
Strengthening Oropharyngeal Cancer Screening in Dental Settings

April 7, 2026



Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



Moderators



Fide Pineda Sandoval,
MPH, CHES
Technical Assistance
Manager



Olajumoke Oladipo, MPH
Health Communications
and Research Analyst

Irene Hilton, DDS, MPH, FACD



- Served on the Board of Directors for six years at NNOHA
- Received her DDS degree from UCSF, her MPH from UC Berkeley and is board certified in dental public health
- Member of the Best Practices Committee of the Association of State & Territorial Dental Directors and the executive committee of the ADA's Dental Quality Alliance

Lisa Bozzetti, DDS

Dental Director – Virginia Garcia Memorial Health Center (VGMHC)



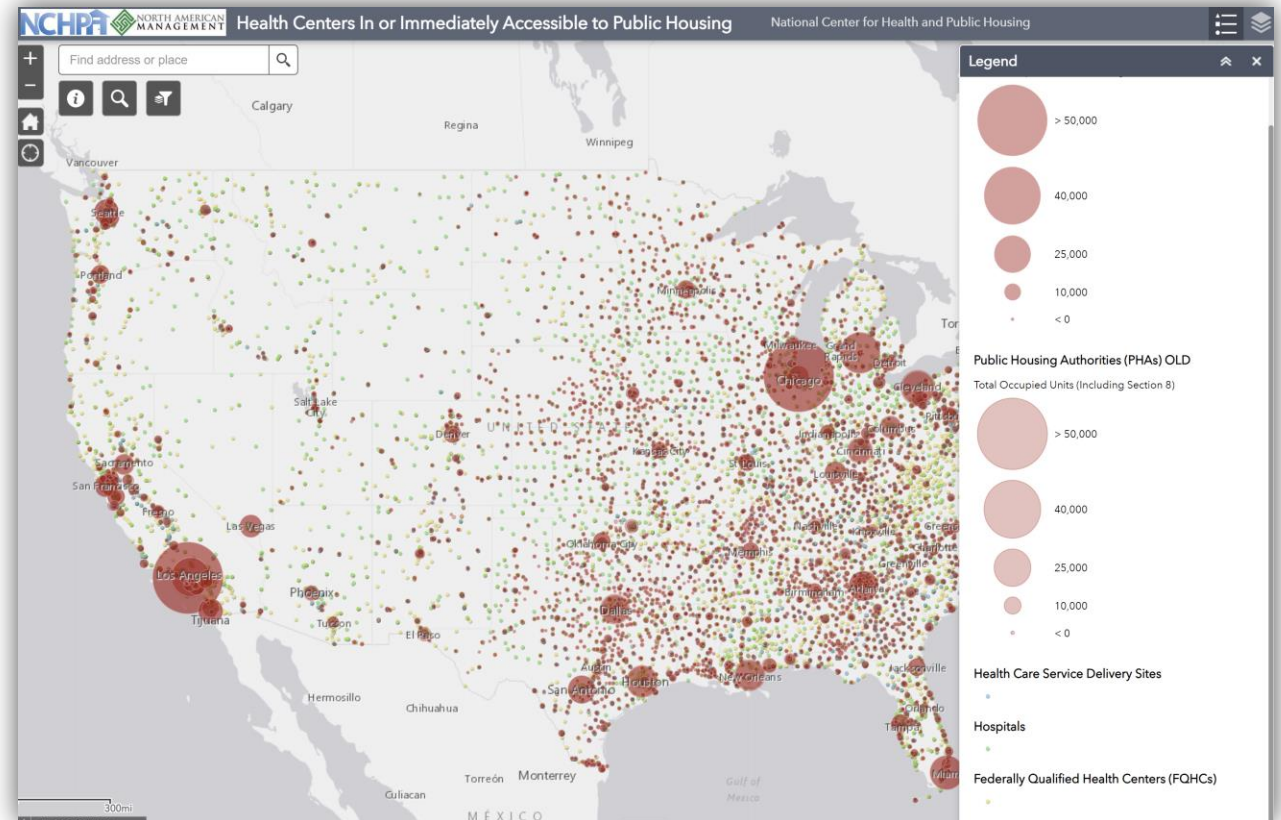
- Served as Dental Director at VGMHC for 18 years, leading significant program growth in innovation.
- Under her leadership, the dental program expanded to six clinics and now includes school-based sealant programs, integrated hygiene services, mobile outreach, and dental therapists.
- With a diverse background across rural, corporate, and community health settings, she champions integrated care and oral health access, serving as President-Elect of the National Network for Oral Health Access (NNOHA) Board.

Today's Objectives

1. Describe the link between oral health, Human Papillomavirus (HPV), and oropharyngeal cancer.
2. Identify screening and prevention strategies, including HPV vaccination.
3. Discuss health center approaches to promoting HPV vaccination and cancer prevention.

Location of Public Housing Primary Care Health Centers (PHPCs) and Public Housing Developments

- **1,359** Health centers = 32.3 million patients
- **485** Health centers near public housing = 6.7 million patients
- **107** Public Housing Primary Care (PHPC) Grantees = 1.1 million patients



PHPC Health Center Patient Demographics 2024



**Below
Federal
Poverty
76.03%**



**Female
58.06%**



**Children
26.49%**



**Elderly
11.57%**



**Uninsured
18.9%**

Public Housing Resident Demographics

1.6 million residents

2 persons per household

32% female headed households
with children

Public Housing Resident Demographics

35% children

40% elderly (62+)

23% disabled amongst all persons in households

90% Very Low Income



Oral & Oropharyngeal Cancer

Irene V. Hilton, DDS, MPH

NNOHA Dental Consultant

April 7, 2026



About NNOHA

- Founded in 1991 by FQHC Dental Directors who identified a need for peer-to-peer networking, collaboration, research, and support
- Membership now includes more than 5,400 dentists, dental hygienists, dental assistants, supporters, and partners



HRSA National Training and Technical Assistance Partner



Small Group Trainings



NNOHA Listserv



Annual Conference



NNOHA Oral Health
Leadership Institute
(NOHLI)



Webinars and on-demand
learning



Resources: publications,
dental forms library,
promising practices, and
more!

Visit nnoha.org or email info@nnoha.org



What is Oral & Oropharyngeal Cancer?

- Mouth
 - Tongue
 - Floor of mouth
 - Gums
 - Inside of cheeks
 - Palate
 - Lips
- Middle part of throat
 - Tonsils
 - Base of tongue



<https://www.mdanderson.org/cancer-types/oral-cancer.html>



Oral Cancer Facts

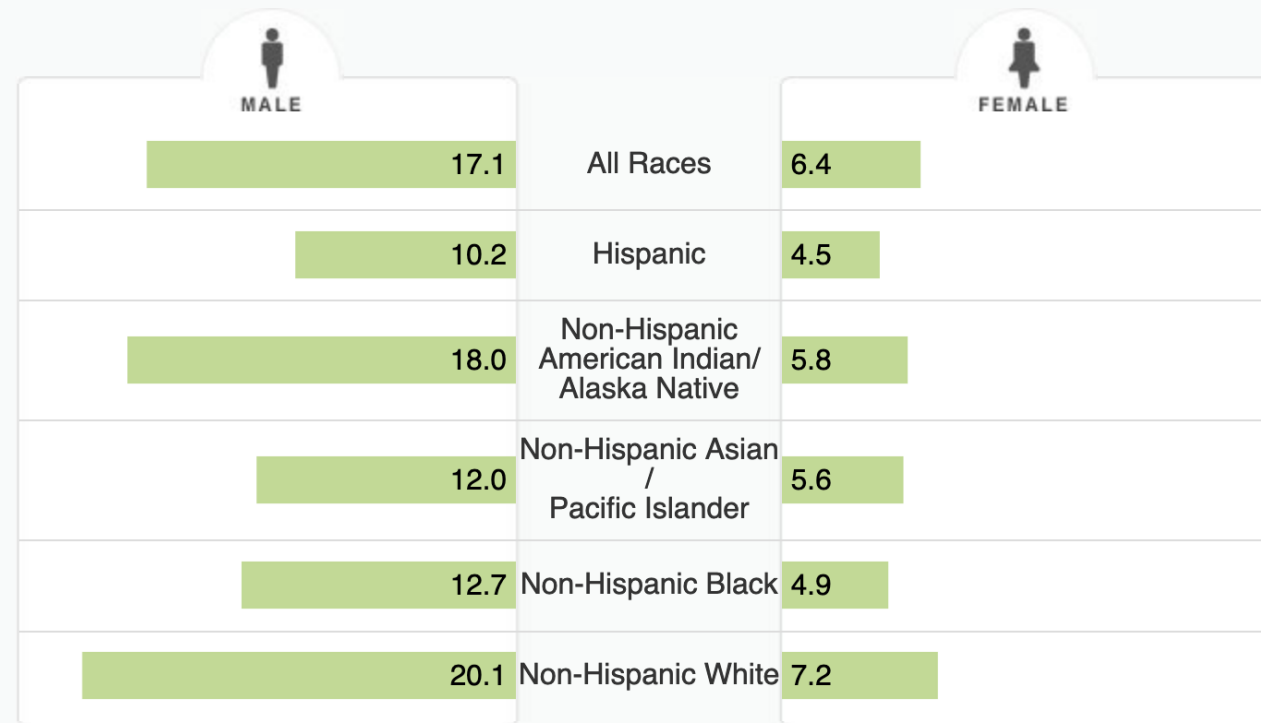
- 60,480 new cases per year
- 13,150 deaths per year
- 5-year survival rate
 - Tongue 71%
 - Oropharynx 57%
 - Floor of mouth 52%
- Average age of diagnosis: 64
- 1 in 5 cases in individuals under age 55
- Lifetime risk men: 1 in 59
- Lifetime risk in women: 1 in 139

<https://cancer.org>



Oral Cancer Rates

Rate of New Cases per 100,000 Persons by Race/Ethnicity & Sex: Oral Cavity and Pharynx Cancer



SEER 22, 2017-2021, Age-adjusted, NCI



Changing Epidemiologic Trends

- Old Paradigm

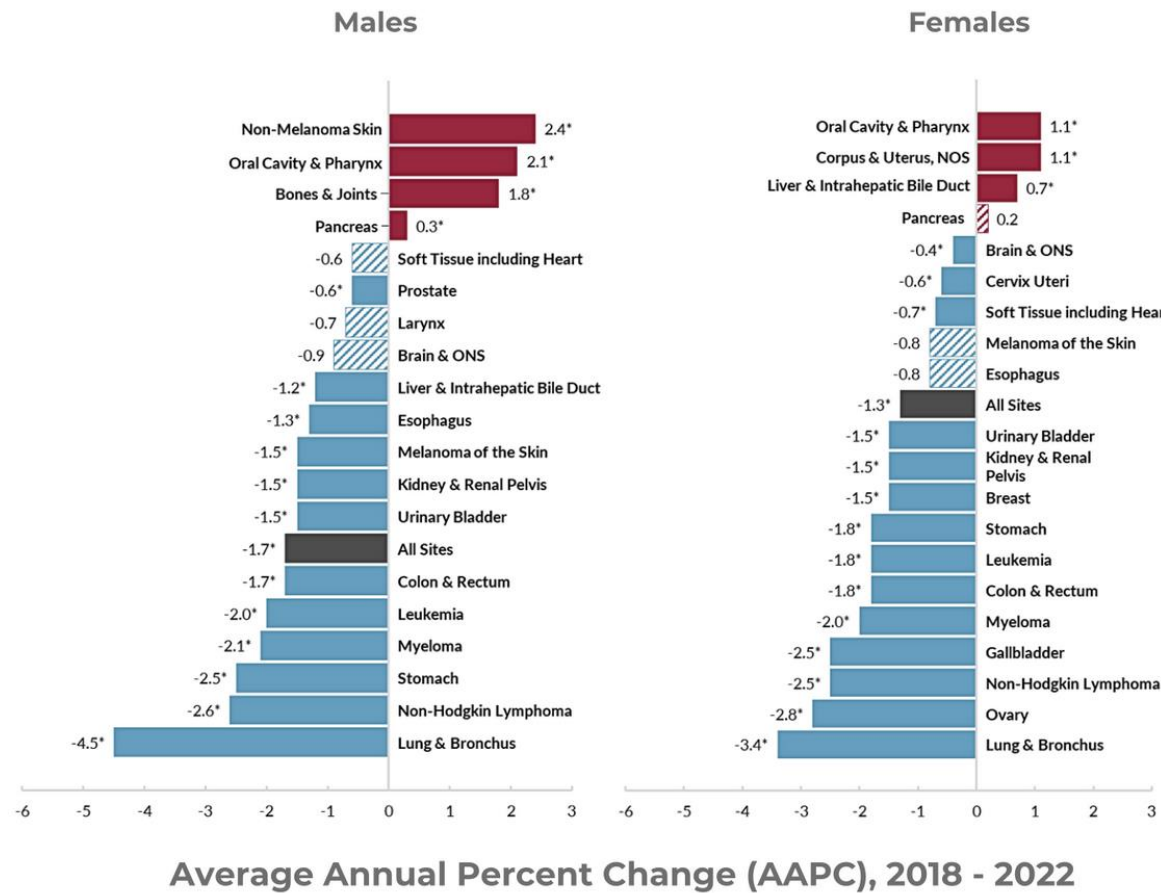
- > 50
- Smokers
- Tobacco related
- Carcinogens damage DNA, cause genetic mutations
- Tongue
- Late stage diagnosis

- New Paradigm

- < 50
- Non-smokers
- HPV16 related
- Disrupts person's tumor suppressor proteins
- Oro-pharynx
- Early stage diagnosis



National Trends in Cancer Death Rates



*AAPC is significantly different from zero (p<0.05)

seer.cancer.gov
Source: Annual Report to the Nation



Smoking & Oral Cancer

- Smoking rates have decreased across the U.S.
- Oral cancer incidence in the “traditional” sites (tongue, floor of mouth) have decreased



% Adult Smokers

% of Adult Smokers

Lowest

1. Utah

2. Maryland

3. California

T-4. Connecticut

T-4. Washington



Highest

T-45. Kentucky

T-45. Missouri

T-45. Ohio

48. Mississippi

49. Tennessee

50. Arkansas

51. West Virginia

Best State vs. Worst State: 3x Difference
Utah vs. West Virginia



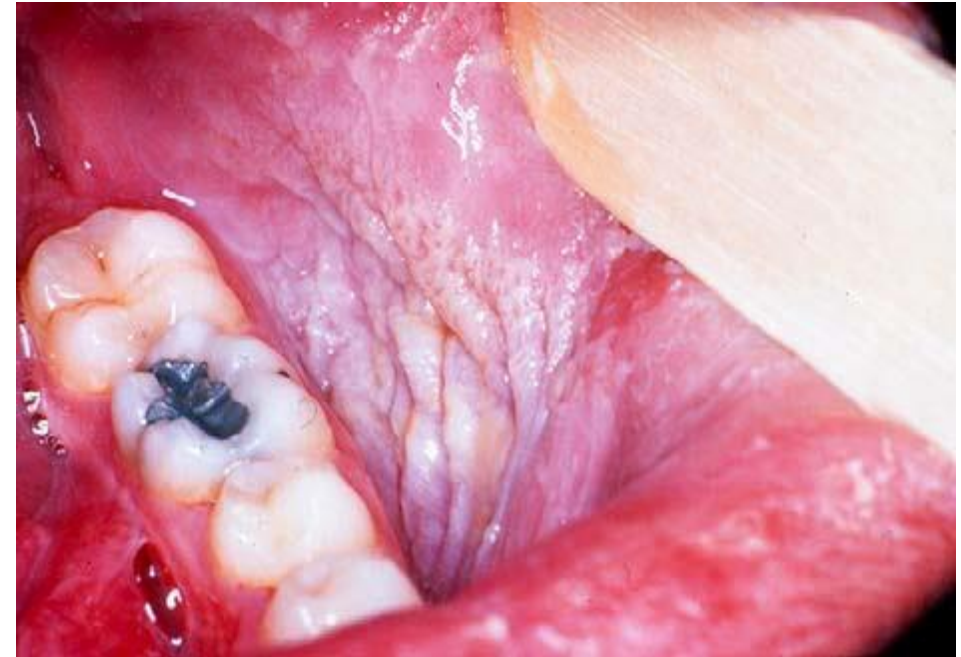
<https://wallethub.com/edu/states-with-best-worst-dental-health/31498/#methodology>

Types of Tobacco/Tobacco-simulation Products



Smokeless Tobacco

- Increased risk of oral cancer
- Location- tissues that contact the tobacco
- 3.8 % of US adults use smokeless tobacco
- 4.1% of high school students use smokeless tobacco



Waterpipe Smoking (Hookah)

- Worldwide - Middle East, Asia, and Africa
- Group activity
- Youth & young adults

Smoking a hookah is the equivalent of smoking **100 cigarettes**



Source: World Health Organization (2005); mentioned in the October 2015 issue of *The Journal of the American Dental Association*

Learn more at MouthHealthy.org

Mouth Healthy™ ADA®



Electronic Cigarettes- Vaping

- Gum disease
- Dental cavities
- Oral mucosal lesions
- Dry mouth
- Delayed healing
- Changes in the oral microbiome

Multiple studies show E-cigarettes are a gateway to smoking conventional cigarettes for youth

Cichońska D, Kusiak A, Goniewicz ML. The Impact of E-Cigarettes on Oral Health-A Narrative Review. Dent J (Basel). 2024 Dec 10;12(12):404.

Iacob AM, Escobedo Martínez MF, Barbeito Castro E, Junquera Olay S, Olay García S, Junquera Gutiérrez LM. Effects of Vape Use on Oral Health: A Review of the Literature. Medicina (Kaunas). 2024 Feb 21;60(3):365.



Action Steps for Tobacco-related Cancer

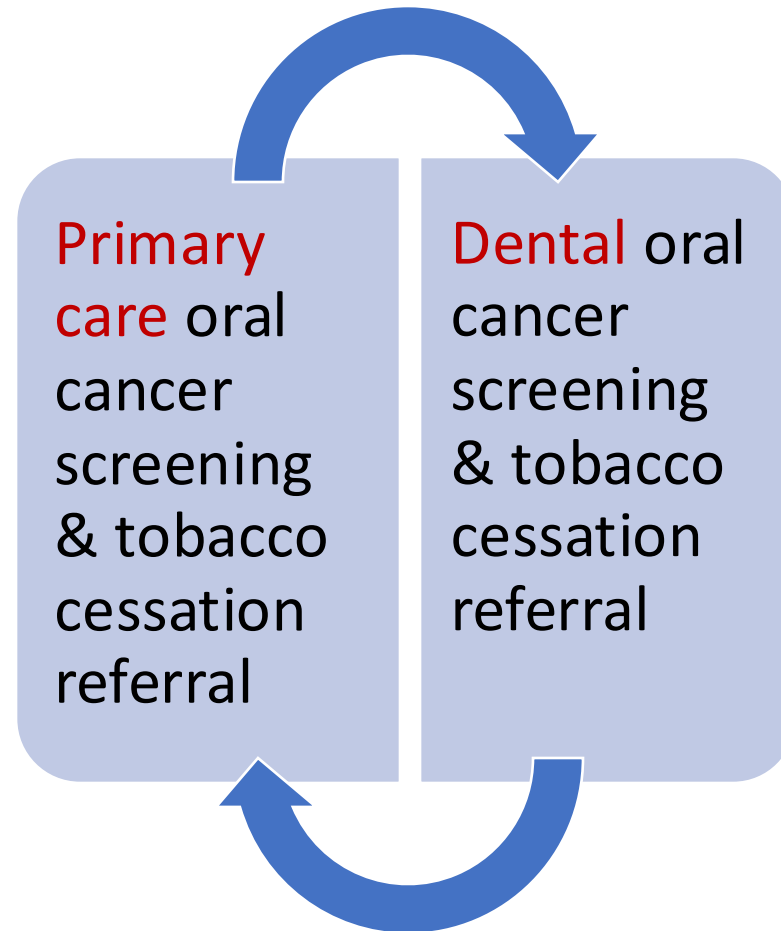
- Individuals most at risk tend to be uninsured, less dental access
- Early youth prevention
- Screening in the medical/dental setting
- Referral to health center behavioral health or state Quit Line



Oral Cancer Screening



Whole-Person Care



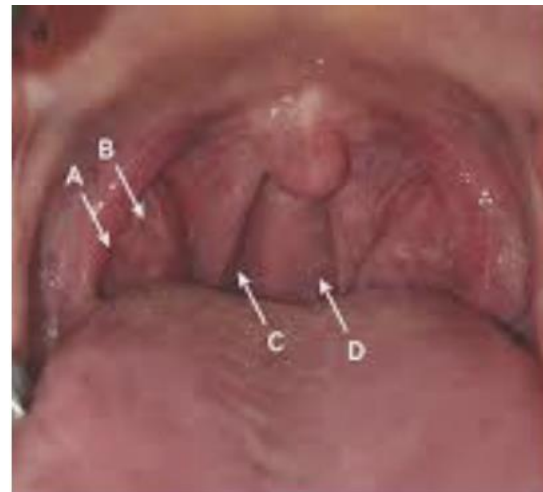
Action Steps for HPV-related Cancer

- Focus on early cancer-prevention immunization & early detection of lesions
- Screening in the medical/dental setting
- Immunization administration in the medical and/or dental setting

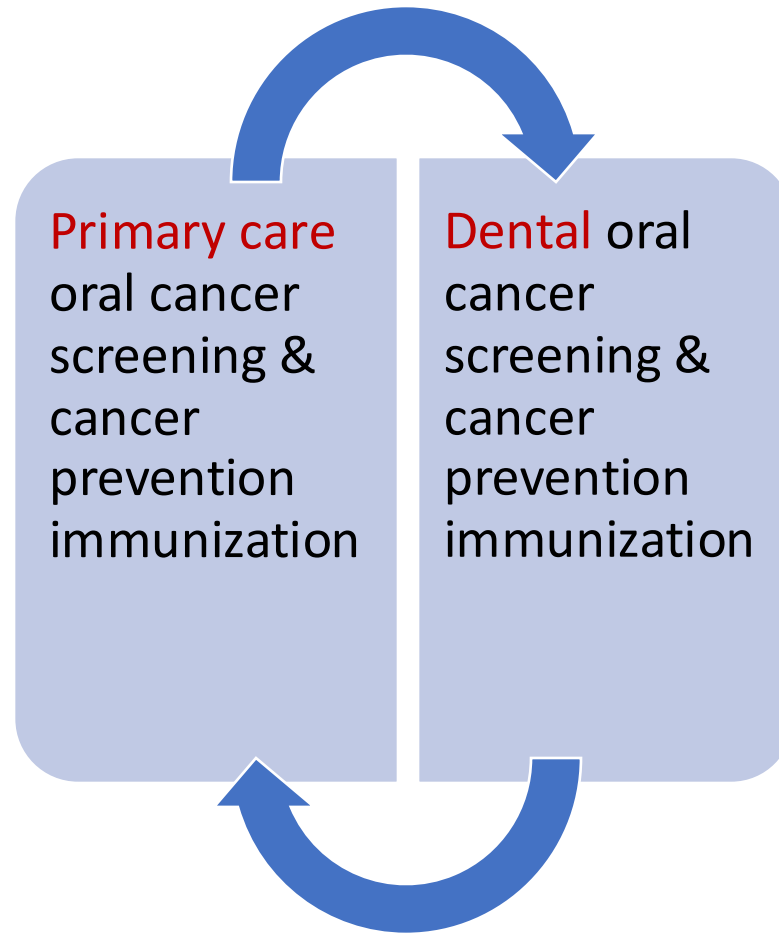


HPV Oropharyngeal Cancer

- Painless lump in the neck is the most common symptom



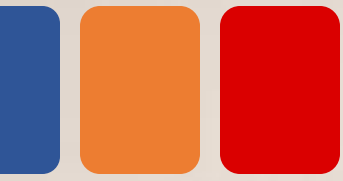
Whole-Person Care



Resources

- <https://www.hrsa.gov/sites/default/files/hrsa/oral-health/oral-cancer-early-detection.pdf>
- <https://www.mouthcancerfoundation.org/educational-resources>
- <https://my.clevelandclinic.org/health/diseases/11184-oral-cancer>





Strengthening Oropharyngeal Cancer Screening in Dental Settings

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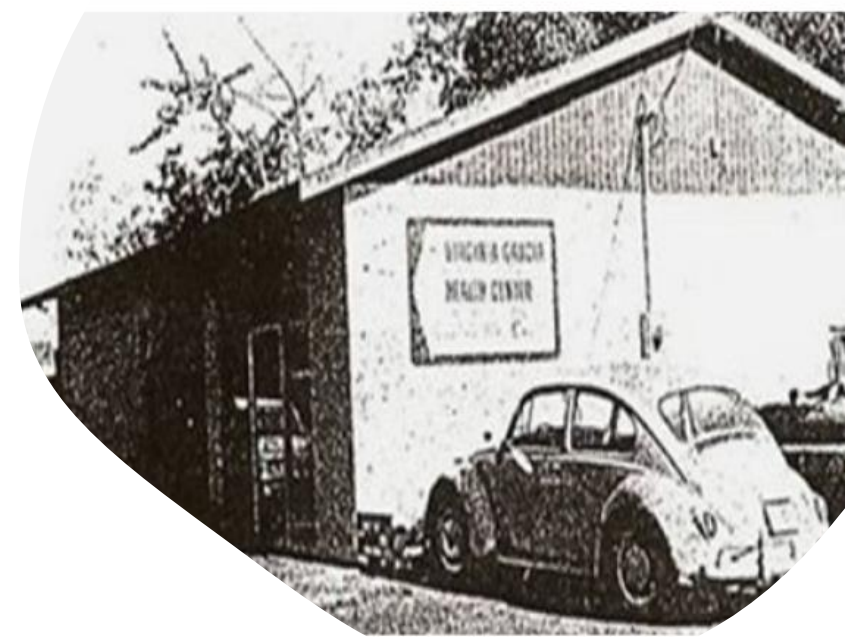
Lisa Bozzetti DDS
Dental Director

Knight Cancer Institute Grantee

Funding for this work was provided in part by the OHSU Knight Cancer Institute Community Partnership Program, a grant program that supports communities across Oregon in addressing local cancer-related needs.



Virginia Garcia Memorial
HEALTH CENTER



Virginia Garcia
1969 - 1975

Virginia Garcia Memorial Health Center

Serve 2 counties west and southwest of Portland,
Oregon

A mix of urban and rural communities



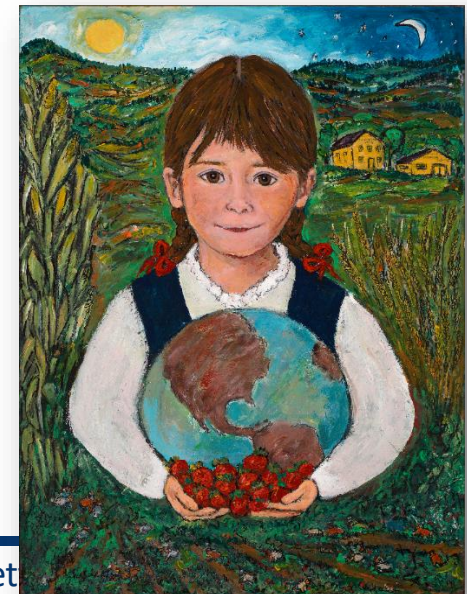
Our Health Center



We serve more than **52,000 patients** in Washington and Yamhill counties:



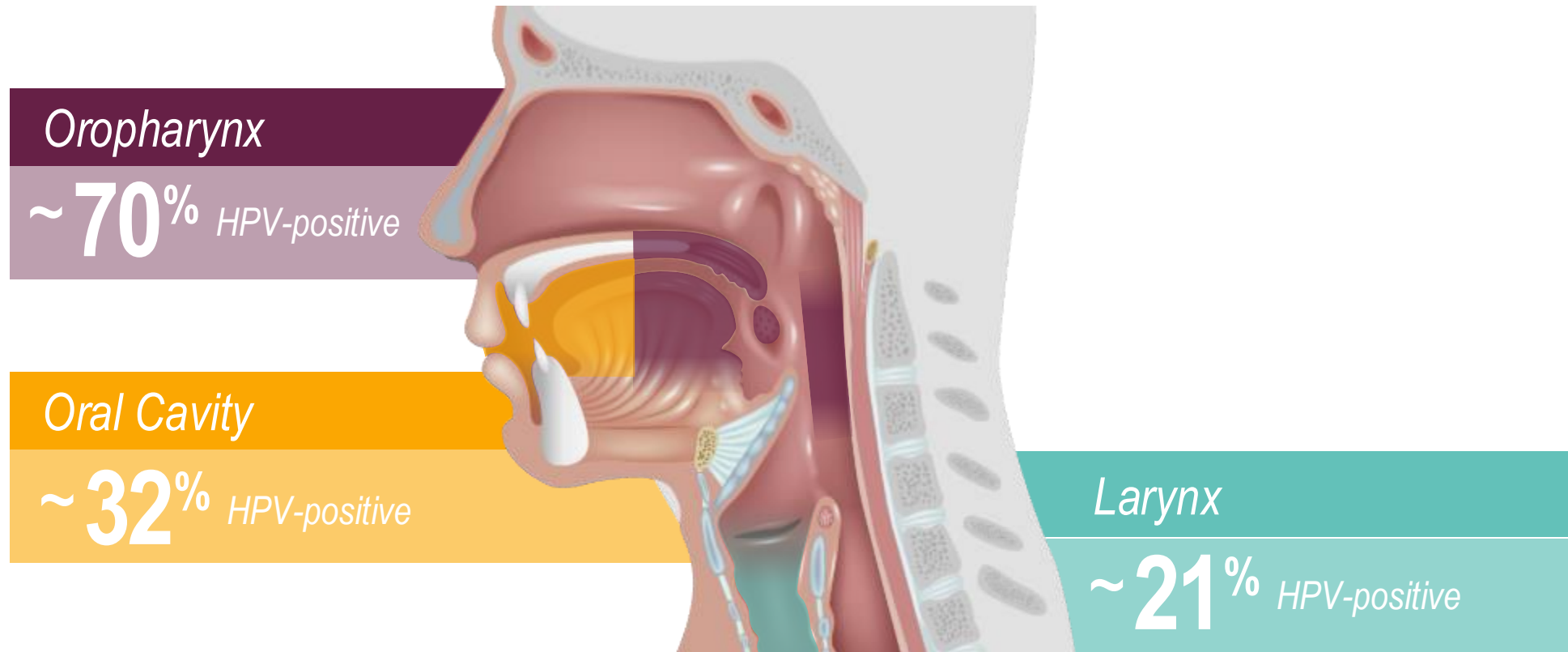
- Six primary care clinics with pharmacies and behavioral health services in Newberg, McMinnville, Beaverton, Hillsboro, Cornelius and Willamina
- Six dental clinics in Newberg, McMinnville, Beaverton (2), Hillsboro and Cornelius with a 7th coming soon (in a rural community – Sheridan)
- Four school-based health centers located in Tigard, Hillsboro (Century), Beaverton and Forest Grove that operate a school sealant program
- A Reproductive Health Care Clinic
- Two mobile outreach clinics, with additional clinics coming online soon
- A centralized administration building



Today we serve 1 in every 14 residents in the 2 counties we serve



HPV DNA Detection by Anatomic Location of Certain Head and Neck Cancers 1, 2



The CDC partnered with 7 United States population-based cancer registries to obtain archival tissue for cancers diagnosed from 1993-2005, before the introduction of HPV vaccination. HPV testing was performed on 2670 case patients who were fairly representative of all participating cancer registry cases by age and sex. HPV type-specific detection percentages were determined by anatomic site and demographic characteristics.¹ Not all oropharyngeal, laryngeal, and oral cavity cancers are caused by HPV.¹ Detection of HPV DNA in an HPV study is insufficient to indicate a causal relation with the tumor.¹

CDC=Centers for Disease Control and Prevention; DNA=deoxyribonucleic acid; HPV=human papillomavirus.

1. Saraiya M, et al. *J Natl Cancer Inst.* 2015;107(6):djv086.

2. NCI website. <https://www.cancer.gov/types/head-and-neck/patient/adult/oropharyngeal-treatment-pdq>. Last updated November 21, 2019.



Why discuss HPV at dental visits?



Human papillomavirus (HPV) is the most common sexually transmitted infection (STI) in the U.S. with nearly every sexually active person having an HPV infection in their lifetime (National Cancer Institute, 2021).

- Estimated 79 million Americans currently infected
- 14 million new infections/year in the US
- HPV infection is most common in people in their teens and early 20s

Most people will never know that they have been infected

HPV-related **oropharyngeal cancer** cases are rising, with an estimated 3,500 new cases per year in women and 16,200 per year in men (CDC, 2021). Current projections estimate an upward trend for the next decade.

Dentists participate in detection of oral and oropharyngeal cancer by performing oral cancer screenings. Yet **Dentists** do not routinely participate in primary HPV-related oropharyngeal cancer prevention, including counselling, referrals for vaccination, and/or direct vaccination (Daley EM, 2018; Griner SB, 2019; Harris KL, 2020)



Sources: Megan Cloldt DDS MPH. CareQuest presentation to Oregon HPV Dental Task Force & You are the Key HPV Dental presentation

Dental providers see a large number of adolescents and young adults who are unvaccinated for HPV in a given year, and we can serve as an access point for HPV vaccine education and delivery





Setting the Stage

Oregon House Bill 2220



- Passed in 2019
- Allows dentists who complete a Board of Dentistry approved curriculum to administer **ALL vaccines** in Oregon to **ALL ages**
- Began training our dental providers to administer vaccines during the Covid-19 pandemic
- Consulted with our primary care teams about what vaccines could be helpful to help administer
 - Multiple under consideration – flu, covid, Tdap, HPV

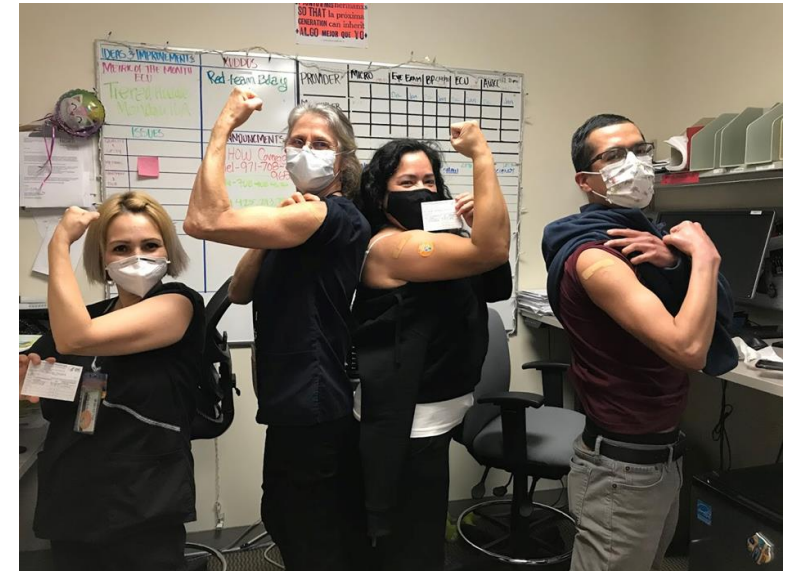


Oregon HPV Dental Task Force



Convened dental professionals in 2021 from private and public sector for 16 months to:

- Provide continuing education and discussion on HPV prevention strategies within the dental field
- Encourage dental providers to prevent HPV infection through counseling, referral or direct vaccine administration
- Collaboratively create a customizable educational toolkit to guide providers in having conversations about HPV infection and prevention with patients



How Dental Teams support overall health

Vaccines – Query State vaccine registry, reconcile vaccines and recommend vaccines when needed

(automated process)

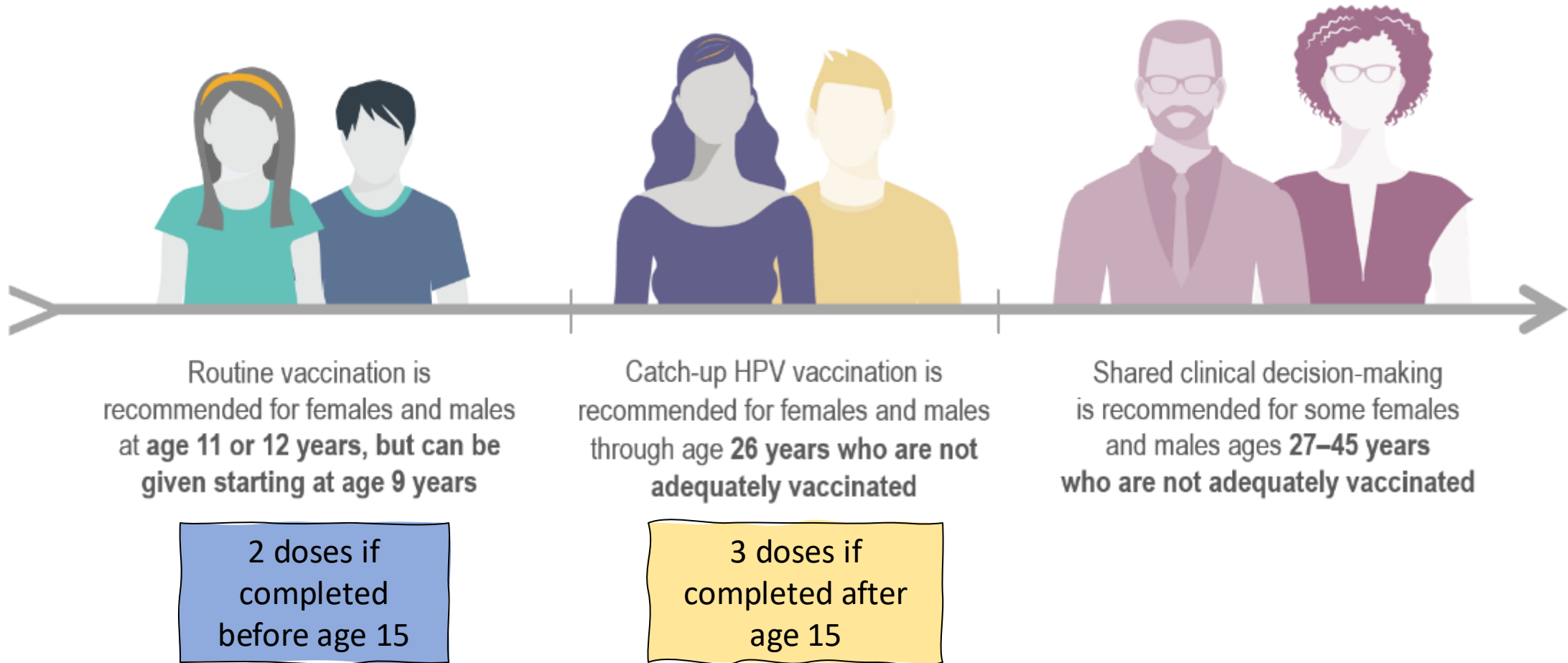


Advise patients and schedule vaccines for the patient



Order and Result A1cs – Address overdue A1Cs and provide when patient has a Primary Care Provider (PCP) in the health center

HPV VACCINES – An Opportunity for the Dental Team





HPV Vaccine Education & Administration

Patient/Staff Education

Presentation about HPV and vaccine from an expert pediatrician

All Dental Staff presentation 4/5/22

Provider Meeting 6/7/22

Standing topic of discussion at provider meetings

Informational session for Dental Assistants (DA) ONLY - 11/4/22

Distributed patient and provider facing materials to all clinics and provided scripting for conversations with patients

Standing topic of discussion at DA meetings and all-staff meetings

Workflow & billing/coding issues

Workflow Details

CDT vs CPT code

Bills out CPT code on a medical claim

Bills under medical provider (cleanest)

When to administer/how to prep vaccine and have a dental visit

It is hard to find time to administer a vaccine alongside a dental appointment

The many steps involved in administration and documentation of a vaccine can slow things down

Determine IF this model can work

Still working this out, continue to pilot for a bit longer

Administer HPV Vaccines

HPV vaccine training for dentists and DAs - August 30, 2023

Working with our clinical training teams and clinics to create a workflow

Begin administering HPV vaccines at co-located dental clinics in September 2023

Challenges so far:

Uninsured patients require challenging paperwork trail for use of vaccines for children (VFC) vaccine supply

Question

Will patients be amenable to receiving the HPV vaccine from the dentist?



Educating Dental Teams About HPV



Education of Staff and Parents/Patients

- (1) Train clinical dental staff to feel comfortable having conversations with parents and introducing the concept of HPV vaccine
- (2) Use existing educational materials designed specifically for dental use (ex: from the Oregon HPV Dental Task force) to:
 - Educate parents of patients 9-12 years of age - to encourage consideration of vaccination for HPV for their child.
 - Recommend vaccine in primary care or in dental clinic (if able to administer it)





HPV Vaccine
 protects
against
cancer

HPV Facts

What is HPV?

- ✓ Human Papillomavirus (HPV) is a common virus.
- ✓ Most people will become infected with HPV at some point if not vaccinated.
- ✓ Most HPV infections go away, but some can cause cancer, including cancer of the base of the tongue and back of the throat (oropharyngeal cancer).

HPV and Cancer

- ✓ HPV can cause six types of cancer.
- ✓ Cancer of the base of the tongue and back of the throat is the most common HPV-related cancer.
- ✓ HPV causes about two-thirds of all cancers of the base of the tongue and back of the throat.

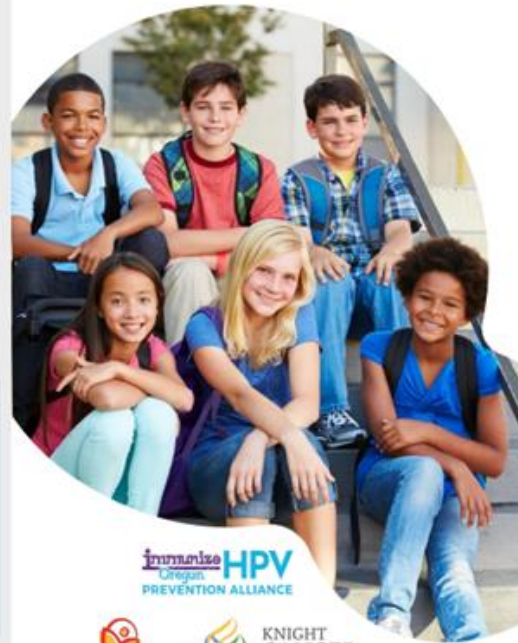
The Oregon HPV Prevention Alliance's Dental Task Force acknowledges the ongoing work of the dental clinics of the nine federally recognized Oregon Tribes, as well as those of the Native American Rehabilitation Association (NARA) and Chemawa Indian School. The Northwest Portland Area Indian Health Board (NPAIHB) plays a key role in the Alliance's Leadership Team and the HPV Dental Task Force. For more information on NPAIHB's projects, including the Native Dental Therapy Initiative, please visit www.npaihb.org/programs-projects. Learn about NPAIHB's Northwest Tribal Dental Support Project at www.npaihb.org/ntdsc.

CONTACT US

Oregon HPV Prevention Alliance Dental Task Force
coordinator@immunizeor.org www.immunizeor.org

For Dental Patients

Prevent Human Papillomavirus (HPV) and Cancer



immunize
HPV
PREVENTION ALLIANCE



Oregon HPV Dental Task Force

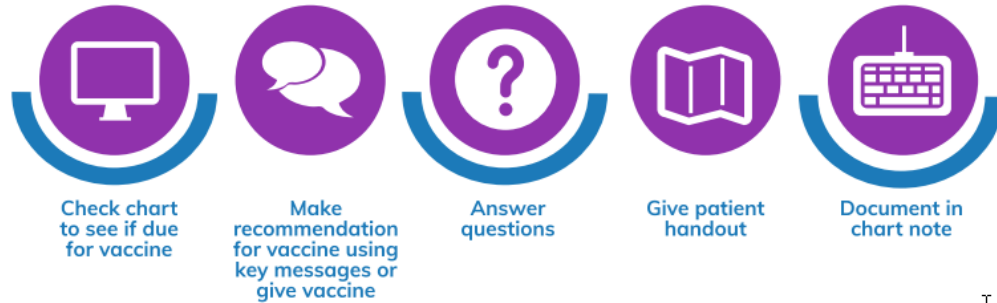
Oregon HPV Alliance
Dental Task Force Toolkit
Also includes provider
facing materials



Dental Provider Check-List

Human Papillomavirus (HPV) Recommendation

Dental Provider Checklist



Oregon HPV Dental Task Force

Key Messages for HPV Vaccination

- ✓ HPV vaccine protects against 6 types of cancer
- ✓ Two doses between ages 9 and 12 for boys and girls
- ✓ HPV vaccine is safe and it works



Key Messaging for Dental Patients

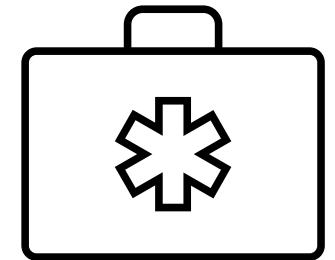
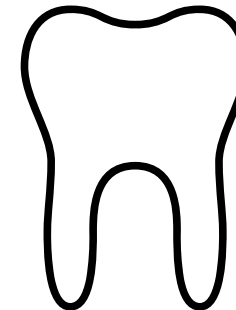
70% of Head and Neck Cancers are HPV+

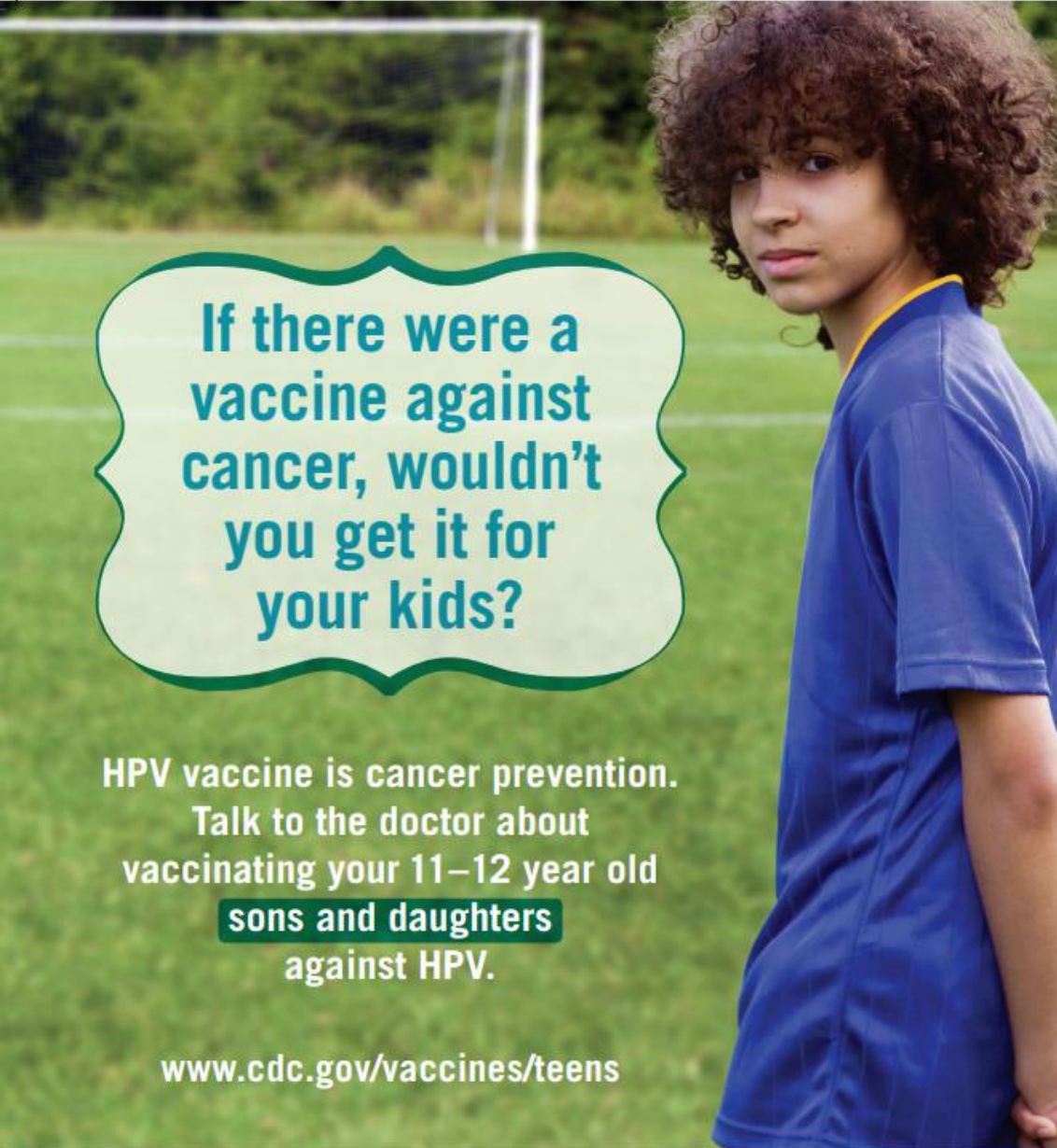
Dentists regularly see children in the 9-12 age range for dental care. Prior to the pandemic over 84% of children, ages 2-17, had an annual preventive exam. In 2020 the number dropped to 80% and continues to increase slowly.

DID YOU KNOW WE HAVE A VACCINE THAT PREVENTS CANCER??

The dental team can be an extension of the team recommending the vaccine and administering the vaccine, when feasible.

When parents/patients hear similar messaging from multiple sources in the healthcare system it helps build trust and acceptance for the vaccine.





If there were a vaccine against cancer, wouldn't you get it for your kids?

HPV vaccine is cancer prevention.
Talk to the doctor about
vaccinating your 11–12 year old
sons and daughters
against HPV.

www.cdc.gov/vaccines/teens



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Distributed by:

Key Messages for Dental Team and Patients

Focus on cancer prevention: HPV vaccination prevents cancer-causing infections & pre-cancers

Review vaccine history much like you do a health history

Add sections to your patient questionnaire about HPV vaccine history

Recommend vaccines much like you'd recommend dental needs

Reinforce HPV vaccination as the norm, just like parents chose to vaccinate their child as infants

Important that we all use clear, consistent messages about the HPV vaccine

- Talk to your medical teams about their recommendations
- Educate staff about HPV vaccine recommendations



COMPLEXITY?

When to defer to patient's pediatrician or PCP?

Dentists are not experts on HPV

- If a parent or patient has a question we cannot answer
- If there is a question of appropriate dosage, # of doses
- Always appropriate to defer to the pediatrician or PCP for a more detailed discussion



Advantages of doing this work in an FQHC setting



- Our dentists and hygienists administered Covid vaccines AND flu vaccines with our medical colleagues. Is an accepted part of our dental workflows.
- We use an integrated electronic record (Epic)
- Our dental teams query Alert/review and reconcile vaccines and recommend overdue vaccines already
- Pilot sites administering HPV vaccine: Dental clinics that are co-located with medical
 - Intentional:*
 - Vaccine fridges already on-site and managed by primary care
 - We bill through the physician on-site (even though our dentists CAN order vaccines)



Lessons Learned

Providers were much more receptive to learning about HPV and learning to message patients. DAs needed a bit more time to warm to the idea and additional education.

- Yet providers struggled to start the conversation about HPV

Have a DA leader learn and prepare a presentation about HPV to share with DAs

Parents/Patients anecdotally more open to receiving dose 2 or 3 from a dentist. Not as many folks open to the first dose.

Early concerns and how they were addressed:

- When to bring up the conversation with a parent/patient – give examples of messaging and scripting were very helpful
- What if a parent or patient asks a question you don't know the answer to? What if the situation is complex? – always defer to the medical provider



Key Take Aways for Dental Teams

Dental Teams should be a natural part of messaging parents and patients about HPV

Key message – cancer prevention

Dental teams can have a big role in helping decrease HPV related cancer rates through vaccination!



- [Oregon HPV Dental Toolkit](#)
- [CDC Help Answering Parent's Questions – HPV Vaccine](#)
- [American Dental Association \(ADA\) recommendations for HPV vaccine](#)
- [American Academy of Pediatrics \(AAP\) – HPV recommendations and Toolkit](#)



THANK YOU!

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Virginia Garcia Memorial Health Center and Foundation



Virginia Garcia Memorial Health Center



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Q & A SESSION



Complete Our Post Evaluation



National Center for Health in Public Housing & National Network for Oral Health Access

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THANK YOU!

