



Dental Professional Advisory Committee Newsletter

Volume XVII, Issue I

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2017 ADA Meeting

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The USPHS Dental Newsletter is published twice annually, and is distributed electronically through the USPHS Dental Bulletin Board, and agency distribution lists. The next issue of the Newsletter will be published in the summer of 2018. If you have suggestions or comments about the newsletter, or would like to submit an article, please contact the co-editors [CDR Lori Snidow](#) or [LCDR Thuc Ngo](#)

2017 ADA Meeting

CAPT Sharon Raghubar



PHS Dentists at the Federal Dental Services (FDS) Day Social: CDR Kevin Zimmerman, CAPT Kevin Lee, RADM Nick Makrides, CAPT Renée Joskow, CAPT Sharon Raghubar, and CAPT Michael Johnson

Greetings Fellow Dentists! You were represented at the 2017 American Dental Association (ADA) House of Delegates (HOD) in Atlanta by RADM Nick Makrides, CAPT Michael Johnson, CAPT Renée Joskow and CAPT Sharon Raghubar.

The ADA annual meeting kicked off with the opening session where Dr. Usa Bunnag was honored with the ADA Humanitarian Award. Dr. Bunnag was the first woman to receive this award; she launched and maintained a dental clinic to provide care to underserved people in Thailand. During the same ceremony, Dr. Patricia Blanton was honored as the ADA Distinguished Service Award recipient.

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Dental Professional Advisory Committee Chief Professional Officer Column RADM Nicholas Makrides, DMD, MPH Federal Bureau of Prisons

Since our last newsletter, the U.S. Senate confirmed Dr. Jerome Adams as our 20th Surgeon General. Vice Admiral Adams comes to the Corps with a wealth of experience obtained while serving as the Health Commissioner for State of Indiana. He clearly is passionate about the Corps and is willing to meet challenges that lie ahead. In fact, he is demonstrating his commitment by participating in the APFT at the 100th OBC.



RADM Nicholas Makrides

Like our former Surgeon General, VADM Adams is focusing on the Opioid Crisis. This is, as many of you know, an HHS and White House priority. He believes law enforcement is a touchpoint and a place where we can begin relationships with external stakeholders. His motto: “Better Health Thru Better Partnerships.” In addition to the Opioid epidemic, VADM Adams wants to focus on health and national security and release a SG Report on health and the economy. As we transition into 2018 we will hear more about these initiatives.

Fall was an exceptionally busy time for the Corps. The multiple hurricanes resulted in extensive deployments of officers to Texas, Florida, and Puerto Rico. As I mentioned at our All Hands meeting, dental officers were not included as part of these deployments and in some cases culled from the rosters. When inquiring into the matter, I learned that the personnel requests did not include a dental mission. Several of you wrote to me asking how officers can be involved in future deployments. Given our recent memorandum of understanding with Remote Area Medical (RAM), I believe we can anticipate increased deployment opportunities with RAM and other philanthropic groups. To this end, I asked several officers to assist in drafting a White Paper to develop a Dental Deployment Team concept, whose operation would mirror that of the Mental Health Teams. These teams, in theory, would augment existing teams and deployments as well as respond to specific dental missions such as RAM events. I will provide more information on this as we move forward with the proposal.

This October, CAPTs Renee Joskow, Sharon Raghubar, and Michael Johnson attended the American Dental Association (ADA) meeting in Atlanta Georgia. The President Elect for the 2018 and 2019 years was the 4th District’s Trustee, Dr. Jeff Cole. For those who are unaware, the Fourth District is where the Federal Services reside. Having ADA leadership from our District will be good for the Corps. I encourage all dentists to consider attending at least one ADA meeting during your career. It is a great way to network with fellow dentists (federal and civilian) and provides an opportunity to educate our private practice colleagues about the important work we do as Corps officers and federal government dentists.

For those officers who are up for promotion in 2018, please ensure all of your information is up-to-date in new Readiness Self Application in the Commissioned Corps Management Information System. Officers can go to the Officer Secure Area and click on the RedDOG link to review their respective profiles. Please **do not go to the Direct Access** area to update information. Should you have problems with the link, due to certificate problems with smartcards, contact the AMS helpdesk at 1-888-663-3447 or email the helpdesk (AMSHelp@hhs.gov). Also, your agency liaisons can provide the latest information regarding uploads in the event that information from Direct Access does not populate the RedDOG site.

In closing, I would like to recognize the two officers who are transitioning out of their leadership roles. The first is CAPT Shani Lewins who chaired the Dental Professional Advisory Committee (DePAC) this year. She has done an exceptional job at keeping the category informed while admirably leading DePAC. The second officer is CAPT Sharon Raghubar for her untiring service as a PHS Delegate to the ADA House of Delegates (HOD). I am appreciative of all of her hard work and the time she spent mentoring me about HOD rules and etiquette. Thank you Shani and Sharon for your dedication and service.

As we transition into 2018, I also want to thank you all for the good and steady work you do on a daily basis. I am extremely proud and honored to work with so many dedicated officers. I wish you the best in the New Year as we protect, promote and advance the health and safety of our nation.

Dental Professional Advisory Committee Outgoing - Chairperson Column CAPT Shani Lewins United States Coast Guard

For many of us this time of year marks a time of reflection and renewal; giving and receiving; joy as well as sadness. As I reflect upon my experience as the Dental Professional Advisory Committee (DePAC) Chair, I can truly say that it was an amazing year. There were ongoing opportunities for personal growth and networking with officers from all categories whom I would never had been acquainted with if not for DePAC. The dedication demonstrated by both voting and non-voting DePAC members was truly an inspiration. It was an honor to serve with our Chief Dental Officer, RADM Nicholas Makrides. He helped me to appreciate the intricacies associated with leadership in the Corps while always maintaining a light hearted attitude and good sense of humor. Under the invaluable guidance of the immediate past Chair, CAPT Vicky Ottmers, I was able to keep my thoughts straight while remembering the mission at hand. 2018 will be a phenomenal year for DePAC as the 2017 Vice Chair, CDR Daniel Barcomb, has assumed the Chair position and will take DePAC to new heights. His dedication to rejuvenating the dental corps through innovative recruitment efforts and mentoring strategies will be of great benefit to our category this year.

One of my goals as Chair was to increase connectivity between the DePAC and the individual category members. Through social media outreach, communications through the dental listserv (DENTALBULLETINBOARD), and our grass roots phone survey of officers, I believe we made incredible strides. Effective communication will continue to foster good relations between our dental officers and facilitate strong recruitment efforts this New Year.

All of the DePAC Subcommittees (SC) and Workgroups (WG) were very busy in 2017. Their accomplishments were **numerous** but I would like to highlight just **one** for each group. the Mentoring WG re-defined the mentor-protégée relationship to allow more senior officers to seek mentorship as well as those junior; the Recruitment WG did an incredible job at continuing to foster the relationship between the Dental PAC and Pharmacy PAC, this has increased visibility of the PHS dental program at dental schools across the country; the Retention WG provided direct counseling for multiple officers giving them the necessary support to continue



CAPT Shani Lewins

their careers with PHS; the Membership WG fulfilled the vital role of processing new member nominations for the Office of the Surgeon General required for the continued success of DePAC; the Women's Issues SC established a strong relationship with the American Association of Woman Dentists including the addition of a PHS officer to their board of directors; the Minorities Issues SC had a regular program of speakers from outside the SC to enhance the members' experiences; the Communication WG published multiple newsletter editions and added individual WG and SC pages to the DePAC website; the awards WG processed DePAC award nominations for 2018 (no small feat!) ; the Readiness and Deployment WG individually contacted officers to assist with readiness matters; and the Social Media WG managed the DePAC Facebook page <http://www.facebook.com/PHSdental/> while completing the HHS requirements for creating a DePAC Instagram account <http://instagram.com/usphsdental>. I would like to encourage all of the category members to visit the DePAC website <https://dcp.psc.gov/OSG/dentist/> as well as follow DePAC on social media.

Dental Professional Advisory Committee Incoming - Chairperson Column CDR Daniel T. Barcomb United States Coast Guard

Hello Dental Category!

I am excited to be serving as the Chair of the Dental Professional Advisory Committee (DePAC) for 2018. Last year's Chair, CAPT Shani Lewins, did an amazing job and accomplished a lot for our category. I plan to continue in her footsteps by working hard to improve our category, especially in the areas of recruitment and retention. I would like to fill our vacant positions and to keep existing officers in the Corps.

This year we are honored to welcome two new consultant ex-officio members to DePAC, RADM William Bailey, USPHS, Ret. and RADM Christopher Halliday, USPHS, Ret.! As former Chief Dental Officers they are no strangers to DePAC, and they will be extremely valuable in continuing to help shape the future of the dental category in the years to come.

In 2017 DePAC conducted a survey of dentists in the PHS, and one of its findings was that a surprising number of us weren't very familiar with DePAC and its mission. The purpose and mission of DePAC, in a nutshell, is to support the Surgeon General, the Chief Dental Officer, and you, the members of the PHS Dental Category. DePAC is composed of twenty appointed voting members and several ex-officio members. Any full-time Civil Service or Commissioned Corps dentists can submit an application to become a voting member, and the solicitations are typically emailed to everyone on the Dental Bulletin Board listserv each spring. But becoming a voting member isn't the only option, you can also volunteer to join one of the workgroups or subcommittees as a non-voting member. This is a simple and easy way to get involved, and I encourage all Civil Service and Commissioned Corps dentists to volunteer.



CDR Daniel Barcomb

Historically, the majority of voting and non-voting members come from the Commissioned Corps. I would like to see more Civil Service dentists getting involved so that we can utilize their valuable experience and perspective to help make our category even stronger. The first step in making this happen is to make sure that Civil Service dentists are getting communications from DePAC. I am going to work to ensure that all Civil Service dentists are aware of and have the opportunity to sign up for the Dental Bulletin Board listserv. Please help me by spreading the word with your Civil Service colleagues who may not yet be aware.

If anyone, Civil Service or Commissioned Corps, is interested in applying to become a voting member or in volunteering as a non-voting member, please send me an email at daniel.t.barcomb@uscg.mil. I want to make sure that anyone who wants to participate can get involved, and I don't want to see anyone turned away. If you'd like to find out more about DePAC and the category, our website (<https://dcp.psc.gov/osg/dentist/>) is an excellent resource. If you haven't done so already, please bookmark the site and take a few minutes to look around. Although we are constantly working to improve and update it, feel free to contact me or the webmasters if you see something that should be corrected or if you have a suggestion or two!

Dental Professional Advisory Committee Vice-Chairperson Column CDR Kevin Zimmerman Indian Health Service



CDR Kevin Zimmerman

It's a great honor and privilege to be able to serve the dental category as DePAC Vice-Chair. I have been blessed in my career to be able to serve the nation as both a civil servant dentist and a PHS dental officer. I hope this will help me be able to reach out to our civil service dentists and get them more involved in DePAC. My goal is to not only get dentists more involved in DePAC but to spread the word about the many opportunities that working in the federal services provide.

I was recently able to represent the PHS at the ADA meeting in Atlanta and was a bit discouraged by the lack of knowledge most dentists had of the Public Health Service. I really want to encourage dentists that work in the PHS to get out there and spread the word about how great it is to serve in the PHS. If you're a civil service dentist, you can tell your private practice colleagues about the freedom of not having to worry about collections and the ability to have a greater impact than just your private practice. If you're a PHS officer, you can wear your uniform at school health fairs, when visiting your old alma mater, or when volunteering at local charities. We need to be proud of our service and make sure people are aware of the many great things we do every day. So thank you again for giving me this opportunity to serve and I look forward to another great year in DePAC and the PHS.

2017 ADA Meeting continued...

This year's Distinguished Speaker was the legendary quarterback Peyton Manning who drew many parallels between the qualities of a successful football career and being a dynamic leader. He emphasized the importance of teamwork, the necessity of being able to adapt to change and preparing for a changing market; the skills that got you where you are today may not be the same skills that will keep you there. Peyton Manning stressed that leadership is an honor that must be earned and that, "You cannot overestimate the power of your attitude", which is contagious, and "it's up to you to decide whether yours is worth catching."



Meet your 2017 PHS Delegation: CAPT Renée Joskow (alternate delegate), RADM Nick Makrides (delegate), CAPT Sharon Raghubar (delegate), and CAPT Michael Johnson (alternate delegate).

Our very own RADM Makrides led the entire ADA House of Delegates with the Pledge of Allegiance, and then Dr. Jeff Cole from our district was elected as the president of the ADA and will begin his term in FY2018. Dr. Cole is a tremendous supporter of the Uniformed Services.



CAPT Michael Johnson, Dr. Jeff Cole (ADA President elect), CAPT Sharon Raghubar and CAPT Renée Joskow

As your PHS delegation, we participated in several days of ADA HOD sessions, and attended reference committee hearings where testimony and open comments are permitted by stakeholders, the profession, or the public on proposed resolutions. The four reference committees were: Budget, Business, Membership and Administrative Matters; Dental Benefits, Practice and Related Matters; Dental Education, Science and Related Matters; and Legislative, Health, Governance and Related Matters. The function of these committees is to present well-informed recommendations to the House of Delegates.

A summary of 2017 ADA resolutions which may affect us as PHS dentists are highlighted below.

- Resolution 23: Resolved, that **the dues of ADA active members shall be \$532.00, effective January 1, 2018.**
- Resolution 30H: **Amended the ADA Bylaws, to create the ADA National Commission on Recognition for Dental Specialties and Certifying Boards:**
Establishment of Commissions: The House of Delegates shall establish commissions as set forth below, each of which shall have the areas of responsibility, composition and operations that are set forth in these Bylaws and in the Governance Manual.
- Resolution 9H- **Recognition of Operative Dentistry, Cariology and Biomaterials as an Interest Area in General Dentistry:** Resolved, that operative dentistry, cariology and biomaterials is an interest area in general dentistry recognized by the American Dental Association and sponsored by the Academy of Operative Dentistry.
- Resolution 17H: **Development of ADA Policy on Dentistry's Role in Sleep Related Breathing Disorders**

- Resolution 50H: **Do-It-Yourself Teeth Straightening:** Resolved, that for the health and well-being of the public, the ADA believes that supervision by a licensed dentist is necessary for all phases of orthodontic treatment; the ADA strongly discourages the practice of do-it-yourself orthodontics because of the potential for harm to patients.
- Resolution 39H: **Amendment of the Policy Statement on Evidence-Based Dentistry.** Definition of Evidence-Based Dentistry: The ADA defines the term “*evidence-based dentistry*” as an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.
- Resolution 41H: **Policy Statement on Complementary and Alternative Medicine (CAM) in Dentistry:** Health care interventions, whether or not considered CAM, should be subject to testing using similar research standards and scientific rigor to provide a strong, evidence-based foundation for their safety and appropriate use.
- Resolution 42H: **Amendment of the ADA Policy on Use of Laboratory Animals in Research:** the ADA encourages researchers and dental material manufacturers to find and replace animal models with non-animal methodologies testing modalities for dental materials and techniques whenever the non-animal alternatives testing modalities would accomplish the same purpose.
- Resolution 56H: **Establishment of a Comprehensive Dental Disease Clinical Registry:** Resolved, that the appropriate ADA agencies investigate the feasibility and impact of establishing a comprehensive oral health clinical registry and that a comprehensive report be submitted to the 2018 House of Delegates.
- Resolution 53H: **Genetic Testing for Risk Assessment:** ADA should work with the ANSI to develop industry standards for these tests.
- Resolution 3H: **Definition of “equivalent degree” Bylaws** amended to: ACTIVE MEMBER. Any person holding a D.D.S., D.M.D. or equivalent degree shall be eligible to be an active member of this Association if he or she meets the following qualifications: As used in these Bylaws, the term “equivalent degree” means a degree that the jurisdiction involved deems sufficient to allow the degree holder to sit for a full and complete dental licensure examination for a dentist’s license in the jurisdiction without any additional training.
- Resolution 5H: **Review of Licensure Status:** *Bylaws* amended to: REVIEW OF LICENSURE STATUS. A constituent may conduct a review of the licensure status of an applicant for membership to determine if the applicant’s license to practice dentistry (if any) has been suspended or revoked for any of the reasons listed in Chapter XII, Section 20. of these ADA *Bylaws* and, if so, the constituent has the discretion to deny membership to the applicant.
- Resolutions 47H: Adopted **New Dentist Committee Liaison Voting Privileges on Councils;** each ADA Council will have a new dentist member recommended by the New Dentist Committee and nominated by the Board of Trustee.

- Resolutions 1H: **Evaluate the Business of the House of Delegates:** Resolved that no new business shall be introduced into the HOD less than 15 days prior to the opening of the annual session with a few exceptions.

All members of the ADA have the right to attend and participate in the discussion during the reference committees. Anyone may attend the meetings of the House of Delegates as a guest, upon display of an ADA badge. Participation is highly encouraged to see the inner workings of organized dentistry; special thanks to CAPT Kevin Lee and CDR Kevin Zimmerman who each attended a reference committee. CAPT Kevin Lee had a “great experience and was glad that there is a channel for dentists to voice their concern on issues which are important to them and the public.” He further shared that “dentists should participate in these events or BE AWARE of this opportunity to voice their concern.”



***The Federal Dental Chiefs with the ADA President at the FDS Social:
RADM Gayle Shaffer (Navy), Dr. Joseph Crowley (ADA President), MAJ GEN
Thomas Tempel (Army), RADM Nick Makrides (PHS).***

The PHS Recruitment Booth at the ADA was a great way to increase awareness of the Public Health Service. Special thanks to CDR Kevin Zimmerman who was the organizer and CAPT Kevin Lee for assisting. They dispensed keychain floss and pamphlets, and were able to answer questions about the PHS’s goals and missions. There were a few dentists and dental students, and several dental hygienists interested in joining the PHS. CDR Kevin Zimmerman recommends having at least one PHS dental hygienist to be available at the booth for questions during future meetings. CDR Zimmerman shared that overall the booth was a great success.



The PHS Recruiting Booth at the ADA: CDR Kevin Zimmerman, CAPT Tanya Robinson (ret), and CAPT Kevin Lee



Keychain floss which were dispensed at the PHS Recruiting Booth



In action at the PHS Recruiting Booth: CDR Zimmerman fielding questions from prospective PHS candidates.

The International College of Dentists (ICD) which has been “Honoring the World’s Leading Dentists since 1920” held their 2017 convocation to induct new ICD Fellows. Fellowship in the College is extended by invitation only. Congratulations to RADM Nick Makrides and CAPT Renée Joskow who were inducted in the 2017 class for their “outstanding professional achievement, meritorious service and dedication to the continued progress of dentistry for the benefit of humankind.”



*Our newest Fellows, International College of Dentists:
CAPT Renée Joskow and RADM Nick Makrides.*

The American Association for Women Dentists (AAWD) did not hold their annual meeting in conjunction with the ADA meeting this year but instead held their conference at Amelia Island, FL from October 22-23 with the

theme “Stronger Practice, Stronger Life”. The 2017 Federal Services Award for outstanding lifetime achievements made by women dentists in the Federal Services arena who serve as role models and demonstrate commitment to the profession was awarded to CAPT Renée Joskow. LCDR Carol Wong has been selected to serve as the PHS representative to the AAWD executive board.

I greatly appreciate your confidence in me as to serve as your delegate to the ADA. It was my privilege and honor to serve. I would like to extend my sincere gratitude to my esteemed colleagues who have served alongside me: RADM Nick Makrides, CAPT Michael Johnson, CAPT Renée Joskow, CAPT Lynn Van Pelt, and CAPT Philip Woods.

The American Dental Association provides a voice for every dentist in the country, and continues to work on the tough issues that impact each of us - such as licensure, standards and guidelines, education and access to care. Stay connected, informed and educated, and ensure that we are all facing these professional challenges together. The Federal Dental Services members are inclusive of active duty, GS, tribal and contract dentists; **FDS members pay only the national dues of \$532 for 2018.** Visit, [ADA Federal Dental Services \(FDS\)](#) to get started.

Future annual ADA meetings:

October 18-22, 2018	Hawaii Convention Center, Honolulu, HI
September 5-9, 2019	Moscone Convention Center, San Francisco, CA
October 15-19, 2020	Orange County Convention Center, Orlando, FL

2017 AMSUS Oral Health Session

CAPT Vicky Ottmers and LCDR Tiffany Smith

The 2017 AMSUS Annual Meeting with the theme of “Force Health Protection: From Battlefield to Homefront” was held at the Gaylord National Resort & Convention Center in National Harbor, MD from November 28 – Dec. 1, 2017. On Tuesday, Nov. 28th a special session (USPHS lead and organized) on oral health topics occurred and it was a huge success. Speakers representing US Public Health Service, US Army, US Air Force, and US Navy presented on a focused multi-disciplinary topic of Orofacial Pain Management. This Oral Health Track targeted all our Primary Care partners in Oral Health e.g. Physicians, Physician Assistants, Nurse Practitioners, Nurses, Behavioral Health, Dentists, Dental Hygienists, & all Allied Health professionals. The session was held in the main ballroom with attendance higher than expected with 50 constant attendees at any given time and 100 total attendees for the entire 4 hour continuing education (CE) session.

All AMSUS conference abstracts were reviewed for dental CE by CAPT Ottmers with a final maximum of 19 CE hours available if a dental professional attended all approved dental CE approved courses. These approved courses were identified with a special molar tooth symbol insert identifying all dental eligible CE courses.

The Oral Health Track Session brought about positive national visibility for USPHS and the Dental Category; collaboration with our medical health care partners, our sister services, and our International colleagues; and excellent continuing education. This 2nd Oral Health Track session continued the tradition of being the 1st to include all 4 services, the only to incorporate official speaker introductions, to present speaker AMSUS certificates, and have AMSUS Executive Leadership presence. AMSUS Executive Leadership continues to use

our Oral Health Track session and the process to obtain dental specific CE hours as the model example for other groups to follow.

Special acknowledgement and appreciation extends to all Oral Health Track presenters, RADM Nick Makrides, LCDR Andrew Felix, RDH and LCDR Paula Arango, RDH for their AMSUS contributions.



AMSUS Oral Health Track Planning Committee: LCDR Tiffany Smith, CAPT Vicky Ottmers, RADM Nick Makrides, LCDR Paula Arango, LCDR Andrew Felix, and Lori Laurence (AMSUS CE Coordinator)



CAPT Martin Johnston, USPHS representative, presenting Prescription Opioid Misuse and Abuse



*CAPT Vicky Ottmers receiving the 2017 AMSUS Dentist Award
from RADM Joan Hunter*

Agency Updates: United States Coast Guard CAPT David Lundahl

Hello, and Happy New Year! Hopefully everyone's Holidays were meaningful, enjoyable, and rejuvenating.

The turning of the calendar page to January reminds us that even though cold weather is still here for most of us, Spring and the time of new growth isn't too far away. Similarly, I feel that the time of new growth for the Coast Guard (CG) Medical/Dental Program isn't too far away, either. The lack of an electronic health record has felt a bit like winter to a lot of us, but I receive periodic reports of progress being made in that area, which I find encouraging. And despite this challenge, I witness the daily passion and devotion to duty of our Dental Officers to provide excellent care to our CG members, and I am extremely proud to be a part of such an outstanding group of professionals! Looking at the potential for new growth in the CG, I see us:

- Moving forward with the acquisition of a CG Electronic Health Record.
- Moving forward with the development of a new Dental Chapter in the CG Medical Manual.
- Moving forward with the upgrading and eventual interconnection of the CG Dental Digital Radiography System.
- Preparing to release a new, updated CG Dental Clinic SOP.
- Welcoming 6 new, well-qualified DOs to the CG!

We are part of a great organization with a lot of talent and a lot of potential. I hope everyone makes the most of the coming year by implementing new resolutions and activities that improve or enrich your life or the lives of others...and I hope that 2018 brings lots of good things your way!



CAPT David Lundahl

Agency Updates: Indian Health Service CAPT Tim Lozon (ret.)

On October 26, 2017, the IHS Division of Oral Health (DOH) was given the unprecedented opportunity to provide an overview of IHS oral health initiatives and projects to Dr. Don Wright, Acting Assistant Secretary of Health, and Carter Blakey, Deputy Director of the HHS Office of Disease Prevention and Health Promotion. CAPT Tim Ricks, Deputy Director of the IHS DOH, provided this presentation and was accompanied by RADM (Ret.) Chris Halliday, former Chief Professional Officer of the Dental Category. This article will summarize some of these projects and national initiatives.



CAPT Tim Lozon (ret.)

Early childhood caries (ECC) is defined as the presence of one or more decayed, missing due to decay, or filled teeth in any primary tooth in a child under six years of age. American Indian/Alaska Native children suffer disproportionately from this disease, with four times the decay experience of U.S. white children and twice that of the next highest minority, U.S. Hispanics. As a result of this disparity, the IHS Division of Oral Health created the IHS ECC Collaborative in 2010. This nationwide initiative, which promoted best practices including early access to dental care (“two is too late”), fluoride varnish applications 3-4 times per year, dental sealants even in primary teeth, and interim therapeutic restorations resulted in decreased caries experience in 1-5 year-olds, and for programs that fully implemented the best practices, some staggering results (one program had a 27% decline in caries experience in a five-year period). The IHS also conducted a study that established for the first time an inverse relationship between AI/AN maternal access to care and development of ECC, and the IHS conducted a three-year silver ion antimicrobial demonstration project that resulted in national clinical guidelines for SIA therapy in IHS and tribal programs.

A second significant oral health problem facing AI/ANs is periodontal disease, with 17% of AI/AN adults over 35 years of age suffering from severe periodontal disease compared to 10% of the U.S. overall. The IHS has responded to this disparity through a three-year project called the IHS Periodontal Treatment Initiative. This project resulted in over 250 dental assistants being trained in periodontal expanded functions and creation of national protocols for periodontal screening and treatment of periodontal disease. The impact of this alternative dental workforce model was studied in 2017 and showed that programs utilizing periodontal EFDA's had a 7.5% increase in total dental services and a 25.5% increase in EFDA-scope services.

A third problem facing the AI/AN population is simply access to dental care: only 29.5% of AI/ANs accessed dental care in 2017 compared to 44.5% for the U.S. One way that the IHS had tackled the access issue is through a continuous oral health surveillance program first implemented in 2010. Each year, the IHS publishes a data brief (available at www.ihs.gov/doh) that highlights disparities in dental disease in the AI/AN population. The IHS has also addressed access to dental care through embracing multiple alternative dental workforce models; in fact, the IHS was the pioneer of the expanded function dental assistant program in 1961. The IHS teamed up with Johns Hopkins University's Bloomberg School of Public Health last year to measure the impact of different alternative workforce models, and this analysis showed that most models increased access to care, services, and preventive care to AI/ANs.

To improve quality of care provided in IHS, Tribal, and IHS-funded urban programs, the IHS Division of Oral Health has supported several projects, initiatives, and programs including implementation of the Electronic Dental Record (with 200+ programs now with the EDR); continued support of the IHS Continuing Dental Education Program, which last year resulted in over 38,000 participant hours; creation of national standards for clinical efficiency and effectiveness; development of dental assistant competencies; and development of a long-range strategic plan to improve quality and access to dental care.

For more information on any of these initiatives, please contact me at timothy.lozon@ihs.gov or Dr. Tim Ricks, Deputy Director, at tim.ricks@ihs.gov.

Agency Updates: Health Resources & Services Administration CAPT Renée Joskow



CAPT Renée Joskow

Recently, I learned that many dental officers had not heard of HRSA or were not familiar with the relevance of our programs to oral health. HRSA is often described as the “Agency for the Underserved”. Our programs provide health care services to people who are geographically isolated, economically, or medically vulnerable. This includes people living with HIV/AIDS, pregnant women, mothers, and their families, and those otherwise unable to access high quality health care. HRSA also supports access to health care in rural areas, the training of health professionals- including providing funding support directly to dental and dental hygiene schools, and general practice and pediatric dental residencies. Our programs address the distribution of providers to areas where they are needed most through loan repayment and scholarship mechanisms and HRSA oversees the National Health Service Corps and assignments to medical, dental, and behavioral Health Professional Shortage Areas (HPSAs).

Did you know that HRSA also oversees organ, bone marrow, and cord blood donation; compensates individuals harmed by vaccination; and maintains databases that flag providers with a record of health care malpractice, waste, fraud, and abuse for federal, state, and local use?

Nearly 90% of HRSA’s budget is awarded through grants and cooperative agreements to approximately 3,000 awardees, including community-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.

A few points of interest:

- ❖ Nearly 26 million people receive primary medical, dental, or behavioral health care from a HRSA supported health center. In 2016, >14 million dental visits were provided by nearly 4500 dentists and 2200 dental hygienists through the HRSA health center program.
- ❖ Approximately 54% of people living with diagnosed HIV in the United States receive services through the Ryan White HIV/AIDS Program. Last year we provided ~\$ 3M through Community Based Dental Partnership funding to dental education programs to establish clinical rotations; and about \$9M for the Dental Reimbursement Program to train dental students, residents and dental hygiene students to provide oral health care services to people living with HIV.
- ❖ Approximately 10.7 million people living in health professional shortage areas receive primary medical, dental, or mental health care from a National Health Service Corps clinician.
- ❖ In FY16, we invested \$ 156 M in supplemental funding for 420 HRSA health centers to expand oral health services and improve oral health outcomes.
- ❖ HRSA has over 300 clinicians working across the agency.

Recently, the HRSA Administrator hosted a productive meeting with the Academy of General Dentistry president and staff to discuss potential areas for collaboration. There continues to be interest and support for oral health across the agency and we are proud to oversee many oral health programs, activities, and initiatives that include patient care, workforce training, research, policy development and oral health integration and primary care. I will close with our oral health mission statement:

“To improve the nation’s health by ensuring access to comprehensive, culturally competent, quality oral health care for all, as an integral component of comprehensive health care”.

For more information about HRSA and oral health, <https://www.hrsa.gov/oral-health/index.html>

Clinical Article: Oral Biopsy in a Dental Public Health Setting

David Wunder, DDS, PhD

Indian Health Service



Dr. David Wunder

About the author: David E. Wunder, DDS, PhD, is serving as a general dentist and oral medicine advisor at the Sells Indian Hospital, where he has been a civil service employee with the IHS since July 2005. He was awarded his doctorate of dental surgery in 2003 from the University at Buffalo School of Dental Medicine and completed a residency in Oral Medicine in 2005 at the University of Pennsylvania, School of Dental Medicine. His current duty assignment is with the Tohono O'odham Nation Health Care System at the Sells Indian Hospital.

INTRODUCTION

Public health clinics offer a number of challenges to the treatment of oral disease, as anyone who has worked in these settings can attest. Among these challenges include patient populations with lower access to medical and dental care due to geographic isolation and/or the ability to pay for services rendered. Such populations often present with many unmet needs that have accumulated over the years, and comprehensive care can seem overwhelming at first glance. Related to oral health it is the responsibility of dentists in the public health arena to ensure that their patients receive not only complete care & treatment for the dentition, but also to know how to handle cases that involve pathologies of the oral soft tissues.

In this article we will address three primary goals: 1) Reviewing the importance of identifying and recording abnormal oral lesions with proper patient history & examination; 2) Deciding whether a lesion biopsy is appropriate chairside using scalpel or punch biopsy instruments; and 3) Discussing proper disposition of specimens and follow up with patients. Much of the discussion herein will be related not only to established recommendations and techniques, but also will draw upon the author's own experiences in doing biopsies in a public health clinic setting.

Patient History & Examination

History & exam, as we've all been taught in dental school, are the fundamentals for assessing a patient and coming up with differential diagnoses and formulating an effective and efficient treatment plan. And let us not forget that the cardinal rule of proper diagnosis is to rule out serious disease. In this light we'll briefly review these two aspects of the dental patient work up.

History

Essential to any determination for biopsy is a thorough history and oral exam of a patient. A good history will naturally include a review of habits and practices, which can give vital cues as to potential origin of any oral lesions or anomalies. Most commonly dentists think of tobacco use and its relationship to oral cancer, but, other habits, such as alcohol intake and admitted cheek biting can just as well be correlated with intraoral findings. When a patient reports or a provider notes an area of concern in the mouth, certain questions must always be

in mind of the dentist as follow up. The first question should be how long the patient has been aware of the area, if at all, and, if they can relate the finding to a known cause (e.g. lip ulcer related to biting). Other questions should address chronicity (does it come & go?), if it is localized or widespread, and if the episode is the first time or repeating. Symptoms related to the area of questions, such as pain/tenderness, bleeding, swelling, drainage, and/or numbness should also be noted. Important with initial findings of a lesion is understanding the patient's overall health status and if there are other disease conditions that might predispose them to such lesions.

Examination

Many oral lesions are observed on routine exam. Such exam should entail an external assessment of a patient's head & neck structures to include noting any areas of asymmetry, skin lesions, and palpation of areas corresponding to lymph nodes in the region. Intraorally, providers must be concerned not only with teeth and their related supporting tissue, but also examination of the tongue (all surfaces), the hard & soft palates, the oropharynx, the labial mucosa and the floor of mouth. Certain lesions, such as oral cancers related to tobacco, are commonly associated with the lateral tongue border, floor of mouth and the lower lip and soft palate (2), so these areas need to be carefully inspected in any patient who reports a history of chronic alcohol and/or tobacco use. An oral pathology note (example provided at end of article) should accompany the routine exam findings with a list of differential diagnoses. And this author has found that adapting his oral pathology note to an existing electronic dental record provides an easy method for any dentist or dental hygienist to detail unusual oral findings. Effective record keeping is vital for proper disposition of patient, whether a biopsy is warranted or the area is placed under observation.

Adjunctive Screening Technologies to Detect Dysplasia- Benefits/Limitations

The basic dental provider has available a number of screening tools that may be useful for detecting dysplastic tissue from normal tissue. These include brush biopsy kits (e.g. OralCDx), toluidine blue dye vital tissue staining and a number of fluorescence light based scoping systems (4). The chief advantages of all of these systems is that they do not involve any invasive techniques and can be easily performed chairside at the time of exam. However, the fluorescence based screening systems have been fraught with a number of studies showing unacceptable levels of both false negatives and false positives in routine clinical use, when compared to simple visual examination (4,7). The toluidine blue stain uptake method has relatively high sensitivity for detecting dysplasia and cancer (6), but requires multiple rinse steps and reagent stability may be problematic, if such screening is not routinely done. The brush biopsy, when properly used, does have more favorable diagnostic capability (7), but the expense of these kits may preclude routine use in the public health clinic setting. In any event a suspicious lesion can easily be identified as such based on a thorough visual exam in combination with its site in the oral cavity and patient history.

To Biopsy or Not To Biopsy?

Suitable Lesions to Biopsy

When a lesion is determined to require a biopsy, one must rely on his or her clinical skill and comfort level in doing the procedure. In a public health setting regular dental providers are more than capable of taking on simple lesions such as fibromas, squamous papillomas, unresolved red or white patches or ulcers, an/or uncomplicated gingival abnormalities. In cases where the lesion is particularly large, vascular, or located in difficult to access areas of the mouth, it is best to defer and refer. Keep in mind that any lesion identified as potentially malignant, but not immediately biopsied, per the latest recommendations from the American Dental Association advisory committee on this issue (3) need to be referred out for biopsy in a timely manner. A

preferred oral surgeon, oral medicine, or other specialist may be used in these instances. In cases where a dental specialist is not available, providers should use their medical contacts to get the concerned patient referred to otorhinolaryngology (ENT) to have the patient evaluated and biopsied. Other cases where biopsy should be avoided include frank appearing, malignant lesions, where incisional biopsy may lead to hematogenous spread of cancerous cells to distal sites apart from the oral area affected (6)

Biopsy Techniques

Surgical biopsy remains the gold standard for diagnosing oral lesions (1). In this section we will briefly discuss the two most common techniques for harvesting tissue for pathological assessment using instruments readily accessible in the public health clinic setting. Naturally, patient consent, proper aseptic surgical technique and the availability of the usual armamentarium required for oral surgeries are musts for any such procedure.

Incisional Biopsy

This approach is most commonly used to obtain specimens from abnormal tissue that may be diffuse and/or widespread or from lesions related to dysplasias or chronic disease manifestations, such as non-healing ulcers, red patches or white patches. Incisional biopsy, thus, aims to remove only a small section of affected tissue, rather than its entirety. A surgical grade scalpel or tissue punch instrument (diameter between 4-8-mm diameters commonly used) along with tissue forceps are usually all that is required to obtain a good specimen. Recall that an elliptical shaped cut that includes normal and affected tissue is ideal for microscopic analysis. The surgical cut should also go well into underlying submucosal tissue to allow for assessment of deeper layers that may be associated with the observed pathology. Enough tissue should be excised (at least a 5-mm section), so that the specimen can be properly handled during fixation procedures without being lost.

Excisional Biopsy

This procedure involves the complete removal of the affected tissue, and, as such, should be limited to small (less than 2-cm diameter or so), benign lesions and growths. In these cases the same surgical instrumentation used for an incisional approach are used here. Most of these lesions can be slightly elevated using tissue forceps and then separated from the underlying tissue with a scalpel action to undermine the base. Again, be sure to get a sufficient amount and depth of tissue, even if it exceeds the size of the lesion to be excised, to ensure proper specimen handling by pathology.

What to Submit

Basically, any abnormal oral tissue is fair game for pathological analysis. This may include soft tissue attachments to teeth, especially if there was evidence of pathology related to the tooth (such as a cystic process). Tissue that appears to be consistent with granulation material, assuming there is easily identifiable and preexisting periodontal and/or caries related dental disease, does not have to be routinely submitted, but, if something appears unusual to the operator, then submission of affected material for pathology is always advisable. The recommendation statements on tissue submission from both the Joint Commission and the American Academy of Oral Maxillofacial pathology are listed below:

JC: All tissue removed from the body should be sent for pathologic diagnosis (11)

AAOMP: All tissue removed from the oral and maxillofacial region should be submitted to a pathology lab for examination diagnosis (10)

Some obvious exemptions to this include extracted teeth without soft tissue attachment, extirpated pulp tissue, clinically normal tissue, and excess donor tissue from grafting procedures. So, for example, while a frenal attachment causing dental malalignment or interfering with the proper seating of a dental prosthesis is considered normal tissue, epulis tissue is not. Likewise, an impacted third molar without other identifiable pathology is considered normal, while odontomas are not. In both cases the latter of the two examples above should be submitted for pathological analysis.

Specimen Disposition & Patient Follow-up

Once a specimen has been obtained and stored in 10% formalin (supplied by most outside pathology services or obtained from the medical side of most public health clinics) it needs to be sent to a facility for pathological analysis. Specimen bottles must always be clearly identified with patient information and accompanied by a submission sheet (each service has its own particular format), each of which will ask for relevant information about the specimen, such as its location, history, exam & description, notable findings during the procedure and a list of differential diagnoses. Feel free to accompany your submission sheet with other adjunct data, such as radiographs and/or photographs, which may aid in diagnosis. In terms of oral samples a board certified oral pathologist has the most experience and expertise to analyze specimens harvested from the oral cavity, so any pathology service a provider picks should ideally include one of these specialists on their team. Most oral pathology labs will process received specimens and issue reports within two weeks of submission, but, if a provider feels any lesion is suspicious or requires faster follow up, contacting the oral pathology service directly is always best. Written reports, when received, should be filed with the patient record (paper or scanned to the electronic record) with diagnosis clearly indicated. This author also keeps a separate pathology report file for all submitted samples in hard copy for quick reference, as needed. Most benign lesions will not need any other follow up, except to inform the patient and/or provide a copy of the report in accordance with each clinic's medical records policy. Other lesions, such as those with any level of dysplasia or frank carcinoma, naturally must be referred for medical assessment and subsequent studies and treatment.

SUMMARY

While the challenges of working in a public health dental clinic are many, performing biopsies should not be considered an impossible task. The following main points from this article are as follows:

- 1) Get a good history and exam, as well as an accurate record of any unusual findings in the oral environment. This will give the provider a differential diagnosis list and allow for decision making regarding the feasibility of performing the biopsy, if needed, in their own clinic.
- 2) Perform biopsy, making sure to get sufficient amounts of tissue, which includes normal tissue at the margins. The latter is especially important with potentially dysplastic lesions. If a biopsy is not feasible and the lesion is high risk, then it must be referred out for timely evaluation and treatment.
- 3) Follow up with the providing pathology service for any high-risk lesions, so that the patient can be properly disposed for further evaluation and treatment, as required.

It was the aim of this communication to encourage dental providers in the public health setting to consider routine biopsy for small and manageable lesions as part of the efforts to offer patients a service that often is delayed due to lengthy referral processes. Armed with the above knowledge it is hoped that dental providers now have a better understanding and increased comfort level with performing this procedure in their clinics.

ORAL PATHOLOGY NOTE EXAMPLE:			
Date first noted: _____	Clinic: _____	Dentist: _____	
Follow-up visit: Y N			
Location: L R	Area of oral cavity: _____		
Size: _____			
Color: Red/White	Red/White mixed	Other: _____	
Texture: Smooth	Rough	Ulcerated	Photo records taken: Y N
Border: Well-defined	Irregular	Consistency: Hard	Soft
Configuration: Flat	Raised	Duration of lesion: _____	
Additional notes: _____			
Biopsy: _____	Watch: _____	Next evaluation date: _____	
Biopsy date and results: _____			
Referred to OS/ENT: Yes	No	Name of Physician/Surgeon: _____	

Oral Pathology Note Example

REFERENCES

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- 3, M. Lingen et al. *Evidence-based clinical practice guideline for the evaluation of potentially malignant disorders in the oral cavity*. JADA (2017); 148:712-727.
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- 6, S. Pallagatti et al. *Toluidine blue staining as an adjunctive tool for early diagnosis of dysplastic changes in the oral mucosa*. J Clin Exp Dent. (2013); 5:187–191.
- 7, J. Sciubba. *Improving Detection of Precancerous and Cancerous Oral Lesions - Computer-Assisted Analysis of the Oral Brush Biopsy*. JADA (1999); 130:1445-1457.
- 8, K. Shyamala et al. *Risk of tumor cell seeding through biopsy and aspiration cytology*. J Int Soc Prev Community Dent. (2014); 4:5–11.
- 9, E. Stoopler. *Shedding Light on a Screening Tool for Oral Cancer*. Medscape, December 18, 2012

10, <http://www.aaomp.bizland.com/healthcare-professionals/tissue.php>

11, https://www.jointcommission.org/standards_information/standards.aspx

SELECTED TEXTBOOKS

Burket's Oral Medicine, 12th Edition. 2015. People's Medical Publishing House. Shelton, CT.

Contemporary Oral and Maxillofacial Surgery, 6th Edition. 2014. Elsevier & Mosby. St Louis, MO.

Oral Pathology: Clinical Pathologic Correlations, 7th Edition. Elsevier. St Louis, MO.



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Senior Officer Spotlight

CAPT Tim Ricks

Indian Health Service



CAPT Tim Ricks

Can you provide a brief summary of your training and education?

I graduated from the University of Mississippi, School of Dentistry. After a brief stint in private practice, I joined the Indian Health Service in 1999, then completed an in-person MPH program at the University of Nevada-Reno in 2003 followed by a two-year part-time Dental Public Health residency with the IHS in 2006. I became board certified in Dental Public Health in 2013.

What does your current position entail, and what work experiences have helped you prepare for your current position?

I am currently Deputy Director of the IHS Division of Oral Health where I oversee the IHS Continuing Dental Education Program. I am also responsible for mentoring our Area Dental Officers, overseeing multiple national initiatives, assisting the Director in administering a \$180 million annual budget, and providing support with other members of the IHS Division of Oral Health to the 404 IHS, tribal, and IHS-funded urban programs throughout the country. I have previous experience as an Area Dental Officer in two Areas overseeing 50 programs, as a deputy Area Director, as a service unit clinical director, and as a service unit dental chief/director.

You mentioned national initiatives, what initiatives have you worked with during your career? Also, what advice can you give junior (and not so junior) officers who would like to gain some experience with some of these initiatives?

I co-led the IHS Early Childhood Caries Collaborative from its inception in 2010 to 2014, the IHS Periodontal Treatment Initiative, the IHS Dental Workforce Efficiency Initiative, the IHS Oral Health Surveillance Program, the IHS Oral Health Promotion/Disease Prevention Program (2014 and 2016), the IHS Government Performance and Results Act dental measures (2014 and 2016), the periodontal expanded function impact analysis, the IHS Dental Depression Screening Pilot Project, and the development of the IHS Oral Health Strategic Plan, and have been involved in some other projects such as writing the IHS silver ion antimicrobial clinical guidelines, updating the IHS clinical efficiency and effectiveness standards, developing an Area Dental Officer mentoring program, standardizing national dental assistant competencies, standardizing expanded function dental assistant position descriptions, etc. I have been very fortunate to have outstanding and dedicated teams on all of these projects. How can a dental officer, or Civil Service/tribal dentist or hygienist, gain experience? Volunteer! Early in my career I reached out to my Area Dental Officer and IHS Headquarters and volunteered to participate in national initiatives, and we welcome any and all volunteers!

You have a long history of service to the Dental Professional Advisory Committee. Could you describe what you did on DePAC and your DePAC years?

I was very fortunate early in my career to learn about DePAC. I joined in 2001 serving first as Recruitment Workgroup Chair where we helped start the Associate Recruiter Program, then became Communications Workgroup Co-Chair with then-CDR Chris Halliday. We created the first USPHS Dental Listserv (Dentist-L), and followed that with the USPHS Dental Bulletin Board in 2002. I served as the administrator on those

listservs and continue to help out on the bulletin board today. I also created the USPHS Dental Newsletter and served as editor until 2006, often spending late hours getting those newsletters written so as to not interfere with patient care. I also served as Operations Subcommittee Chair, Vice-Chair, and as Chair in 2006, also becoming chair of the PAC Chairs' Group. I served as an ex-officio member until 2009, and after a seven year hiatus, rejoined DePAC in 2016 as the IHS Liaison. I admire the continued significant and hard work that DePAC members do to contribute to the success of the Category!

What has been the most rewarding aspect of your service thus far?

I have enjoyed witnessing others around me succeed. The Indian Health Service has some of the hardest working, most dedicated dentists, dental hygienists, and dental assistants I have ever met, and although I rarely see patients myself now, I truly appreciate the impact on oral health that these oral health professionals make each and every day.

What are some of your hobbies and activities outside the PHS?

For the past two years, as age has crept up on me, I have dedicated myself to becoming more physically fit. I work out at least 10 times a week in the gym and have run 18 5K's, two 10K's, a 8K, a triathlon, a half-marathon, a 12-mile Tough Mudder, four other military-style obstacle races, and a 20-mile trail endurance run over the past two years, and I'm now training for my first marathon. Besides fitness, I enjoy tennis, kayaking, fishing, and traveling.

Junior Officer Spotlight

LCDR Ryan Gard

Indian Health Service



LCDR Ryan Gard

Can you provide a brief summary of your training and education?

I graduated from Purdue University 2007 with a BS in Occupational Health Science. I was awarded the United States Air Force Health Professions Scholarship and completed dental school in 2011 earning my DDS from the University of Detroit Mercy. I served for four years at Luke Air Force Base and separated in 2015. I was accepted into the two-year Advanced General Practice Residency at the Alaska Native Medical Center and began this residency in August 2015. I graduated from the residency in August 2017.

Can you tell our readers how long you've been a PHS officer and describe your duties at your present site?

I was commissioned into the USPHS in March 2016. I am currently an Advanced Clinical Dentist in the Indian Health Service serving at the Alaska Native Medical Center. I provide multidisciplinary dental care for Alaska Natives/American Indians in a hospital dental clinic and in remote rural villages. I serve as faculty for the Advanced General Practice Residency by overseeing the residents' dental literature reviews. I also serve as the director for our facility's IHS dental externship program.

What led you to consider a career in the PHS dental program?

I didn't know about the PHS until I completed a dental exam on a PHS nurse a few years ago. After the appointment we talked for a while, and that brief encounter really sparked my interest. I remember going home and reading about the PHS; its mission, history, and then I saw there was a two-year general practice residency in Anchorage, AK. I felt confident a career in the PHS would be professionally fulfilling and provide a healthy work-life balance.

What did you find to be the most challenging aspect of your transition into the Public Health Service?

The most challenging aspect is staying up to date with constantly changing PHS regulations, requirements, and websites. I have noticed in my short time in the PHS that these issues are being addressed and I am hopeful for the future.

What has been the most rewarding aspect of your service thus far?

The most rewarding experience has been traveling to the Alaskan remote villages to provide dental care. The people living in these areas are incredibly grateful and it's a wonderful service to make dental care accessible to them.

Describe some of your hobbies and activities outside of the PHS?

In my free time I spend my time fishing for salmon and halibut in Alaska. During the long winter nights here, I hit the slopes to go skiing. There is an abundance of outdoor activities all around me and I am trying to take advantage of it.

Has your experience in the PHS thus far lived up to your expectations?

It has been great! I received some excellent training at the Advanced General Practice Residency. I have fun every day at work and believe I am making a difference in the lives of the population I serve.

Hails and Farewells

Welcoming our newest Dental Officers and Civil Servants

LCDR Melissa Parra

USCG

LT Drew Lusby

IHS

LT Sayo Adunola

HRSA

Fair Winds and Following Seas

CAPT Anita Bright

USCG

CDR Richard Hudon

IHS

Dr. Steffany Chamut

HRSA

Upcoming Events

Agency/Organization	Web Link/Info	Meeting Date	Meeting Location
Chicago Dental Society Midwinter Meeting	http://www.cds.org/meetings-events/midwinter-meeting	Feb. 22-24, 2018	Chicago, IL
American Dental Education Association Annual Meeting	http://www.adea.org/2018/	Mar. 17-20, 2018	Orlando, FL
IADR/AADR Annual Meeting & Exhibition	http://www.iadr.org/AADR/Meetings	Mar. 21-24, 2018	Fort Lauderdale, FL
Hinman Dental Meeting	https://www.hinman.org/	Mar. 22-24, 2018	Atlanta, GA
Western Regional Dental Convention	https://www.westernregional.org/2018/	Apr. 12-14, 2018	Glendale, AZ
National Oral Health Conference	http://www.nationaloralhealthconference.com/	Apr. 16-18, 2018	Louisville, KY
American Academy of Cosmetic Dentistry	https://www.aacdconference.com/	Apr. 18-21, 2018	Chicago, IL
American Association of Endodontics	http://www.aae.org/annualsession/	Apr. 25-28, 2018	Denver, CO
Academy of Laser Dentistry	http://www.laserdentistry.org/index.cfm/conference	Apr. 26-28, 2018	Orlando, FL
The Texas Meeting: Annual Session Texas Dental Association	https://tdameeting.com/	May 3-5, 2018	San Antonio, TX
Academy of Prosthodontics	http://www.academyofprosthodontics.org/cgi/page.cgi?id=5966	May 9-12, 2018	Chicago, IL
California Dental Association Spring Scientific Session	https://www.cdapresents.com/	May 17-19, 2018	Anaheim, CA
American Academy of Pediatric Dentistry Annual Session	http://www.aapd.org/events/71st-annual-session/	May 24-27, 2018	Honolulu, HI
USPHS Scientific & Training Symposium	https://www.phscof.org/symposium.html	June 4-7, 2018	Dallas, TX
Academy of General Dentistry Annual Meeting	http://www.agd.org/agd-meeting	Jun. 7-9, 2018	New Orleans, LA
Pacific Northwest Dental Conference (WSDA)	http://www.wsda.org/future-pndc-dates/	June 21-23, 2018	Bellevue, WA
National Dental Association	http://www.ndaonline.org/2018-nda-convention/	Jul. 11-15, 2018	Orlando, FL
American Academy of Esthetic Dentistry	http://www.estheticacademy.org/?page=AAEDMeetings	Aug 2-4, 2018	Rancho Palos Verdes, CA
American Dental Association Annual Meeting	http://www.ada.org/en/meeting	Oct. 18-22, 2018	Honolulu, HI
American Academy of Periodontology Annual Meeting	https://www.perio.org/meetings	Oct. 27-30, 2018	Vancouver, BC, Canada
American Association of Women Dentists	https://aawd.org/events/index.php	TBA	TBA
Mid-Continent Dental Congress	http://www.greaterstlouisdentalsociety.org/meetings-events/attendee-main	Nov. 8-9, 2018	St. Charles, Mo

Online Oral Health Resources & Continuing Education Opportunities

Agency/Organization	Description	Web Link
American College of Dentists	CE - Dental Ethics Course	www.dentaethics.org
ADA	CE – online continuing education opportunities	http://ebusiness.ada.org/education/default.aspx
Centers for Disease Control and Prevention (CDC)	Resource - Oral Health Resources	http://www.cdc.gov/oralhealth/
Colgate	CE – Free Live and On-Demand Webinars for continuing education	http://www.colgateoralhealthnetwork.com/Dental-CE-Course/
Health Resources and Services Administration (HRSA)	Resource - HRSA Home page	https://www.hrsa.gov/oral-health/index.html
Hu-Friedy	CE – online continuing education opportunities	https://www.hu-friedy.com/education/continuing_education_classes
IHS Division of Oral Health	Resource - Early Childhood Caries Initiative	https://www.ihs.gov/doh/index.cfm?fuseaction=ecc.materials
Inside Dentistry	CE - online continuing education opportunities	https://id.cdeworld.com/courses
National Institute of Dental and Craniofacial Research	CE - Practical oral health care for patients w/ developmental disabilities	http://www.nidcr.nih.gov/EducationalResources/HealthCareProviders/POCPDD.htm
National Institute of Dental and Craniofacial Research	Resource - Dental Providers Oncology Pocket Guide. Reference on treating pts before, during and after cancer treatment	http://www.nidcr.nih.gov/oralhealth/Topics/CancerTreatment/ReferenceGuideforOncologyPatients.htm
National Maternal & Child Oral Health Resource Center	Resource – OH Resource Center	https://www.mchoralhealth.org/
Naval Postgraduate Dental School	Resource - Clinical updates archives	http://www.wrnmccapmed.mil/ResearchEducation/NPDS/SitePages/Research/ClinicalUpdatesIndex.aspx
Naval Postgraduate Dental School	CE - Correspondence Course Program	http://www.wrnmccapmed.mil/ResearchEducation/NPDS/Shared%20Documents/Correspondence%20Course%20Brochure.pdf
Northwest Center for Public Health Practice	CE - Basic Public Health principles study modules	http://www.nwcphp.org/training
Ohio Department of Health, the Indian Health Service, and the Association of State and Territorial Dental Directors	Resource - Safety Net Dental Clinic Manual	https://www.dentalclinicmanual.com/index.php
Proctor & Gamble	CE – online continuing education courses	https://www.dentalcare.com/en-us/professional-education/ce-courses
The University of Iowa	Resource - Oral Pathology Photos	http://guides.lib.uiowa.edu/c.php?g=131885&p=8643_94

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