

The Edgar Borrow Foundation



EDGAR BORROW

Mr. Fluoride

50p

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Edited by Ralph Cousins

The Edgar Borrow Foundation

Background/History

The Beginnings

Dr Edgar Borrow, a farmer and agricultural engineering businessman in Southern England, became interested in fluoridation when serving on local and regional councils during the 1960s. He saw efforts to introduce water fluoridation continually opposed, primarily on grounds of freedom of choice. Convinced of the need to improve the oral health of children, Dr Borrow explored the possibilities of fluoridating milk. He was interested to discover that some research had already been conducted in this field.

The use of fluoridated milk for the prevention of dental decay had first shown to be effective in the 1950s. Further studies in the 1960s also yielded positive results. The consistent findings of this early research encouraged Dr Borrow to pursue the concept of using milk as a vehicle for fluoride.

Early Years

Thanks to Dr Borrow's farming and business success, by the late 60s his estate was fairly substantial. The rewards of his enterprise enabled him in 1971 to take the step of establishing The Borrow Foundation (initially as The Borrow Dental Milk Foundation) and dedicating the last two decades of his life to its cause.

His aim was to promote the use of milk as a vehicle for fluoride for the benefit of children's oral health. He believed that this could provide an alternative means of fluoride supplementation and one particularly appropriate in areas where the fluoridation of water or salt was not possible.

During the early years the Foundation's resources were primarily used to address the technical aspects of milk fluoridation and to support laboratory-based research studies which further demonstrated its efficacy. The results created greater awareness and interest in the use of fluoridated milk as a dental public health measure.

First Community-Based Milk Fluoridation Programme

By the mid-1980s the Foundation's priority had become the development of programmes designed to demonstrate the viability and feasibility of using fluoridated milk as a dental public health measure. Close links were established with the World Health Organization, and through this collaboration the first community based milk fluoridation programme was implemented in 1988, in Bulgaria.

It was most fitting that this major breakthrough was achieved during Dr Borrow's lifetime. He died in 1990. In accordance with his wishes, the Trustees, colleagues and associates of the Foundation have continued to pursue his aims.

Expansion and Growth

In 1991 the Foundation signed a Memorandum of Understanding with the World Health Organisation (WHO). This formalised the basis for collaboration and underpinned the close relationship between the two bodies. The successful implementation of the community programme in Bulgaria provided valuable experience, and the results of the evaluation carried out with the WHO were favourable.

Encouraged by these findings, other countries began to consider the use of milk as a vehicle for fluoride as a population based oral health measure. During the early 1990s projects were implemented in the Russian Federation, Peru, Chile and the United Kingdom. Programmes were established in Thailand during 2000 and Macedonia in 2009. A pilot programme in Mongolia is currently in the planning stages.

Most notable among the programmes that have been well sustained and expanded are those in Thailand and Chile. The programme in Peru was stopped when salt fluoridation was introduced; political and economic changes lay behind the closing of those in Macedonia and Bulgaria. Whilst the implementation of the programme in each country has differed, the experience gained from every site has been invaluable and has proved helpful to others embarking on this public health intervention.

To date the majority of the community based programmes

have been evaluated, and the totality of the evidence confirms the caries-reducing effects of milk fluoridation found in earlier studies. We have continued to support basic research as well as clinical studies.

In parallel, the dissemination of information relating to all our activities has always been an important aspect of the Foundation's work.

Further Developments

Dr Borrow would have been delighted with the advances made with milk fluoridation over the last thirty years or so. The results of the clinical and basic research studies supported by the Foundation have assisted key decision makers in considering the merits of implementing a community-based milk fluoridation programme in their country or area.

Today milk fluoridation is considered by the WHO as an appropriate vehicle for fluoride in areas where it is not possible to introduce either salt or water fluoridation. Alongside our commitment to milk fluoridation we have more recently begun to offer support for wider population based prevention programmes, with priority being given to emerging economies. This new initiative has seen grants awarded to facilitate the development of sustainable population based programmes/interventions for the prevention of dental disease.

Despite great advances made, oral disease remains a global problem. It is a significant burden in virtually all countries and can have a wider impact on health and wellbeing. Oral disease is often most prevalent in areas of social deprivation. It shares common risk factors with general health, such as poor diet and nutrition. The Trustees have therefore been pleased to broaden the Foundation's activities into the wider areas of oral health promotion and integrated disease prevention.

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