

Mosaic



THE  CANADIAN
ASSOCIATION OF PUBLIC
HEALTH DENTISTRY

ASSOCIATION 
DE LA SANTÉ DENTAIRE
PUBLIQUE

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Community Water Fluoridation Programs: Evidence Highlights from the CADTH Health Technology Assessment

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The use of community water fluoridation (CWF) programs to prevent dental caries and promote oral health won't be new to readers here, but what you might not know is that CADTH, the Canadian Agency for Drugs and Technologies in Health, recently undertook a comprehensive review of CWF. CADTH is an independent agency that finds, assesses, and summarizes the research on drugs, diagnostic tests, medical, dental, and surgical devices, procedures, and interventions. If this in any way sounds familiar, the Summer 2018 edition of Mosaic had an announcement from the Office of the Chief Dental Officer, which highlighted the CADTH review.

While public health and oral health organizations, and about 60% of the Canadian public, view CWF as an effective, safe, and equitable means of improving and protecting the oral health of populations, CWF is a controversial topic. These concerns and controversies influence discussions and decisions around the adoption and the discontinuation of CWF programs. The goal of this health technology assessment (HTA) is to provide decision-makers with comprehensive and objective evidence regarding CWF in Canada. CADTH's review sought to address whether CWF should be encouraged and maintained in Canada through an assessment of its effectiveness and safety,(1) economic considerations,(2) implementation issues,(3) environmental impact,(4) and ethical considerations.(5)

The review of the health outcomes literature found consistent evidence that water fluoridation at current Canadian levels was associated with a reduced level in dental caries and improved oral health in children and adults. There was insufficient evidence to evaluate the impact of stopping CWF programs on children's dental caries experience. There was consistent evidence that with increasing levels of fluoride in the drinking water there was an increase in the prevalence of dental fluorosis; however, this condition is rare among Canadian children.(6) CADTH examined 22 additional, non-dental outcomes to determine whether CWF is associated with other health conditions. For hip fracture, bone cancer, rates of cancer, and cancer-related death, there was consistent evidence that these conditions are not associated with CWF. For Down syndrome, IQ, >

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and cognitive function, there was limited evidence that these outcomes are not associated with CWF at the current Canadian levels. There was limited evidence that CWF was associated with lower incidence of emergency admissions for kidney stones. For the remaining 15 potential outcomes there was insufficient evidence — few studies and of poor quality, or mixed results — to determine an association between CWF and these outcomes.

CADTH's budget impact analysis captured a range of costs including CWF operations, caries treatment, and transportation and productivity loss costs associated with treating caries. Multiple budget holders were considered, including federal, provincial and territorial, municipal, and private budgets (e.g., private dental insurance and out-of-pocket costs). The analysis found that introducing or continuing a CWF program in Canadian municipalities resulted in cost savings compared to not introducing a CWF program or stopping an existing CWF program. With regards to the different budget holders, implementing CWF programs is cost saving for federal, provincial, territorial, and private budget holders, but often at the expense of municipalities.

From the review of implementation considerations in this HTA, several relevant populations of interest were identified of those who often have special oral health needs, including children, Indigenous children, new Canadians, and the working poor. The interests of these populations should be considered during discussion and decisions around CWF programs. More generally, CWF programs are available to those who use municipal water supplies, but not all Canadians have access to municipal water, and not every municipal water supply is fluoridated. Rural and remote areas may be challenged in their access to fluoridated water and often have less access to oral health care.

The systematic review of the ethics literature uncovered very different views regarding the benefits and harms of CWF. Common views of those opposing CWF include: the addition of fluoride to drinking water is done without the consent of people who might drink that water; there is little evidence of benefit for CWF; CWF is harmful; CWF does not help certain groups who lack access; it is not the role of governments to provide CWF programs. Those in favour of CWF often view the restrictions on individual choice as justified because of its benefits. They may believe that there is good evidence that CWF is beneficial and has few harms. Also, that CWF improves the health of those in society who are less well

off, and it is appropriate for governments to promote the health of populations. CADTH's review found that CWF was ethically justifiable from a public health perspective because of its health benefits and equitable approach.

A review of environmental literature explored environmental issues associated with CWF programs. While CWF contributes to fluoride in the environment, it's estimated that less than 1% of the total fluoride released into Canadian waters and soils is from CWF. Based on the environmental assessment, unacceptable risks to plants and animals exposed to fluoride from CWF are not expected. CWF is not a large source of fluoride; it may take a long time to build up significant amounts of fluoride in the environment. The long-term impact of the continual addition of fluoride from community water is unknown. This newsletter provides a brief snapshot of the evidence; the full reports are available on the CADTH website, see: <https://cadth.ca/community-water-fluoridation-programs-health-technology-assessment>

And if you would like to learn more about CADTH, visit www.cadth.ca, follow us on Twitter @CADTH_ACMTS, or speak to a Liaison Officer in your region: <https://cadth.ca/contact-us/liason-officers>. 🍁

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President's Message

Message du Président

Dr. Mario Brondani, Ph. D.

As my second and final year as the Canadian Association of Public Health Dentistry president comes to an end, it is time to reflect critically on the past 24 months. As your national voice for dental public health in Canada, CAPHD continued to be dedicated to improving the oral health of all Canadians and ensuring oral health equity is promoted within Canada, to all Canadians. It is on the issue of access to oral health care that I take this opportunity to reflect on our past and present accomplishments.

The ever-changing Canadian demographics and political scene, particularly with the 2019 elections taking place at provincial and national levels, offered a great platform for advocacy and leadership to ensure that all voices are heard. For example, CAPHD co-signed a position statement on tobacco, vaping and cannabis together with the Canadian Dental Association, supported Bill S-228 to amend the Food and Drugs Act to prohibit food and beverage marketing directed at children, and offered letters of support to municipalities hoping to continue or to re-state community water fluoridation to its members. We are also signing another position statement on access to oral health care. In fact, the issue of access to oral health care remains the front and center for us, and we were very proactive in participating at local and national discussions around this issue, which culminated with a co-signed letter with the Canadian Association of Community Health Centers to all the 2019 Federal political parties asking What steps will your party take to help get people out of dental pain and ensure dental care for all?

One of our main CAPHD event includes the annual conference. As passionate volunteers, we are working hard to make sure that the conference is current and keeps you interested, engaged and of course, challenged. As we move from Vancouver 2018 to Toronto in 2019, we have listened to your suggestions and have built a program that will be

addressing, for example, issues around mental health and cannabis, as suggested by you. As we make our annual conference for our members, we encourage your continued participation and support. Stay tuned for updates!

None of our advocacy efforts could have been possible without you, our members and volunteers. The CAPHD remains focused on growing our membership with oral health providers, allied members, activists, oral health champions and many other professionals who are committed to dental public health in Canada. As we move forward and face new and old challenges, I am confident that together with you, the CAPHD will continue to advocate for dental public health issues and access to care across Canada.

I would like to extend my sincere thanks to all our collaborators and members who remain the real champions of dental public health in Canada, and our tireless Board of Directors. I would like to assure you that CAPHD will keep fostering diversity, open dialogue, ensuring transparency and accountability, supporting our current and new members; and exchanging proactive ideas with government, institutions, organizations, universities and agencies from coast to coast to coast. Until next time! 🍁

CALL FOR DIRECTORS

**Interested in making a difference in Canadian
Dental Public Health?**

CAPHD is seeking director nominations
for five director positions.

NOMINATIONS DUE AUGUST 16, 2019

[http://www.caphd.ca/sites/default/files/
Nomination_Call_BOD_2019_0.pdf](http://www.caphd.ca/sites/default/files/Nomination_Call_BOD_2019_0.pdf)

DENTAL CARE FOR ALL

CAPHD Board Of Directors & Policy Advocacy Committee

In this Federal Election coming up in October,
Let's Talk about Dental Care for All!

The Canadian Association of Public Health Dentistry and the Canadian Association of Community Health Centres have developed a Federal Policy 'ask' regarding Oral Health. **"A MADE IN CANADA SOLUTION TO DELIVER DENTAL CARE FOR ALL" FACT SHEET** in this newsletter is a summary of the "ask". It can also be found on the [CAPHD website](#).



SHARE the fact sheet with colleagues and clients at staff meetings, member/client newsletters, on reception office walls.



USE the fact sheet with your local dental coalition/partner by meeting with local MP and candidates. **ASK** each candidate:

"What steps will your party take to help get people out of dental pain and ensure dental care for all?"



WRITE an Op Ed adding local stories to your newspaper using the fact sheet.



TWEET #dentalcareforall
#cdnpoli
#CanadaElection2019
#elxn43



RAISE THE ISSUE with local candidates. Ask the question on the fact sheet at 'All Candidates meetings'.

Please let us know if you meet with any of your local federal candidates or have any questions.

info@caphd.ca

DENTAL
CARE FOR ALL
FACT SHEET

FEDERAL ELECTION 2019 NEEDED: A MADE-IN-CANADA SOLUTION TO DELIVER DENTAL CARE FOR ALL

THE PROBLEM

- Across Canada every year an estimated 6 million Canadians don't see a dentist because they can't afford it.
- Too many people in our communities are experiencing dental pain and suffering because they can't afford basic dental care.
- You can't work or look for a job if you've got a dental abscess or missing front teeth.
- You can't be truly healthy if you have diseased teeth and gums.
- But Medicare doesn't cover the cost of care for our teeth and gums.

In this 2019 election we call on all federal parties to commit to help fill the gap in access to dental care experienced by 1 in every 5 Canadians.

Parties with a platform commitment to deliver dental care for all will emerge as leaders in building the 21st century public healthcare system we need.

THE COSTS

For our healthcare system



Many people turn in desperation to doctors' offices and hospital emergency rooms – but they can't get dental treatment there. This costs

us all. For example, in Ontario it **costs over \$38 million annually** in avoidable healthcare visits for dental problems that should be treated by a dentist.

For people's health

1 in 5 Canadians cannot afford dental care. Bad oral health makes chronic diseases like diabetes, cardiovascular disease and respiratory disease even more severe. The most common surgery on young children at most pediatric hospitals is for tooth decay.



For productivity



Every year an estimated **2.26 million school days** for children and **4.15 million work days** for adults are lost due to dental visits or dental sick days.

For the future

About **1 in every 3 Canadians does not have dental insurance.** This number will grow as baby boomers become seniors, and more people work in the gig economy without dental benefits. The affordability of dental care is a growing concern for low and middle-income Canadians



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Each province and territory has some limited public dental program for specific groups of people: low income children; people on welfare; and in some cases, low income seniors. There are no public dental programs in Canada for low income adults. Some provinces are exploring how to expand public dental programs to fill the gaps.

WHAT WE WANT THE NEXT FEDERAL GOVERNMENT TO DO

- It's not fair that only people who can afford private dental care can have healthy teeth and gums.
- We need to ensure that all Canadians can get the dental care they need to be pain free, healthy and well.
- The federal government must recognize access to dental care as a health issue. Step up to help fill the gap experienced by 1 in 5 Canadians who cannot afford private dental care.
- Commit to invest at least \$600 million annually to support provinces/territories to expand their public dental programs for people who are not covered by private dental plans and cannot afford dental care.
- Allocate funding to the provinces/territories on a per capita basis for programs that reflect these principles:
 - Equity – target people in need without dental insurance to ensure that everyone has access to prevention, treatment and emergency dental care, either through an employer, private plan or the public dental plan.
 - Cost-effectiveness – program delivery through a mixed model of private and public dental clinics.
 - Accessibility – expanded capacity for Community Health Centres and public health dental clinics/dental buses to ensure low income and marginalized people truly get the care they need with supports such as transportation, interpretation and links to health and social services.
- Make a specific commitment to address the extremely high rates of dental decay experienced by Indigenous people. Tackle the geographic, language and socio-cultural barriers to care.



ELECTION 2019: ASK CANDIDATES:

Have you ever experienced dental pain? What would you do if you were 1 of the 6 million Canadians who can't afford to see a dentist for treatment?

What steps will your party take to help get people out of dental pain and ensure dental care for all?



Canadian Association of Public Health Dentistry
Association canadienne de la santé dentaire publique

L'Association canadienne des
centres de santé communautaire



Canadian Association
of Community Health Centres

SOINS
DENTAIRES
POUR TOUS
FICHE
DESCRIPTIVE

ÉLECTION FÉDÉRALE 2019

BESOIN : UNE SOLUTION TOUTE CANADIENNE POUR DES SOINS DENTAIRES POUR TOUS

LE PROBLÈME

- Chaque année, quelque six millions de Canadiens ne font aucune visite chez le dentiste parce qu'ils n'en ont pas les moyens.
- Les gens dans nos communautés sont beaucoup trop nombreux à ressentir de la douleur dentaire et à souffrir, simplement parce qu'ils ne peuvent se payer des soins dentaires de base.
- On peut difficilement travailler ou trouver un emploi avec un abcès dentaire ou des dents antérieures manquantes.
- On ne peut pas non plus être réellement en santé avec des dents et des gencives malades.
- Le régime d'assurance maladie ne couvre pas les soins buccodentaires.

En cette année électorale, nous appelons tous les partis fédéraux à s'engager à agir pour résoudre ce problème qu'est le manque d'accès aux soins dentaires, problème qui touche un Canadien sur cinq.

Les partis qui s'engagent, dans le cadre de leur programme, à garantir l'accès à des soins dentaires pour tous s'imposeront en tant que leaders et contribueront à l'établissement du système public de soins de santé qu'il nous faut en ce 21^e siècle.

LES COÛTS

Pour notre système de santé



Bien des gens se tournent en désespoir vers les médecins et les services d'urgence dans les hôpitaux, là où il n'est pourtant pas possible d'obtenir des soins dentaires.

Cela est coûteux pour nous tous. En Ontario, par exemple, les coûts qu'entraînent les visites à une clinique ou à l'hôpital pour des problèmes dentaires qui ne peuvent être traités que par un dentiste **s'élèvent à plus de 38 millions de dollars par année.**

Pour la santé de la population

Un Canadien sur cinq n'a pas les moyens de se payer des soins dentaires. Une mauvaise hygiène buccodentaire aggrave les maladies chroniques telles que le diabète, les maladies cardiovasculaires et les maladies respiratoires. Dans la majorité des hôpitaux pour enfants, la carie dentaire est la cause la plus fréquente des interventions chirurgicales chez les jeunes enfants.



Pour la productivité



Selon les estimations, les rendez-vous et les congés de maladie associés à des problèmes dentaires représentent chaque année **2,26 millions de jours d'école** manqués par les enfants et **4,15 millions de jours de travail** manqués dans le cas des adultes.

Pour l'avenir

Un Canadien sur trois environ n'a pas d'assurance dentaire. Ce nombre augmentera avec le vieillissement des baby-boomers, sans compter que de plus en plus de gens ont un emploi temporaire ou sont des travailleurs autonomes, et n'ont donc pas d'assurance dentaire. Le coût des soins dentaires devient une source d'inquiétude de plus en plus grande pour les Canadiens à faible revenu et à revenu moyen.



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Chaque province et chaque territoire a un programme de soins dentaires public limité pour des groupes de population précis, comme les enfants de familles à faible revenu, les bénéficiaires d'aide sociale et, dans certains cas, les personnes âgées à faible revenu. Il n'existe aucun programme dentaire public au Canada pour les adultes à faible revenu. Certaines provinces se penchent sur les façons d'élargir les programmes dentaires publics pour combler les écarts dans l'accès aux soins dentaires.

CE QUE NOUS VOULONS DU PROCHAIN GOUVERNEMENT FÉDÉRAL

- Il est injuste que les personnes qui ont les moyens de se payer des soins dentaires au privé soient les seules à pouvoir avoir des dents et des gencives saines.
- Nous devons veiller à ce que tous les Canadiens aient accès aux soins dentaires dont ils ont besoin pour ne pas ressentir de douleur et être en santé.
- Le gouvernement fédéral doit reconnaître le manque d'accès aux soins dentaires comme un enjeu sanitaire. Il doit agir pour corriger ce manque d'accès avec lequel 20 % des Canadiens doivent composer, n'ayant pas les moyens de se payer des soins dentaires au privé.
- Nous demandons au gouvernement de s'engager à investir au moins 600 millions de dollars par année pour aider les provinces et territoires à élargir leurs programmes de soins dentaires publics pour les personnes qui ne sont pas couvertes par des régimes d'assurance dentaire privés et qui ne peuvent se permettre des soins dentaires.
- Le gouvernement fédéral doit attribuer des fonds aux provinces et aux territoires en fonction du nombre d'habitants pour des programmes qui reflètent les principes suivants :
 - Équité – viser les personnes dans le besoin qui n'ont pas d'assurance dentaire pour garantir l'accès à des soins dentaires pour tous, que ce soit en prévention, des traitements ou des soins d'urgence, par l'entremise d'un employeur, d'un régime privé ou du régime public de soins dentaires.
 - Bon rapport coût-efficacité – prestation de services fondée sur une combinaison de cliniques dentaires privées et publiques.
 - Accessibilité – accroître la capacité des centres de santé communautaires et des cliniques publiques fixes et mobiles (« cliniques sur roues ») de soins dentaires à veiller à ce que les personnes à faible revenu et marginalisées reçoivent les soins dont elles ont réellement besoin, avec les services de soutien nécessaires comme les transports, l'interprétation et des liens vers les services de santé et sociaux.
- Le gouvernement fédéral doit également s'engager à s'attaquer au problème du taux extrêmement élevé de caries dentaires chez les Autochtones. Il faut abattre les barrières aux soins, qu'il s'agisse de barrières géographiques, linguistiques ou socioculturelles.



Canadian Association of Public Health Dentistry
Association canadienne de la santé dentaire publique

L'Association canadienne des
centres de santé communautaire



Canadian Association
of Community Health Centres

CALENDAR OF EVENTS

Canadian Dental Association 2019 Dental Convention

September 12-14, 2019 in Saskatoon

Canadian Association of Public Dentistry

September 20-21, 2019 in Toronto

Canadian Dental Hygienists 2019 National Conference

October 2-5, 2019 in St. John's

International Association of Dental Research 2020

March 18-21, 2020 in Washington, DC

CADTH Symposium

April 19 to 21, 2020 in Toronto, Ontario (Sheraton Centre)

Canadian Public Health Association, Public Health 2020

April 28-30, 2020 in Winnipeg, Manitoba

CAPHD Awards

**Do you know someone who
has made a significant
contribution to dental care
in Canada?**

CAPHD awards are a special way
to recognize organizations
and professionals who have
made a difference!

Nominations due August 16, 2019

www.caphd.ca/about-us/awards

THE  CANADIAN
ASSOCIATION OF PUBLIC
HEALTH DENTISTRY



1 IN 5 CANADIANS CANNOT ACCESS DENTAL CARE.
BETTER ORAL HEALTH FOR ALL CANADIANS.



BRIDGING THE GAP TOGETHER.

Renew your CAPHD membership.

www.caphd.ca/membership

The Return of Community Water Fluoridation: The Experience of Windsor and Essex County

Shannen Janisse

MSc, is a Health Promotion Specialist in the Oral Health Department of the Windsor-Essex County Health Unit (Ontario). sjanisse@wechu.org

In 2013, the City of Windsor and the Town of Tecumseh voted to remove community water fluoridation (CWF) from three southwest Ontario communities: Windsor, Tecumseh, and LaSalle. Six years later, this decision was overturned.

Led by the Medical Officer of Health (MOH), staff from the Windsor-Essex County Health Unit (WECHU) worked behind the scenes to support advocacy efforts for the reintroduction of CWF. These efforts were supported by the voices and expertise of many individuals and groups within our region. Three key points, described below, summarize the success of our collaborative efforts: reliable local data, expert witness and evidence, and community voice and collaboration.

1. RELIABLE LOCAL DATA

Oral Health Screening and Surveillance

One overarching theme in this experience was the importance of credible, local evidence. The WECHU Oral Health Department staff conducted oral health screening and surveillance on all Junior (JK) and Senior (SK) Kindergarten and Grade 2 students. Additional students from other grades may be screened, based on the previous year's dental screening results of Grade 2 students. This school screening data, collected over time, helped to establish a baseline and identify changes to children's oral health in our community providing a local picture of the overall oral health status of our population.

Community Water Fluoridation

Resident support for CWF was assessed in the Rapid Risk Factor Surveillance System (RRFSS) survey completed in 2015 and the WECHU's [Community Needs Assessment \(CNA\)](#) survey in 2016 (1). The RRFSS results showed that the vast majority of adult residents in Windsor and Essex County supported CWF (75%), a finding reinforced by the CNA results (1), which showed that 78% of residents support CWF.

Children's Oral Health

The WECHU published the [Oral Health Report 2018 Update](#) in April 2018 (2) to provide an overview of the oral health status in Windsor and Essex County since CWF was stopped in 2013. The report also provides an oral health profile of Windsor and Essex County using assessment and surveillance data collected between 2011 and 2017 (2). The number of children screened each year varied, from 14,764 in 2011/2012 to 18,179 children in the 2016/2017 school year.

Key findings observed between 2011/2012 and 2016/2017 included:

- The percentage of children with decay and/or requiring urgent care increased by 51%.
- The proportion of children eligible for topical fluoride increased three-fold.
- The communities that recently ceased fluoridation observed a greater decrease in the percentage (13%) of students without caries compared to an 8% decrease in the communities that were never fluoridated.

The report provided clear evidence of the decline in oral health status of children in Windsor and Essex County and was critical to providing the municipal councils with oral health information coinciding with the removal of fluoride (2).

Dental Health of Adults and Seniors in Windsor-Essex

The WECHU developed a survey to explore the dental needs and barriers for adults and seniors in Windsor and Essex County, in response to a need identified in the [2016 CNA](#) (2). The objective of the [Dental Health of Adults and Seniors in Windsor-Essex](#) survey was to understand the dental health experiences of adults (including seniors) in Windsor and Essex County (3).

Furthermore, these reports proposed a number of recommendations, including partnerships, advocacy, promoting community water fluoridation, and community based approaches to create comprehensive oral health strategy (1, 2, 3).

2. EXPERT WITNESS AND EVIDENCE

Community Water Fluoridation Experts

The MOH of the WECHU and Dr. Johnson of the American Fluoridation Society (AFS), provided the members of >

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Council with peer-reviewed, factual, and relevant scientific information regarding the benefits of CWF. Local dental professionals provided real-life observations from their private dental practices.

Professionals from the AFS provided credible evidence of CWF and its validity as a safe and effective public health prevention measure. Support was provided via social media and expert testimony at recent Council meetings.

3. COMMUNITY VOICE AND COLLABORATION

An advisory committee of dental professionals, social service and community agencies, educational institutions, and the WECHU was convened to develop roles, responsibilities, and strategies for engaging municipal councils and mobilizing the public to share their support for CWF. At the same time, a group of dental champions made up of members of the local dental society and pediatric dentists was collaborating to prepare powerful deputations on the oral health damage they were observing in their private dental practices.

The MOH and a local dentist met with community service groups (e.g., Knights of Columbus) to inform members of the benefit of CWF and encourage their participation in advocacy efforts. Members of the advisory committee,

in addition to the community-at-large, were encouraged to advocate to their City/Town Councillors, write letters of support, and/or be a delegate at a Council meeting. WECHU staff contacted various community partners, health and social service agencies, and anti-poverty groups encouraging advocacy initiatives, including writing letters of support or registering to be a delegate at a local Council meeting. The overall response was overwhelming and a direct result of the collaboration involved in this community.

Today, we extend our sincere gratitude to all of our champions, big and small, who contributed to this victory. To quote Helen Keller: "Alone We Can Do So Little. Together We Can Do So Much." 🍁

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**CAPHD 2019
CONFERENCE**

**The mind, the body and the mouth:
Collaborative community health**

September 20-21, 2019 in Toronto
Early Bird Registration until August 1, 2019

www.caphd.ca/professional-development/caphd-annual-conference

A brief remembrance of the life of Dr. John James Patrick Willey

Dental Public Health professional and advocate.

Born February 19, 1935 in Mount Forest, Ontario; died January 2, 2019 in Calgary, aged 83.



Being a child of a single mom never stopped John; after graduating from University of Toronto's Dental School he went on to complete the Dental Public Health training and successfully passed the Fellowship exam. He moved west and early in his career with Calgary's Dental Division, Dr. Willey submitted a lengthy, handwritten report on the city's oral health program for indigent children. The unusual format ("Doesn't this guy have a secretary who types?") surprised Mayor Rod Sykes and the City Commissioners. After reviewing the ideas, they supported an expansion of clinics and staff, marking a significant turning point in Calgary's dental public health program.

Dr. Willey's handwriting was unmistakable — neat cursive written against a ruler, resulting in flat bottoms of letters and below-the-line 'tails' (g, j, p, q, y) added afterwards. This fastidious approach contrasted greatly with his filing system: scattered piles of folders, books and mail on desk, bookshelves, windowsills and spilling across the floor. Despite the apparent disorder, he typically found a needed document within a few minutes.

His rolodex covered City of Calgary, the Community Clinics and Canada's dental schools. He unhesitatingly phoned people for reference checks about job applicants (before HR banned the practice), and to sniff out intrigue that might threaten budgets or reporting relationships. A man of his time, Dr Willey's leadership style was 'command and control', where information was shared only when absolutely essential ("Why do you want a staff meeting?"). This approach worked for him, but left some teams bewildered.

He was a longtime member of the Canadian Society of Public Health Dentists before it evolved into the CAPHD. He always had a good word to say about Dr John Stamm's ability and professional approach. During Calgary's fluoridation court battle he ensured that evidence-based science was well represented by bringing Dr. Ernest Newbrun to testify.

Dr Willey had a sixth sense for detecting BS and he rarely hesitated to call it out. That also facilitated spotting talent;

he hired skilled, dedicated staff to run a clean, effective program. He arrived at work early and left late. One Saturday morning, investigating a strange sound in the office hallway, he frightened off a would-be thief jimmying the door. On budget forms he detailed each expense to the penny and expected the same from everyone else. He once asked if it cost money to send a one-page personal fax via the corporate machine. This innate sense of what was right left him exasperated at the incongruous sight of a fluoridation opponent chain-smoking her cigarettes outside City Hall Council Chambers.

He loved sending and receiving mail, intercepting it before it arrived on his secretary's desk — much to her chagrin. Late in his career he learned computer skills by playing solitaire (after work hours, of course). He retired in October 1997 after some 35 years on the job. Under his signature, his formal correspondence always ended with "John J. Willey BA, DDS, DDPH, FRCD(C)".

In retirement he pursued his avocation of tracking down distant relatives by telephone and/or handwritten letter; he puttered around his undeveloped lot in Northwest Calgary. He delighted in reminiscing with former colleagues about the 'old days' with Mayor Sykes. He was a lifelong supporter of the Mt. Forest Archives, St. Mary's RC Church, and the Wellington Co. Museum.

Never married, he lived alone in a modest rental suite, and drove the same huge Chrysler for decades. He was a tall, sturdy man who never sought the limelight except to protect dental public health. Just about everyone called him Dr. Willey.

For more than three decades John was a key figure in Calgary's Public Health organization. Services that he organized and built created a legacy of healthier lives for thousands of Calgarians who never knew him.

by Dr. Luke Shwart, 2019 05