

# CASE STUDY:

## WATER FLUORIDATION IN COHUNA



### RURAL ECOH - ENGAGING COMMUNITIES IN ORAL HEALTH

*Population health planning for rural Medicare Locals: Evaluating community participation for delivering outcomes.*

## INTRODUCTION

In 2014, Rural ECOH (Engaging Communities in Oral Health) was granted a partnership grant from the National Health and Medical Research Council (NHMRC). The partners for this grant included LaTrobe Rural Health School, James Cook University, the Royal Flying Doctors, Dental Health Services Victoria (DHSV) and Murray PHN (formerly Loddon Murray-Mallee Medicare Local). The aim of this study was to provide evidence on community participation in population health planning to attain dental/oral health improvement in rural Australia. To achieve this, a process of community engagement, planning and implementation over a three year period was utilised.

Community members – defined as people living and working locally - were invited to participate in a co-design process utilising four workshops over a 12 month period. Co-design is a participatory approach to research where people work together using their unique skills, knowledge and resources to solve problems identified at the community level<sup>1</sup>. The aim of the community workshops was to develop a set of oral health priorities for action. Workshop 1 involved engaging with data about oral health status, while in Workshop 2 participants were presented with evidence

about effectively addressing poor oral health at community level. From this stage, participants identified priority themes for local service innovations. The facilitators brought information about evidence-based projects and initiatives previously undertaken elsewhere, to Workshop 3 which were used by each group to assist in the development of a local oral health plan. These oral health plans were further developed and presented at Workshop 4 and then shared with the other communities via a cross community meeting. Over the next 12 months these plans were implemented and evaluated by the communities with the support of the research team and other local agencies.

As part of the community co-design process, water fluoridation was identified as a key priority for one of the local communities in 2014. An overview of how water fluoridation was prioritised, and the process used by the community that led to approval for water fluoridation in 2019 is presented in the following case study of the town of Cohuna, located in the Gannawarra Shire in rural Victoria. Communities wanting to develop their own advocacy process to support water fluoridation can draw on the success of this local project in their own work.

<sup>1</sup> A number of useful resources for co-design and other participatory approaches to research can be found in the useful resources section

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## SHIRE OF GANNAWARRA

The Shire of Gannawarra is a local government area (LGA) in Victoria located in the northern part of the state (see below). Covering an area of 3732 square kilometres, it has a population of approximately 10,500 residents (ABS, 2016). The Shire includes the towns of Cohuna, Kerang, Koondrook and Quambatook and was formed in 1995 with local council amalgamations. Cohuna is the second largest town within the Shire (after Kerang) with a population of 2428 in the 2016 census.

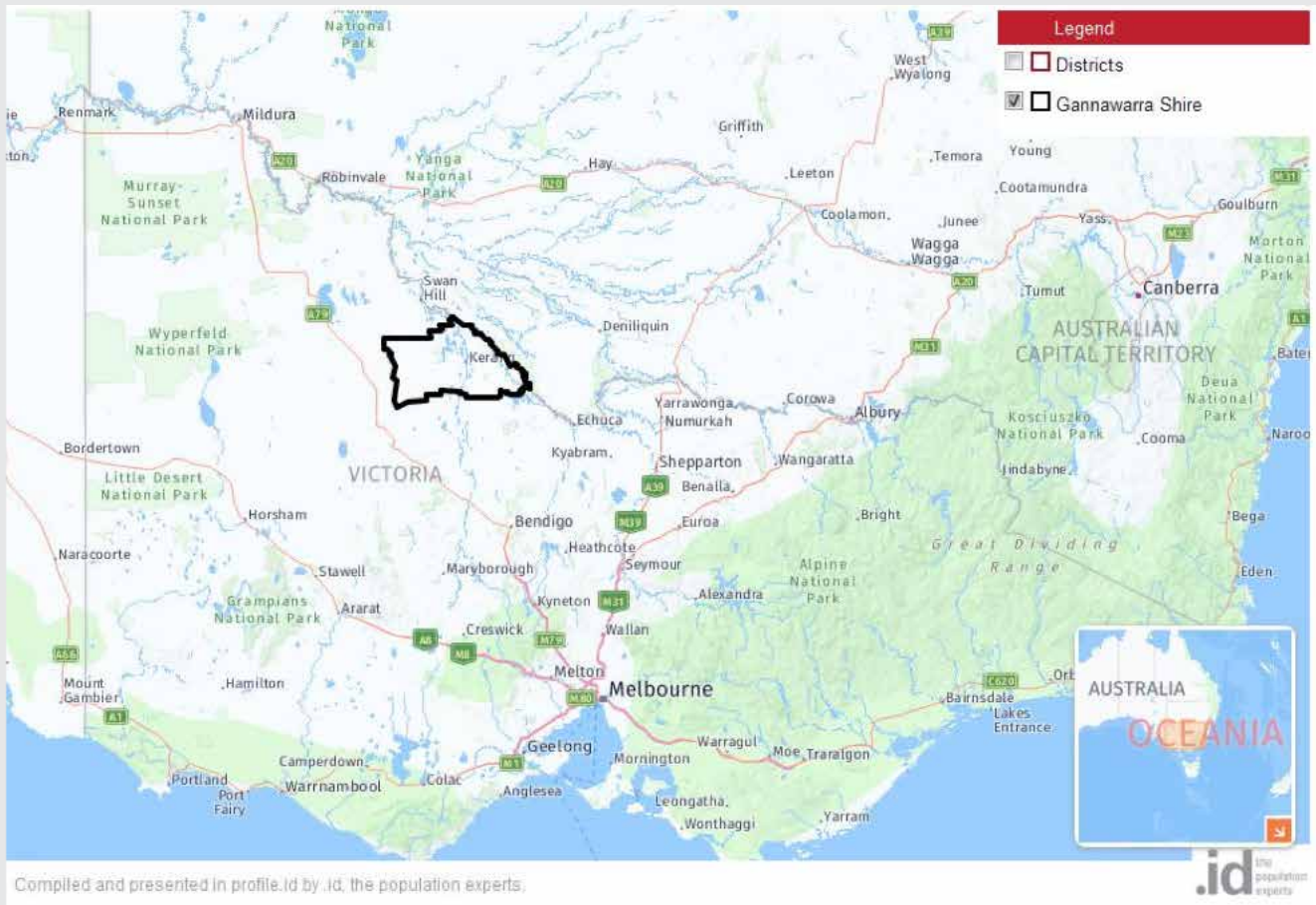


Image Gannawarra Shire from <https://profile.id.com.au/gannawarra/>

Gannawarra Shire Council were very keen to be involved in the Rural ECOH project from the beginning and researchers were invited to present an overview of the project to the councillors in 2014. As part of this presentation, the research team presented an overview of the project and some detail about oral health status in Gannawarra. The councillors were alarmed at some of the oral health statistics that were presented for the area, particularly in relation to the high rates of unnecessary dental decay for young children which at the time were well above the state average. It was stressed at this meeting that working with the smaller towns within the Shire would be important as each of the towns have different experiences in relation to oral health. For example, some of them have access to a dentist, others do not, some had fluoridated water and others did not.

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## THE DEVELOPMENT OF THE ORAL HEALTH PLANS

Local community members were invited to participate in the co-design through a series of community workshops that took place throughout the Shire.

In addition to these meetings, individual interviews were offered to those who could not attend community meetings to ensure that a cross section of the community were involved in the planning process. Interviews were completed with community members located within the towns of Barham and Koondrook. This allowed each of the communities to raise their own issues so that they could be included in the planning for the whole Shire moving forward. As part of the co-design process, the research team worked closely with the local media to gain support for the community meetings and the project more broadly. Television and print media were used.

The first community meetings took place in Gannawarra in May 2014 in Kerang where the group outlined some of their key priorities for oral health within the Shire. The meeting was well attended with many local community members, representatives of key health and service organisations, the media and members of the local council. The discussion in this meeting focused on child oral health, lack of oral health services, poor diet, high sugar intake, and the role of health professionals in supporting oral health prevention work.

In order to ensure that community members outside of the major centre of Kerang were included in the initial planning phase further meetings were offered in Cohuna and supplemented with individual interviews in other areas. The Cohuna meeting was held in August 2014 and prior to the meeting a local resident new to the town contacted the research team via email as she was unable to attend the scheduled meeting (see email on next page). She was keen to see the issue of water fluoridation raised for discussion at the meeting.



Article from  
Gannawarra Times  
April 29th 2014

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The meeting was well attended with lay community members, council representatives, the local dentist, and representatives from a range of health and wellbeing sectors. The discussion within the meeting about ways to improve oral health include water fluoridation instigated by the local dentist who told the group of the many young children that he sees in the practice that have unnecessary dental decay. He felt that people have not really thought about the fact that there is no fluoride in the water. The email from the local mum was shared with the group and the Mayor recounted his previous unsuccessful attempt to garner support for water fluoridation more than 10 years ago. The group resolved to begin a process of lobbying for water fluoridation across the Shire which was written into their oral health plan. Under the Victorian Health (Fluoridation) Act 1973 water agencies undertake the fluoridation of public drinking water supplies under the direction of the Department of Health and Human Services (DHHS).

Cc: Virginia Dickson-Swift  
 Subject: Oral Health Community meeting Cohuna Thursday 7/8/14

To the organisers of this workshop,

I am unable to attend today but wish to make a comment.

I am a local resident with a family including 3 children.

I originally come from Melbourne where the water was fluoridated from before I was even born. The general consensus I believe is that this vastly improved dental health very quickly. The water here I believe is not fluoridated. The dentists don't seem overly concerned- is this because tooth paste now has fluoride added? I would be keen to see this issue addressed or explained at the workshop.

Regards

Email from local community member from Cohuna

## Health professionals target healthy teeth

PETER BANNAN

HEALTH professionals are planning improvements to oral health in the district as a new phase of an engagement partnership is launched. The Rural Engaging Communities in Oral Health (ECOH) is a research and community involvement initiative that asks rural community members and health practitioners to find out about oral health and how this impacts on general health.

Researchers from La Trobe University have partnered with people in rural areas to explore oral health and to improve it, including the Loddon Maize Murray Medicare Locals and the Royal Flying Doctors Service.

La Trobe University Rural Health School senior lecturer, Dr Virginia Dickson-Swift said the partnership came about through a nationally funded National Health and Medical Research Council grant.

Six communities across Australia, including Gannawarra, Swan Hill and Kyabram, are involved in the initiative.

"The towns were chosen due to a range of indicators including poor oral health status," Dr Dickson-Swift said. "People in rural towns face poor oral health because of a lack of fluoride in drinking water, poor diet, not brushing with fluoride toothpaste, not seeing their dental professional often enough."

She said many parents in rural areas do not have a good understanding of the Child Dental Benefit Scheme, which can provide free services to children up to 17 years old if the family receives the Family Tax A benefit.

"The message for parents is to ensure that you and your family stick to eating healthy (avoid sugary foods and drinks), drink fluoridated tap water, brush your teeth twice a day, spit out toothpaste but don't rinse your mouth and visit your dental professional for a check-up every six months from 18 months of age," she said.

During an implementation meeting held in Kerang earlier this week, advocates for oral health were pleased with efforts to develop



HEALTHY SMILES: Local health advocates attended the Rural Engaging Communities in Oral Health Project implementation meeting in Kerang this week.

oral health training for the broad spectrum of health professionals, including doctors, nurses and allied health workers.

"We will be offering that to the region once we have it developed," Dr Dickson-Swift said. "Many people in rural areas do attend hospital for dental care often as an emergency (where the pain becomes unbearable). They are often treated for pain relief and re-

ferred to the dentist," she said.

"The interesting thing is that tooth decay is preventable and people should take care of their teeth so they don't end up in that situation."

Brochures on oral health education have been developed for local health services across the region that outlines tips for health teeth, after-hours emergency care, costs of care and a step-by-step guide as to how to brush your teeth.

### TEETH TIPS

- Eat healthy food, drinks
- Drink fluoridated tap water
- Brush your teeth twice a day
- Visit dentist every six months



Article from the Gannawarra Times June 12th 2015.

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### ADVOCACY FOR WATER FLUORIDATION BEGINS: PUTTING ORAL HEALTH ON THE AGENDA



 **DISCUSSIONS.** Cr Lorraine Learmonth, Narelle O'Donoghue, Cr Neville Goulding and Virginia Dickson-Swift met with Cohuna residents regarding a proposal to add fluoride to the town's drinking water.

As part of the co-design process over the 3-year period of the project the research team moved from assisting with design of the plans to a phase of supporting the implementation of the oral health plans developed by each of the communities.

The role of the researchers at this time shifted to more of an advocacy role where support was provided to each community group to implement the plans they had developed. A meeting was scheduled with the Gannawarra Health and Wellbeing team and the Department of Health and Human Services (DHHS), Water Unit to discuss the process of water fluoridation within Victoria. The first part of this process was to ensure the local community had access to the DHHS documents outlining oral health advice for communities without water fluoridation. One of the key outcomes of this meeting was gaining an understanding of these resources and the support offered by DHHS to assist communities to undertake this work.

The Rural ECOH research team worked closely with DHHS and a presentation to the local council was organised for early August 2015 to outline the process of water fluoridation and to provide an overview of the current resources available. This meeting was held in Kerang and was attended by the research team, the health and wellbeing team, the council (including the mayor) and the DHHS Water Unit staff. Having all of these groups in the room was vital for the future success of the program. At the end of the meeting council gave its full support to actively seek water fluoridation for Cohuna. The first part of this process was to ensure that the local community had access to the DHHS documents outlining oral health advice for communities without water fluoridation. These were included in a welcome to Gannawarra Shire pack and were provided by the council staff to new settlers (see next page). The resources on the DHSV Website (see <https://www.dhsv.org.au/dental-advice/general-dental-advice/people-without-fluoride-in-their-drinking-water>) were also provided at this time (see next page).

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Sample letter for Ministerial support

Department of Health advice brochure

Water Foundation letter of support - sample dot points

Minister for Health  
GPO Box 4541  
Melbourne Vic 3001

Re: Fluoridation of water supply in xxxx

I am writing to request the Victorian Government's commitment to extend water fluoridation to Cohuna. As a practicing dentist (Medical Practitioner, Pharmacist) and having worked in Cohuna for xx years I see first-hand the consequence of living in a non-fluoridated area.

Children in non-fluoridated areas, like Cohuna, suffer up to 36% more dental decay than those residing in fluoridated areas. Compared to the Victorian average the admission rates for dental conditions in children aged 0-4 years is almost 3 times higher in xxx Shire.

Fluoridation is of particular benefit to people living in areas of low socio-economic status who tend to have higher levels of dental decay and limited access to dental treatment and other forms of fluoride exposure. Poor oral health contributes directly to poorer general health in the community.

I (The Board of Management of xxx) strongly support/s the introduction of fluoride to the water supply of Cohuna and look forward to the subsequent improved health of all residents as a direct result of water fluoridation.

Yours sincerely

## Advice for communities without water fluoridation

### Water Program

Fluoride helps to protect teeth against tooth decay. If your community doesn't have fluoride in its water supply, there are still things you can do to protect your teeth. These messages should not replace advice from an oral health professional.

Since mid-2010, ninety per cent of Victorians receive fluoridated drinking water. This important public health initiative helps provide protection against tooth decay. However, fluoridated drinking water is not available to all Victorians because some households don't have reticulated water and not all reticulated supplies can be fluoridated.

Historically, dental professionals recommended fluoride supplements (tablets, drops and lozenges) for people in non-fluoridated communities. Since 2006, the Australian Research Centre for Population Oral Health has recommended that fluoride supplements that are to be chewed and/or swallowed should not be used. This is primarily due to the increased risk of dental fluorosis (rotting of tooth enamel), especially in young children, or other negative health impacts if excessive fluoride supplements are consumed. Therefore, since 2006, fluoride supplements have been phased out. Dental professionals may still use and recommend fluoride varnishes and mouth rinses.

For those children who live in communities without water fluoridation, or who may be at higher risk of developing tooth decay, guidelines about toothpaste usage should be varied, as needed, only upon seeking advice from an oral health professional. Variations could include more frequent use of fluoridated toothpaste, commencement of toothpaste use at a younger age, or earlier commencement or use of standard toothpaste.

For all people, living in communities without water fluoridation, the consumption of foods and beverages processed in nearby fluoridated centres will provide some benefit. Residents from non-fluoridated areas will also gain some protection against tooth decay when they work and study in fluoridated areas.

It is important to...

- Clean teeth and along the gum line at least twice a day.
- Use fluoridated toothpaste appropriately:
  - ▶ For children aged up to 18 months, clean teeth as soon as they appear (around six months) using a soft toothbrush with a small head. Use only water, do not use toothpaste.
  - ▶ For children between the ages of 18 months and five years (inclusive), seek advice from an oral health professional if your child should use a low fluoride toothpaste or standard fluoride toothpaste.
  - ▶ For people aged six years and over, seek advice from an oral health professional if you should use a standard fluoride or higher strength fluoride toothpaste.
- Drink plenty of water every day.
- Limit sugary, carbonated drinks, fruit juice and alcohol.
- Children should have an oral health check by the time they turn two. A dentist, oral health therapist, GP or maternal and child health nurse may do this.
- Everyone has different oral health needs. Ask an oral health professional how often you should have a dental check-up.

To find your nearest community dental clinic, click on 'find a clinic' at [www.ahsv.org.au](http://www.ahsv.org.au). To search for a private dentist, visit [www.aids.org.au](http://www.aids.org.au) and use the 'find a dentist' search tool.

For further information, please contact the Department of Health and Human Services water fluoridation telephone information line on 1800 651 723 or visit the water fluoridation website at <http://www2.health.vic.gov.au/water-fluoridation>



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The next stage of implementing a plan to lobby for water fluoridation was to hold some community drop in meetings for the local community in Cohuna that were attended by DHHS staff, the research team and local council members. These sessions were designed to be informal where local community members could ask questions and have answers provided about fluoride. These were supported by the Council and DHHS and were advertised through the local media who provided their ongoing support throughout the project.

At the next round of community workshops, the research team provided the group with a range of evidence briefs and other information about fluoride (see the extra resources provided at the end of the case study). These were used within the meetings to support the discussions and the plan to advocate for water fluoridation for Cohuna. In November 2015 the Gannawarra Shire resolved to include water fluoridation in Cohuna in the development of the new Municipal

Public Health and Wellbeing Plan. They sought assistance from the research team to develop this and a number of key resources were provided. Gannawarra Shire and the local community health service also sought opportunities to include oral health into their everyday health and wellbeing activities including Walk to School programs, school health promotion days and other community events. Some examples of this included opportunities for oral health education in partnership with local schools for families that did not have access to fluoridated water.

In addition to these activities the Gannawarra group worked with the local council and community health service to seek assistance from the Royal Flying Doctors Service (a key partner in Rural ECOH) to undertake oral health screening within the local primary schools throughout the Shire reinforcing the value of embedding oral health into a range of community activities.



Tanya Maher-Toose from Northern District Community Health teaching local school children about good oral health as part of the Walk to School Day in Gannawarra

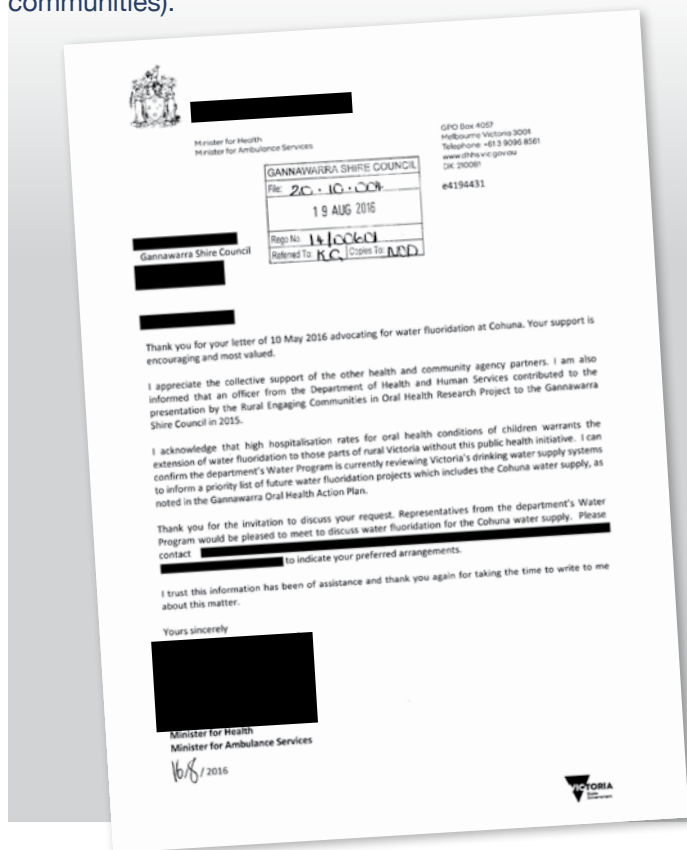
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## SUPPORT FOR WATER FLUORIDATION STEPS UP

The next part of the plan was to write to the Health Minister outlining the support gained from the local community (as per the recommendations given by DHHS). The research team worked with a number of community groups, the local council and other agencies to develop the letter (See Attachment A for a copy of the text of the letter).

The Strategic Gannawarra Local Agency Meeting (GLAM) agreed in December 2015 to support this letter of advocacy from Council to the Minister for Health for fluoridation of the Cohuna water supply. Members of the GLAM include Council members, Northern District Community Health, Cohuna District Hospital, Kerang District Health, Victoria Police, Mallee District Aboriginal Service, Mallee Family Care and the Southern Mallee Primary Care Partnership. At its meeting on 20 April 2016, Council resolved to send a letter to the Victorian Minister for Health, the Hon. Jill Hennessy, Shadow Minister for Health and the Leader of the Opposition, advocating for fluoridation of the Cohuna township water supply in order to improve oral health outcomes of the community. A letter to the Hon. Jill Hennessy was sent in May 2016 and a response received in August 2016 (see below). Refer to Appendix A for a full copy of this letter (which provides some guidance for other communities).

From this initial advocacy, a business case was developed in consultation with the DHHS in September 2016. As part of the community consultation for the 2017-2021 Council Plan (that incorporates the statutory Municipal Public Health and Wellbeing Plan), there was community support for the fluoridation of the Cohuna township water supply and this was included as a Community Goal in the Cohuna Community Plan. In support of the Cohuna community's desire for fluoridation and as an ongoing partnership action to reduce oral health disadvantage for the Cohuna community, continued advocacy on this issue was included as a priority action in the Gannawarra Council Plan and in the Gannawarra Local Agency Meeting (GLAM) Strategic Priority Action Plan. Together this group supported fluoridation of Cohuna's water supply making it a key health and wellbeing priority for them over the following four years. Further letters were sent to the Minister in September 2016 (see below).





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The Council were firmly committed to ensuring that oral health was part of the Gannawarra Shire Plan (2017-2024) and incorporated it as a strategic direction into their Municipal Public Health and Wellbeing plan demonstrating their commitment to the Minister. One of the core components of the Council Plan is Strong and Healthy Communities and Gannawarra Council explicitly stated fluoridation as a priority action area within the plan “Advocate for fluoridation of the Cohuna town water supply to reduce oral health disadvantage” (Gannawarra Public Health and Wellbeing Plan, 2017, p. 30).

To support the advocacy work of the council at this time an Oral Health Advocacy document titled “Reducing Oral Health Disadvantage in Gannawarra” (see Attachment B) was developed. The role of this document was to support the business case for water fluoridation for Cohuna. A short case study outlining the issues for Cohuna was also developed (see Attachment C).

## FROM LITTLE THINGS BIG THINGS GROW



The screenshot shows the Coliban Water website with a navigation menu and a news article. The article is titled "Cohuna Water Treatment Plant - Fluoride Upgrade". It includes a "Background" section explaining the project's purpose and a "Timeline" section detailing the tender process and completion date. A photo of the Cohuna water tower is also visible.

Announcement from Coliban Water regarding water fluoridation in Cohuna

In September 2018 a tender for the Design and Construction of Cohuna WTP Fluoridation Plant was released by the Victorian Government. Tenders closed in November 2018.

It has been almost five years since the community of Gannawarra first raised the lack of water fluoridation in some of the towns within the Shire as a key public health concern. The poor oral health status of their residents, combined with lack of access to dental services and high rates of disadvantage, were seen as major equity issues for those that lived within the Shire. At the beginning of the process being able to achieve water fluoridation seemed unrealistic, however, this case study demonstrates what is possible when small communities are supported in their work. Drawing on the success in Gannawarra a one page document (see Attachment D) was developed that may be used by other local councils seeking support for water fluoridation. In this case, the council, community groups, health and wellbeing agencies, schools and the local community members worked together supported by the Rural ECOH team to successfully advocate and lobby for water fluoridation. In 2018 the National Health and Medical Research Council wrote to local councils responding to community concerns about the safety of water fluoridation in Australia. A copy of this letter is provided in Appendix E and may be useful for local communities interested in lobbying or advocacy work in relation to poor oral health.

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## LESSONS FOR OTHER COMMUNITIES

- Water fluoridation is endorsed by leading organisations in Australia and internationally including the World Health Organisation, Australian Medical Association, American Academy of Pediatrics and the Australian Dental Association.
- Not all communities in Australia have access to fluoridated water (you can check here if yours is <https://www2.health.vic.gov.au/public-health/water/water-fluoridation/water-fluoridation-in-victoria>).
- If your community is not fluoridated there are some key tips community members can follow to protect teeth. See <https://www2.health.vic.gov.au/public-health/water/water-fluoridation/water-fluoridation-communities-without> and <https://www.dhsv.org.au/dental-advice/general-dental-advice/people-without-fluoride-in-their-drinking-water>
- You can lobby for water fluoridation for your community using a process like the one we have outlined in this case study.
- It won't happen overnight but with the support of the local community and working in partnership it is possible.
- Be prepared for opposition and support the community to work through the process using evidence based material.

## USEFUL RESOURCES TO SUPPORT THE DEVELOPMENT OF AN ADVOCACY PLAN

*NB: This list is not exhaustive and provides a guide only*

### WATER FLUORIDATION

Cornwell, D., McTigue, N. and Hayes, S. (2015) State of the Science: Community Water Fluoridation, Web Report #4641, Water Research foundation (USA), 2015, available from: <http://www.waterrf.org/Pages/Projects.aspx?PID=4641>

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). Canberra: NHMRC, 2016. <https://www.nhmrc.gov.au/health-advice/public-health/health-effects-water-fluoridation>

Jack B, Ayson M, Lewis S, Irving A, Agresta B, Ko H, et al. (2016) Health Effects of Water Fluoridation: Technical Report. Report to the National Health and Medical Research Council (NHMRC). Canberra: NHMRC, 2016. <https://www.nhmrc.gov.au/health-topics/health-effects-water-fluoridation>

Office of the Prime Minister's Chief Science Advisor and Royal Society of New Zealand. Health effects of water fluoridation: A review of the scientific evidence. Auckland; 2014 [updated 2015]; Available from: <https://pmcsa.org.nz/wp-content/uploads/Health-effects-of-water-fluoridation-Aug2014.pdf>

National Health and Medical Research Council (NHMRC) (2017) Water Fluoridation and Human Health in Australia: Questions and Answers. Canberra: NHMRC, 2017. <https://www.nhmrc.gov.au/health-advice/public-health/health-effects-water-fluoridation>

National Health and Medical Research Council (NHMRC) 2011, National Resource Management Ministerial Council (NRMMC). Australian Drinking Water Guidelines Paper 6 National Water Quality Management Strategy. Canberra: NHMRC and NRMMC, 2011. <https://www.nhmrc.gov.au/about-us/publications/australian-drinking-water-guidelines>

National Health and Medical Research Council (NHMRC) (2017) Information Paper: Effects of water fluoridation on dental and other human health outcomes, report prepared by the Clinical Trials Centre at University of Sydney. Canberra : NHMRC, 2017. <https://www.nhmrc.gov.au/about-us/publications/water-fluoridation-dental-and-other-human-health-outcomes>

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Royal Society of New Zealand (2014) Health effects of water fluoridation: A review of the scientific evidence. A report on behalf of the Royal Society of New Zealand and the Office of the Prime Minister's Chief Science Advisor, August 2014, available from:

<https://royalsociety.org.nz/what-we-do/our-expert-advice/all-expert-advice-papers/health-effects-of-water-fluoridation/>

Sutton, M., Kiersey, R., Farragher, B., Long, J. (2015) Health Effects Of Water Fluoridation An evidence review 2015, Health Research Board, Ireland, 2015, available from:

[https://www.hrb.ie/fileadmin/publications\\_files/Health\\_Effects\\_of\\_Water\\_Fluoridation.pdf](https://www.hrb.ie/fileadmin/publications_files/Health_Effects_of_Water_Fluoridation.pdf)

## CO-DESIGN RESOURCES

Australian Healthcare and Hospitals Association (AHHA) and Consumers Forum of Australia (CHF) Experience Based Co-design Toolkit Available at: <https://ahha.asn.au/experience-based-co-design-toolkit>

VicHealth (2018) How to co-design with young Victorians Available at:

<https://www.vichealth.vic.gov.au/media-and-resources/publications/co-design>

West Australian Council of Social Services (WACOSS) Co-design toolkit Available at:

<https://wacoss.org.au/library/wacoss-co-design-toolkit/>

## LIST OF OTHER ATTACHMENTS

Attachment A: Copy of advocacy letter sent to the Health Minister by Gannawarra Shire

Attachment B: Advocacy Plan developed by Gannawarra Shire

Attachment C: Short case study developed by Gannawarra Shire

Attachment D: Summary of key steps to develop a plan for local councils

Attachment E: Letter from Professor Anne Kelso (National Health & Medical Research Council) to local Councils regarding water fluoridation

## CONTACTS FOR FURTHER DETAILS

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Manager Community Health

Gannawarra Shire Council

Email: [narelle.odonoghue@gannawarra.vic.go](mailto:narelle.odonoghue@gannawarra.vic.go)

Minister for Health

Dear Minister

**Fluoridation of Water Supply in Cohuna**

Gannawarra Shire Council is part of the Rural Engaging Communities in Oral Health Research Project (Rural ECOH). Funded through the National Health and Medical Research Council, this three year partnership study (2014-2016) has brought together community members and health professionals to discuss oral health, explore solutions and plan for future improvements.

This project has been led by the Murray Primary Health Network and LaTrobe University with support from Dental Health Services Victoria and the Royal Flying Doctors Service.

Gannawarra Shire was selected as one of the Victorian communities to be involved in this project for a number of reasons including its hospitalisation rate for oral health conditions of children under 14 years being three times the Victorian average, lack of access to public dental services, and Gannawarra children aged 0-5 having higher rates of tooth decay compared to the Victorian average.

Council and partnership agencies have worked together over the past three years to promote preventative oral health practices, strengthen systems and improve access to early intervention services with the ultimate aim of reducing hospitalisations for dental conditions and improving oral health outcomes for community.

The Rural ECOH project has involved extensive community consultation with four priorities identified in the Gannawarra Oral Health Action Plan, including investigating fluoridation of the Cohuna water supply.

Council is aware that there is strong evidence supporting fluoridated water as the most effective way of reducing the burden of oral health disease on the community and the pain, suffering and economic losses, including costs of dental treatment.

Council is also aware that the National Oral Health Plan 2015 supports fluoridation of communities over 1000 population. Cohuna has a current population of 1,891 and therefore meets the criteria for water fluoridation.

communities across the Gannawarra Shire, there is only so much that can be done without the support of other levels of government.

As water fluoridation is proven as an effective 'whole of community' intervention to prevent and improve oral health outcomes Council requests that you investigate fluoridating the Cohuna township water supply.

The Strategic Gannawarra Local Agency Meeting (GLAM) consisting of Chief Executive Officers representing Council, Northern District Community Health, Cohuna District Hospital, Kerang District Health, Victoria Police, Mallee District Aboriginal Service and the Southern Mallee Primary Care Partnership supports this letter of advocacy for fluoridation.

We would welcome the opportunity to discuss this request further.

Yours sincerely

**MAYOR**

# REDUCING ORAL HEALTH DISADVANTAGE IN GANNAWARRA

## BACKGROUND

Poor oral health is recognised as a significant health issue. The *World Oral Health Report* (2003) concluded that there is a clear relationship between oral health and general health. Poor oral health causes disability, pain and suffering, eating and speech difficulties. Poor oral health is also significantly associated with major chronic diseases such as diabetes, heart disease and mental health issues.

While oral disease is almost totally preventable by brushing teeth twice a day, eating healthy foods and consuming water as the drink of choice, access to public dental services and affordability of preventative dental care presents an issue for many residents of the Gannawarra Shire.

Gannawarra Shire Council has worked closely with a range of agencies and the community as part of the Rural Engaging Communities in Oral Health project (2014-2016). This project involved six communities – three in Victoria and three in Queensland. Funded through the National Health and Medical Research Council this three year partnership study brought together community members and health professionals to discuss oral health, explore solutions, and plan for future improvements.

Community engagement workshops resulted in the development of a Gannawarra Oral Health Action Plan with the following four priorities:

1. Investigate advocating for fluoridation of the Cohuna water supply.
2. Strengthen oral health systems and support especially across the early years focusing on Maternal and Child Health Key Ages and Stage visits.
3. Professional Development of staff around oral health.
4. Screening programs across early year and school settings.

Priorities 2, 3 and 4 have been implemented through existing local partnerships and by working with Dental Health Services Victoria and the Royal Flying Doctor's Service. In relation to Priority 1, Council with the support of partnership agencies advocated to the Victorian Minister for Health for fluoridation of the Cohuna water supply in May 2016. From this initial advocacy, a business case was developed in consultation with the Department of Health and Human Services in September 2016. To date, no outcome to this advocacy has been achieved. Fluoridation of the Cohuna township water supply is a community goal highlighted in the Cohuna Community Plan and advocating for fluoridation of the Cohuna township water supply is a priority action contained within the Council Plan 2017-2021, which incorporates the statutory Municipal Public Health and Wellbeing Plan 2017-2021.

## KEY STATISTICS

A Loddon Gannawarra Health Needs Analysis was undertaken in 2017. The evidence gathered concluded that for Gannawarra, dental health conditions is the number one Ambulatory Care Sensitive Condition (ACSC) for hospital admission with the rate of admission being 5.3 per 1000 population compared to the Victorian rate of 2.7.

There are particular groups at risk of dental health conditions and this includes people with diabetes, people with a disability, pregnant women and those without fluoride in their drinking water (Dental Health Services Victoria). In addition, indigenous people experience greater disadvantage when it comes to oral health and are more likely not to seek treatment.

The number of children living in Gannawarra Shire that presented to a public dental service in 2014-2016 with at least one decayed, missing or filled primary or permanent tooth was 49% for children aged 0-5 (Vic. 31%), 78% for children 6-8 (Vic. 57%), 60% for children aged 9-12 (Vic 64%) and 84% for children aged 13-17 (Vic 70%).

The average number of decayed, missing or filled primary and permanent teeth for children attending public dental services in 2014-2016 was 2.85 for children aged 0-5 (Vic. 1.32), 4.36 for children aged 6-8 (Vic. 2.60), 2.56 for children aged 9-12 (Vic. 2.43) and 3.93 for children aged 13-17 (Vic. 3.06).

The rate of hospitalisations that were potentially preventable due to dental conditions for children aged 0-4 years in 2012-13 was 23.09 per 1000 children (Vic. rate 3.78). While this rate reduced to 11.15 per 1000 children in 2013-14, the reduced rate was almost 3 times the Victorian rate of 3.85.

The Loddon Gannawarra Health Needs Analysis concluded that the disparity in the oral health status of children living in regional and metropolitan areas of Victoria is likely to be explained (in part) by access to fluoridated drinking water. Community water fluoridation helps protect teeth against tooth decay, and is the most effective way of allowing everybody access to the benefits of fluoride (Dental Health Services Victoria). Kerang is the only fluoridated town in the Gannawarra Shire. Fluoride is proven to be a safe and effective population based intervention for preventing tooth decay.

There are no public dental services available in the Gannawarra Shire. The closest public dental chairs are located at Boort, Swan Hill, Echuca and Bendigo. There are however two private dentists operating within the Shire, at Kerang and Cohuna.

Initial screening undertaken by the Royal Flying Doctor's Service in 2015 of 251 persons in 5 Gannawarra schools, 2 pre-schools and 1 aged care facility found 69 people with active decay (27.5%), 9 required extractions (3.6%) and 16 required urgent care (6.4%).

In 2016 and 2017 the Royal Flying Doctor's Service has provided ongoing dental screening and treatment across the Gannawarra Shire. This service is provided to communities without access to public dental clinics and is proving to be an effective and well supported early intervention and preventative health service aimed at reducing disadvantage and improving oral health outcomes.

There are a number of evidence based modifiable health risk behaviours associated with poor oral health outcomes including smoking, alcohol consumption, not meeting fruit and vegetable guidelines and daily consumption of sugar sweetened soft drinks.

In the 2014 Victorian Population Health Survey (adults), 12% of Gannawarra residents reported to be current smokers (Vic. 13%), 56% reported increased lifetime risk of alcohol-related harm (Vic. 59%), 50% reported not meeting fruit and vegetable guidelines (Vic. 49%) and 15% reported daily consumption of sugar sweetened soft drink (Vic. 11%).

More information regarding Gannawarra's oral health profile can be found at: [https://www.dhsv.org.au/\\_data/assets/pdf\\_file/0011/28694/Gannawarra.pdf](https://www.dhsv.org.au/_data/assets/pdf_file/0011/28694/Gannawarra.pdf)

## COHUNA WATER FLUORIDATION

Fluoride remains the most effective population-wide measure for reducing dental disease.

Fluoridation is endorsed through scientific research and review by leading organisations in Australia and internationally by the World Health Organization, Australian Medical Association, National Health and Medical Research Council, American Academy of Paediatrics and the Australian Dental Association.

The National Oral Health Plan 2014 states that 'communities of 1000 should have access to reticulated fluoridated water supplies'. Kerang's reticulated water supply has been fluoridated since 2010. Currently 90% of Victoria's population has access to fluoridated water.

Cohuna is the only other township within the Gannawarra Shire that meets the 1000 population criteria for water fluoridation.

Fluoridation briefings and information sessions were provided to Council and the local community by xxxx from the Department of Health and Human Services Water Unit and Dr Virginia Dickson Swift from La Trobe University. Briefings were provided to the Cohuna Progress Association and a community drop-in session was held at Cohuna on 4 August 2015 where information was provided about fluoride and questions were answered.

The Strategic Gannawarra Local Agency Meeting (GLAM) agreed in December 2015 to support a letter of advocacy from Council to the Minister for Health for fluoridation of the Cohuna water supply. GLAM consists of Council, Northern District Community Health, Cohuna District Hospital, Kerang District Health, Victoria Police, Mallee District Aboriginal Service, Mallee Family Care and the Southern Mallee Primary Care Partnership.

At its meeting on 20 April 2016, Council resolved to send a letter to the Victorian Minister for Health, the Shadow Minister for Health and the Leader of the Opposition, advocating for fluoridation of the Cohuna township water supply in order to improve oral health outcomes of the community.

A letter to the Minister for Health was sent in May 2016 and a response received in August 2016.

From this initial advocacy, a business case was developed in consultation with the Department of Health and Human Services in September 2016.



As part of the community consultation for the 2017-2021 Council Plan (that incorporates the statutory Municipal Public Health and Wellbeing Plan), there was community support for the fluoridation of the Cohuna township water supply and this was included as a Community Goal in the Cohuna Community Plan. In support of the Cohuna community's desire for fluoridation and as an ongoing partnership action to reduce oral health disadvantage for the Cohuna community, continued advocacy on this issue was included as a priority action in the Gannawarra Council Plan and in the GLAM Strategic Priority Action Plan.

## OTHER ORAL HEALTH INITIATIVES

Apart from Council's involvement in the ECOH research project Council is also:

- Rolling out Dental Health Services Victoria's Smiles 4 Miles program through its Gannawarra Children's Centre, and pre-schools at Koondrook, Cohuna and Leitchville. This is in partnership with Northern District Community Health.
- Progressing through the Healthy Together Victoria Achievement Program for Early Childhood and Care settings at the Gannawarra Children's Centre, and Koondrook, Cohuna and Leitchville Pre-Schools, with a focus on achieving the Healthy Eating and Oral Health priority area.
- Strengthening oral health promotion and referrals within the Maternal and Child Health service.
- Improving oral health across the Gannawarra Shire as a partnership project with GLAM agencies.

## WHAT WE NEED

Under the Victorian Health (Fluoridation) Act 1973 water Agencies undertake the fluoridation of public drinking water supplies under the direction of the Department of Health and Human Services.

The full cost of fluoridation is met by the Victorian Government with the Department of Health and Human Services directing the relevant water agency (in the case of Cohuna, Coliban Water) to have a fluoridation plant installed. There is no cost to Council.

Coliban Water has provided a letter to Council advising that if the Department of Health and Human Services were to issue a direction to fluoridate the Cohuna drinking water supply, they would welcome the opportunity to work with Council and other relevant stakeholders to deliver this important public health initiative.

While the Victorian State Government continues to support fluoridation of communities there is no current Victorian Government budget allocation for additional communities to receive a fluoridated water supply.

Council is continuing to advocate to the Victorian Government to provide a funding allocation to enable fluoridation of the Cohuna township water supply to occur.

## LINKS TO STRATEGIC DOCUMENTS



Gannawarra Shire Council Plan 2017-2021, incorporates the Gannawarra Municipal Public Health and Wellbeing Plan 2017-2021.

National Oral Health Plan

Victorian Public Health and Wellbeing Plan

Loddon Mallee Regional Strategic Plan:

- *Strategic Direction 3 – Enhance the wellbeing and economic participation of our people.*

Loddon Mallee Oral Health Action Plan

Loddon Gannawarra Health Needs Analysis

Gannawarra Early Years Plan

Gannawarra Oral Health Action Plan

GLAM Health Prevention Strategic Priority Action Plan 2017-2021





# IMPROVING ORAL HEALTH OUTCOMES AT GANNAWARRA



## POLICY/BACKGROUND

Council's 2013-2017 Municipal Public Health and Wellbeing Plan and Council Plan were integrated to provide a policy and planning framework for a strategic approach to creating healthy communities.

The *Healthy Together Victoria - Action plan for oral health promotion 2013-2017* includes an action to support local government to include oral health promotion in strategic plans.

The priority area of Healthy Liveable Communities within the Council Plan provides a framework for Council to lead the way in applying a 'health lens' approach at all levels of policy, planning and program delivery. Oral health is an identified priority chronic disease issue within the Council Plan.

## KEY DEMOGRAPHICS/DATA/SERVICES

- Kerang is the only fluoridated town in the Gannawarra Shire. Fluoride is proven to be a safe and effective population based intervention for preventing tooth decay.
- There are no public dental services available in the Gannawarra Shire.
- Hospital admission rate for dental conditions is three times higher than the Victorian rate for children aged 0-14 years. (*GS = 15.7 per 1000. Vic = 5.46 per 1000*).
- 24% of adults reported drinking sugar sweetened drinks every day (*Fourth highest LGA in Victoria*).
- Gannawarra children aged 0-5 had a higher rate of tooth decay compared to the state average for the years 2009 to 2012.
- More than 23,000 Australian children were admitted to a hospital in 2012 for a general anaesthetic for tooth decay, 2 out of 3 14 year olds have decay in their adult teeth and 3 in 10 adults aged 25-44 have untreated tooth decay (Australian Institute of Health and Welfare)
- Dental disease is preventable but costs the Australian economy \$8.4 billion per year.
- Royal Flying Doctors Service screening of 251 persons in 5 Gannawarra schools, 2 pre-schools and 1 aged care facility in 2015 found 69 people with active decay (27.5%), 9 requiring extractions (3.6%), 16 requiring urgent care (6.4%).

## PLANNING

Oral disease is almost totally preventable by brushing teeth twice a day, eating healthy foods and consuming water as the drink of choice. Early intervention through regular dental check-ups is also important to prevent tooth decay in its early stages.

Oral health is increasingly being recognised as a significant health issue. The *World Oral Health Report (2003)* stated that evidence concludes that there is a clear relationship between oral health and general health. Poor oral health causes disability, pain and suffering, eating and speech difficulties. Poor oral health is also significantly associated with major chronic diseases such as diabetes, heart disease and mental health issues.

Oral health presents a significant area of disadvantage in the Gannawarra Shire and factors within the social environment that influence oral health outcomes need to be addressed in order to make progress in this area. Many people have low incomes with 43.9% of the population aged 15 years and over earning less than \$400 per week. It is known that people on low incomes are more likely to have a lifestyle that has more risk factors and less likely to use preventative and screening services.

Access to public dental services and affordability of preventative dental care therefore presents an issue for many residents of the Gannawarra Shire. Currently there is no access to public dental services within the shire with the closest public dental chairs being located at Boort, Swan Hill, Echuca and Bendigo. Private dentists are located in Kerang and Cohuna.

To address oral health disadvantage, a systems approach is needed. This includes:

- Access to public dental services
- Community water fluoridation
- Early intervention
- Reducing hospitalisations for dental conditions
- Oral health promotion activities around the key messages – Drink Well, Eat Well, Brush Well.

## PARTNERSHIPS AND PROGRAMS

Improving oral health outcomes for the Gannawarra Shire requires a partnership approach to strengthen the prevention system and advocate for changes that will make a difference to the oral health outcomes of our communities.

Gannawarra Shire Council is working closely with a range of agencies and the community as part of a Rural Engaging Communities in Oral Health project. This project involves six communities – three in Victoria and three in Queensland.

Funded through the National Health and Medical Research Council this three year partnership study (2014-2016) has brought together community members and health professionals to discuss oral health, explore solutions, and plan for future improvements.

Community engagement workshops were held in Kerang and Cohuna throughout 2014 resulting in the development of a Gannawarra Oral Health Action Plan.

Priorities:

1. Investigate advocating for fluoridation of the Cohuna water supply.
2. Strengthen oral health systems and support especially across the early years focusing on Maternal and Child Health Key Ages and Stage visits.
3. Professional Development of staff around oral health.
4. Screening programs across early year and school settings.

## IMPACTS/WHAT'S BEEN ACHIEVED?

- Oral health was included in the 2014, 2015 and 2016 Gannawarra Walk to School programs – toothbrush and toothpaste prize packs awarded at each school. Oral health message included in Walk to School take home pack. Health promotion messages of Drink Well, Eat Well, Brush Well included in talk at each primary school.
- Toothpaste and toothbrush prizes awarded as part of the 2015 and 2016 Ride2School programs.
- New dental service brochures finalised and distributed.
- Maternal and Child Health Key Ages and Stages visits strengthened - Reminder stickers developed for 18 month and 2 year visits.
- Royal Flying Doctors Service oral health screening conducted 15-18 June 2015 at Cohuna Pre-School, Cohuna Consolidated, Kerang South, Kerang Primary, Koondrook Primary, Koondrook Pre-school and Leitchville Primary.
- Fluoridation 'drop in' session held at Cohuna 4 August 2015 with letter of advocacy for fluoridation of the Cohuna water supply sent to the Minister for Health 10 May 2016.
- Significant media interest has helped to raise the profile of oral health.
- Oral health training held September 2015.
- Dental Health Service's Victoria Smiles4Miles program is being delivered in partnership with Northern District Community Health at 5 local pre-schools. The program expanded to include playgroups in 2015.

- Healthy Together Victoria Achievement program for early childhood and care settings is being delivered through 5 local pre-schools and the Gannawarra Children's Centre – Healthy Eating and Oral Health priority area is being worked on.
- Dental Health Services Victoria oral health screening at Gannawarra Children's Centre and Leitchville pre-school completed 16-18 April and May 2015.
- A successful *Big Smiles at Gannawarra* application to Colgate for toothbrushes and toothpaste is supporting Maternal and Child Health 18 month visits and 4 year old immunisation visits.
- Media for Dental Health Week 2015. Theme: *Beware of the Sporting Sins – how your actions on and off the field are impacting your oral health*. Encouraging players to drink water rather than sports drinks or soft drinks and for players, particularly children and adolescents, to wear appropriate mouth guards.
- 2016 Dental Health Week – Public information session held in Kerang with guest presenter Professor Mark Gussy, Head of LaTrobe University's Dental Health School.
- School visits with Dr. Amari from Kerang Dental Clinic in November 2016. Talk at each school by Dr. Amari and each student was provided with pack containing toothbrush, toothpaste pack, information and tooth brushing chart.

## SUMMARY/WHERE TO FROM HERE?

- A formal evaluation of the Rural Engaging Communities in Oral Health project is being conducted by LaTrobe University.
- Support community and school based viewings of The Sugar Film.
- Investigate promotion of the VicHealth H30 Challenge as a tool to commit to swapping sugary drinks for water for 30 days.
- Continue to work with pre-schools on the Healthy Together Victorian Achievement program and encourage primary schools to join the Achievement for primary schools. This has a Healthy Eating and Oral Health priority area.
- Encourage primary schools to use the Victorian Healthy Eating Advisory Service resources to support healthy options in school canteens.
- Encourage primary schools to register for Colgate Bright Smiles Bright Future program to receive toothbrushes and toothpaste plus training kits – March each year.
- Work across Council services to incorporate healthy choices into swimming pool canteens.
- Support the development of a Healthy Eating policy for Council included improved access to public drinking water supplies.
- Continue to incorporate oral health messages into service and program delivery.
- Work with partners to continue to strengthen oral health systems.
- Continue to advocate for improved resources and services to support oral health outcomes including advocating for fluoridation of the Cohuna water supply.

## **Attachment D.**

### **Suggested advocacy process for Local Councils seeking support for water fluoridation**

- 1: Community interest (this can be through local meetings, representative groups, local council, schools).
  
- 2: Raise awareness of the value of water fluoridation (refer people to the resources on the DHHS website “Advice for communities without water fluoridation” (Available at: <https://www2.health.vic.gov.au/public-health/water/water-fluoridation/water-fluoridation-communities-without>). Work with local councils and other agencies to ensure local community members know these exist. Consider including this one page document into a welcome to the town pack or make it available via the council website. Ensure that local councillors (and other interested people) have a copy of the letter from Professor Anne Kelso (from the NHMRC) that outlines the importance of water fluoridation (see Appendix E in the case study).
  
3. Community meetings (raise awareness and dispel myths). These need to be well informed and organised with local council, Department of Health Water Unit staff, local health care representatives etc who will be there to answer questions. At this point it is a good idea to have some of the latest evidence available for the community – this is available from DHHS or NHMRC (a list of some useful resources are provided in the case study).
  
4. Make a plan to begin the advocacy process including media coverage and local awareness raising (it is good to have a look at local dental decay data and avoidable hospital admissions for your local area). Council staff and the local Primary Health Networks may be able to assist. You can access this information from ABS and AIHW websites. Many local councils have this information in their health and wellbeing plans.
  
5. Consider making oral health a priority area within your local Municipal Health and Wellbeing Plan if the dental decay rates are high in your area (NB: they are in most towns in Australia that do not have access to fluoridated water).
  
6. Develop an advocacy plan (see Attachment B) within the case study that links to other strategic local government documents. This will include letters to the Health Minister (a sample letter for Ministerial support can be found in the case study).
  
7. Continue with your media and awareness raising throughout the community taking every opportunity to highlight oral health as a key determinant of health (examples in the case study included walk to school days, dental health week, school orientation days, Smiles for Miles programs and a range of other health and wellbeing days throughout the community).
  
8. Celebrate your successes and keep the community engaged and informed throughout the process.



Dear Councillors

I write to you about the important issue of community water fluoridation.

The National Health and Medical Research Council (NHMRC) is Australia's leading expert body supporting health and medical research; developing health advice for the Australian community, health professionals and governments; and providing advice on ethical behaviour in health care and in the conduct of health and medical research.

We are aware that some members of the community are raising concerns about health implications of water fluoridation. NHMRC recently reviewed the scientific evidence that reported any health effects of water fluoridation and checked if they are relevant to Australia. NHMRC found no reliable evidence that community water fluoridation at current Australian levels causes health problems. In particular, NHMRC found no links between water fluoridation and lowered IQ, cognitive dysfunction, cancer, Down syndrome or hip fracture. NHMRC also found no reliable evidence of a link between water fluoridation and thyroid problems, chronic kidney disease, kidney stones, high blood pressure, musculoskeletal pain or osteoporosis.

Most of the evidence on possible harms to humans is from areas with higher levels of fluoride than we use in Australia. This is important as we cannot compare our situation with such countries. Confidence in the conclusions of these studies is also affected by the small number of studies and how they were carried out. Many did not control for factors that could affect the results and their interpretation, such as taking into consideration consumption of fluoride from other sources, exposure to other factors such as iodine, and socio-economic status of study participants.

Some people ask if there is a cumulative effect of consuming fluoride over a lifetime. The toxicologists on our expert committee advised that fluoride is excreted regularly by the kidneys to achieve a 'steady state' that is safe for humans. This is different to lead which accumulates in the body.

The findings from the latest review are summarised in the *Information Paper – water fluoridation: dental and other human health outcomes* (the Information Paper), on the NHMRC website at <https://www.nhmrc.gov.au/guidelines-publications/eh43-0>. NHMRC ensured that the ethics of community water fluoridation were considered during this review, as we were aware of some community concern, including the issue of informed consent. The expert committee had two members with expertise in ethics, and a discussion paper was considered by the committee prior to the issue being discussed by the Australian Health Ethics Committee. The result is a section in the Information Paper that focuses on ethical considerations (pg. 55-57).

The expert committee tasked with guiding the development of this evaluation of the evidence on the health effects of water fluoridation was selected to ensure appropriate expertise in the key areas of science and review methodology, in order to undertake a transparent and rigorous evidence-based assessment. It comprised highly-regarded experts in the fields of public health, oral health, epidemiology, child health, toxicology, cancer, bone biology, neurodevelopment, Aboriginal and Torres Strait Islander health, water management and health ethics.

Australia has a long history of community water fluoridation to help reduce tooth decay. Tooth decay is one of the most common health issues in Australia, affecting five out of ten children and nine out of ten adults. It can cause pain, difficulty eating and sleeping as well as costly dental treatments. The Council of NHMRC is made up of the Chief Health Officers from all of Australia's states and territories, and they repeatedly assure me of the value of community water fluoridation as a broad-reaching and equitable public health measure. NHMRC is not alone in our support for water fluoridation; it is supported by a wide range of public health and dental health organisations in Australia and around the world.

The latest evidence builds on past research and is clear – community water fluoridation helps to reduce tooth decay across the population. NHMRC's recently released Public Statement further summarises this information and the new Questions and Answers resource can answer queries your constituents may have. You can find these documents on the NHMRC website at <https://www.nhmrc.gov.au/guidelines-publications/e44-0>.

Yours sincerely

Chief Executive Officer

8 March 2018