Despite oral health advances of the past century, tooth decay remains the single most common chronic childhood disease. Untreated decay can lead to pain, illness, and even infection with the risk of death. Tooth decay is an infectious disease, and a lack of prevention can result in high dental costs for tooth restoration, extraction, and emergency room visits. This represents significant societal costs in avoidable dental and medical bills, lost productivity and missed educational opportunities.

Fortunately, community water fluoridation -- adjusting the fluoride concentration in the water supply to a level beneficial to reduce tooth decay and promote good oral health -- prevents cavities and saves money. A considerable body of scientific studies supports this, and the Centers for Disease Control and Prevention (CDC) has hailed community water fluoridation as one of the 20th Century’s greatest public health achievements.

Overwhelmingly, oral health professionals support community water fluoridation because it is safe, inexpensive, and it works. Fluoride is a naturally occurring mineral that prevents tooth demineralization and remineralizes tooth surfaces. This process prevents cavities from forming and slows the progress of existing cavities. Studies show that water fluoridation reduces tooth decay by about 25% over a person’s lifetime. Some communities enjoy naturally occurring levels of fluoride in their drinking water supply. Others must rely on water utility districts intentionally adjusting fluoride to levels beneficial for oral health. In the United States, we have over 65 years of experience in successful community water fluoridation. Yet, only twenty-seven states have met the Surgeon General’s Healthy People 2010 objective of 75% of their citizens with fluoridated water. Moreover, over one third of the American population has no access to this effective public health measure.

There has always been a small, but vocal, opposition to community fluoridation. Some opponents to community fluoridation point to toothpaste, mouth rinse and certain bottled waters as adequate for good oral health, in spite of evidence to the contrary. Recently, the US Department of Health and Human Services announced a reduction in the recommended level for community water fluoridation to adjust for the other dietary sources of fluoride.¹ These federal recommendations are a refinement, not a rebuke, of established science.

The National Network for Oral Health Access (NNOHA) represents dental providers who care for patients in the country’s community health centers, health care for the homeless programs, and other safety-net programs. NNOHA members see first-hand the painful and costly result of untreated tooth decay. That is why NNOHA strongly supports community water fluoridation and is working to expand the substantial health benefits community water fluoridation provides to the greatest number of people nationwide.

¹ [http://www.cdc.gov/fluoridation/fact_sheets/cwf_qa.htm](http://www.cdc.gov/fluoridation/fact_sheets/cwf_qa.htm)