Public Opinions on Community Water Fluoridation

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ABSTRACT

Background: Community water fluoridation (CWF) is currently experiencing social resistance in Canada. Petitions have been publicly registered, municipal plebiscites have occurred, and media attention is growing. There is now concern among policy leaders whether the practice is acceptable to Canadians. As a result, this study asks: What are public opinions on CWF?

Methods: Data were collected in April 2008 from 1,005 Canadian adults by means of a national telephone interview survey using random digit dialling and computer-assisted telephone interview technology. Descriptive and bivariate and multivariate logistic regression analyses were undertaken.

Results: Approximately 1 in 2 Canadian adults surveyed knew about CWF. Of these, 80% understood its intended use, approximately 60% believed that it was both safe and effective, and 62% supported the idea of having fluoride added to their local drinking water. Those with greater incomes [OR=1.4; $p<0.001$] and education [OR=1.6; $p<0.001$] were more likely to know about CWF. Those with greater incomes [OR=1.3; $p<0.03$] and those who visited the dentist more frequently [OR=1.8; $p<0.002$] were more likely to support CWF, and those with children [OR=0.5; $p<0.02$], those who accessed dental care using public insurance [OR=0.2; $p<0.03$], and those who avoided fluoride [OR=0.04; $p<0.001$] were less likely to support CWF.

Conclusion: It appears that Canadians still support CWF. In moving forward, policy leaders will need to attend to two distinct challenges: the influence of anti-fluoride sentiment, and the potential risks created by avoiding fluoride.

Key words: Fluoridation; public opinion; policy

La traduction du résumé se trouve à la fin de l'article.

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Community water fluoridation (CWF) has been promoted as the most equitable and cost-effective dental caries preventive measure of modern society.¹ Indeed, the Centers for Disease Control and Prevention list CWF among the top ten public health achievements of the twentieth century.² Across Canada, CWF coverage varies from as low as 0 to 4% in the Yukon and British Columbia, to as high as approximately 75% in Alberta and Manitoba.³ Within the dental profession, there is minimal debate concerning the effectiveness of CWF, and overall, the profession is an ardent supporter of the practice.^{4,5} Yet regardless of its recognized successes, within popular culture there remains considerable debate regarding the safety and value of CWF.

For example, a petition calling for the national discontinuation of CWF was recently registered under the Government of Canada's Auditor General Act,⁶ while an Application for Review registered through the Government of Ontario's Environmental Bill of Rights has resulted in a formal review of the province's CWF policies and regulations.⁷ Across the country, municipal governments are also debating the issue,⁸⁻¹² and anecdotally, policy leaders have suggested a developing awareness of seriously degraded CWF infrastructure.

In the current environment, there is concern among policy leaders as to whether the practice remains acceptable to Canadians generally, and specifically in lieu of competing resource demands. As a result, in order to inform the evidence base surrounding the CWF debate, this study asks: What are public opinions on CWF?

METHODS

Data were collected in April 2008 from a representative sample of Canadian adults by means of a national telephone interview survey using random digit dialling and computer-assisted telephone interview technology (N=1,005, assumes maximum variance and a 95% confidence interval of $\pm 3\%$). A private firm was employed to collect the data as part of its weekly national omnibus survey. The participation rate for this weekly survey is approximately 3%, meaning that, on average, 32,000 to 44,000 numbers are dialled to gather a sample of approximately 1,000. Among attempted calls, approximately 21,000 are busy signals, no answer, answering machine, or invalid numbers. The survey is conducted in both French and English, dependent on participant preference. Willingness to participate in the survey is taken to imply consent, and no personal identifiers are collected. The data received by the researchers were weighted to replicate regional population distributions, by age and sex, according to 2001 Census data. The study received expedited review and approval from a university ethics board.

The 15-item survey reproduced questions from recent work conducted in Australia,^{13,14} and incorporated questions suggested by

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Table 1. Public Opinions on CWF

	N (%)			
	Yes	No	Don't Know	Total
Have you heard or read anything about CWF?	462 (46)	533 (53)	10 (1)	1005 (100)
Do you believe that CWF is effective in the prevention of tooth decay?	276 (60)	108 (23)	78 (17)	462 (100)
Do you believe that fluoridating the drinking water is safe?	291 (63)	96 (21)	75 (16)	462 (100)
Do you support the idea of having fluoride added to your local drinking water?	288 (62)	144 (31)	30 (7)	462 (100)
If governments had to spend money on new equipment and training, would you still support the practice?	258 (90)	22 (8)	8 (2)	288 (100)
Do you use fluoride-containing toothpaste?	713 (71)	195 (19)	97 (10)	1005 (100)
Do you try to avoid products or water that contain fluoride?	163 (16)	786 (78)	56 (6)	1005 (100)

the Ontario Association of Public Health Dentistry. The survey obtained data on: a) knowledge of CWF (e.g., Have you heard or read about CWF? As you understand it, what is the purpose of CWF?); b) beliefs about CWF (e.g., Do you believe that CWF is effective? Do you think CWF is safe? Do you support CWF?); c) general health and dental care behaviours (e.g., Do you use fluoride-containing toothpaste? Do you avoid fluoride-containing products? How would you rate your oral health? When was the last time you visited a dentist?); and d) socio-demographics (age, gender, income, education, number of children).

Using SPSS 13.0, simple descriptive analyses were undertaken. Bivariate logistic regression odds ratios were used to assess relationships between opinions on CWF, self-reported health and dental care behaviours, and socio-demographic characteristics. Multivariate logistic regression odds ratios were then calculated for three outcomes (i.e., the odds of having heard or read about CWF, the odds of supporting CWF, the odds of avoiding water or products that contain fluoride).

RESULTS

Forty-five percent of this sample of Canadian adults had heard or read about CWF (Table 1). They had heard or read about CWF predominantly from print and electronic media (Table 2). Of those who knew about CWF, the great majority (79.5%) understood that it was used to prevent dental caries (Table 2). Similarly, 63.0% believed that CWF was safe, and 59.7% believed that it was effective (Table 1).

Importantly, 62.4% of those who knew about CWF supported the idea of having fluoride added to their local drinking water (Table 1). Of these, the great majority (89.6%) would continue to support the practice if governments had to spend money on new equipment and training (Table 1). Finally, among the entire sample, 70.9% reported using fluoride-containing toothpaste, and 16.3%

Table 2. Knowledge of CWF

	N	%
Where did you read or hear about fluoridation?		
Print media	181	39.2
Electronic media	119	25.7
Friends	38	8.2
Clinic	5	1.0
Dentist	10	2.3
Educational institutions	39	8.4
Don't know	70	15.2
Total	462	100
As you understand it, what is the purpose of adding fluoride to the drinking water?		
Prevents tooth decay, protects teeth, or related response	367	79.5
Purifies the water or related response	31	6.7
Other	24	5.2
Don't know	40	8.6
Total	462	100

reported trying to avoid products or water that contained fluoride (Table 1).

From a public health perspective, it is important to understand what characterizes knowledge of CWF. In this regard, Table 3 documents the odds of having heard or read about CWF. Bivariately, it appears that as age, income and education increase, so does an awareness of CWF. Conversely, when compared to urban areas, those who lived in rural areas were less aware of CWF, as were those families with the youngest children. Multivariately, income and education remain as the strongest predictors of having heard or read about CWF.

It is also important to understand what characterizes support for CWF. In this regard, Table 4 documents the odds of supporting CWF. Bivariately, it appears that women, those with children, those who pay for dental care out-of-pocket, and those who avoid fluoride, were all less likely to support CWF; while those with greater incomes and those who visit the dentist more regularly were more likely to support CWF. Multivariately, income, having children, visiting frequency, and avoiding fluoride remain as predictors. A new

Table 3. Odds of Having Heard or Read About CWF

Variables	Model 1: Unadjusted OR* [95% CI]	p value	Model 2: Adjusted OR† [95% CI]	p value
Socio-demographics				
Female	0.93 [0.73, 1.20]	0.593		
Age	1.31 [1.19, 1.44]	0.001	1.34 [0.96, 1.86]	0.086
Rural	0.76 [0.58, 0.98]	0.033	1.10 [0.64, 1.90]	0.723
Income	1.27 [1.16, 1.39]	0.001	1.38 [1.15, 1.65]	0.001
Education	1.74 [1.51, 2.00]	0.001	1.59 [1.22, 2.07]	0.001
Children <17	0.92 [0.69, 1.21]	0.539		
Children <6	0.60 [0.39, 0.92]	0.020	0.61 [0.33, 1.12]	0.110
Children 6-12	1.42 [0.93, 2.18]	0.106		
Children 13-17	1.38 [0.90, 2.13]	0.141		
Oral health and dental care characteristics				
Self-rating of oral health	1.06 [0.94, 1.21]	0.347		
Visiting frequency	1.14 [0.99, 1.30]	0.066		
Insurance status				
Through my employment	Reference			
Through someone else's employment	0.69 [0.47, 1.01]	0.056		
Out-of-pocket	1.08 [0.81, 1.42]	0.617		
Public program	0.76 [0.43, 1.34]	0.347		

* Model 1 entered all variables independently, with N ranging from 302 for 'Children 13-17' to 994 for 'Age.'

† Model 2 entered significant variables ($p < 0.05$) from Model 1, adjusting for all variables simultaneously, N=977.

Table 4. The Odds of Supporting CWF

Variables	Model 1: Unadjusted OR* [95% CI] p value	Model 2: Adjusted OR† [95% CI] p value
Socio-demographics		
Female	0.60 [0.40, 0.89]	0.012
Age	1.16 [1.00, 1.36]	0.056
Rural	0.69 [0.46, 1.05]	0.084
Income	1.33 [1.15, 1.53]	0.001
Education	1.17 [0.94, 1.44]	0.158
Children <17	0.63 [0.40, 0.98]	0.039
Children <6	0.70 [0.36, 1.37]	0.296
Children 6-12	1.84 [0.95, 3.58]	0.071
Children 13-17	0.79 [0.41, 1.53]	0.481
Oral health and dental care characteristics		
Self-rating of oral health	1.22 [1.0, 1.49]	0.053
Visiting frequency	1.44 [1.14, 1.83]	0.002
Insurance status		
Through my employment	Reference	
Through someone else's employment	0.66 [0.38, 1.25]	0.201
Out-of-pocket	0.63 [0.40, 0.98]	0.040
Public program	0.61 [0.24, 1.53]	0.288
Avoids fluoride	0.07 [0.03, 0.13]	0.001

* Model 1 entered all variables independently, with N ranging from 137 for 'Children 13-17' to 446 for 'Gender.'

† Model 2 entered significant variables (p<0.05) from Model 1, adjusting for all variables simultaneously, N=310.

Table 5. Odds of Avoiding Water or Products that Contain Fluoride

Variables	Model 1: Unadjusted OR* [95% CI] p value	Model 2: Adjusted OR† [95% CI] p value
Socio-demographics		
Female	0.88 [0.62, 1.23]	0.437
Age	1.13 [0.99, 1.29]	0.067
Rural	1.49 [1.06, 2.10]	0.021
Income	0.80 [0.71, 0.90]	0.001
Education	0.76 [0.63, 0.91]	0.003
Children <17	0.90 [0.62, 1.32]	0.586
Children <6	1.96 [1.09, 3.55]	0.026
Children 6-12	1.31 [0.73, 2.35]	0.361
Children 13-17	0.64 [0.34, 1.18]	0.149
Oral health and dental care characteristics		
Self-rating of oral health	0.89 [0.75, 1.05]	0.170
Visiting frequency	0.96 [0.80, 1.16]	0.676
Insurance status		
Through my employment	Reference	
Through someone else's employment	1.24 [0.75, 2.05]	0.405
Out-of-pocket	1.27 [0.87, 1.86]	0.218
Public program	1.03 [0.47, 2.26]	0.934

* Model 1 entered all variables independently, with N ranging from 296 for 'Children 13-17' to 954 for 'Gender.'

† Model 2 entered significant variables (p<0.05) from Model 1, adjusting for all variables simultaneously, N=254.

relationship also appears relative to insurance, meaning that those who used public insurance were less likely to support CWF.

Finally, it is also important to understand what characterizes the minority who avoid water or products that contain fluoride. In this regard, Table 5 documents the odds of attempting to avoid fluoride. Bivariately, those in rural areas and those with children under 6 years were more likely to avoid fluoride. Those with more income and education were less likely to avoid it. Multivariately, those with children under 6 years remains as the only predictor.

DISCUSSION

These data tell us that approximately one in two Canadians know about CWF. Of those who know about it, the majority think it is safe, support it, and do so even if new resource demands are made in terms of equipment and training. Yet irrespective of this support, CWF in Canada is arguably experiencing social challenges. For example, during the writing of this report, a municipal plebiscite in one Canadian community asked: Are you in favour of the fluoridation of the public water supply of this municipality? There was a 35% voter turnout, and the great majority (87%) voted that they were not in favour.¹⁵ Yet in a plebiscite only two years earlier in the same community, approximately 66% had been in favour of fluoridation.¹⁶

Stakeholders suggest that this turn in public opinion is largely the result of the well-organized efforts of anti-fluoride groups, specifically through their strong presence on the Internet. From the point of view of policy leaders, while there is ample evidence that CWF is an effective means to control dental caries, there now exists a very real challenge: How to maintain current levels of CWF while addressing what appears to be an increasing social resistance to the practice?

First, it is necessary to not get caught up with the fervour of anti-fluoride sentiment. No amount of credible science will satiate such appetites. For the moment, policy leaders are well supported in their belief that the general public perceives CWF as a viable option, and this, in turn, is strongly reflected in the committed response produced by numerous federal agencies to the petition registered under the Auditor General Act.¹⁷ Second, if any action is taken to counter anti-fluoride sentiment, a social marketing approach under the purview of 'issues management' and 'communications' expertise in governments is a good direction.

Importantly, these data can inform this direction, as they help characterize knowledge of CWF, support for CWF, and the tendency to avoid fluoride. As demonstrated, all of these outcomes are associated with patterns that are generally described as 'disparities' in the oral health arena, meaning that age, rural residence, income,

education, the frequency of dental visits, and insurance coverage, all appear to play some role in determining these states.

More importantly, these data also point to the potentially harmful aspects of anti-fluoride discourse. For example, it appears that gender and having children, in particular very young children, plays a role in perceiving CWF and fluoridation as a negative thing. This has important implications in terms of risk: if the strongest predictor of not supporting CWF is the active avoidance of fluoride-containing products (e.g., fluoridated toothpaste), it is conceivable that the anti-caries effect of fluoride is completely lost in certain households; again, potentially those households with the youngest children. This actually corresponds well with informal accounts by paediatric dentists suggesting that dental caries in very young children are appearing with greater frequency. While no data are available for Canada, recent evidence from the US, generally considered a good proxy, demonstrates that there has been an overall increase in dental caries among 2-5 year old children.¹⁸

This study's findings are also consistent with international evidence on public opinions of CWF, which dates back to the 1950s, with the most recent evidence published in 2008.^{13,14,19-33} This evidence suggests that knowledge about fluoridation varies across and within countries, and is largely dependent on experience with CWF. In the US, for example, Beal³⁰ noted that knowledge of CWF grew from approximately 50% in the 1950s to approximately 70% by the 1970s, likely as a result of its increasing prevalence. The most recent evidence from the US suggests that, by 1990, knowledge stood at approximately 62%.²⁹ Studies also confirm the role of the media as the predominant source of knowledge for CWF.^{26,28,32}

A general trend of diminishing support for CWF has also been noted internationally.^{31,33} There appears to be a general trend that those with high income or education are more likely to know and support CWF, as are those who visit the dentist with more frequency.^{13,27,29,32} The most recent evidence demonstrates gender as a predictor, meaning that women appear to be less supportive of CWF.¹³

It is also necessary to discuss the limits of this study's methods and findings. For example, there is an increasing concern that telephone interview surveys are not as representative as they used to be, especially since more and more people opt for cellular telephones instead of conventional landlines. To be sure, without weighting the raw data to replicate the age distribution of the population, this study's data are clearly overrepresented by older adults. It is thus arguable that there is some level of selection bias relative to the method employed.

These data are also time sensitive, meaning that changes in public perception can be rather rapid. In this regard, policy leaders should not take these data as representative evidence on 'the voting public.' It has been noted that while "opinion polls may show large percentages in favour of fluoridation, when it is voted upon in public referenda it is often defeated, suggesting that public opinion [is] unpredictable and inconsistent" (ref. 32, p. 43). A related limitation is that this study did not ask whether participants felt strongly enough about CWF such that they would go out and vote on the matter.

Overall, within these limitations, this study nevertheless provides useful information where there had been none. To conclude, it appears that Canadians still support CWF, and that in moving forward, policy leaders will need to attend to two distinct challenges: the influence of anti-fluoride sentiment, and the potential risks created by avoiding fluoride.

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RÉSUMÉ

Contexte : La fluoruration de l'eau dans les collectivités (FEC) fait actuellement face à une résistance sociale au Canada. Des pétitions ont été publiquement enregistrées, des plébiscites municipaux ont eu lieu et l'attention médiatique concernant le sujet augmente. Les dirigeants se préoccupent maintenant de la question pour savoir si la pratique est acceptable pour les Canadiens. Par conséquent, cette étude se penche sur la question suivante : quelles sont les diverses opinions publiques à propos de la FEC?

Méthode : Des données ont été recueillies en avril 2008 auprès de 1 005 adultes canadiens au moyen d'une étude nationale par entrevue téléphonique utilisant la composition de numéros au hasard et une technologie d'entrevues téléphoniques informatisées. Des analyses de régression logistiques descriptives, bidimensionnelles et multidimensionnelles ont été entreprises.

Résultats : Environ 1 adulte canadien interrogé sur 2 avait entendu parler de la FEC. De ce nombre, 80 % comprenaient son utilisation prévue, environ 60 % croyaient qu'elle était à la fois sécuritaire et efficace, et 62 % appuyaient l'idée d'ajouter du fluorure à l'eau potable de leur localité. Les personnes dont le revenu est plus élevé [r.c.=1,4; p<0,001] et dont le niveau de scolarité est plus élevé [r.c.=1,6; p<0,001] étaient plus susceptibles d'avoir entendu parler de la FEC. Les personnes dont le revenu est plus élevé [r.c.=1,3; p<0,03] et celles qui ont consulté un dentiste plus fréquemment [r.c.=1,8; p<0,002] étaient plus susceptibles d'appuyer la FEC, celles ayant des enfants [r.c.=0,5; p<0,02], celles qui ont consulté le dentiste et bénéficiaient de l'assurance publique [r.c.=0,2; p<0,03], et celles qui évitaient le fluorure [r.c.=0,04; p<0,001] étaient moins susceptibles d'appuyer la FEC.

Conclusion : Il semble que les Canadiens appuient encore la FEC. En allant de l'avant, les dirigeants politiques devront relever deux défis distincts : l'influence de l'opinion allant contre la fluoruration et les risques éventuels de ne pas ajouter de fluorure à l'eau.

Mots clés : fluoruration; opinion publique; politique

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