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**Cc:** Fox, Christopher (IADR)  
**Subject:** [EXTERNAL] IADR Draft Fluoride Science Position Statements  
**Attachments:** IADR CWF Position Statement Update FINAL draft.pdf, IADR DFS Position Statement FINAL draft.pdf

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Dear All,

Attached are two position statements that serve as updates to existing IADR fluoride position statements: [Fluoridation of Water Supplies](#) (adopted 1979, updated 1999) and [Dietary Fluoride Supplements](#) (adopted 1983). As mentioned during our call, these statements are at various stages of the review process and ultimately need to be reviewed by the IADR Council in June 2022. I will be sure to share the third statement on 'Topical Fluoride' when it has reached as similar stage as the others.

Please do not hesitate to let me know if you have any questions.

\*\*\* Please, please share details regarding the DEI efforts that Jennifer described towards the end of the call. The ADEA/AADOCR Deans meeting can go a long way towards these efforts...

Warm regards,

Makyba

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## Position Statement on Community Water Fluoridation

L.G. Do, J.A. Cury, P. James, P.A. Mossey, F.V. Zohoori, C.H. Fox, and M.K.S. Charles-Ayinde

The International Association for Dental Research (IADR) supports community water fluoridation as a safe and effective, evidence based intervention for the prevention of dental caries. This public health measure has a high benefit/cost ratio and benefits deprived communities the most thus reducing health inequalities. While fluoride occurs naturally in water, levels vary depending on regions and sources of water. Fluoridation is the controlled addition of a precise amount of fluoride to community water systems to the level beneficial for dental health, without systemic health side effects. The practice of adding fluoride to community water supplies began after Dr. H. Trendley Dean observed a dose response relationship between naturally occurring fluoride levels in water with dental fluorosis and caries in his famous 21-city study<sup>1</sup>. Community water fluoridation began in Grand Rapids, Michigan, USA in 1945 and reached 63.4% of the United States population in 2018<sup>2</sup>. Globally, over 400 million people in 25 countries have access to community water fluoridation<sup>3</sup>. The 75-year history of community water fluoridation as a public health measure has been summarised in an IADR Centenary Review<sup>4</sup>.

Dental caries – the destruction of dental hard tissues – can result in pain, infection and tooth loss<sup>5</sup>. Caries is caused by acidic by-products produced from bacterial fermentation of free sugars, mainly sucrose. Dental caries is one of the most common non-communicable diseases that affects both adults and children globally<sup>6</sup>. The prevalence of dental caries remains high globally and across countries with different sociodemographic index (SDI) status<sup>7</sup>. Children with poor oral health are more likely to miss school and suffer academically<sup>8,9,10</sup>. The health and social impact of dental caries have been reported among people of all ages, from very young children to the elderly<sup>11,12,13</sup>. The economic impact of dental caries on the affected individuals and society has also been documented<sup>14</sup>. Socioeconomic inequalities in oral health at global and regional level are detrimental to improving population oral health<sup>15</sup>.

An adequate continuous exposure to fluoride provides significant protection from dental caries<sup>16,17</sup>. Community water fluoridation is the simplest way to maintain a constant low dose of fluoride in the oral cavity, through drinking fluoridated water or ingesting meals prepared with fluoridated water<sup>18,19</sup>. Numerous recent systematic reviews have found that water fluoridation is associated with a significant decrease in dental caries, mostly in children<sup>20,21,22,23,24</sup>. In the early 2000s, a review by the US Community Preventive Services Task Force (CPSTF), found that starting water fluoridation decreased caries in children aged 4-17 by 30-50% and that stopping water fluoridation increased caries by 18%<sup>24</sup>. Those results were confirmed by other systematic reviews conducted in the 2000s by UK Medical Research Council (MRC) and Australia National Health and Medical Research Council (NHMRC)<sup>22,25</sup>. A recent systematic review of 20 studies by the Cochrane Collaboration, showed that water fluoridation decreased dental caries in both primary and permanent teeth of children and increased the number of children free of decay in primary and permanent teeth, despite concerns about quality of the available evidence<sup>21</sup>, as well as methods used in the review<sup>26</sup>. A review by NHMRC ‘found that water fluoridation reduces tooth decay by 26-44% in children, teenagers and adults’<sup>23</sup>.

Community water fluoridation is a cost-effective method of delivering caries prevention to a large population<sup>51</sup>. A systematic review of the best available evidence pertaining to water fluoridation from cohort studies showed consistent evidence of a protective effect<sup>51,52</sup>. Additionally, a systematic review by the CPSTF found that water fluoridation is cost saving<sup>14</sup>. In other words, the savings from fewer dental restorations are greater than the cost of fluoridation

for communities of greater than 1,000 people, and the larger the community, the greater the cost saving. Economic analyses from other countries have supported the findings<sup>27,28,29</sup>.

Community water fluoridation may also reduce oral health inequalities. Inequality in dental caries experience has been well documented in most developed economies with children and adults from lower socioeconomic status (SES) backgrounds experiencing more caries than those from high SES backgrounds and less likely to be treated for the disease<sup>30,31,32</sup>. When drinking water has an optimal fluoride concentration, fluoride can be passively delivered to community residents regardless of socioeconomic status or ability to access dental services. The York review<sup>22</sup> concluded there was some evidence that water fluoridation reduced SES inequalities in caries levels in children, while the Cochrane review<sup>21</sup> found insufficient evidence that fluoridation reduced inequalities. The NHMRC review<sup>23</sup> concluded that there was limited evidence that fluoridation reduced SES inequalities and called for further high-quality research. More recent studies from different countries reported evidence that fluoridation reduced SES inequalities<sup>48</sup>. It is worth noting that a fundamental inequality surrounds the variability in water sources and water supply infrastructure, in that there are large parts of the world where community water fluoridation would not be possible or would be impractical because the major source of domestic and drinking water is groundwater boreholes and fluoride levels are variable and often unknown.

Community water fluoridation is a safe method of delivering fluoride at a population level. There have been numerous systematic reviews of the potential adverse health effects of water fluoridation<sup>22,23,35,36,37</sup>. None has concluded that there is a significant or consistent association between water fluoridation and the outcomes examined, including neurologic conditions, cancer or osteoporosis.

Dental fluorosis resulting in tooth discoloration is the only known adverse health effect of water fluoridation<sup>39</sup>. Teeth are only at risk of fluorosis until about age 8 during enamel formation<sup>40</sup>. The World Health Organization (WHO) recommends a concentration of 0.5 to 1.5 mg/L of to achieve caries prevention while minimizing the risk of dental fluorosis. This concentration varies depending on climate, local environment, and other sources of fluoride. Countries have decided on the concentration of water fluoride appropriate for their context. While people who drink from fluoridated water sources are at greater risk of dental fluorosis, most people who drink fluoridated water do not develop dental fluorosis<sup>23</sup>. The cases of dental fluorosis that do develop are very mild. These changes, not usually visible to the naked eye, do not affect the function of the teeth or oral health-related quality of life<sup>41</sup>. Dental fluorosis at that level has been found diminished over time<sup>42,43</sup>. Severe cases of dental fluorosis are rare in communities serviced by community water fluoridation and are not associated with fluoridated water<sup>23</sup>.

Community water fluoridation is supported by various groups, including the WHO<sup>44</sup>, the Fédération Dentaire Internationale (FDI World Dental Federation)<sup>45</sup>, national dental and health organizations, among others. Additionally, in 1999, the CDC identified community water fluoridation as one of 10 great public health achievements of the 20<sup>th</sup> century because of its effectiveness and ability to distribute fluoride equitably and cost-effectively<sup>46</sup>. To bolster this, the CDC has recently supported the creation of new technology to meet the need of rural areas and smaller sized water systems to optimally fluoridate water utilizing a cost effective tablet system<sup>38</sup>.

While IADR always welcomes research on water fluoridation safety and effectiveness, in the current context of fluoride availability, the balance of evidence currently shows that community water fluoridation is safe, effective and cost-saving and reduces oral health disparities.

Therefore, IADR supports community water fluoridation and recommends the adjustment of fluoride concentration in community water to an optimum level according to national guidelines of each country. To facilitate optimization of water fluoride concentration, IADR also supports external independent controls to monitor the concentration of fluoride in water considering the challenges associated with optimization<sup>49,50</sup>. Comparative analysis and cost-benefit analysis are also encouraged to facilitate water fluoride concentration optimization.

IADR encourages dental health professionals to sensitize the public about the benefits of CWF to ensure sustained municipal water fluoridation. Local chapters of IADR are advised to organize seminars to educate local government policymakers about CWF and conduct Continuing Education (CE) programs to train members in dental health advocacy. Advocacy efforts should emphasize on the consistent research findings about the effectiveness of water fluoridation in preventing dental caries and counter misinformation surrounding the issue<sup>47</sup>.

## Author Contributions

L.G. Do contributed to design, data acquisition, analysis, and interpretation, drafted and critically revised the manuscript, all members of the IADR Science Information Subcommittee, contributed to conception and design, critically revised the manuscript. M.K.S. Charles Ayinde contributed to conception, design, and interpretation, and critically revised the manuscript; C.H. Fox, contributed to conception, critically revised the manuscript. All authors gave final approval and agree to be accountable for all aspects of the work.

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## Position Statement on Supplementary Dietary Fluoride

F.V. Zohoori, P.V. Vasantavada, L.G. Do, P.A. Mossey, C.H. Fox, and M.K.S. Charles-Ayinde

Dental caries (tooth decay) ranks among the most prevalent chronic diseases world-wide<sup>1</sup>. Consequences of tooth decay include pain, infection, tooth loss, the subsequent need for costly restorative treatment, and absence from work and/or school<sup>2</sup>. While community water fluoridation remains the most effective<sup>3</sup> and least expensive population health measure to prevent tooth decay<sup>4</sup>, susceptible populations in low- and middle-income countries do not currently have adequate access to the benefits of water fluoridation or topical fluorides. Supplementary dietary fluoride has been utilized as an alternative means of providing protection to the teeth specifically to those who do not have access to optimally fluoridated water<sup>19</sup>. Research has demonstrated the safety and efficacy of dietary fluoride supplementation<sup>5</sup>. Therefore, based on the body of scientific literature, the American Association for Dental, Oral, and Craniofacial Research (AADOCR) supports the following recommendations:

1. Supplementation of the diet with fluoride where fluoride concentration in drinking water is low, and where population groups or individuals are at high risk of dental caries; and other preventive methods are impractical; and
2. The assessment of total fluoride intake of the population by health authorities to account for the potential access to multiple sources of fluoride before introducing a dietary fluoride supplementation program<sup>6</sup>.

### Evidence Review

For the purpose of this document, the term 'Supplementary Dietary Fluoride' means the prescription of oral fluoride supplements (tablets, drops, lozenges) to individuals with high-caries risk. The concept of Supplementary Dietary Fluoride relies on the ingestion of fluoride to achieve cariostatic effects. The excessive fluoride intake during tooth development can result in Dental Fluorosis, whose appearance can range from barely discernable white marks to pitting and discoloration of affected teeth in severe cases<sup>7</sup>.

Inadequate information is currently available to set any Dietary Reference Value for fluoride<sup>7</sup>. However, based on estimated intakes that have been shown to reduce the incidence of dental caries while minimizing unwanted health effects, an adequate intake (A.I.) of 0.05 mg/kg body weight/day is proposed<sup>8</sup>. Additionally, a fluoride intake of 0.1 mg/kg body weight/day has been suggested as the upper limit (U.L.) of fluoride-based on a high degree of certainty that chronic systemic fluoride ingestion of less than that by children at risk of dental fluorosis was linked with a low prevalence (< 10%) of the milder forms of dental fluorosis<sup>8,9</sup>.

The widespread use of fluoride in multiple forms is believed to be the driver behind the increase in the incidence of Dental Fluorosis. The improper use of dietary fluoride supplements was found to be the most important risk factor in the development of Dental Fluorosis in children<sup>10,11</sup>. Therefore, due to the availability of multiple sources of fluoride, including in non-fluoridated communities, it is vital to monitor fluoride intake before and after introducing dietary fluoride supplements to ensure total fluoride intake from all sources does not exceed safe limits<sup>6</sup>.

## *Fluoride tablets/lozenges and drops*

Fluoride supplements (tablets/lozenges and drops) were first introduced to provide systemic fluoride at a time when the effectiveness of fluoride toothpaste was not yet firmly established. Neutral sodium fluoride (NaF) is a commonly used fluoride agent, and the fluoride supplements dosages range from 0.25 mg to 1 mg of fluoride per day. A Cochrane systematic review from 2011 evaluated the efficacy of dietary fluoride supplements for preventing dental caries in children and found that fluoride supplements were associated with a reduction in caries increment in permanent teeth when compared with no fluoride supplement. The effect on deciduous teeth was unclear<sup>12</sup>.

With the widespread use of effective topical fluorides<sup>13</sup>, fluoride tablets/lozenges/drops lost their significance among caries prevention measures. There is a lack of good evidence to make recommendations<sup>14</sup>, and dietary fluoride supplements are not recommended in areas with optimal water fluoride concentrations or overall fluoride intake<sup>15, 16</sup>. A recent Cochrane review found no evidence that fluoride supplements taken during pregnancy prevent caries in the offspring<sup>17</sup>. However, a recent research study found that children living in areas with low water fluoridation coverage could have more prolonged exposure to the caries-preventive benefits of fluoride with dietary fluoride supplements at a similar cost as water fluoridation<sup>18</sup>.

## **Author Contributions**

F.V. Zohoori contributed to design, data acquisition, analysis, and interpretation drafted and critically revised the manuscript. All IADR Science Information Subcommittee members contributed to the conception and design and critically revised the manuscript. M.K.S. Charles-Ayinde contributed to conception, design, and interpretation and critically revised the manuscript; C.H. Fox contributed to the conception critically revised the manuscript. All authors gave final approval and agreed to be accountable for all aspects of the work.

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DRAFT

**From:** Yehuda Sugarman  
**Sent:** Tue, 5 Apr 2022 17:10:37 +0000  
**To:** Ventura, Jeff (NIH/NIDCR) [E]; D'Souza, Rena (NIH/NIDCR) [E]; Joskow, Renee (NIH/NIDCR) [E]; Fox, Christopher (IADR); lafolla, Timothy (NIH/NIDCR) [E]; Webster-Cyriaque, Jennifer (NIH/NIDCR) [E]; Makyba Charles-Ayinde; Alraqiq, Hosam (NIH/NIDCR) [E]  
**Cc:** Brenda Moreno  
**Subject:** [EXTERNAL] Monthly Mtg between AADOCR & NIDCR  
**Attachments:** April 2022 AADOCR-NIDCR Agenda.pdf

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**NIDCR – AADOOCR Monthly Meeting**

Tuesday, April 5, 2022

4:00 p.m. ET

**AGENDA**

D'Souza, Alraqiq, Ilafolla, Joskow, Webster-Cyriaque, Fox, Charles-Ayinde, Sugarman

1. COVID-19-Related Updates
  - a. Updates from NIDCR
  - b. Updates from AADOOCR
2. AADOOCR Organizational Update
  - a. NIDCR Activities at AADOOCR Annual Meeting: Feedback
  - b. NIDCR's 75<sup>th</sup> Anniversary and AADOOCR 2023 annual meeting
3. Science Policy Update
  - a. Diversity Matters program
  - b. IADR Fluoride Science Position Statements
4. Government Affairs Update
  - a. FY22 & FY23 appropriations
  - b. President's FY23 budget request
5. NIDCR Updates

**From:** Yehuda Sugarman  
**Sent:** Tue, 5 Apr 2022 07:08:12 +0000  
**To:** Yehuda Sugarman; Joskow, Renee (NIH/NIDCR) [E]; Fox, Christopher (IADR); lafolla, Timothy (NIH/NIDCR) [E]; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]; Alraqiq, Hosam (NIH/NIDCR) [E]; Webster-Cyriaque, Jennifer (NIH/NIDCR) [E]; Brenda Moreno  
**Subject:** Monthly Mtg between AADOCR & NIDCR  
**Attachments:** Untitled, Untitled, Untitled, Untitled, Untitled, Untitled, Untitled

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**To:** Yehuda Sugarman; Ventura, Jeff (NIH/NIDCR) [E]; D'Souza, Rena (NIH/NIDCR) [E]; Joskow, Renee (NIH/NIDCR) [E]; Fox, Christopher (IADR); lafolla, Timothy (NIH/NIDCR) [E]; Webster-Cyriaque, Jennifer (NIH/NIDCR) [E]; Makyba Charles-Ayinde; Alraqiq, Hosam (NIH/NIDCR) [E]  
**Cc:** Brenda Moreno  
**Subject:** Monthly Mtg between AADOCR & NIDCR  
**Attachments:** April 2022 AADOCR-NIDCR Agenda.pdf

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US Meeting ID: (b) (6) Passcode: (b) (6)



**NIDCR – AADOOCR Monthly Meeting**

Tuesday, April 5, 2022

4:00 p.m. ET

**AGENDA**

D'Souza, Alraqiq, Ilafolla, Joskow, Webster-Cyriaque, Fox, Charles-Ayinde, Sugarman

1. COVID-19-Related Updates
  - a. Updates from NIDCR
  - b. Updates from AADOOCR
  
2. AADOOCR Organizational Update
  - a. NIDCR Activities at AADOOCR Annual Meeting: Feedback
  - b. NIDCR's 75<sup>th</sup> Anniversary and AADOOCR 2023 annual meeting
  
3. Science Policy Update
  - a. Diversity Matters program
  - b. IADR Fluoride Science Position Statements
  
4. Government Affairs Update
  - a. FY22 & FY23 appropriations
  - b. President's FY23 budget request
  
5. NIDCR Updates

**From:** Yehuda Sugarman  
**Sent:** Tue, 3 May 2022 14:25:36 +0000  
**To:** Yehuda Sugarman; Joskow, Renee (NIH/NIDCR) [E]; Ventura, Jeff (NIH/NIDCR) [E]; Fox, Christopher (IADR); lafolla, Timothy (NIH/NIDCR) [E]; Webster-Cyriaque, Jennifer (NIH/NIDCR) [E]; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]; Alraqiq, Hosam (NIH/NIDCR) [E]; Brenda Moreno; Caris Smith  
**Subject:** [EXTERNAL] Monthly Mtg between AADOCR & NIDCR  
**Attachments:** May 2022 AADOCR-NIDCR Agenda.pdf

Join ZoomGov Meeting:

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**NIDCR – AADOOCR Monthly Meeting**

Tuesday, May 3, 2022

4:00 p.m. ET

**AGENDA**

NIDCR Attendees: D’Souza, Alraqiq, Ilafolla, Joskow, Webster-Cyriaque

AADOOCR Attendees: Fox, Charles-Ayinde, Sugarman, Smith

1. Gert Quigley Fellow Introduction
2. COVID-19-Related Updates
  - Updates from NIDCR
  - Updates from AADOOCR
3. Science Policy Update
  - NTP State of the Science Report
4. Government Affairs Update
  - FY23 appropriations requests
  - ARPA-H update
5. NIDCR Updates

**To:** Yehuda Sugarman; Joskow, Renee (NIH/NIDCR) [E]; Fox, Christopher (IADR);  
lafolla, Timothy (NIH/NIDCR) [E]; Webster-Cyriaque, Jennifer (NIH/NIDCR) [E]; Makyba Charles-Ayinde;  
D'Souza, Rena (NIH/NIDCR) [E]; Alraqiq, Hosam (NIH/NIDCR) [E]; Brenda Moreno  
**Cc:** Ventura, Jeff (NIH/NIDCR) [E]; Caris Smith  
**Subject:** Monthly Mtg between AADOCR & NIDCR  
**Attachments:** June 2022 AADOCR-NIDCR Agenda.pdf

Join ZoomGov Meeting

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**NIDCR – AADOOCR Monthly Meeting**

Tuesday, June 7, 2022

4:00 p.m. ET

**AGENDA**

NIDCR Attendees: D’Souza, Alraqiq, Ilafolla, Joskow, Webster-Cyriaque

AADOOCR Attendees: Fox, Charles-Ayinde, Sugarman, Smith

1. COVID-19-Related Updates
  - Updates from NIDCR
  - Updates from AADOOCR
  
2. Science Policy Update
  - IADR 2022 Plenary Session Update
  - NIDCR Scientific Strides Symposium for AADOOCR 2023
  
3. Government Affairs Update
  - FY23 Appropriations Update
    - AADOOCR congressional testimony
  - ARPA-H Update
  - Ensuring Lasting Smiles Act (“ELSA”) Update
  
4. NIDCR Updates

**To:** Yehuda Sugarman; Joskow, Renee (NIH/NIDCR) [E]; Fox, Christopher (IADR);  
lafolla, Timothy (NIH/NIDCR) [E]; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]; Alraqiq,  
Hosam (NIH/NIDCR) [E]; Webster-Cyriaque, Jennifer (NIH/NIDCR) [E]  
**Cc:** Brenda Moreno; Ventura, Jeff (NIH/NIDCR) [E]  
**Subject:** Monthly Mtg between AADOCR & NIDCR  
**Attachments:** AADOCR-NIDCR Agenda\_Aug 2022.pdf

Join ZoomGov Meeting

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**NIDCR – AADOOCR Monthly Meeting**

Tuesday, August 2, 2022

4:00 p.m. ET

**AGENDA**

NIDCR Attendees: D’Souza, Alraiq, lafolla, Joskow, Webster-Cyriaque

AADOOCR Attendees: Fox, Sugarman

1. COVID-19-Related Updates
  - Updates from NIDCR
  - Updates from AADOOCR
  
2. Science Policy Update
  - AADOOCR responses to FDA CTP RFC's
    - Proposed Tobacco Product Standard for Menthol in Cigarettes
    - Proposed Tobacco Product Standard for Characterizing Flavors in Cigars
  
  - AADOOCR response to NIH RFC
    - Promoting Equity in Global Health Research
  
  - NIDCR 75th Anniversary Celebration
    - 2023 AADOOCR Annual Meeting
    - 2024 IADR General Session
  
3. Government Affairs Update
  - FY23 Appropriations Update
    - ARPA-H
    - Scientific Journals/Open Access Report Language
  
  - STEM CIP Code Nominations
  
  - Ensuring Lasting Smiles Act (“ELSA”) Update
  
4. NIDCR Updates

**To:** Yehuda Sugarman; Joskow, Renee (NIH/NIDCR) [E]; Webster-Cyriaque, Jennifer (NIH/NIDCR) [E]; Fox, Christopher (IADR); lafolla, Timothy (NIH/NIDCR) [E]; Makyba Charles-Ayinde; D'Souza, Rena (NIH/NIDCR) [E]; Alraqiq, Hosam (NIH/NIDCR) [E]; Brenda Moreno

**Subject:** Monthly Mtg between AADOCR & NIDCR

**Attachments:** AADOCR-NIDCR Agenda\_Sept 2022.pdf



## **NIDCR – AADOOCR Monthly Meeting**

Tuesday, September 6, 2022

4:00 p.m. ET

### AGENDA

NIDCR Attendees: D'Souza, Alraqiq, Iafolla, Knosp  
AADOOCR Attendees: Fox, Charles-Ayinde, Sugarman

1. COVID-19-Related Updates
  - Updates from NIDCR
  - Updates from AADOOCR
2. Science Policy Update
  - NTP State of the Science Report update
  - WHO Global Action Plan
3. NIDCR 75th Anniversary Celebration
  - 2023 AADOOCR Annual Meeting
4. Government Affairs Update
  - FY23 Appropriations Update
  - OSTP Memo on Public Access to Research
5. FNIDCR Patient Advocacy Council
  - Member Survey
6. NIDCR Updates

**To:** Yehuda Sugarman; Joskow, Renee (NIH/NIDCR) [E]; D'Souza, Rena (NIH/NIDCR) [E]; Webster-Cyriaque, Jennifer (NIH/NIDCR) [E]; Fox, Christopher (IADR); Iafolla, Timothy (NIH/NIDCR) [E]; Makyba Charles-Ayinde; Alraqiq, Hosam (NIH/NIDCR) [E]; Brenda Moreno  
**Subject:** [EXTERNAL] Canceled: [EXTERNAL] Canceled: Monthly Mtg between AADO CR & NIDCR  
**Importance:** High

Join ZoomGov Meeting:

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**To:** Yehuda Sugarman; D'Souza, Rena (NIH/NIDCR) [E]; Webster-Cyriaque, Jennifer (NIH/NIDCR) [E]; Joskow, Renee (NIH/NIDCR) [E]; Fox, Christopher (IADR); lafolla, Timothy (NIH/NIDCR) [E]; Makyba Charles-Ayinde; Alraqiq, Hosam (NIH/NIDCR) [E]; Brenda Moreno

**Subject:** [EXTERNAL] Canceled: [EXTERNAL] Canceled: Monthly Mtg between AADOCR & NIDCR

**Importance:** High

Join ZoomGov Meeting:

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Meeting ID: (b) (6)

Passcode: (b) (6)

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**From:** Allie May  
**Sent:** Thu, 2 Sep 2021 15:26:09 +0000  
**To:** lafolla, Timothy (NIH/NIDCR) [E]  
**Subject:** Claim Continuing Education Credit for the NTP NASEM Review: What It Means and What's Next for Fluoride Science webinar

Dear Dr. lafolla,

We hope you enjoyed the NTP NASEM Review: What It Means and What's Next for Fluoride Science webinar.

To receive continuing education credit for this webinar, please complete the required [assessment](#). Continuing education letters will be sent to attendees that complete the survey in 2-3 business days. IADR/AADOCR Staff will be in contact to provide you with the appropriate documentation. If you have any additional questions, please contact [registration@iadr.org](mailto:registration@iadr.org).

Thank you,

**Allie May, Registration Coordinator**

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**Upcoming Meetings:**

**2022**

AADOCR/CADR Annual Meeting & Exhibition | March 23-26, 2022 | Atlanta, GA, USA

IADR/APR General Session & Exhibition | June 22-25, 2022 | Chengdu, China

**2023**

AADOCR/CADR Annual Meeting & Exhibition | March 15-18, 2023 | Portland, OR, USA

IADR/LAR General Session & Exhibition | June 21-24, 2023 | Bogotá, Colombia

**From:** Horsford, Jonathan (NIH/NIDCR) [E]  
**Sent:** Tue, 26 Jan 2021 17:27:56 +0000  
**To:** Fox, Christopher (IADR); Ricks, Tim DMD (IHS/HQ); Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH)  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E]; Meister, Alissa (NIH/NIDCR) [E]  
**Subject:** RE: CWF Benefits

Thanks Chris.

---

D. Jonathan Horsford, Ph.D.  
Acting Deputy Director  
NIDCR, NIH  
Cell: (b) (6)

---

**From:** Christopher H. Fox <(b) (6)>  
**Sent:** Tuesday, January 26, 2021 11:52 AM  
**To:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)> Ricks, Tim DMD (IHS/HQ) <(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E] <(b) (6)>  
**Subject:** RE: CWF Benefits

Thanks Jonathan,

Keep us posted.

On a somewhat related note, I'm sure you've been following the WHO Executive Board and the Oral Health Resolution (attached). The dental public health community is a little concerned that the resolution did not include a full throated endorsement of CWF as a population measure. The last oral health resolution did (2007) and the WHO has always been vocal supporters of CWF, along with milk and salt fluoridation in certain countries.

The only two mentions of fluoride are with a caveat or no suggested intervention.

Recognizing that adequate intake of fluoride plays an important role in the development of healthy teeth and in the prevention of dental caries; and recognizing the need to mitigate the adverse effects of excessive fluoride in water sources on the development of teeth

And

(6) to map and track the concentration of fluoride in drinking water

Most in dental public health would have worded these differently in terms of "optimal levels of fluoride" and the benefit is not only just the developmental stage of teeth. "Mapping and tracking" without a call for intervention (fluoridation if close to 0 ppm or de-fluoridation if excessively high) doesn't do much good.

But these documents are political negotiations and the lead country was Sri Lanka whose population largely obtains it's drinking water from ground water sources. Several regions of Sri Lanka in the dry zones have excessively high levels of fluoride.

<https://www.sciencedirect.com/science/article/abs/pii/S2352801X19303376>

Anyway, not suggesting anything needs to be done (or can be done), but just for your background information. I am worried the anti-fluoridation crowd will pick up this subtlety.

Cheers,

Chris

**Christopher H. Fox, DMD, DMSc, Chief Executive Officer**

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**From:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>

**Sent:** Tuesday, January 26, 2021 8:22 AM

**To:** Ricks, Tim DMD (IHS/HQ) <(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)> Christopher H. Fox <(b) (6)>

**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E] <(b) (6)>

**Subject:** RE: CWF Benefits

**EXTERNAL EMAIL**

Thanks to you all. Much appreciated.

I'll get back to you if I have any additional questions, thoughts.

And as of right now, no additional info on the NASEM report.

J

---

D. Jonathan Horsford, Ph.D.

Acting Deputy Director

NIDCR, NIH

Cell: (b) (6)

---

**From:** Ricks, Tim DMD (IHS/HQ) <(b) (6)>

**Sent:** Monday, January 25, 2021 6:14 PM

**To:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>

**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]

< (b) (6) Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) < (b) (6) Fox, Christopher (IADR) < (b) (6)  
**Subject:** RE: CWF Benefits

Jonathan,

I think Chris and Casey provided excellent edits, so I have nothing to specifically add in the way of edits. However, I did want to share with you the attached leadership briefing document that Casey and other members of the Oral Health Coordinating Committee reviewed and edited 10 months ago. It was never approved for release by the SG as he thought it was "controversial" (which, incidentally, was the same reason for OSG not approving briefing documents on mid-level providers [it was just factual, not opinionated] and depression screenings in dental [don't know how that is controversial]). Maybe you can get something out of this document. Otherwise, the information Casey and Chris gave is superb.

Thanks,  
Tim

**RADM Tim Ricks**  
Assistant Surgeon General  
Chief Professional Officer, USPHS Dental Category

---

**From:** Christopher H. Fox < (b) (6) >  
**Sent:** Monday, January 25, 2021 2:24 PM  
**To:** Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) < (b) (6) > Horsford, Jonathan (NIH/NIDCR) [E] < (b) (6) > Ricks, Tim DMD (IHS/HQ) < (b) (6) >  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] < (b) (6) > Meister, Alissa (NIH/NIDCR) [E] < (b) (6) >  
**Subject:** RE: CWF Benefits

And here are my thoughts. Sorry for the delay.

**Christopher H. Fox, DMD, DMSc, Chief Executive Officer**  
International Association for Dental Research | [www.iadr.org](http://www.iadr.org)  
American Association for Dental Research | [www.aadr.org](http://www.aadr.org)  
1619 Duke Street, Alexandria, VA 22314-3406, USA  
T: + (b) (6) | F: + (b) (6) | E: (b) (6)  
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**From:** Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) < (b) (6) >  
**Sent:** Monday, January 25, 2021 3:07 PM  
**To:** Horsford, Jonathan (NIH/NIDCR) [E] < (b) (6) > Ricks, Tim DMD (IHS/HQ) < (b) (6) > Christopher H. Fox < (b) (6) >  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] < (b) (6) > Meister, Alissa (NIH/NIDCR) [E] < (b) (6) >  
**Subject:** RE: CWF Benefits

**EXTERNAL EMAIL**  
Sending with the attachment this time. Sorry!

---

**From:** Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH)

**Sent:** Monday, January 25, 2021 12:50 PM

**To:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)> Ricks, Tim DMD (IHS/HQ)

<(b) (6)> Fox, Christopher (IADR) <(b) (6)>

**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]

<(b) (6)>

**Subject:** RE: CWF Benefits

Hi Jonathan

Thanks for your patience – just needed a bit more time for one other person to review.

I'm sending the document in the track changes version so you can see our edits. Let me know if you have questions or concerns about the edits and we can setup a call to discuss.

I hope everyone is staying safe and well,

Casey

**Casey Hannan, MPH**

*Director, Division of Oral Health*

*Centers for Disease Control and Prevention*

(b) (6)

(b) (6) (office) | (b) (6) (mobile)

<http://www.cdc.gov/oralhealth/>

## **DIVISION OF ORAL HEALTH**

LEADERSHIP TO IMPROVE THE NATION'S ORAL HEALTH

---

**From:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>

**Sent:** Monday, January 25, 2021 9:50 AM

**To:** Ricks, Tim DMD (IHS/HQ) <(b) (6)> Fox, Christopher (IADR) <(b) (6)> Hannan,

Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>

**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]

<(b) (6)>

**Subject:** RE: CWF Benefits

All,

Just a friendly reminder to send me any edits to the CWF document.

And of course feel free to share any separate proposed talking points.

Thanks,

Jonathan

---

D. Jonathan Horsford, Ph.D.

Acting Deputy Director

NIDCR, NIH

Cell: (b) (6)



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**From:** Ricks, Tim DMD (IHS/HQ) <(b) (6)>  
**Sent:** Tuesday, January 12, 2021 3:31 PM  
**To:** Fox, Christopher (IADR) <(b) (6)> Horsford, Jonathan (NIH/NIDCR) [E]  
<(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]  
<(b) (6)>  
**Subject:** RE: CWF Benefits

Ha! See, I learned something new today, even though I think the first time I saw NIDCR I pronounced it Nid-ker! I could have quite some fun with the acronyms now that I know the definition:

IHS Division of Urban Health – DUH (“duh”....seems appropriate given what I know)  
Bureau of Prisons – BOP (“bop”...seems appropriate)  
Surgeon General’s Report on Oral Health – SGROH (“S grow”....also seems appropriate!)  
Assistant Secretary for Health ASH (“ash”....also seems kind of appropriate since he is retiring [but just retiring])

I could go on and on....once when I was a mid-level administrator in the IHS (Assistant Area Director), I was asked to define all acronyms IHS uses, and after 33 pages of tables with almost a thousand acronyms (if I remember correctly), I quit. The government certainly has a way with initialisms and acronyms!

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Rear Admiral (RADM), Assistant Surgeon General  
Chief Dental Officer, U.S. Public Health Service  
IHS Headquarters Division of Oral Health

- Continuing Dental Education Coordinator
- Oral Health Promotion/Disease Prevention Coordinator
- Expanded Function Dental Assistant Program Coordinator
- Dental Lead, Government Performance and Results Act
- Oral Health Surveillance Coordinator

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**From:** Christopher H. Fox <(b) (6)>  
**Sent:** Tuesday, January 12, 2021 2:21 PM  
**To:** Ricks, Tim DMD (IHS/HQ) <(b) (6)> Horsford, Jonathan (NIH/NIDCR) [E]  
<(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]  
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**Subject:** RE: CWF Benefits

Dear RADM Ricks,

No worries. I’ve lived inside the beltway long enough to have gotten all of those. And technically most of those are all “initialisms” (abbreviations pronounced one letter at a time, like N-I-D-C-R) verses “acronyms” (abbreviations pronounced as words, like NASEM).

My favorite NIH abbreviation is for the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), obviously pronounced as "D-Poughkeepsie")

Chris

**Christopher H. Fox, DMD, DMSc, Chief Executive Officer**

International Association for Dental Research | [www.iadr.org](http://www.iadr.org)

American Association for Dental Research | [www.aadr.org](http://www.aadr.org)

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Publishers of [\*Journal of Dental Research\*](#) and [\*JDR Clinical & Translational Research\*](#)

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Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>

**Cc:** Iafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]

<(b) (6)>

**Subject:** RE: CWF Benefits

**EXTERNAL EMAIL**

Jonathan,

I will defer to Casey and his team at CDC. My suggestion is that since CDC is our lead agency on CWF, and even though this document looks great and the NTP is part of NIEHS, I think we should all use standard messaging developed by CDC regarding CWF. Chris Fox, sorry for all of the acronyms – it's the government way, as you know.

Tim

**Timothy L. Ricks, DMD, MPH, FICD**

Rear Admiral (RADM), Assistant Surgeon General

Chief Dental Officer, U.S. Public Health Service

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**From:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>

**Sent:** Tuesday, January 12, 2021 12:41 PM

**To:** Fox, Christopher (IADR) <(b) (6)> Ricks, Tim DMD (IHS/HQ) <(b) (6)> Hannan,

Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>

**Cc:** Iafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]

<(b) (6)>

**Subject:** CWF Benefits

Chris, Tim, and Casey,

As we prepare for the release of the NASEM NTP report Rena asked NIDCR staff to come up with the latest evidence to support the benefits of CWF. Tim Iafolla compiled this

abbreviated document. We focused less on the history of CWF, but rather recent published evidence to serve as a counter point.

Action: Rena requested you give the document a look and let us know if anything is missing or you have any edits or concerns.

Due: Since we don't know the expected release of the report, we probably have a bit of time. How about COB next Friday January 22<sup>nd</sup>.

Thanks,

Jonathan

---

D. Jonathan Horsford, Ph.D.  
Acting Deputy Director  
National Institute of Dental and Craniofacial Research  
National Institutes of Health  
Cell: (b) (6)

**From:** Christopher H. Fox  
**Sent:** Tue, 26 Jan 2021 16:51:37 +0000  
**To:** Horsford, Jonathan (NIH/NIDCR) [E]; Ricks, Tim DMD (IHS/HQ); Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH)  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E]; Meister, Alissa (NIH/NIDCR) [E]  
**Subject:** RE: CWF Benefits  
**Attachments:** B148\_R1-en Oral Helath Resolution as Adopted.pdf

Thanks Jonathan,

Keep us posted.

On a somewhat related note, I'm sure you've been following the WHO Executive Board and the Oral Health Resolution (attached). The dental public health community is a little concerned that the resolution did not include a full throated endorsement of CWF as a population measure. The last oral health resolution did (2007) and the WHO has always been vocal supporters of CWF, along with milk and salt fluoridation in certain countries.

The only two mentions of fluoride are with a caveat or no suggested intervention.

Recognizing that adequate intake of fluoride plays an important role in the development of healthy teeth and in the prevention of dental caries; and recognizing the need to mitigate the adverse effects of excessive fluoride in water sources on the development of teeth

And

(6) to map and track the concentration of fluoride in drinking water

Most in dental public health would have worded these differently in terms of "optimal levels of fluoride" and the benefit is not only just the developmental stage of teeth. "Mapping and tracking" without a call for intervention (fluoridation if close to 0 ppm or de-fluoridation if excessively high) doesn't do much good.

But these documents are political negotiations and the lead country was Sri Lanka whose population largely obtains it's drinking water from ground water sources. Several regions of Sri Lanka in the dry zones have excessively high levels of fluoride.

<https://www.sciencedirect.com/science/article/abs/pii/S2352801X19303376>

Anyway, not suggesting anything needs to be done (or can be done), but just for your background information. I am worried the anti-fluoridation crowd will pick up this subtlety.

Cheers,

Chris

**Christopher H. Fox, DMD, DMSc, Chief Executive Officer**

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**From:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>

**Sent:** Tuesday, January 26, 2021 8:22 AM

**To:** Ricks, Tim DMD (IHS/HQ) <(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH)

<(b) (6)> Christopher H. Fox <(b) (6)>

**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]

<(b) (6)>

**Subject:** RE: CWF Benefits

**EXTERNAL EMAIL**

Thanks to you all. Much appreciated.

I'll get back to you if I have any additional questions, thoughts.

And as of right now, no additional info on the NASEM report.

J

---

D. Jonathan Horsford, Ph.D.

Acting Deputy Director

NIDCR, NIH

Cell: (b) (6)

---

**From:** Ricks, Tim DMD (IHS/HQ) <(b) (6)>

**Sent:** Monday, January 25, 2021 6:14 PM

**To:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>

**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]

<(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)> Fox,

Christopher (IADR) <(b) (6)>

**Subject:** RE: CWF Benefits

Jonathan,

I think Chris and Casey provided excellent edits, so I have nothing to specifically add in the way of edits. However, I did want to share with you the attached leadership briefing document that Casey and other members of the Oral Health Coordinating Committee reviewed and edited 10 months ago. It was never approved for release by the SG as he thought it was "controversial" (which, incidentally, was the same reason for OSG not approving briefing documents on mid-level providers [it was just factual, not opinionated] and depression screenings in dental [don't know how that is controversial]). Maybe you can get something out of this document. Otherwise, the information Casey and Chris gave is superb.

Thanks,

Tim

**RADM Tim Ricks**  
Assistant Surgeon General  
Chief Professional Officer, USPHS Dental Category

---

**From:** Christopher H. Fox <(b) (6)>  
**Sent:** Monday, January 25, 2021 2:24 PM  
**To:** Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)> Horsford, Jonathan (NIH/NIDCR) [E]  
<(b) (6)> Ricks, Tim DMD (IHS/HQ) <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]  
<(b) (6)>  
**Subject:** RE: CWF Benefits

And here are my thoughts. Sorry for the delay.

**Christopher H. Fox, DMD, DMSc, Chief Executive Officer**  
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**From:** Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>  
**Sent:** Monday, January 25, 2021 3:07 PM  
**To:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)> Ricks, Tim DMD (IHS/HQ)  
<(b) (6)> Christopher H. Fox <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]  
<(b) (6)>  
**Subject:** RE: CWF Benefits

**EXTERNAL EMAIL**

Sending with the attachment this time. Sorry!

---

**From:** Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH)  
**Sent:** Monday, January 25, 2021 12:50 PM  
**To:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)> Ricks, Tim DMD (IHS/HQ)  
<(b) (6)> Fox, Christopher (IADR) <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]  
<(b) (6)>  
**Subject:** RE: CWF Benefits

Hi Jonathan –

Thanks for your patience – just needed a bit more time for one other person to review.

I'm sending the document in the track changes version so you can see our edits. Let me know if you have questions or concerns about the edits and we can setup a call to discuss.

I hope everyone is staying safe and well,

Casey

**Casey Hannan, MPH**

*Director, Division of Oral Health  
Centers for Disease Control and Prevention*

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Jonathan

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D. Jonathan Horsford, Ph.D.  
Acting Deputy Director  
National Institute of Dental and Craniofacial Research  
National Institutes of Health  
Cell: (b) (6)



## Oral health

The Executive Board,

Having considered the report on oral health: achieving better oral health as part of the universal health coverage and noncommunicable disease agendas towards 2030,<sup>1</sup>

RECOMMENDS to the Seventy-fourth World Health Assembly the adoption of the following resolution:

The Seventy-fourth World Health Assembly,

Having considered the report by the Director-General on oral health: achieving better oral health as part of the universal health coverage and noncommunicable disease agendas towards 2030;

Recalling resolutions WHA60.17 (2007) on oral health: action plan for promotion and integrated disease prevention, WHA69.3 (2016) on the global strategy and action plan on ageing and health 2016-2020: towards a world in which everyone can live a long and healthy life, WHA72.2 (2019) on primary health care; and decisions WHA72(11) (2019) on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and WHA73(12) (2020) on the Decade of Healthy Ageing 2020-2030;

Mindful of the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing the important intersections between oral health and other Sustainable Development Goals, including Goal 1 (End poverty in all its forms and everywhere), Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and Goal 12 (Ensure sustainable consumption and production patterns);

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), recognizing that oral diseases pose a major challenge and could benefit from common responses to noncommunicable diseases;

Recalling also the political declaration of the high-level meeting on universal health coverage (2019), including the commitment therein to strengthen efforts to address oral health as part of universal health coverage;

---

<sup>1</sup> Document EB148/8.

Mindful of the Minamata Convention on Mercury (2013), a global treaty to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds, calling for phase-down of the use of dental amalgam taking into account domestic circumstances and relevant international guidance; and recognizing that a viable replacement material should be developed through focused research;

Recognizing that oral diseases are highly prevalent, with more than 3.5 billion people suffering from them, and that oral diseases are closely linked to noncommunicable diseases, leading to a considerable health, social and economic burden,<sup>1</sup> and that while there have been notable improvements in some countries, the burden of poor oral health remains, especially among the most vulnerable in society;

Noting that untreated dental caries (tooth decay) in permanent teeth occurs in 2.3 billion people, more than 530 million children suffer from untreated dental caries of primary teeth (milk teeth) and 796 million people are affected by periodontal diseases;<sup>2</sup> noting also that early rates of childhood caries are highest among those in vulnerable situations; and aware that these conditions are largely preventable;

Noting also that oral cancers are among the most prevalent cancers worldwide with 180 000 deaths each year,<sup>3</sup> and that in some countries they account for the most cancer-related deaths among men;

Noting further the economic burden due to poor oral health and that oral diseases worldwide account for US\$ 545 billion in direct and indirect costs,<sup>4</sup> ranking poor oral health among the most costly health domains, like diabetes and cardiovascular diseases;

Also taking into account that poor oral health apart from pain, discomfort and lack of well-being and quality of life, leads to absenteeism at school and the workplace,<sup>5</sup> leading to shortfalls in learning and productivity losses;

Concerned about the effect of poor oral health on quality of life and healthy ageing in a physical and mental context; and noting that poor oral health is a regular cause for pneumonia for elderly people, particularly those living in care facilities, and for persons with disabilities;

---

<sup>1</sup> Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2018; 392: 1789–8583 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6227754/>.

<sup>2</sup> Global Burden of Disease 2017 Oral Disorders Collaborators, Bernabe E, Marcenes W et al. Global, regional, and national levels and trends in burden of oral conditions from 1990 to 2017: A systematic analysis for the Global Burden of Disease 2017 study. *J Dent Res*. 2020;99(4):362–373 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7088322/>.

<sup>3</sup> [https://gco.iarc.fr/today/data/factsheets/cancers/Lip\\_oralcavity-factsheet.pdf](https://gco.iarc.fr/today/data/factsheets/cancers/Lip_oralcavity-factsheet.pdf).

<sup>4</sup> Righolt AJ, Jevdjevic M, Marcenes W, Listl S. Global, regional-, and country-level economic impacts of dental diseases in 2015. *J Dent Res*. 2018;97(5):501–507.

<sup>5</sup> Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, Listl S, Celeste RK, Guarnizo-Herreño CC, Kearns C, Benzian H, Allison P, Watt RG. Oral diseases: a global public health challenge. *Lancet*. 2019 Jul 20;394(10194):249–260 <https://pubmed.ncbi.nlm.nih.gov/31327369/>.

Aware that poor oral health is a major contributor to general health conditions, and noting that it has particular associations with cardiovascular diseases, diabetes, cancers, pneumonia, and premature birth;<sup>1</sup>

Noting that Noma, a necrotizing disease starting in the mouth, is fatal for 90% of affected children in poor communities, mostly in some regions in Africa, and leads to lifelong disability and of ten social exclusion;

Concerned that the burden of poor oral health reflects significant inequalities, between and within countries, disproportionately affecting low- and middle-income countries, mostly affecting people from lower socioeconomic backgrounds and other risk groups, such as persons who cannot maintain their oral hygiene on their own due to their age or disability;

Acknowledging the many risk factors that oral diseases share with noncommunicable diseases, such as tobacco use, harmful use of alcohol, a high intake of free sugars and poor hygiene, and therefore the necessity to integrate strategies on oral health promotion, prevention and treatment into overall noncommunicable disease policies;

Recognizing that adequate intake of fluoride plays an important role in the development of healthy teeth and in the prevention of dental caries; and recognizing the need to mitigate the adverse effects of excessive fluoride in water sources on the development of teeth;<sup>2</sup>

Concerned about the potential environmental impact caused by the use and disposal of mercury-containing dental amalgam, and the use of toxic chemicals for developing x-ray photographs;

Concerned also that oral health services are among the most affected essential health services because of the COVID-19 pandemic, with 77% of the countries reporting partial or complete disruption;

Highlighting the importance of oral health and interventions with a life course approach from the mother's gestation and the birth of the children and in addressing shared risk factors;

Noting that a number of oral and dental conditions can act as indicators of neglect and abuse, especially among children, and that oral health professionals can contribute to the detection of child abuse and neglect,

---

<sup>1</sup> Seitz MW, Listl S, Bartols A, Schubert I, Blaschke K, Haux C, et al. Current Knowledge on Correlations Between Highly Prevalent Dental Conditions and Chronic Diseases: An Umbrella Review. *Prev Chronic Dis* 2019; 16:180641 <https://pubmed.ncbi.nlm.nih.gov/31560644/>.

<sup>2</sup> Petersen PE, Lennon MA. Effective use of fluorides for the prevention of dental caries in the 21st century: the WHO approach. *Community Dent Oral Epidemiol* 2004; 32: 319–21 <https://pubmed.ncbi.nlm.nih.gov/15341615/>.

1. URGES Member States, taking into account their national circumstances:
  - (1) to understand and address the key risk factors for poor oral health and associated burden of disease;
  - (2) to foster the integration of oral health within their national policies, including through the promotion of articulated interministerial and intersectoral work;
  - (3) to reorient the traditional curative approach, which is basically pathogenic, and move towards a preventive promotional approach with risk identification for timely, comprehensive and inclusive care, taking into account all stakeholders in contributing to the improvement of the oral health of the population with a positive impact on overall health;
  - (4) to promote the development and implementation of policies to promote efficient workforce models for oral health services;
  - (5) to facilitate the development and implementation of effective surveillance and monitoring systems;
  - (6) to map and track the concentration of fluoride in drinking water;
  - (7) to strengthen the provision of oral health services delivery as part of the essential health services package that deliver universal health coverage;
  - (8) to improve oral health worldwide by creating an oral health-friendly environment, reducing risk factors, strengthening a quality-assured oral health care system and raising public awareness of the needs and benefits of a good dentition and a healthy mouth;
2. CALLS ON Member States:
  - (1) to frame oral health policies, plans and projects for the management of oral health care according to the vision and political agendas in health projected for 2030, in which oral health is considered as an integral part of general health, responding to the needs and demands of the public for good oral health;
  - (2) to strengthen cross-sectoral collaboration across key settings, such as schools, communities and workplaces to promote habits and healthy lifestyles, integrating teachers and the family;
  - (3) to enhance oral health professionals' capacities to detect potential cases of neglect and abuse, and provide them with the appropriate and effective means to report such cases to the relevant authority according to the national context;

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3. REQUESTS the Director-General:

- (1) to develop, by 2022 a draft global strategy, in consultation with Member States, on tackling oral diseases, aligned with the Global action plan for the prevention and control of noncommunicable diseases 2013–2030 and pillars 1 and 3 of WHO’s Thirteenth General Programme of Work, for consideration by the WHO governing bodies in 2022;
- (2) to translate this global strategy, by 2023, into an action plan for public oral health, including a framework for tracking progress with clear measurable targets to be achieved by 2030, encompassing control of tobacco use, betel quid and areca nut chewing, and alcohol use and community dentistry, health promotion and education, prevention and basic curative care providing a basis for a healthy mouth, where no one is left behind; this action plan should also contain the use of provisions that modern digital technology provides in the field of telemedicine and teledentistry;
- (3) to develop technical guidance on environmentally friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury, including supporting preventative programmes;
- (4) to continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies;
- (5) to develop “best buy” interventions on oral health, as part of an updated Appendix 3 of the WHO Global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Intervention Compendium;
- (6) to include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030;
- (7) to report back on progress and results until 2031 as part of the consolidated report on noncommunicable diseases, in accordance with paragraph 3(e) of decision WHA72(11).

Eighth meeting, 21 January 2021  
EB148/SR/8

= = =

**From:** Christopher H. Fox  
**Sent:** Mon, 25 Jan 2021 20:24:00 +0000  
**To:** Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH); Horsford, Jonathan (NIH/NIDCR) [E]; Ricks, Tim DMD (IHS/HQ)  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E]; Meister, Alissa (NIH/NIDCR) [E]  
**Subject:** RE: CWF Benefits  
**Attachments:** CWF Benefits for Stakeholders with CFOX comments.docx

And here are my thoughts. Sorry for the delay.

**Christopher H. Fox, DMD, DMSc, Chief Executive Officer**  
International Association for Dental Research | [www.iadr.org](http://www.iadr.org)  
American Association for Dental Research | [www.aadr.org](http://www.aadr.org)  
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**From:** Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>  
**Sent:** Monday, January 25, 2021 3:07 PM  
**To:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)> Ricks, Tim DMD (IHS/HQ)  
<(b) (6)> Christopher H. Fox <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]  
<(b) (6)>  
**Subject:** RE: CWF Benefits

**EXTERNAL EMAIL**

Sending with the attachment this time. Sorry!

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**From:** Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH)  
**Sent:** Monday, January 25, 2021 12:50 PM  
**To:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)> Ricks, Tim DMD (IHS/HQ)  
<(b) (6)> Fox, Christopher (IADR) <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]  
<(b) (6)>  
**Subject:** RE: CWF Benefits

Hi Jonathan

Thanks for your patience just needed a bit more time for one other person to review.

I'm sending the document in the track changes version so you can see our edits. Let me know if you have questions or concerns about the edits and we can setup a call to discuss.

I hope everyone is staying safe and well,

Casey

**Casey Hannan, MPH**  
*Director, Division of Oral Health*  
*Centers for Disease Control and Prevention*



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<http://www.cdc.gov/oralhealth/>

## DIVISION OF ORAL HEALTH

LEADERSHIP TO IMPROVE THE NATION'S ORAL HEALTH

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**From:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>  
**Sent:** Monday, January 25, 2021 9:50 AM  
**To:** Ricks, Tim DMD (IHS/HQ) <(b) (6)> Fox, Christopher (IADR) <(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E] <(b) (6)>  
**Subject:** RE: CWF Benefits

All,

Just a friendly reminder to send me any edits to the CWF document.

And of course feel free to share any separate proposed talking points.

Thanks,

Jonathan

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D. Jonathan Horsford, Ph.D.  
Acting Deputy Director  
NIDCR, NIH  
Cell: (b) (6)

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**From:** Ricks, Tim DMD (IHS/HQ) <(b) (6)>  
**Sent:** Tuesday, January 12, 2021 3:31 PM  
**To:** Fox, Christopher (IADR) <(b) (6)> Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E] <(b) (6)>  
**Subject:** RE: CWF Benefits

Ha! See, I learned something new today, even though I think the first time I saw NIDCR I pronounced it Nid-ker! I could have quite some fun with the acronyms now that I know the definition:

IHS Division of Urban Health – DUH (“duh” ....seems appropriate given what I know)  
Bureau of Prisons BOP (“bop” ...seems appropriate)  
Surgeon General’s Report on Oral Health – SGROH (“S grow”....also seems appropriate!)  
Assistant Secretary for Health ASH (“ash”....also seems kind of appropriate since he is retiring [but just retiring])

I could go on and on....once when I was a mid-level administrator in the IHS (Assistant Area Director), I

was asked to define all acronyms IHS uses, and after 33 pages of tables with almost a thousand acronyms (if I remember correctly), I quit. The government certainly has a way with initialisms and acronyms!

**Timothy L. Ricks, DMD, MPH, FICD**

Rear Admiral (RADM), Assistant Surgeon General  
Chief Dental Officer, U.S. Public Health Service  
IHS Headquarters Division of Oral Health

- Continuing Dental Education Coordinator
- Oral Health Promotion/Disease Prevention Coordinator
- Expanded Function Dental Assistant Program Coordinator
- Dental Lead, Government Performance and Results Act
- Oral Health Surveillance Coordinator

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**From:** Christopher H. Fox <(b) (6)>  
**Sent:** Tuesday, January 12, 2021 2:21 PM  
**To:** Ricks, Tim DMD (IHS/HQ) <(b) (6)> Horsford, Jonathan (NIH/NIDCR) [E]  
<(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]  
<(b) (6)>  
**Subject:** RE: CWF Benefits

Dear RADM Ricks,

No worries. I've lived inside the beltway long enough to have gotten all of those. And technically most of those are all "initialisms" (abbreviations pronounced one letter at a time, like N-I-D-C-R) verses "acronyms" (abbreviations pronounced as words, like NASEM). My favorite NIH abbreviation is for the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), obviously pronounced as "D-Poughkeepsie")

Chris

**Christopher H. Fox, DMD, DMSc, Chief Executive Officer**

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**From:** Ricks, Tim DMD (IHS/HQ) <(b) (6)>  
**Sent:** Tuesday, January 12, 2021 2:09 PM  
**To:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)> Christopher H. Fox <(b) (6)>  
Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>  
**Cc:** lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E]  
<(b) (6)>  
**Subject:** RE: CWF Benefits

**EXTERNAL EMAIL**

Jonathan,

I will defer to Casey and his team at CDC. My suggestion is that since CDC is our lead agency on CWF, and even though this document looks great and the NTP is part of NIEHS, I think we should all use standard messaging developed by CDC regarding CWF. Chris Fox, sorry for all of the acronyms – it's the government way, as you know.

Tim

**Timothy L. Ricks, DMD, MPH, FICD**

Rear Admiral (RADM), Assistant Surgeon General  
Chief Dental Officer, U.S. Public Health Service

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**From:** Horsford, Jonathan (NIH/NIDCR) [E] <(b) (6)>  
**Sent:** Tuesday, January 12, 2021 12:41 PM  
**To:** Fox, Christopher (IADR) <(b) (6)> Ricks, Tim DMD (IHS/HQ) <(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)>  
**Cc:** Iafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E] <(b) (6)>  
**Subject:** CWF Benefits

Chris, Tim, and Casey,

As we prepare for the release of the NASEM NTP report Rena asked NIDCR staff to come up with the latest evidence to support the benefits of CWF. Tim Iafolla compiled this abbreviated document. We focused less on the history of CWF, but rather recent published evidence to serve as a counter point.

Action: Rena requested you give the document a look and let us know if anything is missing or you have any edits or concerns.

Due: Since we don't know the expected release of the report, we probably have a bit of time. How about COB next Friday January 22<sup>nd</sup>.

Thanks,

Jonathan

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D. Jonathan Horsford, Ph.D.  
Acting Deputy Director  
National Institute of Dental and Craniofacial Research  
National Institutes of Health  
Cell: (b) (6)

## Benefits of Community Water Fluoridation

**Definition:** Community water fluoridation (CWF) is the controlled adjustment of fluoride to a level that prevents tooth decay and minimizes dental fluorosis—currently set at 0.7mg/liter (or ppm) in the U.S.

**Rationale:** Caries is the most common chronic disease of childhood and is associated with a range of adverse outcomes including pain, sleep disturbances, decreased ability to eat some foods, social embarrassment, missed school, and lowered self-esteem. Fluoridation of community water supplies is the single most effective public health measure to prevent dental caries. Individual treatment for dental caries is effective but is expensive compared to preventive measures such as CWF.

### CWF Effectiveness:

- Epidemiological studies of CWF began in 1945 and showed 50% to 75% caries reduction for the fluoridated cities compared to control cities over 5 years<sup>1</sup>.
- Since then, there has been a steady decrease in the apparent measured effectiveness of CWF over the decades, because it has become increasingly difficult to find control groups that are unexposed to systemic or topical fluorides. This “halo effect” of fluoride exposure in control groups has caused a systematic bias toward the null.
- Recent studies show that CWF continues to be effective at reducing tooth decay by approximately 25% in children and adults, even in non-fluoridated communities receiving some level of fluoride from other sources.<sup>2</sup> Caries-reduction benefits are consistent whether measured in terms of prevalence or severity, and in primary or permanent teeth.
- Recent publications: A study of 275,843 New Zealand children with a median age of 4.3 years ~~showed~~ **showed** that those living in areas without CWF had 21% higher odds of severe caries compared with children living in areas with CWF, after adjustment for age, sex, ethnicity, and economic situation (Schluter 2020). A before and after study compared caries and fluorosis in random samples of 8 y olds in Dublin ( $n = 707$ ) and Cork Kerry ( $n = 1148$ ) in 2017 with 8 y olds in the same cities ( $n = 679$  and  $n = 565$ , respectively) in 2002. Caries experience in the CWF vs. non CWF groups was 47% lower in 2002, and was 26% lower in 2017, an illustration of the halo effect in non-CWF populations (James 2020).

### Cost Effectiveness

- 73% of the U.S. population is served by public water systems that are optimally fluoridated (CDC).
- Water fluoridation provides benefits beyond what is gained from using other fluoride-containing products, regardless of age, educational attainment, or income level.
- The return on investment for CWF varies with size of the community, increasing as community size increases, but CWF is cost-saving even for small communities (US CPSTF 2016). The savings associated in communities of 1,000 or more people exceeded estimated program costs, resulting in an average savings of \$24 per dollar invested. Other recent studies support or exceed this finding.<sup>3</sup>
- CWF benefits everyone, especially those without access to regular dental care. Fluoridation is a powerful tool in the fight for social justice and health equity. People can benefit from fluoridation’s

**Commented [CHF1]:** You might add that this was a time well before the wide spread availability of fluoride toothpaste. I think the first fluoride toothpaste marketed was 1955-1956.

**Commented [CHF2]:** Might consider adding the recent study from Canada: Community water fluoridation exposure and dental caries experience in newly enrolled members of the Canadian Armed Forces 2006-20017 [Canadian Journal of Public Health](#) (2021)

**Commented [CHF3]:** The James et al study main objective was to compare these two time points when fluoride levels went from 0.8-1.0 ppm in 2002 to 0.6-0.8 ppm in 2017. To me the main conclusion was “CWF at 0.6 to 0.8 ppm fluoride is an effective caries-preventive measure. However, there are indications that downward adjustment of water fluoride concentration has reduced the caries-preventive effect of CWF”

<sup>1</sup> Four matched city pairs were chosen for prospective cohort studies of five years’ duration. Baseline caries prevalence and severity were measured for approximately 5,000 school children in all paired cities. One city of each pair received fluoridated water at a concentration of 1ppm, followed by the caries measurements at the end of the study.

<sup>2</sup> Primarily food and drink processed with fluoridated water, naturally-fluoridated well water, or fluoride toothpaste.

<sup>3</sup> A 2018 study of 172 public water systems in Colorado found that annual exposure to fluoridated water produced an average savings of \$60 per person (CDC 2005). Analyses of Medicaid claims data in 3 other states (Louisiana, New York, and Texas), have also found that children living in fluoridated communities have an average reduction in caries related treatment costs of \$39 (CDC 2018).

benefits whether they are at home, work, or school. In addition, people who live in non-fluoridated areas receive 'halo' benefits when they consume food and beverages processed in fluoridated areas.

## Safety

Commented [CHF4]: Don't you want a section on safety?

[seems odd, not to talk about safety] [From AADR Policy:]

<https://www.iadr.org/aadr/fluoridation>

Community water fluoridation is a safe method of delivering fluoride on a population level. There have been numerous systematic reviews on claims of the potential adverse health effects of water fluoridation. None has concluded that there is a significant or consistent association between water fluoridation and the outcomes examined, including neurologic conditions, cancer or osteoporosis.<sup>19-23</sup>

- McDonagh MS, Whiting PF, Wilson PM, Sutton AJ, Chestnutt I, Cooper J, Misso K, Bradley M, Treasure E, Kleijnen J. 2000. Systematic review of water fluoridation. *BMJ*. 321:855-859.
- Jones G, Riley M, Couper D, Dwyer T. 1999. Water fluoridation, bone mass and fracture: a quantitative overview of the literature. *Australian and New Zealand Journal of Public Health*. 23(1):34-40.
- Demos LL, Kazda H, Cicuttini FM, Sinclair MI, Fairley CK. 2001. Water fluoridation, osteoporosis, fractures—recent developments. *Australian Dental Journal*. 46(2):80-87.
- Whiting P, McDonagh M, Kleijnen J. 2001. Association of Down's syndrome and water fluoride level: a systematic review of the evidence. *BMC Public Health*. 1(1):6.
- Agency for Toxic Substances and Disease Registry (ATSDR). 2001. Toxicological profile for Fluorides, Hydrogen Fluoride, and Fluorine. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

See also Safety section of <https://cbooks.ada.org/fluoridationfacts/38>



(b) (6) < (b) (6) Bergman Marion  
(b) (6) < (b) (6) O'Keefe John < (b) (6)  
(b) (6) < (b) (6) Daniel Klemmedson < (b) (6)  
Cuny Eve (b) (6) < (b) (6) Eklund Kathy (b) (6)  
< (b) (6) >; Bednarsh Helene (b) (6)  
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Alexander (CDC/DDPHSIS/CGH/DGHT) < (b) (6) Niederman Richard (b) (6)  
< (b) (6) Kleinman Dushanka (b) (6) < (b) (6) Wendy E.  
Mouradian < (b) (6) Alfano, Michael < (b) (6) Somerman, Martha  
(NIH/NIDCR) [E] < (b) (6) Dolan Teresa NIDCR (b) (6)  
< (b) (6) Atchison Kathryn - UCLA Center for Health Sciences  
(b) (6) < (b) (6) Kess Steve  
(b) (6) < (b) (6) Judith Haber < (b) (6)  
Weisfuse Deborah (b) (6) < (b) (6) Goldberg Jerry  
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< (b) (6) Weiss Darren (b) (6) < (b) (6) Groot  
Leoni (b) (6) < (b) (6) Judith Lasker < (b) (6) Barrow  
Jane - HSDM (b) (6) < (b) (6) Seymour,  
Brittany Anne < (b) (6) Tavares Mary  
(b) (6) < (b) (6) Hackley Donna  
(b) (6) < (b) (6) Chamut Steffany  
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Matilda (b) (6) < (b) (6) Ambege Mwakatobe  
< (b) (6) Masalu Joyce (b) (6) < (b) (6)  
(b) (6) < (b) (6) Ira B. Lamster < (b) (6)  
O'Connell Brian (b) (6) < (b) (6) Clayton Blackwell < (b) (6)  
Pinzon Lilliam (b) (6) < (b) (6) ; Regina Leichner  
< (b) (6) Khalid Elachi < (b) (6) Lopez Fuentes Ana  
(b) (6) < (b) (6) ; West Karen (b) (6) < (b) (6)  
Stewart, Jeffery (b) (6) < (b) (6) Paganelli Corrado  
(b) (6) < (b) (6) Tiwari, Tamanna  
< (b) (6) Tomar Scott (b) (6)  
< (b) (6) < (b) (6) Garcia Isabel (b) (6)  
< (b) (6) Meister, Alissa (NIH/NIDCR) [E] < (b) (6)  
Cc: Carolina Hommes < (b) (6) Bondioni E. (b) (6)  
< (b) (6) >; Charanjit Jagait < (b) (6) Seeberger Gerhard  
Konrad (b) (6) < (b) (6) MAKINO, Yuka < (b) (6)  
Benzian Habib (b) (6) < (b) (6)

Sent: Fri, Jan 22, 2021 11:44 am

Subject: RE: [EXT] Oral Health Discussed at the World Health Organization Executive Board

Dear All,

Thanks Benoit and congratulations on getting the report and resolution through the EB with such strong and overwhelming support from Member States!

In addition to viewing Session 8, I'd also recommend viewing the first few minutes of [Session 7](#) where the new Head of the US delegation, Dr. Anthony Fauci, announced that the United States would remain a member of the WHO, cease the drawdown of US personnel seconded to the WHO, meet its financial obligations, join COVAV and support ACT-Accelerator, and support women's and girls' sexual and reproductive health and reproductive rights. It was a strong statement and warmly welcomed by Dr. Tedros and the Member States. Dr. Fauci's address is the first 11 minutes of Session 7, but stay through the first 14 minutes to hear the response from Dr. Tedros. It was "a good day for WHO and a good day for global health", as Dr. Tedros said.

If you prefer print to video, Dr. Fauci's statement is on the [HHS website](#) too.

Cheers,

Chris

**Christopher H. Fox, DMD, DMSc, Chief Executive Officer**

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**From:** VARENNE, Benoit <(b) (6)>  
**Sent:** Friday, January 22, 2021 5:53 AM  
**To:** Cohen, Lois (NIH/NIDCR) [C] <(b) (6)> Weatherspoon, Darien (NIH/NIDCR) [E] <(b) (6)> lafolia, Timothy (NIH/NIDCR) [E] <(b) (6)> Dye, Bruce (NIH/NIDCR) [E] <(b) (6)> Boroumand, Shadi (NIH/NIDCR) [V] <(b) (6)> London, Steven (NIH/NLM/LHC) [C] <(b) (6)> Atanda, Jay (NIH/NLM/LHC) [C] <(b) (6)> Albino, Judith <(b) (6)> Ricks, Tim DMD (IHS/HQ) <(b) (6)> Chalmers, Natalia (FDA/CDER) <(b) (6)> Hyman, Frederick N (FDA/CDER) <(b) (6)> Joskow, Renee (HRSA) <(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)> Thornton-Evans, Gina (CDC/DDNID/NCCDPHP/DOH) <(b) (6)> Taylor James Geiermann, Steven P. <(b) (6)> Vujicic Marko (b) (6) <(b) (6)> Kell Kathryn <(b) (6)> Gonzales Theresa (b) (6) <(b) (6)> Hinterman John (b) (6) <(b) (6)> Lee Michele (b) (6) <(b) (6)> Tomich Nancy (b) (6) <(b) (6)> Bergman Marion (b) (6) <(b) (6)> O'Keefe John <(b) (6)> Daniel Klemmedson <(b) (6)> Cuny Eve (b) (6) <(b) (6)> Eklund Kathy (b) (6) <(b) (6)> Bednarsh Helene <(b) (6)> Bonta Yolanda <(b) (6)> Kailembo, Alexander (CDC/DDPHSIS/CGH/DGHT) <(b) (6)> Niederman Richard (b) (6) <(b) (6)> Kleinman Dushanka (b) (6) <(b) (6)> Wendy E. Mouradian <(b) (6)> Alfano, Michael <(b) (6)> Somerman, Martha (NIH/NIDCR) [E] <(b) (6)> Dolan Teresa NIDCR <(b) (6)> Atchison Kathryn - UCLA <(b) (6)> Center for Health Sciences (b) (6) <(b) (6)> Kess Steve (b) (6) <(b) (6)> Judith Haber <(b) (6)> Weisfuse Deborah (b) (6) <(b) (6)> Goldberg Jerry (b) (6) <(b) (6)> Dr. Maureen Perry <(b) (6)> Sônia Groisman <(b) (6)> Weiss Darren <(b) (6)> Groot Leoni (b) (6) <(b) (6)> Judith Lasker <(b) (6)> Barrow Jane - HSDM <(b) (6)> Seymour, Brittany <(b) (6)> Anne <(b) (6)> Tavares Mary <(b) (6)>



(b) (6) (b) (6) < (b) (6) (b) (6) Hackley Donna  
(b) (6) (b) (6) < (b) (6) (b) (6) >; Chamut Steffany  
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Miangwa Matilda ( (b) (6) < (b) (6) Ambege  
Mwakatobe < (b) (6) Masalu Joyce (b) (6)  
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(b) (6) >; O'Connell Brian ( (b) (6) < (b) (6) Clayton  
Blackwell < (b) (6) Pinzon Lilliam ( (b) (6)  
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< (b) (6) Lopez Fuentes Ana ( (b) (6)  
< (b) (6) West Karen ( (b) (6) < (b) (6) Stewart, Jeffery  
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Tomar Scott ( (b) (6) < (b) (6) (b) (6) Garcia Isabel  
( (b) (6) < (b) (6) Meister, Alissa (NIH/NIDCR) [E]  
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**Cc:** Christopher H. Fox < (b) (6) Carolina Hommes < (b) (6)  
Bondioni E. ( (b) (6) < (b) (6) Charanjit Jagait  
< (b) (6) Seeberger Gerhard Konrad ( (b) (6)  
< (b) (6) MAKINO, Yuka < (b) (6) Benzian Habib  
( (b) (6) < (b) (6)

**Subject:** RE: [EXT] Oral Health Discussed at the World Health Organization Executive Board

**EXTERNAL EMAIL**

Dear all,

And as mentioned by the DG of WHO Dr Tedros yesterday in his concluding remarks of the NCD and oral health session:

“ Thank you Sri Lanka for chairing the negotiations which led to the resolution. The resolution is a landmark, which sets out the work of the Secretariat (WHO) for many years to come.”



Available languages: [عربي](#) [中文](#) [English](#) [Français](#) [Русский](#) [Español](#)

For those who were not able to follow the discussions yesterday, you can watch the recording of the session 8 (14:15-17:15) WHO EB148 (NCD and oral health together) at this Web address: <https://www.who.int/about/governance/executive-board/executive-board-148th-session>

Best  
benoit

**From:** Cohen, Lois (NIH/NIDCR) [C] <(b) (6)>  
**Sent:** Friday, January 22, 2021 1:20 AM  
**To:** Weatherspoon, Darien (NIH/NIDCR) [E] <(b) (6)> lafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Dye, Bruce (NIH/NIDCR) [E] <(b) (6)>  
Boroumand, Shadi (NIH/NIDCR) [V] <(b) (6)> London, Steven (NIH/NLM/LHC) [C] <(b) (6)> Atanda, Jay (NIH/NLM/LHC) [C] <(b) (6)> Albino, Judith <(b) (6)> Ricks, Tim DMD (IHS/HQ) <(b) (6)> Chalmers, Natalia (FDA/CDER) <(b) (6)> Hyman, Frederick N (FDA/CDER) <(b) (6)> Joskow, Renee (HRSA) <(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)> Thornton-Evans, Gina (CDC/DDNID/NCCDPHP/DOH) <(b) (6)> Taylor James <(b) (6)> Geiermann, Steven P. <(b) (6)> Vujicic Marko <(b) (6)> <(b) (6)> Kell Kathryn <(b) (6)> Gonzales Theresa <(b) (6)> <(b) (6)> <(b) (6)> Hinterman John <(b) (6)> <(b) (6)> Lee Michele <(b) (6)> <(b) (6)> Tomich Nancy <(b) (6)> <(b) (6)> <(b) (6)>

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( (b) (6) < (b) (6) Bonta Yolanda  
( (b) (6) < (b) (6) Kailembo, Alexander (CDC/DDPHSIS/CGH/DGHT)  
< (b) (6) Niederman Richard ( (b) (6) < (b) (6)  
Kleinman Dushanka ( (b) (6) < (b) (6) Wendy E. Mouradian  
< (b) (6) Alfano, Michael < (b) (6) Somerman, Martha  
(NIH/NIDCR) [E] < (b) (6) Dolan Teresa NIDCR  
( (b) (6) < (b) (6) Atchison Kathryn - UCLA  
Center for Health Sciences ( (b) (6) < (b) (6)  
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Cc: Dr C.H. Fox ( (b) (6) < (b) (6) Carolina Hommes  
< (b) (6) VARENNE, Benoit < (b) (6) Bondioni E.  
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< (b) (6) Seeberger Gerhard Konrad ( (b) (6)  
< (b) (6) MAKINO, Yuka < (b) (6) Benzian Habib  
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**Subject:** [EXT] Oral Health Discussed at the World Health Organization Executive Board

**Oral Health Discussed at the World Health Organization Executive Board**

At this week's Executive Board of the World Health Organization (WHO), a Director General's [report on oral health](#) was presented and a [draft resolution on oral health](#) was proposed by Bangladesh, Bhutan, Botswana, Eswatini, Indonesia, Israel, Japan, Jamaica, Kenya, Peru, Qatar, Sri Lanka, Thailand and Member States of the European Union. IADR, as a non-State Actor (NSA) in official relations with WHO, submitted a statement strongly supportive of the report and the resolution, and emphasized that research must be prioritized, cleft lip with and without cleft palate should be included, and urged countries to consider equitable administration of fluoride at the population level. You can read IADR's statement and those of the FDI World Dental Federation, International Society of Nephrology, Médecins Sans Frontières International, Medicus Mundi International – Network Health for All, the Global Coalition for Circulatory Health and the World Federation of Public Health Associations [here](#).

IADR CEO Christopher H. Fox delivered IADR's strong support for the Oral Health Report and Resolution at the WHO 148<sup>th</sup> session of the Executive Board on January 21, 2020. [Watch the full presentation](#).



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**From:** Christopher H. Fox  
**Sent:** Mon, 18 Jan 2021 16:25:49 +0000  
**To:** VARENNE, Benoit; Cohen, Lois (NIH/NIDCR) [C]; Weatherspoon, Darien (NIH/NIDCR) [E]; lafolla, Timothy (NIH/NIDCR) [E]; Dye, Bruce (NIH/NIDCR) [E]; Albino, Judith; Meister, Alissa (NIH/NIDCR) [E]; Ricks, Tim DMD (IHS/HQ); Chalmers, Natalia (FDA/CDER); Hyman, Frederick N (FDA/CDER); Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH); Thornton-Evans, Gina (CDC/DDNID/NCCDPHP/DOH); Carolina Hommes; (b) (6) West Karen (b) (6) Stewart, Jeffery (b) (6) Lopez Fuentes Ana (b) (6) Geiermann, Steven P.; Clayton Blackwell; Vujicic Marko (b) (6) Lee Michele (b) (6) Tomich Nancy (b) (6) Bergman Marion (b) (6) O'Keefe John; (b) (6) Gonzales Theresa (b) (6) Hinterman John (b) (6) Weisfuse Deborah (b) (6) Goldberg Jerry (b) (6) Dr. Maureen Perry; Sônia Groisman; Boroumand, Shadi (NIH/NIDCR) [V]; Atanda, Jay (NIH/NLM/LHC) [C]; London, Steven (NIH/NLM/LHC) [C]; Niederman Richard (b) (6) Benzian Habib (b) (6) MAKINO, Yuka; Taylor James (b) (6) Mtaya-Miangwa Matilda (b) (6) Ambege Mwakatobe; Regina Leichner; Kailembo, Alexander (CDC/DDPHSIS/CGH/DGHT); Tiwari, Tamanna; Tomar Scott (b) (6) (b) (6) (b) (6) O'Connell Brian (b) (6) Masalu Joyce (b) (6) McNeil Daniel (b) (6) Cameron Randall; Martinez, Alauna; Macek, Mark D.; Rambob Isabel (b) (6) Sinkford Jeanne (b) (6) Leo Rouse; Pinzon Lilliam (b) (6) Barrow Jane - HSDM (b) (6) Donoff, R. Bruce (b) (6) Giannobile William (willi a m) (b) (6) Seymour, Brittany Anne; Chamut Steffany (b) (6) Hackley Donna (b) (6) Weiss Darren (b) (6) Groot Leoni (b) (6) Khalid Elachi; Bednarsh Helene (b) (6) Judith Lasker; Seminario Ana Lucia (b) (6) Eklund Kathy (b) (6) Cuny Eve (b) (6)  
**Cc:** (b) (6) Charanjit Jagait; Bondioni E. (b) (6) Kell Kathryn; Seeberger Gerhard Konrad (b) (6) Daniel Klemmedson  
**Subject:** RE: [EXT] Vision 2030: Delivering Optimal Oral Health for All  
**Attachments:** EB148\_8-en Oral Health.pdf, NSA Interventions on Oral Health WHO EB 148 as of 01 18 2021.pdf

Dear Colleagues,

Although the Resolution is not posted yet, the Director-General's Report on Oral Health is posted. Also attached here for your convenience. It is an excellent and comprehensive report and very much welcomed.

You can view statements by Non State Actors (NSA) in Official Relations with WHO here:

<https://extranet.who.int/nonstateactorsstatements/meetingoutline/7>

I have compiled the NSA statements on the Oral Health in the second PDF, although there may be more by the time the meeting is over.

Our collective thanks to Benoit Varenne for all he has done to get oral health on the WHO agenda!

Cheers,

Chris

**Christopher H. Fox, DMD, DMSc, Chief Executive Officer**

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Publishers of [Journal of Dental Research](#) and [JDR Clinical & Translational Research](#)

**From:** VARENNE, Benoit <(b) (6)>

**Sent:** Monday, January 18, 2021 10:43 AM

**To:** Cohen, Lois (NIH/NIDCR) [C] <(b) (6)> Weatherspoon, Darien (NIH/NIDCR) [E] <(b) (6)> Iafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Dye, Bruce (NIH/NIDCR) [E] <(b) (6)> Albino, Judith <(b) (6)> Meister, Alissa (NIH/NIDCR) [E] <(b) (6)> Ricks, Tim DMD (IHS/HQ) <(b) (6)> Chalmers, Natalia (FDA/CDER) <(b) (6)> Hyman, Frederick N (FDA/CDER) <(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPPH/DOH) <(b) (6)> Thornton-Evans, Gina (CDC/DDNID/NCCDPPH/DOH) <(b) (6)> Carolina Hommes <(b) (6)> Christopher H. Fox <(b) (6)> West Karen <(b) (6)> Stewart, Jeffery <(b) (6)> Lopez Fuentes Ana <(b) (6)> Geiermann, Steven P. <(b) (6)> Clayton Blackwell <(b) (6)> Vujicic Marko <(b) (6)> Lee Michele <(b) (6)> Tomich Nancy <(b) (6)> Bergman Marion <(b) (6)> O'Keefe John <(b) (6)> Gonzales Theresa <(b) (6)> Hinterman John <(b) (6)> Weisfuse Deborah <(b) (6)> Goldberg Jerry <(b) (6)> Dr. Maureen Perry <(b) (6)> Sônia Groisman <(b) (6)> Boroumand, Shadi (NIH/NIDCR) [V] <(b) (6)> Atanda, Jay (NIH/NLM/LHC) [C] <(b) (6)> London, Steven (NIH/NLM/LHC) [C] <(b) (6)> Niederman Richard <(b) (6)> Benzian Habib <(b) (6)> <habib.benzian@health-bureau.com>; MAKINO, Yuka <(b) (6)> Taylor James <(b) (6)> Mtaya-Miangwa Matilda <(b) (6)> Ambege Mwakatobe <(b) (6)> Regina Leichner <(b) (6)> Kailembo, Alexander (CDC/DDPHSIS/CGH/DGHT) <(b) (6)> Tiwari, Tamanna <(b) (6)> Tomar Scott <(b) (6)> O'Connell Brian <(b) (6)> Masalu Joyce <(b) (6)> McNeil Daniel <(b) (6)> Cameron Randall <(b) (6)> Martinez, Alauna <(b) (6)> Macek, Mark D. <(b) (6)> Rambob Isabel <(b) (6)> Sinkford Jeanne <(b) (6)> Leo Rouse <(b) (6)> Pinzon Lilliam <(b) (6)> Barrow Jane - HSDM <(b) (6)> Donoff, R. Bruce <(b) (6)> Giannobile William <(b) (6)>

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Seeberger Gerhard Konrad (b) (6) < (b) (6) Daniel Klemmedson  
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**Subject:** RE: [EXT] Vision 2030: Delivering Optimal Oral Health for All

**EXTERNAL EMAIL**

Dear Cohen and dear all,

Thanks to flag this great news. Indeed, today marks the opening of the 148th session of the Executive Board (EB) of WHO - the executive organ of the World Health Assembly. And Wednesday 20 January, during the EB session, a Resolution on oral health among others items will be discussed for adoption by EB members - a Resolution expresses the will of member states, representing the highest level of commitment of the governing bodies of WHO.

How have we reached this point? Below, I'd like to give you some background elements that would help you to understand a somewhat complex process to capture.

A number of countries concerned by the global oral health situation were invited by WHO oral health programme, at the end of 2019, to attend an informal technical meeting at WHO HQ. Following this meeting, Sri Lanka decided to present a statement during the 146th session of the EB in February 2020. The strong statement made by Sri Lanka on behalf of 17 Member States called to better prioritization of oral health as part of global health agenda and to strengthen and accelerate action on oral health at different levels. Later the same year, and always at the initiative of Sri Lanka, a formal letter was sent to the WHO Director General recommending the addition of oral health into the next EB148 agenda. After the positive response of the WHO DG and EB Board to Sri Lanka's request, the WHO oral health programme was in charge of developing the report untitled "Oral health. Achieving better oral health as part of the universal health coverage and non-communicable disease agendas towards 2030". The WHO report is available here on the web page of the EB148/8 in the 6 official UN languages:  
[https://apps.who.int/gb/e/e\\_eb148.html](https://apps.who.int/gb/e/e_eb148.html).

As a follow-up action of the above process, Sri Lanka developed a first draft resolution on oral health and invited all permanent missions of Member States for a round of 4 informal meetings (between December 2020 and January 2021) to draft and finalize by consensus a resolution on oral health for further discussion and adoption during upcoming EB148, next week.

I'd like to invite you to follow the discussion on oral health that will be broadcasted using the following Web link: <https://www.who.int/about/governance/executive-board/executive-board-148th-session>

According to the EB's provisional agenda, the discussion on oral health will take place on Wednesday, 20 January 2021 (CET – Geneva Time).

I look forward to continuing our close and fruitful collaboration in 2021 as this new development opens up new perspectives and responsibilities for WHO, Member States and others partners over the coming years. All together towards 2030!

With my best regards,

Benoit

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**From:** Cohen, Lois (NIH/NIDCR) [C] <(b) (6)>  
**Sent:** Monday, January 18, 2021 3:13 PM  
**To:** Weatherspoon, Darien (NIH/NIDCR) [E] <(b) (6)> Iafolla, Timothy (NIH/NIDCR) [E] <(b) (6)> Albino, Judith <(b) (6)> Dye, Bruce (NIH/NIDCR) [E] <(b) (6)> Meister, Alissa (NIH/NIDCR) [E] <(b) (6)> Ricks, Tim DMD (IHS/HQ) <(b) (6)> Chalmers, Natalia (FDA/CDER) <(b) (6)> Hyman, Frederick N (FDA/CDER) <(b) (6)> Hannan, Casey J. (CDC/DDNID/NCCDPHP/DOH) <(b) (6)> Thornton-Evans, Gina (CDC/DDNID/NCCDPHP/DOH) <(b) (6)> Carolina Hommes <(b) (6)> Dr C.H. Fox <(b) (6)> West Karen <(b) (6)> Stewart, Jeffery <(b) (6)> Lopez Fuentes Ana <(b) (6)> Geiermann, Steven P. <(b) (6)> Clayton Blackwell <(b) (6)> Vujicic Marko <(b) (6)> Lee Michele <(b) (6)> Tomich Nancy <(b) (6)> Bergman Marion <(b) (6)> O'Keefe John <(b) (6)> Gonzales Theresa <(b) (6)> Hinterman John <(b) (6)> Goldberg Jerry Weisfuse Deborah <(b) (6)> Dr. Maureen Perry <(b) (6)> Sônia Groisman <(b) (6)> Boroumand, Shadi (NIH/NIDCR) [V] <(b) (6)> Atanda, Jay (NIH/NLM/LHC) [C] <(b) (6)> London, Steven (NIH/NLM/LHC) [C] <(b) (6)> Niederman Richard <(b) (6)> VARENNE, Benzian Habib <(b) (6)> MAKINO, Yuka <(b) (6)> Taylor James Benoit <(b) (6)> Mtaya-Miangwa Matilda <(b) (6)> Ambege Mwakatobe <(b) (6)> Regina Leichner <(b) (6)> Kailambo, Alexander (CDC/DDPHSIS/CGH/DGHT) <(b) (6)> Tiwari, Tamanna <(b) (6)> Tomar Scott <(b) (6)> O'Connell Brian <(b) (6)> Masalu Joyce <(b) (6)> McNeil Daniel <(b) (6)> Cameron Randall <(b) (6)> Martinez, Alauna <(b) (6)> Macek, Mark D. <(b) (6)> Rambob Isabel <(b) (6)> Sinkford Jeanne <(b) (6)> Leo Rouse <(b) (6)> Pinzon Lilliam <(b) (6)> Barrow Jane - HSDM <(b) (6)> Donoff, R. Bruce <(b) (6)> Giannobile William <(b) (6)>



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Seeberger Gerhard Konrad (b) (6) < (b) (6) Daniel Klemmedson  
< (b) (6)  
**Subject:** [EXT] Vision 2030: Delivering Optimal Oral Health for All

**Note that the WHO Exec. Board meets today and Oral Health is on their agenda.**

**Lois**

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**From:** FDI Advocacy <(b) (6)>  
**Sent:** Monday, January 18, 2021 6:18 AM  
**To:** Cohen, Lois (NIH/NIDCR) [C] <(b) (6)>  
**Subject:** Vision 2030: Delivering Optimal Oral Health for All



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