

December 20, 2019

Thomas J. Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Administrator Engels:

On behalf of the 163,000 members of the American Dental Association (ADA), we are writing to you regarding the PreventionX Request for Information (RFI). Thank you for making prevention a priority for the Health Resources and Services Administration (HRSA) and for issuing a RFI on this important topic. The ADA also wishes to congratulate you on recently being named Administrator. We look forward to working with you on this RFI and many other areas of mutual interest on oral health.

The most effective way to ensure optimal oral health is to prevent oral disease before it starts. Oral diseases like dental caries and periodontal disease are among the most common and costly chronic conditions in the United States, but they are largely preventable. And prevention of oral health diseases is critical to good overall health. For a healthcare care system focused on reward and improving patient outcomes, addressing oral disease prevention in today's social and economic environment is imperative.

Oral disease prevention fits into all of the buckets in the Centers for Disease Control and Prevention (CDC) Three Buckets of Prevention framework. Traditional clinical prevention, including regular dental visits, is key to good oral health, as is innovative clinical prevention such as the use of Community Dental Health Coordinators (CDHCs) and vaccination and screenings for oropharyngeal cancer. Community-wide prevention, especially water fluoridation, is also critically important. The ADA urges HRSA to include these interventions in prevention initiatives, and to partner with private sector stakeholders such as the ADA and local and state dental societies. Action for Dental Health (Public Law 115-302) authorizes HRSA to award grants, contracts, or collaborative agreements to these private sector stakeholders for the purposes of developing and implementing initiatives to improve oral health.

One such initiative is the increased use of [community dental health coordinators](#) (CDHCs). CDHCs are unique “dental versions” of community health workers that coordinate care between the often fragmented medical and dental sectors. Assistance in navigating community members among medical, dental, and public health sectors could prevent the worsening of disease. With tens of millions of Americans lacking adequate access to dental care, finding a dentist is often difficult due to social determinants of health such as language

barriers and transportation. Connecting individuals through patient navigation and care coordination increases access to care for the public.

While the death rates for several forms of cancer have declined over the years, numerous studies have reported an increase in Human Papillomavirus (HPV)-related oropharyngeal cancer in recent decades.¹⁻³ The rising incidence of oropharyngeal squamous cell carcinoma (OSCC) has been attributed to a 225 percent increase in HPV-related OSCC.^{1,2} Today, around 70 to 80 percent of oropharyngeal cancers in the U.S. are attributable to HPV, and the incidence is over three times higher in men.³ We urge HRSA to implement initiatives on oral cancer screening and HPV vaccination.

Community water fluoridation is one of the top ten public health achievements of the 20th century according to the [CDC](#). The American Public Health Association's policy [20087](#) on community water fluoridation supports the continued education of the public on the value of this oral health disease prevention program. While the number of communities and people who benefit from water fluoridation is continuing to grow, there is misinformation about the safety and efficacy of community water fluoridation. We urge the U.S. Department of Health and Human Services (HHS) to include community water fluoridation as a prevention program to delay or avoid oral disease in the American public.

Thank you again for the opportunity to comment on the PreventionX RFI. The ADA looks forward to continuing to collaborate with HRSA on oral disease prevention. Should you have any questions, please do not hesitate to contact Ms. Roxanne Yaghoubi in the ADA's Washington office at (202) 789-5179 or yaghoubir@ada.org.

Sincerely,



Chad P. Gehani, D.D.S.
President



Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

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¹ Chaturvedi AK, Engels EA, Anderson WF, Gillison MF. Incidence trends for human papillomavirus-related and -unrelated oral squamous cell carcinomas in the United States. *J Clin Oncol* 2008;26:612-9.

² Siegel RL, Miller KD, Jemal A. Cancer statistics, 2019. *CA Cancer J Clin*. 2019 Jan 8.

³ Simard EP. Cancers with increasing incidence trends in the United States: 1999 through 2008. *CA Cancer J Clin*. 2012 Mar-Apr;62(2):118-28. doi: 10.3322/caac.20141. Epub 2012 Jan 4.