

From:
To: s73
Date: 14/12/2012 2:16 pm
Subject: Water Fluoridation Act Changes

>>> s.73 12/14/12 14:15 >>>

s73

Further to our telephone conversation today, I confirm our invitation to you to attend Council Meeting at Council Chambers, 26 Railway Street, Gatton on Wednesday 19 December 2012 at 11.30am in a closed forum of Mayor and Councillors and CEO and senior officers to provide a briefing on the health benefits of fluoridation and as to the credibility of the pro and anti fluoridation arguments. As the agenda of the meeting is to be finalised by close of business today, please respond by return email with your acceptance or otherwise of this invitation.

Thanks and regards

s73

Chief Executive Officer
Lockyer Valley Regional Council
PO BOX 82
GATTON QLD 4343
LVRC: 1300 00 5872
Direct:
Mobile: s.73
Fax: 07 s.73
Email:
Web:

Please update all correspondence and references to:
LVRC
PO Box 82
GATTON QLD 4343

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**FLUORIDATED WATER QUARTERLY
REPORT**

1. Water Supplier and Supply Details

Name of Water Supplier

DLGS&R - NORTHERN PENINSULA AREA & (SUNWATER - FACILITY MGR)

Name of Treatment Plant

BAMAGA

Location of Treatment Plant

BAMAGA

Service Provider Registration Number

SPID 459

2. Contact Details

Family Name

SUSSMILCH

Given Name/s

CHRIS

Position

SNE ENGINEER, WATER &

WASTEWATER TREATMENT

Mobile

Phone

07 573 73 73

Fax

Email

Signed

[Signature]

Date

30/10/12

3. Results

Reporting Period

From 01/07/12 to 30/09/12 Year 2012

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analysed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	Qld Health Laboratory (Dosing Off-line Zero Samples)
Average measured fluoride concentration	mg/L
Maximum measured fluoride concentration	mg/L
Minimum measured fluoride concentration	mg/L
Number of samples exceeding 1.5 mg fluoride/L	NIL

Note: Fluoride dosing system damaged (electrical faults) - out of order 5/4/11 until further notice (Qld Health notified of incident / issues) ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.



**FLUORIDATED WATER QUARTERLY
REPORT**

1. Water Supplier and Supply Details

Name of Water Supplier

DLGS&R - NORTHERN PENINSULA AREA & (SUNWATER - FACILITY MGR)

Name of Treatment Plant

BAMAGA

Location of Treatment Plant

BAMAGA

Service Provider Registration Number

SPID 459

2. Contact Details

Family Name

Given Name/s

Position

SNR ENGINEER, WATER &
WASTEWATER TREATMENT

Phone

07 3120 0213

Fax

07 3120 0055

Mobile

Email

s73

Signed

Date

8/02/13

3. Results

Reporting Period

From.....01/10/12.....to31/12/12.....Year... 2012.....

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analysed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	Qld Health Laboratory (Dosing Off-line Zero Samples)
Average measured fluoride concentration	mg/L
Maximum measured fluoride concentration	mg/L
Minimum measured fluoride concentration	mg/L
Number of samples exceeding 1.5 mg fluoride/L	NIL

Note: Fluoride dosing system damaged (electrical faults) - out of order 5/4/11 until further notice (Qld Health notified of incident / issues) ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

South Burnett Regional Council

Name of Treatment Plant

Location of Treatment Plant

Blackbutt Water Treatment Plant

Blackbutt

Service Provider ID

491

2. Contact Details

Family Name

Given Name/s

Position

Ansell

Cameron

Coordinator Treatment/Quality

Phone

Fax

Mobile

4189 9420

4163 1729

Email

water@southburnett.qld.gov.au

Signed

Date

21.1.2013

3. Results

Reporting Period

From 1 October

to 31 December

Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	33
Prescribed concentration for Local Government Area	0.8
Average measured fluoride concentration	0.64
Maximum measured fluoride concentration	1.07
Minimum measured fluoride concentration	0.15
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CENTRAL HIGHLANDS REGIONAL COUNCIL

Name of Treatment Plant

BLACKWATER WTP

Location of Treatment Plant

BLACKWATER

Service Provider ID

481

2. Contact Details

Family Name

s.73

Given Name/s

Position

PM-WATER + SEWERAGE

Phone

s.73

Fax

Mobile

Email

s.73

Signed

M. Selby

Date

20/05/2013

3. Results

Reporting Period

From 01/10 to 31/12 Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.7
Average measured fluoride concentration	0.52
Maximum measured fluoride concentration	0.68
Minimum measured fluoride concentration	0.0
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



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Brisbane Qld 4001 Australia

9 January 2013

Dr Jeannette Young
Chief Health Officer
Queensland Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

Dear Dr Young

Thank you for your letter of 12 December 2012. I am considering the matter(s) raised and a response will be sent to you as soon as possible.

Yours sincerely

Graham Quirk
LORD MAYOR

Ref: LM42298-2012

Queensland Government
Queensland Health

Chief Health Officer

DATE RECEIVED: 13 JAN 13

ACKNOWLEDGEMENT SENT

ACTION OFFICER: *Sybil Dwyer*

COPY TO:

REPLY WITH CHO'S SIGNATURE

RESPONSE REQUIRED BY:

EXEC/OFFICER TO ACTION DIRECT

BRIEF ALSO REQUIRED

FOR INFORMATION ONLY

REFERENCE #

re forward



OFFICE OF THE
LORD MAYOR
Brisbane

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Brisbane Qld 4001 Australia

21 January 2012

Dr Jeannette Young
Chief Health Officer
Queensland Health
Level 1 15 Butterfield Street
HERSTON QLD 4006

Queensland Government Queensland Health	
Chief Health Officer	
DATE RECEIVED:	25 JAN 13
ACKNOWLEDGEMENT SENT	<input type="checkbox"/>
ACTION OFFICER:	Sybil Inyang
COPY TO:	
REPLY WITH CHO'S SIGNATURE	<input type="checkbox"/>
RESPONSE REQUIRED BY:	
EXEC/OFFICER TO ACTION DIRECT	<input checked="" type="checkbox"/>
BRIEF ALSO REQUIRED	<input checked="" type="checkbox"/>
FOR INFORMATION ONLY	<input checked="" type="checkbox"/>
REFERENCE #	CH009080

Dear Dr Young

Thank you for your letter received in my office on 14 December 2012 providing me with information detailing your support for the continuation of fluoridation in Brisbane's water supply.

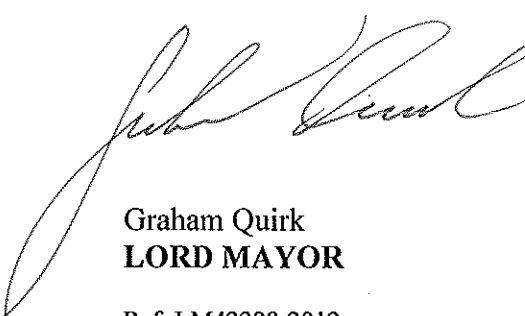
On 18 December 2012, I announced this administration's support for fluoridation acting on the advice of health experts such as the Australian Medical Association, World Health Organisation and the Australian Dental Association.

I also took heed of the fact that almost two-thirds of the public support fluoridation with opinion polls in 2005 indicating that 58% of Queenslanders were in favour and just 25% opposed. By 2007, this support had grown to 62%.

Given my decision, I thank you for the offer for public health professionals to present a briefing to Council, but I do not see a need at this point in time.

Thank you for contacting me.

Yours sincerely


Graham Quirk
LORD MAYOR

Ref: LM42298-2012

Enquiries to: ogram
nit
Telephone:
Facsimile:
File Ref:

Mr Ian Flint
Chief Executive Officer
Lockyer Valley Regional Council
PO Box 82
GATTON QLD 4343

Dear Mr Flint

Thank you for your letter of 9 January 2013 regarding the continuation of fluoridation within the Lockyer Valley Regional Council area.

Please find enclosed a copy of the correspondence sent to your Mayor, Councillor Steve Jones, following a request made to the Queensland Health representatives that attended the Lockyer Valley Regional Council meeting on the 19 December 2012.

I can assure you that evidence around the safety and benefits of water fluoridation is frequently re-evaluated and fluoridation has been proven as a safe and effective means of preventing tooth decay for people of all ages. It is supported by key expert health authorities, including the National Health and Medical Research Council, the Australian Dental Association, the Australian Medical Association and the World Health Organization.

Such that local governments can feel protected in making fluoridation decisions based on the advice of key expert health authorities, the latest amendments to the *Water Fluoridation Act 2008* include an expansion of the indemnity clause within section 96 of the Act. This section now requires the State to indemnify a local government against all costs and expenses in relation to any civil proceeding taken in court relating to fluoridation decisions.

I hope that this information assists you and the Lockyer Valley Regional Council in making a fluoridation decision. We have any further queries in relation to fluoridation, do not hesitate to contact Director – Water Program via telephone who will be pleased to

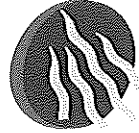
Yours sincerely

Dr Jeannette Young
Chief Health Officer

/ /

Office
Queensland Health
Level 7, 143-167 Charlotte Street
BRISBANE QLD 4000

Postal
GPO Box 48
BRISBANE QLD 4001



Queensland Health

Enquiries to: s.73
Director – Water Program
Health Protection Unit
Telephone: s.73
Facsimile:
File Ref: CH009046

Councillor Steve Jones
Mayor
Lockyer Valley Regional Council
PO Box 82
GATTON QLD 4343

Dear Councillor Jones

Thank you for inviting Queensland Health staff to provide a briefing to Council on the continuation of fluoridation within the Lockyer Valley Regional Council area.

I understand you have personal concerns regarding the association between a suspected cancer cluster in Gatton in 2002, with the fluoridation of the town drinking water supply. Queensland Health keeps detailed records of cancer incidence across the state and our records do not provide any evidence of increased cancer rates in the Gatton area at this time. Consultation with the epidemiologists and public health officers responsible for the Gatton area at the time has also failed to uncover any personal recollections of any unusual patterns in the incidence of cancer in the Gatton area during the period before fluoridation was discontinued in 2002. If you have any specific detailed information that conflicts with this advice, it would be appreciated if it could be provided for further evaluation.

I can assure you, as Chief Health Officer, that evidence around the safety and benefits of water fluoridation is frequently re-evaluated. Scientific studies from around the world have failed to demonstrate a link between water fluoridation and any type of cancer in humans. Prior to the introduction of wide-scale fluoridation in Queensland in 2008, cancer rates in the rest of Australia (mostly fluoridated for decades) were no higher than in Queensland (which was then largely non-fluoridated).

Fluoridation has been proven as a safe and effective means of preventing tooth decay for people of all ages, and is supported by key expert health authorities, including the National Health and Medical Research Council, the Australian Dental Association, the Australian Medical Association and the World Health Organization.

Such that local governments can feel protected in making fluoridation decisions based on the advice of key expert health authorities, the latest amendments to the *Water Fluoridation Act 2008* include an expansion of the indemnity clause within section 96 of the Act. This section now

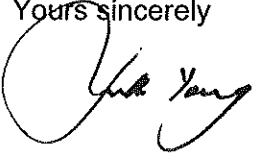
Office
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Postal
GPO Box 48
BRISBANE QLD 4001

Phone s73
Fax

requires the State to indemnify a local government against all costs and expenses in relation to any civil proceeding taken in court relating to fluoridation decisions.

I hope that this information assists you and the Lockyer Valley Regional Council in making a fluoridation decision. Should you have any further queries in relation to fluoridation please contact s.73 Director – Water Program, via telephone s.73 who will be pleased to assist you.

Yours sincerely



Dr Jeannette Young
Chief Health Officer
14 / 1 / 13

RTI Release



Queensland
Government

Enquiries to: Dr Jeannette Young
Chief Health Officer

Telephone: s.73
Facsimile:
File Ref: CH009164

s.73

Director Engineering and Regulatory Services
Goondiwindi Regional Council
LMB 7
INGLEWOOD QLD 4387

Dear s.73

Thank you for your letter dated 24 January and 30 April 2013 regarding the fluoridation of the Goondiwindi drinking water supply. I apologise for the delay in responding.

I have consulted with the Minister for Health and I regret to inform you that the State Government is not in the position to provide financial assistance for the on-going operation and maintenance of fluoride dosing infrastructure.

Despite this position, the Queensland Government encourages Council to continue adding fluoride to the Goondiwindi water supply. All credible scientific research has proven fluoridation as a safe and effective means of preventing tooth decay for people of all ages. It is supported by peak health bodies including the National Health and Medical Research Council, the Australia Dental Association, the Australian Medical Association and the World Health Organization.

If your Council would like further information on the oral health benefits of fluoridation, please do not hesitate to contact s.73 Director – Water Program via telephone s.73 such that he can arrange an information package and/or a briefing for Council and senior staff.

Yours sincerely

Dr Jeannette Young
Chief Health Officer
14/5/13

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143-167 Charlotte Street
Queensland Health Building
BRISBANE QLD 4000

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GPO Box 48
BRISBANE QLD 4001

Phone
3234 1138

Fax
3235 9573

Author:
Enquiries:
File:
Date:

s.73
Water Supply
24 January 2013

RECEIVED
04 FEB 2013
HEALTH PROTECTION UNIT

The Chief Executive Officer
Queensland Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

Dear Sir/Madam

Re: AMENDMENTS TO THE WATER FLUORIDATION ACT 2008

I refer to your letter dated 12 December 2012, and wish to advise that Council at its Ordinary Meeting held on Wednesday, 23 January 2013 formally resolved to:

"Advise the Chief Executive Officer of Queensland Health that it will consider continuing to add fluoride to the Goondiwindi water supply on the proviso that ongoing costs are funded by State Government."

The estimated annual cost of fluoridation is \$35,458.00. Your advices in due course will be appreciated.

Should you have any queries in relation to this matter, please contact Council's Engineering and Regulatory Services Department, on 07 4671 7449.

Yours faithfully

s.73

DIRECTOR ENGINEERING & REGULATORY SERVICES



RECEIVED
19 APR 2013
HEALTH PROTECTION UNIT

Rockhampton Office
232 Bolsover St, Rockhampton
Gracemere Office
1 Ranger St, Gracemere
Mount Morgan Office
32 Hall St, Mount Morgan
Yeppoon Office
25 Normanby St, Yeppoon

16 April 2013

Our Ref: 1276
Telephone: s.73
Fax:
Email: enquiries@rrc.qld.gov.au

s.73

Director – Water Program Health Protection Unit
Queensland Health
PO Box 2368
Fortitude Valley BC QLD 4006

Dear Sir

FLUORIDATION OF PUBLIC POTABLE WATER SUPPLIES

With recent changes to the Water Fluoridation Act Rockhampton Regional Council is currently assessing whether to continue to add fluoride to its potable water supply to the community.

Council resolved at its meeting on 10 April 2013 to write to Queensland Health requesting the provision of all the relevant scientific and toxicology studies and information on which your organisation relies which proves:

- a) That ingested artificial fluoride added to the public water supplies does in fact prevent tooth decay.
- b) Does not cause harm, side effects or adverse reactions of any kind, to humans of any age.
- c) That baby formula made up on artificially fluoridated water is safe for infants of all ages.
- d) Does your organisation recognise the finding of the European Court of Justice, that the forced fluoridation through public water supplies, is a medication

For further information regarding this matter please contact me on the above mentioned phone contacts.

Yours faithfully

s.73

Strategic Manager
Fitzroy River Water
Regional Services.

DOH-DL-12/13-010 IRV Document 13



Enquiries to: Dr Jeannette Young
Chief Health Officer

Telephone: s.73
Facsimile:
File Ref: CH009232

s.73

Strategic Manager
Fitzroy River Water Regional Services
Rockhampton Regional Council
PO Box 1860
ROCKHAMPTON QLD 4700

Dear s.73

Thank you for your letter to s.73 dated 16 April 2013, regarding drinking water fluoridation. Please find enclosed a response to the four queries raised in your correspondence.

Further credible information on drinking water fluoridation is available from the Department of Health website (www.health.qld.gov.au/fluoride), the Australian Dental Association website (www.ada.org.au/OralHealth/FLN/flnfront.aspx) and the European Union Scientific Committee on Health and Environmental Risks website (http://ec.europa.eu/health/scientific_committees/opinions_layman/fluoridation/en/index.htm#il1)

Evidence around the safety and benefits of water fluoridation is frequently re-evaluated. The National Health and Medical Research Council 2007 review of water fluoridation did not find any evidence of ill-health effects from water fluoridation. The review can be found on their website <http://www.nhmrc.gov.au>.

I trust the enclosed information is of assistance to Council. Should you require further information, the Department of Health is able to offer the services of dental and public health professionals to brief Council on the health benefits of fluoridation and to assist Councillors in assessing the credibility of common pro and anti-fluoridation arguments.

Should you have further questions, not answered by the document enclosed, or wish to arrange for a briefing, please contact s.73 Director, Water Program, Department of Health on telephone s.73

Yours sincerely

Dr Jeannette Young
Chief Health Officer
115113

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Level 7
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Queensland Health Building
BRISBANE QLD 4000

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GPO Box 48
BRISBANE QLD 4001

Phone s.73
Fax

a) That ingested artificial fluoride added to the public water supplies does in fact prevent tooth decay

Since the introduction of water fluoridation in 1945, hundreds of studies around that world have attested to its beneficial effect in reducing tooth decay. A major 2012 Australian study (1) analysed all studies published worldwide from 1990-2010, in any language, which reported the effects of water fluoridation.

The authors found 59 studies from 10 countries, yielding 83 separate evaluations into the effectiveness of water fluoridation (30 for primary teeth and 53 for permanent teeth). Thirteen of the studies were conducted in Australia. Every single one of these 59 studies without exception showed a significant reduction in tooth decay from water fluoridation, with most showing reductions in decayed, missing i.e. extracted, or filled primary or permanent teeth of around 20-50%. Many of these 59 studies also used complex statistical analysis to measure whether the reduction in tooth decay could have been caused by other factors, but other factors showed little effect.

It is important to note that a reduction in decayed, missing, or filled primary or permanent teeth may actually underestimate the beneficial effect of fluoridation. Fillings have a limited life span, and are regularly replaced or repaired. Preventing one permanent tooth cavity in a child can prevent not just one cavity, but a whole lifetime of treatment on that tooth, with each successive treatment becoming larger, more complex and more expensive.

The largest fluoridation study in Queensland was published in 1996 (2). It compared tooth decay levels in 1,649 Townsville children who grew up drinking fluoridated water, and 2,939 Brisbane children who grew up drinking non-fluoridated water. The study confirmed the findings of other studies and large reviews, finding an average of 45% fewer decayed, missing or filled tooth surfaces in Townsville children up to the age of 12. This amounted to an average of almost three fewer decayed, missing or filled tooth surfaces in Townsville children than Brisbane children. The study concluded that "Water fluoridation appears to provide a substantial public health benefit for children in Townsville.

Since 1989, Australian Child Dental Health Surveys have been conducted ever year or two, and they consistently show that Queensland children (until recently largely non-fluoridated) have more tooth decay than children from other states (largely fluoridated). However, this could underestimate the beneficial effect of fluoridation, since not all children from other states drink fluoridated water, and many Queensland children will have come from interstate or Townsville and other fluoridated towns, and will have grown up drinking fluoridated water. To address this issue, the 2002 Australian Child Dental Health Survey (3) examined more than 136,000 children across Australia, and specifically recorded whether they drank fluoridated water or not. The survey found that no matter which state or

territory children came from, what age group they were from, whether they were rich or poor, or whether they lived in the capital city or regionally or remotely, children who drank fluoridated water had significantly less tooth decay than children who didn't.

Australia's National Health and Medical Research Council (NHMRC) agrees. Their 2007 review *The Efficacy and Safety of Fluoridation 2007* (4) concluded that "The existing body of evidence strongly suggests that fluoridation is beneficial for reducing dental caries".

Most worldwide studies of water fluoridation are conducted on school children, but a large Australian study published in March 2013 (5) was based on data collected from the National Survey of Adult Oral Health 2004-06. Dental examinations of 5,505 adults from around Australia found a 10-11% reduction in decayed, missing and filled teeth, and a 30% reduction in decayed and filled tooth surfaces in adults with a >75% lifetime exposure to fluoridation compared with adults with a <25% lifetime exposure. The <25% and >75% levels were used since the majority of people move around during their lives, and very few Australian adults had 0% or 100% lifetime exposure to fluoridated water. These benefits were not affected by other factors, and were also seen in adults who had grown up prior to the introduction of fluoride toothpaste and fluoridated water. Greater benefits were shown for adults who had been drinking fluoridated water for longer. Water fluoridation will therefore benefit all people in the community, not just children.

b) Does not cause harm, side effects or adverse reactions of any kind, to humans of any age

Water fluoridation is probably the most widely studied public health measure of all time, and hundreds of studies over many decades have assessed possible associations between water fluoridation and a wide range of health conditions. Systematic reviews conducted in Australia and overseas consistently report that scientific evidence does not support an association between water fluoridation and any adverse health effect.

The NHMRC's 2007 review *The Efficacy and Safety of Fluoridation* (4) also found no clear or convincing evidence of any adverse health effects from water fluoridation, and concluded that "Fluoridation of drinking water remains the most effective and socially equitable means of achieving community-wide exposure to the caries prevention effects of fluoride. It is recommended that water be fluoridated in the target range of 0.6 to 1.1 mg/L...".

Water fluoridation has been successfully provided to residents of Townsville and most Australian towns and cities for many decades, and more recently to other Queensland towns and cities. If fluoridation caused any harmful effects, it would not be strongly endorsed by the World Health Organization, Australian Medical Association, Royal

Australian College of General Practitioners, Royal Australasian College of Physicians, and other health authorities in Australia and overseas. More recently, the Public Health Association of Australia, Australian Healthcare and Hospitals Association, Australian Health Care Reform Alliance, National Rural Health Alliance, and Australian Council of Social Service also announced their support for water fluoridation. No reputable health authorities anywhere in the world have ever opposed water fluoridation on health grounds. On the contrary, health authorities around the world continue to endorse water fluoridation.

The only known side effect of community water fluoridation is a slight increase in prevalence of dental fluorosis in children. If it occurs, fluorosis is usually very mild, only detectable by a dentist, and does not damage the teeth. Tooth decay on the other hand is a destructive and disfiguring process, repair of which causes its own cosmetic problems, as well as pain, trauma, and significant financial cost. The benefits of fluoridation far outweigh any risks.

Following an independent investigation of water fluoridation in 2007, the Australian Consumers Association and Choice magazine reported that "There's now solid scientific evidence that fluoride added to drinking water helps to protect your teeth from decay. The claims of those who oppose fluoridation are often based on outdated information, questionable research and selectively picking studies that support their case. There's no convincing evidence for harmful effects from fluoride at the levels used in our water supply" (6).

The Queensland Department of Health would welcome the opportunity to respond should you have questions about any specific health conditions.

c) That baby formula made up on artificially fluoridated water is safe for infants of all ages

Fluoridated water can be safely used to reconstitute baby formula. The 2007 NHMRC review referred to earlier specifically investigated the issue of baby formula being reconstituted with fluoridated water. They concluded that "Recent Australian research does not show an association between use of infant formulae and dental fluorosis. The critical period for development of dental fluorosis is after the first twelve months of life, by which time the majority of Australian children have ceased exclusive formula consumption. Measurements were made of 49 samples of formula available at supermarkets, finding that the fluoride concentrations have fallen considerably to allow reconstitution with fluoridated water" (4).

Anti-fluoridation groups often claim that the American Medical Association and American Dental Association advise against the reconstitution of infant formula with fluoridated water. This is not true. The American Medical Association and American Dental Association advise people of all ages to drink fluoridated water, just as health authorities do in Australia.

Water fluoridation at around 1 part per million has been practised around the world for more than 60 years. The consumption of fluoridated water has been endorsed by the Australian Medical Association, World Health Organization and American Academy of Pediatrics, and does not pose a health risk to pregnant women, infants or young children. Water fluoridation gives babies and young children the best possible chance to grow up with healthy teeth.

d) Does your organisation recognise the finding of the European Court of Justice, that the forced fluoridation through public water supplies, is a medication

The European Court of Justice ruling referred to on many anti-fluoridation web sites related to the free movement of goods through the European Union, and the distinction between medicinal products and food additives. The case had nothing to do with fluoridation, and no legal authorities in Europe have ever suggested that it did. The words “fluoride” and “fluoridation” do not appear anywhere in the court ruling, and countries which practice water fluoridation continue to trade freely with other countries as they did before the court ruling.

The European Court of Justice ruling was delivered in 2005. A UK anti-fluoridation activist, Mr Doug Cross, found the ruling four years later in 2009 and concluded erroneously that it related to fluoridation. Mr Cross then distributed his argument to anti-fluoridation web sites around the world.

Mr Cross has no legal training, nor does he appear to have sought legal advice on this issue. Legal statements have been added to the bottom of Mr Cross’s web page in an attempt to support his argument, but none of these legal statements even mention fluoride or fluoridation. A disclaimer at the bottom of Mr Cross’s web page states that “Please remember that I am not a qualified lawyer, so my proposals are offered as an incentive to take a different approach to the evaluation of the legitimacy of water fluoridation. If you are interested, get my conclusions checked out by an appropriately qualified expert”.

The Queensland Department of Health is aware of only one legal case in Europe relating to claims of water fluoridation being a medication and a breach of human rights. In this 1993 Jehl-Doberer v Switzerland case, the complainant argued that fluoridation violated his rights under Article 8 of the European Human Rights Convention. The European Commission of

Human Rights disagreed, ruling that other considerations, such as the benefits to public health, outweighed his preference not to drink fluoridated water.

No governments or legal systems or health authorities in Australia have ever described fluoride used in water fluoridation as a medication. In 2006, the National Health and Medical Research Council, the federal government's Department of Health and Ageing, and the New Zealand Ministry of Health described fluoride as a 'nutrient' in the Nutrient Reference Values for Australia and New Zealand (7). They added that "Because of its role in the prevention of dental caries (decay), fluoride has been classified as essential to human health".

References

1. Rugg-Gunn AJ, Do L. Effectiveness of water fluoridation in caries prevention. *Community Dent Oral Epidemiol*. 2012 Oct;40 Suppl 2:55-64.
2. Slade GD, Spencer AJ, Davies MJ, Stewart JF. Caries experience among children in fluoridated Townsville and unfluoridated Brisbane. *Aust N Z J Public Health*. 1996 Dec;20(6):623-9.
3. Armfield JM, Slade GD, Spencer AJ. Water fluoridation and children's dental health: The Child Dental Health Survey, Australia 2002. Canberra: Australian Institute of Health and Welfare: AIHW Dental Statistics and Research Unit 2007.
4. National Health and Medical Research Council. The Efficacy and Safety of Fluoridation, . In: Department of Health and Ageing, editor. Canberra 2007.
5. Slade GD, Sanders AE, Do L, Roberts-Thomson K, Spencer AJ, Effect of Fluoridated Drinking Water on Dental Caries in Australian Adults, *J Dent Res*, published online 1 March 2013
6. Australian Consumers Association (Choice). The Fluoride Debate. 2007 [Accessed 22.4.13]; Available from: <http://www.choice.com.au/reviews-and-tests/food-and-health/general-health/safety/fluoride.aspx>.
7. National Health and Medical Research Council. Nutrient Reference Values for Australia and New Zealand. In: Australian Government Department of Health and Ageing, New Zealand Ministry of Health, editors. Canberra 2006.

CHARTERS TOWERS REGIONAL COUNCIL

Exceptional Service for an Exceptional Community



4 January 2013

Our Ref: 12/12 R0020
699770
File Ref: 22/DES/08
Enquiries:

Director Water Quality Program
Queensland Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

Dear

Re: Request for Council's comments on Legislative Changes to Queensland Government's Water Fluoridation Act 2008

Reference is made to your letter received 17 October 2012 and 17 December 2012 with regard to the above matter.

The matter was considered by Council at its General Meeting held 19 December 2012.

Council resolved to advise that an opinion poll to gauge opinions across a determined number of selected people will be conducted and in addition, a public meeting will be held to discuss the matter.

Should you require further information please contact Acting Director Engineering Services, on

Yours faithfully

Chief Executive Officer

name-of-water-supplier:	Western Downs Regional Council
name-of-treatment-plant:	Chinchilla WTP
location-of-treatment-plant:	Chinchilla
service-provider-ID:	SPID480
family-name:	s.73
given-name:	
position:	Utilities Reporting Officer
phone:	07 4679 4227
fax:	07 4679 4099
mobile:	.
email:	s.73
date:	1/31/2013
reporting-period-from:	01/10/2012
reporting-period-to:	31/12/2012
number-of-days-in-the-quarter:	92
number-of-fluoridated-water-samples-analysed:	182
prescribed-concentration-for-local-government-area:	0.8
average-measured-fluoride-concentration:	0.70
min-measured-fluoride-concentration:	0.18
max-measured-fluoride-concentration:	0.89
number-of-samples-exceeding-1.5mg fluoride/L:	0
comments:	

RTI Release

name-of-water-supplier:	Western Downs Regional Council
name-of-treatment-plant:	Dalby Water Treatment Plant
location-of-treatment-plant:	Dalby
service-provider-ID:	SPID480
family-name:	s.73
given-name:	
position:	Utilities Reporting Officer
phone:	07 4679 4227
fax:	07 4679 4099
mobile:	.
email:	s.73
date:	
reporting-period-from:	01/10/2012
reporting-period-to:	31/12/2012
number-of-days-in-the-quarter:	92
number-of-fluoridated-water-samples-analysed:	190
prescribed-concentration-for-local-government-area:	0.8
average-measured-fluoride-concentration:	0.65
min-measured-fluoride-concentration:	1.04
max-measured-fluoride-concentration:	0.04
number-of-samples-exceeding-1.5mg-fluoride/L:	0
comments:	Fluoride dosing offline from 16:00 05/10/12 to 30/10/12 due to maintenance and inspection. Refer to 'Notice of Period of Non Operation' dated 19/10/12. Plant offline 25-26 December 2012 over Christmas period.

RTI Release



**FLUORIDATED WATER QUARTERLY
REPORT**

1. Water Supplier and Supply Details

Name of Water Supplier

Townsville Water (Townsville City Council)

Name of Treatment Plant

Douglas Water Treatment Plant

Location of Treatment Plant

Douglas QLD 4814

Service Provider Registration Number

SP 506

2. Contact Details

Family Name

Given Name/s

Position

Water Reporting Officer

Phone

Fax

Mobile

s.73

Email

Signed

Date

s.73

01/01/2013

3. Results

Reporting Period

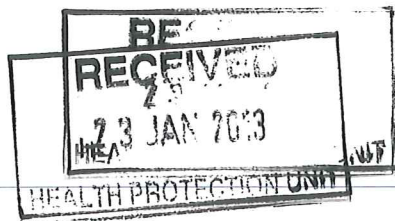
From October to December Year 2013

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analysed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	157
Average measured fluoride concentration	0.71
Maximum measured fluoride concentration	0.79
Minimum measured fluoride concentration	0.61
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.

This form should be forwarded to the Office of the Water Supply Regulator, Natural Resources and Water, PO Box ?? Brisbane QLD 4001 as part of the mandatory monitoring quarterly reporting requirements under the *Water (Supply and Reliability) Act, 2008*.



Date >> 21 January 2013

2 DALRYMPLE ROAD
GAR BUTT
PO BOX 1268, TOWNSVILLE
QUEENSLAND 4810



ENVIRONMENTAL HEALTH BRANCH
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

TELEPHONE >>
FACSIMILE >>

enquiries@townsville.qld.gov.au
www.townsville.qld.gov.au

To Whom it may concern:

SUBJECT>> FLUORIDATED WATER QUARTERLY REPORT

Please find attached Townsville City Council's fluoridated water quarterly report for Douglas Water Treatment Plant and Northern Water Treatment Plant for Quartile 4 2012.

Yours sincerely

Water Reporting Officer

RELEASE

R



**FLUORIDATED WATER QUARTERLY
REPORT**

1. Water Supplier and Supply Details

Name of Water Supplier

Townsville Water (Townsville City Council)

Name of Treatment Plant

Douglas Water Treatment Plant

Location of Treatment Plant

Douglas QLD 4814

Service Provider Registration Number

SP 506

2. Contact Details

Family Name

Given Name/s

Position

s.73

Water Reporting Officer

Phone

Fax

Mobile

Email

s.73

Signed

Date

s.73

22/04/2013

3. Results

Reporting Period

From January to March Year 2013

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analysed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	344
Average measured fluoride concentration	0.6
Maximum measured fluoride concentration	0.8
Minimum measured fluoride concentration	0.7
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.

This form should be forwarded to the Office of the Water Supply Regulator, Natural Resources and Water, PO Box ?? Brisbane QLD 4001 as part of the mandatory monitoring quarterly reporting requirements under the *Water*

(Supply and Reliability) Act, 2008

Date >> 22 April 2013



Chief Executive Officer
QUEENSLAND HEALTH
PO Box 2368
FORTITUDE VALLEY BC QLD 4006



2 DALRYMPLE ROAD
GARBUIT
PO BOX 1268, TOWNSVILLE
QUEENSLAND 4810

TELEPHONE >>
FACSIMILE >>

enquiries@townsville.qld.gov.au
www.townsville.qld.gov.au


To the Chief Executive Officer

SUBJECT>> FLUORIDATED WATER QUARTERLY REPORT

Please find attached Townsville City Council's fluoridated water quarterly report for Douglas Water Treatment Plant and Northern Water Treatment Plant for Quartile 1 2013.

As per the notice of period of non-operation, 13/03/2013, NWTPs fluoride dosing system was offline for routine maintenance from 9am 04/03/2013 until 9am 19/03/2013.

Yours sincerely



Water Reporting Officer

From: s73
To: [redacted]
Date: m
Subject: Fwd: Fluoride

s73
sted. This was sent to ceo@aurukun.qld.gov.au as s73 is acting CEO. He was the Chief Operating Officer.

s.73
[redacted]

gram
Environmental Health Regulation and Standards
Health Protection Unit
Dep
Ph. s.73
Fax

s.73
[redacted]

s.73
[redacted]

Out of hours number for water quality issues. 1800 128 962

>>> s.73 5/02/2013 11:39 am >>>

[redacted]

I understand that messages have been mixed over the past few months with fluoridation, but things seem clearer now. As we see it: Recent amendments to the Water Fluoridation Act mean that local governments will now make the decision to add or remove fluoride from their community water supplies. The Act now requires that this decision must take into account "the best interests of the community", which is not defined in the Act. Up to now we have advised Councils that amongst the things to consider could be: the benefits to individuals of avoided dental costs and associated pain and suffering for community members; the cost to Council of ongoing operation of fluoride dosing plant; the support of all peak medical and health organisations for fluoridation; the low credibility of commonly cited health claims (eg impact on children's IQ, causes cancer, fluoride is a "mind control drug" etc); statewide surveys show over 60% support for fluoridation; and long wait lists for public dentist at remote localities). The state government will provide 100% funding for the installation of a fluoride dosing unit at Aurukun, but this funding will not be available after June 2014. That means a decision to go ahead would have to be taken in sufficient time for installation and commissioning to go ahead and final payment to be made by about April 2014. My current understanding is that once Council has the infrastructure in place they would then have access to three years of operational and maintenance funding of up to \$50,000 per year from Dept of State Development and Planning. After this, Council would have to meet all ongoing costs for the operation of the dosing unit. Dept of Health is happy to come to Aurukun to present to Council on the benefits of fluoridation. Attendees will be myself and s73 of the Brisbane Dental Hospital.

We would therefore be grateful if you could indicate whether this would be of benefit to Council

and, if so, when might be a convenient time for us to come.
Regards

s.73

Environmental Health Regulation and Standards
Health Protection Unit
Department of Health

Ph. (s.73)

Fax (

Mob.

s.73

s.73

Out of hours number for water quality issues: 1800 128 962

RTI Release

From: s73
To: ld.gov.au
CC: s73
Date:
Subject: Fluoride

s73

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Dept of Health is happy to come to Aurukun to present to Council on the benefits of fluoridation. Attendees will be myself and s73 of the Brisbane Dental Hospital.

We would therefore be grateful if you could indicate whether this would be of benefit to Council and, if so, when might be a convenient time for us to come.

Regards

s.73

Environmental Health Regulation and Standards
Health Protection Unit

Dep h

Ph. s.73

Fax

Mob s.73

s.73

PO Box 2368, Fortitude Valley BC, 4006

Out of hours number for water quality issues: 1800 128 962

From: s73
To:
CC:
Date:
Subject: Re: Fluoridation

Hi s73 my bio attached.

s73 is the Director of Brisbane Dental Hospital. He is a former state president of the Queensland Dental Association, and sits on numerous state and federal dental committees. He holds Masters degrees in public health and epidemiology, and lectures at both the University of Queensland and Griffith University Dental Schools.

Regards,
s73

al
Me s73 I Health Services
s73

>>> s73 2/13/2013 11:10 am >>>
Hi s73
He y short bio:

s73 is the Director of the Water Program in the Queensland Department of Health and has led the Department's Water Fluoridation Program since its inception in 2008. He has previously worked in the Queensland Department of Natural Resources and Water as well as the Queensland EPA and has a background in the water industry. He holds a PhD in environmental science.

If you want anything more, just let me know,

s73

s73
ation and Standards

Health Protection Unit
Dep h
Ph. s73
Fax

s73

s73

s73

[Redacted]

4006

Out of hours number for water quality issues: 1800 128 962

>>> s.73 [Redacted]@charterstowers.qld.gov.au> 13/02/2013 10:40 am >>>

Good morning s73 [Redacted] and s73 [Redacted]

Thank you for your confirmation in respect to your attendance at the Fluoridation Public Information session to be held at Charters Towers on Monday 25th February 2013.

Council's Mayor, Cr s73 [Redacted] has requested from each of the presenters a short bio about yourselves.

These bios will be shared amongst the presenters as well as being given to the Chairperson of the evening to assist them with introductions on the night.

If you could please provide the same to myself by close of business Monday 18th February 2013, this would be helpful.

Thank you for your assistance.

s.73

[Redacted]

Regional Council

P O Box 189

Ch

4820

07 s73 [Redacted]

Fa

W

www.charterstowers.qld.gov.au

RELEASED

From s73 [Redacted]@health.qld.gov.au]

Sent:

To: s.73 [Redacted]

Cc: s73 [Redacted]

Sub

Thanks s73 [Redacted] I understand that s73 [Redacted] (of Qld Health's Water Quality Unit) and I will be [Redacted] Charters Towers [Redacted] on Feb 25 to talk about fluoridation. I've cc'd [Redacted] -mail to s73 [Redacted] and s73 [Redacted] who coordinates Qld Health's fluoridation work. I'm sure s73 [Redacted] will be in contact with [Redacted] in the next couple of weeks to make arrangements. [Redacted] wishes,

s73 [Redacted]

s.73

Brisbane Dental Hospital

Metro North Oral Health Services

s.73

>>> s.73

2/8/2013 4:08 pm >>>

s.73

gional Council

P O Box 189

Charters Towers Qld 4820

07 s.73

Fax

Web: www.charterstowers.qld.gov.au

From s.73

Sent: 2013 4:07 PM

To: s.73 @health.gov.au

Sub tion

Good afternoon Mr Foley

I have listened to your message on the Mayor's telephone.

Frank asked if I would respond to you.

As you are aware the Charters Towers Regional Council is planning a public information session in respect to Fluoridation on Monday 25th February 2013 at time to be confirmed approx. 6.30 p.m. to 8.30 p.m.

The Mayor is looking for the presenters to give a 15 minute presentation.

If you wish to discuss this matter further, the Mayor's mobile telephone number is:

s.73

or email: s.73

Council's CEO s.73 can be contacted through my contact details as well.

Kind regards

s.73

egional Council

P O Box 189

Charters Towers Qld 4820

07 s73

Fax

Web: www.charterstowers.qld.gov.au

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RTI Release

From: [redacted] s73
To: [redacted] s.73 d.gov.au
CC: [redacted] s73 @health.qld.gov.au
Date: 53 am
Subject: Fwd: RE: Cairns Regional Council - Request for Further Information from Queensland Health

Good Morning [redacted] s73

I apologise if you have already received an email from me containing the information below - we are having trouble with our email this morning.

[redacted] s73 has requested I respond to you on his behalf.
Councils are still in the process of making fluoride decisions. The list below details Councils where we are pretty certain the decision has been finalised:

North Burnett - ceasing - Council resolution
South Burnett - ceasing - Council resolution
Tablelands - not commencing - Council resolution

Brisbane City - continuing - Mayoral announcement
Ipswich City - continuing - Mayoral announcement
Somerset - continuing - Mayoral announcement
Scenic Rim - continuing - Media announcement
Central Highlands - continuing - Media announcement
Banana Shire - will commence - advised Department of State Development Infrastructure and Planning

[redacted] s73 is not in the office today. If you have any further queries please do not hesitate to contact

Kind regards

[redacted] s73

ntal Health Officer - Water

Environmental Health Regulation and Standards
Health Protection Unit

[redacted] s73

PO Box 2368
Fortitude Valley BC 4006
Phone: [redacted] s73
Fax: [redacted] s73
Out r for Environmental Health: 1800 128 962

Visit us on the web at:

<http://www.health.qld.gov.au/ph/ehu/eh-science-regulation.asp>

>>> [redacted] cairns.qld.gov.au> 17/01/2013 1:56 pm >>>

[redacted] do you have some sort of score card with those in, out and undecided as of today? putting a report together for our Council which need to be finalised by Monday morning and it would be good to include the state of play.

Thanks

[redacted]

[redacted]

Water & [redacted] Regional Council

Phone: [redacted]

Email: [redacted]

| URL:

cairns.

Mail: PO Box 359, Cairns Q 4870 | Office: 119-145 Spence St, Cairns Q 4870

Please consider the environment before printing this email



From: [redacted]@health.qld.gov.au]

Sent:

To: [redacted]

Cc: [redacted]

Sub [redacted] from Queensland Health

Dear [redacted]

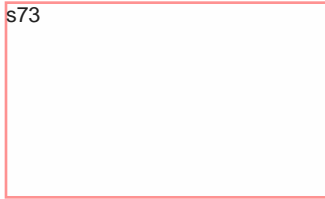
Things are changing with the fluoridation so I can update you on some of the points below. As discussed, [redacted] and I are happy to do our short presentation to Council, and to answer any questions you may have regarding the safety and effectiveness of water fluoridation. We now have additional requests for presentations to Moreton Bay Regional Council and Northern Peninsula Area Regional Council, and I'm sure more requests will follow. We have now learned that North and South Burnett RCs have decided to discontinue fluoridation, and Tablelands will not be starting up their two dosing units installed last year but not yet operational. Central Highlands RC will continue fluoridation of Blackwater, Tieri and Emerald. To further clarify my report from the debate on the amended Fluoridation Act, Ministers McArdle and Springborg both strongly supported the science behind the safety and effectiveness of water fluoridation as did the speaker for the ALP, Curtis Pitt, Member for Mulgrave.

If Council considers it essential to better inform the Cairns community via some form of open session before making its decision, QH is happy to provide speakers for a public meeting, but we have found in the past that poorly facilitated public meetings on fluoridation often degenerate into shouting matches with, to be honest, most of the shouting coming from opponents of fluoridation. Of course, those members of the community have an equal right to be heard on this topic, and we would not seek to deny that. But equally, standing up on a stage and being shouted at is not something many public health advocates would invite.

So, please let us know what Council's preference is on this issue. I guess our preference on the whole would be for us to attend a regular Council meeting, which we assume would have the opportunity for some community members to attend, and then to allow Council to convene its own engagement with the community, as it is Council that must make the final decision.

Regards, and happy to discuss further,

s73



gulation and Standards

Health Protection Unit

Department of Health

Ph.

s73

Fax

s73

s73

s73

PO Box 2368, Fortitude Valley BC, 4006

Out of hours number for water quality issues: 1800 128 962

>>> s73 @cairns.qld.gov.au> 15/01/2013 3:18 pm >>>

Dear

s73

Further to our telephone discussion earlier today, I was able to inform our acting General Manager for Water & Waste; Mr Alex Ung, of the following points:

- QH is available for a presentation to Councillors by arrangement if required. Dr Jackson and Michael Foley from the Australian Dental Association are conducting (on request) a short information session with Q&A's to help those make the decision in the best interest of the community.
- Currently, Mackay 31/1/13, Redlands 29/1/13 and Gympie 16/1/13.
- GJ confirms that currently none of the Potable water providers in Qld that have

Release

- implemented fluoride to date have made a decision to discontinue.
- GJ confirms 4 suppliers confirmed decision to continue, including Brisbane CC and Ipswich CC.
- Bundaberg has not yet made an official decision on fluoride. QH/ADA have presented there earlier this month.
- GJ confirms Qld state wide pole: 60% in favour, 20% against (3/1).
- GJ confirms that when present for the reading of the bill that led to the amendments to the Fluoridation act 2008, both sides of the political divide confirmed their continued support for use of fluoride.

I have been requested that in relation to the first dot point that I ascertain your availability for early February, to conduct a presentation with Q&A's with our Councillors. If you could advise of some dates, I can reply with suitable confirmation.

In addition, are you able to advise if QH are also available to present to the community at large on the same topic?

I've copied our GM and relevant Council officers in on this email

Look forward to your reply at your earliest convenience.

Regards,

s73
 Wa [redacted] irns [redacted] cil [redacted]
 P: s73 [redacted] | F: s73 [redacted] | M: s73 [redacted]
 E: s73 [redacted] | cair [redacted]

Ma [redacted] | Office: 119-145 Spence Street, Cairns

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RTI REQUESTS

From: s73
To: @northburnett.qld.gov.au
CC: s73
Date:
Subject: Water Fluoridation Act 2008
Attachments: Water Fluoridation Act 2008 extracts.pdf

Hi s73

As discussed, the following information is provided now that Council at its meeting yesterday formally resolved to cease to fluoridate the water supplies in North Burnett.

I have attached the relevant sections of the above Act for your information.

Councils decision is in essence a decision under Section 7 Subsection 3 (page 9) under the Act and is formally known as a **Fluoridation Decision**.

Under Section 13 Subsection 2 (page 11) the North Burnett Council must give the Chief Executive a notice (this is formally known as a **Fluoridation Notice**) stating that Council has made a fluoridation decision and the nature of the decision.

The fluoridation notice must be published at least once in a newspaper circulating in the area serviced by the water supply.

Council is required at least 30 days before ceasing to add fluoride to the water supply give the fluoridation notice to the Chief Executive and publish the fluoridation notice to advise the public. Basically you would put the fluoridation notice in the local paper that circulates in Gayndah, Mundubbera and Monto.

So that you are aware there is no template for how to word the fluoridation notice. The reason for this is that Council has made a decision that it is not in the best interests of the North Burnett community to fluoridate the water supply. The reasons for ceasing to fluoridate will vary from one Council to the next, therefore there is no template.

You can send the fluoridation notice to the Chief Executives delegate as follows.

s73

North Burnett Council
North Burnett Regulation and Standards
Health Protection Unit
Queensland Health
PO Box 2368
Fortitude Valley BC QLD 4006

There are some practical issues that Council must decide now that it has made this decision. Importantly Council still holds bags of sodium fluoride powder and will end up with a fluoride saturator full of concentrated fluoride solution which all needs to be disposed off. The question is do you time the ceasing of fluoridation once you have exhausted these supplies and run out the concentrate in the saturator or are the facilities shut down, notwithstanding the 30 day advice periods, then find a way to get rid of the powder and fluoride concentrate.

If Quantum Chemicals, who are your supplier, won't take the bags of fluoride powder back you may have to pay to get rid of them or another local government might take them off your hands.

I will discuss with ^{s73} when he gets back how to shut down these dosing facilities safely, so they do not pose health risk in the future. **This is critically important.**

If you have any queries please call me.
Regards

^{s73}
Senior Environmental Health Officer
Wide Bay Public Health Unit
Chief Health Officer Branch
Queensland
Telephone: ^{s73}
Fax: (^{s73})
Mob: ^{s73}
Email: ^{s73}
Address: ^{s73}

Hervey Bay Q 4655

RTI Release

From: Greg [redacted]
To: Alan [redacted]
CC: [redacted]
Date: 19/02/2013 11:27 am
Subject: Result

Hi Alan,
Nice to see you yesterday, and Kev of course. I guess the vote went as predicted, but still it is worryingly close. Let us know if you ever need any additional information or comms material for Council to provide to people. We can provide that. The anti's have been very organised and well-resourced, so I'm sure people have been made probably more alarmed now than when the fluoride was first added.

[redacted]

Cheers

[redacted]

[redacted]

ulation and Standards

Health Protection Unit

Dep [redacted] h

Ph. [redacted]
Fax [redacted]

[redacted]

[redacted]

4006

Out of hours number for water quality issues: 1800 128 962

R



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CENTRAL HIGHLANDS REGIONAL COUNCIL

Name of Treatment Plant

Location of Treatment Plant

EMERALD WATER TREATMENT PLANT OPAL STREET

Service Provider ID

481

2. Contact Details

Family Name

Given Name/s

Position

[Redacted] EHO

Phone

Fax

Mobile

[Redacted] [Redacted]

Email

[Redacted]

Signed

Date

[Redacted] 31/1/2013

3. Results

Reporting Period

From... OCTOBER... to... DECEMBER... Year... 2012...

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	10
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.51
Maximum measured fluoride concentration	0.78
Minimum measured fluoride concentration	0.16
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



Queensland
Government

FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CENTRAL HIGHLANDS REGIONAL COUNCIL

Name of Treatment Plant

OPAL ST WTP

Location of Treatment Plant

EMERALD

Service Provider ID

481

2. Contact Details

Family Name

s73

Given Name/s

Position

PM - WATER + SEWERAGE

Phone

s73

Fax

Mobile

Email

s73

Signed

s73

Date

20/05/2013

3. Results

Reporting Period

From 01/10 to 31/12 Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	88
Prescribed concentration for Local Government Area	0.7
Average measured fluoride concentration	0.52
Maximum measured fluoride concentration	0.81
Minimum measured fluoride concentration	0.0
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.

WATER FLUORIDATION ACT 2008
SECTION 13(3)
Form 1



FLUORIDATION NOTICE

Queensland
Government

1. Water Supplier Details

Name

Cairns Regional Council

ABN/ACN

24310025910

Service Provider ID

SP477

Principal contact

Family Name

Given Name/s

Position

s73

A/General Manager Water & Waste

Street address

119-145 Spence St QLD

Post Code 4870

Postal address (if different to above)

P.O Box 359 Cairns QLD

Post code 4870

Phone

Fax

Mobile

s73

Email

s73

2. Fluoridation Decision

Date of fluoridation decision by local government

30th January 2013

Nature of fluoridation decision

To Cease Fluoridation of the Water supply

3. Water Supply Details

Proposed commencement or cessation date

15th March

Name and location of water treatment plant or bore

Frenchmen Creek

Local Government Area

Cairns

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

The plant shall be shut down and cleaned following current Standard operating procedures. The physical plant equipment will remain in place and current stock remain until such time as an alternative can be found. the power supply will be physically disconnected.

Area or communities that will receive / cease receiving fluoridated water

Babinda

Attachments – Please tick the box if you have attached the following

1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
2. Has additional information been attached? YES Number of additional pages attached _____

Signature of Principal Contact

s73

Date

13/02/2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000



FLUORIDATION NOTICE

1. Water Supplier Details

Name

Cairns Regional Council

ABN/ACN

24310025910

Service Provider ID

SP477

Principal contact

Family Name

Given Name/s

Position

s73

A/General Manager Water & Waste

Street address

119-145 Spence St QLD

Post Code 4870

Postal address (if different to above)

P.O Box 359 Cairns QLD

Post code 4870

Phone

Fax

Mobile

s73

Email

s73

2. Fluoridation Decision

Date of fluoridation decision by local government

30th January 2013

Nature of fluoridation decision

To Cease Fluoridation of the Water supply

3. Water Supply Details

Proposed commencement or cessation date

15th March

Name and location of water treatment plant or bore

Whyanbeel Water Treatment Plant

Local Government Area

Whyanbeel

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

The plant shall be shut down and cleaned following current Standard operating procedures. The physical plant equipment will remain in place and current stock remain until such time as an alternative can be found. the power supply will be physically disconnected.

Area or communities that will receive / cease receiving fluoridated water

Residents connected to the Whyanbeel water treatment plant supply.

Attachments – Please tick the box if you have attached the following

1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
2. Has additional information been attached? YES Number of additional pages attached _____

Signature of Principal Contact

s73

Date

30/01/2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000

WATER FLUORIDATION ACT 2008
SECTION 13(3)
Form 1



FLUORIDATION NOTICE

1. Water Supplier Details

Name
Cairns Regional Council

ABN/ACN
24310025910

Service Provider ID
SP477

Principal contact

Family Name
s73

Given Name/s
s73

Position
A/General Manager Water & Waste

Street address
119-145 Spence St QLD
Post Code 4870

Postal address (if different to above)
P.O Box 359 Cairns QLD
Post code 4870

Phone
s73

Fax

Mobile

Email
s73

2. Fluoridation Decision

Date of fluoridation decision by local government
30th January 2013

Nature of fluoridation decision
To Cease Fluoridation of the Water supply

3. Water Supply Details

Proposed commencement or cessation date
15th March

Name and location of water treatment plant or bore
Mossman Water Treatment Plant

Local Government Area
Mossman

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility
The plant shall be shut down and cleaned following current Standard operating procedures.
The physical plant equipment will remain in place and current stock remain until such time as an alternative can be found . the power supply will be physically disconnected.

Area or communities that will receive / cease receiving fluoridated water
Residents connected to the Mossman water treatment plant supply.

Attachments – Please tick the box if you have attached the following

1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
2. Has additional information been attached? YES Number of additional pages attached _____

Signature of Principal Contact
s73

Date
30/01/2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000



Queensland
Government

FLUORIDATION NOTICE

1. Water Supplier Details

Name

Cairns Regional Council

ABN/ACN

24310025910

Service Provider ID

SP477

Principal contact

Family Name

Given Name/s

Position

s73

A/General Manager Water & Waste

Street address

119-145 Spence St QLD

Post Code 4870

Postal address (if different to above)

P.O. Box 359 Cairns QLD

Post code 4870

Phone

Fax

Mobile

s73

Email

s73

2. Fluoridation Decision

Date of fluoridation decision by local government

30th January 2013

Nature of fluoridation decision

To Cease Fluoridation of the Water supply

3. Water Supply Details

Proposed commencement or cessation date

15th March

Name and location of water treatment plant or bore

Freshwater Creek Treatment Plant

Local Government Area

Cairns

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

The plant shall be shut down and cleaned following current Standard operating procedures. The physical plant equipment will remain in place and current stock remain until such time as an alternative can be found. the power supply will be physically disconnected.

Area or communities that will receive / cease receiving fluoridated water

Cairns Residents from Palm Cove to Gordonvale Connected to the Freshwater Ck treatment

Attachments – Please tick the box if you have attached the following

1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
2. Has additional information been attached? YES Number of additional pages attached _____

Signature of Principal Contact

s73

Date

30/01/2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000



Queensland
Government

FLUORIDATION NOTICE

1. Water Supplier Details

Name

SOUTH BURNETT REGIONAL COUNCIL

ABN/AEN

89 972 463 351

Service Provider ID

491

Principal contact

Family Name

Given Name/s

Position

s73

MANAGER WATER AND
WASTEWATER

Street address

6 LENNON STREET, KINGAROO QLD

Post Code 4610

Postal address (if different to above)

PO BOX 336, KINGAROO QLD

Post code 4610

Phone

Fax

Mobile

s73

Email

info@southburnett.qld.gov.au

2. Fluoridation Decision

Date of fluoridation decision by local government

16 JANUARY 2013

Nature of fluoridation decision

CEASE TO ADD FLUORIDE TO WATER

3. Water Supply Details

Proposed commencement or cessation date

1 MARCH 2013

Name and location of water treatment plant or bore

BLACKBUTT WTP AT BLACKBUTT

Local Government Area

SOUTH BURNETT

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

DRAIN SODIUM FLUORIDE SATURATORS, FLUSH DOSING LINES, CLEAN
DUST SUPPRESSION SYSTEM, REMOVE ALL DUST, SOLIDS AND WASTE PRODUCTS,
SHUT DOSING POINTS AND TAG OUT, TURN OFF MAIN DOSING CONTROLS AND
LOCKOUT PLANT DOORS AND TAG OUT

Area or communities that will receive / cease receiving fluoridated water

BLACKBUTT AND BENARKIN

Attachments – Please tick the box if you have attached the following

1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
2. Has additional information been attached? YES Number of additional pages attached NIL

Signature of Principal Contact

Date

[Signature]

18 JANUARY 2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000



SOUTH BURNETT
REGIONAL COUNCIL

South Burnett Regional Council

ABN 89 972 463 351

PO Box 336

Kingaroy QLD 4610

☎ 1300 789 279 or (07) 4189 9100

☎ (07) 4162 4806

✉ info@southburnett.qld.gov.au

🌐 www.southburnett.qld.gov.au

Enquiries: [redacted]
Phone: (07) [redacted]
IR 1123803



18 January 2013

Chief Executive
Department of Health
C/- [redacted]
Director, Water Program
Environmental Health Regulation and Standards
PO Box 2368
FORTITUDE VALLEY BC, 4000

Dear Sir

**South Burnett Regional Council
Fluoridation Decision Notice**

At Council's General Meeting held Wednesday 16 January 2013, Council considered a report on the current fluoridation of town water supplies within the region. It was subsequently resolved as follows:

Moved Cr [redacted] seconded Cr [redacted]

That under the Water Fluoridation Act 2008, Part 3, s.7(3), Council decide to cease as soon as practicable the addition of fluoride to the public potable water supplies in the towns of Blackbutt, Nanango, Kingaroy, Wondai and Murgon. Further, that as a result of this decision, notifications as required under the Water Fluoridation Act 2008 Part 3, s.13 be made on the basis of fluoride ceasing to be added to these public potable water supplies effective as of Friday 1 March 2013.

Reason for deletion of recommendation number 2 (two), Council is not prepared to commit a future Council to a decision on fluoridation of water.

Carried 7/0

FOR VOTE - Councillors voted unanimously

Subsequently, Council published a notice in the South Burnett Times on Friday 18 January 2013 advising the community of this fluoridation decision and the date for the cessation of fluoridation. A copy of this public notice is included herein.

Under the Water Fluoridation Act 2008, Council is also required to give notice of the decision and cessation date for fluoridation to Queensland Health. Accordingly, attached are five (5) separate Form 1 Fluoridation Notices of the prescribed form for each of the water supplies that Council will be ceasing to add fluoride to effective from 1 March 2013.

If you have any further enquiries relating to the above matter, please contact Council's Manager Water and Wastewater, on

Yours faithfully



CHIEF EXECUTIVE OFFICER

encl

RTI Release

where you inject the insulin becomes hardened. stable and less likely to degrade when not kept cold."

Have a Ball this Australia Day

Saturday, 26th January
Get into the Australian Spirit!

Come on down to the **Australia Day Beach Party** at the **Kingaroy Cricket & Sports Club** for a fun filled afternoon, **12pm to 5pm**.

There will be:

- Beach Volleyball
- Jelly Wrestling
- Adult Jumping Castle
- Local Band

...and much, much more!

to light back. RHealth has developed a program to help South Burnett residents make simple, cost-effective changes to the way they eat and move every day.

Those with a family history of Type 2 diabetes, carry around some extra weight or who are not as active as they used to be could be at increased risk of developing Type 2 diabetes.

And in the South Burnett about two-thirds of adults are carrying extra weight, while only one out of every two residents does enough physical activity every day.

South Burnett Diabetes Prevention Program.

The program covers healthy options for every meal and snacks, with participants getting involved in the preparation and picking up useful tips for modifying recipes, understanding food labels and making their shopping dollar go further.

The program will also provide participants with an opportunity to learn simple and effective ways to become active every day and will challenge them over a four-week period to increase their incidental activity.

Sessions will take place over

will be armed with the knowledge and tools to make long-lasting changes to reduce their risk of Type 2 diabetes into the future.

Programs will begin at the end of January in Kingaroy, the end of February in Murgon, early April in Nanango and a second Kingaroy program will start in May.

To secure one of the 12 places in each program, subsidised by RHealth, phone your general practice, dietician or Caitlin Isaac at RHealth on 4162 5230 or email caitlin.isaac@rhealth.com.au.

South Burnett
Regional Council

QLD HEALTH AND COUNCIL
MOSQUITO SURVEY

Queensland Health will partner with South Burnett Regional Council to conduct a voluntary household mosquito survey over the next few weeks.

The purpose of the survey is to monitor the presence of any mosquito species of medical significance (for example the Dengue Mosquito). Early detection of the Dengue Mosquito can help authorities prevent an outbreak of Dengue Fever. This data will assist in planning for future vector control in the area.

The survey officers who carry identification cards, which will be displayed to the property occupier.

Property owners are encouraged to assist in the survey.

For any enquiries please contact Council's Environmental Health Team on ☎ 4189 9100.

**** Reminder ****

EXECUTIVE LIAISON OFFICER
Closing Date: 5:00pm Today

*****EMPLOYMENT VACANCIES*****

LABOURER

VRN: 12/13-016 (based in Kingaroy)
Permanent Full Time
\$45-47K per annum

Council is seeking a team member to undertake duties which may include concreting and drainage work, road construction and maintenance work on sealed and unsealed roads and maintenance on various other infrastructure. Experience in the operation and maintenance of small plant and participation in on call and after hours work is also a requirement of this position.

Mandatory:

- General Construction Induction Card (White Card)
- Minimum requirement of a current C Class drivers' licence

Desirable:

- Relevant plant tickets and/or truck licences (MR, HR, HC)
- First aid certificate
- Traffic Control Ticket (Level 1)

Closing Date: 5:00pm 1 February 2013

GIS OFFICER

VRN: 12/13 005 (based in Kingaroy)
Permanent Full Time
\$59K - \$64K per annum

Council is seeking an experienced individual to support our Geographic Information System (GIS) by assisting in the efficient storage, retrieval and use of information. Tertiary qualifications in spatial technology, outstanding interpersonal skills, basic technical skills in PC Hardware, troubleshooting, windows operating systems and the MS Office Suite will see you succeed in this role.

Closing Date: 5:00pm 25 January 2013

Benefits include:

- Up to 12% employer superannuation contribution
- Salary packaging
- Corporate membership to private health fund

The position descriptions and information on how to apply for these positions are available from Council's website or by visiting one of Council's Customer Service Centres.

For further information contact Human Resources on ☎ 4189 9244.

AUSTRALIA DAY AWARDS CEREMONY 2013

South Burnett Regional Council invites you to attend the fifth annual 2013 Australia Day Awards ceremony.

Date: Friday, 25 January 2013 (eve of Australia Day)

Time: 6:00pm for 6.30pm start

Location: Blackbutt Town Hall
Coulson Street, Blackbutt Qld 4605

FLUORIDATION DECISION

South Burnett Regional Council
Public Notice
Water Fluoridation Act 2008
Fluoridation Decision

At Council's General Meeting held Wednesday 16 January 2013, it was resolved that Council will cease to add Fluoride to the public potable water supplies in the towns of Blackbutt, Nanango, Kingaroy, Wondai and Murgon, effective as of Friday 1 March 2013.

Ken McLoughlin
CHIEF EXECUTIVE OFFICER

For more information please visit Council's website www.southburnett.qld.gov.au or contact Council on ☎ 4189 9100.

COUNCIL NEWS

Council farewells adding fluoride

FLUORIDE will be a thing of the past in the South Burnett.

Councillors this week voted unanimously to rid the Kingaroy, Murgon, Wondai, Nanango and Blackbutt town water supplies of fluoride, primarily as a cost-saving measure.

Cr Barry Green said the move made sense financially.

"Almost every household across the South Burnett drinks tank water," he said. "(And that means the \$180,000 we spend each year on fluoridation is being wasted on washing the car or watering the garden.

"It is fiscally stupid of us to provide a service no one wants or uses."

Cr Green said a survey of Kingaroy's town water two years ago provided the council with the view residents did not like the taste or smell of the town water and preferred to drink tank water.

"And I bet if you conducted the same survey in Nanango, you would get the same answer," he said.

Cr Cheryl Dalton said although she didn't always agree with Cr Green, on this occasion she did.

"I wholeheartedly agree we shouldn't waste any more money on fluoridating the water," she said.

"It is something the community should decide on, not the State Government or council."

Cr Damien Tessmann told the meeting he had

posted a request on social networking site Facebook for comments on the subject and up to 40 people had commented, all agreeing council should vote to take fluoride out of town water.

He said he believed the community was behind the council's decision and it was up to individuals to make their own health decisions.

Under the previous State Government Water Fluoridation Act 2008, local councils were forced to add the chemical to public potable water supplies.

It was something Cr Keith Campbell said the council was not happy to have to introduce.

"From a financial perspective, it will be very beneficial for (the) council to make this saving," he said.

The councillors agreed to the officer's recommendation but said they wanted the second condition to be removed.

This condition stated after a treatment process to improve the taste and odour aesthetics of town water, a further report would be prepared for the council.

This would allow it to reconsider the addition of fluoride to the potable drinking water.

"If we don't remove this clause we are committing a future council to something they may or may not wish to pursue," Cr Green said.

The termination of fluoride in town water will come into effect March 1.

Police plead with residents



LOCK IT: Blackbutt police Sergeant Rod Venn wants the town's residents to lock their houses.

Lock it or

JORDAN PHILP

BLACKBUTT residents are urged to keep their houses locked.

The town's police sergeant Rod Venn warned residents to be aware, after a spate of break and enters.

He said police had noticed a concerning trend of residents not reporting incidents.

Sergeant Venn said multiple homes, dwellings and sheds had been the target of unlawful entry over the past three

"If we don't know then we can't help"

months. And he said many of the break and enters could have been easily avoided.

"The message I want to get across is for people to make sure their property's gates are locked," Sgt Venn said.

"Some of these dwellings may be unattended for months, so it is important to make it

harder access. "It is dwelling harder The c butt re crimes. portanc crimes the BL

Get the circulation you pay for

Advertise in an Audit Bureau of Circulation Paper



Advertise in your South Burnett Times

1982361aaH



19 February 2013



s.73

Environmental Health Regulation and Standards
Health Protection Unit
Department of Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

Dear

s.73

Re: Fluoridation Decision under the Water Fluoridation Act 2008 (the Act) section 7 -
Decisions about fluoridation of public potable water supplies

Bundaberg Regional Council (Council) resolved at its Ordinary Meeting of 12 February 2013 – that fluoride not be added to the water supply that supplies potable water to the community in its Local Government area. Council is satisfied the decision to not fluoridate is in the best interests of the community.

A copy of the Council resolution is attached for your information.

Council will publish a Public Notice in the Bundaberg News-Mail as required under the Water Fluoridation Act, to ensure that both the Chief Executive of the Department of Health and the public receive notice of Council's decision to not fluoridate its potable water supply.

If you require any further information please contact Council's Manager Water and Wastewater Process Operations, Mr Jeff Rohdman on 1300 883 699.

Yours faithfully

s.73

Chief Executive Officer

Enc

File Ref: WS/0015
Fluoride letter L2993LET-JR JR:LH



Item

12 February 2013

Item Number: C2	File Number: .	Part: Councillors
---------------------------	--------------------------	-----------------------------

Portfolio:

Councillors

Notice of Motion:Cr - Fluoride response to Government Ministers

0968

ResolutionCr addressed the meeting on his Motion; and moved:-

Due to the complex nature and high costs to fluoridate the 10 reticulated water supply locations in the Bundaberg Region, together with the on-going annual operation and maintenance costs

- that Bundaberg Regional Council resolve not to fluoridate its reticulated water supplies.

Further, that the Premier, Deputy Premier, Minister for Local Government, Minister for Health, Members for Nudgee, Burnett and Bundaberg, respectively, be thanked for their efforts to give local governments a choice not to fluoridate reticulated water supplies.

Seconded by Cr

Following discussion thereto during which:-

- Cr spoke against the Motion; expressing opinion the legislation states Council should be satisfied that the decision it makes is in the best interests of the Community, and a referendum should be held on this issue to allow residents to have a say;
 - Cr spoke for the Motion;
- the Motion was put - and carried by 10 votes to 1 vote.

For

s.73

Against

s.73

RTI Release



ENQUIRIES: s.73
PHONE: s.73
YOUR REF: TV#3859493
OUR REF: 3859493

13/02/2013

RECEIVED
15 FEB 2013
HEALTH PROTECTION UNIT

The Chief Executive
c/o s.73
Environmental Health Regulation and Standards
Health Protection Unit
Queensland Health
PO Box 2368
Fortitude Valley BC QLD 4006

Dear Sir,

RE: Fluoridation Cessation Decision

Cairns Regional Council on the 30th January 2013 put forth the recommendation to cease fluoridating the region's water supplies.

The recommendation was passed with 9 councillors voting in favour of the motion.

Fluoridation will cease on the 15th March 2013.

Attached are the fluoridation notice forms detailing the schemes locations and decommissioning details.

Yours faithfully

s.73

A/General Manager Water and Waste

For all correspondence:

☒ PO Box 359 Cairns Q 4870

www.cairns.qld.gov.au
council@ Cairns.qld.gov.au

Council Chambers

119-145 Spence Street, Cairns Q 4870
P: 07 4044 3044 | F: 07 4044 3022

Mossman Administration Centre

64-66 Front Street, Mossman Q 4873
P: 07 4099 9444 | F: 07 4098 2902

WATER FLUORIDATION ACT 2008
SECTION 13(3)
Form 1



FLUORIDATION NOTICE

1. Water Supplier Details

Name

NORTH BURNETT REGIONAL COUNCIL

ABN/ACN

23 439 388 197

Service Provider ID

SP 490

Principal contact

Family Name

Given Name/s

Position

s.73

ASS. DIRECTOR TECHNICAL SERVICES

Street address

34-36 CAPPER STREET GAYNDAH

Post Code 4625

Postal address (if different to above)

PO BOX 390 GAYNDAH

Post code 4625

Phone

Fax

Mobile

s.73

Email

s.73

2. Fluoridation Decision

Date of fluoridation decision by local government

15 JANUARY 2013

Nature of fluoridation decision

Strong community feedback objecting to fluoridisation, the petition received on the 07 June 2011 requesting the removal of fluoridisation, the high use of tank water in the community and cost implications

3. Water Supply Details

Proposed commencement or cessation date

29 MARCH 2013

Name and location of water treatment plant or bore

GAYNDAH WATER TREATMENT PLANT - GAYNDAH

Local Government Area

NORTH BURNETT REGIONAL COUNCIL

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

Type of Chemical Sodium Fluoride

Dry or Solution Feed Solution Feed

Prescribed Fluoride Concentration 0.8 mg/L

Area or communities that will receive / cease receiving fluoridated water

GAYNDAH

Attachments – Please tick the box if you have attached the following

1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
2. Has additional information been attached? YES Number of additional pages attached 1

Signature of Principal Contact, /

Date

s.73

25 FEBRUARY 2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000

25 February, 2013

Your Reference:
Our Reference: 32

Environmental Health Regulation and Standards
Health Protection Unit - Queensland Health
PO Box 2368
Fortitude Valley BC QLD 4006



Dear Sir,

RE: Fluoridation Notices – Fluoridation decision – Monto, Mundubbera and Gayndah

Please find enclosed as required under the Fluoridation Act 2008 the following:-

- Fluoridation Notices for the ceasing of fluoride in the Water Treatment Plants in Monto, Mundubbera and Gayndah
- Copy of the public notice advising consumers of the intention to cease fluoridating water which will be advertised in the Central and North Burnett Times which covers each of the areas on Thursday, 28 February, 2013
- Copy of the extract from Council's General Meeting Minutes held on 15 January, 2013 of Council's resolution for the cessation of fluoride.

Should you require any further information, please do not hesitate to contact the undersigned on

s.73 or s.73

Yours faithfully

Assistant Director Technical Services
on behalf of MJP Pitt
Chief Executive Officer

Enc. (5)

Address all correspondence to the Chief Executive Officer

Fluoridation Notice

North Burnett Regional Council advises that a decision has been made regarding the on-going fluoridation of drinking water at the Monto Water Treatment Plant, Mundubbera Water Treatment Plant and Gayndah Water Treatment Plant servicing the communities of Monto, Mundubbera and Gayndah. Council decided on 15 January, 2013 that the continuation of water fluoridation is not in the best interests of the Monto, Mundubbera and Gayndah communities. As a result, the fluoridation of the relevant supplies will cease from 29 March, 2013.

Enquiries regarding this decision can be made by contacting Mark Pitt, Chief Executive Officer on 1300 696 272.

RTI RELEASED

**NORTH BURNETT REGIONAL COUNCIL
GENERAL MEETING
AGENDA – EIDSVOLD – 15 JANUARY 2013**



s.73 - Irrelevant matter

**Fluoride
025-01-2013**

10.4 Proposed Fluoride Legislation Amendments

Cr JF Dowling moved and Cr PW Lobegeier seconded: That Council remove fluoride from Gayndah, Monto and Mundubbera water in accordance with the Water Fluoridation Act 2008 Section 7.

In making this decision North Burnett Regional Council has considered strong community feedback objecting to fluoridisation, the petition received on the 07 June 2011 requesting the removal of fluoridisation, the high use of tank water in the community and cost implications.

CARRIED 6/0

s.73



NOTICE OF PERIOD OF NON-OPERATION

1. Water Supplier Details

Name

SOUTHERN DOWNS REGIONAL COUNCIL

ABN/ACN

59 786 792 651

Service Provider ID

SP 496

Principal contact

Family Name

Given Name/s

Position

s.73

[Redacted]

SUPERVISER WATER

Street address

64 FITZROY ST WARWICK

Post Code 4370

Postal address (if different to above)

[Redacted]

Post code

Phone

Fax

Mobile

s.73

[Redacted]

Email

s.73

[Redacted]

2. Details of period of non-operation

Period of non-operation

18-11-12 TO 20-12-12

Name and location of treatment plant

STANTHORPE WATER TREATMENT PLANT

Reasons for non-operation

DUE TO LIGHTNING STRIKE DAMAGE HAS BEEN DONE TO MAG FLOW TRANSMITTER AND PLC COMPONENT IN FLOURIDE SWITCHBOARD

Action taken to remedy matter

PARTS HAVE BEEN RECIEVED AND INSTALLED AND THE FLOURIDE PLANT IS NOW OPERATIONAL -

Attach additional information if necessary

Signature of Principal Contact

Date

s.73

[Redacted]

21-12-12

Submit this notice to Chief Executive Officer, Queensland Health, PO Box 2368, Fortitude Valley BC, 4006



NOTICE OF PERIOD OF NON-OPERATION

1. Water Supplier Details

Name

SOUTHERN DOWNS REGIONAL COUNCIL.

ABN/ACN

59 786 792 651

Service Provider ID

SP 496.

Principal contact

Family Name

Given Name/s

Position

s.73

SUPERVISOR WATER

Street address

64 FITZROY ST WARWICK

Post Code 4370

Postal address (if different to above)

Post code

Phone

Fax

Mobile

s.73

Email

s.73

2. Details of period of non-operation

Period of non-operation

FROM SUNDAY 18-11-12 AND ONGOING

Name and location of treatment plant

STANTHORPE WATER TREATMENT PLANT - 1 LOCKST

Reasons for non-operation

DUE TO LIGHTNING STRIKE DAMAGE HAS BEEN DONE TO MAGFLOW TRANSMITTER AND PLC COMPONENTS IN FLUORIDE SWITCH BOARD.

Action taken to remedy matter

REPLACED AND AWAITING PARTS TO RECTIFY THE PROBLEM.

Attach additional information if necessary

Signature of Principal Contact

Date

s.73

30-11-12.

Submit this notice to Chief Executive Officer, Queensland Health, PO Box 2368, Fortitude Valley BC, 4006



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CAIRNS REGIONAL COUNCIL

Name of Treatment Plant

Location of Treatment Plant

FRENCHMAN'S CREEK

RETICULATION SAMPLE SITES

Service Provider ID

SP477

2. Contact Details

Family Name

Given Name/s

Position

s.73

MANAGER OPERATIONS

Phone

Fax

Mobile

s.73

Email

s.73

Signed

s.73

Date

23-10-12

3. Results

Reporting Period

From 1st July to 30th September Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	26
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.61 mg/L
Maximum measured fluoride concentration	0.8 mg/L
Minimum measured fluoride concentration	0.1 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the Water Fluoridation Regulation 2008. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CAIRNS REGIONAL COUNCIL

Name of Treatment Plant

Location of Treatment Plant

FRENCHMAN'S CREEK

BABINDA

Service Provider ID

SP477

2. Contact Details

Family Name

Given Name/s

Position

s.73

MANAGER OPERATIONS

Phone

Fax

Mobile

s.73

Email

s.73

Signed

s.73

Date

23-10-12

3. Results

Reporting Period

From 1st July to 30th September Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	82
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.62 mg/L
Maximum measured fluoride concentration	0.99 mg/L
Minimum measured fluoride concentration	0 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the Water Fluoridation Regulation 2008. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CAIRNS REGIONAL COUNCIL

Name of Treatment Plant

Location of Treatment Plant

FRESHWATER WATER TREATMENT PLANT RETICULATION SAMPLE SITES

Service Provider ID

SP477

2. Contact Details

Family Name

Given Name/s

Position

s.73

MANAGER OPERATIONS

Phone

Fax

Mobile

s.73

Email

s.73

Signed

s.73

Date

23-10-12

3. Results

Reporting Period

From... 1st July to 30th September Year... 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	26
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.5 mg/L
Maximum measured fluoride concentration	0.7 mg/L
Minimum measured fluoride concentration	0.1 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the Water Fluoridation Regulation 2008. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CAIRNS REGIONAL COUNCIL

Name of Treatment Plant

Location of Treatment Plant

FRESHWATER WATER TREATMENT PLANT

CAIRNS

Service Provider ID

SP477

2. Contact Details

Family Name

Given Name/s

Position

s.73

MANAGER OPERATIONS

Phone

Fax

Mobile

s.73

Email

s.73

Signed

s.73

Date

23-10-12

3. Results

Reporting Period

From... 1st July to 30th September Year... 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	70
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.68 mg/L
Maximum measured fluoride concentration	0.76 mg/L
Minimum measured fluoride concentration	0.06 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

Gladstone Area Water Board

Name of Treatment Plant

Gladstone WTP

Location of Treatment Plant

Bruce St Gladstone

Service Provider ID

200

2. Contact Details

Family Name

Given Name/s

Position

s.73 [Redacted] WR MANAGER

Phone

Fax

Mobile

s.73 [Redacted]

Email

s.73 [Redacted]

Signed

Date

s.73 [Redacted] 23.11.12

3. Results

Reporting Period

From 1 July to 30 Sept Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.7
Average measured fluoride concentration	0.6
Maximum measured fluoride concentration	0.7
Minimum measured fluoride concentration	0.0
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



Queensland
Government

FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

GLADSTONE AREA WATER BOARD

Name of Treatment Plant

GLADSTONE

Location of Treatment Plant

BRUCE ST, GLADSTONE

Service Provider ID

200

2. Contact Details

Family Name

Given Name/s

Position

s.73

WR MANAGER

Phone

Fax

Mobile

s.73

Email

s.73

Signed

Date

s.73

27.2.2013

3. Results

Reporting Period

From 1 Oct to 31 Dec Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.7
Average measured fluoride concentration	0.5
Maximum measured fluoride concentration	0.9
Minimum measured fluoride concentration	0.1
Number of samples exceeding 1.5 mg fluoride/L	NIL

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.

PO Box 155
Gympie QLD 4570

Phone: 1300 307 800
Fax: (07) 5481 0801
ABN: 91 269 530 353

Our Ref: 4-10-19-0003: IS: SJ: CMP0:8824
Your Ref:

5 April 2013

Drinking Water Quality
Office of the Water Supply Regulator
Department of Energy and Water Supply
PO Box 15456
CITY EAST QLD 4002

ATTN: s.73

Dear s.73

RE: Jones Hill Water Treatment Plant- Fluoride Dosing

Council would like to inform you that dosing of fluoride at the Jones Hill Water Treatment Plant that serves the population of Gympie, is currently inoperable. A number of issues beyond Councils' control have combined to cause this extended break in service:

1. A faulty batch of chemical caused the fluoride layer in the saturator tank to solidify, completely blocking the process.
2. Replacement chemical could not be sourced immediately; nor could a suitably licenced operator be quickly found to provide removal and disposal of the solidified chemical.
3. When the chemical could be removed, the supplier of filter sand recommended by the plant designers could not supply sand, so then a new supplier with suitably certified sand supplies had to be found and sand sourced from them.
4. At this stage, the dosing pumps are continually going to fault; blocked piping, possibly caused by the faulty material, is thought to be the cause of the current problem.

Council have engaged the company that designed and built the fluoride dosing plant to solve the problems currently preventing re-commencement of dosing. As a result of these works, fluoride dosing may be off-line for a period greater than allowable under the regulations. All efforts are being made to bring the equipment back on line as soon as possible while maintaining safety and ensuring appropriate dosing.

Should you have any further enquiries regarding this matter, please do not hesitate to contact s.73 at Council's Water and Sewerage Branch on s.73

Yours faithfully

s.73

GENERAL MANAGER WATER AND SEWERAGE BRANCH



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

South Burnett Regional Council

Name of Treatment Plant

Location of Treatment Plant

Kingaroy Water Treatment Plant

Kingaroy

Service Provider ID

491

2. Contact Details

Family Name

Given Name/s

Position

Ansell

Cameron

Coordinator Treatment/Quality

Phone

Fax

Mobile

4189 9420

4163 1729

Email

water@southburnett.qld.gov.au

Signed

Ansell

Date

21.1.2013

3. Results

Reporting Period

From 1 October

to 31 December

Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	52
Prescribed concentration for Local Government Area	0.8
Average measured fluoride concentration	0.61
Maximum measured fluoride concentration	1.05
Minimum measured fluoride concentration	0.13
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.

Enquiries to: s.73
s.73 Water Program
Protection Unit
Telephone: s.73
Facsimile:
File Ref:

title initial last name
occupational title (if relevant)
organisation (if relevant)
address
CITY STATE (eg QLD) POSTCODE

Dear title last name

As you may be aware, Parliament has recently amended the *Water Fluoridation Act 2008*. These amendments are significantly different from the proposed changes circulated for consultation in October of this year.

The primary alteration to the Act is the removal of the mandatory requirement to fluoridate all relevant public potable water supplies. Local governments must now determine if it is in the best interests of their communities to implement, or to continue, fluoridation.

Where a water supplier for a community is not a local government the changes to the Act will require the water supplier to act on the local government's decision.

Full details of the changes to the Act are provided in the explanatory document enclosed. The revised Act is expected to be available online shortly at <http://www.legislation.qld.gov.au/>.

Also enclosed is a frequently asked questions document addressing some of the most common queries about the changes that have been asked of Queensland Health, the Department of State Development, Infrastructure and Planning and the Queensland Water Directorate since announcement of the amendments on the 29 November 2012.

Fluoridation has been proven as a safe and effective means of preventing tooth decay, for people of all ages, and is supported by peak health bodies including the National Health and Medical Research Council, the Australia Dental Association, the Australian Medical Association and the World Health Organization.

When considering whether fluoridation is in the best interests of a community Queensland Health recommends local governments consider the significant oral health benefits that are associated with drinking water fluoridation. With the State Government providing up to 100% of the eligible costs associated with the installation of fluoride dosing infrastructure, local governments should carefully balance the costs to rate payers of operating and maintaining fluoride dosing infrastructure against the savings for rate payers in terms of avoided dental visits and associated pain and suffering from tooth decay.

Office
Queensland Health
Level 1, 15 Butterfield Street
HERSTON QLD 4006

Postal
PO Box 2368
FORTITUDE VALLEY BC

s.73

To assist local governments in determining what is best for their communities Queensland Health is able to offer the services of oral health and public health professionals to brief local government representatives on the health benefits of fluoridation and to assist Councillors in assessing the credibility of common pro- and anti-fluoridation arguments.

Should you have further questions, please contact [redacted] documents enclosed, or wish to arrange for a [redacted] – Water Program, Queensland Health via (07) [redacted]

Yours sincerely

Dr Jeannette Young
Chief Health Officer
/ /

RTI Release

Prepared by:

s.73

7 December 2012

Submitted through:

s.73

Cleared by:

s.73

December 2012

RTI Release

Office
Queensland Health
Level 1, 15 Butterfield Street
HERSTON QLD 4006

Postal
PO Box 2368
FORTITUDE VALLEY BC

s.73

MEMORANDUM

To: File

From:

s.73

Subject: Fluoride Quarterly Reports for Central Highlands Regional Council

In response to several media requests about the reporting of fluoride concentrations through the quarterly reports, a brief review of compliance with this reporting was undertaken on 5 Dec 2012. Several reports from Central Highland Regional Council were found to be missing, and some reports indicated unacceptable average fluoride concentrations (below required levels).

An inquiry was made to Council by ^{s.73} Senior Environmental Health Officer who was informed that the Council Environmental Health Officers had been collecting their own weekly samples and reporting on those test results. Greg instructed the Council that the reports should summarise the daily operational testing performed at the water treatment plant, and asked them to resubmit all the reports with the correct information.

Previous reports are being kept to document that Council has been compliant in reporting, but they do not contain the proper test results.

s.73

Sr. Environmental Health Scientist
11 / Dec / 2012

Prepared by:

s.73

Health Protection Unit / Environmental Health Regulation and

m
s.73

Submitted through:

name
position title
branch/unit title
telephone no.
date

Cleared by:

name
position title
branch/unit title
telephone no.
date

RTI Release

name-of-water-supplier:	Western Downs Regional Council
name-of-treatment-plant:	Miles WTP
location-of-treatment-plant:	Miles
service-provider-ID:	SPID480
family-name:	s.73
given-name:	
position:	ting Officer
phone:	s.73
fax:	
mobile:	.
email:	s.73
date:	
reporting-period-from:	01/10/2012
reporting-period-to:	31/12/2012
number-of-days-in-the-quarter:	92
number-of-fluoridated-water-samples-analysed:	133
prescribed-concentration-for-local-government-area:	0.8
average-measured-fluoride-concentration:	0.55
min-measured-fluoride-concentration:	2.78
max-measured-fluoride-concentration:	0
number-of-samples-exceeding-1.5mg fluoride/L:	2
comments:	OWSR notified of high fluoride results 30/01/2013.

RTI Release



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CAIRNS REGIONAL COUNCIL

Name of Treatment Plant

Location of Treatment Plant

MOSSMAN WATER TREATMENT PLANT RETICULATION SAMPLE SITES

Service Provider ID

SP477

2. Contact Details

Family Name

Given Name/s

Position

s.73 MANAGER OPERATIONS

Phone

Fax

Mobile

s.73

Email

s.73

Signed

s.73

Date

23-10-12

3. Results

Reporting Period

From 1st July to 30th September Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	26
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.73 mg/L
Maximum measured fluoride concentration	0.9 mg/L
Minimum measured fluoride concentration	0.6 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CAIRNS REGIONAL COUNCIL

Name of Treatment Plant

Location of Treatment Plant

MOSSMAN WATER TREATMENT PLANT

MOSSMAN

Service Provider ID

SP477

2. Contact Details

Family Name

Given Name/s

Position

s.73

MANAGER OPERATIONS

Phone

Fax

Mobile

s.73

Email

s.73

Signed

s.73

Date

23-10-12

3. Results

Reporting Period

From 1st July to 30th September Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.71 mg/L
Maximum measured fluoride concentration	0.8 mg/L
Minimum measured fluoride concentration	0.68 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



**FLUORIDATED WATER QUARTERLY
REPORT**

1. Water Supplier and Supply Details

Name of Water Supplier

Toowoomba Regional Council

Name of Treatment Plant

Location of Treatment Plant

Mt Kynoch Water Treatment Plant

Shuttlewood Court, Toowoomba

Service Provider Registration Number

SP 499

2. Contact Details

Family Name

Given Name/s

Position

s.73

Manager Water Operations

Phone

Fax

Mobile

s.73

Email

s.73

Signed

Date

8/1/13

3. Results

Reporting Period

From 01 October to 31 December Year 2012.....

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analysed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	81
Average measured fluoride concentration	0.68963
Maximum measured fluoride concentration	0.95
Minimum measured fluoride concentration	0.08
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.

NOTICE OF PERIOD OF NON-OPERATION



1. Water Supplier Details

Name

Toowoomba Regional Council

ABN/ACN

997 8830 5360

Service Provider ID

499

Principal contact

Family Name

Given Name/s

Position

s.73

Manager Water Operations

Street address

Shuttlewood Crt Toowoomba

Post Code 4350

Postal address (if different to above)

PO Box 3021 Toowoomba Village Fair

Post code 4350

Phone

Fax

Mobile

s.73

Email

s.73

2. Details of period of non-operation

Period of non-operation

15th March 2013 - ongoing

Name and location of treatment plant

Mt Kynoch Water Treatment Plant, 2 Shuttlewood Crt Toowoomba

Reasons for non-operation

~~PID dosing pump fault, Water treatment plant Break In, Fluoride analyser / testing equipment stolen, unable to undertake daily testing.~~

Action taken to remedy matter

~~Fluoride plant turned off - TRC electricians investigating fault, (work order #5462), repairs will be completed when parts arrive. New testing equipment to be purchased.~~

Attach additional information if necessary

Signature of Principal Contact

Date

s.73

27/3/13

Submit this notice to Chief Executive Officer, Queensland Health, PO Box 2368, Fortitude Valley BC, 4006

RECEIVED
09 JAN 2013
RADIATION HEALTH UNIT

WATER FLUORIDATION REGULATION 2008
SECTION 7(3))
Form 2

NOTICE OF PERIOD OF NON-OPERATION



1. Water Supplier Details

Name

Toowoomba Regional Council

ABN/ACN

997 8830 5360

Service Provider ID

499

Principal contact

Family Name

Kleinschmidt

Given Name/s

Alan

Position

Manager Water Operations

Street address

2 Shuttlewood Crt Toowoomba

Post Code 4350

Postal address (if different to above)

PO Box 3021 Toowoomba Village Fair

Post code 4350

Phone

Fax

Mobile

s.73

Email

s.73

2. Details of period of non-operation

Period of non-operation

24th December 2012 - ongoing

Name and location of treatment plant

Mt Kynoch Water Treatment Plant , 2 Shuttlewood Crt Toowoomba

Reasons for non-operation

PID dosing pump fault - unable to reset.

Action taken to remedy matter

Fluoride plant turned off - TRC electricians investigating fault, (work order #5337), repairs will be completed when parts arrive

Attach additional information if necessary

Signature of Principal Contact

s.73

Date

4/1/13

Submit this notice to Chief Executive Officer, Queensland Health, PO Box 2368, Fortitude Valley BC, 4006



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

South Burnett Regional Council

Name of Treatment Plant

Location of Treatment Plant

Murgon Water Treatment Plant

Murgon

Service Provider ID

491

2. Contact Details

Family Name

Given Name/s

Position

Ansell

Cameron

Coordinator Treatment/Quality

Phone

Fax

Mobile

4189 9420

4163 1729

Email

water@southburnett.qld.gov.au

Signed

Handwritten signature

Date

21.1.2013

3. Results

Reporting Period

From 1 October

to 31 December

Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	31
Prescribed concentration for Local Government Area	0.8
Average measured fluoride concentration	0.35
Maximum measured fluoride concentration	0.85
Minimum measured fluoride concentration	0.15
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

South Burnett Regional Council

Name of Treatment Plant

Nanango Water Treatment Plant

Location of Treatment Plant

Nanango

Service Provider ID

491

2. Contact Details

Family Name

Ansell

Given Name/s

Cameron

Position

Coordinator Treatment/Quality

Phone

4189 9420

Fax

4163 1729

Mobile

Email

water@southburnett.qld.gov.au

Signed

Date

21.1.2013

3. Results

Reporting Period

From 1 October

to 31 December

Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	32
Prescribed concentration for Local Government Area	0.8
Average measured fluoride concentration	0.50
Maximum measured fluoride concentration	0.84
Minimum measured fluoride concentration	0.22
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and supply Details

Name of Water Supplier

Mackay Regional Council

Name of Treatment Plant

Nebo Road Water Treatment Plant

Location of Treatment Plant

218 Nebo Road Mackay QLD 4740

Service Provider Registration Number

489

2. Contact Details

s.73	mes/s	Position
		Environmental Officer

Phone	Fax	Mobile
s.73		

Email
s.73

Signed	Date
s.73	22/3/2013

3. Results

Reporting Period

From 1st July to 30th September Year 2012

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analysed as per section 13 Of the Water Fluoridation Regulation, 2008	77
Averaged measured fluoride concentration	0.203 mg/L
Maximum measured fluoride concentration	0.92 mg/L
Minimum measured fluoride concentration	0.06 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for the period of at least 5 years.
Completion of the table above ensures compliance with the reporting requirements of
Section 11 of the water Fluoridation Regulations, 2008

WATER FLUORIDATION REGULATION 2008
SECTION 11
FORM 3



Queensland
Government

FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and supply Details

Name of Water Supplier

Mackay Regional Council

Name of Treatment Plant

Nebo Road Water Treatment Plant

Location of Treatment Plant

218 Nebo Road Mackay QLD 4740

Service Provider Registration Number

489

2. Contact Details

Names/s	Position
s.73	Environmental Officer

Phone	Fax	Mobile
s.73		

s.73

Signed	Date
s.73	22/3/2013

3. Results

Reporting Period

From 1st October to 31st December Year 2012

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analysed as per section 13 Of the Water Fluoridation Regulation, 2008	78
Averaged measured fluoride concentration	0.10 mg/L
Maximum measured fluoride concentration	0.131 mg/L
Minimum measured fluoride concentration	0.095 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for the period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the water Fluoridation Regulations, 2008



NOTICE OF PERIOD OF NON-OPERATION

1. Water Supplier Details

Name

Townsville City Council

ABN/ACN

44 741 992 072

Service Provider ID

506

Principal contact

Family Name

Given Name/s

Position

s.73

Water quality Officer

Street address

2 Dalrymple Road, Garbutt, Townsville, QLD

Post Code 4810

Postal address (if different to above)

PO Box 1268, Townsville, QLD

Post code 4810

Phone

Fax

Mobile

s.73

Email

s.73

2. Details of period of non-operation

Period of non-operation

9am 04/03/13 to 9am 19/03/2013 - Plant will be fully compliant by 9am 20/04/13

Name and location of treatment plant

Northern Water Treatment Plant, Kinduro

Reasons for non-operation

Routine maintenance was undertaken on the fluoride dosing equipment. While it was offline Townsville City Council undertook a water age (Fluoride tracer) study to help us gain an understanding of the age of the water in our Northern system. Water age has implications for how water quality is managed. As it was a planned period of non-operation, Environmental Health Services, Townsville Public Health Unit were notified when we turned the fluoride dosing off.

Action taken to remedy matter

None required as planned shutdown for maintenance occurred.

Attach additional information if necessary

Signature of Principal Contact

Date

s.73

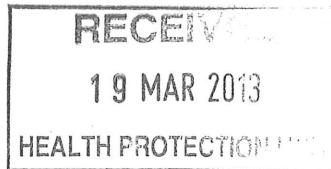
13/03/2013

Submit this notice to Chief Executive Officer, Queensland Health, PO Box 2368, Fortitude Valley BC, 4006

Date >> 13 March 2013



Chief Executive Officer
QUEENSLAND HEALTH
PO Box 2368
FORTITUDE VALLEY BC QLD 4006



2 DALRYMPLE ROAD
GARBUTT
PO BOX 1268, TOWNSVILLE
QUEENSLAND 4810
TELEPHONE >>
FACSIMILE >>
enquiries@townsville.qld.gov.au
www.townsville.qld.gov.au

Dear Chief Executive Officer

SUBJECT >> NOTICE OF PERIOD OF NON-OPERATION

Please find attached Townsville City Council's notice of period of non-operation of our fluoride dosing equipment at Northern Water Treatment Plant for the period 4th March 2013 to 19th March 2013.

Yours sincerely

Water Reporting Officer



**FLUORIDATED WATER QUARTERLY
REPORT**

1. Water Supplier and Supply Details

Name of Water Supplier

Townsville Water (Townsville City Council)

Name of Treatment Plant

Northern Water Treatment Plant

Location of Treatment Plant

Hencamp QLD 4816

Service Provider Registration Number

SP 506

2. Contact Details

Family Name

Given Name/s

Position

s.73

Water Reporting Officer

Phone

Fax

Mobile

s.73

Email

s.73

Signed

Date

s.73

21/01/2013

3. Results

Reporting Period

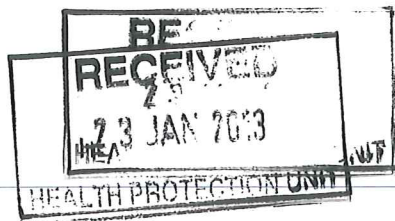
From October to December Year 2012

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analysed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	150
Average measured fluoride concentration	0.7
Maximum measured fluoride concentration	0.8
Minimum measured fluoride concentration	0.63
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.

This form should be forwarded to the Office of the Water Supply Regulator, Natural Resources and Water, PO Box ?? Brisbane QLD 4001 as part of the mandatory monitoring quarterly reporting requirements under the *Water (Supply and Reliability) Act, 2008*.



Date >> 21 January 2013

2 DALRYMPLE ROAD
GAR BUTT
PO BOX 1268, TOWNSVILLE
QUEENSLAND 4810



ENVIRONMENTAL HEALTH BRANCH
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

TELEPHONE >>
FACSIMILE >>

enquiries@townsville.qld.gov.au
www.townsville.qld.gov.au

To Whom it may concern:

SUBJECT>> FLUORIDATED WATER QUARTERLY REPORT

Please find attached Townsville City Council's fluoridated water quarterly report for Douglas Water Treatment Plant and Northern Water Treatment Plant for Quartile 4 2012.

Yours sincerely

Water Reporting Officer

RELEASE



**FLUORIDATED WATER QUARTERLY
REPORT**

1. Water Supplier and Supply Details

Name of Water Supplier

Townsville Water (Townsville City Council)

Name of Treatment Plant

Northern Water Treatment Plant

Location of Treatment Plant

Hencamp QLD 4816

Service Provider Registration Number

SP 506

2. Contact Details

Family Name

Given Name/s

Position

s.73

Water Reporting Officer

Phone

Fax

Mobile

s.73

Email

s.73

Signed

Date

s.73

22/04/2013

3. Results

Reporting Period

From January to March Year 2013

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analysed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	141
Average measured fluoride concentration	0.623
Maximum measured fluoride concentration	0.8
Minimum measured fluoride concentration	0.7
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.

This form should be forwarded to the Office of the Water Supply Regulator, Natural Resources and Water, PO Box ?? Brisbane QLD 4001 as part of the mandatory monitoring quarterly reporting requirements under the *Water (Supply and Reliability) Act 2008*

Date >> 22 April 2013



Chief Executive Officer
QUEENSLAND HEALTH
PO Box 2368
FORTITUDE VALLEY BC QLD 4006



2 DALRYMPLE ROAD
GARbutt
PO BOX 1268, TOWNSVILLE
QUEENSLAND 4810

TELEPHONE >>
FACSIMILE >>

enquiries@townsville.qld.gov.au
www.townsville.qld.gov.au

To the Chief Executive Officer

SUBJECT>> FLUORIDATED WATER QUARTERLY REPORT

Please find attached Townsville City Council's fluoridated water quarterly report for Douglas Water Treatment Plant and Northern Water Treatment Plant for Quartile 1 2013.

As per the notice of period of non-operation, 13/03/2013, NWTPs fluoride dosing system was offline for routine maintenance from 9am 04/03/2013 until 9am 19/03/2013.

Yours sincerely



Water Reporting Officer

1. **What kind of fluoride is being used in Redland City's water supply? Is it sodium fluoride, hexafluorosilicic acid, fluorosilicic acid (hydrofluorosilicate), sodium fluorosilicate or some other form of fluoride?**

Response to be provided by Seqwater as to specific compound used for Redland supply.

QH suggested additional wording:

The Water Fluoridation Regulation permits the following forms of fluoride to be added to a public potable water supply:

- ❖ Sodium fluoride (NaF)
- ❖ Sodium fluorosilicate (Na₂SiF₆)
- ❖ Fluorosilicic acid (H₂SiF₆)

Naturally occurring fluoride in an alternative water source where the concentration of fluoride is higher than the prescribed concentration.

2. **Is the fluoride to be used of pharmaceutical grade, or is it the untested industrial grade? That is, is the fluoride that is being used made specifically for fluoridation of water, or is it a waste product from an industrial process such as from an aluminium or a fertiliser process?**

QH suggested response:

The fluoridating agent used in Queensland is sourced from manufacturers who supply it for the purpose of water fluoridation. It is neither "pharmaceutical" nor "industrial waste".

Queensland legislation requires that fluoridation chemicals must not contain any impurities at levels that are likely to adversely affect public health. Drinking water providers who fluoridate are required to check the level of impurities in fluoridation chemicals by obtaining an analysis certificate for each batch supplied. If such a certificate cannot be obtained from the manufacturer, importer or supplier, the water provider must have the purity of the fluoridation chemical analysed by an appropriately accredited laboratory prior to adding any to the drinking water supply.

3. **Where does the fluoride chemical that is used in our water come from? Is the fluoride sourced from Incitec Pivot (Fertiliser Company) in Geelong, Alcoa (Aluminium), or is it imported from China, Italy, Belgium or Japan? Who has oversight over the supplier especially if it is a foreign supplier?**

Seqwater to provide detail as to fluoride source.

QH suggested additional wording:

Drinking water providers in Queensland are free to purchase fluoridation chemicals from whichever supplier they choose. The Queensland Government does not store information on the suppliers used by individual providers; however providers are routinely audited to ensure drinking water fluoridation is being undertaken safely and that fluoridating agents meet the rigorous quality requirements specified in both the Queensland fluoride legislation and the Water Fluoridation Code of Practice.

As previously stated Queensland legislation requires that fluoridating agents must not contain any impurities at levels that are likely to adversely affect public health. Drinking water providers who fluoridate are required to check the level of impurities in fluoridation chemicals by obtaining an analysis certificate for each batch supplied. If such a certificate cannot be obtained from the manufacturer, importer or supplier, the water provider must have the purity of the fluoridation chemical analysed by an appropriately accredited laboratory prior to adding any to the drinking water supply..

4. Has the fluoride that is being used been approved by the Therapeutic Goods Administration (Australia)? Is each batch of fluoride purchased subject to the approval of the Therapeutic Goods Administration (Australia)?

QH suggested response:

In Australia, the Therapeutic Goods Administration (TGA) is responsible for regulating medicines to ensure their quality, safety and efficacy. The TGA is not involved in the assessment or regulation of fluoridation chemicals when used for the purpose of water fluoridation. Instead, individual state and territory governments specify the requirements regarding the quality of fluoridation chemicals.

In Queensland, water suppliers who fluoridate are required under the Water Fluoridation Regulation 2008 to ensure fluoride chemicals are of an appropriate quality by obtaining a batch analysis certificate, detailing the levels of any impurities. If such a certificate cannot be obtained from the manufacturer/importer or supplier, the water supplier must have the fluoride compound analysed by an appropriately accredited laboratory and obtain the results. Information regarding impurity limits for fluoridation chemicals is prescribed in Appendix 1 of the Water Fluoridation Code of Practice. The Code of Practice may be viewed at http://www.health.qld.gov.au/ph/documents/ehu/fluoride_codepractice.pdf

5. Is the fluoride contained in toothpaste the same fluoride that is added to our water supply? If not, would the toothpaste manufacturers be permitted to use the same fluoride, from the same manufacturers, under the same control level, as the chemical that is added to our water supply? If not, why not?

The fluoride contained in most toothpaste is in the form of monofluorophosphate or sodium fluoride.

The Water Fluoridation Regulation permits the following forms of fluoride to be added to public potable water supply:

- ❖ Sodium fluoride (NaF)
- ❖ Sodium fluorosilicate (Na₂SiF₆)
- ❖ Fluorosilicic acid (H₂SiF₆)

Naturally occurring fluoride in an alternative water source where the concentration of fluoride is higher than the prescribed concentration.

Toothpaste manufacturers could (and some do) use the same fluoride compounds as added to drinking water.

As indicated in the response to question 4, the impurity limits for fluoridation chemicals added to drinking water are prescribed in Appendix 1 of the Water Fluoridation Code of Practice. The Code of Practice may be viewed at http://www.health.qld.gov.au/ph/documents/ehu/fluoride_codepractice.pdf

The impurity limits for fluoridation chemicals added to toothpastes will be determined by individual toothpaste manufacturers.

6. Is the fluoride that is used the same chemical composition as has been tested on humans in the various trials that have been relied upon by the general public to be safe and efficacious? In other words, has the fluoride chemical now used been safety-tested and treated under strict control conditions as would be the case in other medical drugs/toxins/chemicals?

The safety and effectiveness of water fluoridation has been frequently re-evaluated, and there is no clinical evidence that water fluoridation causes cancer, osteoporosis or other ill-health effects.

All fluoride compounds permitted to be added to drinking water dissolve completely in water separating into their component ions when added to a water supply. For example, sodium fluoride breaks down into sodium and fluoride ions and sodium fluorosilicate also dissolves completely in water, breaking down into hydrogen, sodium, fluoride ions, silica and water.

After being added to drinking water, the fluoride ions are present in very low concentrations and are identical to those found in water containing naturally occurring fluoride.

- 7. What assurances does Redland City have that each batch of the fluoride chemical used is tested thoroughly and independently prior to use, and that the correct amount of fluoride is being added to the water at all times?**

Seqwater to provide assurances and advise on equipment set up to ensure correct amount.

QH suggested response:

Drinking water providers who fluoridate are required to check the level of impurities in fluoridation chemicals by obtaining an analysis certificate for each batch supplied. If such a certificate cannot be obtained from the manufacturer, importer or supplier, the water provider must have the purity of the fluoridation chemical analysed by an appropriately accredited laboratory prior to adding any to the drinking water supply. Furthermore, testing of fluoridated water must also be undertaken on a daily basis to ensure that it contains the correct concentration of fluoride.

A number of engineering controls are employed to ensure fluoride is dosed safely and accurately. In particular, fluoride dosing equipment must comply with all regulatory requirements to ensure that the correct amount of fluoride is being added to the water at all times. Although there are a number of different engineering solutions available for fluoride dosing, dosing equipment relies upon adding fluoride at a rate that is proportional to the flow of water. In addition, online fluoride analysers and legislated daily testing verify the fluoride concentration in the treated water. All dosing equipment is also designed such that, if any element fails, fluoride dosing is shut off automatically such that the outcome is underdosing rather than overdosing.

- 8. If not, will you now suspend use until the actual chemical compound of the fluoride being used has been fully tested?**

QH suggested response:

With reference to the response to question 7, and the assurances provided by Seqwater, there is no need to suspend the use of the approved chemical compounds.

- 9. What is the amount per litre that is considered safe in Redland City's drinking water? What is the concentration per litre of fluoride in our water distribution system?**

QH suggested response:

The Water Fluoridation Regulation 2008 states that the prescribed concentration of fluoride for the Redland City Council local government area is 0.8mg/L.

Under the Regulation the water supplier must undertake daily testing to monitor the fluoride concentration in the water supply. The water supply is deemed to be in compliance with the Regulation if the measured fluoride concentration for the water supply for each day, averaged over a quarter, is +/- 0.1mg/L of the prescribed limit.

A fluoride concentration of 0.8mg/L is well below the 1.5mg/L maximum fluoride concentration recommended in the Australian Drinking Water Guidelines 2011 and World Health Organization Guidelines for Drinking Water Quality 2006.

Seqwater may wish to comment on testing results.

- 10. What safety measures are in place if a greater than prescribed amount of fluoride is accidentally or otherwise placed in the water supply? Is the water supply shut off if the concentration exceeds the permitted level? Is Redland City Council informed if such an error takes place? How is that concentration monitored?**

Response to be provided by Seqwater

11. Please provide a complete description of the testing process and guidelines for approval being adhered to:

Response to be provided by Seqwater

❖ Has any batch received to date been refused?

Response to be provided by Seqwater

❖ If we chose not to use the fluoride in our water system and we dumped a batch into the refuse tip, would it be considered to be toxic waste?

If the fluoride compounds added to drinking water were to be disposed of rather than added to drinking water supplies they would be considered to be regulated waste under Queensland environmental legislation.

Regulated waste is commercial, industrial or construction waste that contains a substance or chemical compound listed within Schedule 1 of the Waste Reduction and Recycling Regulation 2011.

It is important to remember that fluoride is not the only chemical added to drinking water supplies. A number of water treatment chemicals, including chlorine compounds used for disinfection, are regulated wastes and hazardous in their concentrated form but are safe and beneficial when dissolved and diluted in drinking water.

When considering the hazard that chemicals added to drinking water pose to human health, an assessment must be made on the basis of the concentration of the chemical in the treated water. Water that has been fluoridated at 0.8 mg/L is safe for people and safe for the environment.

❖ Does the fluoride contain any arsenic, uranium, chromium and/or lead?

While all drinking water and all chemicals used in drinking water treatment may contain small amounts of impurities, the Water Fluoridation Regulation 2008 requires that fluoridation chemicals not be added to the water supply if they contain impurities at a concentration that is likely to adversely affect public health. All fluoridating chemicals used in Queensland must have a batch analysis certificate that shows the levels of any impurities in the batch. Information regarding impurity limits for fluoridation chemicals is prescribed in Appendix 1 of the Water Fluoridation Code of Practice. The Code of Practice may be viewed at http://www.health.qld.gov.au/ph/documents/ehu/fluoride_codepractice.pdf

❖ Would any municipality be permitted to add any of these chemicals to the water supply if not under the umbrella of fluoride?

Water suppliers would not have any reason to intentionally add arsenic, uranium, chromium or lead to their drinking water supply. However, if these contaminants were to occur in other water treatment chemicals the Australian Drinking Water Guidelines include a process for determining the Recommended Maximum Impurity Concentration for these and other contaminants. By following this advice water suppliers can ensure that the concentrations of trace contaminants in drinking water are at safe levels.

❖ What are the permitted levels of heavy or toxic metals in the water supply?

The guideline values for various metals, adopted by drinking water regulators across Australia, are prescribed in the Australian Drinking Water Guidelines 2011. These can be viewed in Table 10.5 of the Guidelines which can be viewed online at:

http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/eh52_aust_drinking_water_guidelines_update_120710_0.pdf

❖ ***Has the fluoridisation of the water added to these permitted concentrations?***

The practice of fluoridation has not influenced the derivation of the guideline values for heavy metals in the 2011 Australian Drinking Water Guidelines.

❖ ***Please list each chemical and their permitted percentage of concentration.***

The guideline values for various metals, adopted by drinking water regulators across Australia, are prescribed in the Australian Drinking Water Guidelines 2011. These can be viewed in Table 10.5 of the Guidelines which can be viewed online at:

http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/eh52_aust_drinking_water_guidelines_update_120710_0.pdf

❖ ***What is the acceptable level of purity of the fluoride chemical?***

The minimum purity specifications for sodium fluorosilicate and sodium fluoride - the two fluoridation chemicals used in South East Queensland - are 98% and 97% respectively.

12. The fluoride used is purportedly for the preservation of teeth, correct? When we brush our teeth, the toothpaste used goes straight to our teeth. Correct? What percentage of the fluoride ingested through drinking fluoridated water is absorbed by the teeth?

The percentage of fluoride absorbed by the teeth following the ingestion of fluoridated water will vary from person to person.

Fluoridated water, fluoride toothpaste and other fluoride products, provide a source of fluoride to saliva. This fluoride binds with other minerals such as calcium and phosphorous that have been lost from tooth surfaces thereby assisting the process of remineralisation.

As most people only brush twice a day, fluoride toothpaste does not supply a continual source of fluoride to the mouth. Drinking fluoridated water, however, does provide a regular source of fluoride to saliva throughout the day and provides additional benefit to that of fluoride toothpaste alone.

13. For people who brush their teeth with toothpaste containing fluoride, is there any advantage, in terms of dental health, to drink water containing fluoride? In other words, why are we putting fluoride in drinking water when we already use fluoride in toothpaste for dental hygiene and protection against dental decay?

The beneficial effect of water fluoridation is additional to that of fluoridated toothpaste. Even people who use fluoridated toothpaste still benefit from water fluoridation. Maximum benefits are obtained through a combination of a healthy diet, regular toothbrushing, appropriate use of fluoridated toothpaste, drinking optimally fluoridated water and regular reviews by a dental practitioner.

14. If the fluoride in the water is for people who do not brush their teeth, why is everyone subjected to fluoride in the water because of their lack of adherence to healthy practices?

As mentioned earlier, fluoridation has been shown to benefit not only those with poor oral health practices but those who brush their teeth regularly as well.

15. What are the adverse effects of an overdose on fluoride?

Water suppliers are required to employ a range of safeguards to ensure accurate fluoride dosing and prevent overdosing. In the unlikely instance of an overdose, the nature and extent of any resulting adverse health effects would be dependent on the magnitude and duration of the overdose.

16. What are the effects of ingesting fluoride on the other organs of the body? And what are the implications for individuals with conditions such as kidney problems?

The safety and effectiveness of drinking water fluoridation has been frequently re-evaluated, and medical authorities advise that fluoridation is both safe and effective.

Kidney Health Australia (KHA) does not oppose water fluoridation. The organisation stated in 2007 that 'the available evidence suggests no link between the consumption of optimally fluoridated water and an increased risk of developing chronic kidney disease'. In 2011, KHA conducted a review of the relevant literature published since 2007 and concluded that the 'There has been no new published evidence to contradict the 2007 KHA Position Statement'.

The risk of fluoridated water to patients undergoing kidney dialysis is sometimes quoted by the anti-fluoridation movement. Because patients are exposed to extremely large volumes of water during kidney dialysis, the water must contain very low levels of minerals. The levels of all minerals and ions, including fluoride, must be reduced before water is used for dialysis. Normal tap water, whether fluoridated or non-fluoridated, is not used for kidney dialysis.

17. How can parents control the amount of fluoride being ingested by children of different ages who have different body weights, especially as fluoride comes from a variety of other sources in our environment which we are unable to monitor?

In ordinary circumstances water fluoridation is not known to increase children's fluoride intake to a level that could be considered hazardous to health. The only known side effect of optimal water fluoridation is a slight increase in prevalence of dental fluorosis. Dental fluorosis or mottling of the teeth can occur if young children get too much fluoride when their adult teeth are forming. Fluorosis is mostly a cosmetic concern that is barely detectable and does not damage the teeth, whereas tooth decay is painful, unsightly and expensive to repair. Parents wishing to reduce the likelihood of their children developing dental fluorosis can do so by selecting low-fluoride toothpastes, ensuring their children use a 'pea-sized' amount of toothpaste and ensuring their children don't swallow or eat the toothpaste. It is important to note that the benefits of water fluoridation in significantly reducing tooth decay clearly outweigh the low risk of dental fluorosis.

18. What percentage of the fluoride ingested by a person is eliminated from the body of a healthy person after ingestion? What percentage remains stored in the body? In which organs?

The percentage of fluoride eliminated from the body will vary from person to person and will vary for an individual from day to day.

When swallowed, fluoride is absorbed via the stomach and intestines, and passes rapidly round the body in the bloodstream. Peak blood levels appear in 30-60 minutes after swallowing.

Once in the blood, fluoride is gradually removed via the kidneys, reducing to half its original level in between three and ten hours. The long-term blood level is influenced by daily exposure as well as by take-up in growing bone and release as old bone is broken down. Children clear fluoride about as rapidly as adults.

Of the fluoride that remains in the body, approximately 99 per cent remains in bones and teeth. The ion is incorporated into the mineral matrix of bone and teeth.

http://ec.europa.eu/health/scientific_committees/opinions_layman/fluoridation/en/l-2/2.htm#0
(Scientific Committee on Health and Environmental Risks – European Commission),

19. What is the risk to pregnant women and/or babies from ingesting fluoride?

The consumption of optimally fluoridated water does not pose a health risk to pregnant women nor does it pose a health risk to infants being breastfed. With respect to use of infant formula, the 2007 NHMRC review on the Efficacy and Safety of Fluoridation concluded that "recent Australian research does not show an association between use of infant formulae and dental fluorosis. The critical period for development of dental fluorosis is after the first twelve months of life, by which time the majority of Australian children have ceased exclusive formula consumption. Measurements were made of 49 samples of formula available at supermarkets, finding that the fluoride concentrations have fallen considerably to allow reconstitution with fluoridated water." (http://www.nhmrc.gov.au/_files_nhmrc/file/media/media/rel07/Fluoride_Flyer.pdf)

20. Has Council acknowledged and considered Australia's National Research Council report ("Fluoride in Drinking Water" which is 507 pages long and which took 3.5 years to write) of the detrimental effects of fluoride on children's teeth (enamel fluorosis) and the subsequent weakening of bones in adulthood due to cumulative exposure?

Response to be provided by Council

QH suggested additional wording:

The report referred to in this question is American not Australian. The "Fluoride in Drinking Water" report is the United States' National Research Council's review of the United States' Environmental Protection Agency's Standards focussed on the health risk posed by consuming drinking water with high levels of naturally occurring fluoride (greater than four milligrams per litre).

This report is therefore not relevant to the practice of water fluoridation in Queensland, where fluoride is added at between 0.6 and 0.8 milligrams per litre. American health authorities such as the Centers for Disease Control and Prevention continue to endorse the practice of water fluoridation to prevent and control tooth decay.

The report specifically stressed that its conclusions did not apply to optimally fluoridated water.

21. What is the cost to Council (other than possible health costs) to continue with fluoridisation of the City's water?

Response to be provided by Seqwater.

22. What is the cost to Council to discontinue with fluoridisation of the City's water?

Response to be provided by Council and/or Seqwater.

23. Is Council or the supplier of our water in any way contracted to purchase the fluoride chemical in the future?

Response to be provided by Seqwater.

24. Is Council prepared to advise residents of the answers to the questions above, without bias and sugar coating?

Response to be provided by Council.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

SAPPHIRE WATER TREATMENT PLANT

Name of Treatment Plant

Location of Treatment Plant

SAPPHIRE WATER TREATMENT PLANT

RUBY VALE - SAPPHIRE ROAD

Service Provider ID

2. Contact Details

Family Name

Given Name/s

Position

EHO

Phone

Fax

Mobile

Email

Signed

Date

31/1/2013

3. Results

Reporting Period

From to Year

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	10
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.415834
Maximum measured fluoride concentration	0.73
Minimum measured fluoride concentration	0.18
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



Queensland
Government

FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CENTRAL HIGHLANDS REGIONAL COUNCIL

Name of Treatment Plant

SAPPHIRE

Location of Treatment Plant

WTP

SAPPHIRE

Service Provider ID

481

2. Contact Details

Family Name

s.73

Given Name/s

Position

PM-WATER + SEWERAGE

Phone

s.73

Fax

Mobile

Email

s.73

Signed

s.73

Date

20/05/2013

3. Results

Reporting Period

From 01/10 to 31/12 Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.7
Average measured fluoride concentration	0.57
Maximum measured fluoride concentration	0.75
Minimum measured fluoride concentration	0.0
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.

EMPLOYMENT VACANCIES

**QLD HEALTH AND COUNCIL
MOSQUITO SURVEY**

Queensland Health will partner with South Burnett Regional Council to conduct a voluntary household mosquito survey over the next few weeks.

The purpose of the survey is to monitor the presence of any mosquito species of medical significance (for example the Dengue Mosquito). Early detection of the Dengue Mosquito can help authorities prevent an outbreak of Dengue Fever. This data will assist in planning for future vector control in the area.

The survey officers who carry identification cards, which will be displayed to the property occupier.

Property owners are encouraged to assist in the survey.

For any enquiries please contact Council's Environmental Health Team on ☎ 4189 9100.

**** Reminder ****

EXECUTIVE LIAISON OFFICER

Closing Date: 5:00pm Today

Closing Date: 5:00pm 1 February 2013

LABOURER

*VRN: 12/13-016 (based in Kingaroy)
Permanent Full Time
\$45-47K per annum*

Council is seeking a team member to undertake duties which may include concreting and drainage work, road construction and maintenance work on sealed and unsealed roads and maintenance on various other infrastructure. Experience in the operation and maintenance of small plant and participation in on call and after hours work is also a requirement of this position.

Mandatory:

- General Construction Induction Card (White Card)
- Minimum requirement of a current C Class drivers' licence

Desirable:

- Relevant plant tickets and/or truck licences (MR, HR, HC)
- First aid certificate
- Traffic Control Ticket (Level 1)

GIS OFFICER

*VRN: 12/13 005 (based in Kingaroy)
Permanent Full Time
\$59K - \$64K per annum*

Council is seeking an experienced individual to support our Geographic Information System (GIS) by assisting in the efficient storage, retrieval and use of information. Tertiary qualifications in spatial technology, outstanding interpersonal skills, basic technical skills in PC Hardware, troubleshooting, windows operating systems and the MS Office Suite will see you succeed in this role.

Closing Date: 5:00pm 25 January 2013

Benefits include:

- Up to 12% employer superannuation contribution
- Salary packaging
- Corporate membership to private health fund

The position descriptions and information on how to apply for these positions are available from Council's website or by visiting one of Council's Customer Service Centres.

For further information contact Human Resources on ☎ 4189 9244.

**AUSTRALIA DAY AWARDS
CEREMONY 2013**

South Burnett Regional Council invites you to attend the fifth annual 2013 Australia Day Awards ceremony.

Date: Friday 25 January 2013
(eve of Australia Day)

Time: 6:00pm for 6.30pm start

Location: Blackbutt Town Hall
Coulson Street, Blackbutt Qld 4605

FLUORIDATION DECISION

South Burnett Regional Council

Public Notice

Water Fluoridation Act 2008

Fluoridation Decision

At Council's General Meeting held Wednesday 16 January 2013, it was resolved that Council will cease to add Fluoride to the public potable water supplies in the towns of Blackbutt, Nanango, Kingaroy, Wondai and Murgon, effective as of Friday 1 March 2013.

Ken McLoughlin

CHIEF EXECUTIVE OFFICER



FLUORIDATION NOTICE

1. Water Supplier Details

Name

SOUTH BURNETT REGIONAL COUNCIL

ABN/AEN

89 972 463 351

Service Provider ID

491

Principal contact

Family Name

HOOD

Given Name/s

RUSSELL ANDREW

Position

MANAGER WATER AND WASTEWATER

Street address

GLENDON STREET, KINGAROY QLD

Post Code 4610

Postal address (if different to above)

PO BOX 336, KINGAROY QLD

Post code 4610

Phone

07 4189 9100

Fax

07 4162 4806

Mobile

0400 646 976

Email

info@southburnett.qld.gov.au

2. Fluoridation Decision

Date of fluoridation decision by local government

16 JANUARY 2013

Nature of fluoridation decision

CEASE TO ADD FLUORIDE TO WATER

3. Water Supply Details

Proposed commencement or cessation date

1 MARCH 2013

Name and location of water treatment plant or bore

BLACKBUTT WTP AT BLACKBUTT

Local Government Area

SOUTH BURNETT

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

DRAIN SODIUM FLUORIDE SATURATORS, FLUSH DOSING LINES, CLEAN DUST SUPPRESSION SYSTEM, REMOVE ALL DUST, SOLIDS AND WASTE PRODUCTS, SHUT DOSING POINTS AND TAG OUT, TURN OFF MAIN DOSING CONTROLS AND LOCKOUT PLANT DOORS AND TAG OUT

Area or communities that will receive / cease receiving fluoridated water

BLACKBUTT AND BENARKIN

Attachments – Please tick the box if you have attached the following

- 1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
- 2. Has additional information been attached? YES Number of additional pages attached NIL

Signature of Principal Contact

Wood

Date

18 JANUARY 2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000



FLUORIDATION NOTICE

**Queensland
Government**

1. Water Supplier Details

Name

SOUTH BURNETT REGIONAL COUNCIL

ABN/AEN

89 972 463 351

Service Provider ID

491

Principal contact

Family Name

HOOD

Given Name/s

RUSSELL ANDREW

Position

MANAGER WATER AND
WASTEWATER

Street address

GLENPON STREET, KINGAROY QLD

Post Code 4610

Postal address (if different to above)

PO BOX 336, KINGAROY QLD

Post code 4610

Phone

07 4189 9100

Fax

07 4162 4806

Mobile

0400 646 976

Email

info@southburnett.qld.gov.au

2. Fluoridation Decision

Date of fluoridation decision by local government

16 JANUARY 2013

Nature of fluoridation decision

CEASE TO ADD FLUORIDE TO WATER

3. Water Supply Details

Proposed commencement or cessation date

1 MARCH 2013

Name and location of water treatment plant or bore

NANANGO WTP/BORES AT NANANGO

Local Government Area

SOUTH BURNETT

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

DRAIN SODIUM FLUORIDE SATURATORS, FLUSH DOSING LINES, CLEAN
DUST SUPPRESSION SYSTEM, REMOVE ALL DUST, SOLIDS AND WASTE PRODUCTS,
SHUT DOSING POINTS AND TAG OUT, TURN OFF MAIN DOSING CONTROLS AND
LOCKOUT PLANT DOORS AND TAG OUT

Area or communities that will receive / cease receiving fluoridated water

NANANGO

Attachments – Please tick the box if you have attached the following

1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
2. Has additional information been attached? YES Number of additional pages attached NIL

Signature of Principal Contact

Wood

Date

18 JANUARY 2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000



FLUORIDATION NOTICE

1. Water Supplier Details

Name

SOUTH BURNETT REGIONAL COUNCIL

ABN/AEN

89 972 463 351

Service Provider ID

491

Principal contact

Family Name

HOOD

Given Name/s

RUSSELL ANDREW

Position

MANAGER WATER AND WASTEWATER

Street address

GLENPON STREET, KINGAROO QLD

Post Code 4610

Postal address (if different to above)

PO BOX 336, KINGAROO QLD

Post code 4610

Phone

07 4189 9100

Fax

07 4162 4806

Mobile

0400 646 976

Email

info@southburnett.qld.gov.au

2. Fluoridation Decision

Date of fluoridation decision by local government

16 JANUARY 2013

Nature of fluoridation decision

CEASE TO ADD FLUORIDE TO WATER

3. Water Supply Details

Proposed commencement or cessation date

1 MARCH 2013

Name and location of water treatment plant or bore

GORDONBROOK WTP AT GORDONBROOK DAM

Local Government Area

SOUTH BURNETT

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

DRAIN SODIUM FLUORIDE SATURATORS, FLUSH DOSING LINES, CLEAN DUST SUPPRESSION SYSTEM, REMOVE ALL DUST, SOLIDS AND WASTE PRODUCTS, SHUT DOSING POINTS AND TAG OUT, TURN OFF MAIN DOSING CONTROLS AND LOCKOUT PLANT DOORS AND TAG OUT

Area or communities that will receive / cease receiving fluoridated water

KINGAROO

Attachments – Please tick the box if you have attached the following

- 1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
- 2. Has additional information been attached? YES Number of additional pages attached NIL

Signature of Principal Contact

Wood

Date

18 JANUARY 2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000



FLUORIDATION NOTICE

**Queensland
Government**

1. Water Supplier Details

Name

SOUTH BURNETT REGIONAL COUNCIL

ABN/AEN

89 972 463 351

Service Provider ID

491

Principal contact

Family Name

HOOD

Given Name/s

RUSSELL ANDREW

Position

MANAGER WATER AND
WASTEWATER

Street address

GLENPON STREET, KINGAROY QLD

Post Code 4610

Postal address (if different to above)

PO BOX 336, KINGAROY QLD

Post code 4610

Phone

07 4189 9100

Fax

07 4162 4806

Mobile

0400 646 976

Email

info@southburnett.qld.gov.au

2. Fluoridation Decision

Date of fluoridation decision by local government

16 JANUARY 2013

Nature of fluoridation decision

CEASE TO ADD FLUORIDE TO WATER

3. Water Supply Details

Proposed commencement or cessation date

1 MARCH 2013

Name and location of water treatment plant or bore

WONDAI WTP AT WONDAI

Local Government Area

SOUTH BURNETT

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

DRAIN SODIUM FLUORIDE SATURATORS, FLUSH DOSING LINES, CLEAN
DUST SUPPRESSION SYSTEM, REMOVE ALL DUST, SOLIDS AND WASTE PRODUCTS,
SHUT DOSING POINTS AND TAG OUT, TURN OFF MAIN DOSING CONTROLS AND
LOCKOUT PLANT DOORS AND TAG OUT

Area or communities that will receive / cease receiving fluoridated water

WONDAI AND TINGOORA

Attachments – Please tick the box if you have attached the following

1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
2. Has additional information been attached? YES Number of additional pages attached NIL

Signature of Principal Contact

Wood

Date

18 JANUARY 2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000



FLUORIDATION NOTICE

**Queensland
Government**

1. Water Supplier Details

Name

SOUTH BURNETT REGIONAL COUNCIL

ABN/AEN

89 972 463 351

Service Provider ID

491

Principal contact

Family Name

HOOD

Given Name/s

RUSSELL ANDREW

Position

MANAGER WATER AND
WASTEWATER

Street address

GLENPON STREET, KINGAROO QLD

Post Code 4610

Postal address (if different to above)

PO BOX 336, KINGAROO QLD

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info@southburnett.qld.gov.au

2. Fluoridation Decision

Date of fluoridation decision by local government

16 JANUARY 2013

Nature of fluoridation decision

CEASE TO ADD FLUORIDE TO WATER

3. Water Supply Details

Proposed commencement or cessation date

1 MARCH 2013

Name and location of water treatment plant or bore

MURBON WTP AT MURBON

Local Government Area

SOUTH BURNETT

Details of fluoridation process (type of chemical, dry or solution feed, prescribed fluoride concentration) or the decommissioning process for the fluoride dosing facility

DRAIN SODIUM FLUORIDE SATURATORS, FLUSH DOSING LINES, CLEAN
DUST SUPPRESSION SYSTEM, REMOVE ALL DUST, SOLIDS AND WASTE PRODUCTS,
SHUT DOSING POINTS AND TAG OUT, TURN OFF MAIN DOSING CONTROLS AND
LOCKOUT PLANT DOORS AND TAG OUT

Area or communities that will receive / cease receiving fluoridated water

MURBON

Attachments – Please tick the box if you have attached the following

1. A copy of the public notice advising consumers of the intention to fluoridate, or cease fluoridating, must be attached
2. Has additional information been attached? YES Number of additional pages attached NIL

Signature of Principal Contact

U Hood

Date

18 JANUARY 2013

Submit this notice to Chief Executive Officer, Department of Health, C/- Director, Water Program, Environmental Health Regulation and Standards, PO Box 2368, Fortitude Valley BC, 4000

From: s.73 @southburnett.qld.gov.au>
To: s.73 @health.qld.gov.au>
CC: s.73 ealth.qld.gov.au>
Date:
Subject: South Burnett Fluoridation Decision Notice
Attachments: Qld Health Fluoridation Decision Notification 18-1-2013.pdf

Hi s.73 please find attached Council's correspondence and forms as required under the Water Fluoridation Act giving notice of Council's fluoridation decision and subsequent date for the cessation of fluoridation.

Originals will be posted to you Monday. I will continue to liaise with s.73 in relation to decommissioning procedure as per our email yesterday. Should you have any questions regarding this matter, please contact me as below.

s.73

PO Box 336
KINGARO

' s.73
7
; s.73 @southburnett.qld.gov.au<mailto:%3cYourEmail%3e@southburnett.qld.gov.au>
www.southburnett.qld.gov.au<http://www.southburnett.qld.gov.au/>

[cid:image001.jpg@01CDF591.776F5360]

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RTI REQUEST



Queensland
Government

Department of
**State Development,
Infrastructure and Planning**

11 MAR 2013

Ref No: OUT13/204

Mr Ken McLoughlin
Chief Executive Officer
South Burnett Regional Council
PO Box 336
KINGAROY QLD 4610

Dear Mr McLoughlin

Queensland Fluoridation Capital Assistance Program

Thank you for South Burnett Regional Council's Project Close Out Reports and final expenditure reimbursement claims for the following projects which were funded under the Queensland Fluoridation Capital Assistance Program (QFCAP). The final QFCAP costs for each project are shown below:

Project	Final Cost
Fluoridation of the Blackbutt Water Treatment Plant	\$421 075.80
Fluoridation of the Gordonbrook Water Treatment Plant	\$413 586.31
Fluoridation of the Murgon Water Treatment Plant	\$404 127.51
Fluoridation of the Nanango Water Treatment Plant	\$421 868.15
Fluoridation of the Wondai Water Treatment Plant	\$411 934.11

With the successful completion of the construction phase, I confirm the Department of State Development, Infrastructure and Planning has finalised funding for these projects.

If you have any questions regarding the QFCAP funding, please contact [redacted] Major Projects Office, Department of State Development, Infrastructure and Planning on [redacted], who will be pleased to assist.

Yours sincerely

[redacted signature box]

Major Projects Office

cc - [redacted] Water Quality Unit
Environmental Health Branch, Queensland Health

63 George Street
PO Box 15009
City East Queensland 4002
Telephone + 61 7 3404 3196
Website: www.dsdip.gov.au

WATER FLUORIDATION REGULATION
SECTION 11
Form 3

FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

Southern Downs Regional Council

Name of Treatment Plant

Stanthorpe Water Treatment Plant

Location of Treatment Plant

Town of Stanthorpe

Service Provider ID

SP496

2. Contact Details

Family Name

s.73

Given Names

Position

Supervisor – Water Treatment

'phone

s.73

Fax

Mobile

E-mail

s.73

@southerndowns.qld.gov.au

Signed

s.73

Date

26-10-12

3. Results

Reporting Period

From 1 July

To 30 September

Year 2012

Fluoridated Water Results for the above quarter

Number of days in quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.8 mg/L
Average measured fluoride concentration	0.78mg/L
Maximum measured fluoride concentration	0.91mg/L
Minimum measured fluoride concentration	0.33 mg/L
Number of Samples Exceeding 1.5 mg fluoride/L	0



NOTICE OF PERIOD OF NON-OPERATION

1. Water Supplier Details

Name

SOUTHERN DOWNS REGIONAL COUNCIL.

ABN/ACN

59 786 792 651

Service Provider ID

SP 496.

Principal contact

Family Name

s.73

Given Name/s

Position

SUPERVISOR WATER

Street address

64 FITZROY ST WARWICK

Post Code 4370

Postal address (if different to above)

Post code

Phone

s.73

Fax

Mobile

Email

s.73 @ southerndowns.qld.gov.au

2. Details of period of non-operation

Period of non-operation

FROM SUNDAY 18-11-12 AND ONGOING

Name and location of treatment plant

STANTHORPE WATER TREATMENT PLANT - 1 LOCKST

Reasons for non-operation

DUE TO LIGHTNING STRIKE DAMAGE HAS BEEN DONE TO MAGFLOW TRANSMITTER AND PLC COMPONENTS IN FLOURIDE SWITCH BOARD.

Action taken to remedy matter

REPLACED AND AWAITING PARTS TO RECTIFY THE PROBLEM.

Attach additional information if necessary

Signature of Principal Contact

R. Nyhi

Date

30-11-12.

Submit this notice to Chief Executive Officer, Queensland Health, PO Box 2368, Fortitude Valley BC, 4006

From: Fluoride <fluoride@deedi.qld.gov.au>
To: s.73 @health.qld.gov.au
CC: s.73 @health.qld.gov.au, Fluoride <fluoride@d...>
Date: 15/01/2013 9:52 am
Subject: FW: TRIM: Tablelands Regional Council Fluoridation Resolution
Attachments: FLUORIDE TO WATER SUPPLY.pdf

Hello s.73

FYI attached is Tablelands Regional Council Fluoridation Resolution from 20 December 2012, decision was not to fluoridate. Has QH been notified of this decision?

Regards,

s.73

s.73

Department of State Development, Infrastructure and Planning

Level 7, 63 George Street Brisbane
PO Box 15517 City East Queensland 4002 Australia

Telep s.73 Facsimile s.73
Email s.73 @dsdip.qld.gov.au
Webs qld.gov.au
Work Pattern: Mon, Wed, Thurs, Fri

Please consider the environment before printing this email

From: s.73
Sent:
To:
Cc: s.73
Sub Council Fluoridation Resolution

Attention: s.73

Good morning s.73

Please find attached the TRC resolution from its meeting of 20 December 2012.

The current status of the various TRC projects is therefore as follows:

1. Malanda and Kuranda
 - * Both plants are 99% complete but fluoride has not been added to the water supplies
 - * You have a draft subsidy claim to 90% of the approved funding to which TRC needs a response
 - * TRC will now prepare Project Close Out Reports for these and claim 100% subsidies
 - * TRC requires advice from QFCAP on their policy and processes for dealing with such redundant plants to allow the Close Out Reports to be completed.
2. Mareeba

- * The Financial Incentive Agreement will now obviously not be signed
 - * TRC will submit a claim to QFCAP for reimbursement of its design, documentation and tendering costs to date.
3. Atherton
- * TRC will submit a claim to QFCAP for reimbursement of its design and documentation costs to date.
4. Ravenshoe
- * QFCAP should have received a claim from TRC for reimbursement of its design and documentation costs to date for which it awaits a response.

Your early advice on the Department's progress on these matters will be very much appreciated.

Thanks and best regards

s.73

Project Manager to TRC

s47(3)(b)

*****DISCLAIMER*****

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RTI Request

User Instructions

If necessary to view the original Agenda Item, double-click on 'Agenda Report' blue hyperlink above.

ACTION FROM ORDINARY MEETING

**Held on Thursday, 20 December 2012
For ADHOC-11**

SUBJECT: FLUORIDE TO WATER SUPPLY

Moved by Cr

Seconded by Cr

"That Council resolve fluoride not be added to potable water supplies within the jurisdiction of Tablelands Regional Council."

CARRIED 5-4

Cr and voted against the motion.

RTI Release



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CMLC (TINI WATER SUPPLY)

Name of Treatment Plant

Location of Treatment Plant

TINI WATER TREATMENT PLANT

Service Provider ID

481

2. Contact Details

Family Name

Given Name/s

Position

[Redacted] EHO - CAPUMA

Phone

Fax

Mobile

[Redacted]

Email

[Redacted]

Signed

Date

[Redacted] 03/01/2013.

3. Results

Reporting Period

From 03/10/2012 to 18/12/2012 Year 2012.

Fluoridated Water Results for the above quarter

Number of days in the quarter	12
Number of fluoridated water samples analysed	13
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.521 mg/L
Maximum measured fluoride concentration	0.71 mg/L
Minimum measured fluoride concentration	0.18 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.

Fluoride Levels for Tieri

		<u>Tieri</u>			
<u>Oct-12</u>		<u>Nov-12</u>		<u>Dec-12</u>	
3/10/2012	0.26	7/11/2012	0.38	5/12/2012	0.74
10/10/2012	0.18	14/11/2012	0.69	12/12/2012	0.60
17/10/2012	0.55	21/11/2012	0.53	17/12/2012	0.71
24/10/2012	0.65	28/11/2012	0.28	18/12/2012	0.70
31/10/2012	0.51				

Summary (3 Months)

Min.	0.18
Max	0.71
Aver.	0.521

RTI Release



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CENTRAL HIGHLANDS REGIONAL COUNCIL

Name of Treatment Plant

TIER 1 WTP

Location of Treatment Plant

TIER 1

Service Provider ID

481

2. Contact Details

Family Name

s.73

Given Name/s

Position

PM - WATER + SEWERAGE

Phone

s.73

Fax

Mobile

Email

s.73

Signed

s.73

Date

20/05/2013

3. Results

Reporting Period

From.....01/10.....to.....31/12.....Year.....2012.....

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.7
Average measured fluoride concentration	0.48
Maximum measured fluoride concentration	0.74
Minimum measured fluoride concentration	0.0
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.

WATER FLUORIDATION REGULATION
SECTION 11
Form 3

FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

Southern Downs Regional Council

Name of Treatment Plant

Warwick Water Treatment Plant

Location of Treatment Plant

City of Warwick

Service Provider ID

SP496

2. Contact Details

Family Name

s.73

Given Names

Position

Supervisor – Water Treatment

'phone

s.73

Fax

Mobile

E-mail

s.73

Signed

s.73

Date

26-10-12

3. Results

Reporting Period

From 1 July

To 30 September

Year 2012

Fluoridated Water Results for the above quarter

Number of days in quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.8 mg/L
Average measured fluoride concentration	0.76 mg/L
Maximum measured fluoride concentration	0.94 mg/L
Minimum measured fluoride concentration	0.53 mg/L
Number of Samples Exceeding 1.5 mg fluoride/L	0



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

McKinlay Shire Council

Name of Treatment Plant

N/A

Location of Bore

Julia Creek

Service Provider Registration Number

SPID 84

2. Contact Details

s.73

Position

EHO

Phone

Fax

Mobile

s.73

Email

s.73

Signed

Date

3. Results Reporting Period

From: October

To: December

Year: 2012

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analyzed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	2
Average measured fluoride concentration	2.95
Maximum measured fluoride concentration	3.0
Minimum measured fluoride concentration	2.9
Number of samples exceeding 1.5 mg fluoride/L	2

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

McKinlay Shire Council

Name of Treatment Plant

N/A

Location of Bore

Kynuna

Service Provider Registration Number

SPID 84

2. Contact Details

Family Name

Given Name/s

Position

s.73

EHO

Phone

Fax

Mobile

s.73

Email

s.73

Signed

Date

3. Results Reporting Period

From: October

To: December

Year: 2012

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analyzed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	2
Average measured fluoride concentration	0.295
Maximum measured fluoride concentration	0.29
Minimum measured fluoride concentration	0.30
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

McKinlay Shire Council

Name of Treatment Plant

N/A

Location of Bore

McKinlay

Service Provider Registration Number

SPID 84

2. Contact Details

Family Name

s.73

Given Name/s

Position

EHO

s.73

Email

s.73

Signed

Date

3. Results Reporting Period

From: October

To: December

Year: 2012

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analyzed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	2
Average measured fluoride concentration	1.3
Maximum measured fluoride concentration	1.3
Minimum measured fluoride concentration	1.3
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

McKinlay Shire Council

Name of Treatment Plant

N/A

Location of Bore

Nelia

Service Provider Registration Number

SPID 84

2. Contact Details

Family Name

Given Name/s

Position

s.73

EHO

Phone

Fax

Mobile

s.73

Email

s.73

Signed

Date

3. Results Reporting Period

From: October

To: December

Year: 2012

Fluoridated Water Results for the above quarter

Number of fluoridated water samples analyzed as per section 13 of the <i>Water Fluoridation Regulation, 2008</i> .	1
Average measured fluoride concentration	0.15
Maximum measured fluoride concentration	0.15
Minimum measured fluoride concentration	0.15
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation, 2008*.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CAIRNS REGIONAL COUNCIL

Name of Treatment Plant

Location of Treatment Plant

WHYANBEE WATER TREATMENT PLANT RETICULATION SAMPLE SITES

Service Provider ID

SP477

2. Contact Details

Family Name

Given Name/s

Position

s.73

MANAGER OPERATIONS

Phone

Fax

Mobile

s.73

Email

s.73

Signed

s.73

Date

23-10-12

3. Results

Reporting Period

From... 1st July to 30th September Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	24
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.71 mg/L
Maximum measured fluoride concentration	0.8 mg/L
Minimum measured fluoride concentration	0.6 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

CAIRNS REGIONAL COUNCIL

Name of Treatment Plant

Location of Treatment Plant

WHYANBEEL WATER TREATMENT PLANT

WHYANBEEL

Service Provider ID

SP477

2. Contact Details

Family Name

Given Name/s

Position

s.73

MANAGER OPERATIONS

Phone

Fax

Mobile

s.73

s.73

Email

s.73

Signed

s.73

Date

23-10-12

3. Results

Reporting Period

From 1st July to 30th September Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.7 mg/L
Average measured fluoride concentration	0.68 mg/L
Maximum measured fluoride concentration	0.83 mg/L
Minimum measured fluoride concentration	0.53 mg/L
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the Water Fluoridation Regulation 2008. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

South Burnett Regional Council

Name of Treatment Plant

Location of Treatment Plant

Wondai Water Treatment Plant

Wondai

Service Provider ID

491

2. Contact Details

Family Name

Given Name/s

Position

Ansell

Cameron

Coordinator Treatment/Quality

Phone

Fax

Mobile

4189 9420

4163 1729

Email

water@southburnett.qld.gov.au

Signed

Date

Ansell

21.1.2013

3. Results

Reporting Period

From 1 October

to 31 December

Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	59
Prescribed concentration for Local Government Area	0.8
Average measured fluoride concentration	0.65
Maximum measured fluoride concentration	0.95
Minimum measured fluoride concentration	0.14
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



Queensland
Government

FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

Gladstone Area Water Board

Name of Treatment Plant

Location of Treatment Plant

6 Yarwun WTP Reid Rd, Yarwun

Service Provider ID

200

2. Contact Details

Family Name

Given Name/s

Position

s.73 WA MANAGER

Phone

Fax

Mobile

s.73

Email

s.73

Signed

Date

s.73 23.10.12

3. Results

Reporting Period

From 1 July to 20 sept Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.7
Average measured fluoride concentration	0.2
Maximum measured fluoride concentration	0.6
Minimum measured fluoride concentration	0.0
Number of samples exceeding 1.5 mg fluoride/L	0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.



Queensland
Government

FLUORIDATED WATER QUARTERLY REPORT

1. Water Supplier and Supply Details

Name of Water Supplier

GLADSTONE AREA WATER BOARD

Name of Treatment Plant

YARWUN

Location of Treatment Plant

REID RD, GLADSTONE

Service Provider ID

200

2. Contact Details

Family Name

Given Name/s

Position

s.73

WQ MANAGER

Phone

Fax

Mobile

s.73

Email

s.73

Signed

Date

s.73

27.2.2013

3. Results

Reporting Period

From 1 Oct to 31 Dec Year 2012

Fluoridated Water Results for the above quarter

Number of days in the quarter	92
Number of fluoridated water samples analysed	92
Prescribed concentration for Local Government Area	0.7
Average measured fluoride concentration	0.4
Maximum measured fluoride concentration	0.0
Minimum measured fluoride concentration	0.8
Number of samples exceeding 1.5 mg fluoride/L	NIL

NB: ERROR:
Max = 0.8
Min = 0.0

This form must be retained by the water supplier for a period of at least 5 years. Completion of the table above ensures compliance with the reporting requirements of Section 11 of the *Water Fluoridation Regulation 2008*. This form must be forwarded to either the Office of the Water Supply Regulator or the Chief Executive of Queensland Health within 30 business days of the end of the quarter.

COPY



Queensland Government

Queensland Health

Enquiries to:

s.73

Office of the Chief Dental Officer

Telephone:

s.73

Facsimile:

File Ref:

HC000751

Councillor Allan Sutherland
Mayor
Moreton Bay Regional Council
PO Box 159
CABOOLTURE QLD 4510

Dear Councillor Sutherland

I understand that as a result of recent changes to the *Water Fluoridation Act 2008* your Council may be in the process of determining whether or not continuing with water fluoridation is in the best interests of your community members. I am very concerned about the prospect of discontinuing the fluoridation program in an area which has a severe problem with tooth decay. Children and adults in your Region are only now starting to benefit from the positive effects of water fluoridation. It will be a number of years before the full benefits of water fluoridation are realised.

Many parts of the Moreton Bay Region have very high rates of tooth decay and extremely long dental waiting lists for adults. Caboolture has among the longest waiting times in Queensland for dental treatment. There are high rates of decay in children and high demands for dental treatment. For example, in 2012 staff at the Caboolture School Dental Clinic, which is quite a small clinic, saw 1727 children with a dental emergency, extracted 600 teeth and placed some 1600 fillings.

Water fluoridation has been proven as a safe and effective way of preventing tooth decay. Fluoridation benefits people of all ages and is supported by peak health bodies nationally and internationally. When considering whether fluoridation is in the best interests of a community, I recommend local governments consider the significant oral health benefits and health cost savings for individuals and communities that are associated with water fluoridation.

Should you require further information or support in your decision making process, please contact me on telephone [redacted] or via email [redacted]@health.qld.gov.au.

Yours sincerely

[Redacted signature box]

18/1/2013

Office
Office of the Chief Dental Officer
Queensland Health
153 Campbell Street
BOWEN HILLS QLD 4006

Postal
GPO Box 48
BRISBANE QLD 4001

Phone

Fax

[Redacted phone and fax numbers]

DOH-DL-12/13-010

Document 128

Enquiries to:

Office of the Chief Dental Officer

Telephone:

Facsimile:

File Ref:

Councillor Jennifer Whitney
Mayor
Whitsunday Regional Council
PO Box 104
PROSERPINE QLD 4800

Dear Councillor Whitney

I understand that as a result of recent changes to the *Water Fluoridation Act 2008* your Council may be in the process of determining whether or not commencing a water fluoridation program is in the best interests of your community members. I am very concerned about the prospect of not commencing the fluoridation program in an area of high oral health need. Many parts of the Whitsunday Region have high rates of tooth decay and disadvantaged adults have to wait long periods for public dental care.

Water fluoridation has been proven as a safe and effective way of preventing tooth decay. Fluoridation is supported by peak health bodies nationally and internationally. Every person of every age benefits from drinking fluoridated water throughout their life. Children benefit from water fluoridation as soon as their teeth are formed – giving them the best chance of having healthy teeth for life. Teenagers benefit from water fluoridation as they are at higher risk of developing tooth decay. Young adults benefit as they can spend less time and money on expensive dental treatment. Middle aged people can enjoy a healthier more comfortable lifestyle by avoiding the pain and costs of dental treatment. Older people are now keeping their teeth longer and will benefit as fluoride will protect against tooth and root decay.

I understand there are two brand new water treatment plants in your Region with fluoride dosing infrastructure attached ready to be switched on. When considering whether to proceed with your fluoridation program, I recommend your Council considers the significant oral health benefits and health cost savings that will be realised from water fluoridation. Non fluoridated communities will be far worse off than their fluoridated counterparts.

Should you require further information or support in your decision making process, please contact me on or via email @health.qld.gov.au

Yours sincerely

22 January 2012

Office
Office of the Chief Dental Officer
Queensland Health
153 Campbell Street
BOWEN HILLS QLD 4006

Postal
GPO Box 48
BRISBANE QLD 4001

Phone
3131 6822

Fax
3131 6783

Enquiries to:

Office of the Chief Dental Officer

Telephone:

Facsimile:

File Ref:

Councillor Deirdre Comerford
Mayor
Mackay Regional Council
PO Box 41
MACKAY QLD 4740

Dear Councillor Comerford

I understand that as a result of recent changes to the *Water Fluoridation Act 2008* your Council may be in the process of determining whether or not commencing a water fluoridation program is in the best interests of your community members. I am very concerned about the prospect of not commencing the fluoridation program in an area of high oral health need.

Many parts of the Mackay Region have high rates of tooth decay and long waiting dental waiting lists for adults. There are high rates of decay in children and high demands for dental treatment. For example, in 2012 staff at the Mackay North School Dental Clinic, which is quite a small clinic, saw hundreds of children with a dental emergency, extracted 260 teeth and placed some 2100 fillings. In excess of \$550 000 worth of dental treatment was undertaken at this particular clinic. That amount of dental disease in this day and age is unacceptable and is of great concern to the local dental staff.

Water fluoridation has been proven as a safe and effective way of preventing tooth decay. Fluoridation is supported by peak health bodies nationally and internationally. Every person of every age benefits from drinking fluoridated water throughout their life. Children benefit from water fluoridation as soon as their teeth are formed – giving them the best chance of having healthy teeth for life. Teenagers benefit from water fluoridation as they are at higher risk of developing tooth decay. Young adults benefit as they can spend less time and money on expensive dental treatment. Middle aged people can enjoy a healthier more comfortable lifestyle by avoiding the pain and costs of dental treatment. Older people are now keeping their teeth longer and will benefit as fluoride will protect against tooth and root decay.

When considering whether fluoridation is in the best interests of a community, I recommend local governments consider the significant oral health benefits and health cost savings for individuals and communities that are associated with water fluoridation. Non fluoridated communities will be far worse off than their fluoridated counterparts.

Office
Office of the Chief Dental Officer
Queensland Health
153 Campbell Street
BOWEN HILLS QLD 4006

Postal
GPO Box 48
BRISBANE QLD 4001

Phone

Fax

Should you require further information or support in your decision making process, please contact me on telephone or via email @health.qld.gov.au

Yours sincerely

22 January 2012

RTI Release



File Ref: CH009193

Mr John Knaggs
Chief Executive Officer
Sunshine Coast Regional Council
Locked Bag 72
SUNSHINE COAST MC QLD 4560

Dear Mr Knaggs

Thank you for your letter dated 2 April 2013 regarding drinking water fluoridation.

Please find enclosed copies of the Department of Health's (DoH's) current fluoridation resources and a response to the article by Dr John Ryan. Electronic versions of the DOH's water fluoridation resources have also been provided to your Executive Officer, Mr Malcolm Keeble.

Further credible information on drinking water fluoridation is available from the DoH website (www.health.qld.gov.au/fluoride) the Australian Dental Association website (www.ada.org.au/OralHealth/FLN/flnfront.aspx) and the European Union Scientific Committee on Health and Environmental Risks website (http://ec.europa.eu/health/scientific_committees/opinions_layman/fluoridation/en/index.htm#il1).

Evidence around the safety and benefits of water fluoridation is frequently re-evaluated. The National Health and Medical Research Council (NHMRC) 2007 review of water fluoridation did not find any evidence of ill-health effects from water fluoridation. The review can be found on the NHMRC website: <http://www.nhmrc.gov.au>.

I hope the enclosed information is of assistance to Council. Should you require further information, the DoH is able to offer the services of dental and public health professionals to brief Council on the health benefits of fluoridation and to assist Councillors in assessing the credibility of common pro- and anti-fluoridation arguments.

Should you have further questions not answered by the documents enclosed, or wish to arrange for a briefing, please contact [redacted] - Water Program, Queensland Health via [redacted]

Yours sincerely

Dr Jeannette Young
Chief Health Officer
15/4/13
Enc.

Office
Level 7
143-167 Charlotte Street
Queensland Health Building
BRISBANE QLD 4000

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GPO Box 48
BRISBANE QLD 4001

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3234 1138

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3235 9573

Response to issues raised in the Dr John Ryan article submitted by Sunshine Regional Coast Council for comment.

Fluoride Chemicals

Most fluoridation chemicals are by-products (not waste products) of fertilizer manufacture. Many of the phosphate rocks from which fertilizers are made also contain high levels of fluoride. Some fertilizer plants also extract fluorides during the fertilizer manufacture, but many fertilizer plants do not. If fluorides are not extracted, they remain in the fertilizer and go back into the ground where they came from.

Queensland Health is not a water service provider and does not use or manufacture water fluoridation chemicals. All Australian states, including Queensland, impose strict purity standards for chemicals used in water fluoridation. Section 5 of the *Water Fluoridation Regulation 2008* specifies the water fluoridation chemicals that are permitted for use within Queensland. Water suppliers are free to purchase the chemicals from any supplier. To ensure that the chemicals are safe to add to a drinking water supply a two level safety mechanism exists.

Firstly, the Water Fluoridation Regulation specifies that all fluoride chemicals which are to be added to drinking water must not contain any impurities that are likely to adversely affect public health. For each batch of fluoride chemical purchased the water supplier must obtain a batch analysis certificate to ensure that the level of impurities is acceptable. If such a certificate cannot be obtained from the manufacturer/importer or supplier, the water supplier must have the fluoride compound analysed by a laboratory for purity prior to adding any to the water supply.

Further information regarding impurity specifications for fluoride chemicals is prescribed in the Water Fluoridation Code of Practice. The Code can be viewed online at http://www.health.qld.gov.au/ph/documents/ehu/fluoride_codepractice.pdf

The second safety mechanism is the treated water should meet the Australian Drinking Water Guidelines. These provide health and aesthetic guideline values on a range of water parameters.

The Australian Drinking Water Guidelines may be viewed online at <http://www.nhmrc.gov.au/guidelines/publications/eh52>

Mass Medication

Fluoride is a naturally occurring substance which can be found in water, plants, rocks, soil and food. Queensland Health is unaware of any governments, regulatory bodies, health authorities or legal systems anywhere in the world that have ever described water fluoridation as a medication or a drug. In 2006, the National Health and Medical Research Council, Department of Health and Ageing, and the New Zealand Ministry of Health described fluoride as a 'nutrient' in the Nutrient Reference Values for Australia and New Zealand document, adding that "Because of its role in the prevention of dental caries [decay], fluoride has been classified as essential to human health." This document can be accessed at <http://www.nhmrc.gov.au/guidelines/publications/n35-n36-n37>

The safety of water fluoridation has been demonstrated over more than 60 years, and is not affected by hotter climates or people in particular occupations drinking more water than others. Dr Ryan fails to mention that residents of Townsville, Darwin, Singapore, Hong Kong and other cities near the equator have enjoyed the benefits of water fluoridation for many decades.

Dr Ryan claims a higher unspecified risk from fluoridated water for people with diabetes. However, Diabetes Australia endorses water fluoridation.

Dental Fluorosis

The only known side effect of optimal water fluoridation is a slight increase in prevalence of dental fluorosis. If it occurs, fluorosis is usually very mild, only detectable by a dentist, and does not damage the teeth. Tooth decay on the other hand is a destructive and disfiguring process, repair of which causes its own cosmetic problems, as well as pain, trauma, and significant financial cost. The benefits of fluoridation far outweigh any risks. More severe dental fluorosis occurs through an excessively high intake of fluoride from other sources, and is not the result of community water fluoridation. Severe dental fluorosis is occasionally seen in parts of China, India and Africa with very high levels of fluoride naturally occurring in the water.

Fluoride accumulation in the body

Dr Ryan is correct in saying that fluoride is absorbed by bone, teeth and the pineal gland. This is a normal physiological process. Residents of most Australian towns and cities have been safely drinking fluoridated water for 40-50 years.

Fluoride and babies

Water fluoridation at around 1 part per million has been practised around the world for more than 60 years. The consumption of optimally fluoridated water has been endorsed by the Australian Medical Association, World Health Organization and American Academy of Pediatrics and does not pose a health risk to pregnant women, infants or young children. Water fluoridation gives babies and young children the best possible chance to grow up with healthy teeth.

Australian health authorities advise that fluoridated drinking water is safe for all Australians, included pregnant women and breastfeeding mothers.

Dr Ryan includes no references to support his statements regarding purported claims by health authorities around the world. Dr Ryan may be unaware that the Australian Dental Association recommends that children up to 18 months have their teeth brushed without fluoride toothpaste, that children from 18 months to the age of 6 have their teeth brushed with a small amount of low fluoride toothpaste, and that after the age of 6 teeth be brushed with regular fluoride toothpaste.

Safety studies

Dr Ryan's claim that no safety studies on fluoride have ever been conducted in Australia or overseas is puzzling, and he may not be familiar with a large amount of scientific evidence on water fluoridation and health. Water fluoridation is probably the most widely studied public health measure of all time, and hundreds of studies over many decades have assessed possible associations between water fluoridation and a wide range of conditions. Systematic reviews conducted in Australia and overseas consistently report that scientific evidence does not support an association between water fluoridation and any adverse health effect. If fluoridation caused any harmful effects, it would not be supported by the World Health Organization, the Australian Medical Association, and

other health authorities in Australia and overseas. Water fluoridation has been successfully provided to residents of Townsville and most Australian towns and cities for many decades.

Fluoride and kidney disease

The safety and effectiveness of drinking water fluoridation has been frequently re-evaluated, and medical authorities advise that fluoridation is both safe and effective.

Limited research has been conducted on kidney disease and water fluoridation, but Kidney Health Australia in 2007 concluded that "There is no evidence that consumption of optimally fluoridated drinking water increases the risk of developing chronic kidney disease", and that "There is no evidence that consumption of optimally fluoridated drinking water poses any health risks for people with chronic kidney disease".

Prof David Johnson (Professor of Medicine at the University of Queensland and Director of Renal Medicine at the Princess Alexandra Hospital) recently stated that "My personal opinion is that fluoridated drinking water is generally safe from the kidney perspective and that the contrary strongly expressed arguments that fluoridation is harmful to kidneys (amongst other things) are ill-informed. I am personally strongly in favour of fluoridation of drinking water as my assessment of the evidence is that the health benefits (which have been convincingly established) far outweigh any harms (which have not been convincingly established)".

Efficacy

Numerous Australian and international studies and reviews have confirmed the effectiveness of water fluoridation in reducing dental caries for people of all ages.

The most recent major Australian review was conducted by the National Health and Medical Research Council in 2007. It concluded that "The existing body of evidence strongly suggests that fluoridation is beneficial for reducing dental caries".

Recent Australian research based on the National Survey of Adult Oral Health 2004-06 showed that water fluoridation is also effective in reducing tooth decay in adults, even adults who have not grown up drinking fluoridated water.

The 1996 study referred to by Dr Ryan compared tooth decay levels in 1,649 Townsville children who grew up drinking fluoridated water, and 2,939 Brisbane children who grew up drinking non-fluoridated water. The study confirmed the findings of the York Review and many other studies, finding 45% fewer decayed, missing or filled tooth surfaces in Townsville children up to the age of 12. This amounted to an average of almost three fewer decayed, missing or filled tooth surfaces in Townsville children up to the age of 12, not "one-quarter of a tooth" as reported by Dr Ryan. The study concluded that "Water fluoridation appears to provide a substantial public health benefit for children in Townsville. A summary of this study can be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/9117970>, and the full article can be provided on request.

Fluoridation of drinking water supplies at optimum levels is supported by many prominent national and international peak health and scientific bodies including:

World Health Organization
International Dental Federation (FDI)

National Health and Medical Research Council
Australian Academy of Science
Australian Medical Association
Australian Dental Association
Royal Australian College of General Practitioners
Public Health Association of Australia
Queensland Health
Centers for Disease Control
American Medical Association
U.S. Public Health Service
Royal College of Physicians
British Medical Association
UK Medical Research Council
UK National Health Service

Lowered IQ

Many studies purporting to show that fluoridation causes low IQ in children are poorly conducted and analysed, published in poor quality journals and subject to virtually no peer review. The studies were predominantly carried out in towns with high levels of naturally occurring fluoride. The studies fail to consider a host of other factors, and none of the studies were conducted in towns or cities providing community water fluoridation.

With reference to the Harvard study quoted in Dr Ryan's article, this report is a review and meta-analysis (that is, it reviews other published studies but does not contain any new data) which focusses on potential health effects associated with children's exposure to drinking water containing high levels of naturally occurring fluoride. The authors note that the studies reviewed "were conducted in China because of the high fluoride concentrations *that are substantially above 1 mg/L*" (mg/L means milligrams per litre or parts per million) and that "some of the exposed groups had access to drinking water with fluoride concentrations *up to 11.5 mg/L*". This is in clear contrast to the practice of water fluoridation in Queensland where water is fluoridated at 0.6 – 0.8 mg/L, depending on climatic conditions. In addition to this important distinction, the report's authors noted that each of the studies reviewed had deficiencies and that these deficiencies limited the conclusions that could be drawn.

Apart from the poor quality of the studies presented by Dr Ryan, there has never been any suggestion from health, scientific or educational experts that residents of Townsville, Sydney, Melbourne, Canberra, Adelaide, Perth, Hobart, Darwin and the hundreds of other fluoridated towns and cities in Australia have lower IQs than residents of non-fluoridated towns and cities.

Water fluoridation has been practised around the world since 1945. It is well known in the scientific community that average IQ scores around the world have been steadily rising since at least the middle of the 20th century. The phenomenon is known as the Flynn Effect, and more information can be found at <http://www.indiana.edu/~intell/flynneffect.shtml>. This has been found in all countries in which IQs have been measured, and the rise in average IQ has occurred equally in both fluoridated and non-fluoridated countries.

Fluoride and thyroid operation

Anti-fluoridation groups have been making misleading claims about water fluoridation and thyroid disease for many years. In response to these claims, the British Thyroid Association endorsed the following statement in 2006.

The available medical and scientific evidence suggests that there is no causal link between drinking water fluoridation and thyroid disorders. Many major reviews of the relevant scientific literature around the world support this conclusion. Of particular importance is the exhaustive review conducted in 1976 by an expert scientific committee of the Royal College of Physicians of England. The expert committee consisted of 14 eminent specialists in the fields of general medicine, paediatrics, community medicine, toxicology, epidemiology and genetics. The committee reviewed a total of 359 publications on water fluoridation and concluded that '...there is no evidence that fluoride is responsible for any disorder of the thyroid.'

Other rigorous and extensive reviews which have investigated safety of drinking water fluoridation include a systematic review in 2000 by the NHS Centre for Reviews and Dissemination at the University of York; and a 2002 review by an international group of experts for the International Programme on Chemical Safety (IPCS), under the joint sponsorship of the World Health Organization (WHO), the United Nations Environment Programme (UNEP), and the International Labour Organisation (ILO).

Neither of these reviews found any credible evidence of an association between water fluoridation and any disorder of the thyroid.

If water fluoridation caused or worsened thyroid disease, it would not have been endorsed by the World Health Organization, Australian Medical Association, Royal Australian College of General Practitioners and the Royal Australasian College of Physicians.

Dr Ryan quotes a web page to support his argument, but <http://rense.com/> is a well-known American conspiracy theory web site with no scientific or health credibility.

Fluoride and osteosarcoma

Osteosarcoma is an uncommon primary bone cancer that usually affects young adults.

The Cancer Council of Australia, the State Cancer Registries and the International Agency for Research on Cancer (IARC) collect data for all cancers, including osteosarcomas. No organisations, including the New South Wales Cancer Council which has been conducting a long term study of osteosarcoma, have ever found a causal link between osteosarcomas and water fluoridation.

Queensland Health recently analysed osteosarcoma mortality rates in New South Wales and Victoria (both largely fluoridated for many decades) and Queensland (largely non-fluoridated until recently). As expected, osteosarcoma rates across these states were almost identical.

The Bassin osteosarcoma study highlighted within Dr Ryan's article has a number of limitations. Bassin and her co-authors concluded that "because of the limitations of the study design and the small numbers of cases that occurred, this analysis does not imply a causal connection between fluoridation and osteosarcoma". A recent and more extensive study of osteosarcoma headed by Bassin's supervisor failed to find any significant association between fluoridation and osteosarcoma or bone fluoride levels and osteosarcoma.

Dr Ryan's interpretation of the graph of osteosarcoma levels in the Republic of Ireland and Northern Ireland from the paper by Dr Owens and Dr O'Herlihy is highly misleading. The graph shows the total number of osteosarcoma cases in the Republic of Ireland and Northern Ireland, not the comparable incidence rates of osteosarcoma as claimed by Dr Ryan. The number of osteosarcoma cases in the Republic of Ireland is higher only because the population of the Republic of Ireland is much higher than that of Northern Ireland. The label "North Ireland (no F) rates (sic) much lower than the Republic (+F)" does not appear in the original graph, and has been added.

After adjusting for the different populations and differences in age groups, the paper from Dr Owens and Dr O'Herlihy actually concluded that "...it can be seen from the above figures that the incidence of osteosarcoma is comparable in both jurisdictions and in fact in some years the rate in Northern Ireland was higher than that in the Republic of Ireland". Dr Ryan elected not to include the figures from the paper illustrating this point, and has been highly selective in his presentation of evidence. The original paper can be accessed at www.fluoridesandhealth.ie/documents/stat_Osteosarcoma_290609.rtf

The Queensland Health information bulletin on osteosarcoma and fluoride provides further information and can be viewed at <http://www.health.qld.gov.au/oralhealth/documents/31294.pdf>

Fluoride and hip fractures

Fluoride can be incorporated into the mineral structure of bones. Children under a year old incorporate up to 90 per cent of ingested fluoride into bone, and the percentage slowly decreases to 50 per cent incorporation by the time they are 15. Epidemiological studies have revealed no clear association of bone fracture risk with water fluoridation at optimum levels. In 2007, the National Health and Medical Research Council reviewed all available studies investigating water fluoridation and possible bone fractures, and stated that "Water fluoridation at levels aimed at prevention of dental caries has little effect on fracture risk. Fluoridation at 0.6 to 1.1 mg/l may lower overall fracture risk compared to both no fluoridation and fluoridation at levels well above those experienced in Australia".

Hypersensitivity

The level of fluoride permitted to be added to drinking water supplies in Queensland is less than that found naturally in seawater.

The American Academy of Allergy, Asthma, and Immunology and the Council of the British Society for Allergy and Clinical Immunology have stated that "there is no evidence of allergy or intolerance to fluoride as used in the fluoridation of water supplies".

Melbourne has had fluoridated water for over 30 years. According to academic clinicians from the Department of Allergy, Immunology and Respiratory Medicine at Melbourne's Alfred Hospital, no clinical or scientific evidence exists to confirm fluoridation causes allergies or affects immunity at the optimal 1mg/L. Specifically, they state: ... *during the past 25 years, whether in Melbourne or in the UK, we have never seen a patient with any respiratory symptoms nor any allergy like symptoms that could be attributed to fluoride 1ppm[1mg/L] as in our fluoridated water.* (Victorian Department of Human Services, as cited in "Water Fluoridation, Community information", 2008).

Oral health data

Australian Child Dental Health Surveys have been conducted every year or two since 1989, with the most recent published data being from the 2007 study. The Australian Child Dental Health Surveys assess the dental health of 5-6 year old and 12 year old children around Australia. Values vary slightly from year to year, but decay levels for Queensland for both 5-6 year old and 12 year old children are consistently higher than decay levels in other Australian states, and consistently well above the Australian average.

Australian Child Dental Health Survey data show a clear difference between Queensland and the other states, but the 2002 Australian Child Dental Health Survey also assessed fluoridation exposure for all children. It found that no matter which state or territory the children came from, what age group they were, whether they lived in the capital city or regionally or remotely, or what their socio-economic status was, children who drank fluoridated water had less tooth decay on average than children who didn't. The full report can be accessed at

<http://www.arcpho.adelaide.edu.au/publications/report/statistics/html/files/cdhs2002.html>

Dr Ryan also quotes a paper Caries Experience in Australian States and Territories, based on data from the National Survey of Adult Oral Health 2004-06 to support his argument that tooth decay levels in Queensland are no worse than in other states. However, this raw data was not analysed by exposure to fluoridated water and did not consider the movement of people from state to state. A 2013 analysis of the National Survey of Adult Oral Health 2004-06 by exposure to water fluoridation found a significant reduction in decayed, missing and filled teeth and decayed and filled tooth surfaces in adults with a >75% lifetime exposure to water fluoridation compared with adults with a <25% lifetime exposure. This benefit was shown even for adults who had not grown up with fluoridated water, and the benefit was greater for those with a longer exposure to fluoridated water. A copy of this research paper can be provided on request.

Dr Ryan uses another graph of raw tooth decay data from different countries to imply that fluoridation is ineffective. Dr Ryan fails to mention that the major reason for the dramatic reduction in tooth decay over the past few decades has been the widespread use of fluoridated toothpaste. The York Review quoted earlier pointed out that evidence supports the conclusion that water fluoridation provides a benefit over and above the use of fluoride toothpaste and other forms of fluoride.

RTI

Linda Bertram - RE: NHMRC MIA for Qld

From: [redacted]@adelaide.edu.au>
To: [redacted]@health.qld.gov.au
Date: 14/02/2013 1:42 PM
Subject: RE: NHMRC MIA for Qld
CC: [redacted]@adelaide.edu.au; [redacted]@adelaide.edu.au
Attachments: MIA APP1016326 Spencer (final draft for QLD 14Feb13).docx

Dear [redacted],
Apologies for the delay in execution, but I have noticed some errors in the cash distribution (Table 1) of the MIA. The UA total was wrong, and as Victoria are no longer one of the collaborating parties, we wondered whether you would accept some minor corrections. These have been marked up in the attached document.

If acceptable to Queensland Health, please let me know and we will just insert your signature pages into the updated agreement and provide you with an executed copy without further delay.

Regards,

[redacted]
s.73

Research Branch
The University of Adelaide, AUSTRALIA 5005
Ph: [redacted]
Fax: [redacted] s.73
e-mail: [redacted]@adelaide.edu.au



CRICOS Provider Number 00123M

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From: [redacted]@health.qld.gov.au]
Sent: Monday, 14 January 2013 10:05 AM
To: [redacted]
Cc: [redacted] s.73
Subject: RE: NHMRC MIA for Qld

Dear [redacted]

Sorry for the delay with this - 2 copies of the final Agreement signed by Queensland Health will be posted later today according to your instructions.

Kind regards

[redacted]

[Redacted]

s.73

Oral Health Outcomes
Office of the Chief Dental Officer
Queensland Health

p: [Redacted]
m: [Redacted]
f: [Redacted]
e: [Redacted]

>>> [Redacted] 4/12/2012 10:43 am >>>
Dear Ben

Thank you for accepting to leave the definition of Queensland Health Survey Data unchanged.

As per my previous email, all the other requested changes were acceptable.

Please find attached the final copy of the agreement.

Please sign 2 original copies and send to:

Attn: [Redacted]

The University of Adelaide
Research Branch
115 Grenfell St, 7th floor
Adelaide SA 5000

Please let me know if you have any queries.

Kind regards

UNRELEASED

[Redacted]

s.73

Adelaide Research & Innovation Pty Ltd
(The commercial development company of the University of Adelaide)

P: [Redacted]

E: [Redacted]@adelaide.edu.au

W: www.adelaide.edu.au/aripl

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CRICOS Provider Number 00123M

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From: [Redacted]@health.qld.gov.au]

Sent: Tuesday, 4 December 2012 9:24 AM

To: [Redacted]

Cc: [redacted]

Subject: RE: NHMRC MIA for Qld

Dear [redacted]

Sorry for the delay in my reply.

Given that the Grant Agreement takes precedence to the MIA NCOHS Agreement, and to minimise further delays, we can accept your suggestion to leave the definition of Queensland Survey Data unchanged.

I understand from your email that the other requested changes will be accepted.

Please let me know if you need further info or clarification. Otherwise, I believe we can proceed.

Kind regards

[redacted signature]

Oral Health Outcomes
Office of the Chief Dental Officer
Queensland Health

p: [redacted]
m: [redacted]
f: [redacted]
e: [redacted]

>>> [redacted]@adelaide.edu.au> 22/11/2012 11:27 am >>>

Dear [redacted]

Following our earlier discussion, in principle, we don't have an issue with the changes Queensland Health has made to the agreement.

However if we change the definition of 'Queensland Survey Data' in this agreement we'll have to change the definition in the Collaborators Agreement which means that the other parties will have to review it and come back with comments, which might cause delays. Clause 6.14 of the agreement lists the precedence of documents in connection to the relationship between Uni of Adel and Queensland Health. The 'Grant Agreement' entered into between Uni of Adel and Queensland Health on 9 June 2010, takes precedence over this Agreement.

The Grant Agreement defines Survey Data as the data collected as part of the Project including the oral epidemiological examination information and the information obtained from the parents who have completed a questionnaire.

The rest of the amendments are acceptable, as the Collaborators Agreement already makes it clear in clause 5, that the IP in Queensland Survey Data and Queensland Reports is owned by Queensland Health.

For reference, I've attached the version of the document you sent through to me.

Please let me know if it's possible to leave the 'Queensland Survey Data' definition as per the previous version.

Kind regards

[redacted signature]

FOR RELEASE

[Redacted]

Adelaide Research & Innovation Pty Ltd
(The commercial development company of the University of Adelaide)

P: [Redacted]

E: [Redacted]@adelaide.edu.au

W: www.adelaide.edu.au/aripl

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Why not get behind the ARI "MOtivating Innovation" team, to raise funds and change the face of men's health - Sponsor the MO Bros here

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RTS

Fro [Redacted]@health.qld.gov.au]

Sent: Tuesday, 6 November 2012 1:08 PM

To: [Redacted]

Cc: s.73

Subject: Re: NHMRC MIA for Qld

Dear [Redacted] s.73

Sorry for the delay in providing a response. Attached is a marked up version of proposed agreement. We have only suggested a couple of changes, the main one being the definition of Queensland Survey Data.

Please let me know if you have any questions or require further information.

regards

[Redacted signature]

Oral Health Outcomes
Office of the Chief Dental Officer
Queensland Health

p: [Redacted]
m: [Redacted]
f: s.47(3)(b)
e: [Redacted] s.73

>>> [Redacted]@adelaide.edu.au> 17/10/2012 2:15 pm >>>

Dear [Redacted]

I know that [Redacted], from Uni of Adelaide, has been in touch with you regarding the execution of the attached agreement by Queensland Health.

The highlighted parts in the document are the changes that have occurred between the last version and the current version.

We envision that this will be the last version to be reviewed and a similar document is currently being considered by the other Partner Organisations on this Project.

Given the urgency of having these agreements reviewed and executed, I would appreciate it if you could contact me directly with any comments and queries.

We would appreciate your response by Friday of next week, 26 October 2012.

Please let me know if you have any queries.

Kind regards

s.73

Adelaide Research & Innovation Pty Ltd
(The commercial development company of the University of Adelaide)

P: [redacted]

E: [redacted]@adelaide.edu.au

W: www.adelaide.edu.au/aripl

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THE UNIVERSITY OF ADELAIDE
MULTI-INSTITUTIONAL AGREEMENT
for
NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL (NHMRC)
FUNDING SCHEMES

DETAILS

NHMRC Project ID:	APP1016326	First Funding Year	2011
Scheme:	Partnership Project Grant		
Project (Research Project Title):	Impact of health policy on the delivery of dental services and child oral health outcomes		
Period of Funding:	1/1/2011 to 30/06/2014		
Funds Awarded	\$1,259,048		
Administering Institution and its first named Chief Investigator:	The University of Adelaide		
Collaborating Organisations and their delegated officers:	The State of Queensland acting through Queensland Health ("Queensland Health")	\$73	

BACKGROUND

- A. The National Health and Medical Research Council ("NHMRC") recognises the importance of fundamental research to the national innovation system and supports research undertaken by individual researchers or research teams. The Administering Institution with the support and assistance of the Collaborating Organisations successfully applied for Funds under the NHMRC Funding Schemes.
- B. The NHMRC requires that an Administering Institution must not allow the Project to commence, or any of the Funds to be expended, until it has entered into a written agreement in respect of the Project with each Collaborating Organisation in accordance with the NHMRC Deed of Agreement and the NHMRC Funding Schemes rules.
- C. The Administering Institution and the Collaborating Organisation/s have agreed to enter into this Multi-Institutional Agreement ("Agreement") in compliance with the relevant conditions of the NHMRC Deed of Agreement and the NHMRC Funding Schemes.
- D. The Administering Institution is entering into this Agreement with Queensland Health, as Queensland Health has already begun the fieldwork that contributes to the Project as part of the Queensland Child Oral Health Survey. The primary purpose of the Queensland Child Oral Health Survey is to establish a baseline for the evaluation of the extension of water fluoridation in Queensland. However the Queensland Child Oral Health Survey will also meet all the requirements for the Project. This Agreement with the Queensland Health is substantially on the same terms as other Multi-Institutional Agreements for the Project, with the exception of financial matters and some specific IP

matters which are the subject of a separate funding agreement between Queensland Health and the Administering Institution dated 9 June 2010 ("Grant Agreement"). The Grant Agreement identifies the contribution of Queensland Health to the Project and the transfer of funds to the Administering Institution from Queensland Health, for coordination of fieldwork.

- E. The Administering Institution is negotiating with the South Australian Dental Service; Northern Territory Department of Health and Families, Health Services, Dental Service; Dental Health Services, Western Australia; NSW Department of Health, Centre for Oral Health Strategy; and ACT Health, Dental Services, ~~Victorian Department of Health, Dental Health Program; and Oral Health Services, Tasmania~~ regarding their involvement in the Project. The Administering Institution will enter into a separate Multi-Institutional Agreement with these Collaborating Organisations on substantially the same terms as this Agreement. The Administering Institution and Queensland Health, agree for the Administering Institution to negotiate and enter into a separate Multi-Institutional Agreement with these Collaborating Organizations.

THE PARTIES AGREE:

1. DEFINITIONS

- 1.1. In this Agreement, unless otherwise defined, capitalised terms will have the same meaning as set out in the NHMRC Deed of Agreement or, as relevant, the NHMRC Funding Schemes.

- 1.2. In this Agreement:

Application means the application lodged by the Administering Institution to the NHMRC under its NHMRC Research Funding Schemes as defined in the NHMRC Deed of Agreement and which more fully describes the Project. A copy of the fully signed Application has been sent to the Collaborating Organisation/s.

Background IP means any Intellectual Property which pre-exists the Project or is independently developed Intellectual Property outside of the Project that is owned or controlled by a party and which it determines, in its discretion, to make available for the carrying out of the Project;

Confidential Information means and includes any information contributed by a party ("Disclosing Party") to another party ("Receiving Party"), that by its nature is confidential, is designated by the Disclosing Party as confidential (oral disclosures must be reduced to writing within thirty (30) days), or the Receiving Party knows or ought to know is confidential but does not include information which:

- (a) is or becomes public knowledge other than by breach of this Agreement; or
- (b) was properly in the possession of the Receiving Party in written form otherwise than by prior confidential disclosure from the Disclosing Party; or
- (c) was properly available to the Receiving Party from a third party having no obligation of confidentiality to the Disclosing Party; or
- (d) is demonstrated by the Receiving Party to be independently developed by an employee or agent of the Receiving Party having no knowledge of such information which is the subject of the disclosure; or
- (e) is required by law to be disclosed by the Receiving Party, provided that the Receiving Party will immediately notify Disclosing Party of any such requirement if possible before making the disclosure and provided further that reasonable efforts shall be expended by the Receiving Party to obtain confidential treatment for the required disclosure or to limit the extent of disclosure.

Intellectual Property or IP means all copyright and neighbouring rights, all rights in relation to inventions (including patent rights), plant varieties, registered and unregistered trademarks (including service marks), registered designs, confidential information (including trade secrets) and circuit layouts, and all other rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields.

Internal Purposes means licensing IP to the Collaborating Organisations to allow them to pursue policy formulation, service development or other purposes associated with the operation of a public dental health service and published independently of ARCPOH following consultation with ARCPOH.

NHMRC Deed of Agreement means the funding agreement between the Commonwealth (as represented by the NHMRC) and the Administering Institution regarding funding for Projects under the NHMRC Research Funding Schemes to commence in the First Funding Year (2011).

Project means the research project named in the Details and as defined in the NHMRC Deed of Agreement.

Project Data means the data collected as part of the Project, including Survey Data, and as more fully set out in the project plan provided to the NHMRC to obtain the funding for the Project, excluding the Queensland Survey Data and the Queensland Reports.

Project Funds means the cash contributions to be made by the NHMRC and the Collaborating Organisations for the purposes of the Project.

Project IP means any Intellectual Property in the form of instruments, survey methodology, processes and computer programs created or arising as a direct result of the conduct of the Project excluding the Project Data and Queensland Survey Data and the Queensland Reports.

Survey Data means all oral epidemiological examination items and derived variables collected and the suite of socio-demographic items at an individual level including Dental Practices, Dietary Intake, Birth Place and Characteristics of the Households. These data sets are subsets of the data collected as part of the Project, including National CURF and State or Territory CURF, and access to these data is outlined in detail in Schedule 4, excluding the Queensland Survey Data.

Queensland Survey Data means all oral epidemiological examination items and derived variables collected and the suite of socio-demographic items at an individual level including Dental Practices, Dietary Intake, Birth Place and Residential History, and Characteristics of the Households collected as part of the Queensland Health funding agreement signed between the Administering Institution and Queensland Health.

Queensland Reports has the same meaning as the term "Reports" is provided for within the Grant Agreement.

Reports has the same meaning as is provided in the NHMRC Deed of Agreement.

2. CONDUCT OF THE PROJECT

2.1. The parties agree:

- (a) that the management of the Project and the Funds will at all times be in accordance with the NHMRC Deed of Agreement and the NHMRC Funding Schemes;
- (b) that they have each received a copy of the Application and agree that the roles, budget, contributions, and program of research of each of the parties in relation to the Project are set out accurately in the Application and this Agreement;
- (c) to each carry out their roles, contributions (also set out in Schedules 1, 2 and 3) and program of research as set out in the Application and this Agreement diligently, with professional scientific, ethical and financial standards and in accordance with the spirit of collaboration;
- (d) that where approval of an appropriate Ethics and/or Biosafety Committee or any other body is required by university, legislation or other regulations or policy or by the Administering Institutions rules for the research work under the Project the Administering Institution's first named Chief Investigator will be responsible for any application for approval to the said committees or bodies and no research work or expenditure of Funds under the Project shall commence until the required approvals have been granted;
- (e) that the Project will be conducted in accordance with the *Australian Code for the Responsible Conduct of Research* ("Code"), having particular regard to the requirements for authorship as set out in sections 5.1 to 5.8 of the Code and also as required in the Code for the proper conduct of research;
- (f) to comply with the Privacy Act 1988 (Cth) and the National Privacy Principles in the use, collection, storage and security or disclosure of any personal and/or health information collected or used during the Project;
- (g) that the NHMRC is entitled to the use of information as set out in clause 19 of the NHMRC Deed of Agreement; and
- (h) that a Collaborating Organisation after being provided with a copy of the NHMRC Deed of Agreement will immediately advise the Administering Institution if any Conflict of Interest arises as set out in clause 22 of the NHMRC Deed of Agreement.

2.2 Each Collaborating Organisation after being provided with the NHMRC Deed of Agreement agrees to abide by and be bound by the terms and conditions of the NHMRC Deed of Agreement and NHMRC Funding Schemes

and to do all things reasonably required to enable the Administering Institution to meet its obligations under that Deed and Funding Schemes rules, including, without limitation, reporting and financial management of the Funds received.

3. PARTNERSHIP PROJECT GRANT

3.1 Subject to the NHMRC providing the Funds to the Administering Institution, the Administering Institution will transfer portion of the Funds to the Collaborating Organisation(s) in the amounts and periods set out in Table 1 below.

Table 1: Distribution of Funds

Institution/Organisation	2011	2012	2013	2014	TOTAL		
The University of Adelaide	\$503,190	\$226,732	\$103,406	\$157,412	\$155,690	\$989,018	\$1,043,024
South Australian Dental Service		\$33,754					\$33,754
Northern Territory Department of Health and Families, Health Services, Dental Service		\$20,252					\$20,252
Dental Health Services, Western Australia			\$54,006				\$54,006
NSW Department of Health, Centre for Oral Health Strategy		\$67,508					\$67,508
ACT Health, Dental Service		\$20,252					\$20,252
Oral Health Services Tasmania			\$20,252				\$20,252
Victorian Department of Health, Dental Health			\$54,006				\$67,508
Queensland Health, Office of the Chief Dental Officer							\$0
Total NHMRC Funds	\$503,190	\$368,498	\$231,670	\$155,690			\$1,259,048

3.2 The parties each agree that all record keeping, reporting and expenditure of the Funds will be in accordance with clauses 3, 4, 5, 6 and 30 of the NHMRC Deed of Agreement, the amount awarded and set out in the Approved Budget, in accordance with the Australian Accounting Standards and as set out in the Application.

3.3 Where the Administering Institution transfers any of the Funds to the Collaborating Organisation/s, each Collaborating Organisation will, in respect of itself only:

(a) submit relevant tax invoices to the Administering Institution; and

- (b) provide an annual financial acquittal to the Administering Institution by 31 January of each year for the Funds transferred to it in the previous calendar year. If the amount of unspent funds at the end of the calendar year exceeds 25% of the current year allocation the Administering Institution will be required to submit a Request to Carry Forward NHMRC Funds form with the annual financial acquittal; and
- (c) subject to the NHMRC Deed of Agreement and as may otherwise be agreed, the Funds shall be expended at each Collaborating Organisation as listed in the Table 1 and in the proportions and during the periods indicated. The Administering Institution will transfer to the Collaborating Organisations, Funds as specified in Table 1 in four quarterly payments per annum. The transfer of Funds is conditional upon receipt of NHMRC Funds by the Administering Institution. The Collaborating Organisation shall submit an invoice to the Administering Institution in February, May, August and November each year of the Period of Funding. Invoices should be addressed to:

Research Accountant
Financial Services
Level 1, 115 Grenfell Street
The University of Adelaide SA 5005; and

- (d) when a Collaborating Organisation in the Project ceases involvement in the Project, that host Collaborating Organisation will, if requested, provide within 30 days of the request a financial acquittal to the Administering Institution.

4. CONTRIBUTIONS TO THE PROJECT

- 4.1 Each Party will make its Contributions to the Project in the manner and at the times set out in the Proposal and as set out in the Schedule 1 (Tables 1 and 2).
- 4.2 Unless otherwise agreed, the first and only invoice for the Collaborating Organisations' cash part of their Contribution will be submitted on commencement of the Project by the Collaborating Organisation (see Table 1). Invoice Terms are 14 days net.
- 4.3 The Collaborating Organisations acknowledge that Goods and Services Tax (GST) registered entities will add GST at the prevailing rate, where applicable, to each invoice. The prevailing rate for GST at the time of signing this agreement is 10%.
- 4.4 The University will hold the Project Funds in a separate ledger account for use in the conduct of the Project.
- 4.5 Project Funds unless otherwise agreed will be expended in accordance with the Proposal and this Agreement. If there is an inconsistency between the Proposal and this Agreement the provisions of this Agreement will prevail.

5. INTELLECTUAL PROPERTY AND CONFIDENTIAL INFORMATION

- 5.1. The parties agree that in relation to this clause 5 the provisions of clauses 15 and 16 of the Grant Agreement take precedence in the case of any inconsistency. The parties also agree that this clause 5 must be read in the spirit of the wording set out in Schedule 4.
- 5.2. The parties agree that the Background IP which a party makes available for the conduct of the Project will remain the property of that party.
- 5.3. Each party grants to each other a royalty-free, non-exclusive licence to use its Background IP to the extent necessary to carry out the Project and to allow the Administering Institution to grant the licence required by the NHMRC in clause 9.4 of the NHMRC Deed of Agreement but for no other purpose.
- 5.4. No representations or warranties are made or given in relation to Background IP, however each party making available its Background IP acknowledges that to the best of its knowledge, such Background IP when used in accordance with this Agreement will not infringe any third party Intellectual Property rights.

-
- 5.5. Each party agrees that Reports, Project IP, and Project Data shall be legally and beneficially owned by the Administering Institution immediately upon its creation (except that a Student shall own the copyright in his/her thesis).
- 5.6. The parties agree the IP rights in the Queensland Survey Data, will upon creation, vest in Queensland Health.
- 5.7. The parties agree that the IP rights in Queensland Reports, will upon creation, vest in Queensland Health and the Administering Institution assigns such rights to Queensland Health.
- 5.8. The Administering Institution grants to the Collaborating Organisations a perpetual, non-exclusive, royalty-free licence (including the right to sub-licence) to use and apply de-identified Survey Data for Internal Purposes and for research, teaching and publishing purposes subject to the following conditions:
- (a) access to and use of the Project IP including publications arising from the Project IP, must conform with the requirements of the Ethics Committee of the University of Adelaide, including requirements for maintaining confidentiality and privacy of study participants and always noting that any publication will in all cases be subject to this clause 5, clause 5.10, the requirement to acknowledge the NHMRC and to comply with the Code;
 - (b) no party shall modify any completed report or publication produced under this Project without the express written permission of the party who produced the report or publication. Where such permission is granted, the modified report shall include a statement acknowledging any amendments to, or departures from, the original report; and
 - (c) the Collaborating Parties acknowledge that subject to Confidential Information all work performed by the Administering Institution under the Project may be published or otherwise put in the public domain.
- 5.9. On request from a Collaborating Organisation, and only following the completion and execution of a University of Adelaide, ARCPOH "Request for de-identified data access for analysis, presentation & publication" agreement (attached as Schedule 5), the Administering Institution, at its own discretion, may grant to the Collaborating Organisations' researchers a licence to use the de-identified Project Data for the purposes of research, teaching and publishing.
- 5.10. The Administering Institution and the Collaborating Organisations agree that if a third party requests access to the de-identified Project Data, this access will be granted at the discretion of the Administering Institution. The third party requesting access to the de-identified Project Data will contact the Administering Institution and complete and execute an University of Adelaide, ARCPOH "Request for de-identified data access for analysis, presentation & publication" agreement (attached as Schedule 5), which will be provided to the Administering Institution for its consideration.
- 5.11. Queensland Health grants to the Administering Institution a perpetual royalty free, non-exclusive licence (including the right to sub-license) to use and reproduce the Queensland Survey Data for the purposes of research and for the purposes of the performance of this Agreement and related purposes.
- 5.12. Queensland Health grants to the Administering Institution a perpetual royalty free, non-exclusive licence (including the right to sub-license) to use and reproduce the Queensland Reports for the purposes of the performance of this Agreement and for the Administering Institution's teaching, training and research purposes.
- 5.13. Subject to clause 5.18, nothing in this Agreement limits the use of Project IP, Queensland Survey Data and Queensland Reports, the Project Data or Project Reports by students enrolled at the Administering Institution for the purpose of research towards a degree awarded by the Administering Institution.
- 5.14. The administration and management of the Project IP will comply with the *National Principles of Intellectual Property Management for Publicly Funded Research* and the Intellectual Property policies of the parties and as the owners agree in accordance with clause 5.8. It is further acknowledged by each party that they are committed to the appropriate recognition of contributions to the creation and development and to the exploitation of Intellectual Property for the benefit of the Australian community.
- 5.15. The parties agree that if at any stage during the course of the Project a Chief Investigator or other researcher involved in the Project becomes aware of any commercially valuable Intellectual Property, the party employing

or engaging the Chief Investigator or other researcher shall notify the other parties in writing (marked confidential) as soon as possible. The parties will consult and decide what, if any, measures should be taken to protect the identified Project IP, what options are available for commercialisation of, and, who will commercialise the Project IP, and, to fairly share in any commercial return associated with the Project and the Project IP.

- 5.16. In coming to a decision on how Project IP can best be commercialised and the manner of distribution of proceeds for the fair share of any commercial return from Project IP's commercialisation the parties will take into account:
- (a) the intellectual and financial contribution of each party to the creation of the Project IP, including in-kind contributions such as labour, expertise, materials, equipment, infra-structure;
 - (b) any Background Intellectual Property necessary to commercialise the Project IP; and
 - (c) the costs and risks associated with commercialising the Project IP.
- 5.17 Except as set out in this clause 5.17 each party acknowledges that all Confidential Information disclosed by the Disclosing Party to a Receiving Party, whether existing prior to the commencement of the Project or created in the course of the Project, is confidential and shall be kept confidential and shall not be disclosed to any third party without the prior written consent of the Disclosing Party. The exception to this clause is that each Receiving Party is allowed to disclose any Confidential Information disclosed to its employees, executive and agents involved in the Project or its related bodies as may be necessary on a needs-to-know basis and on condition that such persons or related bodies are told that the information is Confidential Information and must be treated in confidence.
- 5.18 If students are involved it is the responsibility of the university where they are enrolled to enter into a relevant agreement in order to bind the student to the terms of this Agreement regarding IP. Each party agrees that if a thesis is the result of the student's involvement in the Project then the copyright in the thesis will be owned by the student.
- 5.19 The parties each agree to arrange for each of their authors to provide the relevant consent as may be required by the Administering Institution to the infringement of that authors Moral Rights and as more specifically set out in clauses 9.5, 9.6 and 9.7 of the NHMRC Deed of Agreement.

6. GENERAL

- 6.1. The term of this Agreement is the duration of the Project as detailed in the NHMRC Deed of Agreement, or as otherwise varied in Schedule 1 of this Agreement with the approval of the parties and, if applicable, with the prior approval of the NHMRC, and includes any period of carry forward approved by the NHMRC, unless terminated in accordance with clause 6.4.
- 6.2. If the Administering Institution receives a notice that a Collaborating Organisation wishes to withdraw its support for a Project or reasonably believes that a Collaborating Organisation is in default of its obligations under this Agreement the Administering Institution will immediately notify the NHMRC and may terminate this agreement in accordance with clause 6.4.
- 6.3. The parties will use their best endeavours to amicably resolve any dispute in relation to this Agreement. If the relevant parties to a dispute cannot resolve their dispute within twenty (20) days of written notice of the dispute, any party in the dispute may refer the dispute to a mediator appointed jointly by the parties to the dispute, or failing agreement, by the President of the Law Society of South Australia. Costs of the mediator and the mediation process will be paid equally between the parties in dispute except that each party's personal costs in resolving the dispute will be met solely by that party.
- 6.4. This Agreement may be terminated:
- 6.4.1 at any time by the mutual written agreement of the parties; or

-
- 6.4.2 by the Administering Institution if the Collaborating Organisation is in breach of any material term of this agreement and such breach is not remedied within 30 days of written notice by the Administering Institution of the breach; or
- 6.4.3 if the Project is wholly terminated; or
- 6.4.4 a petition is presented for the bankruptcy or a summons is issued for the winding up of the Collaborating Organisation or a resolution is passed for the winding up of the Collaborating Organisation otherwise than for the purposes of reconstruction or amalgamation or if the Collaborating Organisation suffers the appointment of a receiver or official manager; or
- 6.4.5 if the NHMRC Deed of Agreement is terminated; or
- 6.4.6 by the Collaborating Organisation if the Administering Institution is in breach of any material term of this agreement and such breach is not remedied within 30 days of written notice by the Collaborating Organisation of the breach.
- 6.5. Termination of this Agreement for any reason will be without prejudice to the continuing enforceability of any obligation or right of a party.
- 6.6. If any clause or part thereof is held by a court to be invalid or unenforceable such clause or part thereof shall be deemed deleted from this Agreement and this Agreement shall otherwise remain in full force and effect.
- 6.7. No addition to or modification of any provision of this Agreement shall be binding upon the parties unless by written instruction signed by each party.
- 6.8. Any notice or other communication under this Agreement shall be given in writing and delivered by hand or sent by pre-paid post or facsimile or other form of electronic transmission to the authorised signatory of a party noted in the execution clause.
- 6.9. This Agreement is governed by the laws of Queensland (as certain rights have already accrued under the Grant Agreement) and the parties each submit to the non-exclusive jurisdiction of the courts of Queensland (or agreements can be separate).
- 6.10. This Agreement does not create a partnership, agency, fiduciary or other relationship, except the relationship of contracting parties. Except as set out in this Agreement, no Party is liable for the acts or omission of any other Party.
- 6.11. Each Party's obligations and liabilities under this Agreement are several and not joint or joint and several.
- 6.12. Each party must do or cause to be done all acts and things necessary or desirable to give effect to this Agreement, and refrain from doing all acts and things that could hinder performance by any party of this Agreement.
- 6.13. This Agreement may be executed in any number of counterparts, including facsimile or scanned PDF documents. Each such counterpart, facsimile or scanned PDF document shall be deemed an original instrument, and all of which, together, shall constitute one and the same executed Agreement signed on that date. The original signed copies of the required execution pages will be forwarded to the University for collation and dissemination to all parties.
- 6.14. This Agreement incorporates any schedules and annexures attached to it. In resolving any inconsistencies in this Agreement unless stated otherwise in any of the clauses in this Agreement:
- (a) the NHMRC Deed of Agreement;
 - (b) Grant Agreement;
 - (c) this Agreement (excluding any schedules and annexures attached to it);
 - (d) any schedules; and
 - (e) any annexures,
- have priority in that order.

Executed by the parties:

The University of Adelaide

Name of Authorised Signatory
(DVC(R) or delegate):

s.73

Signature: _____

Date: _____

Name of CI A on the Grant: _____

Signature: _____

Date: _____

The State of Queensland acting through Queensland Health

Name of Authorised Signatory: _____

Signature: _____

Date: _____

RTI Release

Schedule 1

2011-2014

Table 1: Cash Contributions

Name	Total
Metropolitan Health Service - Dental Health Services (WA)	\$10,000
NSW Ministry of Health, Centre for Oral Health Strategy	\$15,000
TOTAL	\$25,000

Table 2: In-kind Contributions

Name	Total
South Australian Dental Service	\$240,000
Northern Territory Department of Health, Health Services, Oral Health Services	\$160,000
Metropolitan Health Service - Dental Health Services (WA)	\$240,000
NSW Department of Health, Centre for Oral Health Strategy	\$376,000
ACT Health, Dental Services	\$100,000
Queensland Health Oral Health Unit	\$450,000
Oral Health Services Tasmania	\$121,000
Victorian Department of Health, Dental Health	unknown
TOTAL	\$1,687,000

FOR RELEASE

Schedule 2

Project Research Plan to be read in conjunction with Scope of Work set out in Schedule 3

INTRODUCTION AND AIMS

Despite a substantial level of resources, approximately a billion dollars annually, being directed to dental services for children (0-17 years old) in Australia in the last decade, the oral health of Australian children has deteriorated. Whilst dental caries is mostly preventable, it remains the most common form of childhood infection resulting in costly treatment and an adverse impact on quality of life (Casamassimo et al. 2009).

Federal policy on private health insurance, including dental insurance, and specific subsidies like the Teen Dental Plan, a voucher scheme predominantly for private dentistry, has provided a national context within which state and territory dental policy has focussed on residual programs through their school or community dental services. The result is a pluralistic dental services system for children, with considerable variation in the actual arrangements between states and territories. Seemingly conflicting recommendations have been made for a universal dental plan for all Australians, including children, and the extension of the existing school or child dental services by the National Health and Hospital Reform Commission (2008). There is a lack of specific evidence to inform policy at a national or state and territory level to help shape a direction for child dental services that will achieve an effective delivery of services and consequently contribute to improved child oral health.

Researchers from the Australian Research Centre for Population Oral Health (ARCPQH), at The University of Adelaide, plan to conduct a study of child oral health to compare the effectiveness of the different dental service delivery systems available in the states/territories. The study will evaluate the oral health outcomes associated with different patterns of dental service use within and across different state and territory service delivery system models, informing policy and assisting in planning future dental services for the Australian child population.

1.1 Specific aims

The purpose of the study is to inform policy makers and dental service providers at the national and state/territory level in shaping effective dental service delivery so as to improve child oral health.

The proposal is to conduct a nation-wide study that will provide a combination of an oral epidemiological examination and a social survey of dental service use, service-mix received, and other determinants of oral health in line with current international standards for large-scale oral epidemiological studies and to link these data with the underlying variation in dental service delivery systems.

The primary aims of the proposed study are:

1. To identify individual and family-, community, and dental system factors associated with oral health outcomes of Australian children. Oral health outcomes include disease experience e.g. DMFS, as well as consequences of the way disease is managed e.g. untreated decay, missing or filled teeth and self-rated oral health. *We hypothesise that all three types of factors are related to oral health outcomes.*
2. To compare oral health status of children treated solely through the public sector, solely through parent-purchased private dentistry, and the combination of public and private dental services. *We hypothesise that the setting in which dental services are used has an independent association with the frequency of use, service-mix received and the oral health outcomes of children, controlling for other determinants of oral health outcomes identified in aim 1.*
3. To compare the oral health status of children among Australia's state/territory public dental programs. *We hypothesise that oral health outcomes of children differ between states/territories with different structures and processes of school dental service/public dental service delivery, controlling for other determinants of oral health outcomes, identified in aim 1.*
4. To compare the oral health status of children treated solely through private dentistry by variation in private insurance and voucher programs. *We hypothesise that oral health outcomes of children differ between the insured and uninsured and those receiving or not receiving direct subsidy via vouchers, controlling for other determinants of oral health outcomes from aim 1.*
5. To interpret and reflect on the research findings with policy makers and dental service providers at the national and state/territory level. *The research findings will provide scientific evidence to enable policy makers and service providers to reform directions being pursued to improve child oral health.*

2. BACKGROUND

2.1 Dental caries in children – a national health problem

Because of their development stage, children constitute a special population group requiring the attention and consideration of society and all levels of policymakers. Oral health is an essential component of child health. In the last decade, dental caries among Australian children has re-emerged as a significant health issue which creates burdens on the individual, the family and the community (NACOH 2004).

Despite effective population preventive programs such as water fluoridation and fluoridated toothpaste and policy and programs to promote use of dental services, dental caries remains one of the most prevalent chronic diseases in children. For example, the prevalence of dental caries in permanent teeth in 6–15-year old Australian children in 2004 was 36.3% (Armfield et al. 2010) whereas the prevalence of the most frequent general health condition, asthma, was 15.7% in 2001 (AIHW 2005). Further, socioeconomic inequality in child oral health exists and has widened in the last decade as evidenced in a study comparing child oral health between 1992/93 and 2002/03 (Do et al, 2010).

Untreated dental disease in children has been related to delayed speech development, dietary choices, pain and poorer oral health-related quality of life (Sheiham 2006). The rate of untreated dental caries varies between different population groups of children. Reduced access to dental services can result in expensive treatment options for the health system. For example, the most common reason for a child 1–14 years of age in Australia in 2006 to have a hospital admission was for dental restorations and extractions (26,645 children, 8,114 of whom were preschoolers) (AIHW 2008). Of the A\$ 6.1 billion spent on dental care in Australia in 2007-08, it is estimated that 22% was for dental services for 5–17 year old children (AIHW 2009).

2.2 Opportunities for solutions

Now is an opportune time to respond to the problem of oral health in children. There is a simultaneous interest in the problem, policy and politics surrounding oral health in children. A systematic approach to the documentation, analysis and prescription of the problem and solutions is needed. The proposed research has adopted a specific approach to the virtuous cycle of new knowledge, its transfer and translation in action both at a state/territory level and nationally.

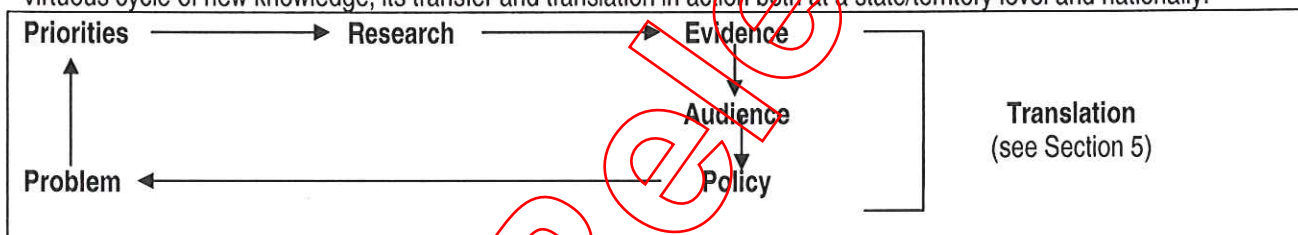


Figure 1: The virtuous cycle of new knowledge, its transfer and translation

The conceptual approach to the proposed project has been influenced by the National Health Performance Framework (NHPC, 2001) and chronic care models (Bodenheimer et al, 2002). Oral health in children is seen as an outcome influenced by children and their families, the community and the dental health system.

Children and their families and community factors, e.g. water fluoridation, are more commonly investigated in Australian dental research. However, dental services are also a determinant child oral health (Fisher-Owens et al. 2007). Rather less emphasis has been placed on the dental services influence on use of dental services, mix of services received and child oral health outcomes.

Precedence in comparative research of different dental service systems

The two WHO-coordinated International Collaborative Studies of Oral Health Care Systems (ICS I (Arnlijot et al. 1987) and ICS II (Chen et al. 1997) were multinational studies which compared different dental service systems in order to discover the approaches that were effective in improving population oral health. The ICS I tested the hypothesis that availability, accessibility and acceptability of dental care impacted on oral health status. The ICS II broadened its aim to investigate how factors in the dental care systems, the socio-environmental characteristics and individual characteristics affected oral health behaviours and status and oral health-related quality of life. Despite a limitation in lack of comparable data quality between countries, these two studies had a profound effect on the oral health policy of some participating countries. Such a multi-system situation resembles the situation between and within Australian state/territories where the underlying concept of the ICS is applicable.

The dental health system for children

Australia in the early 1970s implemented the Australian School Dental Scheme. This Scheme was to be a universal, free, school-based dental service largely provided by dental therapists. The Scheme expanded rapidly until 1981 when it reverted to being the responsibility of the states and territories. School Dental Service (SDS) coverage increased across the 1980s and early 1990s with some 66% of 5–11 year old children and 47% of 12–17 year old children indicating their

last dental visit was to a SDS or public dental service (PDS). Since the mid-1990s coverage by the SDS has rapidly decreased among 5–11 year olds and somewhat less rapidly among 12–17 year olds. By 2008, only 40% of 5–11 year olds and 35% of 12–17 year olds had their last visit to the SDS/PDS.

Table 1: Percentage of children using private or school/public dental services, 2008
(Data on states/territories compiled during the development of the proposal)

	NSW	Vic	Qld	SA	WA	Tas	ACT	NT	Aust
5–11 year olds									
Private, %	72.2	72.0	52.4	58.7	37.3	37.2	39.4	23.2	60.6
SDS, %	11.6	21.9	41.6	41.2	61.7	48.7	11.3	66.3	30.6
Public, %	16.2	6.1	6.0	-	1.1	14.1	49.3	10.6	8.8
12–17 year olds									
Private, %	77.0	73.0	53.7	57.0	46.7	43.8	84.7	31.1	65.6
SDS, %	14.4	16.3	43.0	36.9	40.2	41.1	1.5	51.9	25.8
Public, %	8.7	10.7	3.3	6.1	13.1	15.1	13.8	17.0	8.6

The dental health system has become increasingly pluralistic with markedly different percentages of children using SDS/PDS dental services across states and territories (Table 1).

Table 2: States and territories grouped by dental care systems for children

Location	NSW, ACT	Victoria	Qld, SA, Tasmania	WA, NT
SDS coverage (5-11 yo)	<12%	~20%	40%	60+%
Type of cover	targeted to children of cardholders in disadvantaged schools	targeted to disadvantaged schools	universally available, but elements of user pay and risk management of recall	universally available with some outsourcing in rural areas

As a result, the organisation of dental services for children varies markedly across the states which can be grouped in four different systems reflecting the role of SDS/PDS (Table 2).

Documenting and examining the relationship between the structure and processes of dental service delivery, service use and the outcomes for oral health in Australian children is vital to informing policy and shaping dental service planning and delivery.

One of the few studies to compare effectiveness of private and public settings for dental services in Australia revealed rather unexpected results (Gaughwin et al. 1999). Children who visited both private and public services and who visited public services only, had better oral health status compared with those who made private sector visits only. The Gaughwin study was conducted only in South Australia and prior to the implementation of policies such as SDS copayments and private insurance rebates. Contemporary and larger-scale evidence is needed to further explore the effect of different settings and different policies.

2.3 The need for a national study to inform child oral health policy

The variability in the organisation and delivery of dental services to children provides a natural laboratory in which to research the contribution of dental services to child oral health outcomes. This provides a fundamental reason for a national study. Further, the evidence from the research is important to different audiences at the national level and within each state and territory.

To date, the 1987/88 National Oral Health Survey of Australia is the only nationally representative study with oral epidemiological data on 5+ year olds. However, there was no collection of information on use of different aspects of the dental care delivery system. Currently, Australia does provide one of the world's best time-series of population-based cross-sectional surveys of child oral health made possible through maintenance within ARCPOH of the collaborative Child Dental Health Survey (CDHS). However, the CDHS cannot address the research problem. The CDHS samples are children who use the SDS, so children who use private dental services are not captured.

The research challenges can only be addressed by a nation-wide study with capacity to achieve the research objectives at the national and state/territory levels.

3 RESEARCH PLAN

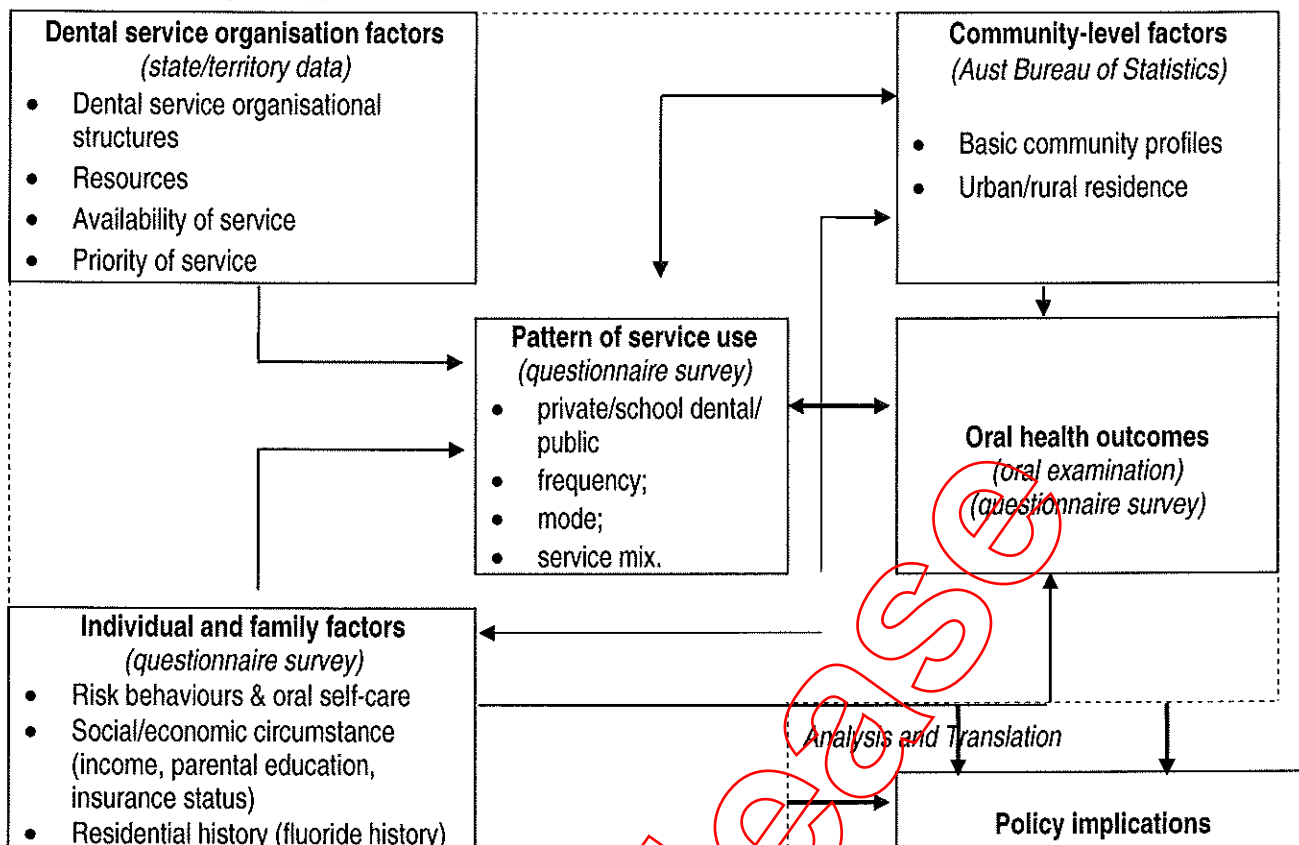


Figure 2: Schematic design of the study and the data collection and translation process

The proposed study will be a collaborative project between state/territory public dental services and ARCPDH at The University of Adelaide, and will be under the overall direction of the Chief Investigators (CIs) and Associate Investigators (AIs) (3 partners). The study combines the research expertise of the CIs with the clinical and service delivery roles of the AIs and the partners to generate findings that both will be carried to policy decision makers at a national and state/territory level. This proposal seeks NHMRC funds to support core activities of sampling design, sample recruitment, examiner training, coordination of fieldwork, printing and postage of questionnaires, data management and quality control, data analysis and reporting the findings. The state/territory partners will provide some cash, but mostly in-kind support in form of fieldwork staff required for collecting child oral health data. The collection of the child oral health data on representative samples of state/territory populations by the state/territory partners is not part of their routine provision of services. It represents a separate additional activity and therefore is a true in-kind level of support. All parties will actively participate in translation activities, taking the findings into policy decision making environments.

3.1 Study design

The study will be a cross-sectional study of a representative sample of children aged 4–17 years old within each state/territory. The information will be analysed within the context of dental service organisation and delivery at national and jurisdictional level (Figure 2). The study consists of an oral epidemiological examination and a questionnaire survey of all selected children to elucidate patterns of dental service use and mix of services received.

3.2 Sampling and subject recruitment

We propose a multi-stage, stratified, clustered random sampling design that assures a sufficient geographic distribution of subjects from both urban and rural settings in all states and territories, while optimising the efficiency of fieldwork for dental examiners.

The sampling frame will be pre-schools and schools in all states/territories, identified as public, religious and independent private. Study sites (pre-schools and schools) will be selected from each of the three groups in each state/territory using a random selection proportional to population size. The sampling frame was successfully used by the CIs in the NSW Child Dental Health Survey 2007 and the preliminary investigation in Queensland (see 3.4.8).

3.3 Oral health outcomes

Table 2: Oral epidemiological measures and indices

Measure	Component Indices	Protocol*
Tooth retention	Tooth status	NHANES III; ARCPOH
Caries experience	Deciduous dmfs Permanent DMFS	NHANES III; ARCPOH; UK Child Survey 2003
Fissure sealants	Prevalence	NHANES III; ARCPOH; UK Child Survey 2003
Dental fluorosis	Prevalence and severity	TF Index
Plaque	Prevalence and extent	Loe & Silness, 1968

* NHANES III: US Third National Health and Nutrition Examination Survey (NCHS, 1994); UK Child Survey 2003: UK Children and Youth Dental Health Survey 2003; TF Index: Thylstrup & Fejerskov Index for fluorosis, 1987.

All selected children will be invited to undergo a standardised oral epidemiological examination at specially set-up examination units by state/territory-appointed dental professionals. We will train small teams of examiners and data recorders in clinical assessment of key oral epidemiological measures. We aim to train 3–10 examining teams per state/territory. Examiner training and calibration as conducted by the CIs will ensure high quality of the collected data. We have limited the number of oral epidemiological indices to those necessary to quantify the major oral diseases and conditions (oral hygiene, dental caries and fluorosis) using accepted indices for large oral epidemiological studies (Table 3). The questionnaire will include self-reported oral health outcome measures (Table 4). We have tested and applied such oral health-related quality of life measures in research on child oral health (Do and Spencer 2007; 2008).

Table 4: Self-reported outcome measures

Measure	Component Indices	Protocol
Global child and parent self rating of oral health	Self-rated oral health	Do & Spencer 2008
Child oral health-related quality of life	C-OHIP	Broder et al. 2007
Parent Perception questionnaires	PPQ	Jokovic et al. 2003

3.4 Dental service-related data

Dental service-related data will be collected at different levels to address the study's objectives (Figure 2). Community-level data such as dentist/population ratio will be collected by statistical division. State/territory public dental services will be requested to provide data on dental service resources, organisation of dental care delivery, model for patient enrolment and information on dental providers in their jurisdiction. Parental questionnaires will collect patterns of dental service use by the children. Obtainability and comprehensiveness of dental services will be collected using a range of different measures. Dental visit patterns will be assessed using measures of time since last dental visit, number of dental visits made in the last year, reason for last dental visit and place of last dental visit. These dental visit items are based on national benchmarks used in the National Dental Telephone Interview Survey (Slade et al. 2007). Further data items on SDS enrolment, history of dental visiting and types of providers of dental services (including mixed place of visiting across time) will be collected based on items from the Study of Child Use of Dental Services that will enable a child to be classified into categories of no dental care, school/public dental care only, private dental care only and both private and school/public dental care (Caughwin et al. 1999). A range of additional need, predisposing and enabling factors for service use will be collected following the Andersen model (Andersen, 2008).

A separate series of items on the dental system performance will be collected from all parents. The dental system performance items are based on the Health System Performance domains from the National Health Performance Framework (NHPC, 2001). These domains are Effective, Appropriate, Efficient, Responsive, Accessible, Safe, Continuous, Capable and Sustainable. Batteries of items on each domain have been developed and tested (in the Preliminary study in Queensland, 3.4.8).

3.5 Socioeconomic data collection

Socioeconomic data will be collected at community (Australian Bureau of Statistics) and family level (questionnaire). Areas will be classified by their Basic Community Profile data. Households will be classified by household income, parental education and occupation and socio-demographic characteristics. Those variables will be used as covariates in multivariable and multilevel analyses.

3.6 Sample size

Table 5: Proposed sample sizes by state/territory

State	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
Sample size	7,200	5,800	5,300	3,600	3,100	2,500	2,200	2,200	31,800

The minimum required sample size was calculated to address the specific aims of this study using standard methods (Cohen 1988). The existing data on child oral health status and distributions of children using different dental service models in states and territories were used for the estimates. Sample size was calculated to detect a difference of 0.2 between slopes ($\lambda_{n+1}-\lambda_n$) (considered a small effect size (Cohen 1988)) of explanatory variables in multivariable regression models for age-adjusted caries experience with alpha level of 0.05 and statistical power of 80% to achieve aim 4, the most sensitive aim. The sample size varies between jurisdictions according to distribution of children using a service model (insured vs uninsured; publicly-subsidised private care vs privately funded). The minimally required sample size is 2,200 4–17-yo children for the states with the most favourable distribution of the service use groups. The state/territory sample size was further upwardly adjusted to address jurisdiction objectives. With this expected sample size, the other aims will be achieved with statistical power of over 90%. The specific sample size of state/territories is displayed above (Table 5). It was also estimated that this sample size will be adequately powered to perform the planned multilevel analyses (Goldstein 2002).

3.7 Data management and quality control

ARCPH investigators will be responsible for all aspects of data management and quality control. We have extensive experience in managing large studies, including studies where data are collected by collaborating state/territory public dental services. The recent examples are the National Survey of Adult Oral Health 2004/06 (NHMRC Project Grant # 299060), the NSW Child Dental Health Survey 2007 and the Child Fluoride Study Mark II 2003/04 (NHMRC Project Grant #207806).

In each state/territory we will provide didactic and clinical instruction in the examination protocol. Examiners who fail to achieve required levels of reliability (kappa coefficients and inter-examiner class correlation coefficients greater than 0.85) will undergo an additional clinical training and re-assessment or will not be recruited for the fieldwork. In the larger states, where the data collection period will extend beyond six months, examiners will be recalled from the field midterm for a refresher training course and further calibration session.

3.8 Preliminary study in Queensland

With the recent push to extend water fluoridation in Queensland there was a desire for greatly improved information on child oral health in that state. The CI-A and CI-B have taken the opportunity to work with the Office of the Chief Dental Officer at Queensland Health to launch a study of benefits of water fluoridation which has incorporated all the key Research Plan issues of sampling, consent, parental questionnaire design, calibration of dental examiners, data capture and preparation. The Queensland 'preliminary study' is in the field increasing the confidence of the CIs and AIs in successfully conducting the proposed study.

3.9 Analysis and reporting

Core databases will be prepared for analysis by major statistical packages. SUDAAN software will be used to generate population estimates and standard errors and to conduct hypothesis tests that adjust for the complex sampling design. The main outcome variables in testing hypotheses are oral health outcomes. We will address the aims progressively from bivariate analysis to multivariable regression models.

We will address aim 1 using multivariable models for oral health outcomes. Potential contributory factors will be initially evaluated in a series of exploratory models. Then, final explanatory models will be generated to identify factors that explain the variance in the child oral health. Population impact measurements of those factors will be estimated. The factors which have been identified as contributing to oral health outcomes will be included in the analysis for the subsequent aims. For aim 2, the setting for dental services will be used as an explanatory variable in a model for oral health status. Aim 3 will be addressed by comparing oral health status of children in different state/territory SDS, controlling for age and sex distribution and dental visiting rate. Aim 4 will be addressed using methods similar to that for aim 3 only among children who have reportedly used private dental services. Aim 5 will be addressed through the dissemination and translation process as described in Section 5.

3.10 Timetable

Jan 2011–April 2011:	Complete developing manuals of the study procedures
May 2011–Jun 2013:	Data collection (fieldwork)
Jul 2013–Jun 2014:	Data preparation, analysis and reporting of the study's findings.
Jul 2014–Dec 2014:	Policy-related reporting and translational activities.

4. COLLABORATIVE PROCESS

4.1 Roles of staff in the partner organisations in the research process

ARCPOH will lead the survey design, data collection and analysis of data to satisfy the aims of the study, including sample selection, development of the questionnaire and procedures for oral epidemiologic examinations, as well as preparation of unit record files for states/territories. ARCPOH agrees to provide materials and resources for training of examiners, and will provide the salary for material and logistic support for the state/territory Project Coordinator named by the partners. The partners will provide the examination personnel and support resources to achieve the planned number of oral epidemiological examinations, including salaries for all health personnel and any travel/accommodation costs and incidental expenditures incurred during their work. Partner AIs will serve on the Scientific Advisory Committee, with representatives from ARCPOH and two experts that will meet periodically in Adelaide to review plans for the study and its implementation. In addition the partners agree to serve on the Australian Health Ministers Advisory Council (AHMAC) Monitoring Group for the Implementation of the National Oral Health Plan 2004–13 which will act as a *de facto* Steering Committee.

All parties agree to participate in discussion on the interpretation of the findings, disseminate findings through activities such as workshops and forums to stimulate policy discussion and provide an evidence base to shape the organisation and nature of dental services and measures to improve oral health of children. The translation of the findings will also be directed towards reaching and involving the public through community consultations and interactively through ARCPOH's website.

4.2 Potential to contribute significantly to health policy and decision making

The proposed project has the potential to shape future policy and programs for child oral health. This includes shaping an appropriate balance on community or population interventions, family and child behavioural change and structure and organisation of dental service delivery to children. Given the high cost of dental service delivery, estimated to be greater than \$1 billion annually, findings will be of crucial interest in informing policy. Converting interest into action is made more probable by the collective group of partners and the specific translation activities (see Section 5).

4.3 The capacity of the partner organisations to use the findings to influence policy decision making and health system performance

Collectively the partner states and territory public dental services have a profound influence on the provision of dental services to children through their membership of the only national forum for policy on oral health, the Monitoring Group for the Implementation of the National Oral Health Plan which is a standing committee under the AHMAC, Australian Population Health Development Principals Committee. The terms of reference for this Group explicitly include the provision of advice on oral health matters. State and territory public dental services also have an individual responsibility for informing policy decisions about dental service provision for their jurisdiction. Their collaboration in the proposed study is indicative of their interest and the potential usefulness of the outcomes in policy making at both the national and individual jurisdictional levels.

A series of indirect benefits of the partnership proposed for this project is the support and guidance that can be provided in the analysis of state/territory specific data and growth in skills and competencies of partners in analysis and interpretation of their data. It is also possible for staff of partner organisations to pursue coursework and research higher degrees related to the project so as to create a sustainable high-level capacity in the partners to influence policy decision making and system performance.

5. TRANSLATION OF FINDINGS INTO POLICY

It is argued that recommendations out of recent policy forums (NHHRC, 2008) indicate that there is a window of opportunity for optimizing policy on child dental services and oral health. There is recognition of a population health problem, acknowledgement that alternative policy directions exist and political interest in solutions. The proposed project aims to inform the policy discussion by providing an evidence base. It cannot guarantee whether or what policy will evolve. However, it can ensure that policy discussion will be informed.

The evidence on dental services and child oral health has to reach particular audiences. In this proposal there are audiences at a national level and state or territory level, although the national level also includes the collective of state and territory partners.

Translation will be aided in this project by:

1. the comprehensive group of partners-all state and territory public dental services
2. the direct involvement of AIs from one large and one medium sized state and one territory, and their participation in the Scientific Advisory Committee
3. the involvement of all partner states and territories in a Steering Committee, for which the Monitoring Group on the National Oral Health Plan 2004–13 will act as a *de facto*. This has the advantage of also including the Commonwealth Department of Health and Ageing, the Australian Dental Association and a community

representative. The Monitoring Group meets several times a year, providing a face-to-face opportunity for knowledge transfer and exchange

4. capacity building within the partner organisations carried out by the CIs from ARCPOH.
5. the Department of Health and Ageing will also support dissemination and translation of the study findings.
6. wide dissemination of the findings through
 - Workshops: ARCPOH will hold thematic Workshops at the national and jurisdictional levels, which the partners can build up on to develop policies. For example, ARCPOH has been successful in using this strategy to develop guidelines of the use of fluorides and messages for oral health promotion. These have been widely promulgated
 - The AIs will lead forums at the biannual meetings of Dental Directors. The evidence and policy development will be disseminated to respective health departments and within partner organisations.
7. The CIs have a successful record of stimulating policy discussion and the emergence of specific policy related to their research. This experience and the activities listed below greatly increase the probability of the evidence from the proposed research reaching relevant audiences and influencing the formulation of policy on child oral health in Australia.
 - Roundtable Discussions: ARCPOH held Roundtable Discussion on Denticare Australia in October 2009 (see www.arcpoh.adelaide.edu.au)
 - Community Consultation: CIs linked to the proposed project are involved in a Willingness-to-Pay or Contingent Valuation research project (NHMRC Project Grant #565334) which includes program proposals for child oral health. ARCPOH has also conducted more qualitative community preference consultations (see www.arcpoh.adelaide.edu.au)
 - Finally, ARCPOH operates a web-site that includes a specific policy relevant section called Policy Bites. It would be the CIs intention of expanding this to operate it as a more interactive exchange with the community.

6. EXPECTED OUTCOMES AND SIGNIFICANCE

The proposed study will yield significant information on an expensive segment of the delivery of dental services and will influence policy decision makers and those charged with the implementation of programs to improve child oral health.

Evaluating effectiveness of health policies and dental services

The study will measure decisive end points for oral health status that will enable examination of the impact of community, individual and dental service system factors on child oral health, including their impact on social inequalities in oral health.

Planning dental services

The population distribution of child oral health is a fundamental building block in documenting, analysing and prescribing policy directions for dental services among Australian children, shaping the organisation and nature of dental service provision and the dental labour force that will provide future dental services.

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Schedule 3

Scope of work

The Collaborating Organisations agree to undertake work described in detail in Schedule 2 - the Research Plan. The specific responsibilities within the Plan are summarised below.

The Administering Institution agrees to:

- Provide an exemplar for an ethics application using the National Ethics Application Form approved by the University of Adelaide Human Research Ethics Committee.
- Guide the selection, using a probability population sampling design, a random sample of children aged 5 -14 years old residing in each of the relevant States or Territories.
- Develop procedures for the invitation to participate in the Project and the obtaining of parental consent.
- Provide financial support at the level indicated in the Research Plan budget for a state coordinator who will identify examination facilities throughout regions sampled for the Project, schedule appointments for Project participants, and liaise with dental examination teams.
- Develop an initial parental questionnaire to selected Project participants and guide procedures for the administering of the questionnaire
- Develop a supplementary parental questionnaire that will be mailed by the Administering Institution to consenting parents after completion of the dental examinations
- Develop procedures for oral epidemiological examinations, and provide instruction in those procedures to dental examination teams appointed by each of the Collaborating Organisations. This includes a standard framework and protocol for the oral epidemiological examinations, methods of data capture and data transfer to ARCPOH.
- Identify a senior dental examiner who will be the (External) national 'gold examiner' to calibrate and liaise with Project dental examination teams.
- By mutual agreement with each of the Collaborating Organisations make additions to the parental questionnaires and standard protocol for oral epidemiological examinations for the purpose of achieving additional research or public health objectives of interest to the Partners.
- Provide materials and resources, including reasonable travel expenses, for training of the examiners.
- Provide material, such as instruments and portable equipment, and logistical support as necessary to the dental examination teams as they conduct oral epidemiological examinations of Project participants.
- Review and oversee the quality and performance of the dental examination teams.
- Prepare datasets and report at a national level and at a specific state level in a format to be agreed by the Steering Committee for the Project.

The Collaborating Organisations agree to:

- Seek and obtain all necessary ethics approvals at a state or territory level from health and education authorities as required.

- Identify a state coordinator and a number of 'regional' coordinators who will identify oral epidemiological examination facilities throughout regions sampled for the Project, schedule appointments for Project participants, and liaise with dental examination teams.
- Provide the examiner personnel and support resources including personnel for the issuing of the invitation to children to participate in the Project, the follow-up of parental consent and return of parental questionnaires and dental examination teams to achieve the planned number of oral epidemiological examinations. Dental examination teams comprise one registered dentist or dental therapist and one recorder. Support resources include salaries for all these personnel and any travel accommodation costs and incidental expenditures incurred during their work on the Project.
- Identify a dental examiner to calibrate and liaise with Project dental examination teams and to act as a local (Internal) 'gold examiner' in each of the relevant States and Territories.
- Conduct the Project dental examinations in each of the relevant States and Territories following a standard framework and protocol developed by ARCPOH but agreed to by the Collaborating Organisations.
- Provide a brief report to parents/children on the dental health needs of each child examined in the Project.

The Administering Institution and the Collaborating Organisations agree to:

- The Collaborating Organisations agree to undertake the Project as described in detail in the Research Plan.
- Negotiate on the availability of laptop computers for oral epidemiological data capture and clinical facilities or portable chairs required for the oral epidemiological examinations.
- The Collaborating Organisations agree to serve on a Steering Committee for the Project. The AHMAC Monitoring Group for the National Oral Health Plan will act as the Steering Committee for the Project meeting periodically (probably two times per year) in to review plans for the Project and their implementation.
- Liaise as necessary to oversee the conduct of the Project in each of the relevant States and Territories.

Number of participating children and dental examinations

The Administrating Institution and the Collaborating Organisations aim to complete data collection on the numbers of children in the state or territory in the time period as outlined in the Research Plan.

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Schedule 4

This part to Schedule 4 is to be used as an aid when reading clause 5 of the Agreement. To the extent that there are any inconsistencies between this part and the Agreement, the Agreement takes priority.

1. The Collaborating Organisations agree to contribute data owned either singularly or jointly by them to a national Project dataset from all states/territories participating in the survey.
2. The Collaborating Organisations agree to contribute data owned singularly or jointly by them to a National Survey Confidentialised Unit Record File (National Survey CURF). The National Survey CURF will contain data from all states/territories participating in the Project. The National Survey CURF will be made available, free of charge, to the Collaborating Organizations on the condition that any researchers using the National Survey CURF meet criteria published by the Australian Research Centre for Population Oral Health (ARCPOH) at the Administering Institution regarding research uses of data, including protection of confidentiality and privacy of survey participants. The data items to be included in the National Survey CURF are all oral epidemiological examination items and derived variables collected and the suite of socio-demographic items at an individual level. These include Dental Practices, Dietary Intake, Birth Place and Characteristics of the Households, However, some data items collected for the purpose of the specific hypotheses outlined in the Project Research Plan will not be included in the National Survey CURF. These include Your Child's Health, Residential Movements, the Use of Dental Services, Use of Orthodontic Services and Evaluation of Your Child's Dental Services, and all items included in any Second Questionnaire as arranged with each state and territory.
3. The Collaborating Organisations agree to contribute data owned singularly or jointly by them to a State or Territory specific Survey Confidentialised Unit Record File (State/Territory Survey CURF). The State/Territory Survey CURF will contain data only for the respective State/Territory. The State/Territory Survey CURF will be made available, free of charge, to the Collaborating Organisation on the condition that any researchers using the State/Territory CURF meet criteria published by ARCPOH at the Administering Institution regarding research uses of data, including protection of confidentiality and privacy of survey participants. The data items to be included in the State/Territory Survey CURF are all oral epidemiological examination items and derived variables collected and the suite of socio-demographic items at an individual level outlined in item 2 of Schedule 4. However, some data items collected for the purpose of the specific hypotheses outlined in the Project Research Plan will not be included in the State/Territory Survey CURF.
4. Data in the National Survey CURF and/or the State/Territory Survey CURF may be used by the Collaborating Organisations for their Internal Purposes.
5. Subject to the following restrictions, each Collaborating Organisation grants the others a non-exclusive licence to access and use the Survey material freely for research purposes but always subject to confidentiality and privacy:
 - a. Access to and use of the material, including publications arising from the material, must conform to requirements of the Ethics Committee of the University of Adelaide, including requirements for maintaining confidentiality and privacy of study participants;
 - b. No Party shall modify any completed report or publication produced under this Agreement without the express written permission of the others. Where such permission is granted, the modified report shall include a statement acknowledging any amendments to, or departures from the original report;
 - c. The Collaborating Organisations acknowledge that all work done by the University of Adelaide may be published or otherwise put in the public domain.
6. The full national dataset, called the Project Data, will be held by ARCPOH and accessed by ARCPOH researchers to pursue the analysis and reporting as consistent with the Primary Aims and hypotheses outlined in the Project Research Plan. In addition, ARCPOH researchers and Collaborating Organisations' researchers can apply to the Chief Investigators at ARCPOH for access to de-identified Project Data for further research under the Access to Data Policy Agreement at ARCPOH, The University of Adelaide, using the "Request for de-identified data access for analysis, presentation & publication" agreement (attached as Schedule 5). Such

access will be considered on the basis of significance, innovation and scientific merit on the lodging of a request for access to Project data:

- a. Such requests need to include an invitation to the CIs at ARCPOH, The University of Adelaide for one or more to collaborate with the proposed research;
 - b. Access will not be granted to research which aims to substitute for or duplicate the Primary Aims as outlined in the Research Plan;
 - c. Use the Project data will always be subject to confidentiality and privacy as set out in item 5 of Schedule 4;
 - d. Authorship of any outputs will follow the Vancouver Protocol;
 - e. Nothing in this Agreement limits the use of data from the Project by ARCPOH students enrolled at The University of Adelaide for the purpose of research towards a degree awarded by The University of Adelaide.
7. Each other party acknowledges that they need to ensure that they obtain explicit consent from participants for use of their personal information that extends to third party use for Project Data collected after the date of execution by the Collaborative Organisation of this Agreement.

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7. Data required
a. Data source:

b. Specific variables required:

8. Proposed analyses:

9. Proposed authorship
Lead investigator:
Co-investigators:

RTI Release

10. Who will receive and take responsibility for the data?
a. Name:

11. Who will provide the substantive expertise and input?
Name:

12. Previous related work (if this runs on from an existing or previous set of analyses):

13. Who else will have access to the data for data management or analysis?

14. Where will the data be held?

15. Data management on completion of the analyses
 I undertake to destroy all data sets on completion of this work
 I will destroy / dispose of the data on _____
 Other (please specify)

Signature of Applicant

Adapted from CMVH Deployment Health Surveillance Program 2008