Options for expanding community water fluoridation in New Zealand
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The expansion of community water fluoridation (CWF) in New Zealand has been recommended in a recent report from the Royal Society of NZ and the Office of the Prime Minister’s Chief Science Advisor.1

CWF is safe and cost-effective and, since only around half the New Zealand population live in areas with fluoridated water supplies, it has the potential to further reduce the burden of oral disease and reduce health inequalities in New Zealand.

Here we outline three key steps for expanding CWF in New Zealand:

• **Key role for Central Government**—Given the health benefits to the community (and financial benefits via the savings to taxpayers who pay for child dental care costs), there is a major role for central government action. This role could logically cover fully paying local government councils for providing CWF and potentially more of other water supply costs. Central Government could also legislate to require CWF in all district health board (DHB) areas except where a well-designed Statistics New Zealand (SNZ) run survey showed less than majority public support. Any such survey could follow a period of community consultation run by the relevant DHB (with appropriate information campaigns). This process would be superior to having referenda which sometimes engage only a minority of voters.

If instead of the above, the decision on CWF was delegated by Central Government to the 20 DHBs (and no longer the 67 territorial authorities), this could still involve DHB-led community consultation processes and SNZ-run surveys.

A strong central government role has been advocated for by the NZ Dental Association2 and the NZ Medical Association.3 A Health Select Committee report on child health 4 also recommended a shift in responsibility for CWF to the Ministry of Health and District Health Boards. Furthermore, after the issues over stopping/re-starting CWF by the Hamilton City Council and litigation involving other local territorial authorities, Local Government New Zealand requested that the central government take the lead and give responsibility for CWF to the Director General of Health.5

• **Research on public knowledge levels and citizen panels**—So that the public can make informed decisions in any community consultation processes, informed discussion is essential around issues of health benefits and risks, health inequalities reduction, and cost saving issues. Research around the knowledge gaps in regions without CWF may help inform how best to design future informational campaigns. There might also be a place for a citizen jury to consider the issues (as per a recent systematic review of such juries6 and a citizen jury in Australia that considered the issue of taxing soft drinks – which would benefit oral health as well as obesity control7).

• **Funding targeted mass media campaigns**—After research on the public knowledge issues (as per the above), central government could also run mass media campaigns to provide information for informed public decision-making in any community consultation processes at the DHB level. Such campaigns would ideally need to be evaluated carefully for effectiveness and cost-effectiveness in improving public knowledge of the issues – and only continued if they meet these criteria.
While expanding CWF is a key strategy to improve oral health in New Zealand, other plausible options exist. These include taxing sugary drinks, taxing snack foods, restricting the advertising of such products to children, and achieving the Government’s Smokefree 2025 goal (since smoking contributes to gum disease and oral cancer).

Competing interests: Nick Wilson was an unpaid panel member involved in the new OPMCSA/Royal Society Report on fluoridation.1 He previously authored a report on CWF for the Public Health Commission.8 Rob Beaglehole is the NZ Dental Association’s Spokesperson on Community Water Fluoridation.

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References


