

## Water Fluoridation meeting, London, 25/01/12

1. Oral health <sup>among children</sup> has been improving on average in the Canadian population over the last 30 years  
← benefits last into adult years
2. As with other aspects ~~measures~~ of health, these improvements have not been spread equally across the population.
3. Those gaining most improvement have tended to be those with already greater levels of oral health. This is because they have
  - lower risks of oral diseases
  - better access to dental careso the gaps in oral health between rich and poor (or insured and non-insured) increase over time
4. Water fluoridation has provided the ONLY means to date of reducing this growing social inequality.

\*Fluoridated communities have less oral health disparities between rich and poor groups

\*The introduction of water fluoridation has been associated with reductions in rich-poor inequalities in oral health

5. To remove water fluoridation would therefore condemn poorer groups, and particularly children, in the population to facing increased risks of oral disease and the impact that has on the incidence of pain and suffering, the risks of other medical conditions and the ability to function as productive members of society.
6. These groups already face large social inequities in access to services to prevent and treat disease because oral health care is not part of the Medicare programme.
7. Instead access to oral care is determined by ability to pay for care from private providers.

8. And the price non-insured groups pay for care is higher because of the taxation system which provides tax relief for employer based private insurance plans.
9. This means insured people pay for care out of pre tax income while non insured pay for the same care out of post tax dollars.
10. The cost of this tax subsidy is around \$4 billion dollars in benefits to privately-insured groups, around 8 times the ENTIRE public expenditure on dental care in Canada.
11. A decision to <sup>cease</sup> ~~remove~~ fluoridation at this time would be a decision to knowingly condemn families, and in particular children, from the poorest parts of the population to lives of increased pain and suffering, reduced opportunities to learn effectively, ~~and~~ contribute positively to society and increase the social divide in our communities.

12. Canada already lags behind our international peers in oral health status and access to oral health care. *We are the oral health equivalent of Greece in the advanced community*
13. While only 5 cents of every dollar spent on dental care comes from government in Canada, in countries like Japan, Germany and the UK, 50 cents of every dollar is contributed through public funds to support those with limited ability to pay for care.
14. The level of non attendance for dental treatment because of cost is around 1 in 5 in the UK for both rich and poor groups. In Canada only 1 in 6 people in the richest group do not attend because of cost <sup>compared to</sup> ~~but~~ 1 in every two people in poorer groups.
15. Canada is a first world economy providing third world attention to the protection, promotion and restoration of oral health in the population.
16. Oral health policy in Canada fails to provide reasonable access to preventive, maintenance

and restorative care to all Canadians. Water fluoridation is the only policy we have to mitigate the profound effects of this policy vacuum and provides incredible value for money in protecting the most vulnerable groups of the population from the effects of oral disease.

Do I want to abuse these children in this way.

If you care about the health of the next generation children in our country if you will vote to maintain a fluoridation program