

A. RRFSS Provincial Sample Pilot Project (PSPP)

The RRFSS PSPP is intended to provide reliable and representative estimates for 2011 RRFSS indicators for Ontario as a whole, and in so doing:

- Provide a valid comparator for local health unit results for selected indicators;
- Allow for a reduction in RRFSS "core" content; and
- Provide a more flexible, timely system by which to collect provincially-relevant risk factor surveillance data than is currently available.

The provincial sample includes over 1800 interviews, with the number of interviews proportionate to the size of the health units' populations. Within households, the adult with the most recent birthday is selected to participate in the survey.

B. PSPP Evaluation

The evaluation of the RRFSS PSPP is supported by Locally-Driven Collaborative Project funding through Public Health Ontario.

The purpose of the PSPP evaluation is to summarize the implementation and results of the RRFSS PSPP, documenting what worked well and why, what the challenges were, what the benefits of the PSPP were and whether or not they were worth the costs.

The information will be used to inform decisions related to future provincial sampling in RRFSS.

C. Data Collection Period

January – December 2011
(Simcoe Muskoka District; Niagara; Peel; Halton; Leeds, Grenville and Lanark)

January – April 2011
(York)

May – August 2011
(Middlesex-London)

January – August 2011
(Haliburton, Kawartha, Pine Ridge)

May – December 2011
(Ontario; Durham Region)

Only RRFSS participating health units who asked this module and agreed to share their data have been included in this report.

Water Fluoridation

PURPOSE OF MODULE

The purpose of this RRFSS module is to monitor public opinion about the addition of fluoride to public drinking water when the natural amount is too low to help prevent tooth decay. In 2007, approximately 45% of Canada and 76% of Ontario had fluoridated water¹.

KEY FINDINGS

- In 2011, 56% (95% CI, 53-59) of adults aged 18 and over supported the fluoridation of public drinking water, 23% (95% CI, 20-26) opposed the fluoridation of public drinking water and 21% (95% CI, 18-23) indicated they did not know whether they supported or opposed the fluoridation of public drinking water (see Figure 1).

Sex

- In 2011, there was no significant difference between the proportion of Ontario males and females who supported and opposed the fluoridation of public drinking water (see Figure 2).

Age Group

- In 2011, Ontario adults aged 18-24 were least likely to support the fluoridation of public drinking water. This age group also had the highest proportion of adults indicate that they did not know whether they supported or opposed the fluoridation of public drinking water. These differences, however, were not statistically significant (see Figure 3).

Health Unit

- In 2011, the proportion of adults who supported the fluoridation of public drinking water was significantly higher in Durham Region and Halton than in Ontario (see Table 1 and Figure 4).
- In 2011, the proportion of adults who opposed the fluoridation of public drinking water was significantly higher in Leeds, Grenville and Lanark than in Ontario (see Table 1 and Figure 4).
- In 2011, the proportion of adults who did not know whether they supported or opposed the fluoridation of public drinking water was significantly lower in Halton than in Ontario (see Table 1).

Figure 1: Support and Opposition to the Fluoridation of Public Drinking Water, Ontario Adults Aged 18 and Over, 2011

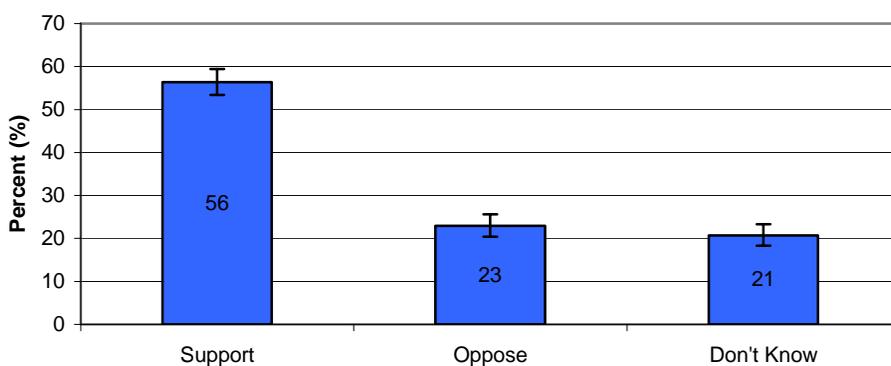
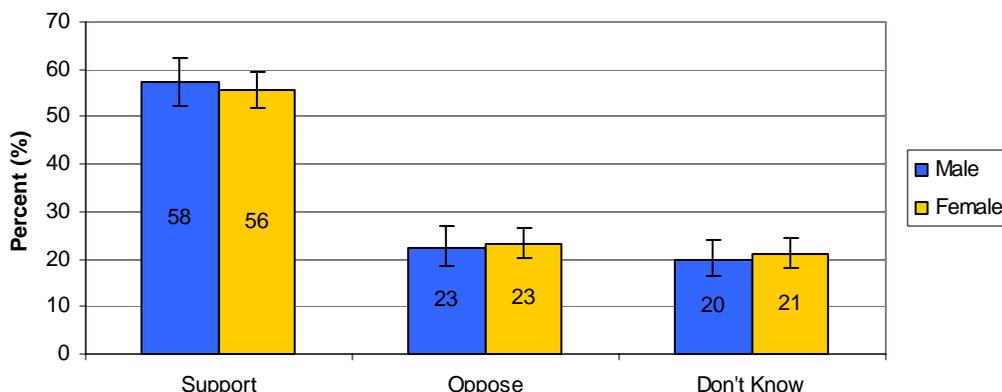


Figure 2: Support and Opposition to the Fluoridation of Public Drinking Water, Ontario Adults Aged 18 and Over, By Sex, 2011



D. Definitions

A 95% confidence interval (CI) refers to the range of values that has a 95% chance of including the 'true' estimate. A large CI means that there is a large amount of variability or imprecision. When CI's do not overlap, estimates are significantly different. CI's were selected as the measure of significance due to their conservative nature and transparency; there is less chance of incorrectly identifying a significant difference, which is important given the multiple tests of significance. CI's are reported in brackets or presented as \pm in the graphs. CI's for Ontario are also presented in Figure 4 using a dashed line (---).

Coefficient of variation (CV) refers to the precision of the estimate. When the CV is between 16.6 and 33.3, the estimate should be interpreted with caution because of high variability and has been marked with an asterisk (*). Estimates with a CV of 33.3 or greater are not reportable.

E. Limitations

RRFSS results are self-reported and may not necessarily be recalled accurately. Individuals not living in households (such as those in prison, hospitals, or the homeless) are excluded. Similarly, individuals who live in a household without a landline telephone (about 12% of all Ontario households²) will not be reached through RRFSS. Thus the percentages may not represent the true estimates for the general population as respondents may have different characteristics than people who have not been included in the survey.

Household (HH) weights were used for any questions related to individuals. The HH weight adjusts for the fact that adults from larger HH are less likely to be selected than individuals from smaller HH. Provincial results were also weighted to account for the actual distribution of adults among health units in Ontario. Estimates were multiplied by the 2006 population for the health unit to adjust for this difference.

Don't know and refused responses were excluded from the analysis.

Non-rounded estimates and confidence intervals were used when determining significant differences; however, rounded numbers were used for the presentation of data, thus estimates may not total 100 and confidence intervals may appear to overlap.

F. References

- Rabb-Waytowich, D. (2009). Water Fluoridation in Canada: Past and Present. *Professional Issues*, 75(6). Retrieved May 2012, from <http://www.cda-adc.ca/jcda/vol-75/issue-6/451.pdf>
- Ialomiteanu, A., Adlaf, E. M. (2011). CAMH Monitor 2010: Technical Guide. Retrieved May 2012 from http://www.camh.ca/en/research/Documents/www.camh.net/Research/Areas_of_research/Population_Life_Course_Studies/CAMH_Monitor/CM2010_TechDoc.pdf

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Figure 3: Support and Opposition to the Fluoridation of Public Drinking Water, Ontario Adults Aged 18 and Over, By Age Group, 2011

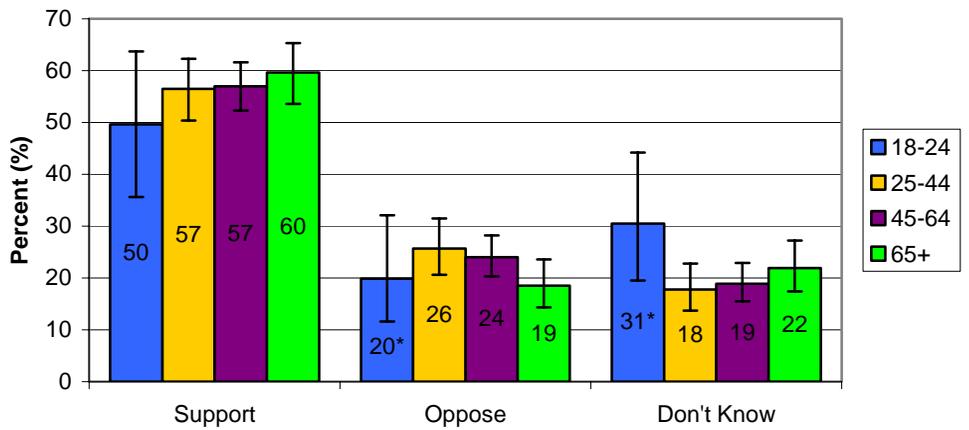


Table 1: Support and Opposition to the Fluoridation of Public Drinking Water, Ontario Adults Aged 18 and Over, By Health Unit, 2011

Health Unit/Province	Support		Oppose		Don't Know	
	Percent (CI)	↑ ↓	Percent (CI)	↑ ↓	Percent (CI)	↑ ↓
ONTARIO	56 (53-59)	-	23 (20-26)	-	21 (18-23)	-
Durham Region	65 (62-68)	↑	19 (17-22)		16 (14-19)	
Haliburton, Kawartha, Pine Ridge	57 (54-61)		24 (21-27)		19 (16-22)	
Halton	66 (64-69)	↑	19 (17-21)		15 (13-17)	↓
Leeds, Grenville and Lanark	52 (48-55)		30 (27-33)	↑	19 (16-22)	
Middlesex-London	62 (57-67)		20 (16-24)		18 (15-23)	
Niagara	57 (54-60)		24 (21-26)		19 (17-22)	
Peel	55 (52-58)		21 (19-24)		24 (22-27)	
Simcoe Muskoka District	56 (52-59)		25 (22-28)		19 (16-22)	
York	61 (56-66)		21 (17-25)		18 (14-23)	

Figure 4: Support and Opposition to the Fluoridation of Public Drinking Water, Ontario Adults Aged 18 and Over, By Health Unit, 2011

