

## FLUORIDE

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# Construction of Artificial Intelligence Driven Public Health Monitoring System for Fluoride: An Exposure Risk Pre-alarm Model Based on Internet Social Behavior Data

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## ABSTRACT

**Purpose:** This study focuses on developing an artificial intelligence-driven public health monitoring system for fluoride and constructs a pre-warning risk model based on internet social behavior data.

**Methods:** Through multi-channel collection of relevant data, text mining technologies and data analysis algorithms were used to analyze the key risk factors associated with fluoride exposure. These factors spanned geographic regions, lifestyle habits, consumption patterns, and other critical variables. Based on this, a predictive early-warning model was developed using an information gain-based feature selection algorithm and a support vector machine (SVM) algorithm. Additionally, corresponding system architecture and functional modules were designed to support the model.

**Results:** During the experimental validation phase, the data set was divided by cross-validation approach. Model performance assessed based on the accuracy, recall, precision, and the F1-score. The results demonstrate that the model achieved an accuracy of 83%, a recall of 78%, the precision of 80%, and the F1-score of 79%.

**Conclusions:** The research shows that the model exhibits high reliability and practicability, enabling the effective identification of fluoride exposure risks. It offers innovative and effective technical support for public health monitoring systems.

**Keywords:** *Fluoride; Public health monitoring; Artificial intelligence; Risk pre-alarm*

## INTRODUCTION

Fluoride (F), a chemical substance prevalent in natural environment and various aspects of human life, has significant implications for public health. Adequate F intake effectively prevents dental caries and support bone health. However, excessive consumption may lead to serious health issues, such as dental and skeletal fluorosis.<sup>1</sup> With the acceleration of industrialization and the changes of people's lifestyle, the sources and exposure routes of F are increasingly complex and diverse, which undoubtedly poses a more severe challenge to public health monitoring.<sup>2</sup>

Traditional public health monitoring approaches of F mainly rely on the field sampling and laboratory testing. Such applications are not only expensive, time-consuming and laborious, but also have relatively

limited monitoring scope, so it is difficult to achieve real-time and dynamic monitoring and pre-alarm of F exposure risks.<sup>3</sup> With the rapid development of information technology, the social behavior data of the Internet presents an explosive growth trend. These data cover all aspects of people's daily life and contain rich health-related information, which provides a brand-new data source and research approaches for F exposure risk monitoring.<sup>4</sup>

With its advanced capabilities in data mining, analysis, and predictive modeling, AI technology has achieved remarkable results across numerous fields.<sup>5,6</sup> Introducing AI technology in the field of F public health monitoring, and building an pre-alarm model of exposure risk with the help of Internet social behavior data. It is expected to break through the limitations of

traditional monitoring approaches and realize accurate identification and pre-alarm of F exposure risk.<sup>7</sup>

Based on this, the purpose of this study is to develop an AI-driven public health monitoring system for F exposure and to conduct an in-depth exploration of risk early-warning model based on internet social behavior data. By conducting a comprehensive and systematic analysis of F exposure risk factors, the AI algorithm model is meticulously designed and optimized to enable efficient monitoring and precise early warning of F exposure risks. Simultaneously, this study will rigorously validate the model to ensure its reliability and practical applicability. The anticipated findings are expected to introduce innovative methodologies and actionable insights for F-related public health monitoring. Ultimately, this research aims to advance public health standards and contribute meaningfully to the field.

## MATERIAL AND METHODS

### RISK FACTORS OF FLUORIDE EXPOSURE

Accurately identifying relevant risk factors is critical when constructing an early-warning model for F exposure risk. With the help of internet social behavior data, this study assesses the key risk factors through a series of analysis processes.

First, data collection is carried out, and text data and consumption records related to F are obtained from various sources, i.e., social media platforms, health forums, e-commerce site reviews and other channels. The collected data are preprocessed, including removing duplicate information, correcting spelling mistakes, unifying data formats, etc., to improve data quality. After pretreatment, text mining technologies and data analysis algorithm are used to identify risk factors. The study found that factors such as region, living habits and consumption behavior are closely associated to F exposure risk (Table 1). For instance, in certain regions, geological conditions lead to elevated F levels in water, exposing local residents to health risks through drinking water<sup>8</sup>. In terms of living habits, frequent use of toothpaste and drinking specific brands of F drinks may increase F intake<sup>9</sup>. From the perspective of consumption behavior, the high frequency of purchasing some fluorine-containing products reflects the individual's potential F exposure risk.

Table 1 presents different categories of factors and their specific contents, which is helpful to clearly understand the relationship between each factor and F exposure risk, and provide a basis for the subsequent development of exposure risk pre-alarm model.

### CONSTRUCTION OF AI DRIVEN EXPOSURE RISK PRE-ALARM MODEL

After identifying the risk factors of F exposure, establishing an accurate and effective early-warning model is essential for public health monitoring. This study designed a comprehensive and efficient exposure risk early-warning model leveraging AI technology. Figure 1 depicts the workflow, encompassing data preprocessing, feature selection, model training, and optimization. The overall model framework adopts hierarchical architecture, which is divided into data input layer, feature processing layer, model operation layer and result output layer. The data input layer is responsible for collecting and integrating the preprocessed internet social behavior data, covering all kinds of risk factor data obtained from the previous analysis. The feature processing layer deeply digs and refines the input data and transforms it into a feature vector that can be directly applied by the model. The model operation layer uses a specific algorithm to analyze and calculate the feature vector to predict the exposure risk of F. The result output layer presents the data results in an intuitive and easy-to-understand form, such as risk grading, which provides a clear basis for public health decision-making.

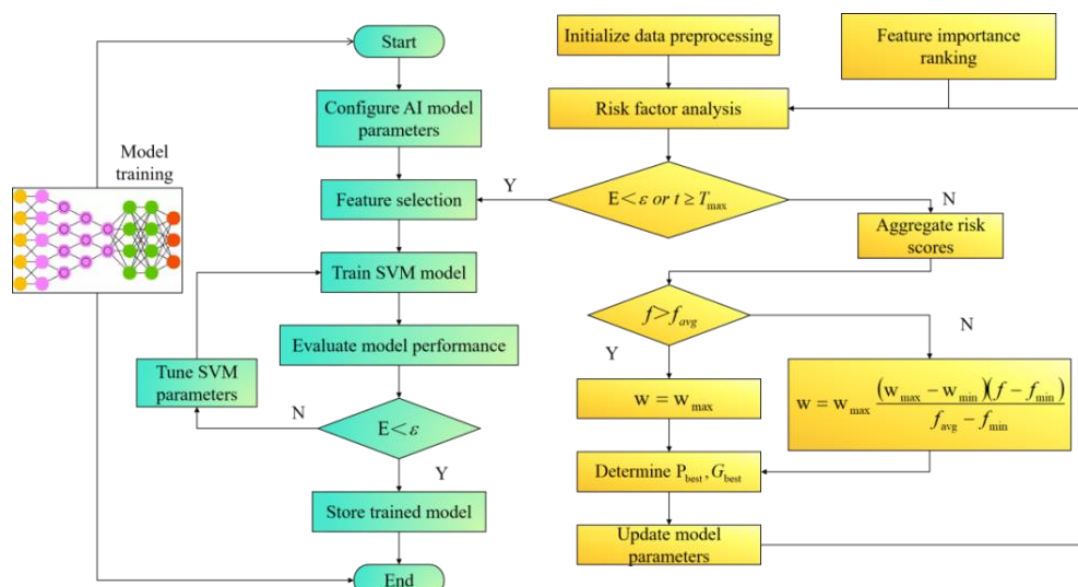
The purpose of feature selection is to select the responses that play a key role in F exposure risk prediction from different original sources, so as to improve the efficiency and accuracy of the model. In this study, the information gain assesses the importance of each feature to the classification task by measuring its influence on the information entropy of the data set. For a data set D, assuming its category attribute is C, the information gain A of a feature IG(A) is calculated as given equation, as stated-

$$IG(A)=H(C)-\sum_{v \in \text{Values}(A)} \frac{|D_v|}{|D|} H(C|A=v) \quad (1)$$

Among them, H(C) is the information entropy of category C, reflecting the uncertainty of category distribution; H(C|A=v) is the conditional entropy of category C, when the value of feature A is v; |D<sub>v</sub>| is the size of the data subset, when A is set to |D|, and D is the size of the data set EE. By calculating the information gain of each feature and selecting the feature with higher information gain as the model input. The interference of redundant features are effectively reduced.

**Table 1.** Statistics factors related to F-exposure risk

| Factor category      | Specific factor                                      | Description                                                 | High-risk group (%) | Low-risk group (%) | Risk coefficient |
|----------------------|------------------------------------------------------|-------------------------------------------------------------|---------------------|--------------------|------------------|
| Region               | High-F areas                                         | Groundwater F levels above average due to geology           | 60                  | 40                 | 1.5              |
|                      | Areas near industrial pollution                      | Elevated environmental F from industrial emissions          | 55                  | 45                 | 1.3              |
| Living habits        | Frequency of F toothpaste use                        | Weekly usage frequency correlates with F exposure           | -                   | -                  | -                |
|                      | Daily use                                            | Use F toothpaste at least once daily                        | 70                  | 30                 | 1.8              |
|                      | 3–6 Time/week                                        | Use F toothpaste 3–6 times weekly                           | 45                  | 55                 | 1.1              |
|                      | <3 Time/week                                         | Use F toothpaste fewer than 3 times weekly                  | 20                  | 80                 | 0.6              |
| Consumption behavior | Number of F product purchases                        | Monthly count of F-containing consumer goods                | -                   | -                  | -                |
|                      | ≥5 Items/month                                       | Purchase 5 or more F products monthly                       | 65                  | 35                 | 1.6              |
|                      | 2–4 Items/month                                      | Purchase 2–4 F products monthly                             | 35                  | 65                 | 0.9              |
|                      | <2 Items/month                                       | Purchase fewer than 2 F products monthly                    | 15                  | 85                 | 0.4              |
| Health habits        | Frequency of drinking specific fluoridated beverages | Weekly consumption frequency of specific fluoridated drinks | -                   | -                  | -                |
|                      | ≥4 Times/week                                        | Drink specific fluoridated beverages 4 or more times weekly | 58                  | 42                 | 1.4              |
|                      | 1–3 Times/week                                       | Drink specific fluoridated beverages 1–3 times weekly       | 30                  | 70                 | 0.8              |
|                      | Rarely                                               | Drink specific fluoridated beverages less than once monthly | 18                  | 82                 | 0.5              |

**Figure 1.** Construction and optimization of F-exposure risk pre-alarm model

In this study, SVM algorithm is selected to build pre-alarm model. SVM is a powerful binary classification model, which can separate different data points by finding the optimal hyperplane. For nonlinear separable data, design the data to high-dimensional space through kernel function, to find the appropriate hyperplane. In the pre-alarm scenario of F exposure risk, it divided into two categories, such as high and low risk. Let the training data set be:

$$\{(x_1, y_1), (x_2, y_2), \dots, (x_n, y_n)\} \quad (2)$$

Where  $x_i$  is the feature vector determined by the feature selection algorithm, and the corresponding risk categories are as give:

$$y_i \in \{-1, 1\} \quad (3)$$

The goal of SVM is find as a hyperplane:

$$w^T x + b = 0 \quad (4)$$

Next, the interval between two types of data points and hyperplane is maximized. Following optimization problems are solved as:

$$\min_{w, b} \frac{1}{2} \|w\|^2 + C \sum_{i=1}^n \xi_i \quad (5)$$

$$\text{s.t. } y_i(w^T x_i + b) \geq 1 - \xi_i, \quad \xi_i \geq 0, \quad i=1, 2, \dots, n \quad (6)$$

Where,  $C$  is a penalty parameter, which is used to balance the relationship between interval maximization and classification errors;  $\xi_i$  is a slack variable, allowing some data points to have classification errors. By solving the above optimization problems, the optimal  $w$  and  $b$  are obtained, as to construct an SVM model that can accurately predict the F exposure risk.

With the cooperation of the above feature selection algorithm and the pre-alarm model algorithm, the AI-driven exposure risk pre-alarm model developed in this study can effectively use the internet social behavior data to accurately predict the F exposure risk and provide core technical support for the F public health monitoring system.

## DESIGN OF FLUORIDE PUBLIC HEALTH MONITORING SYSTEM

In order to realize effective monitoring and pre-alarm of F exposure risk, it is very important to design the perfect F public health monitoring system<sup>10</sup>. The system covers two parts, such as system architecture and functional modules.

Fluoride public health monitoring system is designed in a layered architecture, which is mainly divided into data acquisition, data processing, model operation and application display layers. The data acquisition layer is responsible for obtaining F-related data from a variety of data sources, such as the internet social behavior data mentioned above, including social media statements and e-commerce websites records. The data processing layer cleans, transforms and integrates the collected data, removes noise and redundant information, and arranges the data into a format suitable for model processing. The model operation layer uses the AI-driven exposure risk pre-alarm model constructed to analyze and calculate the processed data and get the prediction result of F exposure risk<sup>11</sup>. The application presentation layer presents the model operation results to users in an intuitive and easy-to-understand way, such as generating risk maps and risk grade reports. Each layer cooperates with each other to ensure the efficient operation of the system (Table 2).

**TABLE 2.** Architecture of the fluoride public health monitoring system

| Layer                     | Function description                                                                        | Data flow                   | Technologies involved                             | Expected processing speed (items/sec) |
|---------------------------|---------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------|---------------------------------------|
| Data collection layer     | Collects F-related data from multiple sources (e.g., online platforms, monitoring stations) | → Data processing layer     | Web crawlers, API calls                           | 100-200                               |
| Data processing layer     | Cleans, transforms, and integrates data                                                     | → Model operation layer     | Data cleaning algorithms, format conversion tools | 80-150                                |
| Model operation layer     | Runs the AI-based risk prediction model                                                     | → Application display layer | AI algorithm framework                            | 50-100                                |
| Application display layer | Presents risk results via charts and reports                                                | -                           | Visualization libraries                           | -                                     |

**TABLE 3.** Fluoride-related data collection

| Data type       | Data source                     | Collection method          | Frequency    | Purpose                                         |
|-----------------|---------------------------------|----------------------------|--------------|-------------------------------------------------|
| Text data       | Social media, health forums     | Web crawler                | Daily        | Analyze public awareness and discussion         |
| Sales data      | E-commerce platforms            | API access                 | Twice weekly | Track market circulation of fluoride products   |
| Image data      | Product promotional pages       | Web crawler                | Monthly      | Identify product appearance and marketing focus |
| Monitoring data | Regional water quality stations | Data interface integration | Real-time    | Assess environmental F-levels                   |

### DATA ACQUISITION MODULE

This module has multi-channel data acquisition function, and can obtain data from the different platforms regularly. According to different data sources, corresponding data collection strategies are adopted, such as collecting text information related to F released by users from social media platforms through web crawlers, and obtaining sales data of fluorine-containing products from e-commerce platforms. The collected data are rich and varied, including text, numbers, images, etc. (Table 3).

### RISK ASSESSMENT MODULE

According to the data output from the data processing layer, the module calls the pre-alarm model of the model operation layer to carry out risk assessment. Firstly, feature extraction and matching are carried out on the input data to make it meet the input requirements of the model. Then, the model analyze the data based on the trained parameters, and outputs the evaluation results of F exposure risk, such as the classification of low, medium and high risk.

#### Pre-alarm release module

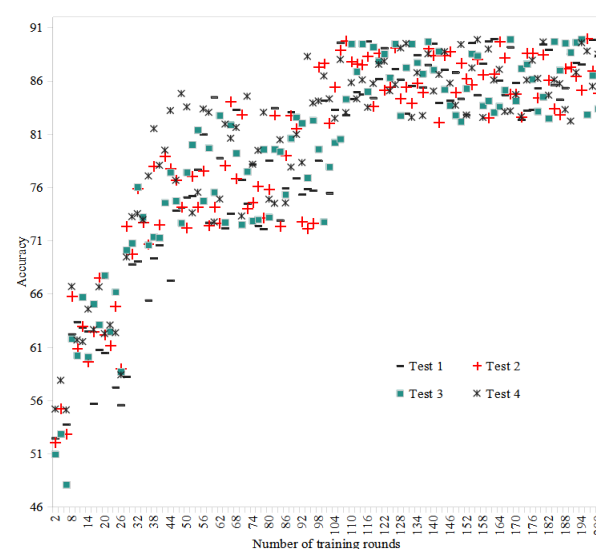
When the risk assessment module obtains the risk result, the pre-alarm release module is started immediately. For high-risk situations, timely notify relevant public health departments and people who may be affected by SMS, email, etc. At the same time, pre-alarm information will be released in a prominent position in the system application display interface, providing detailed risk description, impact scope and suggested measures, so that relevant personnel can make timely response decisions. The design of the above system architecture and functional modules, the F public health monitoring system can realize all-round and real-time monitoring and pre-alarm of F exposure risks, and provide strong support for ensuring public health<sup>13</sup>.

### EXPERIMENTAL VERIFICATION

In order to ensure the reliability and effectiveness of the AI-driven F exposure risk pre-alarm model, it

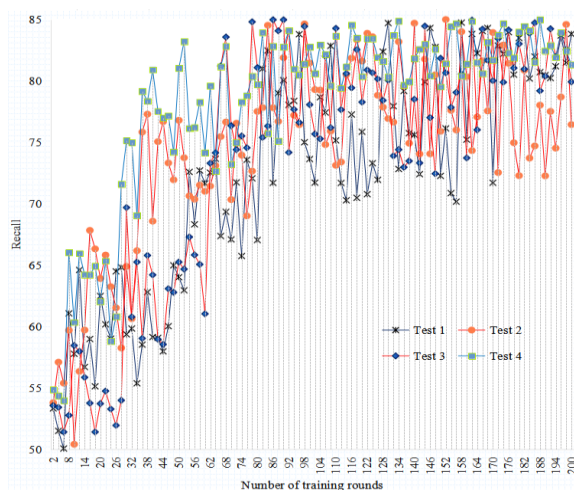
needs to be strictly verified by experiments. In this experiment, the collected data set is divided into training and test set according to the ratio of 7:3 by cross-validation. The training set is used to train the model so that it can learn the characteristics and laws in the data. The test set is used to assess the performance of the model on unknown data. In the training process, the optimal model configuration is found by adjusting model parameters, such as the penalty parameters in SVM algorithm.

Accuracy, Recall, Precision and F1-score are selected as indicators to evaluate the performance of the model. Accuracy measures the proportion of samples correctly predicted by the model to the total number of samples. The recall rate reflects the proportion of the number of positive samples correctly identified by the model to the actual number of positive samples. The accuracy rate represents the proportion of samples predicted as positive examples by the model that are actually positive examples. F1 score is the harmonic average of precision and recall rate, which comprehensively reflects the performance of the model.

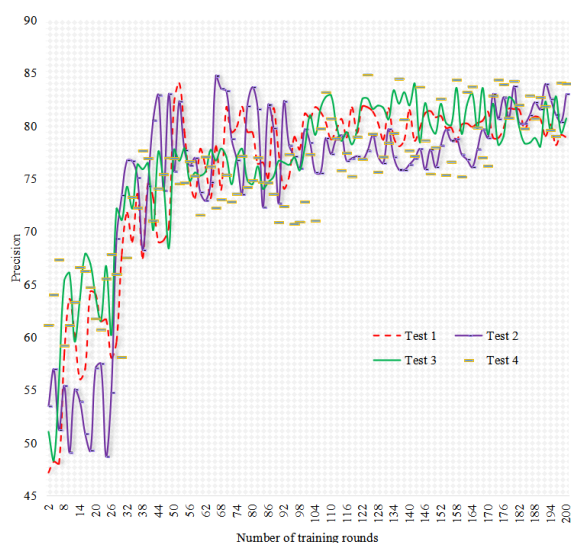
**Figure 2.** Accuracy vs. number of training epochs

The accuracy of the model on the test set changes with the number of training rounds, as shown in Figure 2. It can be seen that with the increase of training rounds, the accuracy gradually rises and tends to be stable. The final stability is nearly 85%, which shows that the model can correctly predict F exposure risk in most cases.

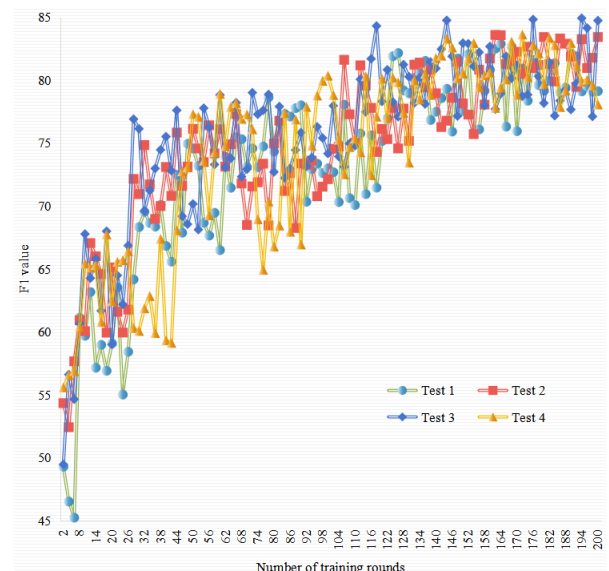
Figure 3 shows that the changing trend of recall. At the initial stage of training, the recall rate was low, but with the learning of data characteristics by the model, the recall rate gradually increased and finally reached 80%, indicating that the model has a good ability to identify the actual F exposure risk. The precision fluctuated during the training process; it finally stabilized at 82%, which means that most of the samples predicted by the model as high F exposure risk are indeed high-risk samples (Figure 4). Figure 5 shows that the change of F1-score considering the accuracy and recall. The F1-score finally stabilized at nearly 81%, which further proved that the model performed well in overall performance.



**Figure 3.** Recall vs. number of training epochs



**Figure 4.** Precision vs. number of training epochs



**Figure 5.** F1-score vs. number of training epochs

In order to compare the performance of each index of the model more intuitively, data summarized in Table 4. From the above experimental results, it can be seen that the pre-alarm model of F exposure risk developed in this study has achieved significant results in accuracy, recall, accuracy and F1-score. It shows that the model can accurately identify F exposure risk, high reliability and practicability, and can provide effective technical support for F public health monitoring<sup>14</sup>. At the same time, through the analysis of the experimental results, it provides a direction for the further optimization of the model. For example, in-view of the large fluctuation of some indicators, the model parameters can be further adjusted or the data processing application can be optimized to improve the stability and generalization ability of the model.

**Table 4.** Multi-dimensional evaluation of model performance

| Metric    | Low-risk prediction (%) | High-risk Prediction (%) | Overall (%) | Metric    |
|-----------|-------------------------|--------------------------|-------------|-----------|
| Accuracy  | 90                      | 76                       | 83          | Accuracy  |
| Recall    | 85                      | 71                       | 78          | Recall    |
| Precision | 88                      | 72                       | 80          | Precision |
| F1-Score  | 86                      | 71                       | 79          | F1-Score  |

## CONCLUSION AND RECOMMENDATIONS

The public health monitoring system of F driven by AI and the pre-alarm model of exposure risk based on the social behavior data on the internet were

successfully developed. In the risk factor analysis, it is clear that factors such as region, living habits, consumption behavior and health habits are closely associated to F exposure risk. For example, people in specific high-F areas, people around industrial pollution areas, and people who frequently use F toothpaste, F-contaminated water-beverages and buy large quantities of F products have relatively high risk of F exposure.

In the aspect of model construction, with the help of feature selection algorithm and SVM algorithm based on information gain, the prediction performance of the model is effectively improved. The experimental results shows that the accuracy, recall, precision and F1 score of the model reach 83, 78, 80 and 79%, respectively, which shows that the model can accurately identify F exposure risk. From the perspective of system design, the hierarchical monitoring system and each functional module work together to realize the integrated process of data collection, processing, model calculation and result display, which provides an intuitive and effective basis for public health decision-making.

However, there are still some limitations in this study. For example, although the data sources are extensive, there may be incomplete coverage, and more types of data may be considered in the future. At the same time, the stability and generalization ability of the model may need to be further improved in complex and changeable real scenes. Overall, this study offers a contemporary approach to the field of public health monitoring, which holds positive implications for safeguarding public health. Subsequent research can build upon this foundation, with opportunities for further optimization and refinement.

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Not applicable

## DISCLOSURE OF FINANCIAL AND NON-FINANCIAL RELATIONSHIPS AND ACTIVITIES AND CONFLICTS OF INTEREST

None

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