



## USPHS Chief Dental Officer Newsletter #43: November 14, 2019

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



### ***Dentistry's Role in Antibiotic Stewardship***

Back in April (Issue #31, April 26, 2019) I wrote extensively about antibiotic stewardship in dentistry. However, with [U.S. Antibiotic Awareness Week](#) being **November 18-24**, I'll bring this topic to the forefront yet again.

According to the Centers for Disease Control and Prevention (CDC), each year dentists prescribe over 26 million antibiotics accounting for just under 10% of all antibiotics written. But many of these antibiotics may be unnecessary. The American Dental Association (ADA) recently released [findings](#) from an expert panel put together by the ADA's Council on Scientific Affairs and the Center for Evidence-Based Dentistry. This panel conducted a systematic review and formulated clinical recommendations for the urgent management of symptomatic irreversible pulpitis, concluding that antibiotics "for the target conditions may provide negligible benefits and probably contribute to large harms."

The CDC estimates that each year in the U.S. at least two million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die as a direct result, while many more die from complications from antibiotic-resistant infections. As many as 30% of all antibiotics written are unnecessary, [according to the CDC](#), which further contributes to the problem of resistance.

The CDC provides practitioners, including oral health providers, with key actions they can take to embrace antibiotic stewardship through [The Course Elements of Antibiotic Stewardship](#). The key actions include:

- **Demonstrate a commitment** to appropriate antibiotic prescribing through communicating to staff, identifying a point person to monitor prescribing practices, and setting prescribing expectations for dentists working in group practices;
- **Implement policies** to ensure evidence-based prescribing practices and document rationale for prescribing or not in the patient record;
- **Track prescribing practices** through self-evaluation; and
- **Educate patients and families** about appropriate antibiotic use and letting them know about when antibiotics should, and when they shouldn't, be prescribing and the harms of over-prescribing or not taking the full prescribed regimen.

Further guidance on this topic can be found in the above hyperlinks, and CDC also has a special "[Clinical Tips for Responsible Antibiotic Prescribing in Dentistry](#)" that provides some simple do's and don'ts for dentists.

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## ***Embracing a Culture of Safety in Dentistry***

“Over the past two decades, the U.S. health care system has invested in developing a robust monitoring and reporting mechanism that has led to improvements in health care delivery and reduction in accidental injury and medical errors. Almost every entity involved in health care (clinicians, hospital systems, accrediting bodies, government agencies, and payers) acknowledges safety as a ‘fourth pillar’ along with health, value and cost.” So says the American Dental Association as they made the case at this year’s Annual Meeting in passing a resolution for the second straight year supporting embracing a culture of safety in dentistry.

While the rest of healthcare has already developed multiple measures to monitor patient safety – everything from a systematic way of reviewing new products and recalls to nosocomial infections–dentistry has been slow to develop such metrics. Dr. Paul Casamassimo, professor emeritus at The Ohio State University and one of the section editors of the forthcoming Surgeon General’s Report on Oral Health, explained why: “Because of the limitations of the dental care system, we really don’t know much about safety in our care, what injury can be prevented, and as a result, we consider many of our preventable treatment complications as acceptable collateral events rather than preventable harm.”

But what does it mean to embrace a culture of safety in dentistry? What is “safe” dentistry? As the name implies, safety in dentistry involves avoiding the occurrence of preventable adverse events (accidents, errors, complications) associated with dental procedures, and to limit the impact of inevitable adverse events. It also envelopes the concept of quality improvement, and in fact, oral health professionals have long been committed to improving the quality and safety of services to patients but we can always do better.

One method of looking at safety in dentistry is through the development of checklists. According to an article in the July issue of the [\*Journal of the California Dental Association\*](#) (Tokede, p. 440),

checklists have been used on a limited basis in dentistry to aid in minimizing risk and increasing implant success rates, in standardizing endodontic procedures, in preventing wrong-site surgery/wrong-tooth extractions, to help improve the quality of radiographic exposures and limiting unnecessary radiation exposure, and in prosthodontics to improve clinic-laboratory communication. In addition, many federal facilities and some group practices utilize routine peer reviews and other checklists to evaluate safety to adhere to accreditation organization standards.

Besides the above examples, other specific examples of metrics that could be evaluated by oral health professionals include, but are not limited to, the following:

- Adverse events associated with nitrous oxide or other sedation issues
- Evaluation of water line biofilm and mitigation processes
- Evaluation of infection control procedures and potential breaches
- Medication errors
- Pain management and adherence to evidence-based guidelines on pain management
- Antibiotic stewardship (see page 1)
- Mercury safety including amalgam traps, separators, and removal
- Wrong site/procedure checks, such as the “time-out” procedure

As patient safety issues continue to be highlighted in this country, unfortunately most often when there are adverse events, oral health providers will need to think about what they’re doing and can do to embrace a culture of safety in all that they do to ensure the continuous delivery of high quality – and safe – care to their patients. A special thanks to Dr. Steve Geiermann from the ADA’s Council on Advocacy for Access and Prevention for his help in preparing this article.



## ***Pet-Assisted Therapy in Dentistry: A new approach at reducing anxiety in the dental office***

This past week I had the pleasure of meeting John Fales, Jr., DDS, MS, a pediatric dentist in Olathe, Kansas, a suburb of Kansas City. John mentioned his use of animal-assisted therapy, or therapy dogs, in his pediatric dental practice, and that intrigued me to learn more. It is important to note the differences between therapy dogs and service dogs – service dogs provide service to people with disabilities under the Americans with Disabilities Act, while therapy dogs provide comfort and support to reduce anxiety and to comfort.

Dr. Fales graduated from the University of Missouri, Kansas City School of Dentistry in 1982 and worked as a general dentist in rural Kansas until 1989 when he began a pediatric dental residency at Children's Mercy Hospital. He began practicing pediatric dentistry in 1991, and besides his busy dental practice that serves a large swath of southern and southeastern Kansas, John is very active in dentistry, serving as a trustee of the American Academy of Pediatric Dentistry, a liaison with the American Academy of Pediatrics, as delegate to the American Dental Association, and as a past president of the Kansas Dental Association. In addition, he has volunteered for numerous Mission of Mercy events and received numerous awards including the 2018 Kansas Dentist of the Year.

Dr. Fales' practice may be among the first in the country to use therapy dogs: "At the time I began, I think there may have been only two other dentists

using therapy dogs." The first dog he brought into the practice was [Spencer](#), a golden retriever. Spencer would greet children in the waiting room and children loved him. Now on his third therapy dog, Bentley, another retriever, Dr. Fales says that dogs help both children and adults with anxiety in the dental office. "When a child cries, Bentley comes running to the room and lays his head on the

child, instantly calming the child," said Dr. Fales, adding that Bentley also helps calm special needs patients.

Some research seems to support the idea of animal-assisted therapy in dental settings. A [study](#) published four months ago evaluated anxiety levels of adults patients before and after pet therapy and showed that patients' overall dental experience improved as a result of the presence of a dog and mean blood pressure also decreased during dental treatment.

In older adults, research shows that animal-assisted therapy may help with depression as well, and could have a calming effect in dental settings. A [study](#) in

Italy concluded that dogs act as facilitators of social interactions, leading to more positive emotional responses.

Further research needs to be done to evaluate the effect of animal-assisted therapy, especially in dental patients. But Dr. Fales has already seen the benefits after using therapy dogs: "The use of therapy dogs has helped me tremendously in my practice significantly for the past 14 years."



*Dr. John Fales, Jr. providing a care to one of his patients with his therapy dog, Bentley, watching and ready to assist.  
[photo courtesy of Dr. Fales]*

## ***Kansas State Oral Health Coalition Builds Leadership, Promotes Multiple Initiatives***

[Oral Health Kansas](#) (OHK) began back in 2003, partially in response to [Oral Health in America: A Report of the Surgeon General](#) and [The National Call to Action to Promote Oral Health](#), with the mission to improve the oral health of Kansans through advocacy, public awareness and education. Last week I was able to visit this outstanding oral health coalition, speak at their conference, and learn more about some of their exciting projects.

On November 7<sup>th</sup>, I sat down with five of the community oral health coalitions, each with their own unique challenges and successes. Some of these coalitions are still in their infancy, such as the Wyandotte County Coalition, which aims to improve oral health in one of the poorest counties in the state through continuing to build their coalition. Others, such as Shawnee, Butler, Leavenworth, and Johnson County coalitions, have been around for four years. The Shawnee County Coalition partnered with [Parents as Teachers](#), a 35

year-old organization that promotes parents reading at bedtime. The coalition used the “Brush, Book, Bed” initiative to encourage parents to brush their children’s teeth and read a book to their children (and they even picked out some that had an oral health focus); Kansas may be the only state to promote the [Brush, Book, Bed initiative](#) – designed by the American Academy of Pediatrics – from an oral health perspective. Another coalition, set in Leavenworth County, implemented the “All Aboard the Cavity Free Express,” a one-day health fair created by OHK in partnership with the Kansas Head Start association, held in the office of a pediatric dentist to promote access to care and help children

find dental homes. Finally, I learned about the Johnson County Coalition that focuses their efforts on older adults, providing oral hygiene services in homes of older adults and teaming up with Meals on Wheels to distribute tooth brushing kits.

Oral Health Kansas is also focused on building oral health leadership within the state. The Dental Champions Leadership Program, now in its ninth year, provides interested leaders with the opportunity to expand their knowledge about oral health, advocacy, and public health. This year’s class of 13 includes a professor from the University

of Missouri, Kansas City School of Dentistry, three from the insurance industry, seven dental hygienists, and various other community leaders.

On November 8<sup>th</sup>, I had the honor of speaking at the Oral Health Kansas Annual Conference held in Olathe, Kansas. After providing them with an overview of the Surgeon General’s priorities and influences that will impact the

forthcoming second-ever Surgeon General’s Report on Oral Health, I listed as each table discussed these items and how they could turn ideas into further action. To learn more about Oral Health Kansas, the conference, the Dental Champions program, or the county coalitions, click [here](#).

I’d like to thank Tanya Dorf Brunner, Executive Director of Oral Health Kansas, as well as all of the Oral Health Kansas staff, the county oral health coalition leaders, and the Dental Champions graduates for their hospitality and for all that they’re doing to make a difference in the lives of Kansans!



*After speaking at the Oral Health Kansas Annual Conference  
November 8, 2019*



## ***Dental Officers Deploy on Hospital Ship Mission***

Recently, the USNS Comfort embarked on a [six-month mission](#) to provide medical assistance in support of regional partners, conducting mission stops in Colombia, Costa Rica, Dominican Republic, Ecuador, Grenada, Haiti, Jamaica, Panama, Peru, Saint Lucia, St. Kitts and Nevis, and Trinidad and Tobago. Multiple dental officers and dental hygienist officers represented the USPHS during several deployments



*USNS Comfort anchored in Saint Lucia, September 2019  
[photo courtesy of [U.S. Navy](#)]*

LT Alyssa Rowe, a dental hygienist officer assigned to the Indian Health Service in Clinton, Oklahoma, provided care on the Comfort while it was in Grenada and continued on to St. Lucia and to St. Kitts. Because of the high costs of dental care on the islands, LT Rowe said that many sought dental hygiene care and the dental clinic was kept very busy. LT Rowe said that she spent her free time listening to and learning from the other military services on board the ship and star gazing from the deck. "I felt very proud to be part of the USPHS," says LT Rowe.

This sentiment was shared by another officer that was deployed. CDR Nathan Mork, a dental officer assigned to the Indian Health Service in White Earth, Minnesota, began his deployment in Trinidad and Tobago and ended it four and a half weeks later in St. Kitts. "It is truly difficult to describe this experience with words. My conversations with people - both patients and shipmates - was the highlight of my trip," said Dr. Mork. CDR Mork said that he was fortunate to work alongside some "truly



*LT Alyssa Rowe, RDH, on the USNS Comfort  
[photo courtesy of LT Rowe]*

passionate professionals," including fellow USPHS officers. He also had opportunities beyond providing clinical care. "Whether it was an extraction of a molar or planting flowers at a school, I was so grateful for the wide range of opportunities we were given to make a difference. I also had the opportunity to ride in a Black Hawk helicopter at times when the ocean swells were too strong for the boat that would ferry us to land from the ship."



*CDR Nathan Mork examines a patient in St. Kitts and Nevis  
[photo courtesy of Petty Officer 2<sup>nd</sup> Class Nall Morgan]*

LT Demario Walls, a dental hygienist officer assigned to the Federal Bureau of Prisons in Memphis, Tennessee, and LT Vy Vy Vu, a dental officer assigned to the Indian Health Service in Fairbanks, Alaska both deployed with the first team departing out of Miami, Florida, with visits to Ecuador, Peru, and Costa Rica. They reported that they went through the Panama Canal and crossed the Equator



twice, allowing them to participate in the [Navy Shellback line-crossing honor](#), an initiation rite that commemorates a person's first crossing of the Equator. Like other officers, both lieutenants enjoyed the camaraderie of working alongside their military counterparts. LT Vu said she gained new respect for our military brethren, saying "I valued the irreplaceable roles of everyone that served, particularly the enlisted service members, in carrying out the Comfort's successful mission." LT Walls looked at his deployment and appreciates the USPHS role and visibility around the globe and said that the care he provided "has been the most rewarding of my career so far."



*Team 1 with HHS Secretary Alex Azar  
[photo courtesy of LT Vu]  
(LT Vu is right of Secretary Azar & LT Walls 5<sup>th</sup> from the left)*

CAPT Nixon Roberts, a dental officer assigned to the Federal Bureau of Prisons in Florence, Colorado deployed with five other PHS officers, including two dental hygienist officers, LT Shea Browning, assigned to the Bureau of Prisons in Beaver, West Virginia, and CAPT Mylene Santulan, assigned to the Indian Health Service in Fort Defiance, Arizona. They provided care in Costa Rica, Panama and Columbia. CAPT Roberts had a profound experience on board as he helped care for a 57 year-old Venezuelan refugee in Columbia who presented with a cleft lip and palate. Working with a Navy oral surgeon, the dental team helped restore this patient's smile and self-confidence. CAPT Roberts summed it up by saying: "This event alone was

enough for me to conclude that the entire deployment was worth it."



*Dental Team on the Flight Deck of the USNS Comfort  
[photo courtesy of CAPT Roberts, back row 4<sup>th</sup> from right]*

LCDR Drew Lusby, a dental officer with the Indian Health Service in Manistique, Michigan served in Trinidad, Grenada, St. Lucia, and St. Kitts. To him, flexibility was the key to success on the mission and as a junior officer he also felt pride in the USPHS involvement in helping other countries. He enjoyed working with a very diverse crew on the ship, with officers from Canada, Mexico, Brazil, the Dominican Republic, Chile, Argentina, and Peru. "At every stop we were struck by the contrast of breathtaking natural beauty with the great human need for health care."



*USPHS Officers with SG VADM Jerome Adams  
[photo courtesy of LCDR Lusby]*

Thank you to all of the dental and dental hygienist officers who deployed on the USNS Comfort. CDR Mork summed it up best when he said, "It was a true honor to represent the good will of America to the communities we served."



## Minnesota & Boston Trips Highlight IHS Oral Health and Surgeon General's Priorities

On October 28<sup>th</sup>, just before the 29<sup>th</sup> anniversary of [Native American Heritage Month](#), I had the opportunity to speak at the Great Lakes Tribal Convening in Bloomington, Minnesota, a meeting sponsored by the [Great Lakes Inter-tribal Epidemiology Center](#) in collaboration with the [State of Minnesota Oral Health Program](#). Speaking to a group of about 50 people including oral health professionals, tribal leaders, and state leaders, I provided an overview of the recent results of national Indian Health Service surveys that showed a marked decrease in both caries experience and untreated decay rates in both 1-5 year-old and 6-9 year-old American Indian/Alaska Native (AI/AN) children, some of the most extensive decreases in dental disease ever seen in these age groups at a national level (click [here](#) to read the corresponding data briefs).

Many of the activities that led to the reductions in

caries in young AI/AN children have been occurring for two or more decades, culminating with the IHS Early Childhood Caries Collaborative that began in 2010 and ended in 2017. Some of the key activities that may have contributed to the decrease include increased access to care, dental sealants in primary molars, fluoride varnish applications, and substantial involvement of medical and community partners in oral health assessments, referrals, and fluoride applications.

During the two days, I also provided an overview of the Surgeon General's priorities and the plans for the upcoming Surgeon General's Report on Oral Health to this group and to about 75 dental students at the [University of Minnesota School of Dentistry](#) in Minneapolis later that same day and to about 200 dental students at [Tufts University School of Dental Medicine](#) in Boston on October 29<sup>th</sup>.



*Top Left:* After speaking with students at the University of Minnesota School of Dentistry, Minneapolis, October 28<sup>th</sup>

*Bottom Left:* After speaking with students at the Tufts University School of Dental Medicine, Boston, October 29<sup>th</sup>

*Bottom Right:* Speaking at the Great Lakes Tribal Convening, Bloomington, MN, October 28th



## News Bites

### **Children's Dental Health Project (CDHP) ends.**

After 22 years of existence, the [CDHP](#) is ending. Created in 1996 by Dr. Burton Edelstein as the "voice of children's oral health," CDHP's advocacy led to the inclusion of dental benefits in the Children's Health Insurance Program (CHIP) and they've worked behind the scenes for two decades to advocate for policies to improve dental preventive services to children, bolster state oral health coalitions, and provide evaluation of how Medicaid, CHIP, and state insurance programs are working in relation to children's oral health services. One of CDHP's national partners, [Community Catalyst](#), will acquire their resources and continue the work of CDHP on a broader scale.

### **Sugar consumption in the U.S. is twice as high as it should be.**

According to the [World Health Organization](#) (WHO), noncommunicable diseases (NCDs) are the world's leading cause of death, responsible for 73% of the 56 million deaths worldwide in 2017. Free sugars – those added to foods and beverages – "threaten the nutrient quality of the diet" and lead to unhealthy weight gain, dental caries, and various NCDs, according to WHO. Consequently, WHO recommends that no more than 10% of an adult's calories, an ideally less than 5%, should come from sugars. This equates to roughly 9 teaspoons/day (38 grams) for men, 6 teaspoons/day (25 g) for women, and 3-6 teaspoons/day (12-25 g) for children depending on age and caloric needs. Yet, according to an [article](#) written by the University of California, San Francisco, Americans consume on average 17 teaspoons/day (71 g), two to three times the recommendation. This translates to an astounding 57 pounds of added sugar consumed each year by the average American. The [Diabetes Council](#) puts this figure even higher, saying that Americans consume as much as 126 grams of sugar each day, 25% more than any other country.

### **HHS awards \$319 million to support workforce serving the underserved.**

As announced in a [press](#)

[release](#) on October 23, 2019, the Department of Health and Human Services, through the Health Resources and Services Administration (HRSA), announced \$319 million in scholarship and loan repayment awards for clinicians and students through the [National Health Service Corps](#) (NHSC). More than 13,000 medical, dental and behavioral health clinicians provide quality care to more than 13.7 million Americans in rural, urban, and tribal communities, with almost 1,500 students and residents preparing to service in the NHSC. HHS Secretary Alex Azar stated in the press release: "These loan repayment awards and scholarships make it possible for dedicated clinicians to care for the patients who need them most, including Americans with opioid use disorder and other substance abuse challenges."

### **Influenza activity remains low for now, but now is the time to get the vaccine.**

According to the CDC's [latest report](#), flu activity remains low "but is increasing." While the flu vaccination isn't 100% effective, the CDC estimates that in the 2017-18 flu season, for example, over 7.1 million illnesses, 3.7 million medical visits, 109,000 hospitalizations, and 8,000 deaths were prevented because of the vaccine. The bottom line? As healthcare professionals, we should continue to educate and advocate to our patients the influenza vaccination. For more information, click [here](#).

### **Multidisciplinary panel provides opioid guidelines for dental procedures.**

A soon-to-be published guideline developed by a multidisciplinary panel has developed procedure-specific guidelines after common dental surgical procedures. The panel, representing oral surgeons, periodontists, endodontists, general dentists, general surgeons, oral surgery residents, and oral surgery patients, determined the minimum and maximum number of opioid tablets that a clinician should consider prescribing. The abstract is available online by clicking [here](#); the full article will be published in an



upcoming issue of the International Journal of Oral & Maxillofacial Surgery.

**Update on EVALI.** As of last week, there have been 2,051 cases of e-cigarette, or vaping product use associated lung injury (EVALI) in every state except Alaska, along with 39 deaths reported in 24 states. Most of the cases are linked to THC, the principal psychoactive constituent of cannabis. According to the CDC, [new laboratory findings](#) have identified vitamin E acetate, an additive in some THC-containing products, in all bronchoalveolar lavage fluid samples examined so far. The investigation is continuing, however. As oral health professionals, we should continue to ask patients about tobacco and e-cigarette use, and caution them about using e-cigarettes or vaping. The CDC recommends “that people should not use e-cigarette, or vaping, products that contain THC, particularly from informal sources like friends, or family, or in-person or online dealers.

**Many pregnant women aren’t receiving dental care.** A new [article](#) published in [BMC Oral Health](#) evaluated data from almost 3,000 women who took part in the Utah [Pregnancy Risk Assessment Monitoring System](#) (PRAMS). Although 9 of every 10 pregnant women knew it was important to care for their teeth during pregnancy, only 6 of every 10 had a dental cleaning during pregnancy, and 1 in 4 did not see a dentist during pregnancy for a known dental problem. Dental insurance coverage was the key as was past dental care. Those with dental insurance were 1.9 times more likely to have a dental cleaning in pregnancy and 1.6 times more likely to go to the dentist for needed treatment. Women who had their teeth cleaned in the year prior to pregnancy also were three times more likely to have their teeth cleaned during pregnancy than women who didn’t have their teeth cleaned previously.

**USPHS IPEC Award application cycle is now open.** The USPHS, along with the Interprofessional Education Collaborative (IPEC) presents an opportunity to showcase multidisciplinary efforts to

impact community health. This Award is presented to a team of health-professional school based collaborators who have innovatively addressed a public health issue while making a lasting impact on the community’s health. In addition to including team members representing multiple professions, the proposed project should aim to establish a relationship between interprofessional practice and outcomes (community practice, public health education, and/or research). This award will consist of an overall winning team who will receive their award from the USPHS and IPEC at the Summer IPEC Meeting in Washington, DC. In addition, the winner will present an IPEC webinar discussing their project and findings. There will also be one honorable mention in each of 5 focus areas. Applications are accepted until February 3, 2020. To learn more, click [here](#).

**NIDCR Grand Rounds: Celebrating 35 Years of Sjögren’s Syndrome Research at NIDCR is tomorrow – November 15<sup>th</sup>, 10:00 – 11:30 ET.** The National Institute of Dental and Craniofacial Research (NIDCR) will host a [special grand rounds](#), “Celebrating 35 Years of Sjögren’s Syndrome Research at NIDCR” on Friday, November 15, from 10:00 a.m. to 11:30 a.m., Lipsett Amphitheater (Building 10), on the NIH campus in Bethesda, MD. The event marks the genesis of the NIDCR Sjögren’s Syndrome Clinic, a bench-to-bedside program bringing basic and preclinical scientific discoveries to the clinical setting. In 1984, a clinical protocol to study salivary gland dysfunction, led by NIDCR investigators Phil Fox and Bruce Baum, launched the Dry Mouth Clinic, which eventually became known as the Sjögren’s Syndrome Clinic. Speakers will trace the past, present, and future of research on this systemic autoimmune condition. The event will be videocast live (click [here](#)) beginning at 10:00 a.m. Eastern Time on November 15<sup>th</sup>, and the video will be archived as well.

## ***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.*

**November 15, 2019 – Deadline to submit comments to NIDCR on proposed research initiatives.** The National Institute of Dental and Craniofacial Research (NIDCR) is seeking input from researchers, industry, organizations, and the general public on identifying themes for development into research initiatives. Proposed research initiatives and the opportunity to comment on each or other suggestions can be found by clicking [here](#).

**November 18-24, 2019 – Antibiotic Awareness Week.** According to the CDC, at least 30% of the antibiotics prescribed in outpatient settings are unnecessary. Do your part as oral health professionals to learn more about antibiotic stewardship and dentistry's role through learning during this annual event, or click [here](#) to learn more about antibiotic awareness from the CDC website.

**November 21, 2019 – Deadline to apply for the 2020 National Health Service Corps (NHSC) Students to Service Loan Repayment Program.** This program provides up to \$120,000 (tax free) to medical (MD and DO) or dental (DDS or DMD) students in their final year of school in return for a commitment to provide primary health care full-time for at least 3 years or part-time for 6 years at an approved NHSC in a Health Professional Shortage Area of greatest need. To learn more or to apply, click [here](#).

**November 22, 2019 – Deadline to submit abstracts for the 2020 National Oral Health Conference.** The program committee for the 2020 NOHC invites abstract submissions for both the [Monday Roundtable Session](#) presenting scientific research, program evaluations, community-based interventions and partnerships related to dental public health, and the [General Poster and Oral](#)

[Presentations](#) for the meeting. Click on the above links for more information.

**November 29-December 4, 2019 – Greater New York Dental Meeting Annual Conference,** New York, NY. This is the largest dental meeting in the U.S. with over 52,000 attendees and will be held at the convention center, with the headquarters hotel being the Marriott Marquis, 1535 Broadway. Registration is free; click [here](#) to go to the registration page. One of the courses being taught is “The Changing Demographics in Leadership and multiple national women leaders, including CAPT Renée Joskow from HRSA, are scheduled to speak. Tuition for that course is \$105 for two credit hours. To register for this course, click [here](#).

**December 2-6, 2019 – Association of Military Surgeons of the United States (AMSUS) Annual Meeting,** National Harbor, Maryland. The theme of this year's meeting is “Transforming Healthcare through Partnership and Innovation.” There will be presentations throughout the week aimed at demonstrating and sharing knowledge of cutting-edge medical research, innovative medical advances, and superior practices in healthcare and patient treatment. The Department of Health and Human Services strongly encourages USPHS Commissioned Corps officer (Corps) participation through attendance and/or submission of abstract proposals and posters. This is the only conference where federal health leadership and professionals from the Department of Defense, Veterans Affairs, Health and Human Services, Department of Homeland Security, industry and international partners come together to share information and results of collaborative efforts. To learn more about AMSUS or this meeting, click [here](#).

**December 6, 2019 – Deadline to apply for the American Association of Public Health Dentistry (AAPHD) Foundation Small Grants Program.** To learn more, click [here](#).



**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 20<sup>th</sup>. 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 27<sup>th</sup> to January 29<sup>th</sup> 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 155<sup>th</sup> 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](#).



## **From the USPHS Dental Professional Advisory Committee (DePAC)**

The 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.

### ***The Life of a Dental Officer's Wife*** by Rebecca Collins

Being married to a dental officer in the Commissioned Corps is an adventure, with never a dull moment! It has provided many interesting experiences and opportunities, such as traveling and meeting new, diverse people across our nation.

While we were dating, I flew to North Dakota in the summer to visit my officer fiancé, Commander Joseph Collins, on a remote Indian reservation where he provided dental care. Touring the reservation was an exciting time where I basked in the beauty of the natural scenery, photographed a buffalo herd, visited the hospital, met talented Commissioned Corps officers, and experienced the unique culture of Native America.

After our wedding and honeymoon, I moved from my local hometown in sunny central Florida to the rolling mountains of eastern Oklahoma where my husband was stationed in a federal dental program. What a change it was to move away from the crowded, tourist-filled traffic jams in central Florida to the hilly, quiet streets of Oklahoma in small town USA! Driving on steep hills or icy roads was terrifying for a Floridian fresh off the beach. Moving is tough but an officer's spouse is tougher! I survived the culture shock and made new friends. We adopted a cute rescue pet dog from the animal shelter and got involved with community service, and I even sampled the local cuisine by eating fry bread.

Two years later, we transferred south to Louisiana and moved again so my officer husband could work in a complex of federal dental clinics. We settled

into the easy, laid-back Louisiana lifestyle. Here, the humid summers reminded me of home in Florida. Life was eventful as I went camping for the first time, learned Soul Food cooking tips, and weathered some tropical storms. We grew a vegetable garden, served the community with volunteer opportunities, and best of all, I maintained my online teaching job the whole time, which is very convenient and portable. It allows me to work in my field of education while moving and supporting my officer husband on orders. Travel is easy with online work, so I can quickly visit family and friends as well.



*CDR Joseph Collins and wife, Rebecca Collins*

Every officer spouse knows balancing work, family, friendships, community service, and rest isn't easy. It takes some planning, patience, balance, and a sense of humor to maintain it without sacrificing health. I quickly learned that if we were going to have a high quality of life, we would have to choose to make it

happen. Date night is a must, as is sharing quality time together to enjoy our common interests like workouts and music. Expressing our love through communication helps our marriage stay strong. Respect means a lot too. A sense of humor puts the 'merry' in 'married'.

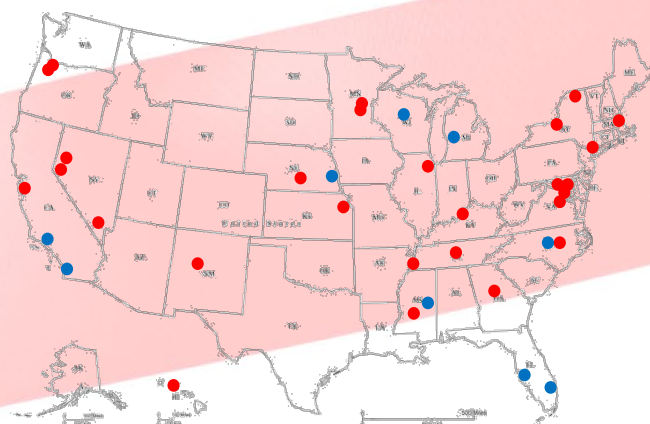
Commissioned Corps spouses are passionate about applying their own talents, education, and interests. Passion changes the world and the Commissioned Corps changes our Nation for the better. God bless our officers, God bless our families, and God bless America!



## 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.

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### USPHS Chief Dental Officer Site Visits/Meetings

- Visited site/meeting in FY 2019 or 2020
- Visits being planned in FY 2020 (not including locations being revisited)

Contact [USPHSCDO@ihs.gov](mailto:USPHSCDO@ihs.gov) to discuss scheduling a visit to your program/organization.