

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

03.07.22

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GOVERNMENT

Year 2 of COVID-19

BILLIONS RECEIVE VACCINE, NEW VARIANTS EMERGE AS DENTISTS WORK ON PANDEMIC RECOVERY

BY MARY BETH VERSACI

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But new variants of the virus caused surges and challenges, as the world continued to grapple with the pandemic.

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Below is part of a timeline that details the impact of the pandemic in its second year. The full version is

& Research Institute and ADA • Sept. 22: FDA authorizes booster dose of Pfizer BioNTech vaccine

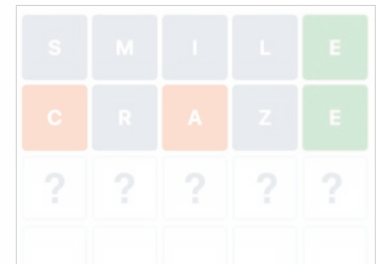


Explore a two-year interactive timeline on how the profession responded to the challenges of the COVID-19 pandemic at ADA.org/covidtimeline



8 Survey shows dentists struggle with anxiety at work

2021 Dentist Health and Well-Being Survey Report released



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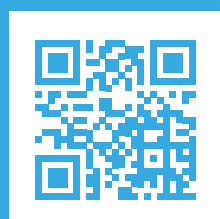
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2021:

- March 8: ADA launches JADA+ COVID-19 Monograph to chronicle experiences of dental community during pandemic.
- March 11: White House signs \$1.9 trillion COVID-19 relief bill aimed at helping people and businesses devastated by pandemic.
- March 11: Department of Health and Human Services amends emergency Public Readiness and Emergency Preparedness Act declaration to authorize additional providers, including dentists and dental students, to vaccinate patients against COVID-19 nationwide. ADA had petitioned HHS to amend declaration.
- May 10: Food and Drug Administration expands emergency use authorization for Pfizer-BioNTech vaccine to include children aged 12-15.
- May 24: Study by the ADA Science

- & Research Institute and ADA Health Policy Institute reports cumulative COVID-19 infection rate among U.S. dentists was 2.6% as of November 2020.
- June 2: ADASRI survey finds 89.8% of dentists are fully vaccinated against COVID-19.
- June 15: Centers for Disease Control and Prevention declares Delta a variant of concern. ADA joins CDC in continuing to recommend vaccination and masking as Delta causes global surge of cases throughout summer.
- June 21: Occupational Safety and Health Administration issues emergency temporary standard to protect workers in health care settings from COVID-19. Dental practices are largely exempt.
- Aug. 2: CDC reports 70% of U.S. adults have received at least one COVID-19 vaccine dose.
- Aug. 23: FDA grants full approval for Pfizer-BioNTech vaccine, now marketed as Comirnaty, for people 16 and older.

- Sept. 22: FDA authorizes booster dose of Pfizer-BioNTech vaccine for certain populations. Agency authorizes booster doses of Moderna and Johnson & Johnson vaccines for certain populations in October and expands booster eligibility in November.
- Sept. 29: HRSA announces additional \$25.5 billion in new funding for fourth phase of Provider Relief Fund.
- Oct. 29: FDA expands emergency use authorization for Pfizer-BioNTech vaccine to include children aged 5-11.
- Nov. 4: OSHA issues emergency temporary standard calling for large employers to require employees to be fully vaccinated against COVID-19 or wear face coverings and be tested weekly. Centers for Medicare & Medicaid Services issues corresponding rule requiring staff at federally funded health care facilities to be fully vaccinated.

See *TIMELINE*, Page 4



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GOVERNMENT

Resident Education Deferred Interest Act introduced in Senate

BY JENNIFER GARVIN

The ADA is supporting the Resident Education Deferred Interest Act, which would allow dental and medical students to defer interest accrual on their federal loans while they are in internships or residency programs.

The Resident Education Deferred Interest Act, or REDI Act, was introduced Feb. 16 by Sens. Jacky Rosen, D-Nev., and John Boozman, R-Ark.

The ADA previously supported the REDI

Act bill in the House and is working with the American Association of Oral and Maxillofacial Surgeons and other medical and dental groups to support it in the Senate. The ADA and American Student Dental Association also will be advocating for this bill during the ADA Dentist and Student Lobby Day March 20-22 in Washington.

The ADA considers passing this legislation an important part of student loan repayment reform and believes passing it would prevent medical and dental residents from accruing additional



debt while still completing their training.

Follow all of the ADA's advocacy efforts at ADA.org/Advocacy. ■

—garvinj@ada.org



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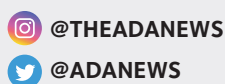
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TIMELINE *continued from Page 1*

- Nov. 30: Group of U.S. health agencies classifies Omicron as variant of concern. U.S. sees first confirmed case of Omicron on Dec. 1, and it becomes dominant strain by Christmas, overtaking Delta.
- Dec. 1: ADA urges OSHA to consider impact expanded COVID-19 vaccination and testing mandate would have on small dental practices.
- Dec. 22: FDA issues emergency use authorization for Pfizer's antiviral pill Paxlovid. Agency authorizes Merck's antiviral pill Molnupiravir the next day.

2022:

- Jan. 3: U.S. records more than 1 million COVID-19 cases in a day, breaking global record. World sees highest daily case totals since start of pandemic during Omicron surge.
- Jan. 13: Supreme Court blocks COVID-19 vaccine-or-test requirement for large workplaces while upholding mandate for workers at federally funded health care facilities. Mandate does

not apply to private dental offices.

- Jan. 17: HPI launches new monthly poll to measure economic impact of pandemic on dentists, expanding on research conducted in 2020-21. In first wave of poll, dentists report continued challenges hiring dental team members, with 73% of dentists who were recently or are currently recruiting dental hygienists indicating process has been extremely challenging and 55% saying the same for dental assistants. Appointment schedules are 77% full on average nationally among dentists in private practice.
- Jan. 31: FDA grants full approval for Moderna vaccine, now marketed as Spikevax, for people 18 and older.
- Feb. 1: U.S. COVID-19 cases top 75 million.
- Feb. 4: U.S. COVID-19 death toll surpasses 900,000.
- Feb. 7: New Jersey Gov. Phil Murphy announces plan to lift universal school mask mandate March 7. Other states follow with announcements to lift mask mandates in schools or other indoor spaces. ■

—versacim@ada.org



Coalition urges lawmakers to prioritize student loan repayment for infectious diseases workforce

BY JENNIFER GARVIN

The American Dental Association and other stakeholders are asking lawmakers to include a new student loan repayment program proposal in pandemic preparedness legislation.

In a Feb. 4 letter to Senate Committee on Health, Education, Labor and Pensions Chair Patty Murray, D-Wash., and Ranking Member Richard Burr, R-N.C., the coalition, led by the Infectious Diseases Society of America, urged the senators to include the text of the bipartisan Bolstering Infectious Outbreaks Preparedness Workforce Act as they continue developing pandemic preparedness legislation.

"As you continue to develop the PREVENT Pandemics Act, we urge you to include the text of the bipartisan Bolstering Infectious Outbreaks Preparedness Workforce Act (S 3244) because the eventual success of your legislation depends upon the availability of a fully staffed, interdisciplinary expert health care workforce focused on bio-preparedness and infectious diseases in every community," the coalition wrote.

If enacted, S 3244 would establish a new student loan repayment program. The bill addresses financial barriers that prevent health care professionals from pursuing careers in bio-preparedness and infectious diseases, including dentists, physicians, pharmacists, physician assistants, advanced practice registered nurses, clinical laboratory professionals and infection preventionists. The bill would make loan repayment available to individuals who spend at least 50% of their time engaged in bio-preparedness and response activities or 50% of their time providing infectious diseases care in medically underserved communities and federally funded facilities. Dentists would be eligible for loan repayment under the infectious disease section of the bill.

"A broad and diverse spectrum of [infectious diseases] and bio-preparedness professionals is vital to a rapid, effective response to [infectious] disease outbreaks and to provide [infectious disease] care," the coalition wrote. "However, bio-preparedness and infectious diseases health care professionals face significant recruitment challenges and shortages."

Follow all the ADA's advocacy efforts at [ADA.org/advocacy](https://ada.org/advocacy). ■

—garvinj@ada.org

ADA calls on HRSA to prioritize dental workforce shortages, oral health disparities

BY JENNIFER GARVIN

The ADA is asking the Health Resources and Services Administration to prioritize several issues, including addressing dental workforce shortages and oral health disparities.

In a Feb. 15 letter to Carole Johnson, the new HRSA administrator, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., welcomed her back to the agency in her new role as administrator, and said the Association looks forward to working with HRSA on the following issues:

- Addressing dental workforce shortages through Title VII oral health training grants.
- Expanding efforts to increase the dental workforce in underserved communities through the Teaching Health Center

Graduate Medical Education program.

- Continuing to fund the National Health Service Corps Scholarship Program, including the National Students to Service Loan Repayment Program.
- Expediting Provider Relief Fund reconsideration applications.
- Improving public and medical provider education about oral health to meet the HHS Healthy People target for utilization of the oral health care system.
- Addressing oral health disparities to achieve optimal oral health for all people.
- Continuing to prioritize integration of oral health and primary care practice.
- Reforming health professional shortage area scoring.
- Addressing parity between dental case management and medical case management.

- Training Medicaid auditors to ensure that dental program integrity is fair and efficient without jeopardizing access to care.
- Ensuring loan repayment equity for early-career dentists in federally qualified health centers with added clarity on eligible health professional shortage area scores.
- Giving loan repayment to dentists collaborating with addiction specialists.
- Supporting medical-dental collaboration projects.
- Promoting the value of community water fluoridation.
- Addressing maternal and child dental needs such as sealants and access to care for pregnant women.

The letter concluded by urging HRSA to install a chief dental officer to oversee these efforts. ■

ADA urges Congress to include dentists in decision-making bodies on future pandemic preparedness

BY JENNIFER GARVIN

The ADA is urging lawmakers to include dentists in any decision-making bodies on pandemic preparedness when developing legislation that aims to leverage best practices from the COVID-19 pandemic to enhance the nation's response to future public health emergencies.

In a Feb. 4 letter to the leadership of the Senate Committee on Health, Education, Labor and Pensions, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., said the ADA was pleased to comment on the discussion draft of the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act, or PREVENT Pandemics Act.

"The most glaring oversight in the federal response to COVID-19 — and one we hope you will correct in this bill — is the extent to which dentistry had to fight to be recognized as a viable resource in expanding the nation's medical surge capacity," Drs. Sabates and Cohlma wrote. "We therefore ask that dentists

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The ADA shared examples of how dentists weren't considered early in the pandemic such as when federal officials granted temporary nationwide authority for pharmacists

to order and administer FDA-approved COVID-19 tests. The ADA advocated for dentists to be granted the same authority and at least 24 states and the District of Columbia did so, but the Department of Health and Human Services never followed suit.

"We do not believe [HHS] intended to exclude any qualified providers from being able to administer these tests," Drs. Sabates and Cohlma wrote. "It is simply our experience that being at the table early on — and being there in a codified way — can prevent these missed opportunities from happening."

The letter also said the ADA is grateful that the PREP Act was eventually amended to authorize dentists to administer the COVID-19 vaccines nationwide. Additionally, the ADA was pleased with the CDC's recommendation that dental personnel be placed in Tier 1 of the critical workers who were given immediate access to the initially limited supply of the COVID-19 vaccine.

"Unfortunately, we are not convinced either action would have been obvious without our advocacy," Drs. Sabates and Cohlma wrote. ■

—garvinj@ada.org

ADA remains committed to helping veterans receive oral health care

BY JENNIFER GARVIN

The ADA is committed to ensuring that veterans have access to oral health care and is highlighting some of the ways the Association is currently addressing veterans' oral health care needs with lawmakers.

One of those initiatives is the Give Veterans a Smile Summit, which aims to elevate the importance of veterans' oral health in the dental community. More than 50 representatives of nonprofit organizations, state and local dental societies, and individuals representing government entities that offer charitable oral health care to veterans have been invited to the summit, to be held later this year. The summit's goals include gathering data for a potential national database of charitable veterans' oral health care organizations, facilitating the sharing of best practices, and developing a continuing education course for dentists on veterans' oral health.

In a Jan. 27 letter to Bernie Sanders, I-Vt., ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S., commended the senator for his commitment to the nation's veterans. Last year, Sen. Sanders introduced the Veterans Dental Care Eligibility Expansion and Enhancement Act, which would require the Department of Veterans Affairs to maintain a VA dental clinic in every state within one year of enactment of the bill. The bill also calls for creating a loan reimbursement program for qualified dentists who practice dentistry within the VA for five years or more in a high-need location.

"The nation's dentists are proud to be able to serve the oral health needs of those who have served our country so well," Drs. Sabates and Cohlmiya said. "We greatly appreciate your leadership in addressing veterans' oral health."

The ADA is also supporting veterans by:

- Promoting a policy that supports authorization of resources within VA Medical Centers to assist veterans in identifying and utilizing dental services offered by federally qualified

health centers, not-for-profit dental care facilities, and volunteer dental professionals. The ADA policy also supports the work of component and constituent dental associations, dental organizations, societies, and dentists to develop new programs with outreach strategies to assist veterans with unmet dental treatment needs, and to serve as a resource in finding dental homes for veterans.

- Working with the VA's oral health pilot

program, VETSmile, which is a collaboration between the VA and community dental care providers to enhance veterans' access to free and discounted dental services. The ADA has worked with the VA Center for Care and Payment Innovation since the start of the program on finding dental practices that would be suitable for VETSmile partnership and entered into a memorandum of agreement with Center for Care and Payment Innovation in 2021. As of December 2021, over 800 eligible veterans had been referred for dental care through VETSmile, with around 600 unique VETSmile patients seen during 1,545 visits to dentists partnered with VETSmile, where over 3,000 dental procedures were performed. ■

ADA urges NTP to base upcoming fluoride report on scientific evidence

BY JENNIFER GARVIN

The ADA is asking the National Toxicology Program to carefully review the body of evidence before making any presumptive hazard statements in a forthcoming research report about fluoride and neurocognitive development.

In a Feb. 7 letter to Rick Woychik, Ph.D., director, National Toxicology Program and National Institute of Environmental Health Sciences, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S., said the Association is concerned about the National Toxicology Program's forthcoming state-of-the-science report examining whether there is a causal relationship between fluoride exposure and potential neurodevelopmental and cognitive effects.

"Specifically, we ask you to exclude — or carefully consider how to characterize — any neurotoxin claims lingering from [National Toxicology Program's] now-abandoned monograph, even if placed in a forward or executive summary," Drs. Sabates and Cohlmiya wrote.

For the last several years, the National

See FLUORIDE, Page 7



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Groups ask lawmakers to improve access to dental surgeries in operating rooms for people with special needs

BY JENNIFER GARVIN

The American Academy of Pediatric Dentistry, American Dental Association and American Association of Oral and Maxillofacial Surgeons are asking lawmakers to help improve access to dental surgical services for children and adults with special needs and disabilities.

In comments filed Feb. 17 with the House Ways and Means' Subcommittee on Health on the Bridging Health Equity Gaps for People with Disabilities and Chronic Conditions hearing, the groups stressed the need for oral health equity and elimination of disparities in oral health treatment, particularly when addressing the needs of disabled and special needs populations, including those with chronic health conditions.

One of the biggest challenges is operating room access.

They noted that surveys conducted by the

American Academy of Pediatric Dentistry have found that in a majority of states, operating room access for pediatric dentists is a persistent problem, and in most states — particularly rural states — it is a severe problem. Waiting times for operating room appointments can be six months or longer.

"In most states this access problem, which predominantly impacts the disabled and those with special health care needs, has worsened even as the worst of the COVID-19 pandemic seems to have subsided in many communities,"

the three organizations wrote.

AAPD, ADA and AAOMS said they attribute operating room access challenges to the lack of a sustainable billing mechanism for dental surgical services in both Medicare and Medicaid. They pointed out that while the dental services are covered services under both programs, the facility services to provide them are "not separately recognized or valued for what they include: expertise on staff to address emergencies, anesthesia, equipment, medication, recovery services and infection control."

Another challenge is that there is currently no billing mechanism to allow for additional operating room sites, such as ambulatory surgical centers.

"The lack of a viable billing mechanism in Medicare also directly impacts the Medicaid program serving children with disabilities and special needs," the groups wrote, noting this is because the majority of state Medicaid programs look to Medicare billing codes and payment policy as a benchmark for determining Medicaid billing codes and payment rates for surgical services.

The comments concluded with the groups urging the committee to support AAPD, ADA and AAOMS' efforts to ensure equitable access to dental surgical services for children and adults with special needs and disabilities and to encourage CMS to address this problem. ■

FLUORIDE *continued from Page 5*

Toxicology Program has examined the literature to determine whether there is a causal relationship between fluoride exposure and neurocognitive health. The work culminated in a proposed monograph, Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects. Both the first and revised drafts included statements about neurotoxicity of fluoride that were not supported by scientific evidence.

Drs. Sabates and Cohlma reminded the National Toxicology Program that the National Academies of Sciences, Engineering and Medicine issued scathing peer reviews of both drafts of the monograph. The academies pointed out that the program also failed to provide adequate scientific evidence for its conclusion, noting difficulty following the review methods, an inability to find key data, "worrisome" inconsistencies, and concerns about the wording of some conclusions.

In its second peer review, the National Academies of Sciences, Engineering and Medicine wrote:

"[National Toxicology Program] did not conduct a formal dose-response assessment that could inform a discussion on water fluoridation. The National Toxicology Program needs to state clearly that the monograph is not designed to be informative with respect to decisions about the concentrations of fluoride that are used for water fluoridation. That point should be reiterated at the end of the monograph with some indication that...[the monograph] does not draw any conclusions regarding drinking-water fluoridation or other fluoride sources, such as toothpaste or other dental treatments ... [T]he context into which the monograph falls calls for much more carefully developed and articulated communication on this issue."

The ADA is concerned that the monograph's risk biased claim about fluoride being a "potential" neurotoxin at any exposure level will resurface in the National Toxicology Program's upcoming state-of-the-science report. ■

—garvinj@ada.org

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²Cantekin K. Bond strength of different restorative materials to light-curable mineral trioxide aggregate. J Clin Pediatr Dent. 2015 Winter;39(2):143-8.

³Mechanical Properties of New Dental Pulp-Capping Materials Over Time. M. NIELSEN, R. VANDERWEELE, J. CASEY, and K. VANDEWALLE, USAF, JBASA-Lackland, TX, J Dent Res 93(Spec Iss A): 495, 2014 (www.dentalresearch.org)

⁴Selcuk SAVAS, Murat S. BOTSALI, Ebru KUCUKYILMAZ, Tugrul SARI. Evaluation of temperature changes in the pulp chamber during polymerization of light-cured pulp-capping materials by using a VALO LED light curing unit at different curing distances. Dent Mater J. 2014;33(6):764-9.

⁵Gandolfi MG, Siboni F, Prati C. Chemical-physical properties of TheraCal, a novel light-curable MTA-like material for pulp capping. International Endodontic Journal. 2012 Jun;45(6):571-9.



2021 Dentist Health and Well-Being Survey Report finds dentists struggle with anxiety, discomfort at work

WELLNESS



BY DAVID BURGER

The percent of dentists diagnosed with anxiety more than tripled in 2021 compared with 2003, according to the ADA's 2021 Dentist Health and Well-Being Survey Report, spurring the ADA and ADA Council on Dental Practice to take action on supporting the wellness of its members.

"Supporting both the physical and mental health needs of dentists, across their lifespan, continues to be an important area of focus for the ADA," said Jim Hoddick, D.D.S., ADA Council on Dental Practice chair. "COVID-19 has created unique stressors. I see people every day who are stressed out to the max and overworked."

Finding ways to mitigate work-related pain, whether physical or mental, is paramount for the Association, said Sherry Gwin, D.M.D., the Council on Dental Practice's Health, Wellness and Aging Subcommittee chair.

"The long-term impact of the COVID-19 pandemic has impacted everyone, including dentists and their team members," she said. "The ADA should be a safe spot."

Dr. Gwin said, "We're so used to paddling our own canoes. But we need to band together to remove the stigma of seeking support."

She added the pandemic has exacerbated the staffing shortage that has plagued the profession, adding more burdens to dentists and existing staff members.

In March 2021, the survey was sent by email to a random selection of 20,000 ADA member and nonmember dentists licensed to practice in the U.S.

View the infographic on the right for more 2021 survey findings.

This is the third time the ADA has conducted this wellness survey, with the first in 2003 and the second in 2015. The 2021 survey report can be accessed online in the ADA Catalog.

The ADA Practice Institute team is in the early phases of sharing the report across the tripartite in support of Resolution 95H-2021, Prioritizing the Mental Health of Dentists, passed by the 2021 ADA House of Delegates.

The resolution stipulated that the ADA, in conjunction with mental health consultants, analyze the availability of resources to support the mental health of dentists and collect information regarding existing health and wellness programs from across the tripartite and other professional organizations, including, but not limited to the American Medical Association, the American Student Dental Association and the ADA New Dentist Committee.

ing existing health and wellness programs from across the tripartite and other professional organizations, including, but not limited to the American Medical Association, the American Student Dental Association and the ADA New Dentist Committee.



Dr. Hoddick



Dr. Gwin

See SURVEY, Page 16

Stynt can help mitigate workplace staffing shortage

Focus on WORKFORCE



BY DAVID BURGER

Editor's note: This is the latest story in the ADA News series Focus on Workforce that seeks to alleviate the nationwide difficulties of recruiting, training and retaining valuable members of the dental team.

Helping dental offices fill last-minute shift openings — for positions that include dental hygienists, assistants, office managers and even dentists — can be challenging.

That's where Synt comes in.

The ADA Members Advantage-endorsed Synt was founded by CEO Alex Adeli, D.M.D., who developed the company to let

dentists resume their patient care duties and keep their businesses moving.

"Dental offices looking for options related to hiring and running a practice can tap into their member benefits," said James A. Hoddick, D.D.S., chair of the ADA Council on Dental Practice. "ADA-endorsed companies and member-exclusive resources can help alleviate some of the pressures that come with managing your practice."

Synt's online platform lets offices post openings that qualified professionals can then bid on.

Synt is a software-as-a-service marketplace with a focus on health care staffing, Dr. Adeli said, providing health care facilities with credentialed professionals quickly.

In most cases, it's within 15 minutes or less, he said.

The platform saves dentists time by onboarding professionals through verifying their credentials, work experience and conducting reference checks. It then

See STYNT, Page 16



DENTIST WELL-BEING SURVEY REPORT

GENERAL SATISFACTION

86% reported they were **SATISFIED** with their dental practice.

95% reported feeling **RESPECTED** by the people they work with.



..... but..... **Younger dentists** reported feeling respected less often compared to **older dentists**.

AWARENESS



Less than half of dentists were aware of a state dentist **WELL-BEING PROGRAM** available through their dental association.

Dentists aged 40 & older male dentists were significantly more likely to know about these programs.



MENTAL HEALTH

The percent of dentists diagnosed with **ANXIETY** more than tripled in **2021**



compared to **2003**

PHYSICAL SYMPTOMS

In 2021, **84%**



of dentists reported **PAIN** or **DISCOMFORT** while working, most commonly in the neck, lower back, shoulders and upper back.



Of these dentists, **14%** indicated **pain interfered with work**.

HEARING ISSUES

Hearing problems were common, reported by **35%** of dentists.

This was **more than 2x** for those over age 40 compared to younger dentists



61% had not been evaluated by an audiologist.

COMMON MEDICAL CONDITIONS

63% Experienced a medical condition

27% Back problems

16% Anxiety

16% Elevated cholesterol

13% Depression

12% Headaches

10% Arthritis

9% Ringing in the ear

8% Numbness/tingling, muscle weakness

8% Chronic pain

8% Temporomandibular joint dysfunction



Source: ADA 2021 Dentist Health and Well-Being Survey Report

Hygienist study reports low COVID-19 infection rate, high vaccination rate, slow return to work

BY MARY BETH VERSACI

Fewer than half of dental hygienists who left employment early in the pandemic returned to the workforce in 2021, according to a study from the American Dental Association and American Dental Hygienists' Association.

The finding is part of research conducted by the associations between September 2020 and August 2021 with a panel of 6,976 dental hygienists across the U.S., Puerto Rico and the Virgin Islands. The associations examined the impact of the COVID-19 pandemic on employment, infection prevention and vaccine acceptance among dental hygienists, and their research was published in the February issue of *The Journal of Dental Hygiene*.

"This research collaboration with the ADA marks an important moment in oral health," said Ann Battrell, CEO of the ADHA. "Our shared understanding of what dental hygienists are experiencing provides us with essential evidence-based direction for how we can support safe and supportive workplaces, deliver care safely to patients and help define lasting practice improvements that may emerge from this pandemic."

As of September 2020, 7.9% of study participants who had been employed in March 2020 were no longer working as hygienists. That percentage dropped to 4.9% by August 2021, as some hygienists returned to work. However, 1.6% of participants said they no longer intended to work as hygienists, possibly representing a permanent reduction of 3,300 dental hygienists nationwide.

"Not unlike many other professions in the United States, challenges persist in dental hygienist employment," said Rachel W. Morrissey, senior research analyst with the ADA Health Policy Institute. "The COVID-19 pandemic has exacerbated a voluntary reduction in the dental hygiene workforce and may persist, as some dental hygienists are choosing to permanently leave the profession."

Despite seeing recovery in their patient volume, dentists continue to report challenges recruiting and retaining dental hygienists because of the pandemic, according to HPI data.

The authors note future studies should examine workforce levels after the pandemic resolves, as well as factors that impact dental hygienists' decisions to return to employment in clinical practice settings.

The research also found dental hygienists had a low rate of COVID-19 infection and a high rate of vaccination.

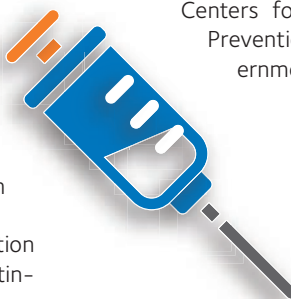
The cumulative infection rate among hygienists was 8.8% as of August 2021, compared with 11.7% among the general U.S. population. Also as of August 2021, 75.4% of hygienists had been fully vaccinated against COVID-19, a higher proportion than the general public and health care workers overall outside dentistry at that time.

"We're pleased to see that dental hygienists have demonstrated continued low incidence of infection and high vaccination, proving the profession's ability to mitigate risk while providing care in a safe manner," said Cameron G. Estrich, Ph.D., health research analyst with the ADA Science & Research Institute. "Increased vaccine availability and greater supplies of personal protective equipment should further enable dental teams to continue to follow infection prevention measures to reduce the risk of

COVID-19 transmission."

The associations will continue to work together to further understand the impact of COVID-19 on the dental team. As the pandemic continues, the authors believe opportunities exist for hygienists to play an important role in public health and safety.

However, ongoing and increased education and policies are needed to support the continued use of PPE and infection control and prevention procedures, as recommended by the



Centers for Disease Control and Prevention and required by government regulatory agencies.

"This study of dental hygienists has shown us the profound impact of COVID-19 on clinical practice, as well as the value of disease prevention measures," said JoAnn

Gurenlian, Ph.D., a lead author of the research and ADHA's director of education and research. "Workplace safety is of paramount importance to dental hygienists, and it has an effect on employment patterns. This underscores the need to adhere to infection control guidance and proper PPE."

The researchers discussed their latest findings during a live webinar Feb. 22. A recording of the webinar will be available at ADHA.org. ■

—versacim@ada.org

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In a new, single-dose study, Aleve® was proven as strong* as HYD+APAP for dental pain¹

*In hours 0 to 4 of a single-dose dental study of Aleve® (440 mg), HYD+APAP (10 mg + 650 mg), or placebo.

Aleve® is an OTC pain reliever indicated for temporary relief of minor aches and pains including arthritis pain, headache, muscular aches, and toothache.²

Learn how non-addictive OTC NSAIDs like Aleve® can help you reduce risk factors that contribute to the US opioid crisis^{1,3,4}

Did you know that up to half of opioid prescriptions at dental visits are inconsistent with the guidelines on appropriate use of opioids?⁴ In response to the overuse of opioids, there is an increasing interest in the effectiveness of OTC NSAIDs in alleviating pain—to reduce the need for opioids. Growing evidence supports Aleve® as a powerful* non-opioid OTC treatment for minor dental pain.^{1,2,5,6}

In the study, Aleve® was as effective* for dental pain, lasted longer, and was better tolerated vs a widely prescribed opioid combination, HYD+APAP¹

In a recent single-center, randomized, double-blind, parallel, placebo-controlled study, Aleve®, a non-opioid OTC NSAID, was compared with hydrocodone plus acetaminophen (HYD+APAP) for dental pain relief¹

- Patients experiencing moderate or severe pain (N=221) after surgical removal of impacted third molars were randomized to receive either a single dose of Aleve® (440 mg [n=90]), HYD+APAP (10 mg + 650 mg [n=87]), or placebo (n=44)¹
- The primary objective was to compare Sum of Pain Intensity Difference from 0 to 12 hours (SPID₀₋₁₂) after a single oral dose
 - Secondary objectives were to compare the total pain relief (TOTPAR) over 6 and 12 hours (SPID₀₋₆), time to onset of pain relief, time to first use of rescue medication, and duration of pain intensity at least half gone over 6 and 12 hours¹
 - SPID₀₋₄ was also assessed

Aleve® was as effective as HYD+APAP in hours 0 to 4 at reducing pain intensity (based on SPID from 0 to 4 hours, or SPID₀₋₄).¹

The primary endpoint was met¹

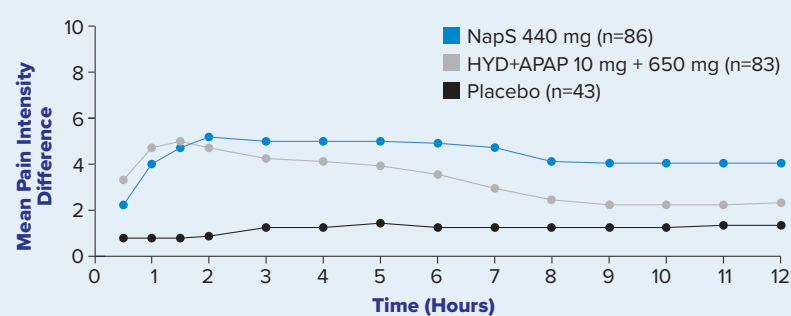
- SPID₀₋₁₂ was statistically significant for Aleve® vs HYD+APAP¹

Key secondary endpoints also showed statistical significance in favor of Aleve® compared with HYD+APAP¹:

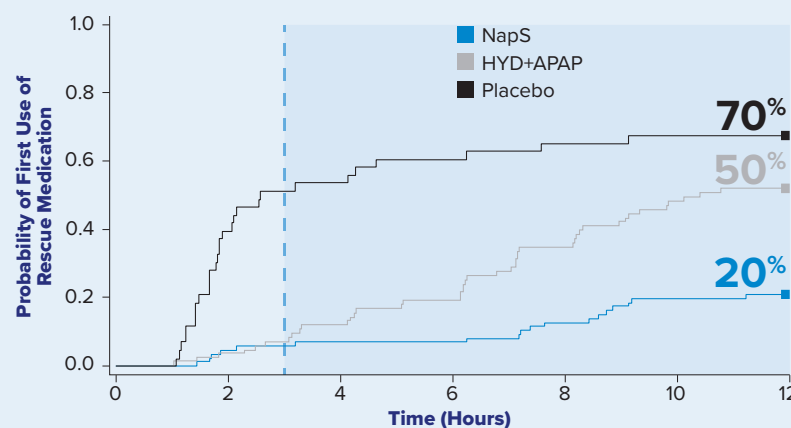
- Total pain relief (0 to 6 and 0 to 12 hours; $P < 0.05$)¹
- Median time to rescue medication ($P < 0.001$)¹
- Duration of pain at least half gone over 12 hours ($P < 0.001$)¹

Both active treatments were significantly more effective than placebo.¹ HYD+APAP was not statistically superior to Aleve® for *any* endpoint (NapS 440 mg vs HYD+APAP 10 mg + 650 mg).¹

MEAN PAIN INTENSITY DIFFERENCE¹



RESCUE MEDICATION FROM HOUR 3 ONWARD¹



In the study, Aleve® was also better tolerated than HYD+APAP¹

More treatment-related adverse events were reported with HYD+APAP (n=18) than Aleve® (n=1) and placebo (n=1), including nausea, vomiting, and dizziness.¹

The new study adds to the established evidence for Aleve® for minor dental pain

In 2 previous clinical studies for dental pain, Aleve® was proven to be stronger from the 3-hour mark onward and last longer than acetaminophen plus codeine (APAP + codeine). Both 8-hour studies (N=455) compared 1 dose of Aleve® 440 mg with 1 dose of APAP 600 mg + codeine 60 mg after surgical removal of 3 or 4 molars (≥1 impacted).^{5,7}

In both studies:

- Patients who took Aleve® reported significantly reduced pain vs APAP + codeine ($P < 0.05$) from the 3-hour mark onward⁵
- The 12-hour strength of Aleve® gave patients more sustained pain relief per dose, as demonstrated by a longer median time to remedication, vs patients on APAP + codeine ($P < 0.05$), which is commonly prescribed every 4 hours as needed^{2,5,7}
- Study population for Study 1: Aleve® (n=92), APAP + codeine (n=91), and placebo (n=47); and for Study 2: Aleve® (n=90), APAP + codeine (n=91), and placebo (n=44)⁵

With the current opioid crisis, consider other options for treating minor dental pain

The United States accounts for 80% of the global opioid supply,⁸ and opioids kill over 130 Americans every day.⁹ Yet despite available pain relief options, opioids associated with dental treatment continue to pose significant risks to patients and their family members.^{8,10}

A recent study shows that opioids are not associated with greater patient satisfaction for pain management after dental extractions.¹¹

“Recommend NSAIDs, like Aleve®, for non-opioid relief of minor dental pain, and you can help address the human and economic costs associated with the US opioid crisis.”^{1,4,12}

—Dr. M. Ted Wong, DDS, MHA
Board-Certified Prosthodontist
Former Chief Dental Officer at UnitedHealthcare
Former Chief of the US Army Dental Corps
Bayer Paid Consultant

Dental professional organizations recommend NSAIDs instead of opioids as first-line therapy for acute pain management¹³⁻¹⁵

The **American Dental Association** recommends NSAIDs as first-line therapy for acute pain management.^{13,14}

The **American Association of Oral and Maxillofacial Surgeons** recommends NSAIDs as first-line therapy for acute pain management.¹⁵

The growing body of evidence offers a compelling argument for first-line use of an NSAID like Aleve® for dental pain, and the guidelines suggest ways of putting NSAIDs into practice.^{1,5,6,13-15}

When prescribing any product, HCPs should always consider its efficacy and safety. Before any procedure requiring pain management, dentists should talk with patients about the benefits and risks of pain relief options.

“For dentists, this is an opportunity to play an active role in alleviating the ongoing opioid crisis,¹⁰ and I encourage all of my colleagues to consider using effective non-opioid analgesics like Aleve® for minor dental pain.”^{1,2}

—Dr. M. Ted Wong, DDS, MHA
Bayer Paid Consultant

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ADA asks House to increase funding level for Oral Health Workforce Development Program

BY JENNIFER GARVIN

The ADA is asking lawmakers to increase the authorized funding level for the Oral Health Workforce Development Program to help address difficulties with the recruitment and retention of allied dental professionals during COVID-19.

In a Feb. 22 letter to leaders of the House, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., said the majority of dental practices are small businesses and while assistance from Congress allowed many dental practices to rebound in 2021, the continued challenges of the pandemic have led to increasing worries that dental practices and the profession will not fully recover in 2022.

They referenced a recent survey by the ADA's Health Policy Institute that found nearly 16% of general dentists expressed skepticism about the recovery of their practice. The survey also found that in August 2021, 90% of dentist owners reported that it is "extremely or very challenging" to recruit dental hygienists

and 85% found it "extremely or very challenging" to fill dental assistant positions when compared to before the pandemic.

"These difficulties in the recruitment and retention of dental workforce threaten both the health of dental practices and the health of American patients who rely on an adequate dental workforce for access to oral health care," Drs. Sabates and Cohlma wrote. "In fact, 40% of dentist owners said that vacancies in their offices are limiting their practice's ability to see more patients.

To match the dental workforce needs according to each state's individual needs, the ADA leaders pointed to grants such as the Grants to States to Support Oral Health Workforce Activities program, saying

“These difficulties in the recruitment and retention of dental workforce threaten both the health of dental practices and the health of American patients.”

"state-based programs can provide immediate solutions to recruitment and retention problems in the dental workforce brought about by the COVID-19 public health emergency."

Drs. Sabates and Cohlma also urged lawmakers to consider student loan reform to improve recruitment and retention of the dentist workforce. They noted that in 2019, most fourth-year dental students (82.4%) graduated with loans averaging \$292,1693.

"Addressing the financial challenge of student debt may also incentivize oral health care professionals to work in, and stay in, areas in desperate need of oral health care," they wrote.

"The nation's dentists greatly appreciate the support Congress has already provided, and is grateful for your continued support of the dental profession during these trying times," the letter concluded. "We look forward to working with you to address oral health workforce shortages both during the current emergency when problems are so acute, and in the future as we seek to ensure dental practices are able to sustain and expand patients' access to oral health care."

The letter also credited the Senate Committee on Health, Education, Labor, and Pensions for its recent hearing, Recruiting, Revitalizing & Diversifying: Examining the Health Care Workforce Shortage, for helping illuminate health care workforce issues and solutions.

Follow all of the ADA's advocacy efforts at ADA.org/Advocacy. ■

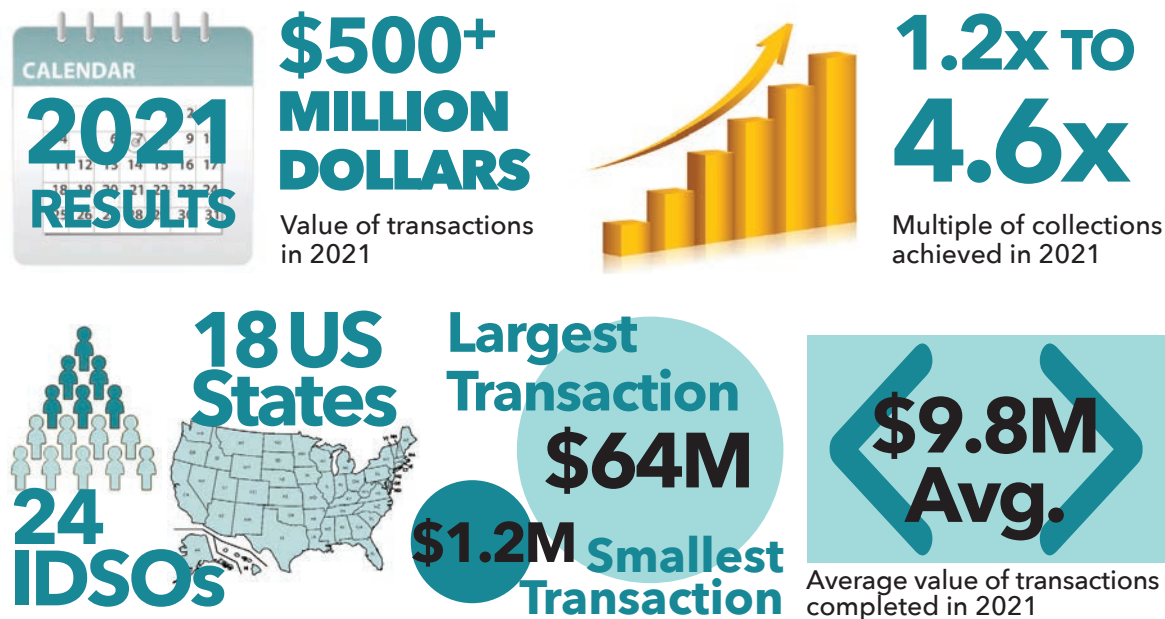
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-Dr. J.P., Southeast U.S.

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Pacific Dental Services raising awareness of heart disease, stroke

Pacific Dental Services is recognizing American Heart Month by raising awareness of the importance of heart health, according to a news release.

Some of the ways Pacific Dental Services is observing the month include:

- Participating in the American Heart Association's National Wear Red Day on Feb. 4 to help raise awareness about heart disease and stroke in women.
- Encouraging patients and Pacific Dental Services team members to join the National Heart, Lung, and Blood Institute's 28 Days Toward a Healthy Heart challenge as part of its #OurHearts movement.
- Inviting team members in Irvine, California; Dallas, Texas; and Henderson, Nevada; to spend some of their Valentine's Days learning CPR to be better prepared in case of an emergency.
- Creating no-sew heart pillows to help patients recovering from heart surgery. ■

Two-part webinar series shines spotlight on resilience

WELLNESS OFFERINGS PRESENTED BY ADA COUNCIL ON DENTAL PRACTICE TO STREAM APRIL 19, MAY 18

WELLNESS



BY DAVID BURGER

The ADA will live stream a free two-part webinar series on the importance of resilience, aimed at encouraging dentists to evaluate the emotional and environmental health of their practice settings.

The first part will stream April 19 and the second on May 18, with both from noon-1 p.m. Central. Each part offers one hour of continuing education credit.

Sheela Raja, Ph.D., associate professor at the University of Illinois at Chicago College of Dentistry, is the featured presenter, and ArNelle Wright, D.M.D., the New Dentist Committee representative on the Council on Dental Practice, will moderate both parts.

Dr. Wright said that this series is of value because although individuals can learn about resilience through team sports and team-based extracurricular activities, not everyone has experience in said involvement throughout their lives.

"We've now moved to a place in society where mental health and wellness topics are no longer discussed quietly, leaving people to suffer in silence, and I'm so grateful for that," she said.

The first session, on April 19, is titled How

Can Dentists Develop Emotional Resilience in a World Full of Stress?: Practical Strategies from Psychology, Public Health, and Neuroscience.

The second session, on May 18, is titled Developing Your Own Emotional Resilience and Wellness Plan: Professional and Personal Strategies to Survive and Thrive this Year (and Next Year too).

"Keeping in mind that we spend more time away from our family and closest friends due to our work schedules and career goals, I believe



Dr. Wright

our attendees will benefit personally from the resilience strategies to be presented, while also sharing them with their dental teams for further growth," Dr. Wright said.

Participants will learn evidence-based resilience strategies to support their mental health and wellness and how to apply those

techniques, using case-based scenarios to discuss how cognitive flexibility, emotional tolerance and finding meaning and purpose apply to oral health practice.

Dr. Raja has taught behavioral science at the University of Illinois at Chicago College of Dentistry for the last 15 years and holds a joint appointment in the College of Medicine. For links to register for the webinars, visit ADA.org and search for the title of this story. ■

—burgerd@ada.org

Dental benefits industry subject of March webinar

BY DAVID BURGER

The director of Research at the National Association of Dental Plans is the featured presenter at a free March 22 webinar that will highlight developments in the national dental benefits marketplace.

Trends in the Dental Insurance Industry streams live from noon-1 p.m. Central time and is worth one hour of CE.

"It is incumbent that dental offices are aware of these trends in the dental benefits industry," said Mark Johnston, D.D.S., chair of the Dental Benefit Information Subcommittee of the Council on Dental Benefit Programs. "In surveys to dentists, dental insurance has been cited as one of the major problems faced by dental practices, as over 260 million people have some type of dental benefit plan."

Participants will learn about current trends with enrollment, plan premiums, network participation and key operational metrics. The presentation will also cover some of the most significant legislative developments both in Congress and at the state level as well as ADA advocacy efforts.

Jerry Berggren has been the director of research at the National Association of Dental Plans since 2004.

To register for the webinar, visit ADA.org and search for the title of the webinar. ■

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Taylor Manalili
Prosthodontist, Newport Beach, Calif.
DDS and Specialty Certificate, Stony Brook School of Dental Medicine

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1. American Dental Association Health and Policy Institute. Dentists see increased prevalence of stress-related oral health conditions. March 2, 2021.

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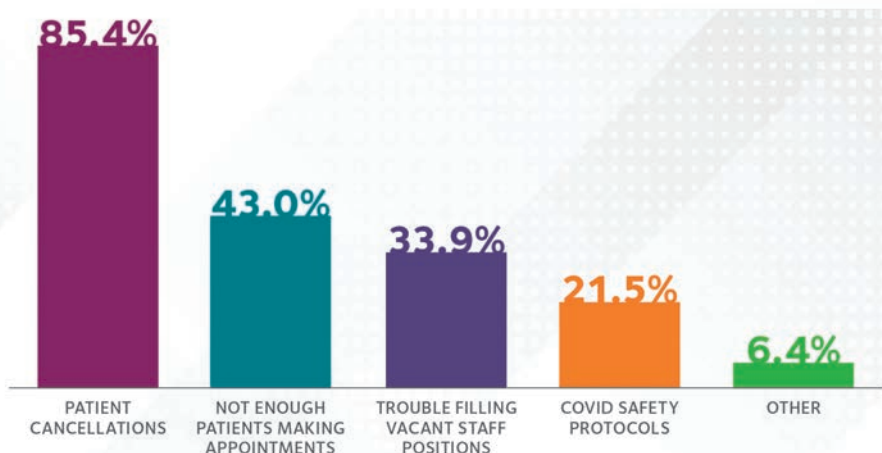
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HPI: Dental practice schedules were on average 83% full in February

WHICH OF THE FOLLOWING FACTORS PREVENTED your dental practice from reaching 100% last week?



Source: ADA Health Policy Institute. Economic Outlook & Emerging Issues in Dentistry poll. February 2022 wave.

BY KIMBER SOLANA

Schedules in dental practices, on average, were about 83% full in February, an increase from 77% in January, according to the second wave of the ADA

Health Policy Institute's Economic Outlook and Emerging Issues in Dentistry poll.

About 85% of dentists whose appointment schedules were below full capacity in February indicated patient cancellations as a factor, followed by 43% indicating low patient demand and 33.9%

having trouble filling vacant staff positions.

Other results from the poll, which involved more than 1,150 respondents, include:

- On average, staffing shortages have caused an estimated 11% reduction in practice capacity. In this wave of the poll, dentists were asked about the maximum capacity of their practice in terms of number of patients when fully staffed and as currently staffed.
- Openings for dental team positions are on the rise again, reaching a new high in February. About 41% of respondents have recently or are currently recruiting dental assistants, and about 35% are recruiting dental hygienists. Among dentists who indicated recruitment was challenging, a lack of applicants is the most common reason dentists are struggling to recruit both dental hygienists and dental assistants. For open dental hygienist positions, the wage and benefit requirements of the applicants is a challenge for dentists. Dentists also indicated a lack of qualified assistant applicants.

The HPI's Economic Outlook and Emerging Issues in Dentistry monthly poll began in January to measure the economic impact of the COVID-19 pandemic and to gather dentists' opinions on other current and emerging issues impacting their practices. The revamped panel is a continuation and expansion of the previous poll that HPI conducted between the onset of the pandemic and December 2021.

To join the panel or to read the full monthly reports, visit [ADA.org/HPIpoll](https://ada.org/HPIpoll). ■

SURVEY continued from Page 8

It further resolved that the ADA use the collected information to, among others, explore partnering with third-party mental health providers for member dentists; and analyze the existing well-being conference for potential enhancement. The next conference is scheduled for 2023.

The resolution also instructed the ADA to explore safeguarding dentists from punitive action by state dental boards as well as third-party credentialing with regard to mental health issues and report back to the 2022 House of Delegates with an actionable plan.

In the meantime, council members said that the ADA has numerous resources to support the health and wellness of dentists across three domains: mental health, opioids and ergonomics.

"Take advantage of this information and share these resources with your teams and colleagues," Dr. Hoddick said. ■

STYNT continued from Page 8

lets potential staffers set their own schedule and desired hourly rate. Algorithms alert them to relevant work in their area and suggest bids.

The company is already working with more than 5,000 offices around the U.S. and 40,000 professionals, according to Dr. Adeli.

For support with recruiting, hiring and training your dental team, visit [ADA.org/dentalstaff](https://ada.org/dentalstaff).

Visit adamemberadvantage.com to learn more about Stynt. ■

AROUND THE ADA

It's a new day for dentistry

Meet Dr. David White

BY KIMBER SOLANA

A New Day for Dentistry is a new ADA campaign that celebrates the Association's vibrant community of dentists. It seeks to honor the dentists who power the ADA and commemorates the contributions dentists make to their communities and the profession every day.

Each month, the ADA News will profile one dentist who represents the diverse range of ages, career stages, practice paths and backgrounds that make the ADA what it is.



Flying: Dr. David White skydives in Honolulu before an ADA House of Delegates meeting.

Photo courtesy of Dr. David White

Dr. David White, member since 2004.

Location: Reno, Nevada.

Dental school: University of Michigan.

Practice type: Solo practice.

Why did you choose dentistry? In high school, I was exposed to multiple facial traumas from sports, which resulted in loss of teeth. I was always interested in how the dentist fixed an athlete's teeth, and I enjoy the patient interaction and the ability to build long-term relationships.

Why did you join the ADA? It has incredible resources and leadership opportunities for new dentists.

What do you like most about your ADA membership? We're able to make a difference in our profession through advocacy and building relationships.

When I'm not in the office, you can find me: In the mountains surrounding Lake Tahoe with my kids either boating, skiing, snowboarding, mountain biking or even skydiving. One of my most memorable skydives was in Honolulu before an ADA House of Delegates meeting. I went at dawn, and my director had to make sure I landed and was alive so I could testify during a reference committee meeting.

Favorite movie/TV show: "Yellowstone." The show resonates with me. I have owned cows and have a register brand for cows and horses. The brand is called 1st Molar and shaped like a tooth.

What was your first job? I was a busboy at an Italian restaurant. I was 16 years old.

Fun fact about me: I don't think I'll ever grow up, and I am OK with that. I still love to play and staying active, so keeping up with my 8- and 10-year-old kids is easy. I often wear them out.

What does A New Day for Dentistry mean to you? It means recognizing new providers, new ways of thinking, new practice modalities, new challenges and new solutions. The profile of dentists today is different and continues to change. Many dentists are joining new groups and organizations that resonate with them more, and that they feel speak their values. It's important for the ADA to continue to adapt and better understand its members. ■

—solanak@ada.org

SmileCon 2022 to help new dentists cultivate communities

BY MARY BETH VERSACI

SmileCon 2022 Houston will offer plenty of opportunities for early-career dentists to connect.

The joint meeting with the Texas Dental Association Meeting and the Greater Houston Dental Society's Star of the South Dental Meeting will combine culture, community and learning to create one big event for the dental profession. SmileCon will take place Oct. 13-15 at the George R. Brown Convention Center in Houston.

"Building connections at every stage of our careers is key to strengthening our dental community," said Daryn Lu, D.D.S., member of the ADA New Dentist Committee and new dentist member on the Advisory Committee on Annual Meetings. "SmileCon is the perfect place to bring together like-minded colleagues. We are actively creating experiences and cultivating communities based on what may interest you. For me, my wife and I are starting a new practice, so we're looking forward to finding others who have recently done the same."

Opportunities to build meaningful connections during the meeting will include social gatherings, networking events and peer-to-peer learning offerings.

SmileCon Street Festival, taking place Oct. 14 along Avenida de las Americas outside the convention center, will provide a lively way for dental friends to come together and celebrate Houston's culture. A local band will perform while food trucks serve up cuisine that reflects the diversity of the city, which is home to a wide array of restaurants offering Tex-Mex, barbecue and more.

Networking events during SmileCon, such as meet-ups, will bring together dentists with similar interests. Attendees can get into their school spirit at alumni receptions hosted by their dental schools, and various dental organizations will be present to connect their members.

SmileCon will also offer opportunities for new dentists and dental students to link up with each other to share their experiences or find mentors to help them fulfill their career goals.

"A big part of organized dentistry is that personal connection," Dr. Lu said. "The conversations eventually move past dentistry, and the people you meet grow into lifelong friends. And, in dentistry, you need that."

Information about groups participating in the meeting will be available at SmileCon.org beginning in May. Online registration opens June 1. ■



Women's History Month: Dentists offer thoughts, advice on leadership

BY KIMBER SOLANA

March is Women's History Month, which celebrates the contributions women have made in the U.S. and recognizes achievements women have made in a variety of fields.

The ADA News asked women leaders in dentistry on what leadership means to them, and what advice they would give young women who are interested in leadership roles in the profession.

LAUREN AGUILAR, D.D.S.

American Association of Women Dentists president

Leadership means creating a space for others to feel inspired to work together to continue towards a mutual goal. To be a leader requires that you listen and inspire rather than taking charge of everything. Young women interested in leadership roles are highly encouraged to be their authentic selves and know when to put their needs before the needs of others because you can't pour from an empty cup. Don't forget that to become a leader in dentistry is thanks to many successful leaders before — try not to reinvent the wheel, be gracious, humble and happy.

MAXINE FEINBERG, D.D.S.

ADA president, 2014-15

To me leadership is the ability to inspire others and elevate them so you can achieve your common goals. Integrity is the most important

trait in a great leader. My advice to young women in dentistry is understand the value of our profession and volunteer. No job is insignificant, and you can make a difference.

STACEY VAN SCOYOC, D.D.S.

Illinois State Dental Society president

The one constant I have found to be my guiding principle is acting in the best interest of the group or organization as a whole. Leadership also means communicating to those whom I lead why the decision was made and motivating



From left, Drs. Aguilars, Feinberg, Scoyoc and Summerhays

Good leaders take risks and learn from their mistakes.

CAROL GOMEZ SUMMERHAYS, D.D.S.

ADA president, 2015-16

Leadership is the opportunity to help shape the profession for the better in our quest to improve

health. I believe the number one responsibility is to identify, mentor and grow other leaders. My advice to young women dentists is to get involved in leadership and take roles that allow you to balance work and family. Follow your passion. Stay focused and positive. Have a sense of humor. Find mentors and champions to support you in your personal and professional journey. ■

them to support the action in the best interest of the whole. The advice I would give is to go for it! It is worth the risk, sacrifice and time. When the roadblocks, challenges and disappointments get in your way, do not let them deter you from trying. Also, perfectionism is not a prerequisite for leadership. Continuing to educate yourself and asking for guidance is part of the process.

ADA unveils Wordle spinoff 'Dentle'



BY KIMBER SOLANA

M-O-L-A-R.
S-M-I-L-E.
C-L-E-F-T.
Dentists familiar with the popular web-based word game Wordle now have a dental-focused version.

Aptly called Dentle, the game will give players six attempts to guess a five-letter word. Each guess will indicate whether a letter is within the word or occupies the correct box.

Dentle, created by the ADA Business Group, is free. Each daily five-letter word will be related to the practice of dentistry. Each daily word will be the same for everyone.

Dentle is based on Wordle, which went viral in December 2021. Dentle joins other spinoffs, such as Lordle of the Rings, Star Wordle and Worldle, a geography-focused version.

To play Dentle, visit ADA.org/dentlegame. ■



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March JADA assesses availability of fluoridated tap water in public spaces at University of California, San Francisco

1 water station available for every 80 students, employees

BY MARY BETH VERSACI

A study published in the March issue of The Journal of the American Dental Association looked at the availability of fluoridated tap water

in public spaces at the University of California, San Francisco, finding one water station was available for every 80 students and employees.

The cover story, "Work Site Access to Fluoridated Tap Water and Retail Beverages: An Assessment of the University of California,

San Francisco Campuses," evaluated the availability, appeal and promotion of fluoridated tap water compared with retail beverages.

The authors collected information on beverages available at University of California, San Francisco, hospitals and campuses from



December 2019 through February 2020 using a web-based survey tool. Data collected included fluoridated water and retail beverage locations; type of water or retail beverage source; number of water sources per station; cleanliness, flow and any obstruction of water sources; proximity of water stations to retail beverage locations; signage near the beverage locations about water and beverage consumption; and type of retail beverages available.

The authors identified fluoridated water stations in 230 locations with 377 water sources — for example, both a traditional drinking fountain and a motion-sensor bottle-filling station at the same water station. A quarter of the water stations were obstructed or dirty or had unsatisfactory flow, and about 1 in 5 watercoolers lacked disposable cups.

“

Improved accessibility to fluoridated drinking water ... can have a positive impact on employees' oral health and general health.

— Navita Kalair, B.D.S.

The authors also identified 41 retail beverage locations. Of those, 29% had a water station within sight, and 11% had signage encouraging healthier beverage choices.

"Improved accessibility to fluoridated drinking water at work sites, along with sugar-sweetened beverage bans, can have a positive impact on employees' oral health and general health," said Navita Kalair, B.D.S., lead author of the study and dental public health specialist. "This study provides an evidence-based blueprint for similar work-site evaluations to help develop a practical approach for administrators to systemically prevent disease and promote health, while providing clean and safe drinking tap water."

To read the full JADA article online, visit JADA.ADA.org.

Other articles in the March issue of JADA discuss aerosol behavior and mitigation strategies, cleanability of diamond rotary instruments, and dental extractions in kidney transplant recipients.

Every month, JADA articles are published online at JADA.ADA.org in advance of the print publication. ■



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ADASRI researchers create test soil for validating instrument cleaning instructions

Study follows guidelines from ADA technical report to verify effectiveness of reprocessing

BY MARY BETH VERSACI

Researchers from the American Dental Association Science & Research Institute have created a dental test soil that can be used by manufacturers to validate instructions for cleaning their instruments.

The authors of "Validating Cleanability of Dental Rotary Diamond Instruments Soiled with 2 Clinically Relevant Dental Test Soil Components," published in the March issue of The Journal of the American Dental Association, used the dental test soil — consisting of human saliva and blood test soil — to sully diamond instruments. They then followed guidelines from ADA Technical Report No. 168: Guidance on Method Development and Validation of Cleaning Processes for Dental Instruments to validate the efficacy of multistep cleaning instructions they developed.

After following the instructions, the researchers found neither protein nor enamel-dentin residues on the instruments at quantifiable levels within the detection limits of their methods.

"The verification process entails being able to quantify the effectiveness of the cleaning instructions by more than just visual means," said Spiro Megremis, Ph.D., one of the authors and director of dental materials and devices research for the ADASRI.

"This research had a goal of being able to show that diamond instruments could be soiled using a worst-case scenario and then quantifiably cleaned. The quantification of cleanliness is key when a manufacturer attempts to verify their cleaning instructions in a manner that is acceptable to the Food and Drug Administration. If this is done properly, it means the practicing dentist just needs to follow the manufacturer's verified cleaning instructions to be able to proceed to the next steps in reprocessing their instrument. This research ultimately shows that the previously published ADA technical report addressing cleanliness instructions can successfully be followed to verify the effectiveness of a cleanliness process."

According to FDA guidelines, reusable dental instruments that are designed and labeled for multiple uses must be reprocessed by thorough cleaning followed by sterilization or high-level disinfection between patients.

The FDA classifies several dental instruments, including diamond instruments,

as critical reprocessed single-use devices that must submit validation data regarding cleaning as part of their premarket submission to the agency to demonstrate they are safe and effective. If a dental instrument manufacturer does not provide validated cleaning instructions, then a device is considered single use.

"With societal pressures driving us all to evaluate individual impact on sustainability, this work has been very timely," said Jeffrey A. Platt, D.D.S., chair of the ADA Standards Committee on Dental Products. "Up until now, guidance for dental manufacturers on how to communicate about the reusability of burs and instruments has not been well codified or consistently applied. This work takes a big

step forward toward improving this situation, ultimately giving ADA members greater clarity and confidence in their decision-making relative to reprocessing or discarding a bur or instrument."

While the authors used diamond instruments for the study, the instructions they developed and validated are not intended for all diamond instruments.

However, the study shows manufacturers can follow this process to develop their own validated cleaning instructions, and its findings may be able to be applied to developing instructions for other multi-use instruments.

"This research can be used as a framework to generate reproducible cleaning validation

procedures for multi-use dental instruments," said Prerna Gopal, B.D.S., Ph.D., one of the authors and senior manager of microbiology and chemistry for the ADASRI.

"It is specifically useful for dental instrument manufacturers, who can use the technical report and the research paper to design well-defined cleaning instructions for their multi-use instruments. However, it may not be cost effective or prudent to go through the effort of rigorously following verified cleaning instructions so that an instrument can be further reprocessed. This is up to the practicing dentist to decide based on their particular circumstances." ■

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ADA launches initiative to provide standards to dental schools for free

BY MARY BETH VERSACI

As part of a new program, dental school faculty and their students can access eligible national and international dental standards and technical reports for free to use as part of their curricula.

Through its University Outreach Program, the American National Standards Institute provides free access to international dental

standards for use in educational settings. The American Dental Association has partnered with ANSI to be the first standards-developing organization to also provide access to a selection of its national dental standards and all of its technical reports.

The goal of the ADA effort is to help raise understanding among dental students of the importance and practical impact of the Association's standards in their future as practicing dentists. The ADA will be conducting a

targeted awareness campaign to encourage participation from all dental schools.

"Historically, dental education has not placed a large emphasis on standards and what they do for our profession and the public we serve," said Jeffrey A. Platt, D.D.S., chair of the ADA Standards Committee on Dental Products and the department of biomedical sciences and comprehensive care at the Indiana University School of Dentistry. "This new initiative, to make standards available for use in the

curricula of our schools, provides an exciting opportunity for faculty to reference documents prepared through a consensus of experts and to help students understand the importance of this work being done by the ADA."



Dr. Platt

For a list of available standards and technical reports and to enroll in the program, visit ADA.org/dentalstandards. ■

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AADOCR elects leaders with ADA ties

BY MARY BETH VERSACI

The former chair and a current member of the American Dental Association Council on Scientific Affairs have been elected to leadership positions within the American Association for Dental, Oral, and Craniofacial Research.

Past council Chair Ana Bedran-Russo, D.D.S., Ph.D., will serve as treasurer, and member Effie Ioannidou, D.D.S., will serve as vice president.

Dr. Bedran-Russo is the chair of the department of general dental sciences at the Marquette University School of Dentistry in Milwaukee. A member of the International Association for Dental Research and American Association for Dental, Oral, and Craniofacial Research since 2003, she has authored or co-authored 105 abstracts presented at IADR and AADOCR meetings. Dr. Bedran-Russo also served as president of the IADR Dental Materials Group and a member of the IADR Membership and Recruitment Committee.

Dr. Ioannidou is the interim chair of the division of periodontology at the University of Connecticut School of Dental Medicine in Farmington, Connecticut. An IADR and AADOCR member since 1998, she is a founding member of the IADR Women in Science Network and has served in multiple AADOCR leadership roles, including member-at-large of the board of directors, member of the government affairs committee and member of the task force on diversity and inclusion.

Drs. Bedran-Russo and Ioannidou are joined by Jorge Perdigão, D.M.D., Ph.D., a professor of operative dentistry at the University of Minnesota School of Dentistry in Minneapolis, who will serve as the AADOCR representative to the IADR/AADOCR Publications Committee. Dr. Perdigão has been a member of the IADR and AADOCR since 1993 and served as a member of the AADOCR Fellowships Committee, the joint AADOCR/IADR Publications Committee and the AADOCR Edward H. Hatton Awards Committee. ■

Boston University professor wins 2022 Stanford Award for dental polymer research

ADA recognition encourages dentists, students to conduct standards-based studies

BY MARY BETH VERSACI

A Boston University Henry M. Goldman School of Dental Medicine professor has won the American Dental Association's 2022 John W. Stanford New Investigator Award for his research examining the use of computer-aided design/computer-aided manufacturing dental polymers as part of prostheses.

Using a machinability test standard recently introduced for testing CAD/CAM ceramic materials used in dentistry, Ali Abdallah, B.D.S., D.Sc.D., investigated the machinability and mechanical performance of high-strength CAD/CAM dental polymers to assess the viability of using them as framework materials for full-arch fixed implant prostheses.

The International Organization for Standardization standard Dr. Abdallah used for his study had not previously been applied to polymer materials. He developed and documented several additional quantitative and qualitative parameters to expand on the standard as a recommendation to be included in future ISO revisions.

"I am thrilled and honored to receive the 2022 Stanford Award, which encourages new research to help advance one of the most important endeavors in any organized profession — standards and quality control," said Dr. Abdallah, clinical assistant professor in the department of restorative sciences and biomaterials.

"Due to my interest in CAD/CAM dentistry, I have been pursuing research on the machinability of milled dental materials — particularly high-strength polymers, which are up and coming in fixed, removable and implant



Dr. Abdallah

prosthetics. No machinability testing standards currently exist for polymer-based materials, so I applied the current standards for ceramic material machinability testing in my research and attempted to develop the existing standards with further tests."

Dr. Abdallah was selected for the Stanford Award by an awards committee and the ADA

Council on Scientific Affairs. He received a \$1,000 honorarium and will present his study titled "Merlon Test to Assess the Machinability of High-Strength CAD/CAM Dental Polymers" at the March 21-23 virtual meetings of the ADA Standards Committee on Dental Products and U.S. Technical Advisory Group for the International Organization for Standardization's Technical Committee 106 on Dentistry.

The Stanford Award is named for John W. Stanford, Ph.D., who was responsible for the establishment of the ADA's current standards program. The award was designed to encourage dentists and dental students to conduct standards-based research and standards development.

To learn more, visit ADA.org/stanford-award. ■

ADA technical report on human age assessment by dental analysis joins national forensic science registry

BY MARY BETH VERSACI

An American Dental Association technical report that provides current guidance for estimating an age range from the human dentition has been placed on the Organization of Scientific Area Committees for Forensic Science Registry.

ADA Technical Report No. 1077 for Human Age Assessment by Dental Analysis includes guidelines for obtaining and using dental data to estimate a human age range based on numerous methodologies, including tooth bud development.

"Technical Report No. 1077 was a labor of love for 32 subject matter experts from multiple countries," said Kathleen Kasper, D.D.S., chair of the ADA Standards Committee on Dental Informatics Working Group 14.3 on Human Age Assessment by Dental

See FORENSIC, Page 23

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JADA Foundational Science publishes first articles

JADA Foundational Science, the American Dental Association's new cross-disciplinary, open access journal, bridges basic and clinical sciences in oral-health research.

Led by Editor-in-Chief Jack L. Ferracane, Ph.D., JADA FS publishes research reports, review articles, and short scientific communications in biology, chemistry, engineering, and technology that are foundational to new theories of disease and new approaches to diagnosis and treatment. JADA FS also reports on the technical breakthroughs underpinning the new clinical tools that advance oral and craniofacial health.

Below you will find a preview of the first three articles.

A high-sensitivity method for identifying a rare subpopulation of patients with infective endocarditis for a prospective case-control study

Infective endocarditis is an uncommon disease, but it is associated with high morbidity and mortality. The low incidence and

varied clinical presentation make identification of these patients recently admitted to hospitals particularly challenging. The authors designed a prospective electronic health record screening tool to identify inpatients with IE for a prospective case-control study designed to determine levels of association between oral hygiene and periodontal disease indexes and IE.

Silver diamine fluoride alters microbial communities in subsurface dentin



Silver diamine fluoride is a dental biomaterial with cariostatic properties that are thought to be owing, in part, to its antimicrobial activity. This study examines the mechanisms by which SDF may impact the oral microbiota.

Biofilm disruption and bactericidal activity of aqueous ozone coupled with ultrasonic dental scaling

The COVID-19 pandemic has heightened the awareness of a common hazard encountered in the dental clinic: aerosol transmission of pathogens. Treatment of sources of infection before or during dental procedures is one means of decreasing pathogen load and aerosol transmission.

To read each of the articles, visit ADA.org/publications/jada-foundational-science. ■

FORENSIC *continued from Page 21*



Dr. Aschheim

Analysis, which developed the technical report. "I am thrilled it reached its desired goal of not only familiarizing dentists on the field but also providing additional guidance to adequately trained forensic odontologists when they perform this type of analysis."



Dr. Kasper

The OSAC Registry is a repository of high-quality standards for forensic science that define minimum requirements, best practices and standard protocols and provide other guidance for practitioners. The standards on the registry have

passed a rigorous technical and quality review by OSAC members, including forensic science practitioners, researchers, statisticians, and both human factors and legal experts.

The Organization of Scientific Area Committees for Forensic Science is administered by the National Institute of Standards and Technology.

"Both the SCDI Subcommittee 14 on Forensic Odontology Informatics and the OSAC Forensic Odontology Subcommittee are thrilled that the hard efforts of Dr. Kasper and the working group have come to fruition," said Kenneth Aschheim, D.D.S., chair of both subcommittees. "This herculean effort brought together a diverse group of stakeholders to produce a technical report built on consensus.

"Its acceptance into the OSAC Registry acknowledges the high-quality, technically sound forensic science documents produced by this joint effort."

The technical report is available from the ADA Store at ebusiness.ADA.org. ■

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EDUCATION

Winners of ADA essay contest speak to hazards of health misinformation

BY DAVID BURGER

Christine Kim of the Boston University Henry M. Goldman School of Dental Medicine is the winner of the ADA's 2021 Health Literacy in Dentistry Essay Contest.

The prompt for the contest was "More Than Teeth: What Your Dental Team Wants You To Know About Health Misinformation."

Madeline Montenegro of the University of Connecticut School of Dental Medicine was first runner-up, and Franklin Zhang of the Harvard University School of Dental Medicine was second runner-up.

The contest is open to dental students.

Shailee Gupta, D.D.S., chair of the ADA Council on Advocacy for Access and Prevention, said the winners' essays were a demonstration of the importance of clear and understandable information coming from trusted sources, like the Association.

"Health misinformation that is inaccurate may prevent people from seeking the care they need and misinform them when making health decisions," Dr. Gupta said. "This is critical in this day and age with less people seeking



Ms. Kim



Dr. Gupta

oral health care at their dentist office due to the pandemic. It could lead to poor oral health outcomes, especially in the younger generation who spend a majority of their time on social media platforms where health misinformation breeds."

Ms. Kim said that she believes that opportunities like the essay contest are essential because health literacy and conscientiousness can communicate and share information.

"Health misinformation is a hazard that patients, practitioners and the public are vulnerable to when it comes to the abundance of information that is made continuously more accessible," she said.

Every year since 2015, the ADA has increased the number of dental schools invited to participate in the pilot contest; now all dental schools are invited to participate. ■

—burgerd@ada.org

University of Iowa names Dr. Clark Stanford as new dental school dean

The University of Iowa College of Dentistry and Dental Clinics announced Jan. 4 that it named Clark Stanford, D.D.S., Ph.D., as its new dean.

Dr. Stanford, who has served as distinguished professor and dean of the College of Dentistry at the University of Illinois Chicago since 2014, will begin his new role April 1.

"I am very excited that Dr. Stanford will be returning to the University of Iowa, where his distinguished career in academia began and where he contributed so much," said Kevin Kregel, University of Iowa executive vice president and provost, in a news release. "He is a national leader in the field of dentistry and his record of service and

leadership is outstanding."

Dr. Stanford received a bachelor of science degree in zoology, dental degree and a Ph.D. in cell biology from the University of Iowa. He later received a master's degree in health care administration from the University of Illinois Chicago.

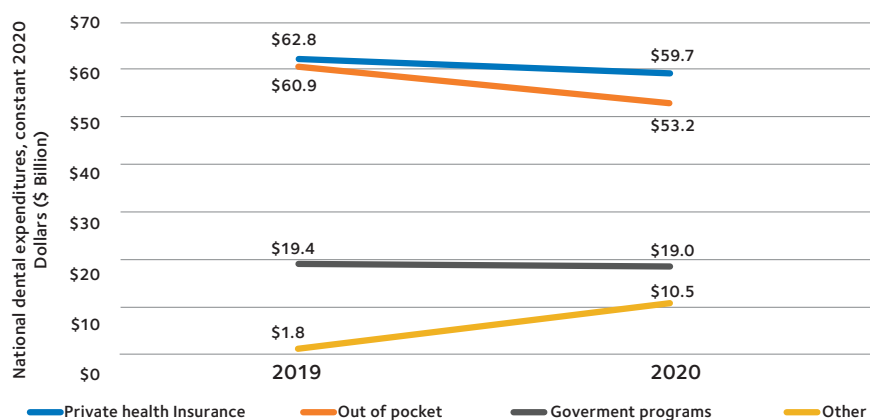
Dr. Stanford joined the University of Iowa as an assistant professor in the dental school's department of prosthodontics in 1992. In 2008, he was named associate dean for research. He left Iowa for the University of Illinois Chicago in 2014.

"The ability to return to the University of Iowa and support its mission and vision to provide the best in education, discovery, research, and service to the citizens of Iowa is a great honor," Dr. Stanford said in a statement. "I am grateful to the UIC students, staff and faculty for the camaraderie, friendship and many lessons I have learned in Chicago. It is an honor to return to my alma mater and be a part of its wonderful future." ■

HPI CORNER

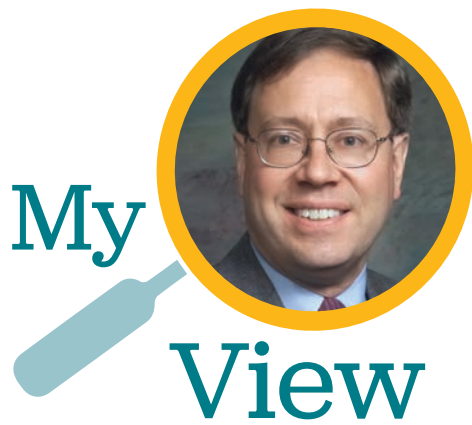
DENTAL SPENDING IN THE U.S.

From 2019 to 2020, dental spending decreased by 1.8% nationally. Out-of-pocket spending decreased by 12.7% while private insurance spending decreased by 4.9%. The "other" category, which includes the Paycheck Protection Program and the Provider Relief Fund, increased substantially.



Source: ADA Health Policy Institute analysis of Centers for Medicare and Medicaid Services, U.S. Bureau of Economic Analysis, U.S. Census Bureau data. See HPI infographic on ADA.org/resources/research/health-policy-institute/dental-care-market.

VIEWPOINT



The dental school 'exit ramp'

BY CRAIG SPANGLER, D.D.S.

When I was in dental school, we had a class of 150 students who were told on the first day that we were all selected because we were capable young people who could do the work and graduate. There was no designed attrition at our school. Yet as time went by, students dropped out of dental school by their own choice. The first student to drop out walked in the preclinical lab on the first day, looked around and said, "Not for me." He knew right then dentistry was not for him. The last person to leave was in November of our second year. In between, 10 students chose not to

continue, including my classmate, who took off part of my papilla between teeth 8 and 9, during our first prophies on each other.

Later in life I have run into some of these former classmates who dropped out. To a person, they were so glad they left dental school. They were unhappy and have found other careers that they have enjoyed and been successful. Over the past decade, I have asked recent graduates of

been "no one." When I ask why, they explain that federal undergraduate and dental school loans will come due immediately upon leaving school. The economic incentive to stay, even if you are unhappy, is too great.

While the selection process may have

Dental schools are the gatekeepers of our profession. It is time that they formalize support for students and the profession by developing pathways for students who are no longer willing or able to continue in dentistry. While no one can predict a successful, fulfilling career for a new graduate, this policy will assure the profession, and the public, that new graduates genuinely want to be the practicing dentist that patients want and need.



Dr. Spangler was in private practice in Bloomfield Hills, Michigan, and the former program director of the general practice residency at St. Joseph Mercy Oakland and currently serves on the Michigan State Board of Dentistry.

many different dental schools how many people dropped out of their entering class in dental school. The answer has universally

improved, no selection process is perfect. Dentistry is not a profession that you can try for a while to see if you like it. While dental schools will ask applicants to shadow a dentist prior to applying, this experience cannot duplicate what their career will be like. Due to changing practice patterns, the dental practice where they shadow a private practice owner-dentist will be very different from what they will experience as a debt burdened new graduate in a dental service organization.

Several years ago, one of our residents was about three weeks into her career when she turned to the assistant and said, "I never wanted to be a dentist." After eight years of undergraduate study and dental school, she said it was her family that wanted her to be a dentist. Sometimes as students grow and change, they may find this is not the right career. In my decade as a general practice residency program director, I believe we had several residents who knew they should have never gone into dentistry but had no way to leave the profession.

Colleges and universities have done a poor job of teaching financial literacy to students before they make this life changing financial commitment. Students need to understand the financial ramifications of starting dental school and how the financial impact of this debt will change their lives. We are long past the days of "everyone has debt: they paid it back, and you probably can too" as the motto of the financial aid office. For some students, it is not worth it, and they need the opportunity to leave with dignity. It is what is best for them, the profession and the public.

It is time for the ADA, CODA, and American Student Dental Association to develop an exit pathway for students who find dentistry is not the career for them. This should include tuition relief, financial and career counseling in helping them transition from dental school. This pathway should be a school policy and every student should be informed of this option prior to and during dental school. CODA should develop a standard for pre-doctoral education that details the procedure and support students will receive in reevaluating their career choices both before and during their dental education.

Letters

PUBLIC HEALTH DENTISTRY

The article in the February ADA News, "For Public Health Dentists, It's About Helping Those Who Need It Most" by Kimber Solana brilliantly brings to light the great reward of working in public health and safety net settings. Not only does it feel right for the dentists who choose to do so, but offers personal and enriching opportunities that they might otherwise never experience.

Federally qualified health centers have become critical partners to not only local and state health departments, but also to academia by providing service learning externships for student dentists. This partnership improves access to oral health care for underserved communities, reduces the cost of dental education and exposes the student dentist to many more "real-life versus ideal" learning experiences, often with complex patients with complex needs. Whether you are the new dentist just bitten by the mission bug, or perhaps, an experienced dentist looking to become more connected and give back, public health dentistry brings us all together in a sometimes very challenging world. As India's great spiritual leader Mahatma Gandhi has said, "The best way to find yourself is to lose yourself in the service of others." Finally, dental students and schools seemed to have discovered this and we must advocate to sustain and galvanize these connections.

I applaud the collaboration of the American Association of Community Dental Programs, National Network for Oral Health Access and American Dental Association for the work they do to support the 6,000 dentists working in dental safety net settings and in dental public health. Hopefully there will be countless others they will inspire to follow in the footsteps of Drs. Huang Le, Alayna Schoblaske and Myron Allukian.

Scott Wolpin, D.M.D.
Onancock, Virginia

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Penn Dental Medicine steps up to care for Afghan refugees

16 STUDENTS SERVED MORE THAN 60 PATIENTS AT POP-UP CLINIC, WITH FUTURE APPOINTMENTS MADE FOR ANOTHER 35 PATIENTS

BY DAVID BURGER
Philadelphia

Because oral care is essential care, Penn Dental Medicine students stepped up to create a pop-up dental clinic in December for more than 60 Afghan refugees awaiting permanent placement in the Philadelphia area amid the withdrawal of U.S. and NATO forces during the final days of the war in Afghanistan.

“There is a tremendous need to make people healthy and happy,” said Mark S. Wolff, D.D.S., Ph.D., dean of the dental school. “And there is a reward you can’t count in dollars and cents. It’s transformative for these students.”

Many of the refugees’ resettlement is being managed by the Philadelphia-based Nationalities Service Center, which supports immigrant and refugee clients with health and wellness services, community integration, legal protections, opportunities to achieve English language proficiency and more.

The center has partnered with Penn Dental Medicine since 2019, when the dental school established its Vulnerable Populations Clinic.

Olivia Sheridan, D.M.D., who directs the school’s Vulnerable Populations Clinic, said that the dental school is honored to partner with the center in serving their clients.

“When we learned of this special need, we were eager to help,” she said.

She worked with Leonard Jensen, D.M.D., dental director of the school’s community dental care centers, and hygienist Karoline Genung to recruit student volunteers and organize the clinic.

The clinic was set up on a Saturday within a hotel where the refugees were living. Sixteen third- and fourth-year dental students, under the supervision of Drs. Sheridan and Jensen and Ms. Genung, provided care to more than 60 patients, with future appointments made for another 35 patients and 100 hygiene kits dispensed.

“We did not stop until we ran out of supplies,” Dr. Sheridan said.

Along with exams, fluoride varnish was applied to everyone seen and over 50 units of silver diamine fluoride were placed, with several atraumatic restorative treatment restorations completed. In addition to dental care, extensive hygiene and nutritional advice was provided.

Dr. Jensen said he was encouraged by the number of students willing to donate their time and talents.

“The curriculum for third- and fourth-year dental student is demanding, but these students really came through,” he said.

The number of patients needing immediate major treatment, along with the poor condition of all of the patients’ teeth, spurred the dental school to expand the service of its Vulnerable Populations Clinic. Running through July 1, the clinic will expand its hours from two to three days per week.

“The demand is still there,” Dr. Jensen said.

“Dean Mark Wolff and the entire school administration are deeply committed to supporting these efforts and our student and faculty volunteers have clearly heard the call,” said Dr. Sheridan. “They continue to step up and provide this much-needed care for our newest arrivals.”

Dr. Jensen summed up the sense of purpose

of the clinic’s faculty and students and their ongoing efforts.

“These are our neighbors,” he said. “We are all related.” ■



Together: Faculty and students from Penn Dental Medicine pose during a Dec. 11, 2021, pop-up clinic for Afghan refugees.

Photo courtesy of Penn Dental Medicine

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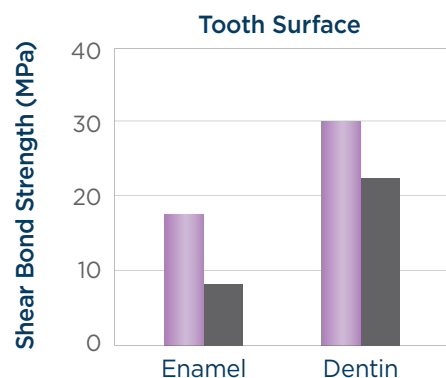
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