

1. Acknowledge fluoride refusal is a problem.
2. Assess parents' knowledge, beliefs, and attitudes about fluoride.
3. Incorporate caries risk into discussions with parents during preventive visits.
4. Obtain information about why a parent refuses fluoride.
5. Provide parents a tailored explanation of why topical fluoride is important.
6. If a parent continues to refuse fluoride, discuss alternative fluoride sources and behavioral strategies.
7. Maintain open communication.
8. Some parents will continue to refuse fluoride.
9. Communicate with local health professionals to reinforce the importance of fluoride.
10. Engage in public health advocacy.

Clinical Strategies

Evidence-based strategies to manage fluoride refusal behaviors in clinical settings have yet to be developed. In the meantime, there are ten clinical and community-based strategies to help improve communication with parents about topical fluoride and reinforce the importance of fluoride to the public (Box 1):

1. *Acknowledge fluoride refusal is a problem.* Some dentists and health professionals may not recognize that there is a significant number of parents concerned about fluoride.¹¹ These concerns form the basis for fluoride refusal behaviors during preventive health care visits.
2. *Assess parents' knowledge, beliefs, and attitudes about fluoride.* In the absence of validated screening tools that can identify parents who are likely to refuse fluoride, it is important to screen for these behaviors at the start of the preventive visits.⁵⁵ Parents should be asked open-ended, non-judgmental questions⁵⁶ that provide an opportunity for starting a conversation about fluoride like "Fluoride is the sticky stuff dentists paint on children's teeth to prevent cavities. Do have any questions for me about fluoride?".
3. *Incorporate caries risk into discussions with parents during preventive visits.* Before any recommendations are made about the need for topical fluoride, dentists should explain the child's caries risk to the parent.⁵⁷ Anticipatory guidance should be tailored to specific risk factors that manifest in a child and is the starting point to either recommend fluoride (for high-risk children) or explain that fluoride is not needed at this time (for low-risk children). Low risk children should not receive fluoride treatment since there is no added health benefit.⁵⁸
4. *Obtain information about why a parent refuses fluoride.* For parents who refuse topical fluoride treatment, pro-fluoride sales pitches should be avoided. Rather, parents should be asked open-ended, respectful questions about the reasons that motivated the parent's decision to opt out of fluoride, like "I respect your decision. Can you tell me some of the reasons that helped you to reach the decision to skip fluoride for your child today?". Listening is key and will help to

build trust with a fluoride-hesitant parent.⁵⁹ Let the parent speak and avoid interrupting.

5. *Provide parents a tailored explanation of why topical fluoride is important.* It is helpful to provide a tailored explanation of why fluoride is important based on the unique set risk factors associated with each child. For instance, white spot lesions on the child's teeth should be pointed out to the parent, with a description on how fluoride helps to prevent white spots from turning into cavities that require fillings.⁶⁰
6. *If a parent continues to refuse fluoride, discuss alternative fluoride sources and behavioral strategies.* To ensure that high-risk children not receiving professional fluoride are protected from caries, it is important to discuss alternative sources of fluoride that could be used at home, like fluoridated toothpastes and rinsing with fluoride mouthwashes.⁸ Twice-daily brushing with fluoride toothpastes should be stressed. Some parents who refuse fluoride during dental and medical visits may be open to use of at-home fluoride products. Other parents avoid all fluoride-containing products. In these latter cases, anticipatory guidance should be framed in the context of the caries balance.⁶¹ If fluorides are not part of the prevention armamentarium, then it is critical for parents to understand that reducing dietary sugars and acids becomes even more critical in managing caries risk.^{62,63}
7. *Maintain open communication.* Some parents need to engage in multiple discussions over time before reconsidering their decision to refuse fluoride. Trust is an important aspect of parent decision making. Building trust involves continuity of care, reassurance that the provider respects a parent's health care decisions, and partnership-building communication style.⁶⁴ Asking parents for permission to discuss fluoride at future appointments is one way to maintain open communication.⁵⁶ It is important to document conversations with parents so that future interactions can be framed appropriately without repeating information and highly sensitive topics can be avoided.
8. *Some parents will continue to refuse fluoride.* Despite repeated attempts at behavior modification, some parents will continue to refuse fluoride. It is important to maintain open communication with parents, monitor the child's caries risk, and incorporate findings from risk assessment into anticipatory guidance. Consistent with professional guidelines from medicine regarding parents who refuse vaccines⁶⁵, fluoride-refusing families should not be dismissed. Some children whose parents refuse fluoride start as high-risk but may gradually become low-risk (e.g., secondary to dietary modification). In these cases, it is important to acknowledge the observed improvements in behavior and the change in caries risk, and explain that professional fluorides are not needed as long as healthy behaviors and low caries risk status are maintained.
9. *Communicate with local health professionals to reinforce the importance of fluoride.* During discussions with parents who refuse fluoride, clinicians may learn about health professionals in the community who are misinforming parents about fluorides.⁶⁶ It is helpful to arrange times to meet with these colleagues and

discuss the continued importance of fluoride using similar strategies one would use chairside with fluoride hesitant parents. Some health providers believe caries rates have reached such low levels that fluorides are no longer necessary. Providing continuing education at medical association meetings can help spread the message that fluorides are important for high-risk children and that all children and adults benefit from lower levels of fluoride found in fluoridated toothpastes and drinking water. The issue of appropriate, risk-based supplementation can also be discussed with professionals who prescribe fluorides to children.⁶⁷

10. *Engage in public health advocacy.* It is also important to educate the public about the importance of fluoride, especially fluoridation of community water supplies. Many individuals are not aware that tooth decay continues to be the most common disease in children and adults. Public advocacy can take place in the form of community outreach events at parent teacher association meetings, op-eds in newspapers, and education aimed at city council members and state and federal lawmakers.⁶⁸

