



USPHS Chief Dental Officer Newsletter #44: December 16, 2019

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



What does the other direction of medical-dental integration look like? [Part 1]

According to the [National Health Council](#), approximately 133 million Americans – more than 40% of the population – suffer from chronic diseases such as diabetes, heart disease or depression, and more than three quarters of all health care costs are due to chronic conditions. The [CDC's National Center for Chronic Disease Prevention and Health Promotion](#) has the figure even higher, stating that as many as 60% of the country's population has chronic disease, with 40% having two or more chronic conditions. Here is just a sampling of some of these chronic conditions (data from the CDC):

- Diabetes (diagnosed): 10.5% of the population
- Hypertension: 33.2% of adults over the age of 20 have hypertension
- Heart disease: 12.1% of adults are affected
- Obesity or overweight: 71.6% of all adults over 20 years of age are overweight or obese
- Smoking: 13.8% of adults currently smoke cigarettes
- Illicit drug use: 11.2% of persons over 12 years of age reported illicit drug use in the past month
- Vaccinations: 8.5% of children aged 19-35 months are not vaccinated against measles, mumps, and rubella
- Depression: 7.1% of adults and 13.1% of adults ages 18 to 25 have had at least one major depressive episode (from [National Institute of Mental Health](#))

According to the [American Dental Association](#), there are 27 million Americans who visit a dentist each year but who don't see their physician. We have heard much over the past few years about integrating oral health *into* primary care, and our medical colleagues have, for the most part,

answered that call for action through providing oral health screenings, applying fluoride varnish, and referring their patients to their dental colleagues. **We have the opportunity as oral health professionals to educate our patients about the importance of oral health to overall health and then screen our patients for chronic disease to enhance their overall health.** Over the next few newsletter issues I will provide you with real examples of how oral health professionals have addressed overall health concerns in their practices, beginning with depression screenings, vaccinations, and diabetes screenings in this issue. These are not meant to be prescriptive, but are meant to demonstrate promising and best practices for oral health-primary care integration; providers should provide care within their scope of practice as defined by clinical privileges and their state's dental practice act in the state where they are licensed.

In this issue

Introduction of medical-dental integration.....	1
Depression Screenings in Dental Settings.....	2-3
Vaccinations: A New Frontier in Dentistry.....	4
Diabetes Screenings in the Dental Office.....	5-6
Dental Deployments at RAM events and on Ship.....	7-8
Greater New York Dental Meeting	9
ADHA Meeting Unites HSO, Dental Categories.....	10
AMSUS Meeting 2019.....	11
Retirement Announcements.....	12
News Bites.....	13-14
Upcoming Meetings and Events.....	15
Index of Topics from Past Issues.....	16

Depression Screenings in a Dental Setting

A few years ago a dear colleague of mine in the Nashville Area Indian Health Service Office of Public Health, Dr. Palmeda Taylor (Area Behavioral Consultant), introduced me to the idea of oral health professionals providing depression screenings in a dental setting. The [National Institute of Mental Health](#) estimates that 17.3 million adults had at least one major depressive episode in 2017, and the prevalence is highest among adults aged 18 to 25 (13.1%), among females (8.7%), and among those reporting being of two or more races (11.3%). Among adolescents, an estimated 3.2 million adolescents aged 12 to 17 had at least one major depressive episode in 2017, with the highest prevalence being among adolescent females (20.0%) and those reporting two or more races (16.9%). In both adults and adolescents, many do not receive any treatment for depression – as many as 35% of adults and 60% of adolescents did not receive treatment for a major depressive episode.

The Patient Health Questionnaire-9 (PHQ-9) was developed as a depression screening tool in primary care. Consisting of nine questions, respondents rate each question on a 0 to 3 scale according to the frequency of their experience over the previous 2-week period. However, a much easier questionnaire consisting of just two questions (PHQ-2) has been developed to conduct a quick depression screening (taking less than a minute usually) in primary care or other settings such as a dental setting.

PHQ-2 (adults)	Not at all	Several days	> half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

With a score ranging from 0-6, the PHQ-2 may have a [positive predictive value](#) of major depressive disorder of up to 78.6% and of any depressive disorder of up to 92.9%. A [study](#) published in 2010 showed that the sensitivity and specificity of the PHQ-2 for diagnosing major depression was 86% and 78%,

respectively, with a score of 2 or higher (2 points out of a maximum of 6). For these reasons, the [U.S. Preventive Services Task Force](#) recommends screening for depression in adults, and recommends that screenings should be implemented with “adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.”



[Asian Health Services](#), a federally qualified health center (FQHC) located in Oakland, California, began screening patients for depression in a dental setting in July 2017 because, according to Dr. Huong Le, the director of dental health at the center, as many as 20% of the center’s dental patients don’t regularly visit their primary doctor. The program, which serves over 6,500 patients across six cities, has used the depression screening program to treat “the whole patient,” as Dr. Le says. Just after starting the screenings, one elderly patient scribbled in Chinese “I have thought about killing myself” on the bottom of the form. “I got on the phone and called our behavioral health director. She said they’d see the patient that day,” Le said.

Another FQHC located in Boise, Idaho, [Terry Reilly Health Services](#), also began using the PHQ-2 screening tool several years ago. The tool is built within the facility’s health intake form, according to Dr. Ernest Meshack-Hart, dental director, who

further elaborated: “Based on the patient’s response, a plan is developed which can include referral to a primary care provider for further evaluation, or engaging on-site behavioral health services. Going through this process has helped initiate the conversation about how mental health can affect a patient’s ability to achieve success with their oral health care plan.”



In 2016, the [Indian Health Service \(IHS\) Division of Oral Health](#) began a six-month dental depression screening demonstration project that culminated with the development of the first [clinical guidelines](#) for the 400+ IHS, tribal, and IHS-funded urban dental programs. Working collaboratively with the IHS Division of Behavioral Health and the IHS Improving Patient Care Initiative Team, 12 IHS and tribal programs enlisted to take part in the project.

The 12 programs met monthly to discuss successes, barriers, and opportunities. While some of the programs used only dentists to screen patients (25% of the programs), most – over half – used the entire oral health team to screen patients. Prior to taking part in the project, only one of the 12 programs conducted depression screenings, and the overall proportion of patients receiving depression screenings in the dental programs rose from 6.6% prior to the demonstration project to 89.6% during and after the project concluded.

As a result of this initiative, depression screenings increased by 1,266% over the six-month project period, and the number of dental referrals to behavioral health providers increased by 382% in the 12 sites.

Figure 1. Results of 6-month IHS Dental Depression Screening Demonstration Project: Number of Patients Screened

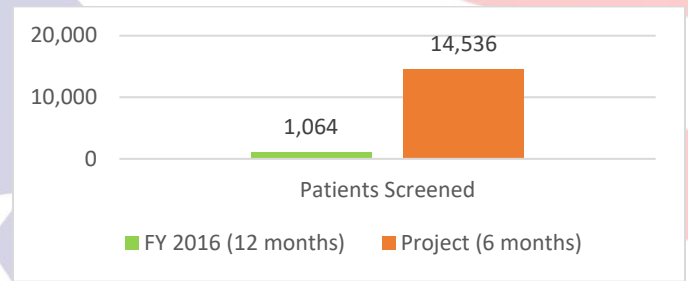
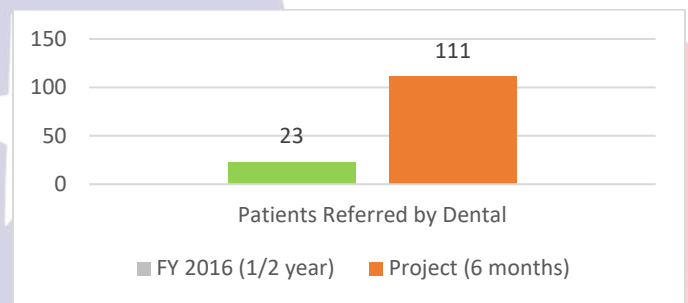


Figure 2. Results of 6-month IHS Dental Depression Screening Demonstration Project: Number of Patients Referred for Follow-Up Care



The biggest barriers to implementing depression screenings in a dental setting seem to be:

- (1) Concerns from providers about liability when patients don’t follow up with referrals. The recommendation is to clearly document the PHQ-2 and the appropriate referral to a primary care provider or behavioral health provider, just like any other screening exam; remember that this is a screening tool.
- (2) The time it takes to conduct the screening. It takes less than 30 seconds to verbally ask the two questions, or you can just include the questions on your medical history form.
- (3) Finding an appropriate referral source. Many times, unlike many of our FQHCs and federal programs, dental clinics are not co-located with medical and behavioral health programs, so it is important for oral health professionals to establish relationships and protocols with local medical and /or behavioral health providers prior to initiating depression screenings in the dental setting.

Vaccinations: A New Frontier for Oral Health Professionals

“This is a one-stop shop and now I don’t have to take off work again or take my child out of school again.” That’s how one parent recently described her child being able to receive the human papillomavirus (HPV) HPV vaccine while visiting the dentist at the [Oklahoma City Indian Clinic](#) (OKCIC).

With over 27 million Americans visiting the dentist and not a physician each year according to the ADA, oral health professionals have an opportunity to speak to parents – and in the case of HPV vaccination, adults up to age 45 as well – about vaccinations including measles, mumps, and rubella (MMR), influenza, and HPV.

What sets the 8-operator, 15-staff OKCIC dental program apart from others is that they bring in a public health nurse when they have big events aimed at children’s dental care. For example, earlier this year as part of the [Give Kids A Smile](#) (GKAS) event, the public health nurse worked alongside the dental team so that children could receive HPV and influenza vaccinations while in the dental clinic receiving preventive services. The dental program director, Monica McKee, said that at first “parents were nervous about having medical care and dental care combined, but once they found out about it they were very grateful because they didn’t have to drive to another building for a medical appointment or even bother with setting up another appointment.”

In fact, in the 2019 GKAS event, almost half of the children seen during the weeklong event in the dental office received either or both HPV and influenza vaccinations, according to Ms. McKee.

Using a similar approach, the Multnomah County Health Centers, comprised of six separate dental clinics serving over 75,000 patients in and around Portland, Oregon, has set up a dental “Baby Day” clinic for young children that promotes immunizations.

Summer Johnson, the certified medical assistant leading the initiative, has vaccinated more than 220

children in the last year. Immunizations are offered to all Baby Day patients who are established with a primary care provider at a Multnomah County clinic and who are missing necessary immunizations. A mom of three grown children herself, Summer remembers the early years of juggling multiple appointments and immunizations. “With everything that happens in a parent’s day-to-day life, it’s easy to get behind on vaccines. I’ve heard from several parents that they have one less thing to worry about - this program has been well received.” Summer is also scheduling patients for Well Child Checks if she notices they are overdue, and doing developmental screenings as well.



Soon, Oregon dentists like those at Multnomah will be able to actually administer vaccines, as earlier in 2019 Oregon became the first state in the country to allow dentists to administer vaccines to patients. In the meantime, oral health professionals can ask parents about immunizations and make recommendations on appropriate vaccinations for their children. Ms. McKee best summed it up this way: “With oral health being a true window into systemic health, it’s imperative that we work together with medical providers to best serve our patients.”

Vaccination is one of the best ways parents can help protect children for serious diseases, and oral health professionals can play a supportive role in promoting vaccination, and perhaps in the future may play a more active role in vaccination. To learn more about recommended vaccines by age, click [here](#).

Diabetes Screenings in the Dental Office

Diabetes and oral health have a bi-directional association, with even slightly elevated blood sugar levels affecting oral health and oral infections and its subsequent inflammatory responses adversely affecting blood glucose levels. An article by Jennifer Gibson published in the November issue of *AGD Impact*, a publication of the [Academy of General Dentistry](#), makes the case for oral health professionals to screen for diabetes in the dental office. As the AGD article explains, more than 30 million Americans have diabetes and 84 million have prediabetes, and 90% of those with prediabetes don't even know it.

By doing diabetes screenings regularly in the dental office, oral health professionals can perhaps help patients take steps to prevent the development of diabetes or diabetic complications. A 2014 [study](#) published in *JADA* showed that screening for prediabetes and diabetes is feasible in a dental office, with "acceptance by the dentist and dental office staff members, patients' physicians and patients." That same study demonstrated the effect of diabetes screenings in dental, with 35.1% of those referred – with a HbA1c $\geq 5.7\%$ - being diagnosed by their physician with diabetes or prediabetes within a year.

Recently, while I attending the Oral Health Kansas Meeting in Olathe, Kansas, I met [Krista Hahn](#), a dental hygienist working at the [Marian Dental Clinic](#) in Topeka, Kansas. She explained how this non-profit, safety net clinic routinely screens patients in the dental setting for diabetes and prediabetes doing both a chair-side screening for dysglycemia using finger-stick random capillary HbA1c glucose testing. They do this with a registered nurse in the dental clinic, bringing primary care into the dental setting. "The clinical care manager in the dental clinic setting provides nursing services, care management, and care coordination in an effort to improve overall health outcomes," reports Ms. Hahn.

In fact, Ms. Hahn and her dental team take pride in the interdisciplinary approach at healthcare and their collaborations with nurses. "The administration at Marian Dental Clinic has fostered a relationship with the nursing profession to enhance the quality of patient care." Below is a picture of a nurse (Amanda Schuster, MSN, BSN) from the nearby Baker University School of Nursing teaching a student nurse how to complete a A1c NOW diabetes screening at the Marian Dental Clinic (photo courtesy of Early Richardson).



At the [Anchorage Neighborhood Health Center](#), an FQHC in Anchorage, Alaska that treats about 3,500 annually in a 10-chair dental clinic, a finger stick glucose test is performed by dental staff on all diabetic patients, and when indicated, is followed up with a point-of-service HbA1c test. The dentist (there are three at the facility) then refers the patient if necessary to a medical provider, but also uses the opportunity to educate the patient about the connections between diabetes and oral health. Dr. Ghazal Ringer, the chief dental officer of the clinic, says that "most patients are grateful for this service as we do not charge extra for the testing."

Similarly, the [Mile Square Health Center](#) – a large FQHC located in Chicago that has over 110,000 total health system visits each year, but only includes about 4,300 dental patients – provides point of care testing for diabetic patients as well. If a dental patient has been diagnosed with diabetes and has a high HbA1c and hasn't seen a medical provider in 90 days the dental team refers the patient to a medical provider in the facility. In addition, according to Dr. Sodabeh Etmnan, the dental director at the facility, they also track the effect of oral health treatment on HbA1c, and early results show that dental treatment has reduced HbA1c levels in their patients. "We also use the results to educate patients about the links between oral disease and diabetes," said Dr. Etmnan.

depression, cholesterol, tobacco use, and diabetes. Since implementing the initiative in January 2016, dental staff – primarily dental assistants, not dentists and dental hygienists, which also sets this apart – at the two clinics have performed almost 130,000 screenings in over 9,000 adult dental patients, according to Katharine Miller Nimmons, manager of the research projects administration in the Public Health Sciences Department in the dental school. "The implementation of interprofessional screening protocols has meant that more community members are receiving dental care and medical treatment," says Ms. Miller Nimmons, adding that "in our experience, interprofessional referrals between co-located providers are a promising way to address disparities in access to care."

An [article](#) in *Diabetes Research and Clinical Practice* perhaps summed it up best: "Dental professionals can detect unrecognized potential dysglycemia and refer for medical examination. Such interprofessional, patient centered care may contribute to improved health, well-being, and quality of life in people with diabetes."



A dental staff team member talks to a patient about medications as part of a comprehensive screening protocol at the Agape Clinic in Dallas, TX, operated by the Texas A&M College of Dentistry

But diabetes screenings aren't just happening in a few isolated dental programs across the country. Increasingly, dental schools are promoting routine screening for non-dental chronic conditions such as diabetes. For example, the [Texas A&M College of Dentistry Public Health Sciences](#) operates two extramural dental clinics in Dallas County – the Agape Clinic & North Dallas Shared Ministries – that provide comprehensive screenings for non-dental conditions including hypertension, body mass index,

Next Issue:

What does the other direction of medical-dental integration look like? [Part 2]

We'll explore what dental programs across the country are doing in regard to:

- Routine blood pressure screenings
- HPV vaccination education
- Opioid screening and education
- BMI and obesity screening and education
- Other examples of integration

Do you have a story to tell about what your dental clinic is doing on integration? If so, e-mail USPHSCDO@ihs.gov.

Dental Officers Provide Services at Camp Springs, Maryland Deployment

On December 6th and 7th, USPHS Commissioned Corps officers deployed to Camp Springs, Maryland to provide no-cost dental, vision, medical and health education services to underinsured and uninsured individuals. This was a continuation of the collaborative partnership between the USPHS and [Remote Area Medical](#) (RAM). I had the opportunity to visit the event on the evening of December 6th and met with multiple officers in each of the different service areas of the event.

Ten dental officers and multiple dental hygienist officers deployed to the event, and I saw how busy they were as I toured the dental clinic. Thanks to Caroline DeBerry, RAM Chief External Affairs Officer

and event coordinator, for providing me with a tour, and thanks to all of those officers who volunteered for this event!



With dental hygienist volunteers at the Camp Springs, MD RAM event



With dentist volunteers at the Camp Springs, MD RAM event



CAPT Suzan Gordon, Chief Dietician Officer, me, and Ms. DeBerry

Prevention of Oral Diseases Focus of Meharry Visit

On November 25th I had the honor of speaking to over 60 D2 students at [Meharry Medical College School of Dentistry](#) in Nashville, Tennessee. I spoke to students about evidence-based prevention and briefly discussed community water fluoridation, fluoride varnish, dental sealants, xylitol, silver diamine fluoride, flossing, iodine, and more.

Students seemed very interested in not just prevention but the U.S. Public Health Service as well. Thanks to Dr. Jacinta Leavell, Chair of the Meharry Dental Public Health Department, and Dr. Tiffany Wilson for the invitation to speak at Meharry.



With D2 students at Meharry Dental School, November 2019

Dental Hygienist Officers Deploy on the USNS Comfort

Article by LCDR Paula Arango, LCDR Jamie Martinez, and LT Sascha Randolph

Commissioned Corps Dental Hygienists assigned to the Federal Bureau of Prisons were selected to deploy to support the Operation Smile Team onboard the USNS Comfort T-AH 20. This is the first humanitarian mission with the USNS Comfort where Public Health Service (PHS) Officers have served in approximately 9 years. The three HSO Officers assigned to the 4th rotation of PHS Officers were LCDR Paula Arango from FCI Fort Dix, NJ, LCDR Jamie Martinez from FCI Pollock, LA and LT Randolph from FCI Fairton, NJ. Among the requirements to be selected for this deployment were basic readiness, currently in a clinical role, and an exceptional COER. LCDR Arango and LCDR Martinez served as Spanish interpreters while LT Randolph interpreted Jamaican dialect in order to facilitate communication between providers and patients.

They helped relieve pressure on national healthcare systems, including those strained by an increase in cross-border migrants. Through this partnership, the PHS Officers played a vital role in providing free health care to individuals in need on a first-come, first-served basis. Individuals seeking care were from vulnerable populations who would not have received care otherwise.

During rotation #4 (October 15, 2019 to November 15, 2019), the PHS Dental Hygiene team worked alongside fellow military dental officers, enlisted service members, and professionals from Non-Governmental Organizations to treat a total of 2,123 patients. Each of the two teams providing care consisted of 2 oral maxillofacial surgeons, 10 general dentists, 1 exodontist, 3 pediatric dentists, 3 dental hygienists, and several dental assistants. PHS dental hygienist deployment team in support of USNS Comfort's mission Operation "Enduring Promise 2019," provided dental hygiene treatment, preventive services and home care instructions at two temporary medical treatment sites in the Dominican Republic, Jamaica and Haiti.

Medical site teams were established at secure locations to ensure safety and offer accessibility to patients needing the most care. The dental team provided 872 dental prophylaxis, 872 fluoride treatments, 1,701 extractions, and 1,154 restorations to underserved populations that do not have access to even the most basic dental care. As Public Health Officers, and as dental hygiene experts we are honored to have served onboard the USNS Comfort T-AH 20. We are proud to have represented the PHS Commissioned Corps, and to have supported the mission "Enduring Promise 2019." We provided excellent dental care under challenging circumstances, with limited resources and left a positive impact knowing that each patient departed with a healthier smile than when they first arrived.



USPHS Dental Hygienists LT Sascha Randolph, LCDR Jamie Martinez, and LCDR Paula Arango, with the USNS Comfort in the background

USNS Comfort collaborated and worked with health and government partners in Central America, South America, and the Caribbean to provide care on the ship and at temporary land-based medical sites.

Greater New York Dental Meeting Provides Networking Opportunities

On December 1st and 2nd I traveled to New York City to speak at the [Hispanic Dental Association \(HDA\)](#) Annual Meeting at the [Greater New York Dental Meeting](#). Prior to providing an update on the forthcoming Surgeon General's Report on Oral Health, I had the opportunity to meet with multiple oral health leaders from the [American Dental](#)

[Association \(ADA\)](#), [National Dental Association \(NDA\)](#), the HDA, and the [American Fluoridation Society](#), as well as deans of two dental schools, [Meharry](#) and [Howard University](#), to talk about the Surgeon General's Report on Oral Health and his priorities. Thanks to all of these oral health leaders for promoting oral health every day!



"Better Health through Better Partnerships"



Top left: With Dr. Ricardo Mendoza, HDA President ; Dr. Anna Munné, past HDA president; Dr. John Daniels, NDA President; and Dr. Manuel Cordero, immediate past Academy of General Dentistry President and HDA Executive Director

Top center: With Dr. Myron Allukian, Vice-President of the American Fluoridation Society

Top right: With Dr. George Sheply, ADA 4th District Trustee, and Dr. Cheryl Ancrum, a member of the USPHS Dental Professional Advisory Committee
Bottom right: With dental school deans from the country's two HBCU dental schools: Dr. Cherae Farmer-Dixon (Meharry) and Dr. Andrea Jackson (Howard)

Bottom center: With Dr. Myron Allukian & Dr. Jeff Cole, Immediate Past President of the ADA

Bottom left: With leaders from the NDA: Dr. Dondre Simpson, Howard Dental School Alumni President; Dr. Judy Greenlea Taylor, past NDA president; Dr. Hazel Harper-Johns, past NDA president; and Dr. John Daniels, current NDA president

Meeting with ADHA Brings Together Dental and HSO Categories

A recent meeting with the [American Dental Hygienists' Association](#) (ADHA) gave USPHS dentists and health services officers the opportunity to collaborate on ways to promote oral health topics, including the upcoming [Surgeon General's Report on Oral Health](#).

The meeting, held December 5th in Rockville, was unique in that it was a rare opportunity for two separate categories to meet at the same time with a dental organization. The U.S. Public Health Service has 11 distinct professional categories that originated based upon both professional discipline and educational requirements. The [Dental Category](#) consists of USPHS dentists only, while the [Health Services Officer \(HSO\) Category](#) consists of 53 specific professional disciplines including healthcare administrators, medical laboratory scientists, psychologists, social workers, physician assistants, optometrists, health information technologists, dental hygienists, and others. While dental officers and dental hygienist officers work side by side in most dental programs staffed by the USPHS, administratively they are separated by being in these two categories. Thus, the meeting with the ADHA gave dental officers and dental hygienist officers, along with other HSOs the opportunity to talk about oral health and how we could all work together to promote oral health in the future.

Meeting participants, besides myself, included my fellow chief professional officer from the HSO Category, Captain Jeanean Willis-Marsh; Dr.

Rochelle Rollins, senior advisor on oral health in the Office of the Surgeon General; Captain Renée Joskow, a senior dental officer and HRSA chief dental officer; Commanders Simleen Kaur and Joel Richardson, chair and chair-elect of the HSO Professional Advisory Committee; Commanders Kevin Zimmerman and Abby Shannon, chair and chair-elect of the Dental Professional Advisory Committee; Lieutenant Commander Jennifer Curtis, chair-elect of the USPHS Dental Hygienist Professional Advisory Group; and four representatives from the ADHA including Ann Battrell, CEO; Matt Crespino, president; Ann Lynch, director of advocacy & education; and Karen Sealander.

Collectively, we look forward to continuing the conversation with ADHA to promote oral health across the nation.



From the USPHS Dental Professional Advisory Committee (DePAC)

The 20-member Dental Professional Advisory Committee (DePAC) provides advice and consultation to the Surgeon General of the U.S. Public Health Service and to the Chief Dental Officer on issues related to professional practices and personnel activities of Civil Service and Commissioned Corps Dentists.

Congratulations to the [newly elected members](#) of DePAC, each of whom will serve a three-year term beginning January 1, 2020: **LCDR Folasayo Adunola (HRSA)**, **Dr. Joseph Buckley (BOP)**, **CDR Joseph Collins (BOP)**, **LCDR Ryan Gard (IHSC)**, **LCDR Melissa Parra (USCG)**, and **LCDR Dane McClurg (IHSC)**.

Congratulations and thank you to those DePAC members who have [concluded their voting membership terms](#): **Dr. Cheryl Ancrum (BOP)**, **CDR Rodica Popescu (IHS)**, **CDR Mandie Smith (IHS)**, **CAPT Charles Truncale (USCG)**, and **CDR Carol Wong (USCG)**. Thank you for your service to the USPHS Dental Category, and we hope that you will continue to be a part of the PAC!

PHS Officers Organize AMSUS Oral Health Track & Recap of Meeting

As part of the 128th annual meeting of the [Association of Military Surgeons of the U.S.](#) (AMSUS), held December 2-6, 2019 in National Harbor, Maryland, several USPHS dental and dental hygienist officers organized an oral health track once again. The planning team, led by CAPT Vicky Ottmers, a dental officer, and LCDR Tiffany Smith, a dental hygienist officer, also included CDR Kevin Zimmerman (dentist) and LCDR Paula Arango (dental hygienist).



With planning committee members, L to R: LCDR Paula Arango, CAPT Vicky Ottmers, CDR Kevin Zimmerman, & LCDR Tiffany Smith

Multiple presentations during the conference were available for continuing dental education credits, and the oral health track on Tuesday, December 3rd was well attended by numerous USPHS and military dental professionals, both active duty and retired. Sessions included me providing an update on the Surgeon General's Report on Oral Health, a presentation entitled "Through the Eyes and Mouth: Under-appreciated early detectors of disease" by Daniel Blum and David Yoder, and a presentation on forensic odontology by Lieutenant Colonel Martin Ulbrich from Germany. Thanks to the entire planning committee for their work in putting together this successful event!

As for the rest of the AMSUS meeting, PHS Day was held on Friday, December 6th and featured morning presentations by Dr. Robert Kadlec, the [Assistant Secretary for Preparedness and Response \(ASPR\)](#), and Dr. Kevin Yeskey, Principal Deputy Assistant

Secretary at ASPR discussing ASPR's priorities; a presentation by CAPT Michael Schmoyer from the [Office of National Security](#), a discussion of how the Modernization of the Corps was being operationalized, and concluding with a panel of 10 of the Chief Professional Officers describing how their categories are addressing the mission priority factors.



Panel Discussion by USPHS Chief Professional Officers: Mission Priority Factors, December 6, 2019

The afternoon sessions included an update from ADM Brett Giroir, [Assistant Secretary for Health](#), describing his vision for the future of the Commissioned Corps; an overview of his [priorities](#) as Surgeon General by VADM Jerome Adams; and an overview of the [Prevention through Active Community Engagement \(PACE\)](#) program and teams by RADM Sylvia Trent-Adams, Principal Deputy Assistant Secretary for Health.



ADM Giroir, RADM Trent-Adams, and VADM Adams posing with outgoing Chief Professional Officers CAPT John Gibbins (Veterinary), CAPT Mercedes Benitez-McCrory (Therapist), and CAPT Jeanean Willis-Marsh (Health Services Officer)

Retirement: Captain Juan Packer

CAPT Juan Packer is a graduate of the [University of Mississippi School of Dentistry](#). He started his career with the United States Air Force where he served at Little Rock, AFB and Sheppard AFB. After five years of service, he did an inter-service transfer to the United States Public Health Service where he was first stationed at Hastings Indian Medical Center in Oklahoma. While at Hastings, CAPT Packer completed a two-year Advanced General Practice Residency (AGPR) that helped refine his dental skills. After residency, CAPT Packer was hired as the Dental Director for the Seminole Tribe of Florida. He successfully managed four clinics, multiple dentist/hygienist, and a full complement of ancillary staff. Under his leadership, the Seminole Tribal Dental clinic quickly became one of the top performing clinics within all of the Indian Health Service.

CAPT Packer then passed the torch at Seminole and took the position as Deputy Area Regional Dental Consultant at United States Coast Guard Base Miami Beach. At Base Miami Beach, CAPT Packer was



designated as the Senior Health Services Officer where he worked hand in hand with the staff and the Senior Dental Executive for District seven. During his time in Miami, CAPT Packer has also served as an Adjunct Professor for the residents and dental students at Nova Southeastern University. CAPT Packer has had a stellar career with numerous awards and accolades. Congratulations, CAPT Packer, on your successful USPHS career and our very best wishes to you in retirement!

Retirement: Dr. Martha Somerman

Martha J. Somerman, DDS, Ph.D., has announced her retirement as Director of the [National Institute of Dental and Craniofacial Research](#) (NIDCR) at the end of the year, although she will remain as the Chief of the Laboratory of Oral Connective Tissue Biology at the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Dr. Somerman is the first woman to serve as director of NIDCR. An internationally recognized researcher, Dr. Somerman was a “pioneer in recognizing the need to support mid-career investigators when she initiated the NIDCR Award for Sustaining Outstanding Achievement in Research (SOAR) in 2017,” according to Dr. Francis



Collins, Director of the National Institutes of Health. As a leader, Dr. Somerman is visionary, peering into the future to create long-term priorities for NIDCR and working closely with many organizations and institutions. She also readily accepted the challenge of NIDCR overseeing the development of the second-ever Surgeon General’s Report on Oral Health, and I personally have enjoyed working with her, learning much from her, and leaning on her for support in my role as chief dental officer.

Congratulations, Dr. Somerman, on your retirement, and thank you for your research, advocacy, and leadership in oral health!



U.S. Public Health Services opens new pre-screening and application submission system. The USPHS recently announced a new system, the Applicant Enrollment System (AES), that will allow for a more effective and efficient process to receive and review applications to the USPHS Commissioned Corps. This new online system provides a snapshot of the minimum requirements for Commissioned Corps applicants as well as the required documents for individuals currently serving on active duty outside the USPHS (people interested in inter-service transfers) as well as those with prior Uniformed Service. Most importantly, the online system allows an easy way to start your USPHS application! To learn more, click [here](#).

Surgeon General Advisory on marijuana and the developing brain. Back in August, U.S. Surgeon General Vice Admiral Jerome Adams issued an [advisory](#) emphasizing the importance of protecting youth and pregnant women from the health risks of marijuana use. While the advisory has been promoted previously, it is important to mention it again because the Office of the Surgeon General has published multiple [Facebook](#) and [Twitter](#) digital ads to highlight the advisory.

UCLA interprofessional symposium lays down path forward to addressing ECC prevention. A recent commentary by Dr. Francisco Ramos-Gomez, director of the UCLA Center for Children’s Oral Health and the UCLA Pediatric Dentistry Advanced Clinical Training Program, in the *Journal of the American Dental Association* (JADA) provided a summary of a two-day interprofessional symposium held at UCLA in October 2018. Early childhood caries (ECC) is a multifactorial disease affecting children under six years of age that may have long-lasting detrimental effects. The forum laid out action steps that healthcare professionals could take to address ECC prevention, with an emphasis being on a multidisciplinary approach using “culturally competent practices and office environments” and “advocate for policies that

advance social justice and equity” to reduce oral health disparities. To learn more about this subject, click [here](#) to read the commentary.

IHS launches oral health literacy initiative. The Indian Health Service (IHS) Division of Oral Health recently announced a new oral health literacy campaign targeting the 6,000 IHS and tribal oral health professionals working in over 400 dental clinics across the country. The goal of this campaign is “to give oral health providers tools to improve oral health literacy among American Indians and Alaska Natives,” according to Commander Nathan Mork, co-coordinator of the IHS Oral Health Promotion/Disease Prevention Program and the initiative co-lead along with Elaine Sanchez, RDH, MA. Educational materials, including articles, videos, and other resources, are available on the [IHS Dental Portal](#) (secure login required). The theme of the initiative is SMILE – Sharing oral health Messages to Improve Literacy for Everyone. For more information, please contact [Dr. Mork](#).



New study examines impact of dental therapists in Alaska. A [study](#) published this month in *Community Dentistry and Oral Epidemiology* interviewed 16 health providers and 125 community members in rural Alaska to assess the acceptance and impact of dental health aide therapists (DHATs) in Alaska. Study participants believed that dental therapists had increased access to care and expressed “high satisfaction with the quality of care provided by dental therapists.” More specifically, community members and providers who had worked with therapists in the Yukon-Kuskokwim Delta said that they believe the therapists are helping prevent disease and improve the quality of life of Alaska Natives that they treat. Click on the above link for more information.

Public unaware of HPV-oral cancer link. According to the [CDC](#), more than 9 of every 10 cases of cervical cancer are caused by HPV. However, oropharyngeal cancer has now surpassed cervical cancer with the most cases per year, 13,500 versus 10,900 for cervical cancer. However, a [study](#) published in *BMC Public Health* recently concluded that of the 212 study participants that answered a 13-item survey on the perceived risks related to HPV infection, most (84%) were unaware of the potential links between HPV infection and oropharyngeal cancer. Oral health professionals can play a vital role in informing patients about HPV and its relationship to oral cancer. You can read the CDC's statement on HPV vaccinations for ages 9-26 and 27-45 [here](#); there are some subtle differences in the recommendations between the two age groups. Gardasil 9 is approved for use in both age groups by the [FDA](#).

Influenza activity is increasing. According to the [CDC](#), influenza activity is increasing across the country, with 3.5% of all patient visits being for influenza-like illness (ILI) reported through the influenza surveillance network. Puerto Rico and 12 states – Alabama, Georgia, Louisiana, Minnesota, Mississippi, Nebraska, Nevada, New Mexico, South Carolina, Tennessee, Texas, and Washington – all reported high ILI activity levels within the past few weeks. The message: as oral healthcare professionals, please encourage your patients to get the flu vaccine, especially for those at high risk (adults 65 years and older, children under 2 years of age, pregnant women, American Indians and Alaska Natives, and people who live in nursing homes and other long-term care facilities – click [here](#) to read the list of all health and age factors that increase a person's risk of flu complications). In addition, make sure that YOU and your family, friends, and dental office staff are protected as well!



EVALI cases continue to rise. As of this past week, 2,291 people had been hospitalized, and 48 people have died, from the outbreak of e-cigarette, or vaping, product use associated lung injury (EVALI). Analysis of bronchoalveolar lavage fluid samples of cases has identified vitamin E acetate, an additive in some THC-containing e-cigarette, or vaping, products as a “chemical of concern.” However, according to the [CDC](#), “evidence is not yet sufficient to rule out contribution of other chemicals of concern.” The CDC's recommendations are: (1) e-cigarettes should never be used by youths, young adults, or women who are pregnant; (2) adults who do not currently use tobacco products should not start using e-cigarettes as there is no safe tobacco product; and (3) the best way to avoid potentially harmful effects of EVALI is to not use THC-containing e-cigarette, or vaping, products. As oral health professionals, we can do our part in addressing this outbreak by asking our patients (of all ages) about e-cigarette or vaping use and educating our patients about the harms of tobacco use and e-cigarettes. To learn more about health consequences of tobacco and e-cigarettes, read the Surgeon General's reports on e-cigarettes and smoking by clicking [here](#).

Systematic review shows periodontitis as a risk factor for stroke. The ground-breaking 2000 [Oral Health in America: A Report of the Surgeon General](#) described the evidence between oral infection and heart disease and stroke (pp. 115-120). A recent [study](#), published in the *Journal of Vascular Health and Risk Management*, was the summation of a systematic review of 2,193 studies examining the association between periodontitis and stroke. The results demonstrated a positive association between periodontitis and stroke and ischemic stroke – those with periodontitis had a relative risk of 1.88 with stroke among cohort studies and a relative risk of 2.72 for ischemic stroke in case-control studies ($p < 0.00001$). To learn more about some of the links between periodontitis and systemic disease, review the previously mentioned SG report or visit the American Academy of Periodontology (AAP) [website](#).

Upcoming Deadlines & Events of Interest



Listing of events and organizational information does not, and should not, imply endorsement of these events or organizations. If you know of other events which should be listed, please let me know.

December 31, 2019 – Completed COERs must be in your eOPF (Commissioned Officers only). See the CCMIS website for additional information.

January 14-15, 2020 – **American Institute of Dental Public Health (AIDPH) 2020 Colloquium on Oral Health Equity**, Hilton Palacio Del Rio, San Antonio, TX. Early bird registration in the amount of \$150/person is available until December 20th. This year's program will consist of topics such as LGBTQ and health equity, working through anti-racism in public health, rural health, culturally responsive care, global health equity strategies, serving individuals with disabilities, and focuses for Healthy People 2030. To learn more about this meeting, to view presentations from previous meetings, or to register, click [here](#).

January 27-29, 2020 – **Dental Infection Control Boot Camp™**, Chicago, IL. The Organization for Safety, Asepsis and Prevention (OSAP) announces registration is now open for Dental Infection Control Boot Camp™. Held January 27th to January 29th in Chicago, IL at the Chicago Marriott Downtown Magnificent Mile, this is a 3-day intense, fast-paced educational course presented by national and international experts in dental infection prevention and patient safety. "Dental Infection Control Boot Camp™ is a fantastic fundamental-level course that gives participants a comprehensive review of all the basics in dental infection control, including employee and patient safety" Michelle Lee, OSAP Executive Director stated. "Our goal is to ensure that attendees leave Boot Camp feeling educated and empowered to be infection control champions

when they return to their dental offices." Early-bird rates are available now through October 31 on OSAP's [website](#).

February 20-22, 2020 – **Chicago Dental Society Midwinter Meeting**, Chicago, Illinois. The 155th midwinter meeting will consist of more than 250 courses including many hands-on workshops and live patient demonstrations, plus a symposium discussing oral cancer. To learn more or to register, click [here](#).

February 28-29, 2020 – **National Mobile Dentistry Conference**. Registration for the first annual National Mobile Dentistry Conference taking place on February 28-29 in Orlando is now open! Please note that attendee space is limited. To learn more, click [here](#).

April 6-8, 2020 – **National Oral Health Conference**, San Diego, California. Co-sponsored by the American Association of Public Health Dentistry and the Association of State and Territorial Dental Directors, this meeting will be held at the San Diego Sheraton Hotel & Marina, with weekend workshops April 4-5. For more information, click [here](#).

April 20-22, 2020 – **Beyond Flexner Conference**, Phoenix, Arizona. Beyond Flexner 2020 is the conference of the Beyond Flexner Alliance, a national movement, focused on social mission in health professions education, including dentists, doctors, nurses, behavioral health, and others. This movement takes us beyond centuries-old conventions in health professions education to train providers prepared to build a system that is not only better, but fairer. The broad themes of social mission include social determinants of health, community engagement, disparity reduction, diversity promotion and value-based health care. To learn more, click [here](#).



Index of Major Topics from Past Issues

Below is a list of major topics discussed in past issues of the newsletter. If you find a topic of interest and would like to receive a back issue, just let me know.

Topic Area	Issue
Animal-Assisted Therapy	43
Antibiotics in Dentistry	10, 19, 31, 36, 37, 42, 43
Bisphosphonates	41
Children's Oral Health	18, 19, 20, 21, 22, 23, 40, 44
Community Dental Health Coordinators	33, 38, 44
Community Water Fluoridation/Fluoride	11, 20, 29, 31
Compassion Fatigue	28
Dental Amalgam	18, 42
Dental Category History	35
Dental Expenditures	12, 14, 19, 22
Dental Student Debt	19
Dental Therapy	18, 21, 29, 33
Diamond Burs	20
E-Cigarettes	15, 23, 26, 28, 32, 40, 41, 42, 43, 44
Expanded Function Dental Assistants	24, 33, 40
Geriatric Oral Health	34
Health Equity/Oral Health Disparities	11, 17, 20, 22, 34
Healthy People 2020/2030	13, 17, 22, 30, 34
Human Papillomavirus	5, 29, 37, 40, 44
Integrating Oral Health and Primary Care	17, 37, 42, 44
Links Between Oral Disease and Systemic Disease	17, 20, 26
Opioids	4, 13, 14, 27, 32, 36, 37, 40, 42
Oral Cancer	29
Oral Health Literacy	36, 39
Physical Activity Guidelines/Fitness	3, 4, 10, 28
Safety	43
Silver Diamine Fluoride	22, 42
Social Media	13, 44
Tele-Dentistry	15, 26, 41
Tobacco	12, 23, 44
Triclosan	37, 39
Women's Oral Health	27

Happy Holidays!

As we all gather with friends and family over this holiday season, let us all reflect on our work this year and renew our commitment to public health and improving the oral health of the Nation in 2020. Thank you all for your work each day to promote oral health in your patients and in your communities. I wish you and your family a joyous, healthy, and blessed holiday season and New Year!

Gratefully, Rear Admiral Tim Ricks, USPHS Chief Dental Officer
In Officio Salutis ("In the Service of Health")

