



The New Hampshire Oral Health Coalition recognizes that tooth decay is a progressive infectious disease effecting overall health across the life-span. Decay remains the single most common chronic childhood disease. Untreated decay, for all ages, can lead to pain, swelling, infection, destruction of teeth, damage to tissue, difficulty eating and digesting, impairment of speech, problems with attendance and participation at school or work. Delay or deferral of oral health and dental care, can lead to high dental and medical expenses for treatment including costly emergency department services. Yet, decay is highly preventable.

Fluoride has been proven to prevent tooth decay, and can be used both topically and systemically by means of toothpaste, rinses, supplemental prescriptions, fluoride varnish, silver diamine fluoride applications, community water adjustment, and other methods. The use of fluoride is considered a routine part of dental and medical care.

Fluoride is a naturally-occurring mineral found throughout the country in local water supplies. It is an easily-adjusted, low-cost way of reducing the incidence and severity of tooth decay. The American Dental Association reports that the cost of life-time water fluoridation for an individual is less than the cost of a single dental filling.

The Centers for Disease Control and Prevention (CDC) consider community water fluoridation to be one of the top ten public health achievements of the 20th century. Nationally, we have over 60 years of experience and research on the effectiveness of this preventive intervention. New Hampshire ranks 40th in the nation for the percent of the state's population on a fluoridated water supply.

Topical application of fluoride includes toothpaste, mouth rinses, and the use of fluoride varnish that can be applied by both dental and medical professionals with evidence-based effectiveness.

The NH Oral Health Coalition supports

- Oral health risk assessment and the subsequent use of fluoride applications and treatments by dental and medical primary care providers as part of comprehensive oral health care for children and adults.
- Provider assessment of the fluoride level of the child's drinking water supply including those dependent on well water, which may contain fluoride outside of optimal levels, and non-fluoridated public supplies in order to optimize any fluoride supplementation or application;
- Community water fluoridation of public water supplies that is adjusted to the optimal levels recommended by the Centers for Disease Control and Prevention;
- Extension of community-based public health oral health services including the application of fluoride varnish and silver diamine fluoride into settings where people naturally congregate including schools, WICs, Head Starts, day cares, assisted living facilities, senior centers, nursing homes, primary care and ob/gyn offices,
- Home use of fluoride toothpaste; and
- Provider alignment with the American Academy of Pediatrics guidelines on the use of water in reconstituting formula for children under the age of 6 months.

Resources

American Academy of Pediatrics Oral Health Risk Assessment Tool

http://brightfutures.aap.org/Oral_Health_Risk_Assessment_Resources.html

Centers for Disease Control and Prevention, Community Water Fluoridation Questions and Answers

http://www.cdc.gov/fluoridation/fact_sheets/cwf_ga.htm

American Dental Association, 10 Reasons to Fluoridate Public Water

http://www.ada.org/sections/newsAndEvents/pdfs/article_10reasons.pdf