



USPHS Chief Dental Officer Newsletter Issue #60: December 21, 2021

Timothy L. Ricks, DMD, MPH, FICD, FACD
Rear Admiral, U.S. Public Health Service
Assistant Surgeon General, Chief Dental Officer



This newsletter contains references and links to non-federal resources and organizations. These references and links are meant solely for informational purposes and are not intended to be an endorsement of any non-federal entity by the USPHS or the U.S. government.

Oral Health in America: Advances and Challenges released

Earlier today, the National Institute of Dental and Craniofacial Research (NIDCR) released the long-awaited follow-up to the [2000 Surgeon General’s Report on oral health](#). This new report, [Oral Health in America: Advances and Challenges](#), provides a review of how far oral health in America has advanced in the past decades as well as providing a roadmap for the coming decades to further addressing oral health issues.

The report consists of six sections and looks “at how we can improve the oral health of a nation and it does this by taking into account all the elements of society that affect our health, learning from new challenges as well as old, and identifying promising ideas and approaches wherever they may occur.”

Section 1 of the report is titled “Effects of Oral Health on the Community, Overall Well-Being, and the Economy, and peers into the effects of oral health from society, demographics, and social and cultural

changes that influence oral health of the population. In addition, cost of dental care and the overuse of emergency departments are addressed in this section.

Sections 2 and 3 of the report look at oral health across the lifespan, starting with Section 2’s “Oral Health in Children and Adolescents” examining the vast improvements made in children’s oral health but also addressing issues such as the rise in HPV infections and opportunities for oral health providers. Section 3, “Oral Health in Working-Age and Older Adults,” delves into issues such as access to care, cost of oral health care, and the effect of co-morbidities on oral health are explored.

Section 4 of the report, “Oral Health Integration, Workforce, and Practice,” looks at the maldistribution of oral health professionals, new delivery and financial models of care, and changes that are taking place in professional education related to oral health.

Section 5 of the report, “Pain, Mental Health, and Substance Use,” explores the relationships between mental health and oral health as well as the ongoing opioid epidemic and new approaches at pain management.

Finally, Section 6 of the report, “Emerging Technologies and Promising Science to Transform Oral Health,” will explore growing research of the human microbiome and new technologies that have and will continue to shape dentistry and oral health.

Over the coming months, I will provide a more in-depth look at different sections of the report as a regular feature of the newsletter. I hope that you will share the new report with all of your stakeholders.

In this issue:

Oral Health in America report released.....	1
Focus on Intellectual and Developmental Disabilities.....	2
Healthy People 2030: reducing periodontitis in adults.....	3
COVID-19 News.....	4-9
Multi-Directional Integration.....	10-11
News Bites.....	12-15
International News.....	16
USPHS Chief Dental Officer Events.....	17-18
Upcoming Events.....	19-20

Feature Story: Focus on Intellectual and Developmental Disabilities



By [Barbie Vartanian](#) & [Dr. Allen Wong](#), edited

People with intellectual and developmental disabilities (IDD) suffer disproportionately from dental disease, often having difficulty accessing oral health services. In fact, [one report](#) showed that as early as 1979 the National Conference on Dental Care for Handicapped Americans said that the number one unmet health need for this population was adequate dental care.

What are IDs? The [National Institute of Child Health and Human Development](#) defines them this way: “IDs are differences that are usually present at birth and that uniquely affect the trajectory of the individual’s physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems. Intellectual disability starts any time before a child turns 18 and is characterized by differences with both (1) intellectual functioning or intelligence, which include the ability to learn, reason, problem solve, and other skills; and (2) adaptive behavior, which includes everyday social and life skills. Developmental disabilities are a broader category of often lifelong challenges that can be intellectual, physical, or both.

IDs affect a large swath of people across the U.S. and the world. According to the [World Bank](#), one billion people, or about 15% of the world’s population, experience some form of disability, and up to 190 million people worldwide experience significant disabilities. In the U.S., approximately 6.5 million people have an intellectual disability, according to the [Special Olympics](#), and the [CDC estimates](#) that almost 7% of children aged 3-17 years have ever been diagnosed with a development disability. Of these, 2.76% of children were diagnosed in 2016 with autism spectrum disorder.

Access to dental services is often delayed for children with IDD. A [study](#) published in 2011 showed that newly Medicaid-enrolled children aged 3 to 8 years

with IDD in Iowa were significantly more likely to have a delayed first dental visit, although they did receive [preventive dental care](#) at the same rate as non-IDD children. However, those with IDD generally have a higher rate of [untreated caries](#), and this is even higher for those who are unable to cooperate for routine dental care.

In August 2019, the [Commission on Dental Accreditation](#) (CODA) increased their requirements of Standard 2-25 to emphasize the need for dental schools to provide education on managing and treating patients with special needs before graduation. This expanded interest in treatment of patients with special needs has resulted in some dental schools creating Special Care Clinics to help with access to care and education of their students for this population. In fact, the biggest barrier in treating patients with IDs may be provider knowledge and comfort in treating them. The National Institute of Dental and Craniofacial Research provides treatment guides for people with [intellectual disabilities](#) and [developmental disabilities](#).

According to a [news release](#) from [Project Accessible Oral Health](#), a non-profit global public-private partnership designed to raise awareness to promote equal access to culturally competent oral healthcare for people with disabilities, “of all the medically underserved populations, people with disabilities have been the most marginalized when it comes to oral health care.” Hopefully tools such as those listed above, along with increased awareness of IDs, will improve access to care and overall oral health of this special population.

Barbie Vartanian is the Executive Director of Project Accessible Oral Health (PAOH), a global initiative focused on improving the health equity of the more than 61 million individuals living with a physical or intellectual disability. Dr. Wong is the current AADMD president, Professor/Director of an AEGD Program, Special Olympics Special Smiles Global Clinical Advisor, and a Santa Fe Group Fellow whose emphasis is in improving equitable quality health for patients with special healthcare needs through education and advocacy for over 35 years.

Healthy People 2020 Final Review Progress. As [announced](#) by the HHS Office of Disease Prevention and Health Promotion (ODPHP) on September 30, 2021, the next component in the *HP2020 Final Review*, a report by population group, has been released. The [Healthy People 2020 \(HP2020\) Final Review provides](#) a quantitative end-of-decade assessment of the nation’s progress toward achieving the U.S. Department of Health and Human Services (HHS)-led HP2020 objectives and goals over the course of the decade. HP2020 included 1,318 objectives that spanned 42 topic areas and used data from about 230 different federal and nonfederal data sources. Of these 1,318 objectives, 1,111 were measurable, meaning they had baseline data. Below are the available *HP2020 Final Review* products and a list of upcoming products and publications. HP2020 began releasing new tables and resources on a rolling basis in 2021.

1. Healthy People 2020 Progress Table (customizable table and pie charts)
2. Healthy People End of Decade Snapshot (high level report)
3. Healthy People 2020 Progress by Population Group (customizable chart and table)

Apply to Become a Healthy People 2030 Champion!

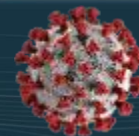
Healthy People 2030 Champions are organizations committed to working toward [Healthy People’s overarching goals](#) and [objectives](#). ODPHP will recognize Healthy People Champions on health.gov, and Champions will receive a digital badge to highlight their support of the initiative on their own websites. They’ll also get information, tools, and resources to help them promote Healthy People 2030 among their communities, partners, and others interested in achieving Healthy People 2030 goals. ODPHP invites organizations to submit a Statement of Interest to become a Healthy People 2030 Champion. Organizations can submit statements of interest to HP2030@hhs.gov and ODPHP will review submissions on a rolling basis.

Eligible organizations must:

- Have a demonstrated interest in, understanding of, and experience with disease prevention, health promotion, social determinants of health, health disparities, health equity, or well-being
- Have an organizational or corporate mission that’s aligned with the [Healthy People 2030 framework](#) or [objectives](#)
- Sign a Letter of Understanding with ODPHP that includes details about how the organization supports the Healthy People 2030 vision

Upcoming Focus Areas for Oral Health. As published in issued #56 (March 2021), we have aligned Healthy People 2030 oral health objectives with national health observances. Below are upcoming observances and corresponding HP 2030 oral health objectives that can be a focus for dental organizations and individual oral health professionals.

Month	Health Observance	Corresponding Oral Health-Related Objective
January 2022	Anniversary of Grand Rapids, MI Fluoridation	OH-11: Increase the proportion of persons served by community systems with optimally fluoridated water systems
February 2022	National Children’s Dental Health Month	<p>OH-1: Reduce the proportion of children and adolescents with lifetime tooth decay experience in their primary or permanent teeth</p> <p>OH-2: Reduce the proportion of children and adolescents with active and currently untreated tooth decay in their primary or permanent teeth</p> <p>OH-10: Increase the proportion of children and adolescents who have dental sealants on 1 or more molars (sealants are the focus of this year’s NCDHM)</p>



Note: Due to the rapidly changing situation with the Omicron variant and other pandemic aspects, please refer to [cdc.gov](https://www.cdc.gov) for the latest information

Snapshot, as of 12/19/21 (from [CDC](https://www.cdc.gov)):

Cases in the U.S.:	50,791,012
New cases:	88,379
7-day moving average:	132,659
Deaths in the U.S.:	803,593
New deaths:	138
7-day moving average:	1,169
People fully vaccinated:	204,098,982
Percentage of total population:	61.5%
People receiving booster dose:	60,813,883
Percentage of fully vaccinated:	29.8%

New Omicron variant emerges [[information from CDC website](https://www.cdc.gov)]. On November 24, 2021, a new variant of [SARS-CoV-2](https://www.cdc.gov), B.1.1.529, was reported to the World Health Organization (WHO). This new variant was first detected in specimens collected on November 11, 2021 in Botswana and on November 14, 2021 in South Africa. On November 26, 2021, WHO named the B.1.1.529 Omicron and classified it as a Variant of Concern (VOC). On November 30, 2021, the United States designated Omicron as a [Variant of Concern](https://www.cdc.gov), and on December 1, 2021 the first confirmed U.S. case of Omicron was identified. As of December 14, 2021, the Omicron variant has been found in over half of the states in the U.S.

How easily does Omicron spread? The Omicron variant likely will spread more easily than the original SARS-CoV-2 virus and how easily Omicron spreads compared to Delta remains unknown. CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms.

Will Omicron cause more severe illness? More data are needed to know if Omicron infections, and especially reinfections and breakthrough infections in people who are fully vaccinated, cause more severe illness or death than infection with other variants.

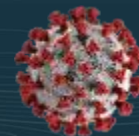
Will vaccines work against Omicron? Current vaccines are expected to protect against severe illness, hospitalizations, and deaths due to infection with the Omicron variant. However, [breakthrough infections](https://www.cdc.gov) in people who are fully vaccinated are likely to occur. With other variants, like Delta, vaccines have remained effective at preventing severe illness, hospitalizations, and death. The recent emergence of Omicron further emphasizes the importance of vaccination and boosters.

Will treatments work against Omicron? Scientists are working to determine how well existing treatments for COVID-19 work. Based on the changed genetic make-up of Omicron, some treatments are likely to remain effective while others may be less effective.

What is the best protection against Omicron and other variants? Vaccines remain the best public health measure to protect people from COVID-19, slow transmission, and reduce the likelihood of new variants emerging. COVID-19 vaccines are highly effective at preventing severe illness, hospitalizations, and death. CDC recommends that everyone 5 years and older protect themselves from COVID-19 by getting [fully vaccinated](https://www.cdc.gov). CDC recommends that everyone ages 18 years and older should get a [booster](https://www.cdc.gov) shot at least two months after their initial J&J/Janssen vaccine or six months after completing their primary COVID-19 vaccination series of Pfizer-BioNTech or Moderna.

Should masks still be worn? Masks offer protection against all variants. CDC continues to recommend wearing a mask in public indoor settings in areas of substantial or high [community transmission](https://www.cdc.gov), regardless of vaccination status. CDC provides [advice about masks](https://www.cdc.gov) for people who want to learn more about what [type of mask](https://www.cdc.gov) is right for them depending on their circumstances.





Note: Due to the rapidly changing situation with the Omicron variant and other pandemic aspects, please refer to [cdc.gov](https://www.cdc.gov) for the latest information

Breaking News: CDC recommends mRNA COVID-19 vaccines. On December 16, 2021, the [CDC endorsed](#) updated recommendations by the [Advisory Committee on Immunization Practices](#) (ACIP) on

COVID-19 vaccines, “expressing a clinical preference for individuals to receive an mRNA COVID-19 vaccine over Johnson & Johnson’s COVID-19 vaccine.” Further, the CDC stated: “ACIP’s unanimous recommendation followed a robust discussion of the latest evidence on vaccine effectiveness, vaccine safety and rare adverse events, and consideration of the U.S. vaccine supply. The U.S. supply of mRNA vaccines is abundant – with nearly 100 million doses in the field for immediate use. This updated CDC recommendation follows similar recommendations from other countries, including Canada and the United Kingdom. Given the current state of the pandemic both here and around the world, the ACIP reaffirmed that receiving any vaccine is better than being unvaccinated. Individuals who are unable or unwilling to receive an mRNA vaccine will continue to have access to Johnson & Johnson’s COVID-19 vaccine.”



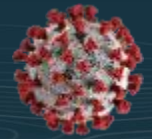
COVID-19 vaccination is recommended for pregnant people. In a late [September 2021 release](#) via their health alert network, the Centers for Disease Control and Prevention emphasized the continued need for pregnant people to get vaccinated against COVID-19. This advisory followed the number of COVID-19-related deaths in pregnant people in a single month of the pandemic in August 2021.

FDA authorizes Pfizer vaccine for children 5-11 years. On October 29, 2021, the Food and Drug Administration (FDA) [authorized](#) the emergency use of the Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-19 to include children 5 through 11 years of age. The authorization was based on the FDA’s thorough and transparent evaluation of the data that included input from independent advisory committee experts who overwhelmingly voted in

favor of making the vaccine available to children in this age group. Immune responses of children 5 through 11 years of age were comparable to those of individuals 16 through 25 years of age. In addition, the vaccine was found to be 90.7% effective in preventing COVID-19 in children 5 through 11. The vaccine’s safety was studied in approximately 3,100 children age 5 through 11 who received the vaccine and no serious side effects have been detected in the ongoing study. Shortly after the FDA emergency use authorization, on November 2, 2021 the CDC made the [final recommendation](#) that children 5 to 11 years old be vaccinated against COVID-19 with the Pfizer-BioNTech pediatric vaccine.

CDC expands COVID-19 booster recommendations. On November 29, 2021, the Centers for Disease Control announced in a [media statement](#) that they were strengthening recommendations on boosters for individuals 18 years and older, stating: “Everyone ages 18 and older should get a booster shot either when they are 6 months after their initial Pfizer or Moderna series or 2 months after their initial J&J vaccine.”

The media statement, attributable to CDC Director Dr. Rochelle Walensky, continues by discussing why it important now to get the booster: “The recent emergence of the Omicron variant (B.1.1.529) further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19. Early data from South Africa suggest increased transmissibility of the Omicron variant, and scientists in the United States and around the world are urgently examining vaccine effectiveness related to this variant. I strongly encourage the 47 million adults who are not yet vaccinated to get vaccinated as soon as possible and to vaccinate the children and teens in their families as well because strong immunity will likely prevent serious illness. I also want to encourage people to get a COVID-19 test if they are sick. Increased testing will help us identify Omicron quickly.”



Note: Due to the rapidly changing situation with the Omicron variant and other pandemic aspects, please refer to [cdc.gov](https://www.cdc.gov) for the latest information

FDA expands Pfizer booster to 16 and 17 year-olds.

On December 9, 2021, the Food and Drug Administration (FDA) [announced](#) the amendment of the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine, authorizing the use of a single booster dose for administration to individuals 16 and 17 years of age at least six months after completion of primary vaccination with the Pfizer-BioNTech COVID-19 Vaccine. On Nov. 19, the FDA authorized the use of a single booster dose of the Pfizer-BioNTech COVID-19 Vaccine for administration to [all individuals 18 years of age and older](#) after completion of primary vaccination with any FDA-authorized or approved COVID-19 vaccine. The December 9th action expands the use of a single booster dose of the Pfizer-BioNTech COVID-19 Vaccine for administration to individuals 16 and 17 years of age at least six months after completion of a primary series of the Pfizer-BioNTech COVID-19 Vaccine. The FDA-authorized Pfizer-BioNTech COVID-19 Vaccine and the FDA-approved Comirnaty (COVID-19 Vaccine, mRNA) are the only COVID-19 vaccines currently available for the 16- and 17- year-old age group. Individuals who are 16 and 17 years of age should only receive the Pfizer-BioNTech COVID-19 Vaccine or Comirnaty as their booster dose.

FDA authorizes pre-exposure prophylaxis of COVID-

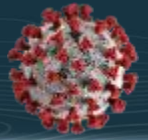
19. On December 8, 2021, the FDA [announced](#) the emergency use authorization (EUA) for AstraZeneca's Evusheld (tixagevimab co-packaged with cilgavimab and administered together) for the pre-exposure prophylaxis (prevention) of COVID-19 in certain adults and pediatric individuals (12 years of age and older weighing at least 40 kilograms [about 88 pounds]). The product is only authorized for those individuals who are not currently infected with the SARS-CoV-2 virus and who have not recently been exposed to an individual infected with SARS-CoV-2. The authorization also requires that individuals either have:

- moderate to severely compromised immune systems due to a medical condition or due to taking immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 vaccination (examples of such medical conditions or treatments can be found in the [fact sheet](#) for health care providers) or;
- a history of severe adverse reactions to a COVID-19 vaccine and/or component(s) of those vaccines, therefore vaccination with an available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended.

One dose of Evusheld, administered as two separate consecutive intramuscular injections (one injection per monoclonal antibody, given in immediate succession), may be effective for pre-exposure prevention for six months. Evusheld is not authorized for individuals for the treatment of COVID-19 or for post-exposure prevention of COVID-19. Patients should talk with their health care provider to determine whether Evusheld is an appropriate pre-exposure prevention option for them.

Pre-exposure prevention with Evusheld is not a substitute for vaccination in individuals for whom COVID-19 vaccination is recommended. The FDA has approved one vaccine and authorized others to prevent COVID-19 and serious clinical outcomes associated with a COVID-19 infection, including hospitalization and death. The FDA urges the public to get vaccinated if eligible. Learn more about FDA-approved or -authorized [COVID-19 vaccines](#).

CDC updates international travel guidance. The Centers for Disease Control and Prevention has updated [international travel guidance](#), stating that effective December 6, 2021, all air passengers, regardless of vaccination status, must show a negative COVID-19 test taken no more than 1 day before travel to the United States.



Surgeon General issues advisory on youth mental health crisis [from [HHS press release](#)]. On December 7, 2021 U.S. Surgeon General Dr. Vivek Murthy issued a new Surgeon General's Advisory to highlight the urgent need to address the nation's youth mental health crisis. As the nation continues the work to protect the health and safety of America's youth during this pandemic with the pediatric vaccine push amid concerns of the emerging omicron variant, the [U.S. Surgeon General's Advisory on Protecting Youth Mental Health](#) outlines the pandemic's unprecedented impacts on the mental health of America's youth and families, as well as the mental health challenges that existed long before the pandemic.

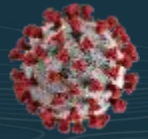
The Surgeon General's advisory calls for a swift and coordinated response to this crisis as the nation continues to battle the COVID-19 pandemic. It provides recommendations that individuals, families, community organizations, technology companies, governments, and others can take to improve the mental health of children, adolescents and young adults.

"Mental health challenges in children, adolescents, and young adults are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide — and rates have increased over the past decade." said Surgeon General Vivek Murthy. "The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. The future wellbeing of our country depends on how we support and invest in the next generation. Especially in this moment, as we work to protect the health of Americans in the face of a new variant, we also need to focus on how we can emerge stronger on the other side. This advisory shows us how we can all work together to step up for our children during this dual crisis."

Before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with [up to 1 in 5 children](#) ages 3 to 17 in the U.S. having a mental, emotional, developmental, or behavioral disorder. Additionally, from 2009 to 2019, the share of high school students who reported persistent feelings of sadness or hopelessness increased by 40%, to more than 1 in 3 students. Suicidal behaviors among high school students also [increased during the decade](#) preceding COVID, with 19% seriously considering attempting suicide, a 36% increase from 2009 to 2019, and about 16% having made a suicide plan in the prior year, a [44% increase from 2009 to 2019](#). Between 2007 and 2018, suicide rates among youth ages 10-24 in the U.S. [increased by 57%](#), - [PDF](#) and early estimates show more than [6,600 suicide deaths](#) - [PDF](#) among this age group in 2020.

The pandemic added to the pre-existing challenges that America's youth faced. It disrupted the lives of children and adolescents, such as in-person schooling, in-person social opportunities with peers and mentors, access to health care and social services, food, housing, and the health of their caregivers. The pandemic's negative impacts most heavily affected those who were vulnerable to begin with, such as youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, low-income youth, and youth in rural areas, youth in immigrant households, youth involved with the child welfare or juvenile justice systems, and homeless youth. This fall, a coalition of the nation's leading experts in pediatric health [declared a national emergency](#) [🔗](#) in child and adolescent mental health.

Surgeon General's Advisories are public statements that call the American people's attention to a public health issue and provide recommendations for how it should be addressed. Advisories are reserved for significant public health challenges that need the American people's immediate attention.



Surgeon General releases toolkit on health misinformation [from [HHS release dated November 9, 2021](#)]. As a new phase of the COVID-19 vaccination campaign begins for children ages 5 to 11 years old, U.S. Surgeon General Dr. Vivek Murthy released a [Community Toolkit for Addressing Health Misinformation - PDF](#) to help Americans navigate the serious threat of health misinformation, especially online. Earlier this year, [Dr. Murthy issued the first Surgeon General's Advisory](#) of this administration warning people about the urgent threat of health misinformation and calling for a whole-of-society approach to address it.

“With the authorization of COVID-19 vaccines for children 5 to 11 years old, it is more important than ever that families have access to accurate, science-based information. Health misinformation is spreading fast and far online and throughout our communities,” said **Dr. Vivek Murthy**. “The good news is that we all have the power to help stop the spread of health misinformation during this pandemic and beyond. That’s where this toolkit comes in—to provide Americans with resources to help limit and reduce this threat to public health.”

The Surgeon General’s *Community Toolkit for Addressing Health Misinformation* provides specific guidance to individuals, health care professionals and administrators, teachers, school administrators, librarians, and faith leaders to understand, identify, and stop the spread of health misinformation in their communities. The toolkit comes at a critical time when Americans are learning more about the role technology companies play in the spread of health misinformation.

Resources in the Community Toolkit include:

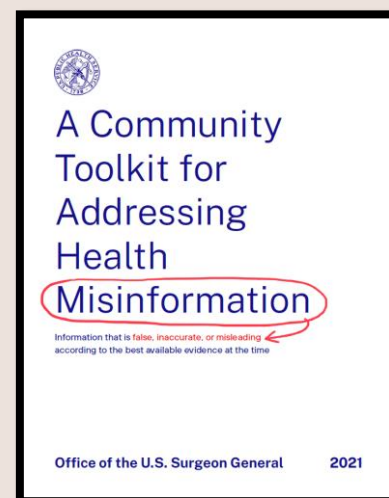
- A Health Misinformation Checklist to help evaluate the accuracy of health-related content;
- Tips on how individuals can talk to loved ones about health misinformation;

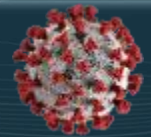
- An outline of common types of misinformation and disinformation tactics; and
- Reflections and examples of times individuals may have encountered misinformation.

During the COVID-19 pandemic, health misinformation and disinformation (misinformation that is spread intentionally to serve a malicious purpose) have threatened the U.S. response to COVID-19 and continue to prevent Americans from getting vaccinated, prolonging the pandemic and putting lives at risk.

In response, the Surgeon General issued the first advisory of this Administration in July on Health Misinformation, laying out how the nation can confront health misinformation by helping individuals, families, and communities better identify and limit its spread. The advisory also outlines several ways institutions in education, media, medicine, research, and government stakeholders can approach this issue. It underscores the urgent need for technology and social media companies to address the way misinformation and disinformation spread on their platforms, threatening people's health. The full Surgeon General’s Advisory can be found [here](#).

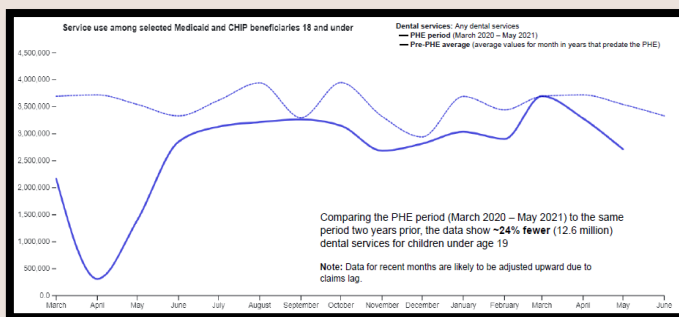
The *Community Toolkit for Addressing Health Misinformation* can be found [here - PDF](#).





Note: Due to the rapidly changing situation with the Omicron variant and other pandemic aspects, please refer to [cdc.gov](https://www.cdc.gov) for the latest information

Medicaid children's dental services still below pre-PHE levels. A new [report](#) from the Centers for Medicare and Medicaid Services (CMS) show that the number of dental services for Medicaid children continues to be below pre-pandemic levels as of May 2021 since the beginning of the public health emergency (PHE). Comparing the PHE period of March 2020 to May 2021 (latest available data) to the same period two years prior, the data show around 12.6 million fewer (24%) dental services for children under age 19. See the graph below (zoom to enlarge).



HHS announces \$100 million for state loan repayment programs. In case you missed it, the U.S. Department of Health and Human Services (HHS) announced on October 14, 2021 the availability of \$100 million in American Rescue Plan (ARP) funding for state-run programs that support, recruit, and retain primary care clinicians who live and work in underserved communities. This funding represents a five-fold increase to the Health Resources and Services Administration's (HRSA) [State Loan Repayment Program](#) (SLRP), and helps improve health equity by ensuring that clinicians working in high-need communities remain in them. The disciplines, practice sites, length of required service commitment and the award amount for each state's loan repayment program vary by state/territory. Applicants can begin the application process on [Grants.gov](https://www.grants.gov) and apply by Friday, April 8, 2022 at 11:59 p.m. ET. Notices of Awards will be announced prior to the project start date of September 1, 2022. Visit [HRSA's State Loan Repayment Program](#) webpage for more information.

EIOH develops tool to help calculate ventilation rates. The Eastman Institute of Oral Health, part of the University of Rochester Medical Center in Rochester, NY, recently developed a calculator and other tools to help dentists determine ventilation rates in their waiting and treatment rooms. "Using a CO₂ monitor, household baking soda and vinegar, providers can follow the process that includes a calculator suitable for imperial or metric measurements to determine a room's current air change rate. These tools, a video demonstration, as well as an email address to send questions, are available on the [EIOH Covid Safety & Resources webpage](#)."

CMS suspends vaccine mandate requirement. In a [December 2, 2021 letter](#) to state survey agency directors, the Centers for Medicare and Medicaid Services (CMS) suspended the [vaccine mandate](#) put in place November 4, 2021. Specifically, the letter stated that CMS "will not enforce the new rule regarding vaccination of health care workers or requirements for policies and procedures in certified Medicare/Medicaid providers and suppliers (including nursing facilities, hospitals, dialysis facilities and all other provider types covered by the rule) while there are court-ordered injunctions in place prohibiting enforcement of this provision."

COVID-19 disproportionately is affecting rural America. A [report](#) published on September 30, 2021 by the Kaiser Health Network found that rural Americans are "dying of covid at more than twice the rate of their urban counterparts — a divide that health experts say is likely to widen as access to medical care shrinks for a population that tends to be older, sicker, heavier, poorer and less vaccinated." Citing data from the Rural Policy Research Institute, the report says that since the pandemic began, about 1 in 434 rural Americans have died of covid, compared with roughly 1 in 513 urban Americans...And though vaccines have reduced overall covid death rates since the winter peak, rural mortality rates are now more than double urban rates — and accelerating quickly."



USPSTF releases ECC prevention recommendations.

On December 7, 2021, the U.S. Preventive Services Task Force (USPSTF) released a final recommendations statement, [Prevention of Dental Caries in Children Younger than 5 Years: Screening and Interventions](#). According to the statement, “dental caries is the most common chronic disease in children in the U.S. According to the 2011-2016 National Health and Nutrition Examination Survey, approximately 23% of children aged 2 to 5 years had dental caries in their primary teeth. Prevalence is higher in Mexican American children (33%) and non-Hispanic Black children (28%) than in non-Hispanic White children (18%). Dental caries in early childhood is associated with pain, loss of teeth, impaired growth, decreased weight gain, negative effects on quality of life, poor school performance, and future dental caries.” The recommendations from the USPSTF include primary care clinicians prescribing oral fluoride supplementation starting at 6 months of age and applying fluoride varnish to the primary teeth of all infants and children, but that there is inconclusive evidence to support screenings for dental caries by primary care clinicians.

Population	Recommendation	Grade
Children younger than 5 years	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.	B
Children younger than 5 years	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.	B
Children younger than 5 years	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine screening examinations for dental caries performed by primary care clinicians in children younger than 5 years.	I

University of North Dakota to train dentists in primary care screenings. The University of North Dakota, School of Medicine will hold a [series of virtual lectures](#) to train dental providers in the state with addressing primary health care concerns in their offices. The series will kick off in January with lectures by Dr. Natalia Chalmers, chief dental officer at the Center for Medicare and Medicaid Services (CMS) and by me. Primary care screenings including hypertension, depression, obesity, diabetes, substance use disorder, and more will be discussed. A recent [report](#) by the Agency for Healthcare Research and Quality (AHRQ) showed that in 2018, **28.2** million people in the U.S. visited a dental provider but not a medical provider, data further enhancing the opportunity for oral health professionals to do more primary care activities such as screenings.

New oral health/mental health toolkit released. In early December, the National Council for Mental Wellbeing released a new toolkit entitled [Oral Health, Mental Health and Substance Use Treatment: A Framework for Increased Coordination and Integration](#). According to the authors, “No comprehensive set of resources currently exists to help health organizations that may be interested in more coordination or integration across oral, mental health and substance use treatment services, specifically. This toolkit seeks to help oral health and behavioral health providers and organizations increase coordination and integration by offering practical suggestions, resources, strategies and on-the-ground examples for implementation of new care models across a continuum, ranging from cross-sector provider and patient education to full system integration. It provides innovative examples from leading-edge programs across the country about how to re-engineer traditional care pathways, especially given broader adoption of telehealth.” The toolkit includes details on the bi-directional impacts of mental health and substance use disorder and oral health.



Texas CHCs integrate behavioral health and oral health. In yet another example of bi-directional integrated care, the [Community Health Centers of South Central Texas](#) have had a longstanding program as shared with me by the [National Network for Oral Health Access](#) (NNOHA). In their program, behavioral health consultants received training on oral health using the [Smiles for Life](#) curriculum, resulting in referrals of patients to the dental clinic if deemed necessary. On the other side, dental team members conduct depression screenings using the Patient Health Questionnaire (PHQ)-9, a series of 9 scored questions that help determine when patients need to be referred to behavioral health providers. Learn more about this example by clicking the first link above.

Temple releases online training module for obesity prevention counseling. Temple University Kornberg School of Dentistry (TUKSoD), in collaboration with the Center for Obesity Research and Education at the College of Public Health, has released an online training module on [Nutrition Counseling for Obesity Prevention: Applications in Dentistry](#). Two modules serve as an evidence-based resource for interested

SCREENING FOR CHRONIC DISEASES IN DENTAL OFFICES COULD REDUCE U.S. HEALTH CARE COSTS BY ...



up to **\$102.6** MILLION per year

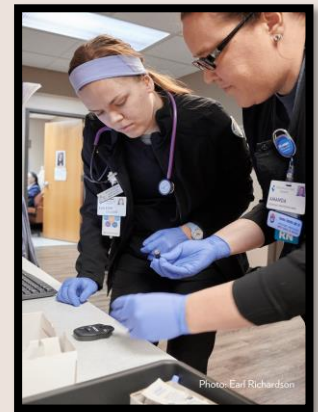
[ADA Health Policy Institute](#)

dental schools and dental hygiene programs to increase the knowledge and skills of students on understanding Childhood Obesity and Assessment and Counseling Tools for Dental Providers. Module 1, Understanding Childhood Obesity, describes obesity as a disease and provides age-specific nutrition recommendations that dental providers can use. Module 2, Assessment and Counseling Tools of Dental Providers, includes tools to

assess risk factors associated with poor nutrition and childhood obesity, tools to show how to assess body mass index, and tools on how to counsel patients.

Wisconsin studies show many barriers remain with integration. A [study](#) published in the November issue of *Frontiers of Dental Medicine* shows that there are many barriers related to adoption of integrated care models in dental practices. A 32-page survey returned by 7,356 dentists and dental hygienists in Wisconsin showed that >70% of oral health professionals correctly answered knowledge-based questions on the association between oral health and diabetes. However, only half of respondents understood the value of chairside glycemic screening by dental providers, while 88% relied simply on patient-reported diabetic status. Barriers to adoption of screening for diabetes in a dental office included time investment (70%), patient activation/cooperation (62%), cost (50%), insurance coverage (50%), infrequent interdisciplinary communication (46%), lack of equipment (33%) and provider (31%).

A similar [study](#) by several of the same authors published in 2019 in the *Journal of the American Dental Association* found that only 34% of primary care providers Wisconsin had embraced integrated medical-dental models of care where medical professionals screen for oral disease in primary care practices. Although 72% of PCPs indicated optimal periodicity for oral health assessment as frequent, 39% reported frequently conducting such assessments. Top perceived barriers to integrated medical-dental MOC adoption included insurance coverage (71%) and care access (70%).



Point of care diabetic screening at Marian Dental Clinic, Topeka, Kansas



Dr. Larry Tabak named acting director at NIH.

According to an [HHS news release](#), on December 9, 2021 Health and Human Services Secretary Xavier Becerra announced that Lawrence A. Tabak, D.D.S., Ph.D., the principal deputy director of the National Institutes of Health (NIH), will serve as the acting director of NIH effective December 20, 2021. Dr. Tabak has served as the principal deputy director and the deputy ethics counselor of NIH since August 2010. He previously served as the acting principal deputy director of NIH in 2009, and prior to that as director of the National Institute of Dental and Craniofacial Research from 2000-10. Prior to joining NIH, Dr. Tabak was the Senior Associate Dean for Research and Professor of Dentistry and Biochemistry & Biophysics in the School of Medicine and Dentistry at the University of Rochester in New York. A former NIH MERIT recipient, Dr. Tabak's major research focus has been on the structure, biosynthesis and function of glycoproteins. He continues work in this area, maintaining an active research laboratory within the NIH intramural program in addition to his administrative duties.

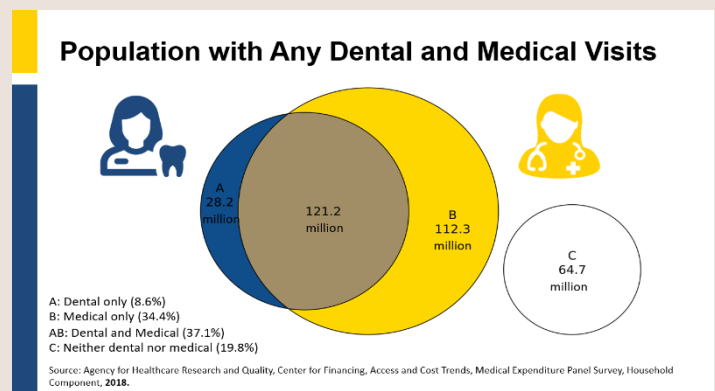


New Fluoridation Facts link available. *Fluoridation Facts*, a publication of the American Dental Association's National Fluoridation Advisory Committee, part of the Council on Advocacy for Access and Prevention (CAAP), now has a new link (click [here](#)). *Fluoridation Facts* contains answers to frequently asked questions regarding community water fluoridation. A number of these questions are responses to myths and misconceptions advanced by a small faction opposed to water fluoridation. The answers to the questions that appear in *Fluoridation Facts* are based on generally accepted, peer-reviewed, scientific evidence. They are offered to assist policy makers and the general public in making informed

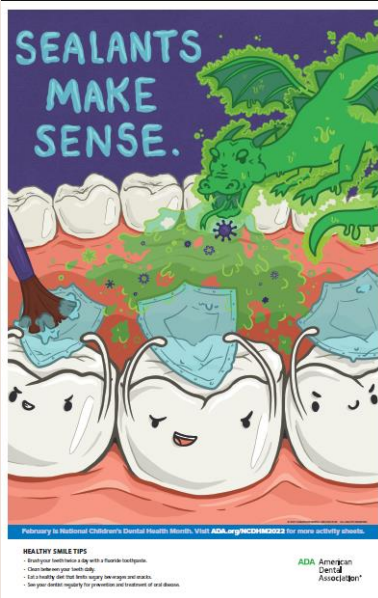
decisions. The answers are supported by over 400 credible scientific articles, as referenced within the document. It is hoped that decision makers will make sound choices based on this body of generally accepted, peer-reviewed science.

New dental therapy e-book released. On November 8, 2021, the W.K. Kellogg Foundation released [For Want of a Dentist: The Rise of the Dental Therapy Movement in Tribal Nations and the U.S., Lessons from the W.K. Kellogg Foundation](#), written by Wendell Potter. The e-book explores the history of dental therapy beginning in Alaska in 2000 and how the dental therapy movement has spread across the U.S. since that time. To learn more or to download the book, click on the above hyperlink.

AHRQ releases updated data brief on medical and dental visits. Did you know that in 2018, 112.3 million people in the U.S. visited a medical provider but not a dental provider? Conversely, did you know that 28.2 million people that same year visited a dental provider but not a medical provider? These statistics provide a foundation for multi-directional integration of oral health and overall health and are part of a new statistical brief, [Statistical Brief \(#537\)](#), released by the Agency for Healthcare Research and Quality (AHRQ). Estimates are presented for the total population as well as for specific population groups categorized in terms of sex, race/ethnicity, age, and region. [Graphic below courtesy of Dr. Natalia Chalmers]



2022 NCDHM focuses on dental sealants. February is National Children’s Dental Health Month (NCDHM), and the 2022 month-long national health observance has as its theme “[Sealants Make Sense.](#)” The



American Dental Association (ADA) has multiple resources including press releases, newspaper articles, and activity sheets for kids available in both English and Spanish. [Newspaper articles](#) designed to draw attention to oral health and which can be downloaded at no cost include:

1. Are you prepared for a dental emergency?
2. Sipping, Snacking and Tooth Decay
3. Mouth guards: Sports equipment that protects the smile
4. Oral Piercing: Not as safe as you think
5. Quitting Tobacco: You can do it!
6. Sippy Cups and Your Child’s Teeth

Indian Health Service records 100 events for GKAS 2021. In 2021, despite the pandemic, 183 Indian Health Service (IHS) dentists and 588 dental hygienists, assistants and other volunteers carried out 100 Give Kids A Smile® events, providing screenings, preventive, and restorative services to 8,457 American Indian/Alaska Native (AI/AN) children with a total value of \$723,534 in services provided. This was the second year IHS participated in this event in collaboration with the [American Dental Association](#). For the 2022 GKAS® campaign, over 80 events in IHS, tribal, and urban dental programs are already planned, with goals to provide almost \$700,000 in dental services in one-day events on 20,000 AI/AN children

with over 750 dental staff (dentists, hygienists, assistants, and volunteers) participating! Preventive efforts such as these have led to 1 in 6 AI/AN children between the ages of 2 and 15 have received the [benefits of dental sealants](#), and 1 in 3 AI/AN children between the ages of 1 and 15 have received [protective fluoride](#). Increased emphasis on prevention and access to care in this population has led to the following recently published results:



Patricia Hubley, RDH, with one of the children treated at the Dulce Health Center in Jicarilla, NM as part of the 2021 GKAS (courtesy of Ms. Hubley; consent on file)

- A [5% decrease](#) between 2010 and 2018 in caries experience in 1-5 year-old AI/AN children, the first such decrease;
- A [14% decrease](#) between 2010 and 2018 in untreated decay rates in 1-5 year-old AI/AN children, the largest decrease ever in this short of a time period;
- A [17% decrease](#) between 1999 and 2017 in caries experience in permanent teeth of 6-9 year-old AI/AN children, the first time we’ve been able to measure such a decrease;
- A [15% decrease](#) between 1999 and 2017 in untreated decay rates in 6-9 year-old AI/AN children;
- A [10% decrease](#) between 1999 and 2020 in caries experience in 13-15 year-old AI/AN youth, the first time we’ve seen this decrease; and
- A [30% decrease](#) between 1999 and 2020 in untreated decay rates in 13-15 year-old AI/AN youth.



ASTDD issues policy statement on reducing opioid prescribing. Released just after I published the last issue of this newsletter, the Association of State and Territorial Dental Directors (ASTDD) released a new [policy statement](#) on high level strategies to reduce prescriptions of opioids in oral health, “including the introduction, adoption, and promotion of prescribing guidelines by the Centers for Disease Control and the American Dental Association.” The summary statement is as follows: “ASTDD supports state and territorial level actions and activities reflecting national policies to reduce opioid prescriptions for dental and oral conditions. State and territorial oral health programs can encourage healthcare provider and public education, resource development, and prescription monitoring. They can encourage healthcare providers to better understand their own prescribing trends through self-monitoring, evaluation of prescribing practices, and understanding and utilization of alternatives to opioids. They can play a critical role in interdisciplinary collaborations to develop and implement effective ways to engage healthcare providers to create change and protect the public.”

Drug overdose deaths in the U.S. top 100,000 annually. A new [report](#) from the CDC National Center for Health Statistics shows that there were an estimated 100,306 drug overdose deaths in the U.S. during the 12-month period ending in April 2021. Overdose deaths attributed to opioids increased to 75,763, while overdose deaths due to synthetic opioids (primarily fentanyl), psychostimulants (such as methamphetamine), cocaine, and natural and semi-synthetic opioids (such as prescription pain medication) also increased. On October 6, 2021 Health and Human Services Secretary Xavier Becerra [renewed the determination that a public health emergency](#) exists “as a result of the continued consequences of the opioid crisis affecting our nation.”

Black smokers exposed to higher levels of toxic compounds. A recent [study](#) funded by the National Institute on Drug Abuse (NIDA) found that Urinary levels of breakdown products of volatile organic compounds (VOCs) found in cigarette smoke were significantly higher in Black than in white people who smoke cigarettes. The NIDA report states that researchers “hypothesized that Black people who smoke have higher lung cancer rates than their white counterparts despite smoking fewer cigarettes over their lifetime because they inhale more nicotine and other cancer-inducing (i.e., carcinogenic) substances in tobacco smoke per cigarette smoked.”

E-cigarette use still high among middle and high school students. A [report](#) on the 2021 National Youth Tobacco Survey (NYTS) released in October 2021 by the CDC showed that 11.3% of high school students (1.72 million in grades 9-12) and 2.8% (320,000 in grades 6-8) reported current e-cigarette use in 2021. Among current e-cigarette users, 43.6% of high school students and 17.2% of middle school students reported using e-cigarettes on ≥ 20 of the past 30 days; daily use was 27.6% among current high school e-cigarette users and 8.3% among current middle school e-cigarette users. While it may appear that these data show a decline in e-cigarette use – the 2020 NYTS showed that 13.1% of U.S. middle and high school students, or 3.6 million in total, reported using e-cigarettes – the methodology of the 2021 NYTS was different and results should not be compared with previous years, according to authors: “The 2021 NYTS was fully conducted amid the global COVID-19 pandemic, during which time eligible students could participate in the survey in classrooms, at home, or at some other place. Differences in tobacco use estimates by location might be due to potential underreporting of tobacco use behaviors or other unmeasured characteristics among youths participating outside of the classroom. Thus, estimates from the 2021 NYTS should not be compared with previous NYTS survey waves that were primarily conducted on school campuses.”

Study shows effect of Medicaid adult dental coverage on children's oral health. A new [study](#) published in the November 2021 issue of Health Affairs looked at the association between Medicaid adult dental coverage and children's oral health. Authors concluded that adult dental coverage was associated with a statistically significant 5-percentage-point (one-fifth) reduction in the prevalence of untreated caries among children after Medicaid-enrolled adults had access to coverage for at least one year. This is similar to a [study](#) published in 2017 that examined 50,000 parent-child dyads that showed that Medicaid expansions targeted at low-income adults are associated with increased receipt of recommended pediatric primary preventive care for their children.

CDC announces efforts to combat antimicrobial resistance [[CDC press release](#)]. On December 7, 2021, the Centers for Disease Control and Prevention announced that it has awarded \$22 million to nearly 30 organizations around the world to combat antimicrobial resistance (AR) and other healthcare threats through the establishment of two new networks—the Global Action in Healthcare Network (GAIHN) and the Global AR Laboratory and Response Network (Global AR Lab & Response Network). These two new networks, paired with additional short-term research projects, will span more than 50 countries worldwide and build programs that focus on preventing infections in health care through proven infection control; build laboratory capacity to detect antimicrobial-resistant organisms in healthcare, the community, and environment; and develop new and innovative ways to more rapidly detect and respond to threats like AR and COVID-19. On a related note, read more about antibiotic stewardship [here](#).

DLN reaches \$500 million in donated dental care. [Dental Lifeline Network \(DLN\) announced](#) that it has reached a milestone of \$500 million in donated dental

treatment for people with disabilities or who are elderly or medically fragile. Through its flagship Donated Dental Services (DDS) program, a national network of nearly 15,000 volunteer dentists and 3,400 volunteer laboratories donate comprehensive treatment for these people. Since the DDS program's inception in 1985, more than 165,000 people have received life-changing and life-saving care.

DSOs penetrate Medicaid market. A [study](#) published earlier this year shows that dentists working in dental support organizations (DSOs) have significantly increased treatment of Medicaid patients following Medicaid reform in Virginia. Compared to a pre-reform time period, the mean number of claims per patient per provider rose by 41% in dentists working in DSOs, compared to more modest increases by non-DSO dentists (13%) and safety net dental practices (1%). The number of Medicaid patient served also rose significantly in DSOs, rising by 437% compared to 16% increases in private practice settings and 53% in safety net programs, respectively. Finally, following reform, the mean payment per provider increased by 542% for DSO providers, compared to 96% for private practice providers and 110% for safety net dental providers.

Systematic review shows that powered toothbrushes are more effective at reducing plaque. A [study](#) just published in the *International Journal of Dental Hygiene* reviewed 28 different studies measuring the effectiveness of powered toothbrushes versus manual tooth brushing. Researchers showed a statistically significant difference in the mean post-brushing plaque scores between an oscillating-rotating powered toothbrush compared to a manual toothbrush. In addition, the analysis showed that the oscillating-rotating type of powered toothbrushes had more improved plaque scores post-brushing than the high-frequency sonic powered toothbrushes.



WHO creates videos on providing oral healthcare during the pandemic and beyond. On October 22, 2021, Dr. Benoit Varenne, chief dental officer of the World Health Organization (WHO), announced the release of three videos describing WHO recommendations for providing oral healthcare during the COVID-19 pandemic and beyond, available in 7 languages (Arabic, Chinese, Russian, Portuguese, Spanish, English, and French). The first video is "[Screening, Triaging, and Reception](#)." The second video is "[Protecting patients and oral healthcare personnel during treatment](#)." The third video is "[Cleaning, disinfection and sterilization procedures in oral health services](#)."

WHO adds SDF and GI cement to list of essential medicines. At the 23rd meeting of the World Health Organization Expert Committee on the [Selection and Use of Essential Medicines](#) in the summer of 2021, members added glass ionomer (GI) cement and silver diamine fluoride (SDF) to its list of 479 essential medicines list (EML) for adults as well as to its list of 350 on the EML for children. These lists contain the medications considered to be the most effective and safe to meet the need of health systems, and is frequently used by countries to develop their own essential medicine lists.



FDI provides key messages related to integration of oral health. As a follow-up to the [WHO's recent resolution on oral health](#), and the upcoming 2022 [global strategy](#) for tackling oral diseases, the FDI World Dental Federation has release [five key messages](#) to motivate action to integrate oral health into overall health. These messages include:

- Oral health is a key indicator of general health, well-being, and quality of life....
- Oral diseases and other non-communicable diseases (NCDs) share modifiable risk factors, and

joint prevention is possible through a multisectoral response and existing cost-effective solutions.

- Poor oral health is a risk factor for NCDs, and thus health systems can be optimized and strengthened by integrating oral health promotion and oral healthcare services for all.
- Good oral health can positively impact NCD treatment outcomes so there is a need to invest in more multidisciplinary research and interprofessional collaboration across care teams.
- Engaging people living with oral diseases, communities, and health professionals is crucial to successfully integrate oral health.

U.K. released new evidence-based toolkit for prevention. On November 9, 2021, the Office for Health Improvement and Disparities in National Health Services England updated a guidance document called [Delivering better health: an evidence-based toolkit for prevention](#). The document is designed to support primary care dental teams in promoting oral and general health and serve as an educational resource for dental schools in the U.K. and beyond. [Chapter 2](#) is a series of summary guidance tables that may be especially useful for dental teams.

Canadian study explores OHRQoL in First Nations children. A [study](#) published in October in the JDR Clinical & Translational Research examined both oral health status and oral health-related quality of life in First Nations and Metis children in Canada (Metis are Indigenous peoples in Manitoba, Saskatchewan, and Alberta). Among First Nations children, 65.4% had early childhood caries (ECC) as compared with 45.2% among Metis children. Parents/caregivers completed a questionnaire, including the Early Childhood Oral Health Impact Scale (ECHOIS), to assess OHRQoL, and results showed that children with ECC had higher mean ECHOIS scores, indicating poorer OHRQoL, than caries-free children.

USPHS Chief Dental Officer External Events



Latest Chief Dental Officer Events Completed

(Since last newsletter in late September, 2021):

- September 17, 2021: Texas Oral Health Coalition Meeting, virtual
- September 23, 2021: University of Maryland dental school faculty in-service, virtual
- September 24, 2021: CareFirst Annual Conference, virtual
- October 1, 2021: Idaho Oral Health Program Virtual Summit presentation
- October 9, 2021: Texas Recruits and Retains dental school presentation on health equity and the oral health workforce
- October 10-16, 2021: American Dental Association annual meeting, SmileCon, Las Vegas, NV
- October 12, 2021: Michigan Oral Health Coalition presentation, virtual
- October 12, 2021: ADA Federal Dental Services Reception, Las Vegas, NV
- October 13, 2021: Meeting with Academy of General Dentistry leadership, Las Vegas, NV
- October 14, 2021: American College of Dentists convocation and meeting, virtual
- October 21, 2021: Oral Health Progress and Equity Network annual meeting presentation
- October 21, 2021: USPHS Oral Health Coordinating Committee Meeting
- October 30, 2021: Hinman Student Research Symposium presentation on research topics in dental public health, virtual
- October 30, 2021: American Association of Dental Boards Annual Meeting presentation, virtual
- November 3, 2021: Meeting with Hispanic Dental Association leadership, San Juan, PR
- November 4, 2021: Meeting at the University of Puerto Rico School of Dentistry, San Juan, PR
- November 4, 2021: Tour and meeting at the Veteran's Health Administration Hospital, San Juan

- November 10, 2021: 17th meeting of the COVID-19 Public-Private Partner Dental Coordination Group
- November 10, 2021: Maryland Oral Health Summit presentation, virtual
- November 12, 2021: Pennsylvania Oral Health Coalition presentation, virtual
- November 18, 2021: Alabama Oral Health Coalition Meeting, Prattville, AL
- November 18, 2021: USPHS Oral Health Coordinating Committee Meeting

Upcoming Chief Dental Officer Events (January-March 2022):

- January 6-7, 2022: ADA Council on Advocacy for Access and Prevention, Chicago, IL
- January 12, 2022: North Dakota Oral Health Coalition presentation, virtual
- January 12, 2022: MSDA Medicaid, Medicare, and CHIP Oral Health Symposium, virtual
- January 19, 2022: Tufts University School of Dental Medicine presentation, virtual
- January 19, 2022: Connecticut State Dental Association Diversity, Equity, and Inclusion Summit, virtual
- January 21-22, 2022: ADA Council on Government Affairs, Chicago, IL
- January 26, 2022: Georgia Oral Health Coordinators Meeting, virtual
- January 26, 2022: American Association of Oral and Maxillofacial Surgeons Committee on Governmental Affairs, virtual
- February 24, 2022: Association of Military Surgeons of the U.S. Annual Meeting Oral Health Session, National Harbor, MD (and virtual)
- March 2, 2022: West Virginia School of Dentistry presentation, Morgantown, WV
- March 4, 2022: West Virginia Oral Health Summit, Roanoke, WV
- March 6-9, 2022: Santa Fe Group Summit, Arlington, VA

USPHS Chief Dental Officer External Events



September 29, 2021: Meeting with leadership of the American Association of Oral and Maxillofacial Surgeons (AAOMS), Nashville, TN

November 4, 2021: Meeting with leaders of the Hispanic Dental Association and the University of Puerto Rico, School of Dental Medicine, San Juan, PR



November 5, 2021: Meeting with the dental team from the San Juan Veterans Administration Medical Center, San Juan, PR

November 18, 2021: Alabama Oral Health Coalition Summit, Prattville, AL



Note: This listing of upcoming events of dental organizations may not be all-inclusive, and is designed to share upcoming opportunities. Listing does not imply endorsement by the USPHS of any organization or event. This list includes January through April 2022.

January 11 – 12, 2022: MSDA Annual Symposium, virtual. With a theme of the “Advancing Oral Health Equity through Inclusion, Access, Accountability, and Artificial Intelligence,” the 2021-2022 National Medicaid/Medicare/CHIP Oral Health Symposium will offer 12 hours of continuing education. To learn more or to register, click [here](#).

January 24 – 26, 2022: OSAP Dental Infection Control Boot Camp, Atlanta, GA. The 2022 “boot camp” by the Organization for Safety, Asepsis, and Prevention (OSAP) will feature over 22 hours of live educational sessions in a hybrid, in-person/virtual format. All participants will be required to be fully vaccinated or submit a negative COVID-19 test within 48 hours of arrival to the course hotel. There will also be special sessions for the Air Force, Army, Navy, IHS, and VA on January 27th. To learn more, or to register, click [here](#).

January 27-29, 2022: Yankee Dental Congress, Boston, MA. One of New England's largest conferences for dental students and professionals seeking to continue their education and broaden their knowledge of the latest technologies in the industry, the Yankee Dental Congress ranks as the fifth-largest dental event in the United States. To learn more about the meeting, or to register, click [here](#).

February 7-10, 2022: AMSUS Annual Conference, National Harbor, MD. The annual meeting of the Association of Military Surgeons of the U.S. (AMSUS) will be held at beautiful National Harbor at the Gaylord National Resort and Conference Center. The theme of this meeting is “Healthcare Transformation Starts with Medical Education and Training.” There is also a virtual component that will be held February 22-25, 2022. The oral health session, which is still being

finalized, will occur virtually on Thursday, February 24th and brings together representation from the military dental services, the USPHS, and the VA. Speakers include: me, LCDR Amy Respondek, and LCDR Melissa Reyes (USPHS); Dr. David Stanczyk (VA); LCDR Caitlin Darcy (U.S. Navy); MAJ Carleen Sells (U.S. Army); MAJ Jenny Stevens (U.S. Air Force). To learn more about the meeting, click [here](#).

February 24-26, 2022: Chicago Dental Society Midwinter Meeting, Chicago, IL. The 157th Chicago Dental Society Midwinter Meeting will be held as an in-person meeting at Chicago’s McCormick Place West Building. The meeting features over 200 workshops and courses. Learn more or register by clicking [here](#).

March 4-5, 2022: Dental Hygiene Leadership Summit, virtual. The American Dental Hygienists Association (ADHA) is hosting a virtual leadership summit March 4-5, 2022 offering up to nine hours of continuing education, as well as a live, in-person summit adjacent to the ADHA annual meeting in Louisville, Kentucky in June. The summit is designed to provide hygienists with leadership skills. Learn more about the meeting and register by clicking [here](#).

March 7-9, 2022: Santa Fe Group Summit, Arlington, VA. The Santa Fe Group, an oral health think tank, will be holding a follow-up meeting September Salon in March 2022 (as part of its *Continuum on Health Integration*, which is available [here](#)). The agenda is still under development, but you can find additional information as it becomes available on the [SFG website](#). This meeting will be by invitation only.

March 17-19, 2022: The Hinman Dental Society, Atlanta, GA. Sponsored by the Hinman Dental Society, the 2022 meeting will be held at the Georgia World Congress Center and Omni Hotel at CNN Center, and it offers world-class continuing education and all-inclusive technical exhibits. To learn more or to register, click [here](#).

Upcoming Meetings & Events



March 19-22, 2022: American Dental Education Association Annual Session & Exhibition, Philadelphia, PA. The 2022 annual ADEA meeting, with a theme of “Lifting as We Rise,” will bring together dental, allied dental and advanced dental educators and students for four days of world-class educational sessions and an exhibit hall filled with dental education’s leading partners. To learn more, click [here](#).

March 23-26, 2022: AADOCR/CADR Annual Meeting & Exhibition, Atlanta, GA. The 2022 meeting of the American Association for Dental, Oral, and Craniofacial Research (AADOCR, formerly the American Association of Dental Research) and Canadian Association of Dental Research (CADR) will be a hybrid meeting, in person in Atlanta and virtual. Online or onsite, present your cutting-edge research and view top-notch scientific programming, including poster presentations, oral presentations, symposia, and Distinguished Lecture Series plenary sessions. To learn more, click [here](#).

April 10, 2022: Federal Dental Services Session at NOHC, Fort Worth, TX. As part of the NOHC (read below), the Federal Dental Services (FDS) will once again host a weekend workshop prior to the conference. Registration to NOHC is required, but this is a great opportunity for anyone – this session is not restricted to just the Federal Dental Services – to learn about public health issues from the unique perspectives of the Army Dental Corps (represented by Colonel Paul Colthirst and Lieutenant Colonel Peter Drouillard), the Air Force Dental Corps (represented by

Colonel Scott Irwin), the Navy Dental Corps (represented by Captain Kathi Buss), the VA Dental Program (represented by Dr. Gretchen Gibson), and the U.S. Public Health Service Dental Category (host, and represented by Rear Admiral Tim Ricks and Commander Tequilla McGahee). Learn more on the NOHC website as it becomes available (see below).

April 11-13, 2022: NOHC, Fort Worth, TX. The 2022 National Oral Health Conference (NOHC), co-sponsored by the Association of State and Territorial Dental Directors (ASTDD) and the American Association of Public Health Dentistry (AAPHD), will be held in Fort Worth. NOHC offers educational sessions on a diverse array of topics by leaders in the field and is designed for dentists, dental hygienists, health researchers, dental/health educators, legislators, public health officials, Medicaid/CHIP dental program staff or consultants, state/territorial dental directors, county/city/local dental directors, community health center personnel, students, school-based and school-linked health center personnel, federally-employed dental personnel, as well as dental manufacturers/distributors and dental insurance companies – in short, anyone interested in engaging in collaboration to improve the oral health of the public. Registration will open in January 2022. Click [here](#) to learn more about the conference or to register.

July 27-30, 2022: AGD Annual Meeting, Orlando, FL. The 2022 annual conference of the Academy of General Dentistry will be held at the Rosen Shingle Creek July 27-30, 2022. To learn more, click [here](#).

We are America’s Health Responders.

We are the first in line to defend our nation’s public health against threats large and small.

We are the USPHS Commissioned Corps. Visit us at www.usphs.gov.

***In Officio Salutis* (“In the Service of Health”)**

