Re: Prevalence and Associated Factors of Fluoride Varnish Application

These writers hold the utmost reverence for this journal's continued commitment to providing evidence-based topics that are inclusive to oral health care providers. The resources that providers from all disciplines can access through this journal are an integral part to improved patient care and clinical treatment outcomes. We appreciate the authors of "Prevalence and Associated Factors of Fluoride Varnish Application." These readers wish to highlight 2 aspects we would like to be considered: interdisciplinary collaboration and education.

While childhood caries is the most common chronic childhood disease in the United States,[1] the education made available to primary care trainees and clinicians remains scarce even though the awareness for the need of additional training in oral health conditions is known.[2] It is noted that Fluoride varnish rates did not substantially improve despite insurance/carrier coverage. These readers believe this can be attributed to the lack of interprofessional collaboration. Whether it is through Grand Rounds collaborations for trainees or collaborative CME lectures for clinicians, further education on oral health diseases taught by dentists could help address the persistently lower rates of application. The education of primary care clinicians further on the pathogenesis of caries by clinicians who treat caries daily may help close gaps and knowledge and strengthen patient/guardian education interactions when discussing the risk vs. benefit of Fluoride varnish application. In a climate, where there are numerous outlets for misleading information on the impact of Fluoride varnish on pediatric populations,[3] it is even more critical that any health care provider offering fluoride varnish application is well-informed to address any fallacies guardians of pediatric patients have adopted as truth.

Primary care trainees are open to broadening their knowledge base on topics commonly encountered in oral health disciplines.[4] These readers are champions of multidisciplinary care models that involve oral health care providers. These readers look forward to further studies that evaluate the rates of acceptance of Fluoride varnish applications after providing primary care clinicians and trainees with additional training by oral health care providers. In addition, evaluating the rate of acceptance of Fluoride varnish application when an oral health care provider is on site in a primary care setting as a consulting service. These collaborative educational opportunities are not limited to physicians. Considering midlevel providers had even lower rates of acceptance of Fluoride varnish applications,[1] additional education is needed for them as well. These readers want to thank the authors of this manuscript and the *Journal of the American Board of Family Medicine* for providing a platform for such a crucial conversation. We look forward to the studies completed surrounding this topic in the future.

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doi: 10.3122/jabfm.2025.250169R0

J Am Board Fam Med: first published as 10.3122/jabfm.2025.250169R0 on 6 January 2026. Downloaded from http://www.jabfm.org/ on 17 November 2026 by guest. Protected by copyright.