



OLDHAM FAMILY DENTISTRY

— Cosmetic and Restorative Dentistry —

Dear Board of Commissioners,

Thank you for the opportunity to consider public input regarding community water fluoridation. I (we) agree that longstanding public health measures should be reviewed periodically with current evidence and local needs in mind.

After reviewing the scientific consensus and considering Johnston County's community health responsibilities- particularly protecting children, families, and residents with limited access to routine dental care, it remains clear that **optimally fluoridated community water is a safe, effective, equitable, and cost-saving public health intervention**. For Johnston County, the evidence strongly supports continuing fluoridation as an essential component of oral disease prevention.

Below are elements to consider regarding water fluoridation.

1) Fluoridation remains relevant in 2026-especially in Johnston County

Fluoridated toothpaste is widely available today. However, widespread availability does not guarantee consistent use, proper technique, stable access, or regular dental visits—particularly among vulnerable populations.

Community water fluoridation remains important because it:

- provides **continuous protection** against cavities across all ages
- benefits **children (or elderly) who may not have routine preventive dental care**
- reduces oral health disparities by reaching everyone, regardless of income or insurance status

Dental caries (tooth decay) remains one of the most common chronic diseases in children, and the consequences are not entirely cosmetic. Untreated tooth decay leads to pain, missed school, infections, and costly emergency treatment. Community fluoridation reduces these outcomes at the population level.

In Johnston County, where families span rural and suburban communities and access to preventive care varies significantly, **water fluoridation is one of the only prevention tools**



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that reaches every household daily without requiring appointments, transportation, or out-of-pocket cost.

2) Topical fluoride is not supported as a replacement for fluoridated water

Fluoride works both:

- **topically** (at the tooth surface) and
- **systemically at low levels via saliva** after consumption (the protective effect is predominantly topical over time)

Current public health guidance recognizes that community water fluoridation continues to reduce tooth decay even in communities where toothpaste is common.

Importantly, relying solely on toothpaste or dental office interventions creates an unequal system where those who are already well-served benefit most—while those with gaps in care fall further behind.

Fluoridated water is not meant to replace dental care; it **supports it**, like seatbelts support safe driving.

3) Dose variability is real-but not unique, and not evidence of harm at optimal levels

People consume different amounts of water. However, public health standards are built around **safe exposure ranges** and decades of monitoring.

Community water fluoridation in the U.S. follows the recommended level of **0.7 mg/L (ppm)**-a level designed to maximize cavity prevention while minimizing adverse effects. At this level, the primary known risk is mild dental fluorosis, typically cosmetic and often barely noticeable.

Risk-based concerns are taken seriously for all public health interventions (e.g., vitamin D fortification, iodine in salt, folic acid in grains). The existence of variation does not by itself justify eliminating a program when the **benefit-to-risk ratio remains strongly favorable**, as it does with fluoridation.



OLDHAM FAMILY DENTISTRY

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For infants specifically, families always retain the ability to reduce exposure if desired, including using ready-to-feed formula or mixing powdered formula with low-fluoride water—options already recommended and widely communicated.

4) The type of fluoride used (including hydrofluorosilicic acid) is regulated and safe

Water fluoridation chemicals used in the U.S. are required to meet rigorous standards and are monitored under safety and quality controls. The use of “unsafe industrial byproducts” is a common misconception.

Fluoride additives used in public water are tested and regulated to ensure they meet contaminant limits and are safe when used as intended. Trace contaminant concerns such as arsenic are addressed through strict standards and monitoring—drinking water overall is required to meet health-based regulations designed to protect the public.

In practice, what matters most is the final fluoride concentration in drinking water and compliance with water quality standards—which local utilities routinely test and report.

5) Population level prevention and public health responsibilities must be balanced with individual level strategies

Johnston County absolutely values informed decision-making, parental choice, and individual autonomy in healthcare. However, community health policy also has an obligation to protect the public from preventable harm—especially children.

Community fluoridation is not a medical treatment prescribed to individuals; it is a **population-level prevention strategy**, comparable to other accepted public health measures such as:

- sanitation standards
- disinfection of drinking water
- food fortification practices
- smoke-free indoor air policies



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Public health ethics recognizes that when a policy:

- is safe at regulated levels
- provides substantial population benefit
- reduces inequality
- and prevents harm and avoidable costs

...it can be appropriate to safeguard communities.

Removing fluoridation and shifting the burden to individuals would create a system where prevention depends on one's ability to afford, access, and consistently use other interventions.

6) School-based or “Opt-in” programs cannot replace fluoridated water

School programs, dental partnerships, and targeted sealant/varnish initiatives are all valuable—but they are not substitutes for fluoridated public water, because they:

- require staffing and funding
- depend on participation and consent logistics
- only reach certain age groups
- may miss children not attending school regularly
- do not cover the whole population (including adults and seniors)

Community water fluoridation is one of the few interventions that provides **broad, continuous prevention at scale.**

The best public health model is layered:

fluoridated water + dental care + school programs + education, not one versus the other.

7) Cost-effectiveness is a strong reason to continue fluoridation in Johnston County



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Fluoridation is consistently recognized as a cost-saving public health measure because it reduces:

- dental disease burden
- expensive restorative care
- emergency dental visits
- work and school absenteeism

Removing fluoridation often shifts costs to families, Medicaid, and safety-net systems, especially as decay rates rebound over time.

For Johnston County, continued fluoridation helps maintain prevention for the entire community, including families most impacted by the rising cost of healthcare.

8) Johnston County can support transparency *and* continue fluoridation

We agree with the spirit of public accountability and recommend continued public communication such as:

- publishing annual water quality/fluoride reporting clearly
- ensuring pediatric and family health messaging includes practical guidance
- expanding school-based preventive programs **in addition to** fluoridation
- regularly reviewing local oral health outcomes to guide county strategy

These steps improve trust and education without removing a proven prevention tool.

The Johnston County Board of Health's responsibility, in partnership with our county leadership, is to safeguard the health of the entire community using evidence-based, equitable, and effective measures. **Community water fluoridation remains one of the most studied and successful public health interventions in modern history**, with decades of data supporting its safety and cavity-prevention benefits.



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For Johnston County-where families and children depend on consistent preventive protection regardless of income or access to care-the evidence supports **continuing fluoridation** as part of a comprehensive oral health strategy.

Thank you for your time, and for your commitment to the health of Johnston County residents.

Respectfully,

J. Matthew Oldham, DDS

A handwritten signature in black ink that reads "J. Matthew Oldham". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.