

Cost

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68. Is water fluoridation a cost-effective and cost-saving method of preventing tooth decay?

Answer.

Yes. When compared to the cost of other prevention programs, water fluoridation is the most cost-effective means of preventing tooth decay for both children and adults in the United States. A number of studies over the past 15 years have attempted to place a specific dollar value on the benefit of fluoridation. These studies, conducted in different years (and therefore using different dollar values), encompassing different communities/populations and different methodologies have two conclusions in common: 1) for systems that serve more than 1,000 people, the economic benefit of fluoridation exceeds the cost and 2) the benefit-cost ratios increased as the size of the populations increase largely due to economies of scale.

Fact.

The cost of community water fluoridation varies for each community depending on the following factors.¹

1. Size of the community (population and water usage);
2. Number of fluoride injection points where fluoride additives will be added to the water system;
3. Amount and type of equipment used to add and monitor fluoride additives;
4. Amount and type of fluoride additive needed to reach the target fluoride level of 0.7 mg/L; its price, cost of transportation and storage; and
5. Expertise and preferences of personnel at the water plant.

In 2016, a study² led by researchers from the Colorado School of Public Health created a model of fluoridation program costs, savings, net savings and return on investment for the 2013 U.S. population with access to optimally fluoridated water systems that served 1,000 or more people. The researchers found that savings associated with individuals avoiding tooth decay in 2013 as a result of fluoridation were estimated at \$6.8 billion, or \$32.19 per person, for the more than 211 million people who had access to fluoridated water through community water systems serving more than 1,000 people that year. Based on the estimated cost of the systems to fluoridate (\$324 million), the net savings from fluoridation was estimated at \$6.5 billion and the estimated return on investment (ROI) averaged 20 to 1 across water systems of all sizes (from 1,000 to over 100,000 people with a ROI range of 15.5 to 26.2). However, it was noted that the cost per person to fluoridate can vary significantly among different sizes of communities based on a number of the factors outlined in the previous paragraph. Because of those variables, the researchers urged communities to inform their policy decisions by identifying their specific water system's annual cost and comparing that cost to the annual estimated per person savings (\$32.19) in averted treatment costs. The researchers noted that in 2013, while 211 million people had access to fluoridated water, more than 78 million people had access to a public water system that served 1,000 or more people that was not fluoridated. The study findings suggest that if those water systems had been fluoridated, an additional \$2.5 billion could have been saved as a result of reductions in tooth decay.²

The economic benefits of fluoridation were also reconfirmed in a systematic review³ conducted in 2013 by the Community Preventive Services Task Force which sought to update their prior review conducted in 2002⁴ which also found that fluoridation saved money. The 2013 review concluded that recent

evidence continues to indicate the economic benefit of fluoridation programs exceeds their cost. The review also noted that benefit-cost ratio increases with the population of the community.

Because of the decay reducing effects of fluoride, the need for restorative dental care is typically lower in fluoridated communities. Therefore, an individual residing in a fluoridated community will typically pay for fewer dental restorative services (such as fillings) during a lifetime. A study⁵ published in 2005, estimated the cost and treatment savings resulting from community water fluoridation programs in Colorado. The study also estimated the added savings if communities without water fluoridation initiated a fluoridation program. The study estimated a community fluoridation program generated treatment savings through prevented tooth decay of \$61 for every \$1 spent to fluoridate the community's water. On a state level, results indicated an annual savings of nearly \$150 million associated with the water fluoridation programs and projected a nearly \$50 million annual savings if the remaining 52 nonfluoridated water systems in Colorado were to implement water fluoridation programs.⁵

There are various types of dental restorations (fillings) commonly used for the initial treatment of tooth decay (cavities) including amalgam (silver) and composite resins (tooth-colored). In the 2016 study noted earlier², the most commonly used treatment was a two-surface composite resin restoration in posterior (back) permanent teeth. Considering the fact that in the United States the fee⁶ for a two-surface composite resin restoration in a permanent tooth placed by a general dentist typically ranges from \$165-\$305*, fluoridation clearly demonstrates significant cost savings. An individual can enjoy a lifetime of fluoridated water for less than the cost of one dental filling.

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*The Survey data should not be interpreted as constituting a fee schedule in any way, and should not be used for that purpose. Dentists must establish their own fees based on their individual practice and market considerations. The American Dental Association discourages dentists from engaging in any unlawful concerted activity regarding fees or otherwise.

When it comes to the cost of treating dental disease, everyone pays. Not just those who need treatment, but the entire community — through higher health insurance premiums and higher taxes. Cutting dental care costs by reducing tooth decay is something a community can do to improve oral health and save money for everyone. With the escalating cost of health care, fluoridation remains a community public health measure that saves money and so benefits all members of the community.

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The economic importance of fluoridation is underscored by the fact that the cost of treating dental disease frequently is paid not only by the affected individual, but also by the general public through services provided by health departments, community health clinics, health insurance premiums, the military and other publicly supported medical programs.⁷ For example, results from a New York State study published in 2010⁸ that compared the number of Medicaid claims in 2006 for cavity-related procedures in fluoridated and nonfluoridated counties showed a 33.4% higher level of claims for fillings, root canals and extractions in nonfluoridated counties as compared to such claims in fluoridated counties.⁸

Fluoridation contributes much more to overall health than simply reducing tooth decay. It prevents needless infection, pain, suffering and loss of teeth and saves vast sums of money in dental treatment cost — particularly in cases where dental care is received through surgical intervention in a hospital or through hospital emergency services.

In a study⁹ conducted in Louisiana, Medicaid-eligible children (ages 1-5) residing in communities without fluoridated water were three times more likely than Medicaid-eligible children residing in communities with fluoridated water to receive dental treatment in a hospital and the cost of dental treatment per eligible child was approximately twice as high. In addition

to community water fluoridation status, the study took into account per capita income, population and number of dentists per county.⁹

By preventing tooth decay, fluoridation also plays a role in reducing visits to hospital emergency rooms (ERs) for toothaches and other related dental problems where treatment costs are high. Most hospitals do not have the facilities or staff to provide comprehensive or even emergency dental care. Many patients receive only antibiotics or pain medication but the underlying dental problem is not addressed. In too many cases, the patient returns to the ER in a few days with the same problem or worse.

School-based dental disease prevention activities such as fluoride mouthrinse or tablet programs, professionally applied topical fluorides, dental health education and placement of dental sealants are beneficial but have not been found to be as cost-effective in preventing tooth decay as community water fluoridation.¹⁰ In 1985, the National Preventive Dentistry Demonstration Program¹⁰ analyzed various types and combinations of school-based preventive dental services to determine the cost and effectiveness of these types of prevention programs. Ten sites from across the nation were selected. Five of the sites had fluoridated water and five did not. Over 20,000 second and fifth graders participated in the study over a period of four years. Students were examined and assigned by site to one or a combination of the following groups:

- biweekly in class brushing and flossing plus a home supply of fluoride toothpaste and dental health lessons (ten per year);
- in-class daily fluoride tablets (in nonfluoridated areas);
- in-school weekly fluoride mouthrinsing;
- in-school professionally applied topical fluoride;
- in-school professionally applied dental sealants, and
- a control.¹⁰

After four years, approximately 50% of the original students were examined again. The study affirmed the value and effectiveness of community water fluoridation. At the sites where the community

water was fluoridated, students had fewer cavities, as compared to those sites without fluoridated water where the same preventive measures were implemented. In addition, while sealants were determined to be an effective prevention method, the cost of a sealant program was substantially more than the cost of fluoridating the community water demonstrating fluoridation as the most cost-effective preventive option.¹⁰

In an effort to balance budgets, decision makers sometimes make economic choices that amount to being “penny wise and pound foolish.” In other words, they cut an expense today that appears to be a sure money saver. But they fail to take a long-term view (or see the big picture) on the consequences of that action. They fail to see how money spent now can provide greater savings in the future. A decision to eliminate funding for a successful community water fluoridation program would be an example of that kind of action. Often decision makers are swayed by the promise of an alternative fluoride delivery system without considering who it will cover (and who it will not cover), how it will be administered and what it will cost. Examples of these alternative fluoride delivery programs include school-based fluoride mouthrinse programs, fluoride supplements, fluoride varnish and other professionally applied topical fluorides. Often dental health education programs including dispensing “free” toothbrushes and fluoridated toothpaste are mentioned as an alternative to fluoridation. All of these programs can be beneficial but are not as cost-effective as fluoridation programs because they typically require additional personnel to facilitate the programs, action on the part of the recipient and have much higher administrative and supply costs. Additionally, these programs typically target only children and so do not provide decay preventing benefits to adults. Fluoridation benefits all members of the community — children and adults — and is more cost-effective.

The CDC’s “Health Impact in 5 Years” (HI-5) initiative¹¹ launched in 2016 highlights community-wide approaches that have evidence reporting 1) positive health impacts, 2) results in five years and 3) cost-effectiveness or cost savings over the lifetime of the population or earlier. Fluoridation is one of the community approaches included in the HI-5 Initiative as it has great potential to help keep people healthy as it reaches all members of a community where they live, learn, work, and play. Documenting the impact

of fluoridation can be challenging partially because the beneficial effect is not immediately apparent.¹² Cost savings from fluoridation would be expected to increase over several years' time. The most notable decrease in tooth decay would be anticipated in young children who received the benefits of fluoridation over their lifetime in both their primary teeth and as their adult teeth begin to appear when the children are approximately six years old. More immediate savings could be realized in recently fluoridated communities as children who had once received fluoride supplements would no longer require these prescriptions which are typically recommended for children from six months to 16 years of age, whose primary drinking water source is not fluoridated and have been determined to be at high risk for tooth decay.

Benefits from the prevention of tooth decay can include:

- freedom from dental pain
- a more positive self-image
- fewer missing teeth
- fewer cases of poorly aligned tooth aggravated by tooth loss
- fewer teeth requiring root canal treatment
- reduced need for crown, bridges, dentures and implants
- less time lost from school or work because of dental pain or visits to the dentist

While some of these types of benefits are difficult to measure economically, they are extremely important.^{13,14}

Fluoridation remains the most cost-effective and practical form of preventing tooth decay in the United States and other countries with established municipal water systems. It is one of the very few public health measures that actually saves more money than it costs.^{13,15-17}

69. Why fluoridate an entire water system when the vast majority of the water is not used for drinking?

Answer.

It is more practical and less costly to fluoridate an entire water supply than to attempt to treat only the water that will be consumed.

Fact.

Water systems treat all the water supplied to communities to the same high standards, for disinfection, clarity or fluoridation, whether the water is to be used for washing dishes, washing a car, watering lawns, preparing food or drinking. Although not all that water needs to be disinfected, clarified or fluoridated, it is more practical and cost efficient to treat all the water delivered to the customer to the same standard.

Fluoride is only one of more than 40 different chemicals/additives that can be used to treat water in the United States. Many are added for aesthetic or convenience purposes such as to improve the odor or taste, prevent natural cloudiness or prevent staining of clothes or porcelain.¹⁸ The cost of additives for fluoridating a community's water supply is very low on a per capita basis; therefore, it is practical to fluoridate the entire water supply. It would be prohibitively expensive and impractical for a community to have two water systems — one that provided drinking water and another for all other water use (watering lawns, laundry, flushing toilets).

Many organizations that are concerned about water use, conservation and quality support the practice of water fluoridation. For example, the American Water Works Association, an international nonprofit scientific and educational association dedicated to the improvement of drinking water quality and supply, supports the practice of fluoridation of public water supplies.¹⁹

Cost References

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Fluoridation Facts contains answers to frequently asked questions regarding community water fluoridation. As ADA's premier resource on fluoridation, the booklet contains information regarding the latest scientific research in an easy to use question and answer format to assist policy makers and the general public in making informed decisions about fluoridation. Over 400 references are used to answer questions related to fluoridation's effectiveness, safety, practice and cost-effectiveness.

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From: Horsford, Jonathan (NIH/NIDCR) [E]
Sent: Mon, 12 Oct 20 22:36:17 +0000
To: D'Souza, Rena (NIH/NIDCR) [E]; Fox, Christopher (IADR)
Cc: Makyba Charles-Ayinde; Lindsey Horan
Subject: Re: Environmental Health News

Thanks Chris.

Sent from my mobile device
D. Jonathan Horsford, PhD
Acting Deputy Director
NIDCR/NIH

(b) (6)

From: Christopher H. Fox <(b) (6)>
Sent: Monday, October 12, 2020 6:13:20 PM
To: Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)> D'Souza, Rena (NIH/NIDCR) [E]
(b) (6)
Cc: Makyba Charles-Ayinde <(b) (6)> Lindsey Horan <(b) (6)>
Subject: Environmental Health News

Dear Jonathan and Rena (taking a guess at Rena's new NIH email address):

Please see the op-ed if you missed it last week:

<https://www.ehn.org/fluoride-and-childrens-health-2648120286.html?rebellitem=1#rebellitem1>

Contains the infamous video.

Linda Birnbaum one of the authors!

Chris

Christopher H. Fox, DMD, DMSc, Chief Executive Officer
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| IADR/AADR/CADR General Session & Exhibition | July 21-24, 2021 | Boston, Mass., USA |
| AADR/CADR Annual Meeting & Exhibition | March 23-26 2022 | Atlanta, Ga., USA |
| IADR/APR General Session & Exhibition | June 22-25, 2022 | Chengdu, CHINA |

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From: Makyba Charles-Ayinde
Sent: Wed, 23 Sep 2020 19:17:18 +0000
To: Fox, Christopher (IADR); Lindsey Horan; Horsford, Jonathan (NIH/NIDCR) [E]
Subject: Re: [FLUORIDERESPONDERS] Revised NTP Monograph

Dear Chris,

I plan to share with our SIC this afternoon.

Warm regards,

Makyba

Makyba Charles-Ayinde, PhD
Director of Science Policy,
International and American Association of Dental Research

From: Christopher H. Fox <(b) (6)>
Sent: Wednesday, September 23, 2020 3:10:28 PM
To: Lindsey Horan <(b) (6)> Makyba Charles-Ayinde <(b) (6)>
<(b) (6)> <(b) (6)>
Subject: FW: [FLUORIDERESPONDERS] Revised NTP Monograph

This is out now

Christopher H. Fox, DMD, DMSc, Chief Executive Officer
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From: Fluoride Responders <FLUORIDERESPONDERS@LISTSERV.AAP.ORG> **On Behalf Of** Matt Jacob
Sent: Wednesday, September 23, 2020 12:08 PM
To: FLUORIDERESPONDERS@LISTSERV.AAP.ORG
Subject: [FLUORIDERESPONDERS] Revised NTP Monograph

EXTERNAL EMAIL

The National Toxicology Program (NTP) has released a draft of its revised monograph on fluoride, which still concludes that "fluoride is presumed to be a cognitive neurodevelopmental hazard to humans." NTP says its conclusion is based "on a moderate level of evidence that shows a consistent and robust pattern of findings" in human research.

To access the full monograph, click on the link below and then scroll down to the "Draft Revised NTP Monograph."

<https://www.nationalacademies.org/event/10-19-2020/review-of-the-revised-ntp-monograph-on-fluoride-exposure-and-neurodevelopmental-and-cognitive-health-effects-meeting-2>

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From: Christopher H. Fox
Sent: Wed, 23 Sep 2020 19:10:28 +0000
To: Lindsey Horan; Makyba Charles-Ayinde; Horsford, Jonathan (NIH/NIDCR) [E]
Subject: FW: [FLUORIDERESPONDERS] Revised NTP Monograph

This is out now

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From: Fluoride Responders <FLUORIDERESPONDERS@LISTSERV.AAP.ORG> **On Behalf Of** Matt Jacob
Sent: Wednesday, September 23, 2020 12:03 PM
To: FLUORIDERESPONDERS@LISTSERV.AAP.ORG
Subject: [FLUORIDERESPONDERS] Revised NTP Monograph

EXTERNAL EMAIL

The National Toxicology Program (NTP) has released a draft of its revised monograph on fluoride, which still concludes that "fluoride is presumed to be a cognitive neurodevelopmental hazard to humans." NTP says its conclusion is based "on a moderate level of evidence that shows a consistent and robust pattern of findings" in human research.

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<https://www.nationalacademies.org/event/10-19-2020/review-of-the-revised-ntp-monograph-on-fluoride-exposure-and-neurodevelopmental-and-cognitive-health-effects-meeting-2>

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From: Christopher H. Fox
Sent: Tue, 22 Sep 2020 20:47:01 +0000
To: Horsford, Jonathan (NIH/NIDCR) [E]
Cc: Stredrick, Denise (NIH/NIDCR) [E]; Ventura, Jeff (NIH/NIDCR) [E]; lafolla, Timothy (NIH/NIDCR) [E]; Meister, Alissa (NIH/NIDCR) [E]; Lindsey Horan; Makyba Charles-Ayinde
Subject: RE: call for independent probe of Canadian research linking fluoride and lower IQ

All,

Another [news outlet](#) had a link to a dropbox with the letter, if you are interested in reading the concern:

<https://www.dropbox.com/s/7u0c92nciws92nf/York%20University%20September%202021%20%202020%20%281%29.docx?dl=0>

Chris

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Subject: RE: call for independent probe of Canadian research linking fluoride and lower IQ

EXTERNAL EMAIL

Interesting, thanks for sharing.

D. Jonathan Horsford, Ph.D.

Acting Deputy Director

NIDCR, NIH

Cell: (b) (6)

From: Christopher H. Fox <(b) (6)>
Sent: Tuesday, September 22, 2020 9:31 AM
To: Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>
Subject: call for independent probe of Canadian research linking fluoride and lower IQ

FYI:

<https://nationalpost.com/health/international-experts-call-for-independent-probe-of-canadian-research-linking-fluoride-and-lower-ig/wcm/4e2b0c79-57ed-47ad-8685-bf8d17b98847/amp/>

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From: Horsford, Jonathan (NIH/NIDCR) [E]
Sent: Thu, 27 Aug 2020 20:20:19 +0000
To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Lindsey Horan; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADOOCR & NIDCR
Attachments: Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled

The agenda will be attached and sent out prior to the meeting.

Join ZoomGov Meeting

(b) (6)

Meeting ID: (b) (6)

Passcode: (b) (6)

One tap mobile

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Dial by your location

(b) (6) US (San Jose)

(b) (6) US (New York)

Meeting ID: (b) (6)

Passcode: (b) (6)

Find your local number: (b) (6)

Join by SIP

(b) (6)

Join by H.323

(b) (6) (US West)

(b) (6) (US East)

Meeting ID: (b) (6)

Passcode: (b) (6)

To: Horsford, Jonathan (NIH/NIDCR) [E]; Tabak, Lawrence (NIH/OD) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Ventura, Jeff (NIH/NIDCR) [E]; Lindsey Horan; Gladman, Jordan (NIH/NINDS) [E]; Meister, Alissa (NIH/NIDCR) [E]; Makyba Charles-Ayinde
Cc: Simon, Dina (NIH/OD) [C]; Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: September 2020 AADR NIDCR Agenda.pdf

Attached is the agenda for the September meeting

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Simon, Dina (NIH/OD) [C]; Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: October 2020 AADR NIDCR Agenda.pdf, AGENDA AADR FFS Series 10-01-2020 External for Website.docx

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Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: December 2020 AADR NIDCR Agenda.pdf

The agenda will be attached and sent out prior to the meeting.
Moving the December meeting ONLY

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

Join ZoomGov Meeting

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: November 2020 AADR NIDCR Agenda.pdf

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Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: January 2021 AADR NIDCR Agenda.pdf, EB148_8-en Oral Health.pdf, B148_1(annotated)-en.pdf

The agenda is attached.

Dr. D'Souza has asked Dr. Horsford take the lead for NIDCR for this meeting. She may have the opportunity to listen in, during her move.

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: February 2021 AADR NIDCR Agenda.pdf

The agenda is attached.

Join ZoomGov Meeting

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Meeting ID: (b) (6)

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To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Lindsey Horan; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]; Meister, Alissa (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: March 2021 AADR NIDCR Agenda.pdf

**The agenda will be attached and sent out prior to the meeting.
We are moving the March 2021 monthly meeting.**

Join ZoomGov Meeting

(b) (6)

Meeting ID: (b) (6)

Passcode: (b) (6)

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Meeting ID: (b) (6)

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Join by SIP

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Join by H.323

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To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Lindsey Horan; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]; Meister, Alissa (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: May 2021 AADR NIDCR Agenda.pdf

The agenda is attached.

Join ZoomGov Meeting

(b) (6)

Meeting ID: (b) (6)

Passcode: (b) (6)

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Meeting ID: (b) (6)

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(b) (6) (US West)

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Meeting ID: (b) (6)

Passcode: (b) (6)

To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Lindsey Horan; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]; Meister, Alissa (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: April 2021 AADR NIDCR Agenda.pdf

The agenda will be attached and sent out prior to the meeting.
These are in place of the in-person meetings.

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

Join ZoomGov Meeting

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Meeting ID: (b) (6)

Passcode: (b) (6)

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To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Lindsey Horan; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]; Meister, Alissa (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: June 2021 AADR NIDCR Agenda.pdf

The agenda is attached.

Join ZoomGov Meeting

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Meeting ID: (b) (6)

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Meeting ID: (b) (6)

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To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Lindsey Horan; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADOCR & NIDCR
Attachments: August 2021 AADOCR NIDCR Agenda.pdf

Attached is agenda

Join ZoomGov Meeting

(b) (6)

Meeting ID: (b) (6)

Passcode: (b) (6)

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Meeting ID: (b) (6)

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Meeting ID: (b) (6)

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From: Horsford, Jonathan (NIH/NIDCR) [E]
Sent: Thu, 27 Aug 2020 20:20:19 +0000
To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Lindsey Horan; Meister, Alissa (NIH/NIDCR) [E]; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled

The agenda will be attached and sent out prior to the meeting. These are in place of the in-person meetings.

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Simon, Dina (NIH/OD) [C]; Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: September 2020 AADR NIDCR Agenda.pdf

Attached is the agenda for the September meeting

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Simon, Dina (NIH/OD) [C]; Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: October 2020 AADR NIDCR Agenda.pdf, AGENDA AADR FFS Series 10-01-2020 External for Website.docx

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Cc: Susan Douglas
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Attachments: December 2020 AADR NIDCR Agenda.pdf

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: January 2021 AADR NIDCR Agenda.pdf, EB148_8-en Oral Health.pdf, B148_1(annotated)-en.pdf

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Dr. D'Souza has asked Dr. Horsford take the lead for NIDCR for this meeting. She may have the opportunity to listen in, during her move.

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: March 2021 AADR NIDCR Agenda.pdf

**The agenda will be attached and sent out prior to the meeting.
We are moving the March 2021 monthly meeting.**

Join ZoomGov Meeting

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Meeting ID: (b) (6)

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To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Lindsey Horan; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]; Meister, Alissa (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: May 2021 AADR NIDCR Agenda.pdf

The agenda is attached.

Join ZoomGov Meeting

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: April 2021 AADR NIDCR Agenda.pdf

The agenda will be attached and sent out prior to the meeting.
These are in place of the in-person meetings.

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: June 2021 AADR NIDCR Agenda.pdf

The agenda is attached.

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From: Horsford, Jonathan (NIH/NIDCR) [E]
Sent: Thu, 27 Aug 2020 20:20:19 +0000
To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Lindsey Horan; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADOOCR & NIDCR
Attachments: Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled

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To: Horsford, Jonathan (NIH/NIDCR) [E]; Tabak, Lawrence (NIH/OD) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Ventura, Jeff (NIH/NIDCR) [E]; Lindsey Horan; Gladman, Jordan (NIH/NINDS) [E]; Meister, Alissa (NIH/NIDCR) [E]; Makyba Charles-Ayinde
Cc: Simon, Dina (NIH/OD) [C]; Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: September 2020 AADR NIDCR Agenda.pdf

Attached is the agenda for the September meeting

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Simon, Dina (NIH/OD) [C]; Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: October 2020 AADR NIDCR Agenda.pdf, AGENDA AADR FFS Series 10-01-2020 External for Website.docx

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Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: December 2020 AADR NIDCR Agenda.pdf

The agenda will be attached and sent out prior to the meeting.
Moving the December meeting ONLY

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: November 2020 AADR NIDCR Agenda.pdf

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Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: January 2021 AADR NIDCR Agenda.pdf, EB148_8-en Oral Health.pdf, B148_1(annotated)-en.pdf

The agenda is attached.

Dr. D'Souza has asked Dr. Horsford take the lead for NIDCR for this meeting. She may have the opportunity to listen in, during her move.

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: February 2021 AADR NIDCR Agenda.pdf

The agenda is attached.

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: March 2021 AADR NIDCR Agenda.pdf

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: May 2021 AADR NIDCR Agenda.pdf

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: April 2021 AADR NIDCR Agenda.pdf

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: June 2021 AADR NIDCR Agenda.pdf

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Cc: Susan Douglas
Attachments: August 2021 AADOCR NIDCR Agenda.pdf

Attached is attached. These are in place of the in-person meetings.

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Attachments: Untitled, Untitled, Untitled, Untitled, Untitled, Untitled

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Cc: Simon, Dina (NIH/OD) [C]; Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: September 2020 AADR NIDCR Agenda.pdf

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Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Ventura, Jeff (NIH/NIDCR) [E]; Lindsey Horan; Meister, Alissa (NIH/NIDCR) [E]; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: November 2020 AADR NIDCR Agenda.pdf

The agenda is attached.
These are in place of the in-person meetings.

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: January 2021 AADR NIDCR Agenda.pdf, EB148_8-en Oral Health.pdf, B148_1(annotated)-en.pdf

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: February 2021 AADR NIDCR Agenda.pdf

The agenda is attached.

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From: Horsford, Jonathan (NIH/NIDCR) [E]
Sent: Thu, 27 Aug 2020 20:20:19 +0000
To: Horsford, Jonathan (NIH/NIDCR) [E]; Christopher Fox; Stredrick, Denise (NIH/NIDCR) [E]; Lindsey Horan; Meister, Alissa (NIH/NIDCR) [E]; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]
Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: Untitled, Untitled, Untitled, Untitled, Untitled, Untitled

The agenda will be attached and sent out prior to the meeting.
These are in place of the in-person meetings.

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Simon, Dina (NIH/OD) [C]; Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: September 2020 AADR NIDCR Agenda.pdf

Attached is the agenda for the September meeting

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

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Cc: Simon, Dina (NIH/OD) [C]; Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: October 2020 AADR NIDCR Agenda.pdf, AGENDA AADR FFS Series 10-01-2020 External for Website.docx

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: December 2020 AADR NIDCR Agenda.pdf

The agenda will be attached and sent out prior to the meeting.
Moving the December meeting ONLY

Topic: Monthly Virtual ZOOM Mtg between AADR & NIDCR

Join ZoomGov Meeting

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Cc: Susan Douglas
Subject: Monthly Virtual Mtg between AADR & NIDCR
Attachments: November 2020 AADR NIDCR Agenda.pdf

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From: Lindsey Horan
Sent: Thu, 27 Aug 20 19:51:26 +0000
To: Horsford, Jonathan (NIH/NIDCR) [E]; Stredrick, Denise (NIH/NIDCR) [E]; Meister, Alissa (NIH/NIDCR) [E]; Gladman, Jordan (NIH/OD) [E]
Cc: New, Suzanne (NIH/NIDCR) [E]; Susan Douglas; Fox, Christopher (IADR); Makyba Charles-Ayinde
Subject: NIDCR-AADR Meeting Agenda - September 1, 2020
Attachments: September 2020 AADR NIDCR Agenda.pdf

Good afternoon, NIDCR team,

Please find attached the agenda for next week's AADR/NIDCR meeting. As always, let us know if you have any questions.

We look forward to speaking with you then.

Sincerely,

Lindsey Horan, M.A., Assistant Director of Government Affairs

International & American Associations for Dental Research

1619 Duke Street, Alexandria, VA 22314-3406, USA

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Upcoming Meetings:

NEW DATE

IADR/AADR/CADR General Session & Exhibition

AADR/CADR Annual Meeting & Exhibition

IADR/APR General Session & Exhibition

July 21-24, 2021

March 23-26, 2022

June 22-25, 2022

Boston,

Mass., USA

Atlanta, Ga.,

USA

Chengdu,

CHINA

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American Association
for Dental Research

NIDCR – AADR Monthly Meeting

Tuesday, September 1, 2020

4:00 p.m. ET

AGENDA

Tabak, Horsford, Stredrick, Ventura, Meister, Gladman, Fox, Charles-Ayinde, and Horan

1. Latest Information on COVID-19 Research
 - a. Updates from NIDCR
 - b. Updates from AADR
2. Science Policy Update
 - a. ISEE Fluoride Session
 - b. Revised NTP Report/NASEM Review
3. Legislative Update
4. NIDCR Updates
 - a. Dr. D'Souza Anticipated Start Date
 - b. NIDCR Council Meeting: September 10

+1.703.548.0066
+1.703.548.1883
1619 Duke Street
Alexandria, VA 22314-3406, USA
www.aadr.org

From: Christopher H. Fox
Sent: Thu, 27 Aug 20 20 14:17:20 +0000
To: Horsford, Jonathan (NIH/NIDCR) [E]
Subject: RE: NTP Revised Report

Thanks. Yes, that video is causing much consternation in dental public health circles.

Christopher H. Fox, DMD, DMSc, Chief Executive Officer
International Association for Dental Research | www.iadr.org
American Association for Dental Research | www.aadr.org
1619 Duke Street, Alexandria, VA 22314 3406, USA
T: + (b) (6) | F: + (b) (6) | E: (b) (6)
Publishers of Journal of Dental Research and JDR Clinical & Translational Research

Original Message-

From: Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>
Sent: Thursday, August 27, 2020 8:35 AM
To: Christopher H. Fox <(b) (6)>
Subject: RE: NTP Revised Report

EXTERNAL EMAIL

Chris, yes I do know about the presentation. And there is well crafted video.

In terms of the NTP report it seems to be much the same. We will see what NASEM has to say.

D. Jonathan Horsford, Ph.D.
Acting Deputy Director
NIDCR, NIH
Cell: (b) (6)

Original Message

From: Christopher H. Fox <(b) (6)>
Sent: Wednesday, August 26, 2020 6:48 PM
To: Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>
Subject: Re: NTP Revised Report

Sorry, ISEE not IEEE.

Sent from Christopher Fox's iPhone. Pardon the brevity.

> On Aug 26, 2020, at 6:46 PM, Christopher H. Fox <(b) (6)> wrote:
>
> Hi Jonathan,
>
> Do you have any update on the NTP revised report on fluoride and neurotoxicity?
>
> I heard on a call today that the report was "done" and it will show even stronger evidence for fluoride as a
neurotoxin than the original version. Although the person said they hadn't seen themselves, but they had it on good
authority.
>
> Is this true or just a rumor?
>

> Thanks for any info you can provide.

>

> I assume you also know about the presentation tomorrow morning at the IEEE meeting by Christine Till et al?

>

> Chris

>

>

> Sent from Christopher Fox's iPhone. Pardon the brevity.