

Commentary

Fluoridation Referendum in La Crosse, Wisconsin: Contributing Factors to Success

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Abstract: Residents of La Crosse, Wisconsin approved a public referendum in favor of water fluoridation on April 5, 1988. The vote, 57 percent supportive, culminated a two-year community effort. Three public referenda had been defeated in the past. Contributing to the success of this recent campaign were: broad-based community support led by a 34-member Citizens for Better Dental Health in La Crosse Committee; American Dental Association/Wisconsin Divi-

sion of Health/US Public Health Service consultation and support; knowledgeable and supportive press coverage; the timing of the ballot to coincide with the Wisconsin Presidential Primary; and local chiropractic support to offset chiropractic anti-fluoridation leadership. La Crosse, population 50,000, was the largest fluoride-deficient community in a nine-state upper Midwest area. (*Am J Public Health* 1989; 79:1405-1408.)

Introduction

Water fluoridation, the purposeful supplementation of naturally occurring fluoride to optimal levels for the prevention of dental caries, is one of the most successful public health measures in history.¹⁻³ Nevertheless, despite over 40 years documentation of safety, efficacy, cost-effectiveness, and practicality, and the unqualified endorsements of every major health organization, water fluoridation is far from universal in the United States. At the present time, approximately 63 percent of the US citizens have access to community drinking water containing dentally significant levels of fluoride (0.7 ppm).*

From a public health perspective, centralized decision-making by local health administrations affords the best opportunity for fluoridation implementation in the 42 states which have no legislatively mandated fluoridation.^{4,5} Unfortunately, decisions on fluoridation in many communities are made in a highly charged political arena.^{6,7} A number of fluoride-deficient communities in the US have failed to fluoridate because of initiative defeat in public referenda.^{8,9} Fluoridation remains one of the few, if not the only, public health measures to be put to the vote of the public. Of the 150 referenda recorded by the Dental Disease Prevention Activity, Centers for Disease Control from 1980 through 1988, 64 percent (96) ended in failure for fluoridation proponents. Oftentimes proponents are ill-prepared for the political nature of a fluoridation campaign. By contrast, over the same time period, in 258 communities where the decision was left to administration (city councils or health boards), 77 percent (199) implemented fluoridation* (Table 1).

The purpose of this discussion is to outline key contributing factors in a recently successful fluoridation initiative in La Crosse, Wisconsin. A 20-month community effort re-

sulted in a 57 percent positive vote for fluoridation. These contributing factors to success may be applicable to fluoridation strategies in other fluoride-deficient communities where the issue is decided by public referendum.

La Crosse Historical Perspective

La Crosse, 50,000 population, was the largest fluoride-deficient community (0.1 ppm) in a nine-state upper Midwest region. Although 93 percent of Wisconsin residents on public water supplies have optimally fluoridated water, La Crosse has a long history of antifluoridation obstructionism. On three occasions, voters rejected fluoridation in public referenda despite widespread support from health professional organizations. In 1953, by council action, the city fluoridated for three months until antifluoridation forces led by area chiropractors pressured officials to reconsider. Soon after, a first referendum failed with only 18 percent positive vote. The fluoridation equipment was disconnected and sold.

A second referendum failed in 1967 with 43 percent support; a third in 1969 gained only 29 percent support. Antifluoridation influence continued in the 1970s and 1980s driven by a prominent local chiropractor whose family had led the fight against fluoridation for over 30 years. Tactics used by La Crosse anti-fluoridationists through the years copied national anti-strategies capitalizing on the concerns of

TABLE 1—Fluoridation Implementation in US Communities, by Decision-making Process, 1980-88

Year	By Referendum		By Governing Body	
	Yes	No	Yes	No
1980	7	33	19	14
1981	4	10	26	8
1982	6	13	28	6
1983	6	13	20	14
1984	6	5	37	4
1985	5	4	15	4
1986	6	9	21	4
1987	4	3	18	5
1988	10	6	15	0
Total	54 (36%)	96 (64%)	199 (77%)	59 (23%)

SOURCE: Dental Disease Prevention Activity, Centers for Disease Control.

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*Dental Disease Prevention Activity, Centers for Disease Control, Atlanta, GA.

society at the time. Fluoridation was alleged to be a Communist plot in the 1950s, a cancer causing "toxic waste" and "poison" in the 1960s and 1970s, and by the 1980s linked to aging, Alzheimer's disease, AIDS and "freedom of choice."

Renewed Fluoridation Initiative

La Crosse community leaders renewed fluoridation efforts in 1986 in response to a perception that a majority of a new city council would be supportive. A local committee was formed led by a representative of the La Crosse District Dental Society and the county public health department director. Efforts were directed toward convincing an 18-member city council to implement fluoridation without public referendum by convincing councillors of the health benefits of fluoridation as well as demonstrating public support for the initiative. Community support was strong through four public hearings and led to a June 1987 city council 10 to 8 vote for fluoridation, the first positive vote in 34 years. Despite the positive vote, the council delayed funding for 60 days thus allowing opponents the opportunity to petition for public referendum. This allowed fluoridation opponents to obtain the 3,000 signatures necessary to force a referendum. The pro-fluoridation majority of the council set the date for the referendum at the next major election, April 5, 1988, the Wisconsin Presidential Primary, rather than at an earlier special election date for a school bond. The wording of the ballot, an important component of successful fluoridation referenda, read in a straightforward and simple manner as follows: "Should the City of La Crosse fluoridate its water supply?"

Factors Contributing to Success

When compared to the previous defeats, the following five factors could be identified:

Broad-Based Community Support

A broad support base is necessary to assure success once a fluoridation issue is politicized.^{4,8} Soon after the establishment of the referendum date, the original pro-fluoridation committee formed a campaign organization, "Citizens for Better Dental Health in La Crosse." The organization included representatives from health professional associations, the public health sector, hospitals, business and industry, labor, university, and civic and community organizations. The Citizens for Better Dental Health met twice a month for five months preceding the April referendum, planning and implementing an educational and political campaign for fluoridation. A subcommittee structure centered on a number of campaign tasks. The agenda reflected a strong local commitment with knowledgeable and credible spokespersons. Strategy for political success included: no debates or public forums that give antifluoridationists credibility; no distractions from a central theme of better health; less time on technical merits and more time on targeting groups of voters, identifying supporters and encouraging their turnout (see Appendix for further details).

Scientific Press Coverage

Scientific evaluation of the fluoridation issues by an influential press was an asset to the fluoridation initiative. Print media coverage in La Crosse was extensive and well-researched. The *La Crosse Tribune*, with a circulation of 40,000, is the largest newspaper in southwest Wisconsin. The fluoridation issue provoked much public debate as evidenced by 142 letters-to-the-editor (pro and anti) published by the newspaper during the course of the initiative.

It was of great benefit that the health reporter for the *Tribune* (a college chemistry major) was knowledgeable in the history, science, and efficacy of water fluoridation. This resulted in positive and informative health reporting on the issue. Headlines reflected positive leads such as "Fluoride—History Shows No Reason for Controversy—What's the Fuss?" Supportive editorials as one entitled "Let's Get Beyond the Pseudo-Science" appeared throughout the campaign. When spurious newspaper advertisements were run by opponents, follow-up stories refuted erroneous claims. For example, an antifluoridation paid advertisement was entitled "Fluoridation Causes Corrosion of Pipes. Vote No to Fluoridation." The following day an article appeared discrediting the corrosion charge through interviews with the La Crosse Water Utility manager and Centers for Disease Control officials in Atlanta, GA and citing research and fluoridation endorsements from the National Institutes of Health, Bell Laboratories, the American Water Works Association, and the National Association of Corrosion Engineers. The decision of the local press to forego sensationalizing the issue in deference to accurately educating the public was a critical factor toward success.

ADA and Governmental Agency Support

The La Crosse committee utilized a number of sources for consultative support. The American Dental Association (ADA) provided technical and financial support. National experts gave council testimony and committee consultation through ADA sponsorship. The ADA's Water Fluoridation Campaign Package and other written and audio/visual materials were provided. ADA letters of endorsement were sent to the city and the *La Crosse Tribune*.

The Wisconsin Division of Health through the State Dental Director's office provided technical assistance throughout the course of the initiative. Literature reviews, strategy development, and analyses of other fluoridation referenda were utilized by the committee. A state cost-sharing grant for fluoridation equipment was available to the community.

The community also used the services of the US Public Health Service. Consultation and letters of support were utilized through the Dental Disease Prevention Activity of Centers for Disease Control in Atlanta and the US Surgeon General's Office, Washington, DC. The most notable letter of support was from US Surgeon General C. Everett Koop. Dr. Koop's letter to the *La Crosse Tribune*, published just prior to the referendum date, applauded the fluoridation initiative. It was accompanied by a front page article entitled "Surgeon General to Voters: Fluoridate."

Wisconsin Presidential Primary

If fluoridation approval is subject to public referendum, the timing of the ballot is an important factor for success. It is generally perceived that fluoridation referenda should coincide with primary or general elections that promise the largest voter turnout ensuring a broader community participation rather than in smaller special issues elections.⁸ The La Crosse referendum was set to coincide with the 1988 Wisconsin Presidential Primary. Fortunately, the Wisconsin Primary in the spring of 1988 was of national significance. Presidential candidates George Bush, Michael Dukakis, Jesse Jackson, and Albert Gore all campaigned in the La Crosse area. Voter interest and turnout was high. A pre-election *La Crosse Tribune*-sponsored poll was conducted by the political science department of the University of Wisconsin-La Crosse found 58 percent of city voters in favor of fluoridation,

27 percent opposed, and 15 percent undecided (Table 2). Support for fluoridation was highest among the better educated and younger voters. Among college graduates, 71 percent favored fluoridation while 62 percent of those with some college and 37 percent of those who never attended college supported the issue. Only 41 percent of citizens over age 65 supported fluoridation. Post-election analysis of voter turnout identified high participation of younger voters who had been targeted by the profluoridation organization.

Chiropractic Support

Chiropractors were among early opponents to fluoridation in the United States. Some continue to oppose fluoridation in many areas as being an infringement of personal freedom, a dictate of organized medicine, and incompatible with chiropractic nutritional philosophy.^{10,11} More recently, some chiropractors are active as proponents to fluoridation and several chiropractic organizations are reaching out to the scientific community by endorsing the scientific principles of public health.¹²

For the first time in La Crosse, chiropractors were on both sides of the fluoridation issue. A few chiropractors presented supportive public testimony and actively campaigned for fluoridation. The controversy in the local chiropractic community gained statewide attention, often overshadowing other issues, and may have contributed to a loss of credibility for the primary chiropractic opponents to fluoridation. Sentiments of a proponent chiropractor are reflected in this statement which appeared in a Madison, Wisconsin newspaper: "Chiropractors are interested in public health. Fluoridation is an extremely important issue. Chiropractors have a drugless healing profession, but the feeling that fluoridation is medication is absurd. It is an essential nutrient that naturally occurs."¹³

Summary

The majority of public referenda on water fluoridation in US communities are defeated at the polls. A "confusion hypothesis" has been formulated to explain such a continuing negative voter response to fluoridation initiatives.^{7,10,14} Voters are often confused by apparent contradictory information from proponents and opponents of fluoridation. The general public, unable to evaluate highly technical information, credits antifluoridationists as scientific spokespersons. The scientific community has not been all that effective in helping the public understand who is an expert and who is not.⁷

In La Crosse, the Citizens for Better Dental Health were able to overcome a long history of antifluoridation influences through educational and political strategies. Broad-based community support, consultative assistance, scientific press

coverage, the timing of the ballot, and chiropractic support all contributed to the success of the initiative.

APPENDIX A La Crosse Fluoridation Campaign Activities

Citizens for Better Dental Health in La Crosse

Committee with broad-based community coalition.
Endorsement by physicians and dentists.
Endorsement by civic and health organizations (American Cancer Society, local hospitals, Committee on Aging, Chamber of Commerce, AFL/CIO).

Campaign Headquarters

Placed in a highly visible downtown center location.
Opened headquarters with a press conference.
Coordinated campaign activities.
Created headquarters' theme: "Come in and take the taste test" (to counter an anti misinformation campaign regarding the taste of fluoridated water).

Speakers' Bureau

Provided knowledgeable public speakers in support of fluoridation.
Assigned speakers to civic organizations, labor groups, parent associations, and others.

Media Strategies

Identified media contact expert interviewees.
Organized positive and timely letters-to-the-editor.
Developed newspaper and radio advertisements.

Campaign Literature

Designed informational brochures for direct mail distribution, door-to-door literature drop, speaking engagements, and community locations (malls, businesses, professional offices).
Printed and distributed yard and window signs for homes, schools, and businesses.

Fund Raising

Solicited \$10,000 in donations from civic/professional organizations, foundations, business, and individuals.
Print design and media production donated by a major local industry.

Getting Out the Vote

Identified and registered fluoridation supporters.
Organized special initiatives i.e., schools (parent-to-parent contact) and university (student voter registration drive).
Arranged car-pooling assistance to the polls.
Assisted with absentee ballots.
Utilized 750 volunteers in the campaign.

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TABLE 2—Fluoridation Support by Age Group: Pre-Referendum Survey

Age	% Favor	% Oppose	% Undecided
18-25	61	12	27
26-34	66	24	10
35-54	62	28	10
55-64	58	25	17
Over 65	41	48	11
Overall	58	27	15

SOURCE: La Crosse Tribune, March 27, 1988

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**Alfred Yankauer, MD, MPH, to Retire as Journal Editor;
Search Committee Actively Seeking New Editor**

Alfred Yankauer, MD, MPH, has indicated he plans to retire as editor of the *American Journal of Public Health* next year, effective July 1 1990. The announcement of his retirement appeared in the September issue of *The Nation's Health*, along with information about the newly appointed search committee—which is soliciting nominations for his replacement—and a list of the qualifications for the position of editor.

Dr. Yankauer will complete his 15th year as editor before stepping down next summer; his service spans the period July 1975–July 1990. Only two editors have served longer: George Rosen, MD, who preceded Dr. Yankauer, served for 16 1/2 years (August 1957–December 1973), and Mazýck P. Ravenel, MD, served 16 years as editor (January 1925–December 1940) and was then named emeritus editor in 1941. All three editors were members of the editorial board or the editorial committee before being named editor. Fourth in line for length of service was C.-E. A. Winslow, DrPH, who held the position for 10 1/2 years (April 1944–November 1954) before retiring for health reasons.

Since the *American Journal of Public Health* was established in 1911, only 11 persons have occupied the position of editor. The four editors named above filled the role collectively for 58 years, while seven others shared the honor a total of 22 years.

In announcing his desire to retire, Dr. Yankauer stated that, “It was a decision not lightly made,” because he said he has both enjoyed and learned from the experience. “However, at this point in my life, there are other things that I want and need to do,” he added.

Each of the 11 editors of the Journal served that post with distinction and made a lasting impact on the Journal, its readers, the public health profession, and the health of the public. Under their respective leadership over eight decades, the Journal has grown in stature and scientific credibility. Its reputation for accuracy, relevance, and timeliness in the field of peer-reviewed professional journals has been maintained and enhanced by their devotion to its content and to its objectives.

Over the years, the Journal’s table of contents has reflected current thinking about the health status of mankind and what needs to be done to improve it. The Journal has been a repository throughout the 20th century for articles, studies, and evaluations authored by hundreds of dedicated health professionals.

As the Editor Search Committee carries out its difficult task of identifying potential candidates for the position of Journal editor, they will be seeking an individual with broad public health interests, a strong historical perspective, an abiding concern for the health and well-being of others, and exceptional vision.

Nominations for Journal editor should be submitted as soon as possible, so that the search committee can complete its deliberations by the end of this year. Names of potential candidates, along with support materials, should be sent to the Editor Search Committee, c/o Executive Director’s Office, American Public Health Association, 1015 15th Street, NW, Washington, DC 20005. A list of the criteria for selection of an editor appeared in the September issue of *The Nation's Health*, or may be obtained on request to APHA headquarters. Tel: (202)789-5600.