify the sender; delete the email; and do not use, disclose or store the information it contains.

Tony Evers
Governor

Andrea Palm
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
PO BOX 2659
MADISON WI 53701-2659

Telephone: 608-266-1251
Fax: 608-267-2832
TTY: 711 or 800-947-3529

August 18, 2020

Satya Rhodes-Conway, Mayor, and
Madison Water Utility
City of Madison
119 East Olin Avenue
Madison, WI 53713

Dear Mayor Rhodes-Conway and Board Members:

We are writing in regard to the community water fluoridation (CWF) program in the City of Madison. The Wisconsin Department of Health Services Division of Public Health encourages the continuation of this valuable preventive program. The fluoridation program in Madison has had a significant positive impact on the oral health of all residents since 1948.

The approach to achieving optimal oral health is multi-faceted. Consistent brushing and flossing, eating a healthy diet, regular preventive dental visits, the application of dental sealants, and CWF are all tools in our current toolbox.

Dental decay is the [most common disease of childhood](#). It is 5 times as common as asthma, and 7 times as common as hay fever. Unfortunately, children with poor oral health status are [nearly 3 times more likely to miss school](#) due to dental pain; this pain impacts school performance.

In addition, when untreated, dental decay can lead to [long-term health impacts](#), contributing to conditions such as diabetes, heart disease, lung disease, stroke, and low-birth-weight premature births. In addition, premature loss of teeth resulting from dental decay can impact the ability to find and hold down a job.

CWF is demonstrated as a proven tool against dental decay. A [robust review](#) from the prestigious Cochrane group showed that CWF prevents cavities by 35% in children's baby teeth, and 26% in permanent teeth. Fluoride [prevents demineralization of tooth enamel by acid-producing plaque bacteria](#). During the tooth development process in early childhood, ingested fluoride is incorporated into the developing enamel, making the teeth more resistant to decay. Drinking fluoridated water raises the concentration of fluoride in saliva, which reduces the rate of enamel demineralization and promotes the remineralization of early cavities. When ingested in water, fluoride is absorbed and secreted back into saliva, where it continuously inhibits enamel demineralization, even in the presence of plaque bacteria fueled by dietary sugars.

[CWF is one of the most equitable public health interventions](#): everyone on the public water supply benefits, regardless of income, insurance status, race or ethnicity, or ability level. In fact, [the people who benefit most from CWF are those with the fewest resources](#). Children living with unstable housing or homelessness, or otherwise facing the effects of poverty, are less likely to have the resources, time and attention to partake in proper dental hygiene, have access to healthy foods, and participate in regular dental visits; ending CWF removes a proven safeguard for the current and future dental health of Madison's most vulnerable children.

CWF remains [a cost-effective intervention](#), with every dollar invested in fluoridation saving approximately thirty-eight dollars (\$38.00) in dental expenditures. The cost of treating dental disease is borne not only by the affected individual, but also by the general public through services provided by health departments, safety net dental clinics, health insurance premiums and other publicly-supported programs.

Scientific studies continue to review the health effects of fluoride. Major health organizations, including the [Centers for Disease Control and Prevention](#), the [American Academy of Pediatrics](#), the [American Public Health Association](#), or the [American Dental Association](#) continue to strongly endorse CWF.

To demonstrate how important it is to continue CWF in Madison, we share the following statistics:

- [Less than 50%](#) of Medicaid members under 20 years old in Dane County have had a preventive dental visit in the past year.
- Results from the Department of Health Services [survey of the oral health of third grade children](#) show 13% of children in the Southern region have untreated decay.
 - As with most health issues, the impact of dental decay is inequitable: African American students have the highest levels of untreated decay (27%), followed closely by American Indian/Alaska Native/Native Hawaiian/Pacific Islander students (25%) and Hispanic/Latino students (22%).

Unfortunately, we anticipate these rates to worsen in future years should CWF end.

In addition, we are facing a time when prevention programs and services in Wisconsin may be diminishing, which is why it is important to keep as many prevention tools available to our residents as we can:

- At the outset of the COVID-19 pandemic, [95% of dental clinics closed completely, or were only open for emergency appointments](#), eliminating the opportunity for people to access regular preventive care. The preventive care delay is expected to [result in more severe dental disease](#), requiring more expensive and invasive procedures, such as root canals and the treatment of abscesses. Many dental practices may permanently close as a result of the financial impact of the pandemic, therefore further hampering access to care.
- The Department of Health Services school-based dental sealant program may be unable to operate in much of the state during the 2020-21 school year, depending on when schools open, and under what circumstances, thus temporarily removing yet another evidence-based prevention program from our toolbox.

In Wisconsin, there are 364 fluoridated public water systems, serving over 3.6 million Wisconsinites. Now is not the time to remove Madison from this count of communities taking effective measures to prevent dental disease.

On behalf of the Division of Public Health, we encourage Madison to continue this valuable prevention program for the benefit of all residents. Our experts in oral health, including our Fluoridation Coordinator, [Robbyn Kuester, RDH](#) and Dental Director, [Russell Dunkel, DDS](#), are available to provide additional information and data as you consider this important topic.

Sincerely,



Stephanie Smiley
Interim Administrator and State Health Officer
Division of Public Health



Dr. Russell Dunkel
State Dental Director
Department of Health Services