A Message from the Editor

This year is a landmark for public health—the 65th anniversary of drinking-water fluoridation in the United States. On January 25, 1945, Grand Rapids, Michigan, added fluoride to its municipal water system, marking the beginning of community water fluoridation. Since then, Americans have benefited from this important public health intervention with its well-known effectiveness in preventing and controlling tooth decay and tooth loss, with each successive generation experiencing better dental health than the previous one. The benefits of fluoridation now reach more than 70% of the U.S. population served by community water systems.[1]

After fluoride's oral health benefits were recognized in the 1930s, the next step was to achieve optimal levels in community water supplies. This work began in 1943 with an article by Ast in *Public Health Reports*, in which he proposed a study to assess the relationship between fluoridation and tooth decay by "deliberately placing nontoxic doses of sodium fluoride in the public drinking water of a community, and using a comparable community with fluoride-free water as a control."[2] Subsequent studies using this design were conducted in four communities, including Grand Rapids. The overall results of these studies showed a dramatic decline in tooth decay in communities with fluoridated water. In 1951, the National Academy of Sciences' National Research Council reviewed the results and declared water fluoridation to be safe, effective, and beneficial. That same year, then-U.S. Surgeon General Leonard Andrew Scheele gave his endorsement of community water fluoridation, leading to its widespread adoption by many other communities.

The benefits of fluoridation continue to be recognized. As noted in *Oral Health in America: A Report of the Surgeon General*, community water fluoridation continues to be the most cost-effective protection against tooth decay.[3] It's so effective and safe that the Centers for Disease Control and Prevention listed community water fluoridation as one of the 10 great public health achievements of the 20th century.[4]

In this issue of *PHR*, two articles reinforce the benefits of water fluoridation for good dental health. First, Kumar et al. (see p. 647–54) used Medicaid data for children in New York State to show that the mean number of dental procedures per recipient was about 33% higher in less fluoridated counties. The authors also found that the mean number of claims per child for caries-related services was inversely correlated to the extent of fluoridation in a county. In the second article, Armfield (see p. 655–64) compared the prevalence of dental decay with and without fluoridation among children in Australia. He found that children from every age group had higher caries prevalence in areas with negligible fluoride concentrations. Both studies reinforce the importance and continued need for community water fluoridation to protect against tooth decay.

I also want to mention that *PHR* has modified its author guidelines. Among these changes is the general reduction in manuscript size to 3,000 words. The revised guidelines can be found on the last page of this and every issue or accessed online at www.publichealthreports.org.

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