Talking to Your Patients About Community Water Fluoridation:

A Guide for Dental and Medical Professionals
This guide for medical and dental professionals has been developed as a tool to assist you to educate patients on fluoride and its effective use and benefits.

Your anticipatory guidance and supplemental fluoride recommendations are based on whether the patient consumes water with naturally occurring or added fluoride. The following discussion or engaging questions will help inform your guidance and decision making.

Your question should be based on whether the patient’s community is fluoridated. To find out whether the water systems in your area are fluoridated, visit: My Water’s Fluoride: [https://nccd.cdc.gov/DOH_MWF/](https://nccd.cdc.gov/DOH_MWF/).

More information on how to use My Water Fluoride can be found on page 8 of this Guide.

**Sample Response to Patients:**

<table>
<thead>
<tr>
<th>Fluoridated Community</th>
<th>Non-Fluoridated Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you (and your family) usually drink tap water or bottled water?</td>
<td>Do you (and your family) brush with fluoride toothpaste twice a day?</td>
</tr>
</tbody>
</table>

**If the answer is tap water:**
That’s good because the tap water in your community has added fluoride to help protect teeth from cavities. Even if you brush your teeth regularly with fluoride toothpaste, drinking fluoridated water provides important added protection.

**If the answer is bottled water:**
Water is a healthy drink, but keep in mind that most brands of bottled water do not contain enough fluoride to protect teeth from cavities. Your tap water has the right amount of fluoride, so please keep this in mind when considering what type of water to drink.

**If the answer is YES:**
That’s good to hear because – as you may know – your local drinking water is not fluoridated. This makes it extra important for you to ensure that your teeth receive enough exposure to fluoride.

**If the answer is NO:**
Brushing with fluoride toothpaste is important for everyone, but it’s especially important for you because you live in a community that does not add fluoride to its drinking water to help prevent cavities.

**If you’re talking with a parent:** Have you checked with your dentist or with your pediatrician or family physician to see whether your children should take fluoride supplements?
If you have a little more time, ask this question:

<table>
<thead>
<tr>
<th>Do you have any questions about fluoride?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Below are some typical questions your patients and their families might ask you:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What exactly is fluoride? Is it some kind of chemical?</strong></th>
<th><strong>I brush with fluoride toothpaste twice each day. If I do that, does it matter if I drink fluoridated water?</strong></th>
<th><strong>If the goal is to make sure fluoride coats the surface of my teeth, then what’s the point of swallowing it?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoride is a mineral that exists naturally in all water supplies – lakes, rivers, groundwater, and even in the ocean. Fluoride strengthens the tooth enamel so it’s more resistant to cavities. It can even help reverse the early stages of tooth decay.</td>
<td>Brushing twice a day with fluoride toothpaste is very beneficial, but the way to maximize your protection against cavities is to also drink fluoridated water. Research shows that prevention works best when we expose the enamel of our teeth to fluoride in a regular basis throughout the course of a day.</td>
<td>Toothpaste provides fluoride to your teeth only a few times each day. Fluoridated water complements that by keeping low levels of fluoride in your mouth throughout the day. Whether you are drinking water or eating soup that’s made with water, trace levels of fluoride mix with your saliva – and saliva regularly comes in contact with your tooth enamel, providing fluoride’s benefits.</td>
</tr>
</tbody>
</table>

**What if a patient says they have heard negative things about fluoride?**

Unfortunately, there’s a lot of false or misleading information about fluoride posted on the internet. But tell me what you have heard. I will try to answer your questions but I will also provide you with two websites where you can find reliable information and learn more (see below).

- [www.iLikeMyTeeth.org](http://www.iLikeMyTeeth.org)
  A website managed by the American Academy of Pediatrics

- [www.cdc.gov/fluoridation](http://www.cdc.gov/fluoridation)
  The Centers for Disease Control and Prevention
Other Questions or Comments You Might Hear:

1. I read somewhere that some children in America have fluorosis, which is caused by being overexposed to fluoride. That’s kind of scary.

   Let me explain what fluorosis is. Fluorosis is a change in the appearance of the tooth enamel.
   • Typically, the fluorosis we see in the United States is a mild, cosmetic condition that leaves faint white streaks on teeth. It doesn’t cause pain, and it doesn’t affect the health or function of the teeth.
   • In fact, mild fluorosis is so subtle that most people don’t know their teeth have fluorosis. It usually takes a dentist or dental hygienist to even notice it.
   • Research shows that having teeth with fluorosis means someone is less likely to experience tooth decay.

2. I wish they wouldn’t add fluoride to our water. I prefer to eat organic and drink things that are natural.

   Fluoride is a mineral that exists naturally in lakes, rivers and other water supplies - so it’s already present. Most community water systems in our country adjust the amount of fluoride to reach a level that has been proven to protect teeth from cavities.

3. I read somewhere that the fluoride that’s added to drinking water is a toxic waste by-product of the fertilizer industry. Is that true?

   The fluoride that is added to drinking water comes from phosphate rock. Instead of wasting this valuable mineral, fluoride is removed from the rock so it can be added to water and strengthen the enamel of our teeth.

4. I read an article recently that said fluoride can lower IQ scores of children. Is that true?

   That claim is based on flawed studies that were mostly done in China. Lead and arsenic contamination are big problems in China, and these studies didn’t rule out those factors as reasons for lower IQ scores. But the biggest flaw was that they tested fluoride levels that were far higher than the levels we use here in the United States. In New Zealand — a country where fluoridation is common — a study showed absolutely no link between fluoridated water and IQ scores. And this study was much more scientifically sound.
5. My family brushes with fluoride toothpaste. If fluoride is so effective, why have I (or my kids) gotten cavities in recent years?

Fluoride has significantly reduced tooth decay, but fluoride alone cannot guarantee someone a life without any cavities. Diet and nutrition play a role, and so do other factors — like the frequency that people get routine dental care. But we know from decades of research that water fluoridation does reduce the rate of decay by 25% over a person’s lifetime.¹

6. From what I understand, fluoridated water is supposed to benefit children, not adults. If that’s true, then it doesn’t really matter whether adults like me drink tap water or bottled water.

Tooth decay is a health concern throughout the lifespan, and fluoridated water benefits people of all ages. The research confirms that. Nearly all middle-aged adults have experienced some tooth decay, but the decay rate has fallen dramatically over the past 50 years, thanks to fluoride in water and toothpaste. One way that older adults benefit from fluoridation is that it helps prevent decay on the exposed root surfaces of teeth. Since gums tend to recede as we age, this is a condition that especially affects older adults.

7. The warning label on the back of fluoride toothpaste tells parents to contact a poison control center if their young children swallow toothpaste. That label makes fluoride seem dangerous. What about that?

- Almost anything can be harmful – including calcium and Vitamin D – if consumed in unusually high amounts. That’s why you will find similar warning labels on many vitamins and minerals that are sold in stores.

- Consider the warning label on toothpaste as a reminder that parents should supervise their young children when they’re brushing their teeth. This is recommended because the fluoride in toothpaste is much more concentrated than the fluoride found in drinking water.

- The label isn’t there to frighten parents, but to encourage them to monitor the tooth-brushing of children until they reach the age of 6.

8. I don’t believe cities or towns should add anything to my drinking water without my individual consent. America has a tradition of fortifying foods and beverages to protect human health. Fluoridation is only one example. Other examples are adding Vitamin D to milk, adding iodine to salt, and adding folic acid to breads and cereals. These health practices help to keep us healthy and they are based on scientific evidence.

9. I have read that fluoride works when it’s applied topically to teeth, so I understand why we’re encouraged to brush our teeth with fluoride toothpaste. But what’s the point of swallowing fluoride? Fluoride in drinking water works in two ways.

• First, the fluoride that is swallowed is naturally drawn to teeth and bones. Even before teeth first appear in a child’s mouth, their developing enamel has been strengthened by the fluoride found in drinking water.

• Second, fluoridated water works topically because trace levels of fluoride combine with saliva and get incorporated into dental plaque, so they bathe the enamel of the teeth. Fluoride protects teeth from cavities and can even help to reverse the decay process after it has started.

10. What is the trend of water fluoridation? In recent years, have a lot of communities decided to stop adding fluoride?

Since the year 2006, the number of Americans served by fluoridated water systems has grown by 27 million people. A handful of communities across the United States have voted to stop fluoridation; but other communities have decided to continue fluoridation after the issue has been raised, examined and discussed. The communities that stop fluoridation are likely to see higher cavity rates. This is what happened when Calgary – one of Canada’s largest cities – stopped adding fluoride to its water.

---

Validation Phrases

Your clinical knowledge is what makes you a medical or dental professional. Unfortunately, some patients may be hesitant to ask questions or may ask them in a defensive tone. Using validation phrases is one way to communicate that you respect them and that you are receptive to their questions about fluoridation.

• I’m a parent too, so I can understand why you might ask that question. Let me explain what the research shows . . .

• I’ve had that question asked by some other patients, so I’m happy to clarify what the evidence shows about that . . .

• I understand what you’re saying. Let me walk you through what the scientific evidence says . . .

• There’s a lot of false and confusing information about fluoride posted on the Internet. Let me suggest a few reliable websites where you can find answers to the questions you may have . . .

We recommend that you direct patients to the following websites to get additional, accurate information about community water fluoridation:

www.iLikeMyTeeth.org
A website managed by the American Academy of Pediatrics

www.cdc.gov/fluoridation
The Centers for Disease Control and Prevention
The easiest way to determine if your patient lives in a fluoridated community is to visit the Centers for Disease Control and Prevention’s My Water’s Fluoride web application.

- Click on the County your patient lives in.
- A table will appear with the community water systems serving that County listed in alphabetical order. The default is 20 water systems listed per page – this can be changed to 10, 50, 100 or All by clicking the drop-down box “Items Per Page” located in the top right corner of the results table.
- Refer to the table’s second column, entitled “Fluoridated”, to determine the fluoridation status of the community water system.
  - If “Yes” is listed: the water system directly adds fluoride to the water supply, purchases optimally fluoridated water from a fluoridating water system, or the water supply has a natural level of fluoride 0.6 milligrams per liter (mg/L) or higher.
  - If “No” is listed: the water supply has a natural level of fluoride less than 0.6 mg/L, the community water system does not add fluoride to the water supply, and/or it purchases non-fluoridated water from another water system.
- More detailed information about a water system including its fluoridation status can be found by clicking on the public water system’s name.

If you or your patient needs additional information, reach out to the public water system directly or contact the Local Health Department or District Office. Contact information for these places can be found here: https://www.health.ny.gov/environmental/water/drinking/more_info.htm

The original project that produced this Patient Engagement Guide in August 2016 was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Grant # T12HP19335. This document was updated in May 2018 through funds provided through HRSA Grant # T12HP30337. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

This guide was created for use as part of a continuing education course for dental and medical professionals. It was funded through a grant by the Health Resources and Services Administration (HRSA) (Grant # T12HP30337). This Guide is based on the “Community Water Fluoridation: A Chairside Guide for Dental Hygienists” (August 2016) which was developed collaboratively by the Children’s Dental Health Project, the Dental Hygiene Program at the State University of New York at Orange, the New York State Department of Health, and the New York State Dental Foundation.