

THE FULCRUM

2022 Issue-II

Note from DHPAG Chair - LCDR Cynthia Chennault



I can't believe we are a little more than halfway through the year! I am so proud of our PAG and everything we are doing to advance the mission of the Corps, build camaraderie within our category and collaborate with our HSPAC Subcommittees and a newly formed partnership with the DePAC. Our relationship with the HSPAC is important, as it represents the interest of all Health Service

Officers and additionally provides advice and consultation to the Surgeon General on issues related to professional practice and personnel activities of the Health Services Category of the Commissioned Corps. In May, we were able to gather together as Health Service Officers during category day at the USPHS Scientific & Training Symposium, in Phoenix, AZ. We listened to our CPO, CAPT Diedre Presley, discuss how our category is tasked with building leaders and how we should be performing and striving with a level of integrity and excellence at all times—because after all, that is why we put the uniform on every day. She talked about the importance of data that our category collects—both as individual PAGs and collectively as the HSPAC. She explained how data has meaning and how she uses data to make informed decisions. The HSPAC is diverse and multidisciplinary, and our CPO uses surveys from the PAGs to capture information that tell the story and the strength of our category and how we can be leveraged by our skills and diversity to be able to make an impact in the modernization of the Corps.

There was also a review of new policies that have been released, in particular the conversion of our temporary grade to permanent grade. There was a visual display of where we lie as a category in terms of rank, discipline, and the concentration of where our officers are. As senior officers start to retire, new opportunities will be created for officers to get promoted within our category. The landscape of our category was displayed in a tracked format: how many officers have retired, how many call-to-



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Article Submission Forms

No updates or submissions this issue for:
New Officer Spotlight & Awards

Save the Date

Continuing Education

Co-Editors:

[LCDR Tanya Sumner](#)

[LCDR Melka Argaw](#)

[LT Sascha Randolph](#)

active-duties we've had, and how many officers have separated. Data was also displayed in how we as health service officers provide essential health services during deployments by serving on the front lines of public health emergencies and how we advance innovation and science. There were also several breakout sessions where senior officers shared information on leadership, benchmarks, career progression, deployments, lessons learned, and the importance of PAG/PAC involvement.

As we prepare for this next promotion cycle as a PAG, I want to encourage my fellow dental hygiene officers to get involved with our DHPAG and take advantage of resources that our very own Training, Education, and Mentorship Subgroup is putting out and the HSPAC's Career Development Subcommittee is promoting.

Additionally, if you are interested in becoming a voting member for the DHPAG or learning how you can volunteer with one of our subgroups, please contact LCDR Diane Weidley and LCDR Erin Heap at the contact information listed below:

LCDR Diane Weidley: Diane.R.Weidley@ice.dhs.gov
LCDR Erin Heap: cheap@bop.gov

DHPAG at 2022 USPHS Scientific & Training Symposium



Left to Right Back Row: LCDR Theresa Chennault, LCDR Miranda Nelson, LCDR Tiffany Smith, LT Sylvester Smith
Left to Right Front Row: LCDR Jen Eng, LCDR Keasha Myrick, LCDR Paula Arango, LCDR Tuan Nguyen, LCDR Doretha Wilson, LCDR Andrew Felix, LCDR Cynthia Chennault, LT Darion Smith

Congratulations to all Dental
Hygiene Officers that promoted!



Temporary Promotion

Promoting to the Rank of O-5

LCDR Suzanne Redmond 7-1-22

Promoting to the rank of O-4

LT Johnna Bleem 7-1-22
LT Erin Heap 7-1-22
LT Shea Thomas 7-1-22
LT Demario Walls 7-1-22
LT Darion Smith 10-1-22
LT Valerie Favela 10-1-22

Permanent Promotion

CAPT Travis Fisher 7-1-22
CAPT Mylene Santulan 7-1-22
LCDR Melka Argaw 7-1-22
LCDR Miranda Nelson 7-1-22
LCDR Erica Porter 7-1-22
LCDR Daniel Rector 7-1-22
LCDR Yee Vang 7-1-22
LCDR Diane Widely 7-1-22
LCDR Doretha Wilson 7-1-22
LCDR Belinda Slaughter 7-1-22

Permanent Promotion Cont'd

LT Sascha Randolph 7-1-22
LT Ngoc Kelsch 9-6-22
LTJG Mathew Atherton 10-1-22
LTJG Andrea Bankston 10-15-22
LT Justin Balderrama 11-1-22
LT Keisha Bryan 11-1-22
LCDR Andrew Felix 4-29-23
LCDR Kelli Shaffer 4-21-23

2022 DHPAG Executive Committee

Chair	LCDR Cynthia Chennault	301-443-6691	CChennault@hrsa.gov
Chair Elect	LCDR Jen Eng	206-817-5801	jennie.eng@fda.hhs.gov
Secretary	LCDR Erin Heap	570-547-7950 ext 5623	eheap@bop.gov

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<i>Co-Chair</i>	LT Valerie Favela	512-508-2638	Valerie.Favela@cms.hhs.gov

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<i>Co-Chair</i>	LT Cindy Pallack	202-304-8327	Cindy.Pallack@hhs.gov
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<i>Co-Chair</i>	LT Johnna Bleem	716-846-6307	Johnna.bleem@fda.hhs.gov

SUBGROUP CORNER

COMMUNICATIONS SUBGROUP

WANTED ARTICLES FOR NEWSLETTERS:

DHPAG New Officer Spotlight

DHPAG Officer Highlights – Clinical or Administrative positions

Volunteer Opportunities and Engagement

Community or Athletic Events

Tips for Successful PCS

Deployment Experience

Kudos for promotions and awards

Attended a CE? Tell us how it went!

What do you want to see in the Newsletter?

NEWSLETTER SUBMISSIONS:

Newsletter I – Spring: 4/22/2022

Newsletter II – Summer: 8/26/2022

Newsletter III – Fall: 11/25/2022

All: Ensure to utilize the “2022 DHPAG Newsletter Submission Request Form” going forward for articles, award notifications, notification of new officers etc.

FORM: can be found on the DHPAG website under the Newsletter Section, which can be accessed below:

<https://dcp.psc.gov/OSG/hso/pags-dhpag-newsletters.aspx>

AWARDS SUBGROUP

Nothing to report at this time

STAKEHOLDER & COMMUNITY ENGAGEMENT SUBGROUP

1) Please see the Flyer for the upcoming volunteering events for October

2) The “PHS Dental Hygienists and Professional Organizations: A Winning Relationship!” presentation held on August 9th 2022 can be found at the link below we hope you will take about 35 minutes to view this valuable presentation.

Meeting Recording: https://cms.zoomgov.com/rec/share/rQROEI_NBRfNKir_zP9aTrSCb-saNNubUOn33stfBbAawIEs1Atwxb1bxjmfZSzh.1CeIMzPEsctmgLkm

Access Passcode: &+s?z94a

Helpful Links provided by LCDR Erin Heap during the presentation:

Commissioned Officers Association (COA)

[Home \(coausphs.org\)](http://coausphs.org)

American Network of Oral Health Coalitions

[ANOHC – American Network of Oral Health Coalitions](#)

American Dental Hygienists Association

[ADHA - American Dental Hygienists Association |](#)

Information on the Dentist and Dental Hygienist Licensing Compact:

This compact will support license mobility which will help with roadblocks that many of our non-clinical providers face when trying to obtain practice hours. They are strongly encouraging questions, comments and feedback as this compact is developed. Please email dentalcompact@csg.org.

Website- [Dentist and Dental Hygienist Compact – National Center for Interstate Compacts | The Council of State Governments \(csg.org\)](#)

Fact Sheet- [DDH_Compact_2pager_.pdf \(csg.org\)](#)

Draft for Review- [Dentist_Dental-Hygienist-Compact-Draft.pdf \(csg.org\)](#)

Weekly Compact Review Meetings Held Wednesdays at 1pm EST until Sept 14. Must pre-register here- [Meeting Registration - Zoom](#).

Feedback Survey: [Dentist and Dental Hygienist Compact Survey \(surveymonkey.com\)](#)

For any issues accessing the record please contact LT Valerie Favela at Valerie.Favela@cms.hss.gov

3) August 2022 SCE subgroup attended a meeting with the HSPAC Community Wellness Subcommittee to discuss upcoming collaborations, more information to come.

4) DHPAG SCE Subgroup will continue to collaborate with DHPAG Recruitment & Retention Subgroup and DePAC Recruitment Workgroup in updating the monthly DePAC & DHPAG vacancy list.

Continued on next page

SUBGROUP CORNER

TRAINING, EDUCATION & MENTORSHIP SUBGROUP

Mark your Calendars for October 11, 2022! TEM subgroup will be presenting “Officer PCS and Job Transfers as Dental Hygienist” see the attached Flyer in the article section of the newsletter.

DENTAL RESOURCES AND CONTINUING EDUCATION COURSES

CE Credits: Available CE Credits

<https://www.colgateoralhealthnetwork.com/webinar/?cwF=1&fr=all-formats>

<http://www.adha.org/continuing-education>

<https://www.dentalcare.com/en-us/professional-education/ce-course/>

<https://dentalacademyofce.com/dace/courses.aspx?s=Dental%2520Hygienist&c=Hygiene>

<https://dimensionsofdentalhygiene.com/ce/>

<https://www.hu-friedy.com/education/continuing-education-classes>

Center for Disease Control and Prevention <http://www.cdc.gov/oralhealth/>

Health Resources and Services Administration <https://www.hrsa.gov/oral-health/index.html>

Indian Health Service Early Childhood Caries Initiative <https://www.ihs.gov/doh/index.cfm?fuseaction=ecc.materials>

National Board of Public Health Examiners <https://www.nbphe.org/CPH>

National Commission on Correctional Health Care <https://www.ncchc.org/CCHP-exam>

TECHNICAL READINESS SUBGROUP

The Health Services Professional Advisory Committee (HSPAC) Advanced Readiness Program (ARP) goal is to provide a framework under which Health Services Officers (HSO) can increase their deployment and technical readiness as defined by their respective Professional Advisory Groups (PAGs). It is a voluntary two-year program to increase readiness and deployment knowledge beyond the required level of USPHS Basic Readiness. The ARP will accept new officers on a semi-annual enrollment period using the calendar year January 1st & July 1st cohorts.

	<u>January Cohort</u>	<u>July Cohort</u>
Open Enrollment to PHS Officers:	October 1 st – 31 st	April 1 – 30 th
Notification of Eligible PHS Officers:	December 8 th – 22 nd	June 8 th – 22 nd
ARP Starts for Eligible PHS Officers:	January 1 st	July 1 st

Technical Readiness Quarterly Meetings:

Fourth Tuesday of January, April, July, & October @ 1530 ET/1430 CT/1330 MT/1230PT

April 26, 2022

July 26, 2022

October 25, 2022

January 24, 2023

Advanced Readiness Program (ARP)

RDH Completed ARP: 5

RDH Currently in ARP Cohort January 2022: 5

RDH Currently in ARP Cohort July 2022: 3

ADMINISTRATION SUBGROUP

Nothing to report at this time.

DATA & EVALUATION SUBGROUP

September: Be on the lookout for a survey “Clinical Practice Hour Hardships”

Continued on next page

SUBGROUP CORNER

RECRUITMENT & RETENTION SUBGROUP

Commissioned Service Obligation

- POM 821.85_EFFECTIVE DATE: 1 June 2022

Regular Corps

- 8 Years Total Service (active and/or reserves)
- 4 Years minimum on Active-Duty

Ready Reserves

- 6 Years Total Service
- Select Ready Reserves (SELRES)

Open Announcements (Recruitment & Retention Subgroup Continued..)

- Several new disciplines expected to open again **1 September**. When presenting be certain to ensure they know to check the [Apply Now | Commissioned Corps of the U.S. Public Health Service \(usphs.gov\)](https://www.usphs.gov) website to know if their discipline is open for commissioning.
- There is also an eligibility check on [Eligibility Checker | Commissioned Corps of the U.S. Public Health Service \(usphs.gov\)](https://www.usphs.gov). Potential recruits can use this link prior to applying for eligibility checks.

Presentation Template

- Sent for review. Will be made available once edits are approved.

SRCOSTEP

- The application window extended through end of August and possibly September due to lack of applications.

POLICY SUBGROUP

Nothing to report at this time.



October is Get Out & Volunteer Month for DHPAG Officers!

To celebrate National Dental Hygiene Month the Stakeholder & Community Engagement Subgroup wants to showcase DHPAG officers' dedication & efforts to ensure the wellness of others. Join us in spending a little time during the month of October volunteering at your local foodbank, favorite dental hygiene initiative, or really anywhere! Let's show there is power in numbers, even when we are spread throughout the nation. Gather your fellow USPHS officers because **all PHS officers will be issued a COA** for volunteering & completing the steps below.

Step 1. Select a volunteer activity. Don't have a clue where? Try searching online for "volunteer opportunities near me" & you will be surprised what opportunities are in your community.

Step 2. Complete, with a smile, your volunteer activity! Don't forget to invite family, friends & fellow PHS officers & wear your PHS gear!

Step 3. Send a pic* of you &/or your group volunteering with a few sentences describing what you did & why you volunteered to LCDR Tiffany Smith, Tiffany.H.Smith@ice.dhs.gov & LCDR (sel) Valerie Favela, Valerie.favela@cms.hhs.gov by **Nov 15th**. We will then feature all of the completed volunteer activities in the 2022 Winter DHPAG Newsletter.

*A signed photo consent form is required from all non-PHS officers captured in high-resolution photographs & if a person is under the age of 18, ask a parent or guardian to sign the consent form prior to taking the picture.





Health Services Professional Advisory Committee

Dental Hygiene Professional Advisory Group

Training, Education, Mentoring Subcommittee Presents:

Officer PCS and Job Transfers as Dental Hygienists

Hear from two DHPAG Officers who recently went through a Permanent Change of Station (PCS) and Job transfers as they share their stories from identifying a job posting to beginning work in their new respected positions and all the details in-between.

Objectives:

- Discuss where to look/how to find job postings for clinical and non-clinical positions
- Review the job transfer processes
- Identify the PCS Process
- Deliver tips and tricks to ensure a smoother PCS process
- Answer FAQ's

Date/Time

October 11, 2022

Stay tuned

Immediately following the 1400 EST

DHPAG bimonthly Microsoft Team meeting

Estimate start time 1445-1500 EST

Speakers:

**LCDR (sel) Valerie Favela: Dec 2020 PCS from BOP to CMS
and**

LT Alyssa Rowe: June 2022 PCS from IHS to IHS

Moderator: LCDR Erin Heap

Point of Contact: LCDR Erin Heap ehheap@bop.gov



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Looking Back

CAPT Robbin Williams

An Interview with Retiring Officers

CAPT Robbin Williams

What inspired you to become a Commissioned Officer? I was an IHS Scholarship payback student and I wanted to live in Arizona. Continued pg xxx

LCDR Angelica Chica

Could you please tell us a little bit about you from childhood – current? I am Colombian American, first generation born in North America. When I was young I wanted to travel the world and thought I would be a flight attendant. Continued pg. xxx

Retirement Interview with CAPT Williams

LCDR Argaw: Could you please tell us a little bit about you from childhood – current?

CAPT Robbin Williams: I grew up in Seminole, OK and graduated from Seminole High School. I attended Seminole State College and the University of Oklahoma College of Dentistry Dental Hygiene Program.

LCDR Argaw: What inspired you to become a Commissioned Officer?

CAPT Robbin Williams: I was an IHS Scholarship payback student, and I wanted to live in Arizona. My first assignment was at the HuHuKam Memorial Hospital in Sacaton, AZ. The Chief Dental Officer at the time was a Commissioned Officer, Dr. Tom Decaro. He told me that the USPHS was commissioning Dental Hygienist. I really liked everything he told me about the CC and decided to give it a try.

LCDR Argaw: What is it about Dental Hygiene that drew your interest?

CAPT Robbin Williams: Working with patients and providing oral health education. I grew up not going to the dentist. The first time, I went to the dentist I was 15 years old. My dental hygienist was very caring.

I asked her about her job, and what she liked about it, and I fell in love with the profession.

LCDR Argaw: What do you like most about Dental Hygiene and Public Health Service?

CAPT Robbin Williams: I really enjoyed working federal service in general. I believe in the concept of service. I liked working with American Indians. I found the work challenging, and it offered so many avenues to public health, such as school sealant programs and head start programs. I enjoyed helping people improve their oral health. I truly enjoyed all of my duty locations and learning about different tribes and their cultures. I truly enjoy working with underserved populations.

LCDR Argaw: What were the greatest successes or accomplishments in your entire working history?

CAPT Robbin Williams: So many successes and accomplishments. I set many goals for myself: Obtaining my masters, making promotion, and completing a 30 year career in the USPHS.



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Looking Back

CAPT Robbin Williams

Retirement Interview with CAPT Williams

LCDR Argaw: What were you working at when you most enjoyed work?

CAPT Robbin Williams: The most enjoyable part of my work was clinical and providing care to patients. I found this the most rewarding.

LCDR Argaw: What do you find most challenging about dentistry/commissioned corps?

CAPT Robbin Williams: My biggest challenge in the CC was managing my career. I know we manage our jobs and all the hats we wear, but we also have to manage our careers, it is another job. If you don't manage your career then you have a hard time being promoted. The second challenge is being a mother and being deployed.

LCDR Argaw: What advice would you give to aspiring, young dental hygienists at the commissioned corps?

CAPT Robbin Williams: Obtain a master's degree, work hard and have a strong work ethic. Look at all avenues including administration.

LCDR Argaw: What will you miss most about the commissioned corps?

CAPT Robbin Williams: I will actually miss the uniform. I enjoyed wearing the uniform and the simplicity of knowing what I was wearing each day.

LCDR Argaw: What are your hopes for our DHAPG?

CAPT Robbin Williams: Continue to grow and assist young officers in their professional growth. Provide opportunities and guidance.

LCDR Argaw: What will you be doing in your free time?

CAPT Robbin Williams: I returned to work as a civilian which I am enjoying, but in my free time, I love to watch my son play baseball and spending time with my family.

LCDR Argaw: If you could do another job for just one day, what would it be?

CAPT Robbin Williams: I would be an Aesthetician!



Looking Back

LCDR Angelica Chica

Retirement Interview with LCDR Chica

LCDR Argaw: Could you please tell us a little bit about you from childhood – current?

LCDR Angelica Chica: I am Colombian American, first generation born in North America. When I was young, I wanted to travel the world and thought I would be a flight attendant. I have traveled the world but did it via the military. I joined the United States Air Force (USAF) as an enlisted member (Airman Basic) at 18 years of age. I transferred into the USPHS after 11.5 years of being in the USAF. I left the rank of Technical Sergeant, and seven days later, I acquired the rank of LTJG as a commissioned officer. I have deployed with the USAF and USPHS a total of five times and have had eight permanent change of stations.

LCDR Argaw: What inspired you to become a Commissioned Officer?

LCDR Angelica Chica: I wanted to gain my commission and support the public health mission

LCDR Argaw: What is it about Dental Hygiene that drew your interest?

LCDR Angelica Chica: When I served in the USAF, I was a dental technician.

I was able to receive a scholarship to dental hygiene school via the USAF. What I enjoyed most about dental hygiene is being able to see the immediate fruits of my labor after a proylaxis.

LCDR Argaw: What do you like most about Dental Hygiene and Public Health Service?

LCDR Angelica Chica: I like education and prevention. When you know better you do better. Providing the tools to the patients/community to reach their health goals.

LCDR Argaw: What were the greatest successes or accomplishments in your entire working history?

LCDR Angelica Chica: Too many, but the one that stands out the most is being able to work as the Special Assistant to the US Surgeon General.

LCDR Argaw: What were you working at when you most enjoyed work?

LCDR Angelica Chica: My latest job with the FDA has been very challenging and rewarding. I have enjoyed what I do and look forward to continue to do this job as a civilian.



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Looking Back

LCDR Angelica Chica

Retirement Interview with LCDR Chica

LCDR Argaw: What do you find most challenging about dentistry and commissioned corps?

LCDR Angelica Chica: Dentistry, the cost and lack of public awareness of how oral health can impact our overall health. Commissioned Corp, the ever changing policies and the political climate.

LCDR Argaw: What advice would you give to aspiring, young dental hygienists at the commissioned corps?

LCDR Angelica Chica: Seek hire education/certifications. Do not chase the rank, do what brings you joy and the rank will follow. Stay within your grade or at least one hire but don't try to move too fast. The beauty of the CC is that you can try different career paths.

LCDR Argaw: What will you miss most about the commissioned corps?

LCDR Angelica Chica: I will miss the mission and the uniform (we have a love/hate relationship but I will miss wearing it and representing the uniform service).

LCDR Argaw: What will you be doing in your free time?

LCDR Angelica Chica: Reading, working out, a bit of traveling and then back to work. My goal is to work for another five years before I fully retire.

LCDR Argaw: What are your hopes for our DHAPG?

LCDR Angelica Chica: Continue to lead and stand out as an important part of the whole HSPAC.

LCDR Argaw: If you could do another job for just one day, what would it be?

LCDR Angelica Chica: A food critic for the most fancy restaurants.

Evaluation of United States Public Health Service Commissioned Officer Dental Hygienists Needs.

Written, Conducted and Analyzed by: LCDR Tanya Sumner
Edited by: LCDR Marie-Elena Puleo and LT Melaku Woldeamanual

Introduction

As a student at the University of Arizona in pursuit of a master's in public health in applied epidemiology it was a requirement to demonstrate a few competencies that was taught through the program. The following is information on the project I developed to demonstrate these competencies for my school. This activity and suggestions do not represent the HSPAC in any way.

Commissioned Corps Dental Hygienists within the United States Public Health Service (USPHS) can serve in more than clinical roles as their primary duty and can also be deployed throughout the nation to meet public health demands. To meet the daily demands of their primary role, whether clinical or administrative, all Commissioned Corps Dental Hygienists must be ready to deploy and to maintain constant physical readiness. A voluntary survey was developed to obtain broad scope information on the health of Dental Hygienists within the USPHS: the Evaluation of USPHS Commissioned Officer Dental Hygienists Needs (PHSDHN) survey. This survey was a cross-sectional appraisal containing information on an individual's history both as a Dental Hygienist and a commissioned officer. Information was gathered concerning roles at work and the survey included various questions related to daily habits such as posture and instrument usage. General questions were posed concerning age, weight, gender, existing symptoms and overall health.

Methods

Descriptive statistics were used to report the demographics and characteristics of the Evaluation of USPHS Commissioned Officer Dental Hygienist Needs Survey, (PHSDHN). The PHSDHN was a cross-sectional study that was conducted in March-June 2022. Dental Hygienists within the Commissioned Corps had the opportunity to participate in the PHSDHN through an invitation sent via e-mail. Overall, the 2022 PHSDHN survey started with a selection of 75 individuals and, after distributing the survey, 43 responses came back. Five of the responses were flagged as 'preview-test surveys,' and were dropped from the analysis; six more were dropped due to incomplete answers; 32 responses remained for the analysis. This analysis will not be indirect proportion to the Dental Hygienists within the Commissioned Corps and will have a large margin of error due to the extremely small sample size (Martinez-Mesa et. al., 2014 & Pourhoseingholi et. al., 2013).

The dataset includes the following variables: Gender (Male, Female), Age (25-30,31-35,36-40,41-45,46-50,51-55,56-60), Age Range (25-39,40+), BMI (Underweight < 18.5, Healthy 15.5-24.9, Overweight 25-29.9, Obese 30+), Primary Job Description (Admin, Clinical), Patient Load (<5 per day, >5 per day), Stress level (Low, High), Long work schedule (40hrs/week, 40+hrs/week), Years as a Dental Hygienist (≤ 10 years, ≥ 11 years), alternate work schedule (5 eights+, 4 tens or 3 twelves), as well as several other “No, Yes” responses for the following: use of dull instruments, ergonomics in instrument selection, ergonomic positioning while sitting or standing, use of loupes, watching the diet, food groups eaten, smoking history, high blood pressure, high cholesterol, carpal tunnel syndrome, back pain, neck pain, shoulder pain, wrist/hand pain, numbness in limbs, difficulty hearing, ringing of the ears, frequent headaches, migraines, musculoskeletal disorders, bloodborne pathogen exposures, regular exercise, and whether or not within the desired weight range. Spearman’s Chi-squared statistical testing was utilized for obtaining p-values (table 1). Logistic regression was used to calculate crude and adjusted odds ratios (ORs) for the association between the main outcome of interests and risk factors, including demographic characteristics and other factors related to alternate work schedules, patient load, number of years as a Dental Hygienist, stress level, long work schedules. Gender and age were examined as potential effect modifiers. Confounding was determined by a change in the OR of 10% or greater for a specific risk factor. STATA 17.0 was used to conduct the analyses seen in table 1a&b and table 2a&b.

Results

Of the 32 participants, 9% were male, 44% used loupes, and 56% were currently in clinical roles. Only 38% of the participants indicated they were at their desired weight, and 53% of overall participants were in the healthy BMI weight range (0% underweight, 46% overweight and obese category). When looking at different health conditions and symptoms, the highest reported problem was related to back pain and blood borne pathogen exposures (75%, 81%) Figure 1.

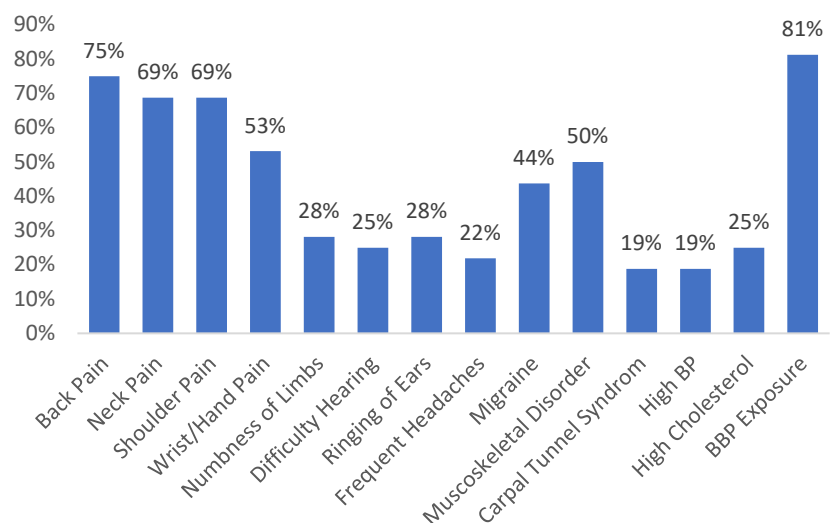


Figure 1. Percent of self-identified conditions from the 2022 PHSDHN survey.

Table 1a indicates demographic factors and characteristics of those who indicated that they had back pain. Of those, individuals above 40 years of age were more likely to report back pain than those under 40 (63% p-value 0.533). Do note that this p-value is not statistically significant. The only significant p-value was for individuals who participated in exercise training, Individuals who worked out were more likely to report back pain (58% p-value 0.018). Table 2a indicates the demographic factors and characteristics as well but focused on those who indicated that they have had a blood borne pathogen exposure. (Tables are found at the end of this report)

No interaction was found between the gender and age among the two outcomes, back pain and bloodborne pathogen exposure. After interactions were assessed, the study was analyzed for confounding by a change in the OR of 10% or greater for a specific risk factor or demographic; for back pain the final model was adjusted for long schedules; for bloodborne pathogen exposure, the final model was adjusted for long duration of years as a Dental Hygienist and for utilizing an alternate work schedule. Dental Hygienists within the USPHS Commissioned Corps who indicated a high patient workload, were 1.31 times more likely to report back pain than those who saw less than 5 patients per day (95% CI: 0.23, 7.41; not statistically significant) Table 2a. Lastly, Dental Hygienists within the USPHS Commissioned Corps Who indicated that they had a high stress level work environment, were 2.78 times more likely to report a history of blood borne pathogen exposures (95% CI: 0.38, 21.05; again, not statistically significant).

Discussion

Due to the severe limitations of this study, the findings in the analysis of this small cross-sectional survey are not statistically significant; the analysis holds little value. To have a more accurate analysis, it would be necessary to have a much larger sample size. The main information that can be extracted from this study is that of the 32 individuals who participated, the primary concern was for those reporting back pain, and a high percentage of those reporting bloodborne pathogen exposures. Figures 2 and 3 depict some general information about those who indicated that they have experienced back pain or had a past bloodborne pathogen exposure.

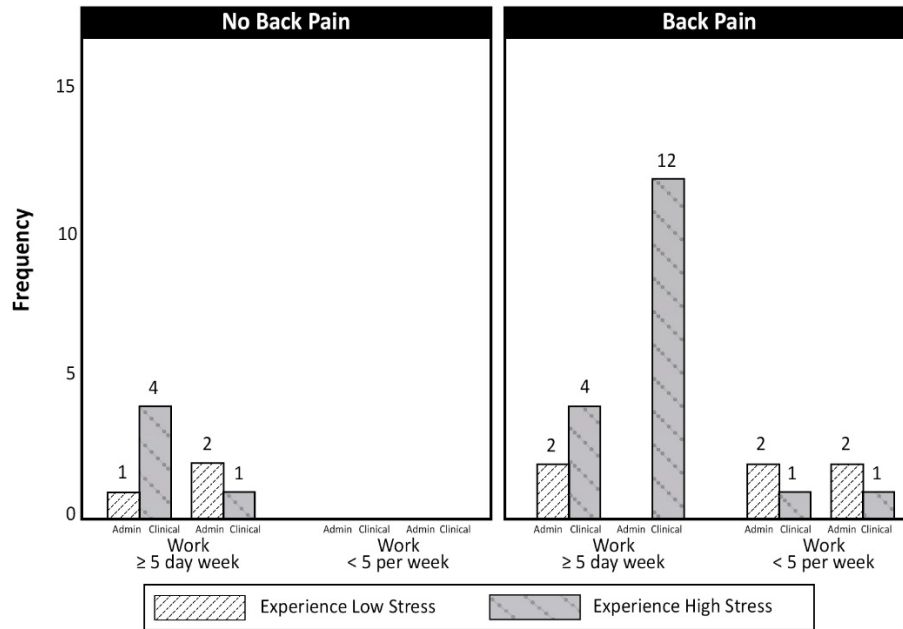


Figure 2. Frequency of administrative and clinical dental hygiene participants within the 2022 PHSDHN survey that indicated they have or had not had back pain, experience low or high stress and work 5 days-40 hours+ per week or less than 5 days a week at 40hrs.

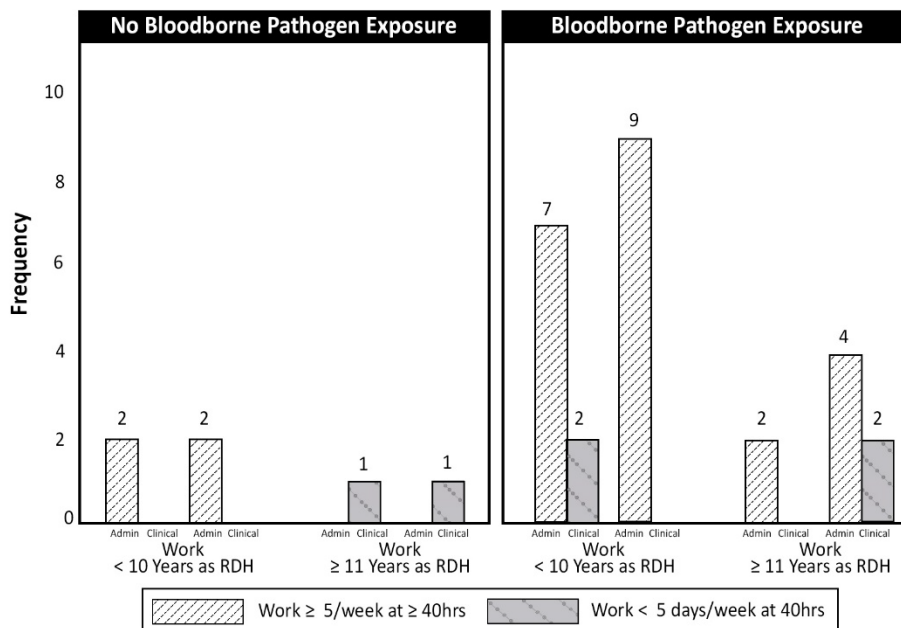


Figure 3. Frequency of administrative and clinical dental hygiene participants within the 2022 PHSDHN survey that indicated they have or had not had a bloodborne pathogen exposure, worked less than 10 years or greater than 11 and currently work 5 days-40 hours+ per week or less than 5 days a week at 40hrs.

Table 1a: Demographic factors and characteristics of self-reported backpain among 32 Commissioned Corps Dental Hygienists in the 2022 PHSDHN survey.

	Self-reported Back Pain		p-value*
	No	Yes	
	8	24	
	n (%)	n (%)	
Gender			0.726
Male	1 (13)	2 (8)	
Female	7 (88)	22 (92)	
Age			0.533
25-40 years of age	4 (50)	9 (38)	
≥ 40 years of age	4 (50)	15 (63)	
BMI			0.133
Healthy	5 (63)	12 (50)	
Overweight	3 (38)	4 (4)	
Obese+	0 (0)	8 (8)	
Workout			0.018
No	0 (0)	11 (46)	
Yes	8 (100)	13 (54)	
Primary Job Description			0.217
Administrative	5 (63)	9 (38)	
Clinical	3 (38)	15 (63)	
Ergonomic Positioning			0.835
No	5 (63)	14 (58)	
Yes	3 (38)	10 (42)	
Patient Load			0.830
Low, ≤5 pt per day	3 (38)	8 (33)	
High, >5 pt per day	5 (63)	16 (67)	
Stress Level			0.496
Low	3 (38)	6 (25)	
High	5 (63)	18 (75)	

n, number of subjects; %, percentage of subjects. BMI, body mass index. pt, patients,

*P-value based on the Spearman's Chi-square statistical test.

Table 2a: Risk factors for having backpain among 32 participants in 2022.

Risk Factors	Reported Back Pain		Crude OR		Adjusted OR*	
	No	Yes	OR	95% CI	OR	95% CI
	N	N				
Patient Load						
Low < 5 pt per day	3	8	ref			
High > 5 pt per day	5	16	1.05	0.68, 1.6	1.31	0.23, 7.41

CI, confidence interval; N, number of subjects; OR, odds ratio; * Adjusted for long schedules (40+ hours/week)

Table 1b: Demographic factors and characteristics of self-reported BBP exposure among 32 Commissioned Corps Dental Hygienists in the 2022 PHSDHN survey.

	Self-reported BBP Exposure		p-value*
	No	Yes	
	5	25	
	n (%)	n (%)	
Gender			0.497
Male	1 (17)	2 (8)	
Female	5 (83)	24 (92)	
Age			0.687
25-40 years of age	2 (33)	11 (42)	
≥40 years of age	4 (67)	15 (58)	
BMI			0.213
Healthy	5 (83)	12 (46)	
Overweight	0 (0)	7 (27)	
Obese+	1 (17)	7 (27)	
Primary Job Description			0.732
Administrative	3 (50)	11 (42)	
Clinical	3 (50)	15 (58)	
Ergonomic Positioning			0.604
No	3 (50)	16 (62)	
Yes	3 (50)	10 (38)	
Patient Load			0.952
Low, <5 pt per day	2 (33)	9 (35)	
High, >5 pt per day	4 (67)	17 (65)	
Stress Level			0.186
Low	3 (50)	6 (23)	
High	3 (50)	20 (77)	

n, number of subjects; %, percentage of subjects. BMI, body mass index. pt, patients, BBP, blood borne pathogen

*P-value based on the Spearman's Chi-square statistical test.

Table 2b: Risk factors for having BBP Exposure among 32 participants in 2022.

Risk Factors	Reported BBP Exposure					
	No		Yes		Adjusted OR*	
	N	N	OR	95% CI	OR	95% CI
Stress Level						
Low	3	6	ref			
High	3	20	1.30	0.80, 2.125	2.78	0.38, 21.06

CI, confidence interval; N, number of subjects; OR, odds ratio;

* Adjusted for long duration of years as a RDH (11+ years) and working alternate work schedule (≤4 days/week at ≤40hrs)

Closer look at Bloodborne Pathogens and Back Pain within Dentistry Literature Review

Bloodborne Pathogens

Although the findings in this analysis were not statistically significant, the findings do, in fact, correlate with other studies. A study conducted by Chen et. al. in 2018 found that among 221 dental professionals, there was a 75% annual incidence of bloodborne pathogen exposures and, of those, 38% were reported (Chen et. al., 2018). This is similar to our smaller study which found 81% prevalence rate; however, on a positive note, there was a higher rate of reporting and following up with a doctor, 54%. The study by Chen et. al. 2018, found some of the issues for having a blood borne pathogen exposure were due to poor self-protection, limited safe use and disposal of sharps instruments, and poor occupational protection training; the result was also found by a study by Van Wijk et. al. 2012 on the risks of blood exposure incidents in dental practices in the Netherlands. The reason that bloodborne pathogen exposures should be limited is because of the various illnesses that can be transmitted via this process; these illnesses include such infections as Hepatitis B and C, as well as HIV. Bloodborne pathogens (BBP) can be transmitted through injuries that cut through the skin with an object that contains contaminated blood, such as with needles or sharp instruments (CDC, 2020). BBP can also be transmitted through large-particle spatter, such as the large-particles that are visibly seen when utilizing ultrasonic scalers or air-water syringes (CDC, 2020). An example of this type of transmission would be an open wound where large particles from the procedure were to land in the open wound or on mucous membranes, such as the eyes. These large particles are not to be confused with aerosols, which involve the finer particles that cannot be seen. Although BBP exposures can be transmitted through the large particles, the main concern is through the former transmission described, that is through injuries that cut through the skin such as needle stick injuries (CDC, 2020).

Recommendations

The Center for Disease Control (CDC) recommends following standard precautions to prevent BBP exposures. Standard precautions are defined by the CDC as “the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect dental health care providers and to prevent dental health care providers from spreading infections among patients. OSHA recommendations to reduce BBP exposures include having in practice a facility exposure control plan which outlines the following: what to do in the case of a BBP exposure, the use of proper hand hygiene procedures, the use of safe injection practices and sharp disposal, the prohibition of eating and drinking in

the clinical setting, the utilization of proper PPE (gloves, gown, masks, eye protections, surgical caps, shoes/boot covers), and safe waste and laundry management practice (OSHA, n.d.).

5 WAYS TO PREVENT SHARPS AND NEEDLESTICK INJURIES

- 1 Plan safe handling and disposal before any procedure.
- 2 Use safe and effective needle alternatives when available.
- 3 Activate the device's safety features.
- 4 Immediately dispose of contaminated needles in OSHA-compliant sharps containers.
- 5 Complete bloodborne pathogens training.



[osha.gov/sharps](https://www.osha.gov/sharps)

What to do in the case of a BBP exposure? OSHA states “If you are stuck by a needle or other sharp or get blood or other potentially infectious materials in your eyes, nose, mouth, or on broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. Report this immediately to your employer and seek immediate medical attention.” Further information on treatment protocols in the case of possible HIV, Hepatic B or C exposures can be found on the CDC’s website and through the Clinicians Post Exposure Prophylaxis Hotline 1-888-448-4911.

Back Pain

Back pain is among one of the most common issues adults contend with in life. Hoy et. al., states that even acute low back pain is common and causes more disability than any other condition (Hoy et. al., 2014). In 2019 the CDC stated that, in a period of three months, 39% of adults had reported lower back pain, the most commonly reported ailment. This result was similar to other studies with women reporting more frequently ($p < 0.05$) (CDC, 2021). Furthermore, studies that focus on dental health professionals reveal a higher occurrence of back pain which may be related to poor posture, repetitive movements, repetitive leaning towards patients leading to strain and over-extension of the back, and

the ergonomic set up of dental offices (or lack thereof) (Gaowgzeh et. al., 2015, Howarth et. al., 2015 & Samat et. al., 2015). A study on dental professionals found a 70% incidence rate of back pain among dentists and that was among dentists who saw a smaller patient load of 1-3 per day (Gaowgzeh et. al., 2015). This rate is very similar to percentage of those among the PHSDHN survey reported (75%). In Gaowgzeh et. al. article, it was interesting to note, after the study analyzed the data for years of clinical practice, back pain did not appear to increase with years of experience; this indicates that the primary reason for back pain is most likely due to posture, not due to one's age or years of experience.

Recommendations:

Some ways to prevent or reduce back pain would be to improve ergonomic posture, to utilize loupes to prevent leaning forward, to practice periodic stretching between patients and incorporate exercises that would improve the abdominal muscles (Gupta et. al., 2014). More specifically it has been found that, as the transverse muscles of the abdominis increases, the level of back pain decreases (Richardson et. al., 1995).

IMPROVING BACK PAIN FOR DENTAL HYGIENISTS

- 1) Use proper ergonomics:
 - a. Sit up straight with elbows at your side and shoulders relaxed
 - b. Do not hunch, bend or twist the spine while doing procedures, adjust the patient in the chair to accommodate your needs.
 - c. Utilize loupes. The magnification of loupes helps individuals not bend or hunch over to get a better visual of the oral cavity. If you incorporate loupes with lights that also helps as you will not need to adjust the overhead light and make unnecessary repetitive movements.
- 2) Stretch: The duration of how long we sit down could be equally as dangerous as sitting in an ergonomically incorrect position! Ensure to get up and stretch not just your back, but also your hands and arms through shoulder blade stretches, rounding and arching the back, neck stretches, wrist flexors, spinal twists.
- 3) Strength training: yoga and exercises that will improve abdominal strength
- 4) Massages: Regular massages can help alleviate some back pain and loosen tense muscles.



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LCDR Favela and LCDR Heap exploring the harbor in downtown Kodiak

Dental Hygiene Officers Serve at Arctic Care 2022

By: LCDR Erin Heap and LCDR Valerie Favela

In November 2021, the United States Public Health Service (USPHS) Commissioned Corps Headquarters (CCHQ) put out an announcement to all officers about a TDY training opportunity: 2022 Innovative Readiness Trainings (IRT). The IRT is a joint training opportunity that increases deployment readiness while simultaneously providing key services with lasting benefits for American communities. The IRT provides leadership opportunities for enlisted and junior officers within a positive learning environment. USPHS Commissioned Corps officers participate in Medical IRT Missions, which provide training opportunities to military units while providing incidental benefit to communities via no-cost to the patient healthcare. Services being provided to communities include optometry, health exams, dental, veterinary care, and public health education. The training announcement stated that approximately 90 USPHS officers would TDY to 5 different IRT missions. To learn more about IRTs check out this short YouTube video [here](#).

We, LCDR Heap and LCDR Favela, both submitted applications for the 2022 IRTs and were notified at the beginning of February 2022 that we were tentatively selected to serve on the Arctic Care IRT in Kodiak, Alaska from May 2-16, 2022. 19 USPHS officers, including USPHS Reservists, from various specialties were selected to serve on this mission. We soon learned that we would be serving alongside United States Army Reserve (Reserve), United States Marine Corps Reserve (USMCR), United States Navy Reserve (USNR), Army National Guard (ARNG), Air National Guard (ANG), and United States Coast Guard (USCG) uniformed personnel. The island of Kodiak provides particularly unique and challenging elements that make the training especially valuable for military. Medical operations were to be staged at 7 geographically separated locations on Kodiak Island. In the end, Arctic Care 2022 provided care to 2,195 patients, completed 6,129 procedures, with a fair market value of \$503,581.

Personnel slept on cots in co-ed gymnasiums at Kodiak High School and Team 2 slept on cots co-ed gyms while in the villages, separate sleeping corridors were available if desired. We used the locker rooms to shower, get ready, etc. While in Kodiak, we ate most meals in the high school cafeteria but had to rely on MREs for the lunch meal or our snacks that we brought. Cell phone service was limited and we were advised to have a web-based app (like WhatsApp) on our phone to be able to communicate with family, friends, and each other for daily check-ins.



Female sleeping quarters in Kodiak high school

Why did you want to participate in this TDY training opportunity?

LCDR Heap: I commissioned because I wanted to be a part of something bigger and reach more than what I could as a civilian. When dreaming, this kind of event is exactly what I pictured doing! I was excited to see a new place while using my skills to reach a population with access to care issues.

LCDR Favela: I saw this as an opportunity to obtain my clinical practice hours since I am not in a clinical billet. I also wanted to interact and train with servicemembers from other branches and be able to feel more comfortable working with them in the future.

Did you feel prepared to go to Arctic Care?

LCDR Heap: I felt prepared until I found out I would be on Team 2 serving remote villages that were only accessible by helicopter! After the fear and excitement wore off with the help of our PHS OIC (Officer in Charge) we were given all the information needed to pack accordingly. The informational emails, packing lists and webinar briefings brought it all together so we could confidently complete the mission.

LCDR Favela: We had two, one-hour briefing calls prior to leaving for the mission. After we had the second briefing call I felt much more prepared to leave for Arctic Care. We also had the PHS OICs' contact info so we could email them with questions and concerns. The OICs pushed out information to us that had a packing list as well as what to expect while being in AK.

Where and who did you serve while participating in Arctic Care?

LCDR Heap: I was the sole dental hygienist assigned to Team 2 that traveled to the communities of Karluk (Pop: 29) and Port Lions (Pop: 250), AK, accessible only by air or water. I set up temporary dental clinics and sterilization areas and ran sterilization for the dental and veterinary services. Due to some logistic issues our whole Team 2 dental team did not make it to the first site and I had to assist the dentist and provide dental hygiene services.

LCDR Favela: I was the sole dental hygienist for Team 1 that stayed in the city of Kodiak (Pop:

5,818) and provided care at that location. We provided dental services at the Kodiak Area Native Association's (KANA) main clinic which was just like a regular medical and dental facility and had been renovated in the past few years. The patients that I had the opportunity to chat with did not have insurance or if they did they could not afford the treatment that had been recommended to them. Dental services, to include dental hygiene, was very popular and busy!

What was the most rewarding part of Arctic Care?

LCDR Heap: Although I was proud to provide dental care to the citizens of Kodiak, I found working with the dental technicians from the other services, Marines and Air Force Reserves, respectfully, most rewarding. Two of the three dental techs on Team 2 had no previous dental experience and a lot to learn. I was able to deliver hands-on training in infection control, sterilization, dental materials, dental instruments and teach 4 handed-dental assisting. This is what makes the collaboration of an IRT Mission so neat, we can all learn from each other while providing high quality dental care to an underserved community.

LCDR Favela: My number one goal was to get my 80 clinical practice hours completed which I had no problem doing since I was on Team 1, I didn't have to travel to the remote villages, and all my days were full of patients, so I was very happy to get that readiness requirement accomplished for 2022. I really enjoyed the comradery with the other PHS officers that were there. It was wonderful to be able to get to know them, network, and just hang-out!

What was patient care like?



LCDR Heap watching LT Favela provide patient care at the KANA main clinic

LCDR Heap: In the villages, patients had previously called the health clinics to request dental appointments. At the time of their initial appointments we triaged and performed limited exams to determine their chief complaint. Depending on time and additional appointments available they were seen immediately or brought back the next day for needed treatment. Dental treatment provided included but was not limited to; consults, restorative, extractions, and all hygiene services from prophylaxes to scaling and root planing. Overall, the patients had better oral health than I expected to encounter. Each patient was very grateful for us coming to their communities, when at times they have no way to get out to receive healthcare.

LCDR Favela: For Team 1 in Kodiak, all patients had an initial screening/exam from a dentist at the armory (location where all patients had an initial triage). The dentist would then determine what their chief complaint was and then the patient would be scheduled with the correct provider. It felt

similar to private practice and most patients were scheduled for a one-hour appointment with me. Sometimes a patient that needed Scaling and Root Planing would be scheduled for a longer appointment but sometimes not. Some patients wanted a cleaning, exam, and x-rays while others only wanted a cleaning. I tried to meet their chief need/want.

Did you have any downtime and how did you spend it?

LCDR Heap: Alaska is the most beautiful place I have ever seen! Due to the long daylight hours, almost every night our team was able to get out and explore after dinner. We hiked mountains, explored trails and visited with locals, a few nights they even provided us with homecooked food. When back in Kodiak we were able to do a little shopping at the town square, visit their museums and attend a cultural event to learn more about the history of Kodiak and their native association.

LCDR Favela: Most of my downtime was spent with other USPHS officers and servicemembers talking, exploring the area, or playing games. I was able to do a little bit of exploring and the longer daylight hours made this more doable. It was difficult to get to places because we didn't have transportation so we had to pretty much walk everywhere. So, it could be a very long walk or hike to get to a particular place or area. From a distance I was able to see walrus and sea otters and I collected sea glass from one of the beaches!

What was the most difficult part of Arctic Care?

LCDR Heap: With any deployment being away from family is most difficult. In the remote villages the internet connection was sparse and some days I was unable to send texts, calls or video chat with loved ones. While away I missed my daughter's birthday and Mother's Day but we were able to celebrate both occasions when I returned home. Also, cold showers in the villages and sleeping with loud snorers provided some undesired situations.

LCDR Favela: Being away from my family and having to navigate the time difference to be able to video chat and talk with them on the phone was difficult. Also, not being able to ever really be alone was difficult when your sleeping quarters are shared with +100 other women.



LCDR Heap and LCDR Fylpaa, optometrist, prepare to travel by helicopter to their next location



Normal Resting Heart Rate

LCDR Keasha Myrick; Indian Health Service
DHPAG, Technical Readiness & Deployment

One day while sitting at the computer, I felt different. Different as in anxious, nervous and realized I was holding my breath with the tightening of my abdomen. But why? Unsure, I looked at my Fitbit and noticed my resting heart rate was 81 bpm (beats per minute). I started retracing my morning activities. I stepped away from the computer and took a five minute meditation break. About twenty minutes later, my resting heart rate decreased to my normal range. I stimulated my “vagus nerve”.

The heart rate is an indicator for the overall health of the heart. Heart rate, or pulse, is the number of times your heart beat per minute. The resting heart rate is the minimal amount of blood the heart pumps for heart beats per minute and usually lowest when you are still such as when sleeping, resting, or minimal physical movement.

A normal resting heart rate for ages 10 and older is approximately 60 to 100 bpm and can vary. An avid athlete may have a slower, normal resting heart rate around 40 bpm because of less exertion needed by the heart. A slower resting heart rate, bradycardia, is less than 60 bpm and a faster resting heart rate, tachycardia, is faster than 100 bpm. It is known for an ideal resting heart rate to be between 50 to 70 bpm.

Factors that may affect the resting heart rate:

- Temperature: can increase during hot temperatures
- Emotions: may increase during stress, anxiety, and nervousness
- Age: can increase with time
- Weight: can increase due to working harder to supply blood
- Exercise: tends to increase with movement
- Smoking & Alcohol: may increase with consumptions
- Caffeine: can increase heart rate
- Medications: tend to decrease and increase the heart rate

The resting heart rate is influenced by parasympathetic (calm and rest, after stress responses) nervous system that helps to recover resting heart rate after exercise or sympathetic (flight or fight) events. The vagus nerve sends signals from the brain to other organs throughout the body including the heart and gut, “gut feeling”. High vagal tones (activity between vagus nerve and parasympathetic nervous system) tend to decrease the heart rate and relax the body at a rapid rate. Fallis, also, states, “Studies have even shown that vagal tone is passed on from mother to child. Mothers who are depressed, anxious and angry during their pregnancy have lower vagal activity. And once they give birth to their child, the newborn also has low vagal activity and low dopamine and serotonin levels”.

Ways to *increase* vagus tone:

- Cold Temperatures
- Deep, Slow Breathing

- Meditation
- Massage
- Probiotics, Omega-3 Fatty Acids

As health care providers, we can track our patients' resting heart rate (pulse) while taking blood pressure and temperature. We can inform our patients of their resting heart rate and encourage them to track on their own resting heart rates with the access to fitness watches and trackers or during blood pressure monitoring.

Ways to *reduce* your heart rate:

- Guided breathing techniques
- Remain calm
- Going for walks
- Stretching and relaxation exercises, meditation

One breathing technique:

“Close your mouth and nose and raise the pressure in your chest, like you're stifling a sneeze.” Breathe in for 5-8 seconds, hold that breath for 3-5 seconds, and then exhale slowly. Repeat several times. Raising your aortic pressure in this way will lower your heart rate.

<https://www.nytimes.com/2017/03/24/magazine/how-to-lower-your-heart-rate.html>

Chart: Resting Heart Rate

Age	Waking resting heart rate (bpm)	Sleeping resting heart rate (bpm)
Newborn to 3 months	85 to 205	80 to 160
3 months to 2 years	100 to 190	75 to 160
2 years to 10 years	60 to 140	60 to 90
Over 10 years	60 to 100	50 to 90

<https://www.healthline.com/health/dangerous-heart-rate#maximum-heart-rate>

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Not Your Average Conference!

By: LT Darion Smith, LCDR Keasha Myrick,
LCDR Doretha Wilson and LCDR Miranda Nelson

As dental hygienist we know that continuing education (CE) is inevitable. They are a stated requirement as a condition of our licensure which assist in our continued clinical and administrative performance as dental hygienist. Often, the challenge with CEs is finding the right course or conference that can deliver current, relevant information and keep our attention long enough to receive it. We all have attended at least one conference that was dull and had the tendency to be more related to the dentist audience than anyone else. Recently, LCDR Doretha Wilson, LCDR Miranda Nelson, LCDR Keasha Myrick, I, LT Darion Smith, had the pleasure of attending the dental hygiene conference “RDH Under one Roof” (RDH UoR) together. The RDH UoR has aimed to change the described narrative over the years. We as dental hygienist not only had the opportunity for 20 credit hours over three days, but we were truly celebrated for what we do, how we do it, and why we do it as dental hygienist. It was a pleasure to not only learn but connect with fellow Public Health Service dental hygiene officers. We hope you get a little insight into what it was like as we discuss our experiences.

RDH UoR is an annual three-day dental hygiene conference that allows for the platform of receiving continuing education credits. There is plenty of fun and networking opportunities amongst dental hygiene peers from all over the world. It is/was definitely not your average dental conference as this is specifically tailored for the dental hygienist. Approximately 90% of the courses are created and presented by dental hygienist with a few being presented by dentists and other healthcare and/or business professionals. You receive information from professionals who know the struggles of dental hygienist and can speak to them in a way that makes the most sense. A few courses of highlight were:

- **Join the Oral Systemic Movement! Stop Guessing & Start Testing-** “This was a workshop course that offered salivary testing at registration and followed-up with an explanation of the test results during the workshop. The presenter emphasized how we, as RDHs, stress proper brushing and flossing to our periodontal patients when we should determine the root cause, the bacteria that causing bleeding gingiva and other possible chronic illnesses. The testing is the collection of saliva in a tube and sent to their lab for diagnosing. The results were available within 48 hours” (LCDR Keasha Myrick).
- **Let’s stage and grade that perio patient-It’s the right thing to do.** This course discussed the new 2018 periodontal classification update and how to accurately classify each patient’s perio type. Since the prevention and treatment of periodontal disease is the foundation of our existence, this course had the greatest impact and resonated the most (LT Darion Smith).
- **Light Up Your Operatory: An Introduction to Diode Lasers for Today’s Modern Hygienist -** “This hands-on course highlighted the latest trends in dentistry, the benefits of using a Diode Laser for the RDH, the patient, and how to improve patient care while practicing safely” (LCDR Miranda Nelson).
- **Overcoming Overwhelm and Finding the Path to Joy and Fulfillment in Your Career –** “This course debunked the phrase “workplace balance” and instead introduced myself and others to the phrase “workplace harmonization.” It provided tools to overcoming burn out and getting to a place of true joy and fulfillment” (LCDR Doretha Wilson).

Some of our agencies were supportive with funding our attendance to the UoR as a part of maintaining a valid dental hygiene license. Being that it was a paid Temporary Duty (TDY), it was a

great opportunity for officership and visibility of the U.S. Public Health Service in uniform. Many people asked questions such as what the United States Public Health Service is, how can they join, and where do we serve. I have attended RDH UoR consistently, prior to Covid, since 2016, LCDR Myrick has attended once before, but we did not know each other then, and LCDR Nelson and Wilson attended for the first time this year. Everyone mentioned just how much fun they had:

“The ability to network with so many other hygienists, gain some hands-on experience with Diode Lasers, and personally connect with my colleagues, and not to mention free products” (LCDR Miranda Nelson)!

“UoR is one of the best RDH conferences for RDHs!! From the course topics to the speakers and the freebies to the receptions” (LCDR Keasha Myrick)!

“Being able to attend a conference that provided a wealth of information at such an affordable price, connecting with and getting to know colleagues and friends, spending some time enjoying the onsite water park, and winning a brand-new Bose television speaker” (LCDR Doretha Wilson)!

After being restricted due to the Covid pandemic, it was such a pleasure to connect and fellowship with other officers and dental hygienist from all over. Regardless of what makes us different, there will always be something that unites us all; RDH 🤝 (LT Darion Smith).

Neither of us received any funding or have any financial disclosures connected with RDH UoR. We simply are several PHS dental hygiene officers who truly love our profession and enjoy the opportunity to be celebrated for the work we do and service we provide. RDH UoR understands our valuable impact to society as dental hygienist, they know we need continuing education, and they realize, as people, we need time to connect with each other while disconnecting from work. They provide this platform on an annual basis that tends to check all the boxes.

The next conference is scheduled to be held at the **Gaylord Opryland in Nashville, TN from July 20-22, 2023**. Whether you have attended before or it will be your first time, we encourage you to attend for a lifechanging experience in dental hygiene. Hope to see you there!



Public Health Service Dental Hygienists at the U.S. Army Command and General Staff College

By LT Cindy H. Pallack, MS, MPS, RDH

The United States Public Health Service (USPHS) Commissioned Corps has a unique training opportunity that many officers may not be aware of. In 2020, we sent our first Public Health Service (PHS) officer to the U.S. Army Command and General Staff College (CGSC) at Fort Belvoir, VA. The Office of the Assistant Secretary for Health (OASH) established a Memorandum of Understanding (MOU) with the CGSC. Since then, close to 20 officers have completed this course. I was the first dental hygienist to attend this course.

Dental hygienists can contribute in many ways while serving in the USPHS Commissioned Corps. Whether it is through research at the NIH, being an investigator for the FDA, or working at the Pentagon in the Office of the Under Secretary of Defense for Policy as a liaison. All positions require you to think critically, make sound decisions, and communicate effectively. Additionally, Public Health Service officers will be deploying more often with the DoD, whether as a Safety Officer or Communications Officer, so you will need to adapt to a new situation promptly and develop a sense of today's problems and challenges. This 14-week leadership course teaches you all of that and so much more. It is not about what to think but how to think, so this course builds heavily on critical thinking.

I took courses from Foundations of the Army Profession, Unified Action and History to Leadership that helped me to think at the operational level. At the end of the training, I was tasked with passing a summative assessment and an oral board exam. Yes, a one-hour oral board exam was conducted by a panel of three faculty members who asked me questions about all the new concepts, frameworks, and theories concerning national security relating it to a current or previous historical event. It was one of the hardest things I have done.

Most U.S. Army officers were O-4s, having been in the service for over ten years. Here I was the only one from another service, having been in the Commissioned Corps less than three years. In addition, I thought, how could I contribute with my background in dental hygiene? The course is designed as a broad-based education regardless of branch, functional area, or specialty. Furthermore, dental hygienists already possess many qualities needed to be successful clinicians. Problem-solving, applying effective communication techniques, attention to detail, and interpersonal skills are all essential elements in our profession, and provide a sound foundation for you to succeed in this course. Additionally, the U.S. Army officers were very interested in our service branch. For instance, they wanted to know about our deployments, APFT, retirement, and promotion procedures. Yes, we are dental hygienists, but we are so much more than that. We are officers in the uniformed service, and, therefore, are destined to be public health leaders. All the concepts and frameworks I learned in this course can be applied to anything we do every day. My 15+ years of working experience in the private sector in Europe and the U.S., having taught for several years, and having worked at the Federal Bureau of Prisons and now at the Office of the Assistant Secretary for Health, challenged me personally and professionally. Everyone can bring something unique to the table, whether you are a dental hygienist, a lawyer, an intelligence officer, or an aviator.

This training is highly recommended for U.S. Army officers at the O-3/O-4 level to transition them from a tactical-level to an operational-level perspective, so we have a great opportunity here to be part of the CGSC. This is indeed a unique experience. I engaged with my classmates through practical exercises, debates, and other activities. It forces officers to think fast on their feet and tests their mental agility. You need to be mentally and physically in top form to succeed in this rigorous experience. Officers will have a sound understanding of the joint, interagency, and multinational environment and can analyze challenges and problems that we may face in the uniformed service. It is a considerable accomplishment to have graduated from this leadership course not only as an officer in the USPHS Commissioned Corps but as the first dental hygienist. You can do this too!

This course is offered three times a year. Commissioned Corps Headquarters announces this training opportunity, and you can apply via the Commissioned Corps Learning Management System (CCLMS) on CCMIS where you can locate additional course information.

Stress Management

By LCDR Khateeja Brahim

When was the last time you took time out to relax and enjoy life? As PHS officers we must balance our regular work duties, PHS activities, deployment and family. Often times trying to juggle all of our responsibilities can become very stressful. Stress produces numerous physical and mental symptoms which can vary according to each individual's situational factors. Stress is a feeling of emotional or physical tension.¹

What are common physical symptoms?

- Aches and pains.
- Chest pain or a feeling like your heart is racing.
- Exhaustion or trouble sleeping.
- Headaches, dizziness or shaking.
- High blood pressure.
- Muscle tension or jaw clenching.
- Stomach or digestive problems.



What are common mental symptoms?

- Being more emotional than usual.
- Feeling overwhelmed or on edge.
- Trouble keeping track of things or remembering.
- Trouble making decisions, solving problems, concentrating, getting your work done.
- Using alcohol or drugs to relieve your emotional stress.

Stress management offers a range of strategies to help you better deal with stress and adversity.²

Ways to conquer stress

- Exercise.
- Deep Breathing.
- Slow Down.
- Take a Break.
- Make Time for Hobbies.
- Talk About Your Problems.

Learning how to manage your time effectively, setting limits and saying no to requests that could create tension are ways to prevent stress.

References:

1. Stress and your Health. Retrieved from <https://medlineplus.gov/ency/article/003211.htm#:~:text=Stress%20is%20a%20feeling%20of,to%20a%20challenge%20or%20demand> Accessed February 18, 2022
2. Stress Management. Retrieved from <https://www.mayoclinic.org/tests-procedures/stress-management/about/pac-20384898#:~:text=Stress%20management%20offers%20a%20range,normal%20part%20of%20everyone's%20life> Accessed February 18, 2022

The Robotic or Intelligent Toothbrush

AKA: The Automatic V-White 360 Toothbrush

Have you owned an automatic robotic electric toothbrush yet? I think it is in almost everyone's wish list that a robotic toothbrush would be invented someday for the sake of simplicity and time efficiency. When I first saw this robotic toothbrush, known as The Automatic V-White 360 Toothbrush, with the ability to brush a tooth in 30 seconds, I said "wow!" I wasted no time in asking my colleagues about their familiarity with this robotic gadget. Surprisingly, none of my colleagues had heard of this toothbrush. My personal curiosity has intensified, causing me to further look into this new device.

Many thoughts and questions began to resonate in my head, so I decided to explore this new invention. The idea of this *robotic* instrument seems to be appealing to quite a broad audience of people. My personal interest triggered my own investigation into this new dental innovation; thus, this evaluation and written compendium.

Time Magazine (2020) discussed and highlighted the first hands-free robotic toothbrush (Willow), similar to the one we are reviewing. Time Magazine said that it was one of the 100 best inventions of 2020, based on certain criteria (creativity, impact and effectiveness). Our evaluation is of The Automatic V-White 360 Toothbrush; it is hands-free, and is designed for adult size and children size shape.

The term "robotic toothbrush" is used in this write-up. This term should not be taken to mean a little mechanical man-like robot, or automaton, with arms and legs, hands and feet. It is an electric teeth-cleaning machine that has both intra- and extraoral components. The intraoral, brush head component of The Automatic V-White 360 Toothbrush takes the shape of a two-sided full-arch impression tray, within which are numerous micro-bristle fibers, made of antibacterial silicone. The silicone fibers extend out from the tray, to touch all exposed tooth surfaces --- buccal/labial, lingual/palatal, and occlusal/incisal. This intraoral brush head connects, through the mouth opening, to an external component that provides the power to drive the function of the brush.

The V-White toothbrush is FDA approved. It is wireless and has a lithium, rechargeable battery. The complete unit weighs 106 grams (3.75 ounces), and its physical dimensions are 66 by 31 millimeters. When mounted on the charger (brush head attached), the device reaches a vertical height of 105 millimeters (4.1 inches). The extra oral power unit is coated with a rubber-like material, designed to provide a secure grip.

A button located on the side of the power unit turns on and off the robotic toothbrush, and allows the user to select the desired mode --- strong tooth brushing, comfortable tooth brushing, high-frequency massage, or tooth scaling. Charging the unit is done via a USB connection and is confirmed by a bluish light.

The recommended time duration for brushing is 30 seconds which is 75 seconds faster than electronic or manual toothbrush. This unit is able to recharge the toothbrush within a 90 minute period. According to its manual, the fully charged battery has the ability to last about a week. The price of this V-White Sonic Toothbrush runs anywhere between \$35-45.

In order to compare and contrast the effectiveness of the V-White toothbrush with that of a regular, manual toothbrush, it is helpful to use disclosing tablets; these were used in our evaluation. A comparison was conducted for a total of 4 days, two days for the V-white toothbrush and 2 days for the regular, manual toothbrush and floss. The V-White was used on a strongest setting, strong toothbrushing, followed by chewing and swishing the dental disclosing agent for 30 seconds, then expectorating. After 2 days of trial, as depicted on the table below, few teeth remained stain free, while there were bluish outlines around the teeth contact areas, and occluding surfaces. Moderate amounts of disclosing stain remained visible at the curvature surface of the tooth section. Streaks of pink were also noticed on all occluding surfaces. My personal experience with the V-White toothbrush is that it did not cover all parts of the teeth, especially the cervico-facial 4 mm adjacent to the free gingival margins of my canines.



In short, using my manual toothbrush, along with full mouth flossing, for 2 minutes, showed very low plaque index, as shown on the table below. The plaque index using the V-White brush was much higher (i.e. higher amounts of disclosed plaque were not removed).

0 = No Plaque on the tooth surface
1 = 1/3 of the tooth surface covered
2 = between 1/3 and 2/3 of the tooth surface covered
3 = More than 2/3 of the tooth surface covered

Total Scores	Plaque Control
0-3	Excellent
4-7	Good
8-11	Fair
12-18	Poor

Name	Name of Personal Toothbrush Used	Disclosing agent used	Average Plaque Index using:	
			Personal Toothbrush	V-White toothbrush
Dr. Norman Young, DMD	Oral-B Electric Tooth Brush	Tablets	6	4
LCDR Tanya Sumner, RDH	Sonic Toothbrush	Tablets	3	7
LT Melaku Woldeamanual, RDH	Sonic Toothbrush	Tablets	2	12

My personal, overall impression is that the V-White 360 Automatic Toothbrush is a good starting point. I feel that it is a ground-breaking product that, at this point, needs some improvement. Teeth, dental arches, and mouths, come in many sizes and shapes; at this point in time, the V-White Toothbrush comes in only one adult size and shape, and thus does not meet the need for various sized mouths. In my personal use, this toothbrush cleaned the “bulges” (smooth surface) parts of my teeth, but it was about 4 mm deficient along the cervical, and also deficient in the interproximal surfaces. From personal observation, and from the observed result from the plaque index, I personally would not recommend the V-White toothbrush at this point due to these short-comings.

Similarly, LCDR Sumner findings were more similar to mine. She had more plaque removal with her sonicare than the 360 toothbrush. Even though, she has smaller mouth and teeth; she felt like the 360 did toothbrush did not reach all the way up to her gingival margin of her upper right posterior lingual arch. From LCDR Sumner point of view, the 360 brushes are not that efficient as it didn't remove that much facial plaque and even less interproximal plaque- whereas sonicare removed all facial plaque, and less interproximal remained (though still some present). She added that flossing is still a must with both of these styles.

On the other hand, Dr. Young's personal evaluation of the Automatic V-White 360 Toothbrush produced somewhat different results from both LCDR Sumner and mine. When Dr. Young first personally tried in the intraoral brush head component, he noticed immediately that the device fit his mouth amazingly well. Dr. Young's dental arch, mouth, and tooth size is on the small side of normal. Dr. Young reported that the device would probably be too small for the average adult mouth. For Dr. Young's use, the plaque removal by the robotic brush proved to be superior to his own personal daily plaque control, using a manual brush and floss.

References:

Time magazine, (n.d.). The Best Invention of 2020. <https://time.com/collection/best-inventions-2020/#home-health>

Amazon, (n.d.). Picture of V-White Toothbrush.

V-White Electric Toothbrush Adults - Ultrasonic U-Shaped Toothbrushes.

<https://www.amazon.com/V-White-Electric-Toothbrush-Adults-Toothbrushes/dp/B07QF3Z7VJ>

Two Dynamic DHPAG Officers Displaying Leadership By: LCDR Jen Eng

After a two year hiatus and many postponed in-person events I surfaced and attended two consecutive PHS sponsored events last weekend and both were led by two dynamic DHPAG Lieutenants. Being a small professional advisory group did not pose an issue for these two leaders to do something BIG for the Corps.

On Friday July 15, 2022 at the Food and Drug Administration's Headquarters in White Oak, Maryland professional headshots were offered to all FDA PHS officers in the area that needed them. LT Randolph had an idea and pitched it to her committee, the idea came into fruition and she and her team of other PHS officers were able to set up shop in building 2, schedule in a multitude of officers and were able to complete 60 sessions and provide these lucky officers with photos. What a streamline, well-choreographed event it was for all the participants. It was truly a great event. Bonus was that it was an unofficial social event that allowed new and old officers to say Hello to one another while in uniform. Well done LT Randolph the leadership in this shined bright!



LT Sasha Randolph
FDA Photo Event Lead



LT Cindy Pallack
DC COA Picnic Lead

On Saturday July 16, 2022 at Hillside Pavilion at Bohrer Park in Gaithersburg, MD; DC COA sponsored a family and friends reunion picnic catered by Mission BBQ. LT Pallack and another officer co-led this get together and what a huge turnout there was. This was an annual event in the past but has been placed on hold due to our global situation. USPHS officers, friends, family were welcomed to this reunion and the weather could not have been more perfect. There were activities, games, PHS pride gear for sale and photo opportunities to be had by all. It coincided on the day of the birth of United States Public Health Service. Happy Belated Birthday USPHS!

Way to go to LTs Sasha Randolph and Cindy Pallack for organizing and expending your time and energy to plan and promote these two wonderful events. I had such a great time attending both of them.

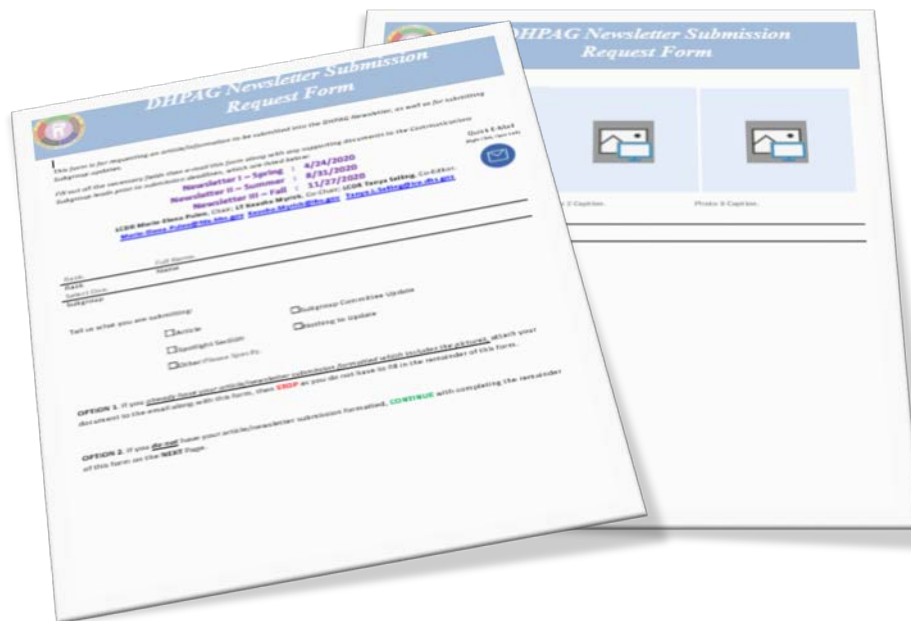


Newsletter Submission Request

The DHPAG Communications Subgroup has a new form!

DHPAG Newsletter Submission Request Form

Please start utilizing this form for **2022** Newsletter Submissions, Officer Spotlight, DHPAG Officer Career Paths, Subgroup Updates including nothing to report!
Click below to be directed to the new form as well as other documents!



* After clicking picture above, it will open the PDF attachment window on the left, click and download the attachment to get the form *

Other Documents Included:

DHPAG New Officer Questionnaire: Know a new officer? Are you a new Officer yourself? Fill out one of these questionnaire forms and submit with the 2022 DHPAG Newsletter Submission Request Form.

DHPAG Officer Career Paths Questionnaire: For LCDR's and Senior Officers; Do you have a career experience you would like to share with other officers and give advise? Fill out one of these questionnaires and submit with the 2022 DHPAG Newsletter Submission request form.

Submission Form may also be found the DHPAG website under the Newsletter Section at:
<https://dcp.psc.gov/OSG/hso/pags-dhpag-newsletters.aspx>

Save the Date 2022

Welcome, everyone to the **SAVE the DATE** section! This section of the newsletter will provide upcoming dental conferences and seminars to attend. Please submit any dental conferences and seminars to be included in newsletters and website that may not be listed below. Also, let us know which event you are attending for a meet n greet session! See you there!!!

January						
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30	31	Federal Holidays				

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2022 AMSUS MD						

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2022 NOHC - TX						

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2022 USPHS COA Symposium						

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ADHA 2022						

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31	RDH UnderOneRoof					

August						
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30	31	TEM Presentation				

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2022 Upcoming Events

Attend one of the events?
Tell us about it!



AMSUS
The Society of Federal Health Professionals

130th AMSUS Annual Meeting

Save the Date: February 7-11, 2022
Hybrid planned: In-Person in Maryland and Virtual

2022

March 17-19 | Atlanta, GA



Simman
Navigating Dental Disruptions

NOHC

April 11-13, 2022
Omni Hotel. Ft Worth, TX
weekend workshop: April 9-10th



USPHS
SCIENTIFIC & TRAINING SYMPOSIUM
May 23-27, 2022
Renaissance Phoenix Glendale Hotel
#USPHS2022

ADHA22
ANNUAL CONFERENCE

Kentucky International Convention Center

JUNE 24 - 26

LOUISVILLE KY

BRAYER BRIGHTER BETTER

RDH UnderOneRoot

SUMMER Celebration

July 21-23, 2022
Gaylord Palms Resort & Convention Center | Orlando, FL



Continuing Education

Free: <https://www.dentalcare.com/en-us>

Free: <http://vivalearning.com/>

Certifications

Certified Correctional Health Professional (CCHP):

<http://www.ncchc.org/cchp>