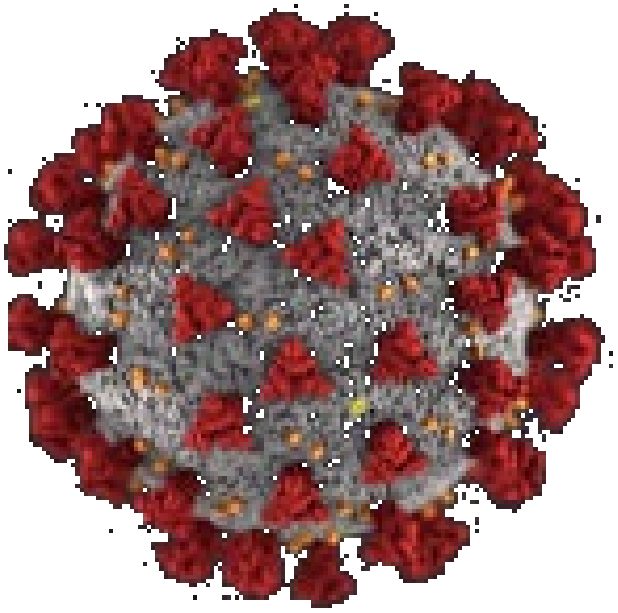
Executive Summary

Pandemic-Related Issues Affecting Delivery of Dental Services in IHS, Tribal, and Urban Dental Programs



Indian Health Service National Dental Infection Control Committee

May 2, 2022

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Methodology

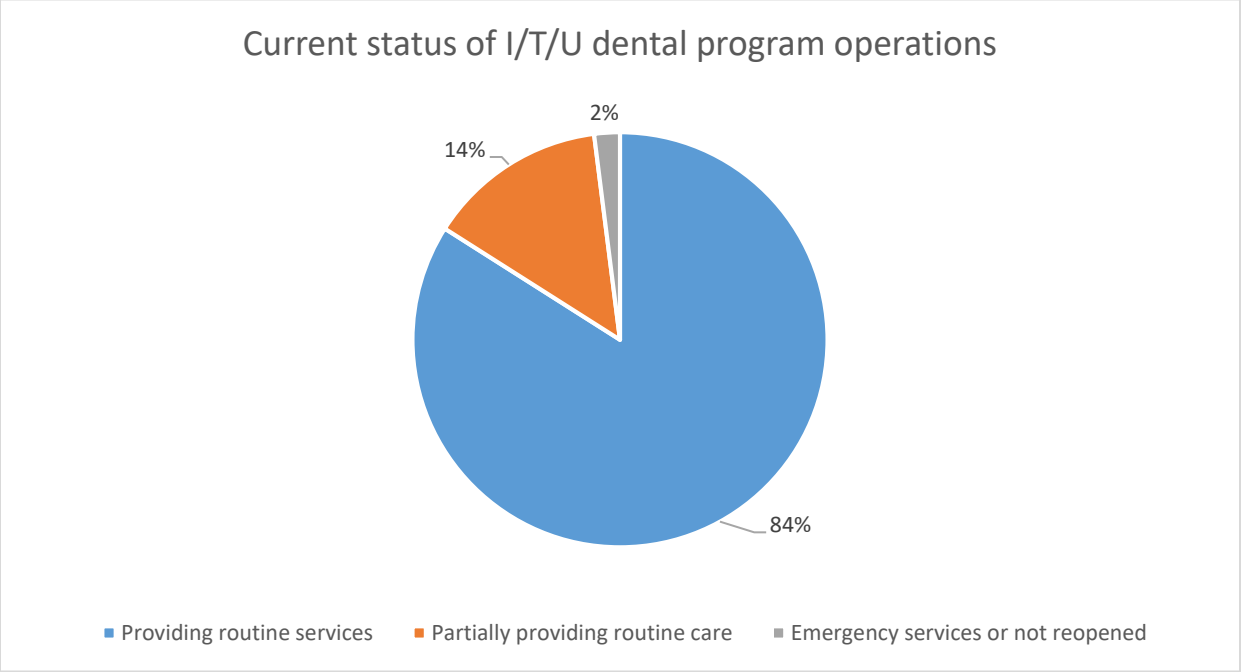
In the first week of March 2022, the IHS National Dental Infection Control Consultant sent a 5-question questionnaire to Area Dental Directors for distribution to their local area service units. The IHS DOH National Dental Infection Control Committee developed the questionnaire. Out of the questionnaires sent out, 50 IHS/tribal programs responded. This report provides a summary of the results of that questionnaire.

Communications

During the pandemic, the IHS Division of Oral Health was active in communicating with IHS, tribal, and urban dental programs about pandemic-related matters. The IHS National Dental Infection Control Consultant, a position created in 2018, began by providing updates from the CDC Division of Oral Health on March 23, 2020 after the CDC released the first guidance on mitigation of SARS-CoV-2 infections in a dental setting. Later, when private dental practices across the country began to re-open to routine patient care, the IHS DOH provided a plan for reopening to Area Dental Officers on June 9, 2020. Throughout the pandemic, the IHS continued to promote and follow CDC guidance specific to dental settings, and this was highlighted by the weekly "IHS DOH National Infection Control and Prevention Tip of the Week" that continues today.

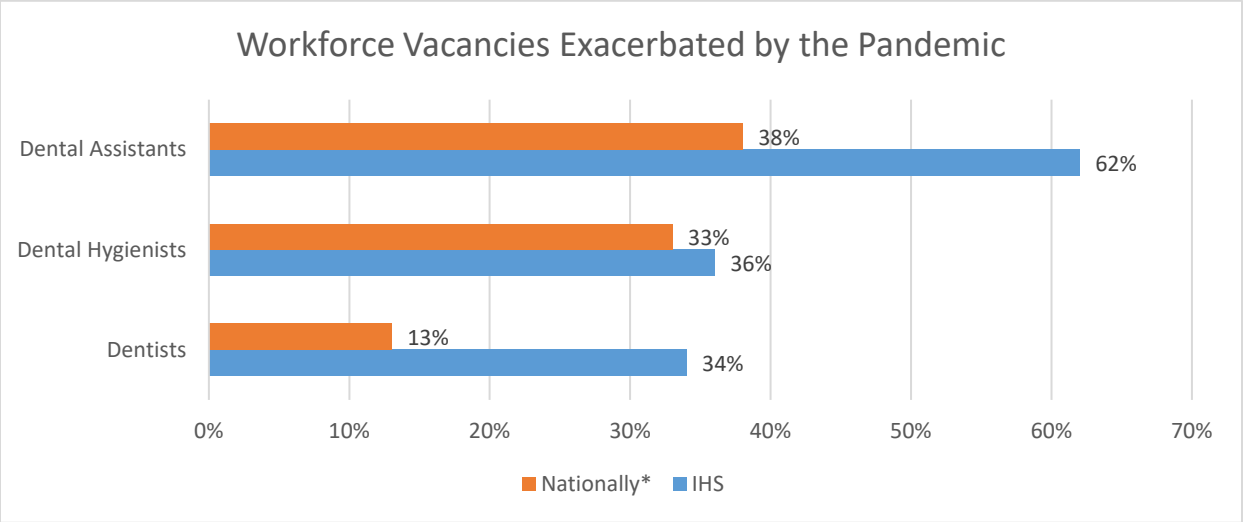
How effective has this communication been? According to survey respondents, 96% of dental directors read the IHS DOH guidance, and 88% shared it with their staff. Thus, communications from IHS Headquarters, and in particular the IHS National Dental Infection Control Committee, seemed to be effective at conveying pandemic-related information to IHS, tribal, and urban dental programs.

In addition, partly due to the mitigation efforts and the enhanced safety protocols, 84% of IHS, tribal and urban dental programs reported in March 2022 that they have resumed delivery of routine dental services, while 14% have partially re-opened, with the remaining 2% either still open only for emergency services or completely shut down.

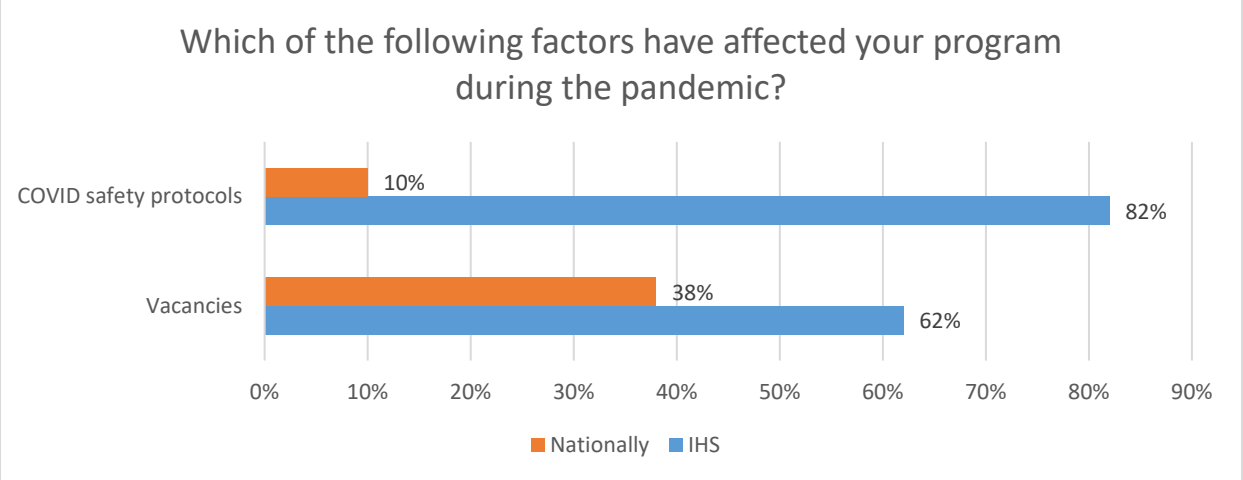


Workforce

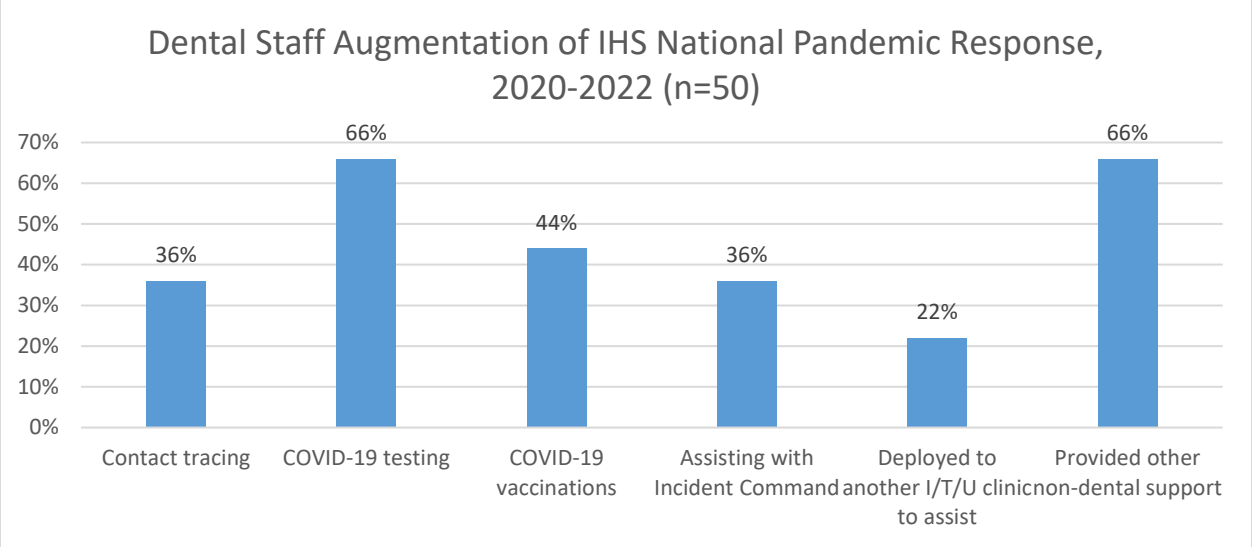
During the pandemic, dental staff vacancies have greatly increased, and the disparity is evident between the proportion of IHS and tribal dental practices with vacancies compared to the private sector as reported by the American Dental Association's Health Policy Institute* (ADA HPI) as shown in the graph below:



In addition to vacancies, COVID safety protocols have greatly affected IHS, tribal, and urban dental practices, especially among dental staff. Nationally, the American Dental Association, in a 2021 study released in the *Journal of the American Dental Association*, reported that only 2.6% of dentists reported a COVID-19 infection, and a report released in 2022 showed that the infection rate among dental hygienists nationally was just 8.8%. However, among IHS, tribal, and urban dental programs, 82% of clinics responding to the survey (n=50) reported at least one dental staff member having been infected with COVID-19, partly the result of 34% of programs reporting at least some difficulty with COVID safety protocol non-compliance by dental staff at some point during the pandemic.



However, dental staff did provide valuable non-dental services during the pandemic to support the overall efforts of the IHS, including contact tracing, testing for the virus, and administering or supporting vaccinations. Below is a graph that shows the proportion of dental programs that augmented the overall COVID-19 response during the first two years of the pandemic.



Supply Chain

One of the biggest issues facing dentistry in the U.S. has been the supply chain, particularly with regard to the availability of personal protective equipment (PPE) necessary in safely delivering dental services to patients. Especially at the onset of the pandemic when routine dental services stopped, but continuing throughout the pandemic, dental practices across the nation faced shortages in the availability of N95 masks, surgical masks, face shields and gowns, gloves, and even non-PPE supplies. The graph below depicts the disparities in availability of supplies experienced by IHS, tribal and urban dental programs at any point during the pandemic compared to national shortages as reported by ADA HPI in December 2021, the last time the ADA HPI asked supply chain questions in their bi-weekly surveys. In addition, 48% of I/T/U dental programs experienced non-PPE supply chain issues, and 52% of responding programs reported supply chain issues specifically related to rising costs of PPE supplies.