

# Fluoridation Committee 2020-21

## ANNUAL REPORT



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## I. Introduction

Community water fluoridation is the adjustment of fluoride in drinking water to a concentration that helps prevent dental decay.

This Report has been prepared by Public Health Services of the Department of Health (DoH) in accordance with Section 17(2) of the *Fluoridation Act 1968* (the Act) and provided to the Minister for Health. It contains such matters as specified in Sections 8(1) (da) and (db) of the Act and relevant data will be provided to the Office of the Tasmanian Economic Regulator as required by Section 17(3) of the Act. The Fluoridation Committee's Annual Report 2020-21 publicly reports the performance of the State's fluoridation systems.

During 2017, the National Health and Medical Research Council (NHMRC) reviewed their 2007 Efficacy Statement, following an extensive review of recent relevant published research, and a revised statement was released in late 2017 that reaffirmed their position ([www.nhmrc.gov.au/health-topics/health-effects-water-fluoridation](http://www.nhmrc.gov.au/health-topics/health-effects-water-fluoridation)).

Adjusting fluoride concentrations to the NHMRC recommended levels of 0.6-1.1 mg/L in public water supplies is proven as a safe and effective measure to help prevent dental health problems. Community water fluoridation remains the most socially equitable method of achieving community-wide exposure to the health benefits of fluoride.

Community water fluoridation is endorsed by more than 150 science and health organisations worldwide, and fluoridation programs have the strong support of the NHMRC, the World Dental Federation, the International Association for Dental Research, the World Health Organization and Kidney Health Australia ([www.kidney.org.au/cms-uploads/docs/2018-review-of-fluoride-position-statement-final.pdf](http://www.kidney.org.au/cms-uploads/docs/2018-review-of-fluoride-position-statement-final.pdf)).

The *National Oral Health Plan 2015-2024* stated that for each dollar invested in community water fluoridation the savings in dental treatment costs ranged from \$12 to \$80<sup>1</sup>.

Comparable financial data are not available for Tasmania; however, in Victoria it is estimated that in the 25 years after fluoridation was introduced, it saved the community nearly \$1 billion<sup>2</sup> in avoided dental costs and preserved productivity and leisure time.

Given the improvements in oral health and reductions in associated health costs, Australian governments have stated their intentions to extend their community water fluoridation programs under the *National Oral Health Plan 2015-2024*.

In Tasmania, 99 per cent of the population receiving a reticulated water supply receives fluoridated drinking water. All public water supply systems servicing communities above 1 000 in population within Tasmania are fluoridated in accordance with the *National Oral Health Plan 2015-2024*.

Tasmania, the Northern Territory and the Australian Capital Territory are the only jurisdictions in Australia to achieve this goal. All communities in Tasmania greater than 500 people that are serviced by a reticulated supply also enjoy the benefits of fluoridated water.

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<sup>1</sup> Department of Health, South Australia (2015). Australia's National Oral Health Plan 2015-2024. Prepared by the National Advisory Committee on Oral Health.

<sup>2</sup> Department of Human Services, Victoria (2007). Information about water fluoridation: fluoridation strengthens teeth throughout life.

Fluoridation of Tasmanian public drinking water supplies commenced in Beaconsfield in 1953, making Tasmania the first jurisdiction to do so. Under the *Fluoridation Act 1968*, the Minister for Health directs the Water Corporation (based on recommendations from the Fluoridation Committee) to fluoridate specific public water supplies in a prescribed manner. Included in this Ministerial Direction is the need to monitor the level of fluoride in drinking water daily.

Community water fluoridation is the responsibility of TasWater as the regulated entity managing and controlling drinking water provision across Tasmania. The role of DoH is as the regulatory body. The Fluoridation Committee provides strategic oversight and advise the Minister for Health on matters relating to the fluoridation of drinking water.

## 2. Fluoridation Committee

The Fluoridation Committee consists of five members as prescribed by the *Fluoridation Act 1968*. Each member is appointed by the Minister for Health. The principal functions of the Fluoridation Committee are to act as an expert advisory committee to interested parties including the Minister, on matters relating to fluoridation of drinking water and to provide strategic oversight of fluoridation works in Tasmania and report on the performance and outcomes of the fluoridation plants throughout the state.

For 2020-21 the Fluoridation Committee members were:

- Mr Paul Hunt, Director of Environmental Health Services, Department of Health (Chair as delegate of Director of Public Health).
- Ms Elspeth Moroni, Project Director, Cradle Mountain Master Plan. Office of the Coordinator General, Department of State Growth.
- Dr Jacinta Morrison, Dental Officer, Oral Health Services Tasmania, Tasmanian Health Service.
- Dr John O'Reilly, Project Manager (LIMS), Analytical Services, Department of Natural Resources and Environment, Tasmania.
- Dr Laura Edwards, Specialist Medical Advisor – Public Health Services, Department of Health.

The DoH State Water Officer provides the Secretariat function to the Committee.

Meetings of the Fluoridation Committee were held:

- 29 July 2020
- 11 November 2020
- 16 February 2021
- 12 May 2021



### 3. Achievements 2020-21

The following are the key achievements in the implementation of water fluoridation during 2020-21:

- Initiation of all new members to their Committee functions and responsibilities. All members were appointed on 29 April 2020 – with their first meeting being 29 July 2020
- Rolling review of the Code of Practice for the fluoridation of public water supplies
- Ongoing assessment of the regulatory compliance framework for the operating range of 0.8-1.1mg/L based on reticulation network monitoring data only.
- Ongoing implementation of the Fluoridation Committee's Strategic Plan.
- Monitoring improvements in fluoridation performance across the State.
- Review of oral health data.
- Alignment of the DoH website with the National Health and Medical Research Council community water fluoridation website pages.

### 4. Fluoridation Plant Status and Performance

#### 4.1. Regulatory Framework

The *Tasmanian Code of Practice for the Fluoridation of Public Water Supplies 2018* was issued to TasWater for implementation on 1 July 2018. The *Code of Practice* is consistent with the requirements of the *Fluoridation Act 1968* and *Fluoridation Regulations 2019*.

The aim of the *Code of Practice* is to ensure that the addition of fluoride to public water supplies in Tasmania is carried out safely, effectively and consistently and managed in accordance with best practice management. Ministerial Directions issued to the regulated entity to fluoridate a water supply, based on recommendations of the Fluoridation Committee, thereby establishes the requirement for the regulated entity to comply with the *Code of Practice*.

The current regulatory framework sets a target fluoride concentration of 1mg/L in treated water and a target range of 0.8-1.1mg/L. The NHMRC has for some years recommended a target range of 0.6-1.1mg/L; but has acknowledged that for Tasmania's cooler climate the operating range within the *Fluoridation Regulations 2018* is appropriate. These values take into account the *Australian Drinking Water Guidelines (ADWG)* health based guideline value, which is 1.5 mg/L.

Natural fluoride concentrations in water depend on the type of soil and rock through which the source water drains, and typically range from <0.1 to 0.5 mg/L. It is therefore necessary to adjust the fluoride concentration through community water fluoridation programs to achieve the optimal dental benefits.

Fluoride has been shown to prevent dental caries. The NHMRC has extensively reviewed the health aspects of fluoride and its prevention of dental disease and has found no credible or reliable evidence that community water fluoridation at the current Australian levels results in adverse health outcomes. Many health authorities around the world recommend community water fluoridation as an important public health measure. DoH supports the advice made by the NHMRC in their 2017 Fluoridation Statement.

Concentrations of fluoride above 1.5 mg/L may disturb tooth mineralisation in children up to about six to eight years, leading to dental fluorosis – a mottling of the teeth which is usually minor but sometimes more conspicuous.

Skeletal fluorosis generally only occurs after prolonged exposure (several years) to much higher levels of fluoride (> 3 mg/L), particularly in combination with high water consumption. Although skeletal fluorosis may contribute to brittle bones, it is reversible if the exposure is removed, allowing the fluoride level in bones to gradually decline. The ADWG health based guideline value has been set to protect children from the risk of dental fluorosis, and provides a considerable safety margin to prevent skeletal fluorosis.

## 4.2. Compliance Assessment

When compliance data is presented, it has been rounded to the nearest whole number; unless the number is less than one, in which case it has been rounded to the nearest one decimal place. This may result in percentages not adding up to 100 per cent and/or in some instances rounded numbers differing slightly to what has been reported in other documents.

### 4.2.1. Fluoridation Overview

Sixty public drinking water supply systems provide reticulated water to approximately 81 per cent of the Tasmanian population. The 38 operating fluoridation plants in Tasmania during 2020-21 serviced 38 of the 60 water supply systems. Fluoridated water is provided to 99 per cent of the Tasmanian population that receive a reticulated water supply, or about 80 per cent of the entire Tasmanian population.

**Table 1: Population metrics for community water fluoridation**

	Tasmania
<b>No. of fluoridation plants</b>	38
<b>No. of water supply systems fluoridated</b>	38
<b>Population receiving fluoridated water</b>	433 286
<b>Population receiving a water supply<sup>3</sup></b>	438 097
<b>Estimated Tasmanian Population<sup>4</sup></b>	542 000
<b>Tasmanians receiving a water supply that is fluoridated</b>	99%
<b>Tasmanians receiving fluoridated water</b>	80%

The addition of any treatment chemical to a public water supply requires TasWater to carefully manage and monitor this action to ensure that there are no risks to public health or Work Health

<sup>3</sup> Population estimated based on TasWater connection data and ABS average household occupancy of the serviced population.

<sup>4</sup> Australian Bureau of Statistics. Estimated Resident Population as of 31 March 2019 (ABS Publication 3101.0. Published 19/9/19).

and Safety. It is done in a controlled manner and overseen by robust standard operating procedures outlined in the *Code of Practice*.

Most fluoridation stations service one water supply system. An exception to this is that of the Greater Hobart supply area, where there are four fluoridation stations (Bryn Estyn, Merton, Fern Tree and National Park) that service the population. The operation of the Greater Hobart water supply means that fluoridated water from any of the four stations can be provided to customers within Greater Hobart. At times the Greater Hobart water supply is a combination of fluoridated waters, ie there is a mix of supplies. The National Park fluoridation station also provides fluoridated water to the Bushy Park, National Park and Fentonbury/Westerway water supply systems.

Another exception is the Ringarooma fluoridation systems that services the water supplies of Ringarooma, Ledgerwood, Derby, Branxholm and Winnaleah. Treated water is fluoridated at the Ringarooma WTP and then distributed to the other towns via a pipeline.

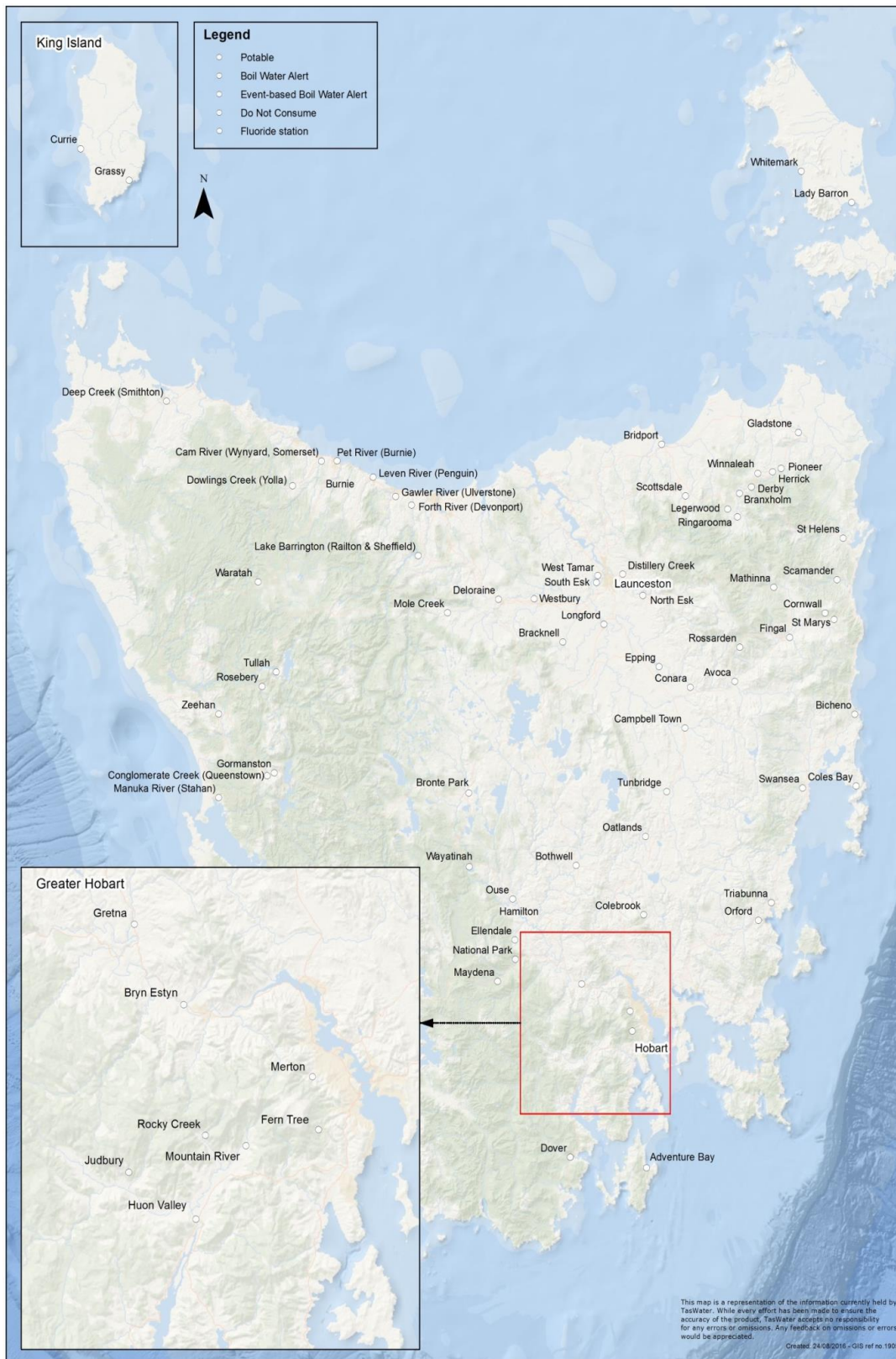
The examination of TasWater's compliance against fluoridation criterion is based on 38 fluoridation stations or fluoridation plants, which is where the addition of fluoride occurs.



Figure 1 shows the location of all the Water Treatment Plants (WTP) operated by TasWater across Tasmania. Only those included in , with non-compliant systems highlighted in red text.

Table 2 are fluoridated.

**Figure I: Geographic location of TasWater WTPs**



## 4.2.2. Fluoride Compliance

Under the 2018 *Code of Practice*, the regulated entity has its compliance assessed against three separate metrics. For a fluoridation system to be classified as being compliant for a reporting period, that system must comply with all three metrics. The metrics are:

1. Meet a compliance exposure target over a reporting year that the average concentration of all fluoride samples taken within the reticulation network fall within the range of 0.8-1.1 mg/L.
2. Meet a compliance performance target over a reporting year that at least 90% of all fluoride samples taken from the reticulation network are equal to or less than 1.1 mg/L.
3. The regulated entity must never allow the fluoride concentration to exceed 1.5 mg/L in any samples taken from within the reticulation network.

Whilst daily operational monitoring is still required to be undertaken by the regulated entity, the compliance assessment is carried out only on laboratory determined samples taken from within the reticulation network, which is designed to reflect the concentration of fluoride that people receive at their homes. The regulated entity is required to collect and have analysed two samples in each system twice per month. The samples are to be well separated in the reticulation network and must be taken at least two weeks apart regardless of the operational status of the fluoridation system.

The compliance exposure target is designed to measure the average exposure of fluoride to consumers over a reporting period. Reticulation results generated during times when a dosing system is non-operational are to be included in the determination of the average fluoride concentration for this compliance metric. The compliance performance target is designed to ensure that the fluoride concentrations do not unnecessarily exceed the extremities of the range.

The compliance performance target is designed to measure the fluoridation system performance for the reporting period against the upper limit of the range. It highlights instances whereby high doses of fluoride occur, that may not necessarily be above the ADWG health based guideline value.

The fluoridation plants and a summary of their performance can be seen in , with non-compliant systems highlighted in red text.

Table 2, with non-compliant systems highlighted in red text.

**Table 2: Fluoridation plants compliance summary**

Water Supply System	Pop	Fluoride Station	Fluoridating Agent	Mean concentration (mg/L)	% samples ≤1.1 mg/L range	Samples >1.5 mg/L
<b>Bicheno</b>	<b>1 089</b>	<b>Bicheno WTP</b>	<b>Sodium Fluoride</b>	<b>0.7</b>	<b>100%</b>	<b>0</b>
Bridport	1 271	Bridport WTP	Fluorosilicic Acid	1	100%	0

Water Supply System	Pop	Fluoride Station	Fluoridating Agent	Mean concentration (mg/L)	% samples ≤1.1 mg/L range	Samples >1.5 mg/L
Campbell Town/Ross	1 361	Campbell Town WTP	Sodium Fluoride	0.8	100%	0
Deep Creek	4 725	Deep Creek WTP	Fluorosilicic Acid	0.9	100%	0
Deloraine	2 799	Deloraine WTP	Fluorosilicic Acid	0.8	100%	0
Distillery Creek	27 974	Distillery Creek WTP	Fluorosilicic Acid	0.9	100%	0
Dover	1 234	Dover WTP	Sodium Fluoride	0.9	100%	0
<b>Forth River</b>	<b>37 950</b>	<b>Forth WTP</b>	<b>Fluorosilicic Acid</b>	<b>0.6</b>	<b>100%</b>	<b>0</b>
Gawler River	12 382	Gawler WTP	Fluorosilicic Acid	0.8	100%	0
Greater Hobart	204 891 <sup>5</sup>	Bryn Estyn WTP	Fluorosilicic Acid	0.9	100%	0
		Fern Tree WTP	Fluorosilicic Acid	0.9	100%	0
		Merton WTP	Fluorosilicic Acid	0.9	100%	0
		National Park WTP	Sodium Fluoride	1	100%	0
		Huon Valley	8 724	Huon Valley WTP	Sodium Fluoride	0.9
Lake Barrington	2 482	Barrington WTP	Sodium Fluoride	0.8	100%	0
<b>Leven River (Whitehills)</b>	<b>4 609</b>	<b>Whitehills WTP</b>	<b>Fluorosilicic Acid</b>	<b>0.5</b>	<b>100%</b>	<b>0</b>
King Island	1 046	Grassy WTP	Sodium Fluoride	0.8	100%	0
<b>Longford</b>	<b>9 793</b>	<b>Longford WTP</b>	<b>Fluorosilicic Acid</b>	<b>0.5</b>	<b>100%</b>	<b>0</b>

<sup>5</sup> Includes 204 352 serviced population in Greater Hobart, 248 in Bushy Park, 32 in National Park and 259 in Fentonbury/Westerway

Water Supply System	Pop	Fluoride Station	Fluoridating Agent	Mean concentration (mg/L)	% samples ≤1.1 mg/L range	Samples >1.5 mg/L
Manuka River (Strahan)	815	Strahan WTP	Sodium Fluoride	0.8	100%	0
North Esk	31 987	Chimney Saddle WTP	Fluorosilicic Acid	0.9	100%	0
Oatlands	878	Oatlands WTP	Sodium Fluoride	1	100%	0
Orford	857	Orford WTP	Sodium Fluoride	0.9	100%	0
<b>Pet River (Burnie)</b>	<b>26 787</b>	<b>Burnie WTP</b>	<b>Fluorosilicic Acid</b>	<b>0.7</b>	<b>100%</b>	<b>0</b>
Queenstown	2 257	Queenstown WTP	Sodium Fluoride	0.9	100%	0
Rocky Creek	506	Rocky Creek WTP	Sodium Fluoride	0.8	100%	0
Ringarooma	1 138	Ringarooma WTP	Sodium Fluoride	0.8	100%	0
Rosebery	804	Rosebery WTP	Sodium Fluoride	0.8	100%	0
<b>Scamander</b>	<b>692</b>	<b>Scamander WTP</b>	<b>Sodium Fluoride</b>	<b>0.7</b>	<b>100%</b>	<b>0</b>
Scottsdale	2 803	Scottsdale WTP	Fluorosilicic Acid	0.9	100%	0
South Esk	11 766	Mt Leslie WTP	Fluorosilicic Acid	0.9	100%	0
St Helens	2 417	St Helens WTP	Fluorosilicic Acid	0.8	100%	0
St Marys	605	St Marys WTP	Sodium Fluoride	0.8	100%	0
Swansea	1 274	Swansea WTP	Sodium Fluoride	0.8	100%	0
Triabunna	951	Triabunna WTP	Sodium Fluoride	0.9	100%	0
Waratah	184	Waratah WTP	Sodium Fluoride	0.9	100%	0
West Tamar	20 974	Reatta Road WTP	Fluorosilicic Acid	0.9	100%	0

Water Supply System	Pop	Fluoride Station	Fluoridating Agent	Mean concentration (mg/L)	% samples ≤1.1 mg/L range	Samples >1.5 mg/L
Westbury	2 370	Westbury WTP	Sodium Fluoride	0.9	100%	0
Zeehan	905	Zeehan WTP	Sodium Fluoride	0.8	100%	0

Twenty on plants use sodium fluoride (NaF), which is a white material available as an odourless powder or in a crystalline form. Fluoridation is accomplished by dissolving the sodium fluoride in water.

Seventeen plants use Fluorosilicic acid (H<sub>2</sub>SiF<sub>6</sub>), commonly known as FSA. FSA has advantages with regard to dosing accuracy and economics and is in use in most of the large water treatment plants around the state.

The compliance exposure target assessment resulted in 32 of the 38 fluoridation plants being compliant. The compliance performance target assessment resulted in all the fluoridation plants being compliant. None of the fluoridation plants recorded fluoride concentrations above the ADWG health based guideline value of 1.5 mg/L. All the fluoridation systems took the required number of reticulation samples. A summary of this is seen in

Table 3.

**Table 3: Compliance assessment of fluoridation stations**

Metric	Compliant	Non-compliant
<b>Average [F] of all samples fall within the 0.8-1.1 mg/L range</b>	32	6
<b>% of samples less than or equal to 1.1 mg/L</b>	38	0
<b>[F] less than 1.5 mg/L</b>	38	0
<b>Required number of samples</b>	38	0
<b>Overall compliance</b>	32	6

The six non-compliant fluoridation systems, Bicheno (0.7 mg/L), Forth (0.7 mg/L), Leven – Whitehills (0.5 mg/L), Longford (0.7 mg/L), Pet River Burnie (0.7 mg/L), and Scamander (0.7 mg/L) all operated below the optimum range. Except for Leven – Whitehills, all non-compliant systems were still within the NHMRC recommended fluoridation range of 0.6-1.1 mg/L to achieve oral health benefits. All fluoridation plants were non-operational for a period, and when fluoride was reintroduced, the fluoride concentration is started lower than usual and increased until the optimal concentration is



reached. This is standard operational practice and is designed to ensure that any issues with fluoridation can be identified and addressed prior to it becoming a public health issue.

Compliance monitoring of fluoride concentrations always occurs, even when a system is not producing treated water. There are instances when the fluoridation plant needs to be taken offline so that necessary repairs and maintenance can occur to ensure that the system is working effectively. It is generally only when fluoride concentrations start to decrease that it becomes evident that there are problems with the operation of a system.

Common faults are the failure of dosing pumps, line blockages and leaking storage tanks. Upon resumption of fluoridation, the initial concentrations are set below the target range to ensure that the equipment is working and reduce the possibility of overdoses. After establishing this, the concentration of fluoride is gradually increased to within the target range. This approach means that non-compliant data is generated during times of reinstating the optimal concentration.

## 5. Oral Health Data

Oral health is measured IN Tasmanian Children by dmft (decayed, missing and filled deciduous teeth) in a six year old and DMFT (decayed, missing and filled permanent teeth) in a 12 year old as examined in Oral Health Services Tasmania (OHST) clinics over a calendar year.

Their Report for 2021<sup>6</sup> (covering the 2020 calendar year) is used as the basis for the statistics presented in this Report. Their Report is based on Local Government Areas (LGA), of which there are 29 in Tasmania. Data for King Island and Flinders Council has not been included owing to their small sample sizes, which becomes an unreliable metric for assessing population oral health.

### 5.1. Mean Oral Health Data

shows the mean dmft (six years) and mean DMFT (12 years) for children examined by Oral Health Services Tasmania. It does not include statistics generated from private dental practices or patients seeking treatment on the mainland. OHST reported that they examined a total of 21 067 children aged between two and 17 during the 2021 calendar year. The dmft data is based on the deciduous teeth in 1 308 children aged at 6-years that were examined. The DMFT data is based on the permanent teeth in 850 children aged 12-years that were examined. The mean number of deciduous teeth of the 6-year-old children examined was 16.68. The mean number of permanent teeth of the 12-year-old children examined was 23.86

**Table 4: Mean dmft (deciduous teeth) and DMFT (permanent teeth) for children by LGA**

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<sup>6</sup> OHST DMFT Report (Issue 9) – THO South, Oral Health Services Tasmania. 2019.

LGA	Mean dmft 6 years	Mean DMFT 12 years	LGA	Mean dmft 6 years	Mean DMFT 12 years
Break O'Day	3.63	1.69	Huon Valley	1.89	0.51
Brighton	2.26	1.13	Kentish	3.29	0.39
Burnie	2.10	0.36	King Island	NA	NA
Central Coast	1.79	0.30	Kingborough	1.13	0.47
Central Highlands	2.67	0.20	Latrobe	2.59	0.74
Circular Head	3.23	0.94	Launceston	2.88	0.71
Clarence	1.52	0.42	Meander Valley	3.00	0.70
Derwent Valley	2.86	0.47	Northern Midlands	1.81	0.54
Devonport	2.88	0.38	Sorell	1.11	0.61
Dorset	0.33	0.38	Southern Midlands	2.60	0.24
Flinders Island	NA	NA	Tasman	4.86	0.29
George Town	1.80	0.40	Waratah/Wynyard	2.12	0.40
Glamorgan Spring Bay	0.80	0.25	West Coast	1.90	0.67
Glenorchy	2.27	0.82	West Tamar	1.13	0.53
Hobart	2.03	0.41			

The proportion of children with deciduous teeth decay free (d=0) at 6 years of age was 71%, which is the same as was reported for 2019. The proportion of children with permanent teeth decay free (D=0) at 12 years of age was 88%, which was lower than the 90% reported for 2019.

Large portions of some rural and regional LGAs do not have a reticulated supply and therefore cannot access fluoridated water. It is not possible to determine from the OHST data which presentations are consuming fluoridated water and which ones are not.

The National Child Oral Health Study (2012-14)<sup>7</sup>, published in 2016, shows that Tasmania and South Australia have the lowest dmft rates in Australia.

- The average dmft rate in Tasmania was 2.25, compared to the national average of 3.10.
- The average DMFT rate in Tasmania of 0.77 was slightly higher than the national published average of 0.71.

When examining the OHST data for the 2020 calendar year:

- The average dmft rate was 2.16, compared to 2.17 in 2019 and 2.25 in 2018.
- The average DMFT rate was 0.59, compared to 0.60 in 2019 and 0.79 in 2018.

The 2017 NHMRC Information Statement<sup>8</sup> and the York Review<sup>9</sup> found on average when children in the same community were surveyed before and after fluoridation introduction, the average was 14.3 per cent improvement in the population of children without dental decay.

The mean dmft/DMFT data is based on a very small sample size within the community and the data includes repeat visits. It is therefore a possibility that the data could be skewed by individuals with repeat visits, particularly if they have poor oral health. The data is only that generated by OHST facilities and does not include private consultations. It is therefore likely to be skewed by access to OHST facilities, with parents of children located considerable distances from these facilities likely to not present or seek private dental care. There is no way of capturing the dmft/DMFT data from private consultations. If a 6-year-old has a decayed, missing or filled permanent tooth/teeth, then this is captured in the DMFT dataset for that age group and not in the dmft data and therefore would not be represented in the 12-year-old DMFT dataset.

It is difficult to discriminate solely the effects of community water fluoridation and equally the effects of its absence. Hygiene and lifestyle factors contribute greatly to oral health. The increasing consumption of bottled water (which is unfluoridated) and sugary drinks can adversely impact on dental decay, even in a population receiving a community water fluoridation program. Benchmarking the Tasmanian oral health on dmft/DMFT data should be done with caution. The figures presented here are for the 2020 calendar year, however the latest national averages available were published in 2016 and is based on 2012-2014 data only. This comparison does not allow for an understanding about what has happened nationally over the last four years, but it is the most recent data by which to allow comparison.

## 6. Future Activities

- Commencement of the legislative review of the *Fluoridation Act 1968*.
- Track the implementation of the Fluoridation Committee's Strategic Plan 2018 and review for updating.

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<sup>7</sup> Do LG and Spencer AJ (eds) (2016). Oral Health of Australian Children: the National Child Oral Health Study 2012-14. Adelaide: University of Adelaide Press.

<sup>8</sup> [www.nhmrc.gov.au/health-topics/health-effects-water-fluoridation](http://www.nhmrc.gov.au/health-topics/health-effects-water-fluoridation)

<sup>9</sup> BMJ 2000 (321): 855-89 (<https://doi.org/10.1136/bmj.321.7265.855>)

- Maintain a presence at the national level interfacing with the NHMRC on fluoridation matters and support their review of the 2017 Public Statement.
- Introduction of community water fluoridation for the 715 residents serviced by the Fingal water supply system (Fingal and Avoca)
- Significant review and update of the 2018 Code of Practice to make it more contemporary in its application and more meaningful in its compliance measurements.
- Continue to work with OHST to enable ongoing reporting of oral health data from Tasmania.