Water Fluoridation Survey

Bunbury Area

September 2011

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Department of Health, WA
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Executive Summary

The Water Fluoridation Survey was completed by the Epidemiology Branch at the Department of Health on request from the Water Unit, Environmental Health Directorate, Department of Health, in turn based on a request from the Fluoridation of Public Water Supplies Advisory Committee. The aim of the survey was to assess community attitudes and knowledge around the fluoridation of the public drinking water supply in Bunbury and its surrounding areas.

A Computer Assisted Telephone Interview system was used to collect information from 457 households which were previously selected to complete the Western Australian Health and Wellbeing Surveillance System survey from 2008 to 2010. Households from the local government area of the City of Bunbury, along with the suburbs of Australind, Dalyellup and Eaton were selected for this study.

The major findings of the study were:

- The majority of the population in Bunbury and its surrounds, aged 18 years and over, agreed with the addition of fluoride to public drinking water supplies (68.8%), 12.3% did not agree to fluoridation and 18.9% were unsure.

- Just over half (55.0%) of the population in Bunbury and its surrounds, aged 18 years and over, did not know if fluoride was already added to the public drinking water supply. A further 24.5% of the population thought fluoride was not currently added and 20.6% thought it was added.

- Over 97% of the population’s households were connected to the public drinking water supply and 77.1% of the population consumed tap water from the local public drinking water supply as their most common source of drinking water.
• The majority (69.5%) of the population in Bunbury and its surrounds, aged 18 years and over, agreed that the addition of fluoride to public drinking water supplies was safe. A further 8.8% of the population did not agree that the addition of fluoride to public drinking water was safe and 21.7% were unsure.

• The majority (79.0%) of the population in Bunbury and its surrounds, aged 18 years and over, agreed that the addition of fluoride to the public drinking water supply could assist in the prevention of tooth decay. A further 6.0% of the population did not agree and 14.9% were unsure.

• The majority (75.1%) of the population aged 18 years and over whose main source of drinking water is the public supply from the tap agree to the addition of fluoride in the public drinking water supply. A further 7.0% of this population did not agree and 17.9% were unsure.

• The main source of information around the addition of fluoride to public drinking water came from newspapers.

• There were no significant differences in the level of agreement to the addition of fluoride to public drinking water supplies in Bunbury (66.6%) compared to the areas Australind, Eaton and Dalyellup combined (71.5%).

The results from the Water Fluoridation Survey indicate that the majority of the population aged 18 years and over in Bunbury and its surrounds are in favour of the addition of fluoride to the public drinking water supply and agree that its addition can assist in the prevention of tooth decay.
1. Introduction

This report has been prepared by the Epidemiology Branch, Department of Health for the Fluoridation of Public Water Supplies Advisory Committee and the Water Unit, Environmental Health Directorate, Department of Health.

The Water Unit at the Environmental Health Directorate was requested by the Fluoridation of Public Water Supplies Advisory Committee to organise an independent telephone survey of residents of Bunbury and some of the surrounding areas (including the suburbs of Australind, Eaton and Dalyellup, Figure 1) to ascertain the level of support within the community for the addition of fluoride to the local public drinking water supply. The Water Unit contacted the Health Survey Unit of the Epidemiology Branch to independently conduct such a survey for residents of the Bunbury area.

This report documents the results of the Water Fluoridation Survey, which was conducted using Computer Assisted Telephone Interviews (CATI).

The Water Fluoridation Survey had two main objectives:

1. To ascertain the level of awareness in the community on fluoride addition to the public water supply.

2. To measure local support for the addition of fluoride in the Bunbury public drinking water supply.

Drinking water is supplied to Bunbury by AqWest (Bunbury Water Board) and to Australind, Eaton, Dalyellup and Picton by Water Corporation. These supplies are not fluoridated.
Figure 1: Map of the local government area of Bunbury and its surrounds
2. Methodology

2.1 Questionnaire Development
The survey questions were chosen based on previously published literature on attitudes towards the addition of fluoride to public drinking water supplies \(^1,2\) and were worded to be succinct, centred on the research and ethically appropriate \(^3\).

One of the primary intentions of the questionnaire was to ascertain the level of support within the community for the addition of fluoride to the local public drinking water supply.

Prior to commencement of the survey it was approved by the Western Australian Department of Health Human Research Ethics Committee and was piloted by the Edith Cowan University Survey Research Centre (ECU SRC). This involved an internal run-through with telephone interviewers to ensure that the programming and question sequencing was correct and that questions were readily understood.

The ECU SRC was contracted to conduct the telephone survey as a CATI on behalf of the Epidemiology Branch. The Centre is highly experienced at delivering high quality data collection services and was responsible for the preparation and mailing of the approach letters, sample management, data collection, extraction and provision of data to the Epidemiology Branch for analysis.

The CATI system was considered the desirable mode to complete this survey as the CATI system allows for the interviewer’s computer questionnaire screen to be entered immediately into a computer database. Other benefits of this system include the correct sequencing of questions as specific answers are given, enforced checks on each response with questions having pre-determined response categories. CATI can automatically rotate through response categories to minimise bias and provides a high response rate \(^4\).
2.2 Sample selection
It was decided during the development of a sample frame for this study to recruit individuals in Bunbury and surrounding areas who:

a) Had previously completed the WA Health and Wellbeing Surveillance System (HWSS), an ongoing population-based health survey conducted by the Department of Health;

b) Had agreed to be recalled for future Health Department surveys, and
c) Had consented for their HWSS data to be linked to other Health data.

This decision was made to allow information on socio-demographic variables (e.g. family structure, income level and employment status) that was collected in the HWSS to be linked to each respondent’s answers from the Water Fluoridation Survey. Over 70% of HWSS respondents agree to being recalled and having their data linked. Analysis of a number of socio-demographic variables indicates that there are no significant differences between individuals who agree to recall and linkage and those who do not (Table 1).
Table 1: Socio-demographic characteristics of respondents who agree to be recalled for further surveys

<table>
<thead>
<tr>
<th></th>
<th>Agree to recall</th>
<th>Do not agree to recall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50.1%</td>
<td>52.7%</td>
</tr>
<tr>
<td>Female</td>
<td>49.9%</td>
<td>47.3%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 to 64 years</td>
<td>68.9%</td>
<td>65.2%</td>
</tr>
<tr>
<td>65+ years</td>
<td>15.3%</td>
<td>13.5%</td>
</tr>
<tr>
<td>*<em>Socio-economic status</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEIFA group 1 (most disadvantaged)</td>
<td>12.6%</td>
<td>13.0%</td>
</tr>
<tr>
<td>SEIFA group 2</td>
<td>17.7%</td>
<td>17.4%</td>
</tr>
<tr>
<td>SEIFA group 3</td>
<td>18.0%</td>
<td>18.3%</td>
</tr>
<tr>
<td>SEIFA group 4</td>
<td>26.3%</td>
<td>26.4%</td>
</tr>
<tr>
<td>SEIFA group 5 (least disadvantaged)</td>
<td>25.4%</td>
<td>25.0%</td>
</tr>
<tr>
<td><strong>Government concessions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government pension</td>
<td>20.5%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Health care card</td>
<td>25.0%</td>
<td>26.1%</td>
</tr>
<tr>
<td><strong>Aboriginal status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
<td>1.2%</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tertiary degree or equivalent</td>
<td>23.5%</td>
<td>21.5%</td>
</tr>
</tbody>
</table>

* SEIFA stands for Socio-Economic Indexes for Areas. The Australian Bureau of Statistics (ABS) SEIFA of advantage and disadvantage for 2006 has been used in this report. Further information is available at the ABS Cat. No. 2033.0.55.001 (www.abs.gov.au).

This decision also enabled access to a population-wide sampling frame, the 2008/09 White Pages, as respondents who completed the initial HWSS were randomly selected from this instrument, after stratification of the sampling frame by location of the household. The White Pages was preferred to a random digit dialling procedure as there are fewer non-operational numbers and it allows an approach letter to be sent prior to calling which has been shown to improve response rates.

Since the White Pages predominantly lists households with land lines the survey may miss out on mobile-only homes that are unlisted.
To obtain a large enough sample (minimum of 400 respondents), a random selection of recall respondents was taken from the previous three years worth of interviews (i.e. 2008-2010). Only adults aged 18 years and over were selected.

An approach letter was sent to all selected individuals informing them about the Water Fluoridation Survey and indicating that their selection to participate was based on their prior agreement to be recalled for future surveys. The approach letter explained the purpose of the survey and gave the time within which the individual could expect to be contacted by the data collection agency. A brochure was included with the letter, which provided contact numbers for people to call for more information. A copy of the approach letter is provided in Appendix A, the brochure in Appendix B and the questionnaire in Appendix C.

2.3 Sample size

To obtain a sample size suitable for statistical analysis, a minimum sample size of 400 persons from Bunbury and the surrounding areas of interest was required. This sample provides a maximum relative standard error of +/- 4.1 at the standard 95% confidence level. Relative standard error indicates how precise an estimate is, given that the estimate was obtained from a random sample of the population. A minimum sample size of 400 permits confidence that the survey results represent the community of interest and will provide meaningful conclusions.

2.4 Data collection

Surveys were conducted from 9th August to 23rd August 2011. All surveys were conducted by trained interviewers at the ECU SRC.

The Survey Research Centre is accredited with an ISO 20252 Standard Certification, the Manager of the Centre is a member of the Market and Social Research Society and all interviewers are trained to industry standards.
All data collected by the Survey Research Centre on behalf of the Department of Health is stored securely by the centre in accordance with their ISO Standard Certification.  

2.5 Response rate

An important feature of survey work is the response rate attained because low response rates may produce estimates that are not representative of the population or that are unreliable or biased. Table 2 provides a detailed breakdown of the response rate obtained in this survey.

Table 2: Response rate for Water Fluoridation Survey

<table>
<thead>
<tr>
<th>Category</th>
<th>No. of</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. INITIAL SAMPLE</td>
<td>620</td>
<td>100.0</td>
</tr>
<tr>
<td>B. OUT OF SCOPE</td>
<td>85</td>
<td>13.7</td>
</tr>
<tr>
<td>B1. Phone not connected</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>B2. Phone not residential</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>B3. Fax/modem</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>B4. Not household owner/resident</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>C. ELIGIBLE SAMPLE (A - B)</td>
<td>535</td>
<td>86.3</td>
</tr>
<tr>
<td>D. NON-CONTACTS AFTER 10 ATTEMPTS</td>
<td>22</td>
<td>3.5</td>
</tr>
<tr>
<td>E. ELIGIBLE CONTACTS</td>
<td>513</td>
<td>82.7</td>
</tr>
<tr>
<td>E1. Refusals</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>E2. Terminated</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>E3. Foreign Language</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>E4. Incapacitated</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>E5. Respondent unavailable</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>E6. Answered phone but out-of-scope</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>E7. Completed Interviews</td>
<td>457</td>
<td></td>
</tr>
<tr>
<td>F. RESPONSE RATE: E7/C</td>
<td></td>
<td>85.4</td>
</tr>
<tr>
<td>G. CONTACTED RESPONSE RATE: E7/E</td>
<td></td>
<td>89.1</td>
</tr>
<tr>
<td>H. PARTICIPATION RATE: E7/(E7+E1)</td>
<td></td>
<td>99.1</td>
</tr>
</tbody>
</table>

In summary, a total of 513 households were contacted by telephone, yielding 457 completed surveys. This resulted in a raw response rate of 85.4% and a participation rate of 99.1%. The high response rate provides an excellent basis for producing reliable and representative estimates.
2.6 Weighting the data

Most surveys collect information from a sample of the target population and not the entire population. In this instance, this survey collected information from a sample of respondents from the Bunbury and surrounding area population. In order to provide information at a population level, the raw data was weighted to the population that is being described. The Water Fluoridation Survey information was weighted to the age by sex distribution of the most recent (2009) Estimated Resident Population, from the Australian Bureau of Statistics, for the Bunbury area.

This means that each respondent will be given a weight that indicates the number of people they represent in the Bunbury population. For example, a male aged 25 years may represent 200 people while a female of the same age may represent 150 people based on the demographics of the Bunbury area.
3. Results

Results are presented for each question asked in the survey. Results that are presented in graphic form are also shown in table format in Appendix D of this report. All analysis presented in this report was completed using de-identified data.

Each table presents the estimated proportion of the population with the particular attitude or factor of interest. All estimates presented are weighted unless otherwise indicated. Significant differences between results have been calculated using the 95% confidence interval around that estimate. These are represented by the black error lines at the end of each coloured bar on the graph.

The 95% confidence interval is the range between which the true estimate would lie 95 out of 100 times. Overlapping confidence intervals indicate that there is probably no difference in the estimates being compared. If the confidence intervals do not overlap, then the estimates are considered to be significantly different.

The smaller the sample size is for which the 95% confidence intervals are calculated, the wider the interval will be as there is more variation in the data.
### 3.1 Demographics

The socio-demographic characteristics of the adult sample that participated in the Bunbury Water Survey are shown in Table 3. The table shows the unweighted number in the sample for each group and the unweighted and weighted prevalence expressed as a percent.

#### Table 3: Socio-demographic characteristics, adults 18 years and over, Water Fluoridation Survey

<table>
<thead>
<tr>
<th></th>
<th>Unweighted Sample (n)</th>
<th>Unweighted Prevalence (%)</th>
<th>Weighted Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 24 yrs</td>
<td>10</td>
<td>2.2</td>
<td>13.4</td>
</tr>
<tr>
<td>25 to 44 yrs</td>
<td>82</td>
<td>17.9</td>
<td>37.4</td>
</tr>
<tr>
<td>45 to 64 yrs</td>
<td>193</td>
<td>42.2</td>
<td>34.1</td>
</tr>
<tr>
<td>65 yrs &amp; over</td>
<td>172</td>
<td>37.6</td>
<td>15.1</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>283</td>
<td>61.9</td>
<td>49.6</td>
</tr>
<tr>
<td>Males</td>
<td>174</td>
<td>38.1</td>
<td>50.4</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>302</td>
<td>66.1</td>
<td>66.6</td>
</tr>
<tr>
<td>Living with a partner/de facto</td>
<td>25</td>
<td>5.5</td>
<td>7.4</td>
</tr>
<tr>
<td>Widowed</td>
<td>53</td>
<td>11.6</td>
<td>3.5</td>
</tr>
<tr>
<td>Divorced</td>
<td>33</td>
<td>7.2</td>
<td>3.1</td>
</tr>
<tr>
<td>Separated</td>
<td>11</td>
<td>2.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Never married</td>
<td>33</td>
<td>7.2</td>
<td>18.1</td>
</tr>
<tr>
<td><strong>Suburb</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australind</td>
<td>92</td>
<td>20.1</td>
<td>16.5</td>
</tr>
<tr>
<td>Bunbury</td>
<td>131</td>
<td>28.7</td>
<td>26.4</td>
</tr>
<tr>
<td>Carey Park</td>
<td>28</td>
<td>6.1</td>
<td>5.8</td>
</tr>
<tr>
<td>College Grove</td>
<td>5</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Dalyellup</td>
<td>23</td>
<td>5.0</td>
<td>9.2</td>
</tr>
<tr>
<td>East Bunbury</td>
<td>24</td>
<td>5.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Eaton</td>
<td>68</td>
<td>14.9</td>
<td>20.6</td>
</tr>
<tr>
<td>Glen Iris</td>
<td>10</td>
<td>2.2</td>
<td>1.9</td>
</tr>
<tr>
<td>Pelican Point</td>
<td>2</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>South Bunbury</td>
<td>47</td>
<td>10.3</td>
<td>9.5</td>
</tr>
<tr>
<td>Usher</td>
<td>13</td>
<td>2.8</td>
<td>2.5</td>
</tr>
<tr>
<td>Withers</td>
<td>14</td>
<td>3.1</td>
<td>2.2</td>
</tr>
</tbody>
</table>
Table 3 continued: Demographic and Socio-demographic characteristics, 18 years and over, continued, Water Fluoridation Survey

<table>
<thead>
<tr>
<th>Socio-economic status</th>
<th>Unweighted Sample (n)</th>
<th>Unweighted Prevalence (%)</th>
<th>Weighted Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEIFA group 1 (Most disadvantaged)</td>
<td>46</td>
<td>10.1</td>
<td>6.1</td>
</tr>
<tr>
<td>SEIFA group 2</td>
<td>66</td>
<td>14.4</td>
<td>16.5</td>
</tr>
<tr>
<td>SEIFA group 3</td>
<td>202</td>
<td>44.2</td>
<td>41.8</td>
</tr>
<tr>
<td>SEIFA group 4</td>
<td>67</td>
<td>14.7</td>
<td>17.3</td>
</tr>
<tr>
<td>SEIFA group 5 (Least disadvantaged)</td>
<td>76</td>
<td>16.6</td>
<td>18.3</td>
</tr>
<tr>
<td><strong>Highest level of education (a)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than year 10</td>
<td>58</td>
<td>12.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Year 10 or year 11</td>
<td>92</td>
<td>20.2</td>
<td>19.9</td>
</tr>
<tr>
<td>Year 12</td>
<td>44</td>
<td>9.6</td>
<td>14.9</td>
</tr>
<tr>
<td>Tafe/Trade qualification</td>
<td>201</td>
<td>44.1</td>
<td>43.7</td>
</tr>
<tr>
<td>Tertiary degree or equivalent</td>
<td>61</td>
<td>13.4</td>
<td>14.4</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employed</td>
<td>38</td>
<td>8.3</td>
<td>7.6</td>
</tr>
<tr>
<td>Employed for wages</td>
<td>198</td>
<td>43.3</td>
<td>61.7</td>
</tr>
<tr>
<td>Unemployed for less than 1 year</td>
<td>5</td>
<td>1.1</td>
<td>3.3</td>
</tr>
<tr>
<td>Unemployed for more than one year</td>
<td>4</td>
<td>0.9</td>
<td>0.7</td>
</tr>
<tr>
<td>Home duties</td>
<td>34</td>
<td>7.4</td>
<td>8.7</td>
</tr>
<tr>
<td>Retired</td>
<td>167</td>
<td>36.5</td>
<td>15.9</td>
</tr>
<tr>
<td>Unable to work</td>
<td>8</td>
<td>1.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Student</td>
<td>2</td>
<td>0.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.2</td>
<td>0.1</td>
</tr>
</tbody>
</table>

(a) Excludes respondents who are currently still at school
3.2 Fluoride in the public water supply

In order to determine if fluoridation of the public drinking water supply had the potential to impact households, respondents were asked if their premises were currently connected to the public water supply.

Figure 2 shows that almost all households in Bunbury and the surrounding areas of interest are connected to the public drinking water supply (97.4%). The data is in Table 4.

Figure 2: Weighted proportion of households connected to the public water supply, 18 years and over, Bunbury and its surrounds
Those respondents that were connected to the public drinking water supply were asked if they knew whether their public water supply currently had fluoride added to it.

Figure 3 illustrated that the majority of the population in Bunbury and the surrounding areas did not know if fluoride was currently added to their water supply or not (55.0%). Almost a quarter of residents (24.5%) were sure that fluoride was not currently added and just over one-fifth (20.6%) were sure that the public water supply was currently fluoridated. The data is in Table 5.

**Figure 3: Weighted proportion of adults aged 18 years and over who knew if their public water supply was currently fluoridated, Bunbury and its surrounds**
3.3 Attitude towards fluoridation
Several questions were asked of respondents on their attitudes towards the addition of fluoride to the public drinking water supply, the perceived safety and the health effects of the addition.

In relation to agreement to adding fluoride to the public drinking water supply, 68.8% of the Bunbury and surrounding population agreed to the addition. Figure 4 illustrates that the proportion of people in agreement to the addition of fluoride was significantly higher than those in opposition to the addition of fluoride (12.3%) and those who were unsure (18.9%). The data is in Table 6.

Figure 4: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supply fluoridation, Bunbury and its surrounds
Regardless of whether people knew if the public drinking water supply was currently fluoridated, the majority of people agreed with fluoride being added to the public drinking water supply.

Figure 5 illustrates that 61.8% of people who did not know if the public drinking water supply was fluoridated or not were in favour of its addition, 80.5% were in favour if they thought the water was already fluoridated and 77.1% were in favour of fluoridation if they thought the water was not currently fluoridated. The data is in Table 7.

Figure 5: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supply fluoridation by knowledge of current public water supply addition of fluoride, Bunbury and its surrounds
To determine if age affected agreement to the addition of fluoride in public drinking water, comparison was made between three age groups. In Bunbury and its surrounding areas the majority of people agreed with the addition of fluoride to public drinking water supplies by age groups.

Figure 6 illustrates that 65.7% of the population aged 18 – 44 years were in agreement along with 77.7% of the population aged 45 – 64 years and 59.3% of the population aged 65 years and over. Agreement to fluoridation was significantly higher than disagreement or those who were unsure in all age groups. The proportion of the population agreeing to fluoridation was similar between those aged 18 – 44 years and those aged 45 – 64 years, however, the proportion agreeing to fluoridation in the 65 year and over age group was significantly lower. The data is in Table 8.

**Figure 6: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supply fluoridation by age group, Bunbury and its surrounds**
The area in which the population of interest resides was also of interest in relation to agreement to the addition of fluoride in public drinking water.

Figure 7 illustrates that 66.6% of the population aged 18 years and over in the City of Bunbury local government area agreed to the addition of fluoride to public drinking water supplies, this was significantly higher than those not in favour or unsure about the addition of fluoride.

For the suburbs of Australind, Eaton and Dalyellup combined, 71.5% of the population aged 18 years and over agreed with the addition of fluoride to public drinking water supplies, this was significantly higher than those not in favour or unsure. There was no significant difference between the two areas in the proportion of the population agreeing to fluoridation of the public water supply. The data is in Table 9.

**Figure 7: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supply fluoridation, by location of residence, Bunbury and its surrounds**

![Figure 7: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supply fluoridation, by location of residence, Bunbury and its surrounds](image-url)
The majority of residents from Bunbury and its surrounds agreed that the addition of fluoride to public drinking water is safe (69.5%). Figure 8 illustrates the breakdown of responses in relation to the safety of the addition of fluoride to public drinking water supplies. The data is in Table 10.

**Figure 8: Weighted proportion of adults aged 18 years and over, agreement to the safety of adding fluoride to public drinking water supplies, Bunbury and its surrounds**
People’s perception of safety around the addition of fluoride to public drinking water was significantly linked to their agreement with having fluoride added to the public drinking water supply.

Figure 9 illustrates that for those who did not agree to the addition of fluoride to public drinking water the majority also thought it was not safe to add fluoride (66.2%), while 91.1% of people who agreed to the addition of fluoride to public drinking water supplies thought it was safe and of those who neither agreed or disagreed to the addition of fluoride, the majority did not know if it was safe (70.8%). The data is in Table 11.

**Figure 9: Weighted proportion of adults aged 18 years and over, perceived safety of the addition of fluoride to public drinking water supplies and agreement to public drinking water supply fluoridation, Bunbury and its surrounds**
Respondents in the survey were asked if they believed that the addition of fluoride to public drinking water supplies can help prevent tooth decay.

Figure 10 illustrates that the majority of the population in Bunbury and surrounding areas agreed that fluoride in the public drinking water supplies can help prevent tooth decay (79.0%). The data is in Table 12.

Respondents were also asked why they chose the response they did for this question (if they answered no or yes) and these comments are provided in Appendix E (361 comments agreeing that the addition of fluoride to public drinking water supplies can help prevent tooth decay) and F (37 comments opposing) of this report.

**Figure 10: Weighted proportion of adults aged 18 years and over, agreement that the addition of fluoride to public drinking water supplies prevents tooth decay, Bunbury and its surrounds**
When comparisons were made between age groups a significant majority of the population in each age group agreed that adding fluoride to the public drinking water supply can assist in preventing tooth decay.

Figure 11 illustrates that 76.1% of the population aged 18 – 44 years, 85.9% of the population aged 45 – 64 years and 73.3% of the population aged 65 years and over agreed that fluoride in the public drinking water could assist in the prevention of tooth decay, there were no significant differences between the age groups. The data is in Table 13.

Figure 11: Weighted proportion of adults aged 18 years and over, agreement that the addition of fluoride to public drinking water supplies prevents tooth decay, by age group, Bunbury and its surrounds
Figure 12 illustrates that regardless of the area in which the population of interest resides the majority of the population agree that the addition of fluoride to the public drinking water supply can assist in preventing tooth decay.

In Bunbury 77.2% of the population agreed that fluoride in the public drinking water could prevent tooth decay and 81.2% of the population in Australind, Eaton and Dalyellup also agreed that the addition of fluoride to the public drinking water could assist in the prevention of tooth decay. There was no significant difference in agreement based on location of residence for the population of interest. The data is in Table 14.

**Figure 12**: Weighted proportion of adults aged 18 years and over, agreement that the addition of fluoride to public drinking water supplies prevents tooth decay, by location of residence, Bunbury and its surrounds
Those participants who believed that fluoride could assist in the prevention of tooth decay were asked if they would be in favour of adding fluoride to the public drinking water supply to assist with tooth decay and what groups in the community they felt would benefit.

Figure 13 illustrates that the majority of people who believed that fluoride could assist in the prevention of tooth decay were in favour of its addition (81.6%) and that the majority of the benefit was seen to be for both adults and children (75.4%). The data is in Table 15.

**Figure 13: Weighted proportion of adults aged 18 years and over, in favour of the addition of fluoride to public drinking water supplies to prevent tooth decay, Bunbury and its surrounds**
3.4 Information received on fluoridation

Respondents were asked where they had received information about the addition of fluoride to public drinking water supplies.

Figure 14 illustrates the main sources of information by respondents’ agreement to the addition of fluoride to public drinking water supplies. For both those in favour and not in favour of fluoridation, the main source of information was newspapers followed by other. For those people who were neither for nor against fluoridation the majority indicated that they had no information source in relation to water fluoridation. Multiple responses were possible for this question. The data is in Table 16.

Information on the other types of information people sought and the websites they visited on the internet are available in Appendix G of this report.

Figure 14: Unweighted proportion of adults aged 18 years and over, by information source and agreement to the addition of fluoride to public drinking water supplies, Bunbury and its surrounds
3.5 Drinking water source

While almost 100% of households were connected to the public water supply it was also of interest to determine what proportion of the population actually consume this water supply. Overall, 77.1% of the population of Bunbury and its surrounding areas consumed tap water from the public drinking water supply.

Figure 15 illustrates that tap water from the public drinking water supply was the most common type of water consumed. For those in the population who described their water supply as other, the majority of these (93.6%) were consuming filtered tap water. The data is in Table 17.

Figure 15: Weighted proportion of adults aged 18 years and over, by type of drinking water, Bunbury and its surrounds
While the majority of the population in Bunbury and its surrounds drink the public drinking water it was of interest to determine if the type of water consumed affected the level of agreement to the addition of fluoride to the public drinking water supply. As the number of people who consumed water other than the public water supply was low, the three additional groups of store bought, rainwater tank and other were combined into one “other” group for analytical purposes.

Figure 16 illustrates that a significantly higher proportion of people who consume the public drinking water supply are in favour of fluoridation of public drinking water supply (75.1%) compared to those who consume another type of drinking water (48.1%). The data is in Table 18.

**Figure 16: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supplies fluoridation by type of drinking water consumed, Bunbury and its surrounds**
Along with agreement to the addition of fluoride there was also interest in determining if the type of drinking water consumed had an impact on the population of interest’s perception of the benefits of fluoride in assisting to prevent tooth decay.

Figure 17 illustrates that for those in the population who drink tap water from the public drinking water supplies 80.9% agree that the addition of fluoride to this type of water supply can assist in the prevention of tooth decay. For those who drink other water types 73.2% agreed that the addition of fluoride to the public drinking water can assist with the prevention of tooth decay. The data is in Table 19.

Figure 17: Weighted proportion of adults aged 18 years and over, agreement that the addition of fluoride to public drinking water supplies prevents tooth decay, by type of drinking water consumed, Bunbury and its surrounds
4. References


Appendix A: Approach letter

Dear <Recall Respondents Name>

The WA Health and Wellbeing Surveillance Survey System

You have previously taken part in the important Department of Health initiative, the WA Health and Wellbeing Surveillance System Survey. During that interview you consented to be recalled should the Department of Health require assistance with future survey research. We are currently inviting you to take part in an additional section of the WA Health and Wellbeing Surveillance System, looking into the public’s views on the addition of fluoride to public drinking water supplies, by water companies in the Bunbury area. The Edith Cowan University (ECU) Survey Research Centre conducts the survey on our behalf.

In the next few weeks, an interviewer from the ECU Survey Research Centre will telephone your house. The interviewer will ask to speak to the person from the household who previously completed the WA Health and Wellbeing Surveillance System survey.

The interviewer will ask you to take part in an interview over the telephone. The interview will last no more than ten minutes. All information collected will be strictly confidential. While you do not have to participate I hope that you do.

We use the results from the survey to keep an eye on the health and wellbeing of residents from Bunbury and its surrounding areas. This survey will ensure that we have up-to-date information about the views and attitudes of your community towards the addition of fluoride to public drinking water supplies.

If you have any queries about the survey, please call Vicki Grahama or the supervisor on duty on 1800 993310. They will be happy to answer your questions. There is also a contact number on the brochure if you want to speak to someone in the Department of Health.

I would like to thank you in advance for your support and participation in this important initiative.

Yours sincerely

Jim Dodds
Director
Environmental Health Directorate
Department of Health
Appendix B: Health and Wellbeing Surveillance System brochure

Other possible uses of the information collected in the survey

At the end of the survey, we will ask you if you would agree to be telephoned again at some time to take part in other important health studies. You do not have to participate in the future even if you say yes at this time.

We will also ask for your consent to have the information you provide on the survey linked to other health-related data collections information, such as hospitalisation or midwives data. This type of research helps us to identify emerging issues and to plan our services more effectively and efficiently.

All research projects would have approval from a qualified ethics committee and would only use and report on information that is not individually identifiable.

You can request to have a brochure about data linkage sent to you at the time of the interview.

Does it matter who takes part in the survey?

The HWSS is about everybody in WA. This means that we need everyone to help us to build an accurate picture of the health needs of the state. If you have been contacted to take part in the survey, please do. While the survey is voluntary, by taking part you are helping us to plan and provide the best possible health services for our state.

Further information

More survey information can be found online at: www.health.wa.gov.au/publications/pop_surveys.cfm or call Department of Health on (08) 9222 4222 and ask for the Epidemiology Branch.

Further information about linking health records can be found on the internet site: www.data linkage-wa.org or call the Department of Health on (08) 9222 4222 and ask for the Data Linkage Branch.

This project has been approved by the Department of Health Human Research Ethics Committee.

This document can be made available in alternative formats on request for a person with a disability.
Why does WA need a Health and Wellbeing Surveillance System?

In 2002, a Health and Wellbeing Surveillance System (HWSS) began monitoring the health status of all Western Australians.

Every month over 500 people of all ages are asked to take part in a telephone interview. Those who agree are asked a range of questions about their health and way of life.

The information from the HWSS is very important for identifying the health needs of Western Australians across the State.

How is the information from the HWSS used?

The information from the HWSS is used to:
- monitor the health status of all Western Australians
- identify important relationships between lifestyle choices and health
- identify groups who are ‘at risk’ of developing health problems
- plan and develop health services to ensure the provision of effective, safe and high quality health care
- inform health education programs
- evaluate what is already being done in health care
- inform health policy development.

What you will be asked about

Question topics in the survey include:
- health status
- smoking
- physical activity
- nutrition
- alcohol consumption
- use of health services
- sociodemographic information such as age, sex and geographic location.

Delivering a Healthy WA
**Appendix C: Water Fluoridation Survey questionnaire**

### CATI Health and Wellbeing Survey

**Water Fluoridation Module 2011**

*Note: The letters to the right indicate which age groups were asked each question. Y = Young adult 18-24 years, A = Adult 25-64 years and O = Older adult 65+ years*

Hello my name is.... I am calling on behalf of the WA Dept of Health regarding a health survey. You may have received a letter and brochure explaining about the survey from us recently. Sorry to have missed you we will call again later or if you would like to make an appointment for us to call, please telephone 1800 etc.

Hello. I'm calling from the Survey Research Centre on behalf of the Department of Health regarding the study we are conducting on attitudes towards the addition of fluoride to public drinking water.

Additional information about silent numbers (if this issue is raised by the respondent). We obtained your number from the 2008/09 version of the white pages. This probably means that prior to you getting the number, the number was not a silent one. If you are concerned about this, we suggest that you contact your telephone service provider.

We would like to talk to [Adult's name] as they previously completed a health and wellbeing survey and indicated that we could call back if we had any further health-related surveys.

<table>
<thead>
<tr>
<th>LET1</th>
<th>We recently sent you a letter telling you about the survey. Did you receive the letter? (Single Response)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>0 No</td>
<td>18-24</td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>998</td>
<td>Unsure/Don't know/Can't remember</td>
</tr>
</tbody>
</table>

[If No] The letter invited [Adult's name] to take part in an important health survey being conducted by the Department of Health. It was sent to your household to let you know that we would be contacting you by phone. Your responses will form part of a picture of your local community. The results of the survey will be used to help us obtain a community view on the addition of fluoride to public drinking water supplies.

[All] I can assure you that information given will remain confidential. The answers from all people interviewed will be gathered together and no individual answers will be published or passed on. On average the survey takes no more than 10 minutes. Participation in the survey is voluntary. You may withdraw from the survey at any time and may refuse to answer any questions as you wish.

**SCREENER 1:** As we are focussing on the City of Bunbury and its surrounds in this survey could you please let me know what postcode you live in?

1 6229 (Continue with survey - Go to DEM 1)
2 6230 (Continue with survey - Go to DEM 1)
3 6233 (Continue with survey - Go to DEM 1)
4 6232 (Continue with survey - Go to DEM 1)
5 Other Postcode (screen out)
996 Unsure/ Don't Know/ Can't remember (Go to Screener2)
999 Refused (screen out)
**SCREENER 2: Could you please let me know what suburb you live in?**
(Continue survey only if one of the following suburbs, otherwise screen out)
1 Australind
2 Binningup
3 Bunbury
4 Carey Park
5 College Grove
6 Dalrymple
7 Davenport
8 East Bunbury
9 Eaton
10 Gelorup
11 Glen Iris
12 Leschenault
13 Millbridge
14 Parkfield
15 Pelican Point
16 Picton
17 Picton East
18 South Bunbury
19 Usher
20 Vittoria
21 Wellesley
22 Withers
998 Unsure/ Don't Know/ Can't remember (screen out)
999 Refused (screen out)

**DEMI What was your age last birthday? (Single Response. IF REFUSED, TERMINATE INTERVIEW)**
Enter age________

**Record the sex**
**DEMS Sex (Do not ask. If unsure at end of interview, delete interview)**

---

**WATER FLUORIDATION**

**Q1 Is your residence connected to the public water supply? (Single response)**
0 No (Go to Q3)
1 Yes (Go to Q2)
998 Unsure/Don't know/Can't remember (Go to Q2)
999 Refused (Go to Q2)

**Q2 Do you know whether fluoride has or has not been added to your public water supply? (Single response)**
0 No, I don't know if fluoride has been added to the public water supply or not
1 Yes, I am sure the public water supply has had fluoride added
2 Yes, I am sure the public water supply has not had fluoride added
999 Refused

**Q3 Do you agree with the addition of fluoride to the public drinking water supply? (Single response)**
0 No
1 Yes
998 Unsure/Don't know/Can't remember
999 Refused
Q4 Do you believe that the addition of fluoride to the public drinking water supply is safe? *(Single response)*
- Yes
- No
- Unsure/Don't know/Can't remember
- Refused

Q5 Do you believe that the addition of fluoride to public drinking water supplies can help prevent tooth decay? *(Single response)*
- Yes
- No
- Unsure/Don't know/Can't remember
- Refused

Q6 Where have you received information on the addition of fluoride to public drinking water supplies? *(Multiple Response Possible - Do not read out options, Prompt after first response by saying “anywhere else” to obtain more information)*
- Newspapers
- Magazines
- Television
- Radio
- Advertisements for dental products
- Health authorities
- Dentists
- Internet *(specify) website
- No information/source
- Other *(specify)
- Unsure/Don't know/Can't remember
- Refused

Q7 What is your most commonly used source of drinking water? *(Single Response)*
- Tap water from public drinking water supply
- Store bought bottled water
- Rainwater tank
- Other *(specify)
- Unsure/Don't know/Can't remember
- Refused

THANK YOU FOR YOUR TIME AND COOPERATION
Appendix D: Result tables

Table 4: Weighted proportion of households connected to the public drinking water supply, 18 years and over, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Connected to public drinking water</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>6</td>
<td>1.0 ( 0.1 - 1.8 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>447</td>
<td>97.4 ( 95.2 - 99.6 )</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>4</td>
<td>1.6 ( 0.0 - 3.6 )</td>
<td></td>
</tr>
</tbody>
</table>

Table 5: Weighted proportion of adults aged 18 years and over who knew if their public water supply was currently fluoridated, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Knowledge of public drinking water fluoridation</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sure the public water supply has not had fluoride added</td>
<td>113</td>
<td>24.5 ( 18.5 - 30.4 )</td>
<td></td>
</tr>
<tr>
<td>Sure the public water supply has had fluoride added</td>
<td>100</td>
<td>20.6 ( 14.6 - 26.5 )</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>238</td>
<td>55.0 ( 47.6 - 62.3 )</td>
<td></td>
</tr>
</tbody>
</table>

Table 6: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supply fluoridation, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Agreement to public drinking water fluoridation</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>74</td>
<td>12.3 ( 8.2 - 16.4 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>314</td>
<td>68.8 ( 61.3 - 76.4 )</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>69</td>
<td>18.9 ( 11.5 - 26.3 )</td>
<td></td>
</tr>
</tbody>
</table>
Table 7: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supply fluoridation by knowledge of current public water supply addition of fluoride, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Agreement to public drinking water fluoridation</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sure fluoride has not been added to the public water supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>24</td>
<td>14.0 (6.7 - 21.3)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>75</td>
<td>77.1 (67.8 - 86.4)</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>14</td>
<td>8.9 (3.0 - 14.8)</td>
<td></td>
</tr>
<tr>
<td>Sure fluoride has been added to the public water supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>11.4 (4.6 - 18.1)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>75</td>
<td>80.5 (70.0 - 91.0)</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>8</td>
<td>8.1 (0.0 - 16.5)</td>
<td></td>
</tr>
<tr>
<td>Don't know if fluoride has been added</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>11.7 (5.4 - 17.9)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>162</td>
<td>61.5 (50.1 - 73.0)</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>44</td>
<td>26.8 (14.9 - 38.7)</td>
<td></td>
</tr>
</tbody>
</table>

Table 8: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supply fluoridation by age group, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Agreement to public drinking water fluoridation</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 44 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>10.8 (3.7 - 17.9)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>65</td>
<td>65.7 (52.2 - 79.3)</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>15</td>
<td>23.5 (9.9 - 37.0)</td>
<td></td>
</tr>
<tr>
<td>45 - 64 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>9.3 (4.7 - 14.0)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>146</td>
<td>77.7 (70.7 - 84.6)</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>25</td>
<td>13.0 (7.3 - 18.7)</td>
<td></td>
</tr>
<tr>
<td>65 years and over</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>23.8 (17.0 - 30.7)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>103</td>
<td>59.3 (51.5 - 67.2)</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>29</td>
<td>16.8 (10.9 - 22.8)</td>
<td></td>
</tr>
</tbody>
</table>
Table 9: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supply fluoridation by place of residence, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Agreement to public drinking water fluoridation</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bunbury</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>44</td>
<td>10.5 (6.3 - 14.8)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>190</td>
<td>66.6 (55.3 - 77.9)</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>40</td>
<td>22.9 (11.0 - 34.8)</td>
<td></td>
</tr>
<tr>
<td><strong>Australind, Eaton &amp; Dalyellup</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>14.3 (7.0 - 21.5)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>124</td>
<td>71.5 (62.3 - 80.8)</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>29</td>
<td>14.3 (7.2 - 21.3)</td>
<td></td>
</tr>
</tbody>
</table>

Table 10: Weighted proportion of adults aged 18 years and over, agreement to the safety of adding fluoride to public drinking water supplies, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Adding fluoride to public drinking water is safe</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>56</td>
<td>8.8 (5.8 - 11.8)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>315</td>
<td>69.5 (62.1 - 76.9)</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>86</td>
<td>21.7 (14.3 - 29.2)</td>
<td></td>
</tr>
</tbody>
</table>

Table 11: Weighted proportion of adults aged 18 years and over, perceived safety of the addition of fluoride to public drinking water supplies and agreement to public drinking water supply fluoridation, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Adding fluoride to public drinking water is safe</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not agree with adding fluoride to the public water supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>50</td>
<td>66.2 (47.8 - 84.5)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>12</td>
<td>12.5 (4.7 - 20.8)</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>12</td>
<td>21.4 (1.9 - 40.8)</td>
<td></td>
</tr>
<tr>
<td>Agree with adding fluoride to the public water supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>0.6 (0.0 - 1.3)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>283</td>
<td>91.1 (87.2 - 95.0)</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>28</td>
<td>8.3 (4.5 - 12.1)</td>
<td></td>
</tr>
<tr>
<td>Unsure about adding fluoride to the public drinking water supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>1.43 (0.0 - 3.2)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>27.8 (10.3 - 45.3)</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>46</td>
<td>70.8 (53.0 - 88.6)</td>
<td></td>
</tr>
</tbody>
</table>
Table 12: Weighted proportion of adults aged 18 years and over, agreement that the addition of fluoride to public drinking water supplies prevents tooth decay, Bunbury and surrounds

<table>
<thead>
<tr>
<th>Adding fluoride to public drinking water assists to prevent tooth decay</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>37</td>
<td>6.0 ( 3.3 - 8.7 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>361</td>
<td>79.0 ( 71.7 - 86.4 )</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>59</td>
<td>14.9 ( 7.6 - 22.3 )</td>
<td></td>
</tr>
</tbody>
</table>

Table 13: Weighted proportion of adults aged 18 years and over, agreement that the addition of fluoride to public drinking water supplies prevents tooth decay, by age group, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Agreement that adding fluoride to public drinking water assists in the prevention of tooth decay</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 44 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>6.3 ( 1.5 - 11.1 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>75</td>
<td>76.1 ( 62.5 - 89.7 )</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
<td>17.6 ( 3.9 - 31.3 )</td>
<td></td>
</tr>
<tr>
<td>45 - 64 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>3.7 ( 1.4 - 6.1 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>160</td>
<td>85.9 ( 80.8 - 91.0 )</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>22</td>
<td>10.4 ( 5.8 - 15.0 )</td>
<td></td>
</tr>
<tr>
<td>65 years and over</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>18</td>
<td>10.5 ( 5.6 - 15.4 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>126</td>
<td>73.3 ( 66.2 - 80.3 )</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>28</td>
<td>16.2 ( 10.4 - 22.1 )</td>
<td></td>
</tr>
</tbody>
</table>

Table 14: Weighted proportion of adults aged 18 years and over, agreement that the addition of fluoride to public drinking water supplies prevents tooth decay, by location of residence, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Agreement that adding fluoride to public drinking water assists in the prevention of tooth decay</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bunbury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td>5.7 ( 2.6 - 8.7 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>216</td>
<td>77.2 ( 65.7 - 88.7 )</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>35</td>
<td>17.2 ( 5.3 - 29.0 )</td>
<td></td>
</tr>
<tr>
<td>Australind, Eaton &amp; Dalyellup</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>6.5 ( 2.0 - 11.0 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>145</td>
<td>81.2 ( 72.9 - 89.5 )</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>24</td>
<td>12.4 ( 4.9 - 19.8 )</td>
<td></td>
</tr>
</tbody>
</table>
Table 15: Weighted proportion of adults aged 18 years and over, in favour of the addition of fluoride to public drinking water supplies to prevent tooth decay, Bunbury and surrounds

<table>
<thead>
<tr>
<th>In favour of adding fluoride to public drinking water to prevent tooth decay</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in favour</td>
<td>38</td>
<td>12.3</td>
<td>(4.6 - 19.9)</td>
</tr>
<tr>
<td>Only for children</td>
<td>28</td>
<td>4.4</td>
<td>(2.1 - 6.7)</td>
</tr>
<tr>
<td>Only for adults</td>
<td>5</td>
<td>1.9</td>
<td>(0.0 - 4.0)</td>
</tr>
<tr>
<td>For both adults and children</td>
<td>313</td>
<td>75.4</td>
<td>(67.6 - 83.2)</td>
</tr>
<tr>
<td>Don't know</td>
<td>35</td>
<td>6.1</td>
<td>(3.4 - 8.7)</td>
</tr>
</tbody>
</table>

Table 16: Unweighted proportion of adults aged 18 years and over, by information source and agreement to the addition of fluoride to public drinking water supplies, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Information sources about adding fluoride to public drinking water supplies</th>
<th>Agreement to the adding fluoride to public drinking water supplies</th>
<th>In favour</th>
<th>Not in favour</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unweighted (n)</td>
<td>Unweighted prevalence (%)</td>
<td>Unweighted (n)</td>
<td>Unweighted prevalence (%)</td>
</tr>
<tr>
<td>No information source</td>
<td>41</td>
<td>13.1</td>
<td>12</td>
<td>16.2</td>
</tr>
<tr>
<td>Newspaper</td>
<td>152</td>
<td>48.4</td>
<td>36</td>
<td>48.7</td>
</tr>
<tr>
<td>Magazines</td>
<td>19</td>
<td>6.1</td>
<td>7</td>
<td>9.5</td>
</tr>
<tr>
<td>Television</td>
<td>65</td>
<td>20.7</td>
<td>14</td>
<td>18.9</td>
</tr>
<tr>
<td>Radio</td>
<td>17</td>
<td>5.4</td>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td>Dental Product Advertisements</td>
<td>10</td>
<td>3.2</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Health Authority</td>
<td>19</td>
<td>6.1</td>
<td>4</td>
<td>5.4</td>
</tr>
<tr>
<td>Dentist</td>
<td>47</td>
<td>15.0</td>
<td>4</td>
<td>5.4</td>
</tr>
<tr>
<td>Internet</td>
<td>10</td>
<td>3.2</td>
<td>7</td>
<td>9.5</td>
</tr>
<tr>
<td>Other</td>
<td>68</td>
<td>21.7</td>
<td>19</td>
<td>25.7</td>
</tr>
</tbody>
</table>

Please note: Multiple responses were possible for this question

Table 17: Weighted proportion of adults aged 18 years and over, by type of drinking water, Bunbury and surrounds

<table>
<thead>
<tr>
<th>Drinking water type</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap water from public drinking water supply</td>
<td>335</td>
<td>77.1</td>
<td>(71.7 - 82.5)</td>
</tr>
<tr>
<td>Store bought bottled water</td>
<td>19</td>
<td>6.4</td>
<td>(2.5 - 10.2)</td>
</tr>
<tr>
<td>Rainwater tank</td>
<td>55</td>
<td>8.0</td>
<td>(5.4 - 10.7)</td>
</tr>
<tr>
<td>Other</td>
<td>47</td>
<td>8.5</td>
<td>(5.3 - 11.7)</td>
</tr>
</tbody>
</table>
Table 18: Weighted proportion of adults aged 18 years and over, agreement to public drinking water supplies fluoridation by type of drinking water consumed, Bunbury and surrounds

<table>
<thead>
<tr>
<th>Agreement to public drinking water fluoridation</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap water from public drinking water supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>7.0 ( 4.2 - 9.7 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>251</td>
<td>75.1 ( 66.1 - 84.1 )</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>44</td>
<td>17.9 ( 8.7 - 27.1 )</td>
<td></td>
</tr>
<tr>
<td>Other drinking water type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>33</td>
<td>29.6 ( 16.7 - 42.3 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>63</td>
<td>48.1 ( 35.7 - 60.4 )</td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>25</td>
<td>22.4 ( 11.7 - 33.0 )</td>
<td></td>
</tr>
</tbody>
</table>

Table 19: Weighted proportion of adults aged 18 years and over, agreement that the addition of fluoride to public drinking water supplies prevents tooth decay, by type of drinking water consumed, Bunbury and its surrounds

<table>
<thead>
<tr>
<th>Agreement that adding fluoride to public drinking water assists in the prevention of tooth decay</th>
<th>Unweighted (n)</th>
<th>Weighted prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap water from public drinking water supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>5.1 ( 2.2 - 8.0 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>276</td>
<td>80.1 ( 72.0 - 89.8 )</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>37</td>
<td>14.0 ( 5.1 - 22.9 )</td>
<td></td>
</tr>
<tr>
<td>Other drinking water type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>8.7 ( 2.5 - 14.9 )</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>85</td>
<td>73.2 ( 61.0 - 85.3 )</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>22</td>
<td>18.1 ( 6.5 - 29.7 )</td>
<td></td>
</tr>
</tbody>
</table>
Appendix E: Respondents’ comments – agree that adding fluoride to public drinking water can assist in preventing tooth decay

All comments are presented verbatim.

- I have read evidence.
- I believe that fluoride is a great preventative for tooth decay.
- I believe that we always had fluoride in the water and we always had good healthy teeth.
- For children the fluoride would help prevent tooth decay.
- I think it’s because when I had my children they took fluoride and they have wonderful teeth.
- I have noticed since moving to Bunbury that my teeth have gotten worse and I feel that fluoride would have prevented that.
- In my younger days I worked as a dental nurse, so I know about the importance of fluoride. Hopefully with it in the water it will reach the younger members.
- It is studied that it does help with tooth decay.
- Because having being here for some time this water is very good compared to where I was living and water wasn’t as good as it is here.
- Just from the stuff I’ve read about it, and I heard dentists and nurses speak about it.
- I took part in a debate a few years ago and it was decided that it was best to add fluoride.
- My kids have good teeth so that’s because of the water.
- I think that there is evidence to support the prevention of tooth decay is helped by adding fluoride to the water.
- In the past fluoride has been used to prevent tooth decay.
- I have been drinking fluoridated water and my teeth are fine.
- I’ve grown up on it and my teeth are fine.
- As a young mother my doctor advised to give fluoride tablets to my children and that was successful.
- Because many years ago when the media talked about it they said that it works to help prevent tooth decay.
- I have read that fluoride prevents tooth decay.
• I'm 81 and I have all my own teeth and that may be because of the fluoride.
• Because dentists say it helps with tooth decay.
• I think that it does prevent tooth decay.
• My two sons who lived in Perth and they had fluoride in the water and they have no tooth decay.
• I have personal experience with the success of fluoride tablets.
• Because we used to have it when I was a child and we had no tooth decay.
• I've got lots of fillings but my children haven't got any and I believe they have benefited from that.
• When I grew up there was fluoride in the water and my teeth are fine so I think it's good for your teeth.
• I used to live in England and my village put fluoride in the water and it proved it worked.
• Fluoride helps to strengthen teeth.
• Seeing the difference between my children and other children's teeth. Safer with the water supply of fluoride.
• Teeth last longer when fluoride is added.
• The health survey in Perth that I read ages ago said it does not matter.
• Because I understand that putting fluoride in the water helps prevent tooth decay.
• Just general knowledge.
• The experts in the media said that it is ok.
• Because fluoride helps to prevent tooth decay.
• That was the theory.
• I grew up without fluoride and my teeth were quite rotten.
• According to all dentists it says it does so I go by that.
• I grew up in Sydney and we had it in our system over there, and the proof of having fluoride influences the incidence of tooth decay.
• I am from New Zealand with fluoride in the water and tooth decay in children was reduced.
• From what I have heard from the media, fluoride has prevented tooth decay.
• People aren't brushing their teeth enough and adding fluoride to the water would be a good substitute for those who aren't getting the amount they need.

• I grew up with this water and it helped me.

• Anything that takes impurities out of the water will help with tooth decay.

• I am a dental therapist and therefore I am sure of the benefits of the addition of fluoride to our water supplies.

• I've been living in this town for 60 years and tooth decay here is not very high since they introduced it.

• I lived in places with fluoride in water and without fluoride and it did not harm me and my family. So it does not matter.

• Because it was put it when the kids were small and they have no mark what so ever on their teeth.

• I have read about the proven benefits.

• There is fluoride in tooth paste and dentist says that is good so I believe it's good for your teeth.

• Because when my children were little I gave them fluoride tablets because there wasn't any in the water and their teeth are perfectly fine.

• My children have good teeth so I believe it is good.

• Because we used to live in the metropolitan area when the kids were small I gave them fluoride tablets because there wasn't any in the water at the time and it helped with their teeth.

• From what I have heard from the news, it has good benefits towards preventing tooth decay.

• Because evidence from scientific research on the matter.

• My kids had decay in their teeth and the dentist said it was due to the water.

• Because I had a girlfriend who gave her kids fluoride tablets because there was no fluoride in the water and then she didn't give it to her next kids and they ended up at the dentist at a small age whereas her other children didn't.

• Because toothpaste has fluoride in it and it's good for your teeth so I think fluoride in water will also help in preventing tooth decay.

• Because I drank it when I was young and my teeth are healthy.

• When I was young I was brought up with no fluoride in the water. This caused decay in my teeth. I ensured that my kids took fluoride tablets when there was no fluoride in the water.

• The evidence I've heard and seen about it is effective.
From my experiences with drinking tap water with fluoride, my teeth look perfectly fine and healthy.

I had my children in Bunbury and the council gave out free tablets and I gave my daughters fluoride tablets and they prevented tooth decay.

I've got a science degree and I believe that it is good.

Because I already give my children fluoride tablets.

I believe that fluoride does help with the prevention of tooth decay however we should be given the choice to whether it should be put in water or given as tablets.

Seems to be from the studies that it does prevent tooth decay. Media exposure leads to it as it does prevent and that's why I believe it.

I still have all my teeth.

This is because my teeth are really bad and I grew up with no fluoride. It's better to have fluoride.

Because it was put in years ago and I think the number of tooth decay was down but now it's gone up.

My parent grew up without fluoride in their water supply, and my teeth are stronger, and healthier than theirs, less prone to decay. My age group, between 30 and 30, have a lot less problems with their teeth than the baby boomers and older.

Only from what I hear from the media.

I think that fluoride will help prevent tooth decay.

I read an article in the newspaper about fluoride helping with tooth decay.

It's been proven over the years in kids teeth.

Because the dentist has said and different things I've read has said that.

I think fluoride adds to the strength of the calcium and enamels in your teeth.

I grew up drinking water with fluoride, I don't see any harm it can cause.

I'm a theatre nurse, so I've worked with a lot of dentists, and they have all confirmed that it did actually work, that there was a decrease in tooth decay in areas that introduced fluoride.

The fluoride in the water strengthens the enamel and helps guard against natural occurring things in water and help prevents tooth decay.

There's been proof over the years and I've seen it on TV.

I have some knowledge of fluoride and its benefits of preventing tooth decay, so I believe it will help with preventing tooth decay.

I've seen advertisements and my dentist said that to me.
• Mostly because I used to give my children fluoride tablets for their teeth, so I believe having it in the water would prevent tooth decay.

• Because I have researched it and know that it is safe.

• Because I've looked at different studies and stuff when my kids were little, the studies have shown that fluoride does prevent tooth decay. They found that when they cut it out there was a lot more tooth decay in kids.

• I've read that fluoride can prevent dental decay.

• I've seen what happens with farmers whose teeth are bad and they don't drink the fluoride water. The people who are exposed to it have better teeth.

• There are lots of evidence around, the towns that didn't have fluoride in their water supply had considerable amount of people who had tooth decay compared to towns that did.

• Only because people have told me so that it's meant to prevent tooth decay.

• I just think fluoride is good because it has worked for my kids so far.

• I'm 75, they've been talking about fluoride for years, I've a history of hearing about it. I remember they've done surveys and found out that it has helped prevent tooth decay in the areas they have added it.

• Dentists say that it does.

• I've heard that from the community just general talk.

• I was originally in Melbourne, and they added it there, and our school was in a study comparing our school which was in a fluoridated area to another school where the water supply didn't have fluoride, and our teeth were stronger and healthier.

• Fluoride is in toothpaste.

• I think everyone needs to receive the right amount of fluoride.

• I believe that having fluoride in the water will help with tooth decay.

• I had to take fluoride when I was pregnant and my kids had no trouble with their teeth. I also heard from the dentist that it would help.

• Information I read years ago in a child's clinic which was on the wall.

• From what I have read it does improve children's teeth.

• I believe that the fluoride take in is too low and adding fluoride to our water may change that.

• I believe fluoride in water does help from what I have read in the newspaper.

• I think it helps prevent tooth decay in children.
I was teaching in Carnarvon and the dentist could tell that the students didn't have fluoride in the water.

I'm 83 and I have all my own teeth and we had fluoride in the water in the UK where I grew up.

I've read what the experts say about it, and they seem to think that the fluoride works. Also all the kids these days seem to have good teeth, I think the fluoride might have something to do with that.

It's scientifically proven that it does help prevent tooth decay but we lived in Dampier (hot country) and the kids always drank water. At the time Queensland put it in their water and they found that it caused deformation in the children's teeth.

From my own research and media.

I only believe that it does help prevent tooth decay because we use fluoride in toothpaste and that helps to keep our teeth healthy.

I have read information in the media and I have been taught that fluoride would be beneficial for preventing tooth decay.

I believe it is good for children's teeth.

I've read that fluoride helps prevent tooth decay.

Because that's what the dentists have told me.

I lived in an area that had it and my teeth benefitted.

The information I have received about the topic suggests that it is beneficial.

I don't have any reason but I don't think it harms.

I think it might have its good points for your teeth.

Just through different bits and pieces that I've read, just taking other people's word for it.

It can help the young people. I've read that it can only help people under 12.

I never had problems with tooth decay when I was younger and exposed to fluoride water and therefore I believe it is a good idea.

It's just something we've been brought up to believe, that fluoride helps with healthy teeth.

Because I grew up in Perth when they had it and my dental therapist told me.

Because I have heard from the news that fluoride is good for your teeth.

It would be good in small doses.

I've heard it from the dentists that fluoride is good.

As a youngster I had a lot of trips to the dentist, but my grandchildren haven't, and I think that may be because they have had fluoride in their water and I didn't.
• Because I was always brought up to believe that fluoride is good for your teeth.

• Because it would be fine in small doses.

• Having talked with a dentist.

• Dentists encourage fluoride.

• Because I've had fluoride treatment and heard it from the dentist that it's good.

• We are from South Australia and we had fluoride in our water there and our teeth are so much better then the people’s teeth around here.

• I always hear that fluoride is good for our teeth.

• It has proven for over years that it has helped to prevent tooth decay, also what I have seen from the news it has proven to be successful.

• I can taste the fluoride when it is added to water and I don't like the taste. Also, my grandson is only 3 and he has already started to have teeth problems and I think this is because of the addition of fluoride.

• I believe fluoride does reduce tooth decay due to the research I read.

• Just from what I've been told over the years. Friends that I have that live in places where fluoride is not in the water and have told me that they had problems with their teeth.

• We used to take fluoride so I think it would work.

• My daughter has rainwater and she means to give her children fluoride tablets but she always forgets so having it in the water would make it easier.

• I have read the information given in regards to fluoride and the dentist also said that it would prevent tooth decay.

• Well it seems that it does help from what I have heard in the media.

• Because I've lived in areas with fluoride and I think it works from my experience.

• Because it's advertised on TV.

• My children were brought up in areas without fluoride and their friends have better teeth do have fluoride in their water they are from Perth.

• What I've read and heard about it says it prevents tooth decay.

• I believe that it would reduce tooth decay.

• It is just what my dad has told me.

• I believe the authority are people who have knowledge regarding what they are doing. If they add fluoride to my water, it must be for my best. I choose to have faith in the authority.
People I've spoken to, friends and relatives, say that fluoride is good for the teeth.

The younger generation kids would have better teeth.

Because that's just what I was told when I was younger.

Because from my experience I know that fluoride has helped to prevent tooth decay all my children have healthy teeth.

Well according to the dentist it prevents decay.

Don't really know why. Must be ok they put it in toothpaste.

It's in toothpaste. They say that is good for teeth, especially for children. They have had it in toothpaste for years so it must be ok.

It is good for the children otherwise they would not get enough fluoride to protect their teeth.

They have it in Perth and they reckon the kids teeth are ok there.

I have lived all over Australia and they have had fluoride in the water. It was very much needed in places like Darwin but not needed in Bunbury.

They say that it's good for the children to have it in their water. Helps them to have better teeth.

The power of advertising makes people believe that but I don't have any real evidence.

It is good for the teeth. It makes the enamel stronger.

I do not know.

There is a lot of information about the benefits. I grew up in Moora and we had terrible teeth so I gave my child the tablets and they have much better teeth. If a dentist put fluoride on your teeth to protect them it is saying to me that fluoride is good for our teeth.

I grew up with it. My mum and dad brought up to believe it was a good thing to have fluoride in the water.

You don't seem to get enough from other things. It all helps.

Because they use it in tooth paste.

Because the dentist told me that it can help tooth decay.

All the studies that have been done over the years and they say Bunbury is higher in tooth decay anywhere else in the state as we don't have fluoride in the water it should and it will help.

Because of less dental work done, less dental extractions in people.

Because I've seen proof that it can.

Just from the information I've gathered from over the years.
Because it has been proven by scientists that it does help prevent tooth decay and that's why I believe in it.

Because even if you do not have a toothbrush, fluoride would help to reduce tooth decay.

Because we are told it is and we do need fluoride.

I guess that is why they are putting it there.

I believe that it has been proven, simply based on the effects by the water I've seen especially in children.

Because that is what the dentists and scientists say.

Because I'm basing it on reports from dental and medical that it provides dental decay.

Just based on my own knowledge of fluoride in toothpaste.

We used to live in another town when the children were young and we used to give them fluoride tablets and they all have good teeth.

I've lived in Bunbury for a very long time and the first time we moved here we were provided fluoride tablets and they helped keep our teeth healthy, so I believe that adding fluoride to the water will help prevent tooth decay.

Because fluoride helps tooth decay. Possibly because I've been around for a while and visits with dentists have told me so.

Came from New Zealand it they had it.

Well I believe that as it has been promoted.

I said yes because what I have seen on TV says that fluoride does help in the prevention of tooth decay.

I see more tooth decays in children now than I could few years ago because there was fluoride in the water then not so much now.

Because coming from Africa we used to have fluoride in our water supply and we all have healthy teeth.

I agree with it because it is good for the kids teeth.

Because I've lived in an area where they had fluoride in the water and my teeth are fine and healthy.

I feel it can prevent any difficulties with any children out there who have poor dental hygiene.

Well I gave my own children fluoride in their water and they all have good teeth.

It helps prevent tooth decay.
Knowing what fluoride can do for teeth it must be doing something good.

Because dentists say that fluoride helps with the prevention in tooth decay so adding it to the water supply will help with this also.

Because that's what the research tells me and that's what I believe.

I came from England and we had fluoride in the water and this helped prevent tooth decay.

Fluoride is supposed to.

All my children grew up drinking water which had fluoride in it and they have good and healthy teeth.

I think it's common knowledge that fluoride helps with tooth decay.

I have read the results from the debate ages ago and the surveys that said it's better to have the fluoride to prevent tooth decay.

Well because I drink lots of water and I do not have tooth decay.

Hear so much about it from scientists as long as it does not harm the bones.

Just going on my children when they were smaller, very little teeth problems.

It's on all the toothpaste so I agree.

There is evidence in WA has the best kid's teeth in the country. Perth better than Bunbury. Less cavities in kids in Perth.

Because I've heard from newspapers that fluoride in water has helped prevent tooth decay.

I was brought up in an area with fluoridated water and I still have really good teeth.

It has been around long enough to know that it must do some good. If it didn't they would waste their money.

Fluoride in toothpaste is supposed to be good for your teeth so I can't see why it wouldn't be good in water too.

Because my children have all been involved in taking fluoride and we used to have to take fluoride tablets back in the day.

Fluoride is good for your teeth and many people do not clean their teeth so that's a bonus!

Because I have members of the family who have not grown up fluoride in the water and they have tooth decay problems.

As far as I am aware we had when I was a kid and it helped.

When my children were small, they had fluoride and it helped.

You just always hear that fluoride is good for your teeth.
- I am 90 already and it didn't really affect me.

- It will protect the teeth and makes the tooth stronger.

- I have reasonably good dental health, and I was given fluoride tablets when I was young.

- When I went to the dentist I had to agree to fluoride for treatment in the prevention of decay.

- Because it's in Perth and I was from Perth many years ago so I think it's ok.

- It helped me so it should be good.

- Because I'm from England and we have had it in our water supply for ages.

- Just because of experience of that when we were in South Africa.

- I read an article last week about children's teeth in this area is lot healthier than other areas due to fluoride.

- Because the kids teeth these days are quite healthy compared to many years ago.

- We lived in country and we had only piped water, we gave our children fluoride as they growing and they have fantastic teeth.

- Well fluoride is in toothpaste so it must be good for your teeth.

- I think I saw something on the TV saying that fluoride prevents tooth decay.

- Because I've been brought up to think that fluoride is good for teeth.

- Fluoride strengthens teeth in young kids before they mature, so when kids have it, it does prevent tooth decay, but it doesn't have any for adults.

- Because I trust in what I have read about fluoride.

- We had it before and we do not have it now. My children's teeth are good. In the front of the local paper this week now no fluoride in the water children's teeth in Bunbury more decayed than children in Perth.

- I have read a lot about it and I believe it is good.

- All the studies and bits and pieces I've read and heard about over the years have said that it does prevent tooth decay.

- Because during the 70's we had fluoride treatment for this very reason.

- I think it's a fairly well known fact.

- Because there are proven results that fluoride is good for teeth.

- Because it does help stop tooth decay.
I have family and friends that have been on fluoride water up in the city, and they have not had nearly as much dental problems as us in the country without fluoride in the water.

When I was a young person I remember reading that the country kids had better teeth than the city kids and they discovered that it was due to the fluoride levels in their creek water.

Because that's what we have been told over and over for years.

I've been brought up with that, my parents taught me that fluoride is good for your teeth.

I have read about it. My daughter is a dental assistant and she always said that fluoride should be added.

By going on what's in the press and media it should be good for teeth.

I was bought up with fluoride and I've had no major teeth decays in my life.

When my children were young, the doctor or someone like that told us to add fluoride tablets to their drinking water, and so we did that a little bit. My children are all grown up now, and they have reasonably good teeth.

I was a public health inspector before I retired and this subject has come across many times and I have always been informed that it is good for your teeth.

I gave my kids fluoride tablets and it helped us all.

Because my kids had fluoride tablets when they were children, and now they are grown up and all have wonderful teeth.

There has been a lot in the local paper about the children's teeth in the area being bad because there is no fluoride in the water.

Well it's been done for a long time and there hasn't been any known side effects that I'm aware of.

Nobody has ever pointed a finger at the water supply for bad teeth.

The fact that dentists really push fluoride for healthy teeth.

I think the evidence proves that the addition of fluoride prevents tooth decay. I lived in Perth my children had good teeth and fluoride was added to the water there.

Because of what I have read from various sources, it seems to be helpful.

When I was younger, my mum added fluoride to my drinking water and I've never had any dental work.

Because the dentists always recommend fluoride.

Because as a kid I used to get given fluoride tablets to prevent tooth decay.

I worked as a nurse, and one of the textbook things we studied was the advantage of fluoride for preventing tooth decay in kids, especially when the parents are not supervising as well as they should.
• Because all 3 of my children have had to have dental work done under the age of 5 and they have mainly been drinking rain water their whole life.

• I grew up in Tasmania and I have no problem with my teeth. My kids grew up in WA and lack of fluoride has caused problem with my son's teeth. I think fluoride needs to be added in the water here.

• Because studies have show it and we have a bad rate of tooth decay in the local kids.

• Because my own children grew up in the Goldfields and have perfect teeth and fluoride was added to the water. My younger children were toddlers when we moved here I gave them fluoride tablets as no fluoride in the water here.

• Fluoride is good for your teeth, assumedly when it passes over the teeth it assists in prevention.

• Because I grew up with it and so have my children and we all have good teeth.

• Because I'm 74 and I still have my own teeth, and I think that might be because I've had fluoride in my drinking water.

• Because I have lots of friends from interstate who have bad teeth and they say it is due to having no fluoride in their water.

• The information we seem to get confirms that it does.

• I've just heard it is supposed to be good for your teeth.

• From the reading I've done on it, it does prevent tooth decay.

• From what I have read through various sources.

• Things that the dentists have said to us when the kids were smaller, back then there was no fluoride in the water, so the dentists recommended fluoride tablets.

• When I was a child I lived in Perth and the supply was not treated at the time and when my parents found out about the benefits of fluoride they got tablets for me and my siblings.

• I have seen kids here with lots of teeth problem, I think this will help in controlling the problem.

• I read an article in the paper that a dentist is encouraging fluoride in the water.

• Just general knowledge.

• The information that is available suggests that it does assist with preventing tooth decay.

• We lived in Bunbury when our children were young, the council used to supply fluoride tablets. As adults they all have good teeth.

• Just because of what I've read, articles in the paper saying that fluoride in the water is good for your teeth.
• I suppose fluoride is good for our teeth anyway. It will help drinking water with fluoride.
• Just from past experiences, I believe fluoride in the water is good.
• Because I have been brought up with fluoride in the systems and I am under the impression that it would help.
• Because they wouldn't be doing it if it wasn't something that was safe.
• My understanding of fluoride is that it's the action of the fluoride passing over your teeth that gives you protection from tooth decay, so that's why you need it to be in the drinking water, instead of say getting fluoride from a tablet.
• I recently heard about it, I don't know much but I don't see why it can't be good for our teeth. So I say yes for it.
• Because I am booked in to have all my teeth pulled out I think this may be the lack of fluoride. After reading the local paper it helped with my belief.
• Because fluoride helps to clean the teeth.
• I've never had a filling in my life and have lived in fluoride treated areas my whole life.
• We lived in the UK, they have it in the water supply there and it's beneficial.
• It has helped me in the past with tooth decay and I have heard of it from the dentist.
• Our daughter has not have a lot of dental work and she is in her 40's now. I gave her gave the fluoride tablets when she was a child.
• I would think that it would.
• Since we have come to Bunbury I believe that our teeth have been better.
• From what I've read it supports that.
• Because people have told me that it does.
• I have seen in the other places I lived that has fluoride in the water and no one had problem like people here.
• Because fluoride helps with the prevention of tooth decay.
• Because they told me it does.
• Because of my own teeth I have my own teeth. We had fluoride in Kalgoorlie.
• They wouldn't have been doing it for so long in other places if it didn't.
• Just as a general dose to everyone.
• All the studies that have been taken show that it works and I've spoken to the dentists as well.
• I lived in Queensland and it's all over there and they don't have bad cases of tooth decay.

• I think that an extra additive would be a benefit and they told us so.

• Because the dentists apply it to my teeth.

• I'm from Victoria and we had it over there and studies have shown it helps.

• Because of what you read about it, I saw in the papers that the average of tooth decay in children was half in Bunbury compared to other places that don't have fluoride in the water.

• Because to my knowledge fluoride is used to prevent tooth decay, so adding it to something we drink all the time, it makes sense that it would work.

• In my first 50 years I lived in a town that did have fluoride added to the water, and our family had very little teeth problems.

• Because I'm 87 and I have my own teeth, and I do believe that the fluoride in the water is related to that.

• I had seven children, and I was in Kalgoorlie in the 60's and 70's, and there was a lot of discussion, and we were giving out children fluoride tablets and buying fluoride toothpaste, people were saying fluoride was the saviour of rotten teeth.

• Just from what I've read, and from dentist friends we have, it does prevent tooth decay.

• Because I remember seeing a Colgate ad where they dipped the chalk in something, and then snapped the chalk, and the chalk that had been dipped in fluoride wouldn't snap but the other piece of chalk would.

• Because I think they have fluoride added in Perth, and it's been proven that fluoride in the water does prevent decay.

• Only from what the dentists have said about fluoride, that it prevents tooth decay.

• Because it was done in the past, I've come from a region with fluoride added, and I know that tooth decay in those area with fluoride added is minimal.

• I used to live in Kalgoorlie, and I think they added fluoride to the water in the mid 60's when I was in primary school, and I think the people who grew up after they added fluoride didn't have many teeth problems, but the people who were around before they added it did.

• Based on what I've read, in the newspapers there have been stories in the past about fluoridation, saying that it does prevent tooth decay.

• Because they put fluoride in toothpaste, so it's got to be of some benefit.

• I've been told that it can prevent tooth decay by a dentist.

• There was fluoride in the water in Perth when I was pregnant with my sons, and they both have good teeth.

• The dentists have said that it's good for your teeth, and also it's in toothpaste so it must be good.
• Just from the advertising. What I've seen on TV and the pamphlet that you sent with the letter.

• I know that the bought bottle doesn't have it. I know that it is good for your teeth, don't know about the rest your body.

• Well I have heard a lot about it that it is good for the kids teeth.

• Heard it on television.

• I grew up in Melbourne and we had fluoride in our water and I didn't have a problem with it.

• I am a health professional and I have some knowledge. I had fluoride as a child and I have good teeth.

• Because rain water and water free of fluoride and my teeth are terrible.

• Because of the knowledge I have.

• When my children were growing up they had fluoride in their water and they didn't have half the tooth decay that the kids have these day.

• They say it does. The dentist says it's good. My daughter says it good for the children.

• We all need a bit more fluoride to help with having good teeth.

• They give it to you at the dentist so I guess it must do some good.

• I believe that fluoride does help prevent tooth decay but there are other problems of fluoride being added to water supply also.
• I said yes because there is fluoride in toothpaste, so I believe it will help if it was added in the water supply.

• Because I believe it's better to have fluoride in the water than having nothing and also it's in toothpaste so I think it will help prevent tooth decay.

• I know that fluoride helps with tooth decay.

• My kids grew up with fluoride tablets and I guess it's good to have fluoride in the water.

• Well I have a 6 year old son and what you hear is true then it will help his teeth.

• Fluoride I have always known it, I had it as a child.

• Read articles in waiting areas, e.g. dentist and doctors.

• Because I grew up with it and it did not cause any problems for me.

• Because of toothpaste advertisement.

• Because fluoride is the main thing in toothpaste and it is difficult getting kids to brush their teeth anyway so this makes it easier.
• When I was growing up I had fluoride in the water and it worked well for me.
• I know they have had it in Perth and the children's teeth are okay.
• Just from another country Scotland it does help.
• Tooth decay is less with fluoride.
• Just from what I have read. Heard of studies. I use fluoride toothpaste.
• I lived in Perth and it is proven that it will prevent tooth decay.
• It's been proven that fluoride helps with tooth decay over the years.
• I study public health. So I know it's proven that fluoride helps.
• I have been in an area where there was fluoride and it helped our kids.
• Information I read in the newspaper about people without fluoride in water.
• The stats say so.
• A lot of people don't brush their teeth and this is one way that could help with tooth decay.
• Because they advertise it all the time, the dentists recommend it.
• It is a preventative used for that purpose.
Appendix F: Respondents’ comments – disagree that adding fluoride to public drinking water can assist in preventing tooth decay

All comments are presented verbatim.

- I think it’s up to the individuals to keep their personal hygiene with a toothbrush.
- I remember as a child I always had trouble with dental cavities. And in those days there was no things such as fizzy drinks and lollies.
- If people clean their teeth they don’t need something put in water because it can affect other people adversely. Other peoples immune systems might not cope with it.
- We have a purifier so we don’t need it.
- I don’t know much about it so we use filter.
- I don’t think it is healthy. Fluoride may somewhat assist in preventing tooth decay but the health problems from actually ingesting it would outweigh the benefits.
- Because I am quite health conscious and I use to live in Queensland and there was no fluoride. I have perfectly white teeth and I think we get enough fluoride from having a healthy diet. I think fluoride could be harmful for health.
- I personally would not want fluoride in my water. I think you can have too much fluoride and that would be just as bad as having no fluoride. I use to have a rainwater tank and I looked into adding fluoride and I found it to be more harmful than good.
- Other things come into factor, i.e. DNA so it’s not just fluoride.
- I think I know more bad effects rather than good effects of adding fluoride.
- I just don’t think that it helps kids teeth, and the water stinks, and it tastes bad. I think my kids can just jump in the pool and get the same fluoride and chlorine on their teeth from the pool.
- There is not enough fluoride to prevent teeth decay.
- There has been nothing to prove that it does prevent tooth decay, we’d had nothing to say that it does actually stop tooth decay.
- I believe that scientists throughout the world have discovered that fluoride is a poison and therefore I do not believe it should be added.
- I think diet would be the major factor in preventing tooth decay. Also things like drinking and smoking.
- Had an affect on myself or my family.
- I think the water is fine as it is.
• I grew up on rain water and believe that my teeth are better than my children's teeth who were exposed to fluoride in their water.

• Because I believe that it is something that the body makes and doesn't absorb through water.

• I believe it gives you tooth decay.

• It has nothing to do with the fluoride, people just need to be educated on eating healthier foods and brushing their teeth more regularly, if they don't do this then fluoride would be useless anyway.

• My kids grew up using tank water and they all had wonderful teeth. All people should put in a tank. It is good for your health.

• The kids would be better off having fluoride tablets. Because not every one's teeth are the same. Some people need more fluoride and others don't.

• Where I grew up it did not prevent tooth decay. It was a town down south that have fluoride added to the water. People should have choice.

• Water's water I don't think it will make any difference.

• I have done the research on it.

• Because I have followed it up with many documentaries all say hands down. Waste from the phosphates. Toxic.

• I think that anything that you add unnaturally isn't right.

• My only son, when he was young, we gave him fluoride tablets because that's what the dentist or health clinic said to do, and he's got rotten teeth now.

• Well if you have good food and tooth care you do not need to add to water. You can buy fluoride tablets if you want it.

• There's already so much chemicals everywhere. We don't need more chemicals.

• In America, they chopped fluoride out of their water supply more than 10 or 15 years ago because it was found to be poison.

• Modern living is already very complicated. More chemicals are not needed.

• I have five children and they all have perfect teeth without it. I never gave them any fluoride growing up.

• I'm 69 and my teeth are alright and I don't drink fluoride water.

• Because a lot of people filter their water, and a lot of people buy bottled water. I filter my water, and that would take out the fluoride wouldn't it, so the fluoride wouldn't be doing much.

• Because I am a nurse.
Appendix G: Respondents’ information sources on the addition of fluoride to public drinking water

Other forms of information

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