



## USPHS Chief Dental Officer Newsletter #48: May 7, 2020

*National Women's Health Week May 10-16*

Timothy L. Ricks, DMD, MPH, FICD  
Rear Admiral, U.S. Public Health Service  
Assistant Surgeon General, Chief Dental Officer  
[USPHSCDO@ihs.gov](mailto:USPHSCDO@ihs.gov)

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



## OSHA Provides New COVID-19 Guidance to Dental Staff

On May 1, 2020, the Occupational Safety and Health Administration (OSHA) released [new guidance](#) specifically for members of the dental team. The new guidance supplements [general guidance](#) previously released by OSHA for workers at increased risk of occupational exposure to COVID-19.

It is important to note that the new OSHA guidance does not make a new recommendation that dental practices re-open to elective procedures, but rather provides guidance to those states where decisions have been made in accordance with the Administration's [Opening up America Again](#) guidelines.

The OSHA guidance recommends a myriad of worker protections be in place: "Until more is known about how COVID-19 spreads, OSHA recommends using a combination of [standard precautions](#), [contact precautions](#), and [droplet precautions](#), including eye protection (e.g., goggles or face shields), to protect dentistry workers performing patient care that does not involve aerosol-generating procedures on individuals

without suspected or confirmed COVID-19. In emergency situations when workers have exposure to suspected or confirmed COVID-19 patients, and anytime when performing [aerosol-generating procedures](#), use [standard precautions](#), [contact precautions](#), [airborne precautions](#), and eye protection (e.g., goggles or face shields) to protect dentistry workers."

OSHA's guidance states that while there may be some subtle differences between their guidance and the current CDC [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#) (last updated April 27, 2020), their guidance will help employers to remain in compliance with the standards for Bloodborne Pathogens ([29 CFR 1910.1030](#)), Respiratory Protection ([29 CFR 1910.134](#)) and other PPE ([29 CFR 1910 Subpart I](#)).

The new guidance further provides information on administrative and engineering controls, differences in exposure risk within the dental office, personal protective equipment, and cleaning and disinfection in dentistry. With engineering controls, OSHA recommends that physical barriers or partitions be put up to separate patient treatment areas, an area of concern since many dental practices have an open bay design. Further, OSHA recommends that if dental offices have the capability, they use local exhaust ventilation (such as exists in many operatories where nitrous oxide is used) to capture and remove mists or aerosols generated, and if possible, use directional airflow to ensure that air moves through staff work areas before patient treatment areas. For more information on these recommended controls or anything else referenced in this article, click on the blue hyperlinks above (hover over the link, hit the Control key, and left click).

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## Frequently Asked Questions by Dental Staff

As many states begin to phase in a return to routine dental care, here are just a few of the many questions that have been posed by dental staff, along with answers supported by current guidelines.

### What is my risk as an oral health professional?

The new [OSHA guidance](#) provides specific information regarding exposure risk levels. Those dental staff only providing administrative duties in non-public areas of the facility away from other staff would be considered low risk, while those staff providing only emergency dental care to patients who are not known or suspected to have COVID-19 or those working in busy staff areas would be at medium risk. Those providing emergency dental services to a known or suspected COVID-19 patient, or those performing aerosol-generating procedures (AGPs) on non-COVID-19 patients, would be considered high risk, and those performing AGPs on, or collecting/handling specimens from, suspected COVID-19 patients would be considered at very high risk.

### Can you explain what “burn rate” is and how I calculate it?

The “burn rate” is the average consumption rate of personal protective equipment (PPE). The CDC has a PPE burn rate calculator that can be downloaded [here](#), and the National Institute for Occupational Safety and Health (NIOSH) also has a [PPE tracker app](#) based on the CDC calculator. Click on the two hyperlinks above for more information.

### Now that our facility is re-opening for routine care, do we still need to utilize teledentistry?

In the very least, “telephone screen all patients for signs or symptoms of respiratory disease” should be continued for the foreseeable future, according to the most recent [CDC guidance](#). Teledentistry (voice or video conference) options “for non-emergency dental consultations” should still be utilized, according to the OSHA [guidance](#). For a detailed understanding of the documentation necessary for teledentistry, as well as the different types of teledentistry available, click [here](#).

### Besides appropriately wearing PPE, what are some other common sense things I can do to minimize risk in a dental setting?

It should go without saying, but one of the most important things you can do to minimize risk to others in the office, including patients, is to stay home if you are sick. Follow the [CDC guidelines](#) from 2003 regarding disinfection, sterilization, and environmental cleaning procedures. The [OSHA guidance](#) offers other practical tips such as doing administrative tasks (charting, documentation, etc.) out of patient areas if possible, minimizing AGPs as much as possible, prioritizing minimally invasive dentistry/attraumatic restorative techniques (SMART restorations, SDF, etc.), using rubber dams to reduce aerosols, etc. Another very important aspect is train and retrain your staff.

### How much time do we allow between patients in the same operatory?

I don’t believe that this question has been answered by the research yet.

### Do I need to install an airborne infection isolation room (negative pressure room) or buy one of those extraoral evacuation devices? What other things do I need to purchase to prepare for the future?

This probably won’t help right now, but we really don’t have the answers yet. There are many federal and non-federal agencies and organizations planning what the ‘new normal’ in dentistry may look like.

### Where can I go if I have more questions?

Besides the above hyperlinked references, the CDC has a [Frequently Asked Questions \(FAQ\) site](#), as does the official [Coronavirus.gov website](#). You can also refer to the many agency and organization links I put in the last newsletter issue as many have FAQs on their sites.





## Stress and Coping in the Time of COVID-19

All of us have experienced varying degrees of stress during COVID-19 from worrying about our own health and safety, worrying about others close to us, dealing with economic and financial issues, or simply having uncertainty and anxiety about the future in the midst of this pandemic. These stresses, if they go unchecked/unresolved, can lead to disruptions in sleeping, worsening of health problems, worsening of mental health, and increased poor coping habits such as overeating and alcohol, tobacco, and other substance abuse.

Some of us are more at risk of reacting strongly to stressful situations, although everyone does react differently. According to the [CDC](#), people who may react particularly strongly in this pandemic are:

1. Older people and people with chronic diseases who are at higher risk for severe illness from COVID-19;
2. Children and teens due to disruption of their social structure;
3. Healthcare providers and first responders on the front lines of COVID-19; and
4. People who have existing mental health or substance misuse issues.

The [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) has a collection of resources related to public health emergencies to support disaster responders. [The SAMHSA Disaster Distress Helpline](#) is also an important tool to use in times of crisis. For children, SAMHSA has a digital download available, [Infectious Disease Outbreaks – Caregivers, Parents, and Teachers](#). They also have a publication available for download for caregivers of older adults entitled [Helping Older Adults after Disasters: A Guide to Providing Support](#).

However, let's break up the recommendations on coping by separating the stress that you as oral health professionals may feel and those stresses that your patients may feel at this time. Here are some tips that you and your staff can use to mitigate stress, courtesy of the previously mentioned CDC website and an [HHS](#) page on resilience of the Nation's health care system.

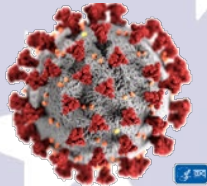
1. Take breaks from watching, reading or listening to news stories about the pandemic.
2. Take care of your body, including meditation, eating well-balanced and healthy meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
3. Make time to unwind, doing other activities you enjoy or used to enjoy.
4. Connect with others either in person or through social media to discuss concerns and check on each other.

With our patients, the HHS [Assistant Secretary for Preparedness and Response](#) (ASPR) has developed an array of resources under the [Technical Resources, Assistance Center, and Information Exchange](#) (TRACIE). One such resource, [Managing Patient and Family Distress Associated with COVID-19](#), provides tips for healthcare professionals in communicating with patients and families amidst this public health crisis. Here are a few of those tips that oral health professionals can use in communicating with patients as we move to re-open our dental programs/practices:

- When talking with patients, come to eye level with them and talk calmly and clearly.
- Acknowledge the challenges to effective communication presented by PPE (masks, face shields, and other barriers that limit non-verbal expression).
- Reassure patients that you want to minimize any discomfort or concerns they may have about the care they are receiving.
- Take time to ask about and listen to patients' most significant concerns.
- Although there may not be clear answers or solutions, display openness and honesty.
- Reflect back what you have heard the patient say and identify the emotion the patient is communicating.
  - Patient: "I need to see my family."
  - Provider: "It's normal to feel scared in this situation and it's important for you to connect with your family. Let's figure out how we can get you connected with them."
- Schedule time to talk with or send regular emails to family/caregivers to provide frequent care updates, even in a dental setting.



**Updated CDC Guidance.** On April 27, 2020, the CDC Division of Oral Health revised the [CDC Interim Infection Prevention and Control Guidance for Dental Settings during the COVID-19 Response](#). These revisions include the following: (1) To address asymptomatic and pre-symptomatic transmission, implement source control (require facemasks or cloth face coverings) for everyone entering the dental setting (dental healthcare personnel [DHCP] and patients), regardless of whether they have COVID-19 symptoms; (2) Actively screen everyone on the spot for fever and symptoms of COVID-19 before they enter the dental setting; and (3) Actively screen DHCP on the spot for fever and symptoms before every shift.



**Battelle Offers Free Decontamination.** As FDA reported back in late March, [Battelle Critical Care Decontamination System](#)™ was awarded a contract by the Defense Logistics Agency to provide N95 decontamination at no charge to healthcare providers. The turnaround time is 72 hours, and their website (click on hyperlink) provides more information on how to get respirators to Battelle.

**New JDR Article Examines Dental Care with COVID-19.** A new article published in the April 24<sup>th</sup> issue of the Journal of Dental Research examines the impact of COVID-19 on oral health, something that all oral health professionals are thinking about at this time. [Dental Care and Oral Health under the Clouds of COVID-19](#) was written by researchers from the Eastman Institute of Oral Health. Click on the hyperlink to read the article.

**FDA Emergency Use Authorizations (EUs).** There have been a lot of questions about the various antigen and antibody tests as well as EUs for personal protective equipment. The [FDA Emergency Use Authorizations page](#) lists all of the EUs along with supporting documents and FAQs. Earlier this week, the FDA Commissioned Dr. Stephen Hahn announced the publication of a revised guidance document for allowing the marketing of coronavirus disease tests. The updated Policy for [Coronavirus Disease-2019 Tests during the Public Health Emergency](#) now requires commercial antibody test developers to apply for EUA under a tight

time frame and provides specific performance threshold recommendations for test specificity and sensitivity.

**ADA Updates.** On April 27, 2020, the American Dental Association, whose membership includes about 75% of the nation's 200,000 dentists, released a [Return to Work Interim Guidance Toolkit](#) to assist states and dental practices considering re-opening to routine dental services. As reported by the [ADA News on April 27<sup>th</sup>](#), 79% of dental practices remain closed except for emergency patients. The ADA has an [interactive map](#) showing the status of dental practices in each state.

**ADHA Interim Guidance on Returning to Work.** On May 1, 2020, the American Dental Hygienists Association released [Interim Guidance on Returning to Work](#). A recent article by Visual Capitalist, [The Front Line: Visualizing the Occupations with the Highest COVID-19 Risk](#), suggested that dental hygienists may be at the highest risk of being exposed to COVID-19 due to the nature of their job (aerosol-generating procedures, and usually working alone without an assistant).

**NDA Updates.** The National Dental Association recently released a white paper, [The Benefits of Preoperational Oral Rinsing during and after the Novel Coronavirus Pandemic](#) that describes, as the title suggests, the benefits of pre-rinsing as a *potentially* effective method of significantly reducing the viral load in the oral cavity. The paper reports on the efficacy of specific antimicrobial mouth rinses that may be particularly effective against viruses. In other NDA news, I had the honor of joining Dr. Judy Greenlea Taylor, past NDA president, and Ms. Donni Turner in presenting in a [webinar on May 1<sup>st</sup>](#) on COVID-19; my presentation was on the federal response. Thanks to Dr. Hazel Harper, past NDA president, and Dr. Sheila Armstrong, current NDA president, for setting up this webinar.

**CMS FAQs.** On May 5, 2020, the Centers for Medicare and Medicaid Services released a new [frequently asked questions document](#) to update previous [FAQs](#).

**Other Government and Non-Government Resources.** See page 7 of the April USPHS CDO Newsletter for a comprehensive list of resources from federal agencies and dental organizations. If you need that list again, please [e-mail me](#).



## National Women's Health Week 2020

By LCDR Rebecca Gabriel, Women's Issues Subcommittee, USPHS Dental Professional Advisory Committee

National Women's Health Week (NWHW) is a weeklong health observance led by the Office on Women's Health (OWH). This year's observance occurs May 10-16, and as the [OWH website](#) states, it "serves as a reminder for women and girls, especially during the outbreak of COVID-19, to make their health a priority and take care of themselves."



Further, OWH makes the point that women and girls with underlying health conditions – hypertension, diabetes, obesity, cardiovascular disease, and respiratory conditions – especially take care of their health now.

What are some the things YOU can do to improve your health? Here are some tips:

1. **Regularly visit your healthcare provider** for a wellness checkup, preventive screenings and vaccines.
2. **Eat a healthy diet.** The key is adding high-quality, nutrient-dense, plant-based foods. Eating primarily high-quality plant foods (such as vegetables, fruits, whole grains and nuts) is associated with a lower risk of death from cardiovascular diseases.
3. **Get regular physical activity.** Exercise has been proven to reduce one's overall cancer risk, including breast cancer and colon cancer. Both strength training and cardio are recommended by the Center for Disease Control and Prevention (CDC). Adults are encouraged to get 2.5 hours of moderate cardio exercise weekly (or 75 minutes of vigorous cardio exercise), and it is recommended that adults strength train two times per week.

### USPHS Women Dentist Leaders Profiled

Below is a list of some of the amazing women dentist leaders working in USPHS agencies who have been profiled in the newsletter. Please see archived newsletters to read their stories.

- 9/21/2018: CAPT Gail Cherry-Peppers
  - 10/12/2018: CAPT Leira Vargas
  - 10/26/2018: CDR Abby Shannon
  - 11/3/2018: CAPT Kathryn Feng
  - 11/9/2018: Dr. Cheryl Sixkiller
  - 11/16/2018: CAPT Katrina Leslie-Puhuyaoma
  - 1/4/2019: CDR Abby Shannon
  - 2/9/2019: CDR Sarah Shoffstall-Cone
  - 2/15/2019: CDR Abby DeBonis
  - 3/15/2019: Dr. Cheryl Ancrum
  - 3/22/2019: CDR Mandie Smith
  - 4/12/2019: CDR Carol Wong
  - 4/19/2019: CAPT Renée Joskow
  - 4/19/2019: CAPT Stephanie Burrell
  - 5/10/2019: LCDR Tequilla McGahee
  - 5/17/2019: CAPT Susan Runner
  - 5/17/2019: LCDR Cara Ortega
  - 7/12/2019: CDR Lori Snidow
  - 10/24/2019: CAPT Kim Montoya
  - 10/24/2019: LCDR Sandra Pelto
  - 12/16/2019: Dr. Martha Somerman
  - 3/14/2020: LCDR Sayo Adunola
  - 5/10/2020: LCDR Melissa Parra
  - 5/10/2020: CAPT Renée Joskow
4. **Manage stress and get rest.** Take steps to promote your mental health by being active, eating healthfully, getting adequate sleep, reducing alcohol and caffeine consumption and staying connected to your community.
  5. **Make safe choices** such as quitting smoking, wearing a seatbelt, not texting and driving and protecting against sexually transmitted infections.

## Women in Leadership Spotlight: CAPT Renée Joskow

By LCDR Kindel Kaelke, Women's Issues Subcommittee, USPHS Dental Professional Advisory Committee

As a child, CAPT Joskow liked science and nature, starting out wanting to be an Aerospace Engineer, until late into college when she decided to become a dentist. After completing her dental degree and an MPH at Columbia University, she did a hospital-based GPR then returned to Columbia to teach and start a private practice. Following a life-long passion for music and 'gigs' in college, CAPT Joskow sang with the Juilliard Choir for three years, singing at Alice Tully Hall and Carnegie Hall. While maintaining her diverse set of extracurricular activities and further exhibiting her ability to think outside the box, she became a nationally certified Shiatsu practitioner, then completed the medical/dental acupuncture program at New York Medical College. After a successful tenure in academia and private practice, Dr. Joskow began looking for other areas where she could apply both her dental and public health training, and she found this in a fellowship at the National Institutes of Health.

The fellowship director at the time was a U.S. Public Health Service officer who later became chief dental officer, RADM (Ret.) Dushanka Kleinman. During her fellowship, CAPT Joskow visited the New York Museum of Natural History exhibit called, "Epidemics," which she credits as inspiration for pursuing a Centers for Disease Control and Prevention Epidemic Intelligence Service (EIS) position, where she joined the USPHS Commissioned Corps.

As a USPHS Commissioned Officer, CAPT Joskow has been a part of multiple health surveillance and deployment events: led an outbreak investigation in Haiti of 110 children dying in 24 hours of unknown cause; led an investigative serosurvey team for West Nile virus; responder at Ground Zero and led the NYC Department of Health respirator fit testing team and was part of NYC hospital surveillance team; worked on the 2001 anthrax incident in D.C. and was clinical lead for adverse events from post-exposure antibiotic prophylaxis in NJ; part of

on-site infectious disease and injury surveillance during the 2002 Olympics; and Hurricane Katrina response, Operations Lead where she set up the first-ever Surgeon General's call center, and later deployed as an Incident Commander.

Taking her deployments and volunteer work a step further, she found time to create new programs in addition to her clinical duties during these events. While as a dentist on the *USNS Comfort*, she also provided BLS certification training for her shipmates; in Suriname, she taught a course at Nurses College on Emergency Preparedness; and in Guyana, she co-taught hands-on classes in non-surgical periodontal therapies and head & neck cancer screening, and lectures on oral pathology/medicine for local dentists, hygienists, and technicians.

Looking forward, she is leading the Dental Category by increasing our visibility and relevance to the rest of the Corps and beyond. She brings a dental officer's perspective to the positions she takes, highlighting that a dentist is able to bring knowledge and an alternate viewpoint to health discussions and policy. She is currently gaining visibility for the importance of oral health to overall health by promoting oral health core clinical competencies for integration in primary care practice in her role as chief dental officer of the Health Resources and Services Administration (HRSA). She also serves on the USPHS Oral Health Coordinating Committee, as an ex-officio member of the USPHS Dental Professional Advisory Committee (where she was a past chair), as a PHS delegate in the ADA House of Delegates, and currently serves as the workforce lead for the Hospital Team on the COVID-19, Healthcare Resilience Task Force, part of the National Response Coordination Center.

Thank you, CAPT Joskow, for your continued leadership within the profession and within the USPHS. CAPT Joskow's diverse career and contributions outside of dentistry should serve as a role model for all!







## About National Women's Health Week

National Women's Health Week (NWHW) is a weeklong health observance led by the U.S. Department of Health and Human Services' Office on Women's Health (OWH). The week May 10–16, 2020 serves as a reminder for women and girls, especially during the outbreak of COVID-19, to make their health a priority and take care of themselves. It is extremely important for all women and girls, especially those with underlying health conditions, such as hypertension, diabetes, obesity, cardiovascular and respiratory conditions, and women 65 years and older, to take care of your health now.

### What steps can I take for better health?

The Office on Women's Health encourages women and girls to:

#### Take care of your body and mind:

- Talk to your healthcare provider:
  - if you have concerns about COVID-19;
  - if you are sick;
  - if **stress** is getting in the way of your daily activities; or,
  - if you have a health condition, such as **asthma**, **diabetes**, **high blood pressure** or **obesity**, to develop or maintain a plan to keep it under control.
- Maintain a **healthy weight**.
- **Get and stay active** regularly in your home or outside your home.
- **Eat heart-healthy**, well-balanced meals and snacks.
- Take care of your **mental health**:
  - Stay connected with family and friends.
- Find healthy ways to manage **stress**.
- Practice good **sleep** habits to improve your mental and physical health, and boost your immune system:
  - Follow a routine for going to sleep—be consistent going to bed and getting up—even on weekends.
  - Try to get **at least 7 hours of sleep**.
- Monitor **alcohol** intake and avoid illicit drugs, including drugs that are not prescribed to you.
- Look out for your lungs:
  - Try to **quit smoking** and **vaping**.
  - Smoking weakens your lungs and puts you at a much higher risk of having serious complications.
- **Slow and stop the spread of COVID-19** while protecting yourself. To get the most up-to-date information on COVID-19, visit:
  - [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus)
  - [Coronavirus.gov](https://www.coronavirus.gov)
  - [USA.gov/coronavirus](https://www.usa.gov/coronavirus)
  - **When to Seek Emergency Care**  
*Article | Video By: Adm. Brett P. Giroir, M.D., Assistant Secretary for Health*
  - **Five Things You Need to Know About Donating Blood During the COVID-19 Outbreak** (video)  
*By: Eric Hargan, Deputy Secretary of HHS*
  - US Department of Health and Human Services **COVID-19** video playlist (YouTube)

## Special Considerations with Women's Oral Health

*With contributions from the HHS Office on Women's Health (reprinted from March 22, 2019)*

There are obvious differences between men and women, and these differences include oral health issues. There is growing research in the area of women's and girls' oral health as well. Did you know that women are 8% more likely to brush their teeth twice every day than men are, and 10% more likely to brush their teeth immediately after eating meals? Women are also more likely to visit their dentist, keep their dental appointments, and have less dental trauma ([123Dentist.com](http://123Dentist.com)). On the other hand, women comprise disproportionately higher numbers of other social and cultural groups (low income, ethnic minority, low education) that are at risk for poor health outcomes (Dental Clinics of North America, April 2013 Evidence-based Women's Oral Health, p. 181).

Hormonal changes before or during menstruation may impact inflammation. A study of 50 women subjects with healthy gingiva and 50 with chronic gingivitis showed that while women with healthy gingiva showed little changes during the menstrual cycle, women with gingivitis displayed increased inflammation during ovulation and pre-menstruation as compared to menstruation; neither group showed any changes in the subgingival microbiota ([Machtei et al](#)). Another study, using bleeding on probing as the measure of inflammation, found that the percentages of sites with bleeding on probing were significantly higher during menstruation and ovulation as compared to pre-menstruation; this study also showed that gingival crevicular fluid levels of interleukin-6, a pro-inflammatory cytokine, remained constant throughout the menstrual cycle ([Becerik et al](#)).

There may be a link between women's health and dental caries, with calcium being the common denominator. Nutritional deficiencies, particularly calcium and Vitamin D deficiency, can lead to osteopenia and/or osteoporosis. Rickets is another example of Vitamin D deficiency. Certain groups are at risk of calcium inadequacy including women after menopause and women or girls with oligomenorrhea or amenorrhea (irregular or missed periods) ([NIH Office of Dietary Supplements](#)). In a study published in 2015, 106 women were evaluated for calcium intake, vitamin D, and dental status. Over half of the women had calcium deficiency,

almost 75% had vitamin D deficiency, and 100% had gingivitis. Adjusting for other risk factors, calcium intake was negatively associated with a higher percentage of caries, and the women with the highest caries scores had significantly lower calcium and vitamin D levels and significantly higher protein intake, daily consumption of soft drinks, and sugar intake than the other women ([Antonenko et al](#)).



During puberty, subgingival microflora respond to changes in hormone levels. In fact, some bacteria have “the ability to substitute estrogen and progesterone for vitamin K, an essential growth factor.” Bacteria such as *Prevotella intermedia* and *Capnocytophaga* species may be responsible for increased gingival bleeding seen in puberty ([ADA Women's Oral Health Issues](#)).

Another issue in women's oral health is the use of oral contraceptives. According to the American Dental Association (Women's Oral Health Issues, 2006), oral contraceptives can “exacerbate patients' inflammatory status, causing erythema and an increased tendency toward gingival bleeding. In some instances, oral contraceptives have been reported to induce gingival enlargement.” Surprisingly, there are few studies that show the effect of oral contraceptives on the periodontium. A literature review conducted in 2016 showed that there were only a handful of studies that



explored the subject, and the authors concluded that longer duration usage of oral contraceptives “could lead to poorer oral hygiene status, gingival inflammation and increased susceptibility to periodontal disease” ([Ali et al](#)).



Pregnancy presents even more unique challenges including pregnancy gingivitis, benign oral gingival lesions, tooth mobility, tooth erosion, dental caries, and periodontitis. Pregnancy gingivitis typically peaks during the third trimester and is more prevalent in women who had gingivitis before pregnancy. Pyogenic granulomas, also called “pregnancy tumors,” occur in about 5% of pregnancies, usually on the anterior gingiva, and these highly vascularized lesions may result from the body’s inflammatory response to oral pathogens; they usually dissipate after pregnancy. Tooth erosion may occur due to increased exposure to gastric acids from morning sickness or reflux. Dental caries may increase during pregnancy as a result of increased acidity in the mouth due to increased intake of sugary foods and poorer oral health habits. Furthermore, periodontal disease may be exacerbated during pregnancy ([American College of Obstetricians and Gynecologists](#)).

These are just a few examples of uniqueness of oral health issues in women. Hormonal fluctuations and calcium levels play an important role in women’s oral health from puberty through menopause. More research is needed to learn more about women’s oral health issues, and we as oral health providers should understand some of these issues. The ADA (Women’s Oral Health Issues – see link below) recommends the following key questions that oral health providers should ask women during their dental visit:

- During pregnancy: Are you currently pregnant or breastfeeding? What trimester are you in? Do you experience morning sickness?
- In young adulthood: Are you taking birth control pills or using other contraceptive medications? Do you have any difficulty eating or maintaining weight?
- In women after menopause: Are you on hormone replacement therapy?

Below is a list of resources where you can learn more about women’s oral health. This article is only meant to stimulate interest in the topic so that you’ll read and learn more as you care for your patients.

- [HHS Office on Women’s Health](#)
- [Dental Clinics of North America, Evidence-Based Women’s Oral Health, Volume 57, Issue 2, Pages 181-382 \(April 2013\)](#)
- [National Maternal and Child Oral Health Resource Center, Georgetown University: Tips to Keep You and Your Baby Healthy](#)
- [Smiles for Life, Course 5: Oral Health for Women – Pregnancy and Across the Life Span](#)
- [ADA’s Women’s Oral Health Issues, November 2006](#) (Free to ADA members, \$19.95 to non-members)
- [Oral Health Care During Pregnancy and Through the Lifespan](#)
- [Oral Health Care During Pregnancy: A National Consensus Statement](#)

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

The 20-member Dental Professional Advisory Committee (DePAC) provides advice and consultation to the Surgeon General of the U.S. Public Health Service and to the Chief Dental Officer.

### *New DePAC Member Profile: LCDR John Selden*

LCDR John Selden is a member of the DePAC Recruitment Workgroup, and he also serves on the Indian Health Service Field Advisory Committee and on a behavioral health advisory committee with the Tribe where he is stationed.



After graduating from the University of Michigan School of Dentistry in 1993, LCDR Selden and his wife moved back to his native Alaska where LCDR worked as a USPHS dental officer for six years in Juneau. After a 14-year stint in private practice, he rejoined the USPHS in 2016, first stationed in Kenai, Alaska before transferring to Petoskey,

Michigan in 2017 to become the dental director for the Little Traverse Bay Band of Odawa Indians (LTBB.) Last year, LCDR Selden was able to expand and remodel the dental clinic in line with the mission of the Corps to provide improved access to health services, improve efficiency and support program initiatives.

LCDR Selden enjoys fishing, hiking, camping, cross-country skiing, and traveling with his family, pictured below.



### *New DePAC Member Profile: LCDR Melissa Parra*

LCDR Melissa Parra chairs the Women's Issues Subcommittee (WIS), a subcommittee that provides guidance on issues related to the professional practices of women dentists in the USPHS. She has been a member of the multiple DePAC workgroups and serves in a leadership role in the Hispanic Officer Advisory Committee (HOAC), including as the editor for the "La Gaceta" 2018 summer and winter HOAC newsletter.



A native of Deming, New Mexico, she enlisted in the U.S. Air Force as a dental assistant in 1998 and served for nine years. During her service she simultaneously earned her bachelor's degree in biology with a minor in chemistry. LCDR Parra graduated from Arizona School of Dentistry and Oral Health with a Doctorate in Dental Medicine and Certificate in Public Health in 2011. Upon graduation, she commissioned in the USAF and was selected for a residency in Advanced Education General Dentistry Program at Travis AFB, CA and upon completion, she was assigned to Luke AFB, AZ and Minot AFB, ND. In 2017, LCDR Parra did an inter-service to the USPHS.

She currently serves as the Deputy Area Regional Dental Clinician for the United States Coast Guard Academy serving the USCG Academy Cadets, NOAA Corps, USPHS, Officer Candidate School members, and other Armed Forces service members. She is currently pursuing a master's degree in human nutrition with a concentration in nutritional genomics, and hopes to use that education to serve as an advocate in nutrition and oral health in underprivileged communities. She enjoys spending quality time with her 1 year-old son, three year-old daughter, husband, and their dog Xena.



## Other (non-COVID-19) News Bites



**Ready Reserve established.** In March, as part of the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#), the Ready Reserve Corps within the USPHS was authorized. The Ready Reserve Corps, a cornerstone of the USPHS Modernization efforts, will have a “profound positive impact on the public health capabilities of the Federal government.”

**HDA celebrates 30<sup>th</sup> anniversary.** On April 24<sup>th</sup>, the [Hispanic Dental Association](#) (HDA) celebrated its 30<sup>th</sup> anniversary. The [mission](#) of the HDA is to serve as the “leading voice for Hispanic oral health” through “service, education, advocacy and leadership...” Congratulations!

**CDC launches smoking cessation campaign.** In late March, the CDC launched the 2020 [Tips From Former Smokers® \(Tips\) Campaign](#). The *Tips* campaign profiles real people who are living with serious long-term health effects from smoking and secondhand smoke exposure. Dental professionals play a critical role in helping people quit using tobacco. See the CDC’s [Dental Professionals: Help Your Patients Quit](#) page for more information.

**National Physical Fitness & Sports Month.** Given that many have been sheltering in place, this message is timely! The [President’s Council on Sports, Fitness & Nutrition](#) encourages everyone to #MoveInMay during [National Physical Fitness & Sports Month](#). Check out the [National Physical Fitness & Sports Month blog](#) for additional information, resources, and social media content to inspire people to get active by themselves or at home with their families.

**May is Older Americans Month.** May is Older Americans Month, and while it may be hard in the current pandemic to fully celebrate this national awareness month, the [Administration for Community Living](#) (ACL) has developed a flyer called [Engage Virtually](#) that provides tips for older people on socializing and virtual visits to zoos and parks. The theme for the 2020 observance is “Make Your Mark,” and, according to the [ACL website](#), “this theme was selected to encourage and celebrate countless contributions that older adults make to our communities. Their time, experience, and talents benefit family, peers, and neighbors every day. Communities, organizations, and individuals of all ages are also making their marks. This year’s theme highlights the difference

everyone can make – in the lives of older adults, in support of caregivers, and to strengthen communities.” Click on the above links to learn more about Older Americans Month, and take time to celebrate elders in our community particularly during this pandemic.

**Upcoming In-Person Dental Meetings.** While many meetings have been postponed or cancelled, many others have moved to online webinars. Below is a list of in-person meetings scheduled for May through October 2020. **It is possible that some of those events listed as “still planned” will be cancelled or postponed, so be sure to continue to check the websites for more information.**

### **CANCELLED National Dental Meetings**

**May 7-9:** New Orleans Dental Conference, New Orleans, Louisiana.

**May 21-24:** American Academy of Pediatric Dentistry Annual Session, Nashville, Tennessee.

**May 28-30:** Pacific Northwest Dental Conference, Seattle, Washington.

**June 24-27:** Society of American Indian Dentists Annual Conference, Portland, Oregon.

**September 1-4:** FDI World Dental Congress, Shanghai, China

### **REVISED/POSTPONED National Dental Meetings**

**June 14-18:** USPHS Scientific and Training Symposium, Glendale, Arizona. This annual conference of the U.S. Public Health Service, which included a one-day Dental Category Day and which was scheduled to be held in Glendale, Arizona, is rescheduled to June 21-24, 2021 at the same location.

### **STILL PLANNED National Dental Meetings**

**July 9-12:** [National Dental Association Annual Convention](#), New Orleans.

**July 15-18:** [Academy of General Dentistry Scientific Session](#), Las Vegas - course registration is now open.

**August 31-September 2:** [Organization for Safety Asepsis and Prevention Annual Conference](#), Minneapolis - course registration is now open.

**August 21-22:** [Southwest Dental Conference](#), Dallas - course registration is now open.

**October 15-18:** [American Dental Association Annual Session](#), Orlando - registration opens in early summer.

## ***Index of Major Topics from Past Issues***

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

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Please stay safe, continue to follow CDC and other federal guidance on COVID-19 related issues, and thank you for all you do to improve oral health of those you serve.

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