

January 11, 2012

Mr. Paul Sharma
Manager, Oral Health
Middlesex-London Health Unit
50 King Street
London ON N6A 5L7

Dear Mr. Sharma,

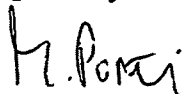
I am writing on behalf of the children and youth who come into the care of the London-Middlesex Children's Aid Society and would like to advocate on their behalf for the continuation of our city's water fluoridation program. I am unable to attend the upcoming public forum on January 25, 2012 but would like to submit my position in writing.

Children and youth in foster care are more likely to come from families living in poverty, of a lower socio-economic status and have very limited resources available to them for optimal health. These families are already vulnerable and face many challenges and barriers to medical and dental health. Dental neglect or failure to seek treatment for dental caries or periodontal disease is a common finding among children entering into foster care (1). City water is a resource that is readily available to all residents no matter what economic or health barriers they are facing. It is a resource that can have a direct, positive impact on the dental health of the infants, children and youth that I see entering into the foster care system.

I would like to emphasize that supporting water fluoridation is also the position of the Canadian Paediatric Society, the national authority on children's health (2).

It is in consideration of these infants, children and youth that I urge policy makers to continue to support fluoridation of our water.

Respectfully submitted,



Michelle Ponti MD FRCPC
Pediatrician
Medical Director London-Middlesex Children's Aid Society



References:

1. Canadian Paediatric Society. Community Paediatrics Committee. *Special considerations for the health supervision of children and youth in foster care* Paediatr Child Health 2008;13(2):129-32
2. Canadian Paediatric Society. Nutrition Committee. *The use of fluoride in infants and children* Paediatr Child Health 2002;7(8):569-72