Despite State Gains, Washoe County Has No Fluoridation Program

Reno Gazette-Journal / RGJ.COM

Tuesday, August 26, 2008

In January 1945, the city of Grand Rapids, Michigan became the first city to fluoridate its water supply. Other US cities slowly but steadily began to add fluoride to their drinking water in the 1950s and 1960s, and the number of people receiving fluoridated water grew sharply through the 1970s.

According to a recent report from the Centers for Disease Control and Prevention (CDC), nearly 70 percent of U.S. residents who get water from community water systems now receive fluoridated water. The proportion of the US population receiving fluoridated water increased from 62.1 percent in 1992 to 69.2 percent or 184 million Americans in 2006.

In a rare public health first, the Silver State had the largest percentage increase, rising from 2.1 percent of the state's population receiving fluoridated water in 1992 to 72 percent in 2006. Most of Nevada's progress is a product of water fluoridation efforts initiated by community water suppliers in Clark County in 2000.

Fluoridation has been a major factor responsible for the decline in the both the prevalence and severity of dental caries or tooth decay in the US during the past five decades. While rising standards of living and improved treatment technologies have also played key roles, the wide scale exposure of Americans to fluoridated drinking water and the subsequent, dramatic improvements in oral health represent one of the major public health achievements of the twentieth century.

Nevada law currently mandates the adoption of "regulations requiring fluoridation of all water delivered for human consumption in a county whose population is 400,000 or more."

In the case of Washoe County – which eclipsed that population threshold sometime in late 2005 or early 2006 according to population estimates prepared and certified by the Nevada State Demographer – it appears that water fluoridation will not occur for at least a couple of more years.

State policymakers have balked at using the state demographer's estimates as the trigger for Washoe County fluoridation implementation, despite the fact that those estimates are routinely used by the Nevada Department of Taxation and other state agencies for official business. Instead, they have decided to wait for the release of "official" US Census figures sometime in 2011 to confirm we've surpassed the 400,000 population mark.

Until that time, the public health community must contend with those in our community and state house who no longer view dental caries as a public health problem or water fluoridation as a necessary or effective public health intervention.

Equally important, we must also confront opponents of fluoridation who have argued that fluoridation infringes upon individual rights and believe that fluoridation of water presents health risks. Some opponents of fluoridation, for example, have peddled unsubstantiated nonsense linking fluoridation to Down Syndrome, SIDS or "sudden infant death syndrome," and HIV-AIDS.

A more legitimate concern is the cost of water fluoridation, since like many things emanating from Carson City, fluoridation is an unfunded mandate for local water authorities who would be charged with establishing and maintaining optimal fluoride levels.

However, a recent review of the cost of fluoridation concluded that the average cost for a community to fluoridate its water ranges from \$0.40 per person per year in large communities such as Las Vegas and San Francisco to approximately \$2.70 a year per person in smaller communities. In the case of Washoe County, the annual per capita cost would range somewhere between the price of a 20 ounce Coke and a liter of Mountain Dew.

Moreover, research indicates that for every dollar invested in community water fluoridation, an estimated \$38 to \$42 is saved in dental treatment costs. The price tag for preventable tooth loss and suffering is more difficult to gauge.

Water fluoridation thus remains the most equitable and cost-effective means of delivering fluoride to all members of community regardless of age, income or socioeconomic position – no small matter considering the protection against tooth decay provided by fluoridated drinking water to those in our community with limited access to prevention services.

While the voters of Washoe County handily defeated a ballot initiative to fluoridate county water supplies in 2002, I am confident that the only obstacle to the fluoridation in northern Nevada is time – the scientific track record, cost savings, and public health benefit of community-based water fluoridation are matters that have long since been settled.

John Packham, PhD is Director of the Nevada Rural Hospital Flexibility Program at the University of Nevada School of Medicine. He currently serves as the President of the Nevada Public Health Association.