



USPHS Chief Dental Officer Newsletter #51: August 18, 2020

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*A newsletter provided to USPHS dentists and key partners
to provide updates of USPHS Dental Category and CDO activities*



August is National Immunization Awareness Month: What is Dentistry's Role in Immunizations?

August is National Immunization Awareness Month, an annual observance held to highlight the importance of vaccinations for people of all ages. As we discuss opportunities to improve the bi-directional integration of oral health and primary care, the obvious question is: what is dentistry's role(s) in immunizations?

Let's first look at some key facts. According to information from the Agency for Health Research and Quality (AHRQ), in 2017 31.1 million people in the U.S. had a dental visit but did not have a medical visit. Of these, 700,000 were children 1-4 years of age. This presents an opportunity for oral health professionals in the very least do screen and educate patients about vaccinations, or perhaps move towards what Oregon [legislated in 2019](#), becoming the first state in the U.S. to allow dentists to be able to give all vaccines.

Isn't enough being done on the vaccination front already? Surprisingly, vaccination rates in the U.S. are not as high as one might think. For example, the percent of children 19-35 months receiving vaccinations for diphtheria, tetanus, and pertussis

(DTP/DTaP) was 83.2% in 2018, according to the [CDC](#), while 91.5% were vaccinated with the Measles, Mumps, and Rubella (MMR) vaccine. At the same time, we occasionally see outbreaks of these preventable diseases. For instance, 2019 saw a [measles outbreak](#) where 1,282 confirmed cases were seen in 31 states, the most in a year since 1992.

Vaccines aren't designed just for children, as we know. Multiple cancers are caused by Human Papilloma Virus (HPV), and HPV vaccination can prevent over 90% of



HPV cancers. This is of particular importance to us as oral health professionals, since oropharyngeal cancer (13,500 cases/year) has

now become the most prevalent type of HPV-related cancer, according to the [CDC](#). There are also opportunities for oral health professionals to screen and education adults about vaccines such as influenza, shingles, tetanus and diphtheria, pneumococcal polysaccharide, and more.

In summary, oral health professionals have at least some role in vaccinations, even if it is just to screen their patients and refer them to a medical provider for administration of the vaccine. In addition, at least half of the states are considering using oral health professionals in the administration of the COVID-19 vaccine when it becomes available, according to the [American Association of Dental Boards](#).

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Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

Click [here](#) to learn more.

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Hepatitis B (HepB)	1 st dose	2 nd dose			3 rd dose													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose	4 th dose						5 th dose						
<i>Haemophilus influenzae</i> type b (Hib)			1 st dose	2 nd dose	See Notes		3 rd or 4 th dose, See Notes											
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		4 th dose											
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	3 rd dose							4 th dose						
Influenza (IIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only					
or																		
Influenza (LAIV)												Annual vaccination 1 or 2 doses	Annual vaccination 1 dose only					
Measles, mumps, rubella (MMR)					See Notes	1 st dose						2 nd dose						
Varicella (VAR)							1 st dose						2 nd dose					
Hepatitis A (HepA)					See Notes	2-dose series, See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														Tdap				
Human papillomavirus (HPV)														*	See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)			See Notes											1 st dose		2 nd dose		
Meningococcal B														See Notes				
Pneumococcal polysaccharide (PPSV23)											See Notes							

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Recommended based on shared clinical decision-making or
*can be used in this age group

No recommendation/not applicable

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2020

Click [here](#) to learn more.

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) or Influenza live, attenuated (LAIV)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV) (preferred) or Zoster live (ZVL)			2 doses or 1 dose	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			65 years and older
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
<i>Haemophilus influenzae</i> type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable



Healthy People 2030 Has Begun!

On August 18th, the U.S. Department of Health and Human Services, along with the Office of Disease Prevention and Health Promotion, unveiled [Healthy People 2030](#). Secretary Azar, ADM Giroir, and VADM Adams all participated in the live webinar.

Since 1980, the Healthy People initiative has set goals and measurable objectives to improve health and well-being in the United States. The initiative's fifth edition, Healthy People 2030, builds on knowledge gained over the past 4 decades to address current and emerging public health priorities and challenges.

An interdisciplinary team of subject matter experts developed national health objectives and targets for the next 10 years. These objectives focus on the most high-impact public health issues, and reflect an increased focus on the social determinants of health — how the conditions where people live, work, and play affect their health and well-being.



The Oral Health Workgroup for Healthy People 2030 was led by Dr. Gina Thornton-Evans from the CDC Division of Oral Health and included CAPT Renée Joskow, representing HRSA; Dr. Tim Iafolla, representing NIDCR; and me, representing IHS. The overall goal of the oral health Healthy People 2030 objectives is to “improve health by increasing access to oral health care, including preventive services.”

There are 11 specific oral health objectives and 1 developmental objective, but there are [14 objectives related to oral conditions](#). Click on the hyperlinks below to learn more about each of these objectives including the baseline measurement, target, data source, and summary information.

Goal of Oral Health Objectives:
Improve oral health by increasing access to oral health care, including preventive services

Oral Conditions – General

- [Reduce the proportion of adults with active or untreated tooth decay — OH-03](#)
- [Increase the proportion of oral and pharyngeal cancers detected at the earliest stage — OH-07](#)
- [Increase use of the oral health care system — OH-08](#)

Adolescents

- [Reduce the proportion of children and adolescents with lifetime tooth decay — OH-01](#)
- [Reduce the proportion of children and adolescents with active and untreated tooth decay — OH-02](#)

Health Care Access and Quality

- [Increase the proportion of people with dental insurance — AHS-02](#)
- [Reduce the proportion of people who can't get the dental care they need when they need it — AHS-05](#)

Healthy Policy

- [Increase the proportion of people whose water systems have the recommended amount of fluoride — OH-11](#)

Nutrition and Healthy Eating

- [Reduce consumption of added sugars by people aged 2 years and over — NWS-10](#)

Older Adults

- [Reduce the proportion of older adults with untreated root surface decay — OH-04](#)
- [Reduce the proportion of adults aged 45 years and over who have lost all their teeth — OH-05](#)
- [Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis — OH-06](#)

Preventive Care

- [Increase the proportion of low-income youth who have a preventive dental visit — OH-09](#)
- [Increase the proportion of children and adolescents who have dental sealants on 1 or more molars — OH-10](#)

Public Health Infrastructure

- [Increase the number of states and DC that have an oral and craniofacial health surveillance system — OH-D01](#)

By using Healthy People 2030 in your work, you can help improve health nationwide! Objectives are organized into intuitive topics so you can easily find data that's relevant to your work. And Healthy People 2030 provides evidence-based resources and tools you can use to set strategies for reaching Healthy People targets in your community, state, or organization. [Start exploring Healthy People 2030 today!](#)

How can I use Healthy People 2030 in my work?

Healthy People addresses public health priorities by setting national objectives and tracking them over the decade. Join us as we work to improve health and well-being nationwide.



1. Identify needs and priority populations

- » Browse objectives to learn about national goals to improve health
- » See how national goals align with your priorities
- » Consider focusing on groups affected by health disparities

Use this information to make the case for your program, secure resources, and build partnerships.



2. Set your own targets

- » Find data related to your work
- » Use national data to set goals for your program

Healthy People 2030 establishes objectives and targets for the entire United States, but setting local targets contributes to national success.



3. Find inspiration and practical tools

- » Explore critical public health topics relevant to your work
- » Learn about successful programs, policies, and interventions
- » Look for evidence-based resources and tools your community, state, or organization can use



4. Monitor national progress — and use our data as a benchmark

- » Check for updates on progress toward achieving national objectives
- » Use our data to inform your policy and program planning
- » See how your progress compares to national data

Visit health.gov/healthypeople/tools-action to get started using Healthy People 2030 — and use #HP2030 to share your successes on social media!



Healthy People 2030

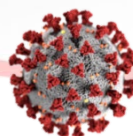


ODPHP | Office of Disease Prevention and Health Promotion

For sample social media messages and graphics, and tips for promoting Healthy People 2030, please visit: <https://health.gov/our-work/healthy-people-2030/promoting-healthy-people-2030#sample>



COVID-19 News



WHO Issues Controversial Guidance on Essential Oral Health Services:

On August 3, 2020, the World Health

Organization

(WHO) released

[Considerations](#)

[for the Provision](#)

[of Essential Oral](#)

[Health Services](#)

[in the Context of](#)

[COVID-19](#). In

the guidance,

WHO

recommended

that “routine

non-essential oral health care – which usually includes

oral health check-ups, dental cleanings and preventive

care – be delayed until there has been sufficient

reduction in COVID-19 transmission rates from

community transmission to cluster cases or according

to official recommendations at national, sub-national

or local level. The same applies to aesthetic dental

treatments. However, urgent or emergency oral

health care interventions that are vital for pre serving

a person's oral functioning, managing severe pain or

securing quality of life should be provided.”

Unfortunately, on August 11th, multiple news articles

began reporting that the WHO “urges delay of dental

checkups,” without fully describing the WHO

recommendations, especially that which I underlined

above. As a result, multiple organizations – including

the [FDI World Dental Federation](#), the [American Dental](#)

[Association \(ADA\)](#), the American Dental Hygienists

Association (ADHA), the National Dental Association

(NDA), the Hispanic Dental Association (HDA), and

others [the latter three responses are not yet available

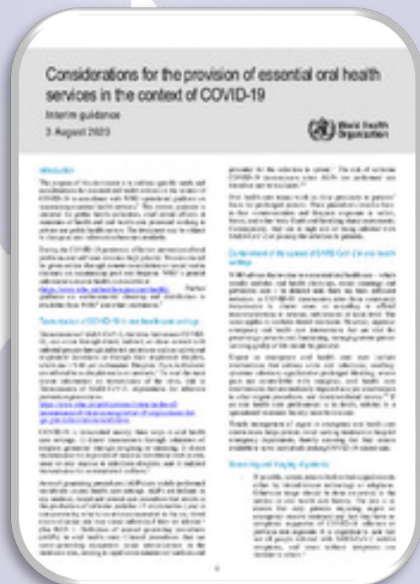
online] – issued rebuttal statements and/or

statements concerning the safety of re-opening dental

practices and providing essential oral health services

in the U.S. By August 13th, WHO's chief dental officer,

Dr. Benoit Varonne, issued a clarifying statement:



“Unfortunately, a number of media headlines intentionally or not - when they are referring to the WHO guidance, did not mention that the recommendation to delay routine oral health care is only suggested in an intense uncontrolled community transmission scenario. A scenario that [may] not fit with the current situation of most of countries around the world. So please be aware of the missing information sometimes disseminated by the media that could increase fear and concern of patients seeking oral health care. I think we have all to play a part in sharing with the public, national dental associations and health authorities the full story provided in the guidance document.”

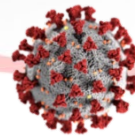
CDC Dental Guidance Updated: On August 4th, the Centers for Disease Control and Prevention Division of Oral Health released an update on their [Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#). Updated changes included an updated definition of fever, new guidance that protective eyewear with gaps between the glasses and face likely do not protect eyes from all splashes and sprays, new guidance on physical distancing, how to respond to SARS-CoV-2 exposures among dental healthcare personnel, and recommendations on eye protection and an N95 or N95 equivalent respirator in areas with moderate to substantial community transmission with patients not suspected of infection. To read all of the guidance, click on the above hyperlink.

Oral Health and COVID-19: Increasing the Need for Prevention and Access: As part of the CDC's [US Public Health Response to COVID-19 and Chronic Disease](#)

special supplement published last week, Drs. Zachary Brian and Jane Weintraub penned an [article](#) emphasize the importance of improving access to oral health care and improving population health, especially for vulnerable populations. Opportunities going forward include focusing on prevention and non-aerosol-generating procedures, improving communication, advancing teledentistry, and more.



COVID-19 News



OSAP/DentaQuest Partnership Patient Guide to Receiving Dental Care during COVID-19 Now Available: The DentaQuest Partnership/Organization for Safety, Asepsis, and Prevention (OSAP) patient [communication guide](#) is now available. This guide explains what patients may expect before, during and after their dental appointment as dental clinics have reopened during the pandemic.

Rural Surge Readiness Team Releases Web Portal:

This new [web tool](#) developed by the COVID-19 Healthcare Resilience Working Group, provides the most up-to-date and critical resources for rural healthcare systems preparing for and responding to a COVID-19. The resources, guidance, and training span a wide range of healthcare settings (EMS, inpatient and hospital care, ambulatory care, and long-term care) is appropriate for executives, managers, and providers, and covers a broad array of topics ranging from behavioral health to healthcare operations to telehealth.

OMH Symposium Shares Promising Practices: On Thursday, September 17, 2020, the U.S Department of Health and Human Services (HHS) Office of Minority Health (OMH) is hosting a [virtual symposium](#) to highlight state, Tribal, territorial and community-based efforts to address COVID-19 among racial and ethnic minority populations. The *Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities* virtual symposium will feature presentations and strategies developed for public health leaders and community organizations confronting the pandemic. According to the [Centers for Disease Control and Prevention \(CDC\)](#), long-standing systemic health and social inequities have put racial and ethnic minority groups at an elevated risk of contracting COVID-19 or experiencing severe illness, regardless of age. The OMH virtual symposium seeks to support the dissemination of promising practices, programs, and strategies for combating the pandemic, especially in racial and ethnic minority communities. Help advance the response to COVID-

19 by spreading the word about the [virtual symposium](#). Stay up to date by signing up for [OMH email updates](#) and by following OMH on [Twitter](#), [Facebook](#), and [Instagram](#).

Serious Adverse Health Events, Including Death, Associated with Ingesting Alcohol-Based Hand Sanitizers Containing Methanol:

CDC released an [MMWR on the serious adverse health events, including death, associated with ingesting alcohol-based hand sanitizers containing methanol](#) in Arizona and New Mexico from May to June 2020. Alcohol-based hand sanitizers should only contain ethanol or isopropanol, but some products imported into the United States have been found to contain methanol. From May 1 through June 30, 2020, 15 cases of methanol poisoning were reported in Arizona and New Mexico, associated with swallowing alcohol-based hand sanitizers.

Four patients died, and three were discharged with visual impairment.

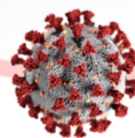


How COVID-19 is Impacting Dental Practices: In case you missed the August 5th ADA webinar, *How COVID-19 is Impacting Dental Practices and Patient Attitudes toward Visiting the Dentist*, you can download these slides on the [ADA Health Policy Institute website](#). Of particular interest – in addition to the biweekly core questions concerning pay, PPE availability, patient volume, etc. – are the consumer questions and responses.

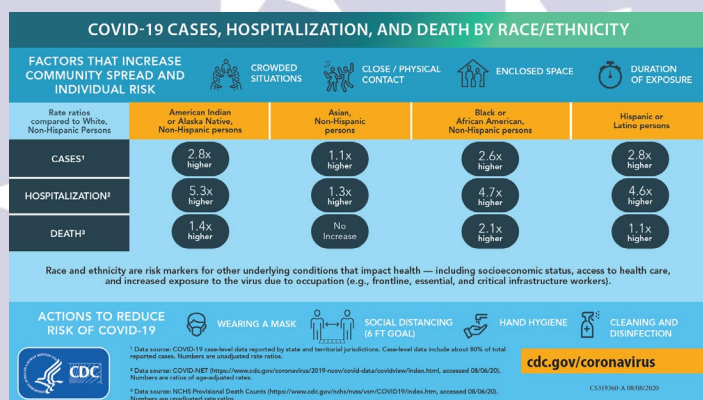
Updated FDA News: As a reminder, you can go to the [FDA website](#) and get a daily roundup of news of interest. For example, one of the updates last week concerned FDA's efforts to protect consumers from unapproved products including "cures" for COVID-19, methanol in hand sanitizers, and more.



COVID-19 News



Infographics on COVID-19 related to age, race, or medical conditions: The CDC recently released three infographics on COVID-19 regarding medical conditions, age, and race/ethnicity. Click on these links to read more or to copy these graphics: (1) [COVID-19 Associated Hospitalization Related to Underlying Medical Conditions \(PDF Link\)](#); (2) [COVID-19 Hospitalization and Death by Age \(PDF Link\)](#); and (3) [Risk of Hospitalization & Death by Race & Ethnicity \(PDF Link\)](#)



Aerosol Generating Procedures and Their Mitigation – International Guidance Documents: Cochrane Oral Health has put together a rapid review to assess how dental aerosol-generating procedures (AGPs) were defined in international dental guidelines and what mitigation procedures were recommended. The review is the work of a collaborative group of researchers and clinicians from a range of UK institutions, including the Scottish Dental Clinical Effectiveness Programme, NHS Education for Scotland, NHS Greater Glasgow and Clyde, the Universities of Aberdeen, Dundee, and Manchester, and Cochrane Oral Health. To learn more, including key messages, view the document, or view a summary infographic, click [here](#).

HHS, DOD Collaborate with Johnson & Johnson to Produce Millions of COVID-19 Investigational Vaccine Doses: HHS and DoD announced an [agreement with the Janssen Pharmaceutical Companies of Johnson & Johnson, to demonstrate large-scale manufacturing and delivery of the company's COVID-19 vaccine candidate](#). Under the terms of the agreement, the

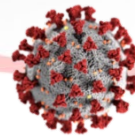
federal government will own the resulting 100 million doses of vaccine. The vaccine doses could be used in clinical trials or, if the FDA authorizes use as outlined in agency [guidance](#), the doses would be distributed as part of a COVID-19 vaccination campaign.

Provider Relief Fund Extension. HHS [announced an application deadline extension](#) for the Phase 2 general distribution to Medicaid, Medicaid managed care, Children's Health Insurance Program (CHIP) and dental providers. HHS also plans to allow certain Medicare providers who experienced challenges in the Phase 1 Medicare General Distribution application period a second opportunity to receive funding. Both groups will have until Friday, August 28, 2020 to apply. Starting the week of August 10, providers who experienced change in ownership challenges may submit their revenue information, along with documentation proving a change in ownership, by August 28 for consideration for Provider Relief Fund payment. HHS is currently working to address relief payments to new providers in 2020 along with those that have yet to receive any funding for a variety of reasons, including the fact that they may only bill commercially, or do not directly bill for the services they provide under the Medicare and Medicaid programs and thus did not receive any funding yet. Future announcements will be provided. For updated information and data on the Provider Relief Fund, click [here](#).

ADA Return To Work Toolkit Updated: The ADA toolkit, which can be downloaded by clicking [here](#), has undergone a few updates, including the updated CDC guidance for patients reporting COVID-19 symptoms after an appointment and new guidance on protecting staff with consideration for private staff areas of the office. There are also some ADA member exclusive updates including (1) the Patient Return Resource Center to help your patients feel confident returning for routine care, (2) Flowchart and guidance for handling a positive COVID-19 test on staff or in a staff member's household (*ADA member exclusive*), and (3) guidance on paying staff on leave due to COVID-19.



COVID-19 News



New Lancet Article suggests that COVID-19 is an opportunity for reform in dentistry: a [new article](#) published as correspondence in *The Lancet* describes the role of oral health professionals during the pandemic and says that the pandemic creates opportunities for reform including prioritizing care for vulnerable populations, looking at less invasive and more preventive approaches in dentistry, and ceasing ineffective treatments. Click on the above link to read the entire commentary.

NIH-Moderna Investigational COVID-19 Vaccine Shows Promise in Mouse Studies: The [investigational vaccine known as mRNA-1273 protected mice from infection with SARS-CoV-2](#), the virus that causes COVID-19, according to research published today in *Nature*. Scientists at the NIAID, part of the NIH, and the biotechnology company Moderna, based in Cambridge, Massachusetts, along with collaborators from the University of North Carolina at Chapel Hill, Vanderbilt University Medical Center in Nashville, and the University of Texas at Austin conducted the preclinical research. The findings show that the investigational vaccine induced neutralizing antibodies in mice when given as two intramuscular injections of a 1-microgram (mcg) dose three weeks apart. Additional experiments found that mice given two injections of the 1-mcg dose and later challenged

with SARS-CoV-2 virus either 5 or 13 weeks after the second injection were protected from viral replication in the lungs and nose. Importantly, mice challenged 7 weeks after only a single dose of 1 mcg or 10 mcg of mRNA-1273 were also protected against viral replication in the lung.

Update from the Federal Bureau of Prisons (BOP): As of August 15, 2020, the [BOP website](#) states that 1,272 federal inmates and 571 staff have confirmed positive test results for COVID-19 nationwide and that 9,914 inmates and 833 staff have recovered. There have been 113 federal inmate deaths and 1 BOP staff member death attributed to COVID-19 disease.

Update from the Indian Health Service (IHS): As of August 14, 2020, the [IHS website](#) states that 568,862 American Indians and Alaska Natives have been tested for coronavirus, with 37,315 testing positive. Of those, 10,925 are in the Navajo (Four Corners) Area, while 8,465 are in the Phoenix Area (Nevada, Utah, Arizona).

Update from the ICE Health Service Corps: As of August 13, 2020, the Immigration and Customs Enforcement Health Service Corps [\(IHSC\) website](#) states that 22,580 detainees have been tested and 1,069 COVID-19 positive cases are currently in custody.

Watch your distance. Strive to be at least 6 feet away from others.



Wear a face covering.



Wash your hands



Know and Share the 3 W's.

Protect your health.

Listen to Surgeon General VADM Jerome Adams by clicking [here](#). #COVIDStopsWithMe

HHS.gov



2020-30 Designated Decade of Healthy Aging: On August 3rd, the 73rd World Health Assembly adopted 2020-2030 as the “Decade of Healthy Aging.” This designation recognizes that fast pace of aging across the world and the impact that this will have “on almost all aspects of society.” Already, there are more than 1 billion people aged 60 or older, with most living in low- and middle-income countries. To learn more about this WHO designation, click [here](#).

NIDCR Names New Director: On August 13th, it was announced that National Institutes of Health (NIH) Director Dr. Francis S. Collins, has selected Rena N. D’Souza, D.D.S., M.S., Ph.D., as director of NIH’s National Institute of Dental and Craniofacial Research (NIDCR). A licensed dentist, Dr. D’Souza is currently the assistant vice president for academic affairs and education for health sciences at the University of Utah, Salt Lake City. She is expected to begin her new role as the NIDCR director later this year. As NIDCR director, Dr. D’Souza will oversee the institute’s annual budget of over \$475 million. To read the full press release, click [here](#).



Voice-Integrated Toothbrush System in the Future: Oral-B and Amazon Alexa have teamed up to merge voice technology into oral hygiene. An [article](#) published August 10th states that the new voice-integrated toothbrush system will allow users to tap into the system to get real-time feedback about brushing via voice tech and receive an analysis of their brushing habits through a smartphone app.

CDC Dental Public Health Residency Applications Open: The Centers for Disease Control and Prevention (CDC) Division of Oral Health is now accepting applications for the 2021–2022 [Dental Public Health Residency \(DPHR\) Program](#). This formal training

program produces skilled specialists in dental public health who can work collaboratively with their public health and dental colleagues in an array of health settings to achieve improved oral health for populations. Applications must be submitted by September 28, 2020 to be considered. For more information about the program, including eligibility requirements, please click on the above hyperlink.

NDA on-Demand 2020 Virtual Convention Available: The 2020 National Dental Association (NDA) Annual Convention, which was held June 18th through July 23rd, is now available virtually for CE credit. There are 17 different recorded webinars available, but to access them, you must [register online](#) (be a paid registrant), enter the password provided by e-mail, and after watching the webinar you must complete and submit the evaluation and test with a passing score of 80%.

APHA Creates New Award Honoring Caswell Evans: the American Public Health Association (APHA) announced on August 15th the formation of the Caswell A. Evans Population Oral Health Post-Professional Student Award. The purpose of this award, to be presented at the annual meeting on October 25th, is to highlight the population-based oral health projects of post-professional students. It is named after Dr. Caswell Evans, a noted author, teacher, and the executive editor of the first Surgeon General’s Report on Oral Health released in 2000.

Periodontal Disease Linked to Cancer: A [new letter published in Gut](#), part of the British Medical Journal (BMJ) Group, showed an association between periodontal disease and tooth loss with risk of esophageal and gastric adenocarcinoma. Researchers from Harvard prospectively examined risk in almost 100,000 women from the 1992-2014 Nurses’ Health Study and almost 50,000 men from the 1988-2016 Health Professionals Follow-up Study and found that, over 22-28 years of follow-up, history of periodontal disease was associated with a 43% increased risk of esophageal cancer and a 52% increased risk of gastric adenocarcinoma.

Indian Health Service Division of Oral Health Brings Back JR COSTEPs

The Indian Health Service (IHS) Division of Oral Health, is working in collaboration with the USPHS Commissioned Corps Headquarters to renew the Junior Officer Student Training and Externship Program (JR COSTEP) for dental students. In this first year of the renewed program, the IHS Division of Oral Health will take up to five highly motivated D3 (Class of 2022) students who are public health minded and are seriously considering a career in the USPHS upon graduation. The assignments will range from 31 to 45 days during the period of May 1 and August 31, 2021. Four sites have enthusiastically signed up to host students in 2021. The deadline to apply is September 30, 2020 - <https://www.usphs.gov/apply-now>.

The [Wewoka Indian Health Center](#) is a small, Joint Commission accredited ambulatory health center located in Wewoka, Oklahoma, a city of just over 3,000 located in east central Oklahoma. The program provides care primarily to the Seminole Nation of Oklahoma. The eight-chair dental program employs 18 dental staff, including five dentists.



The [Northern Navajo Medical Center](#) is a large hospital located in Shiprock, New Mexico in far northwest New Mexico, providing care to over 80,000 Native Americans, primarily Navajo. The main hospital-based dental program has 24 chairs and 39 dental staff, including 15 dentists. The program also has two satellite clinics: Dzilth-Na-O-Dithle Health Center, with six operatories and 8 dental staff; and Four Corners Health Center, with 24 operatories and 17 dental staff.



The [Chemawa Health Center](#) is an AAAHC accredited ambulatory health center accredited through the located in Salem, Oregon, the capital of Oregon seated in northwestern Oregon and with a metropolitan population of over 400,000 people. The dental program consists of 15 operatories and 11 dental staff, including three dentists.



The [St. Regis Mohawk Health Services](#) is an ambulatory health center managed by the St. Regis Mohawk Tribe, and is located in Akwesasne, New York on the Canadian border in northeastern New York. The program serves over 3,000 Native Americans, and the dental clinic consists of four dental operatories and nine dental staff, including three dentists.



What do students get out of signing up as a JR COSTEP? First, it allows the student to have a longer experience in a public health dental practice. Second, students get benefits such as a salary (as an O-1), basic allowance for housing, travel, annual/sick leave like an officer, and more. Third, it gives students a chance to learn more about the USPHS from some of our best dental officers. Compared to a typical two-week dental student externship experience, these benefits are really good!

Please help us promote this opportunity to the dental Class of 2022! Interested students can go to www.usphs.gov/students to learn more about eligibility requirements and to request more information.

Upcoming Meetings & Events



If you know of other meetings, please e-mail USPHSCDO@ihs.gov. Listing of meetings and events is for your information only and does not constitute an endorsement of an organization or event.

October 15-19: American Dental Association (ADA) and Florida Dental Convention (FDC) Annual Session. Originally scheduled to be held in Orlando, this meeting has now moved to a virtual meeting. Now named the “ADA FDC Virtual Connect Conference,” the meeting will include live and on-demand access and include a virtual exhibit hall, wellness sessions, CE course selection flexibility, and more. In addition, the House of Delegates will be meeting virtually as well. Registration is now open. Click [here](#) to learn more about this meeting.

October 24-28: American Public Health Association (APHA) Annual Meeting and Expo. Like other meetings during the pandemic, the APHA meeting has moved to completely virtual. [Registration](#) is now open for the conference. The agenda for the Oral Health section

program, which runs from 11-2 ET on 10/25, 1:30 – 7:30 ET on 10/26, 1:30 – 9:30 ET on 10/27, and 11:30 – 5:00 ET on 10/28 can be found by clicking [here](#).

October 25-28: National Network for Oral Health Access (NNOHA) Virtual Conference. [NNOHA](#), founded in 1991 by a group of dental directors from Federally Qualified Community Health Centers, is holding their annual conference for 2020 virtually. The theme of this year’s conference is “We’re Better Together.” Registration for the conference is now open, and more information can be found [here](#).

June 9-12, 2021: Academy of General Dentistry Scientific Session 2021. AGD 2021 is scheduled to take place at the Austin Convention Center in August, Texas. Early bird registration has already begun and will last until March 1, 2021, with regular registration until June 8, 2021. For more information on registration, click [here](#).

Upcoming Chief Dental Officer Events

Below is a list of events in which I am speaking over the next few months, unless otherwise noted. Send invitations to USPHSCDO@ihs.gov.

August 26, 2020: American Student Dental Association (ASDA) Council on Advocacy Webinar – co-presenter with Dr. Jane Grover from the ADA

September 14, 2020: 2020 American Dental Education Association (ADEA) Leadership Institute Webinar

September 21, 2020: Nevada Public Health Association Conference (virtual) – keynote

September 26, 2020: Hispanic Dental Association Student Regional Meeting (virtual)

September 26, 2020: American Dental Association (ADA) 4th District Caucus (virtual) – participant only

September 30, 2020: Wisconsin Oral Health Coalition Meeting (virtual)

October 1, 2020: National Advisory Committee on Health Literacy (virtual) – keynote

October 2, 2020: Canadian Association of Public Health Dentistry Conference (virtual) – co-presenting keynote with Canadian Chief Dental Officer, James Taylor

October 3, 2020: Global Summits Institute Podinar

October 20, 2020: University of the Pacific Faculty/Student Series (virtual)

October 13, 2020: Edward B. Shils Entrepreneurial Fund 2020 Awards Program (virtual)

October 15-19, 2020: American Dental Association Annual Session (virtual) – delegate and participant only

October 24, 2020: American Dental Assistants Association – brief greeting to House of Delegates only

October 30, 2020: Mississippi Oral Health Coalition Stakeholders Meeting (virtual)

November 10, 2020: Meharry School of Dentistry (in person)

November 13, 2020: American Dental Education Association Deans Conference (virtual)

November 13, 2020: Dental Trade Alliance Conference (virtual)

November 21, 2020: American Academy of Oral Surgery Conference (virtual) – keynote