

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

10.09.23

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EDUCATION

Diversifying dental schools

A look at changing demographics in dental education

BY MARY BETH VERSACI

Dental schools are more diverse than they have ever been, but there is still work to do before the dental workforce reflects the diversity of the overall U.S. population.

The total share of female students enrolled in predoctoral dental education programs rose from 50.5% in 2018-19 to 55.5% in 2022-23, according to data reports from the ADA Health Policy Institute's Survey of Dental Education, administered on behalf of the Commission on Dental Accreditation. Similarly, the total share of students who are a racial/ethnic minority grew from 48.9% to 51.9% in that same timeframe, while the total share of white students dropped from 51.1% to 48.2%.

However, certain racial and ethnic groups have seen their representation increase more than others. While the share of first-year Asian and Hispanic



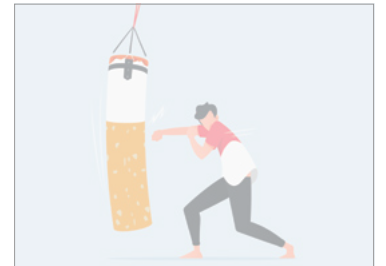
Women in dentistry:
The D24 Class Executive Leadership Board at Tufts University School of Dental Medicine is made up entirely of women, who were elected as first-year students by their classmates:
Debora Yoon (from left), Brianna Sammon, Vidhi Desai and Zana Hunt.
Photo courtesy of Alonso Nichols/Tufts University

in building a foundational understanding of disparities in health care and the role of systemic racism in health care in the United States," Dr. Sabir-Holloway said.

The school is home to student organizations and affinity groups that host events throughout the year that highlight differences among groups and foster a deeper understanding and appreciation for those differences, she said.

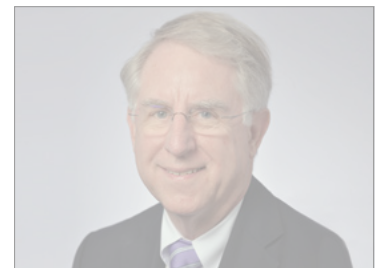
As a single mother, Ms. Higgin has faced challenges during her dental education, but she has built a community for herself by participating in the Student National Dental Association, American Student Dental Association and various other groups and events.

"My dental school fosters a great open-armed environment between students," she said. "Everyone is willing to help in the most rewarding 'each one, teach one, reach one' fashion."



8 ADA supports tobacco cessation bill

Legislation would cover therapies to help users quit



17 Past ADA president named FDI president

Gregory Chadwick, D.D.S., installed in Sydney



24 ADA president-elect discusses ADA advocacy, science

Part II of Linda Edgar, D.D.S., Q&A

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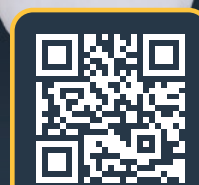
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However, certain racial and ethnic groups have seen their representation increase more than others. While the share of first-year Asian and Hispanic dental students increased between 2005 and 2020, the share of Black students stayed roughly the same. The percentage of female enrollees in advanced programs also varies significantly by specialty.

Below are closer looks at Tufts University School of Dental Medicine and the University of Colorado School of Dental Medicine, which have made strides in diversifying their student bodies.

TUFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE

Diamond Higgin is a fourth-year student who was inspired to pursue dentistry by her childhood dentist after facing oral health issues as a child that caused speech impairments and led to bullying by her peers.

"Her tenacity, support and guidance inspired me to explore a career

in dentistry," Ms. Higgin said. "A career in dentistry has long been an interest in women and people of color. The path to dentistry has not always been available or inviting in the most literal sense, even with the best and brightest. Often without the appropriate voices, mentors and resources, the field can feel very unattainable. Also, real barriers exist when it comes to accessing any path to the medical profession as a person of color, be it costs, racial and systemic bias, entry fees, network, low-resourced colleges and even discouragement from trusted mentors and school advisers."

Between the 2009-10 and 2022-23 academic years, the total share of predoctoral female students at Tufts University School of Dental Medicine grew from 50.5% to 61.7%, according to data from HPI. The total share of Black students rose from 4.2% to

15.3%, while the total share of Hispanic students increased from 5.1% to 12%.

"As arguably the most diverse dental school in North America, Tufts University School of Dental Medicine has long been known for promoting a sense of community belonging in the 'Tufts family,'" said Jeanette Sabir-Holloway, D.D.S., assistant dean for diversity and inclusion. "As our student, faculty and staff populations have become more diverse, we aspire to feel welcoming, inclusive and supportive to all our students, staff and faculty."

Fostering diversity, equity and inclusion is part of the dental school curriculum. Students enroll in diversity and inclusion courses during the first three years of dental school and the first year of residency programs.

"Diversity and inclusion courses strengthen self-awareness, increase cultural awareness and assist students

in building a foundational understanding of disparities in health care and the role of systemic racism in health care in the United States," Dr. Sabir-Holloway said.

The school is home to student organizations and affinity groups that host events throughout the year that highlight differences among groups and foster a deeper understanding and appreciation for those differences, she said.

As a single mother, Ms. Higgin has faced challenges during her dental education, but she has built a community for herself by participating in the Student National Dental Association, American Student Dental Association and various other groups and events.

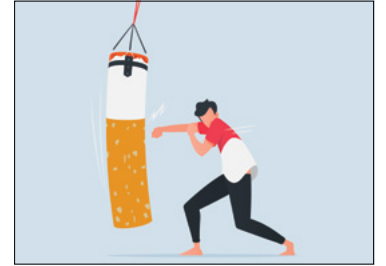
"My dental school fosters a great open-armed environment between students," she said. "Everyone is willing to help in the most rewarding 'each one, teach one, reach one' fashion."

Ms. Higgin strives to help other students like her by founding groups that support parents of color in their pursuit of careers as dental and medical professionals.

"Now, more than ever, several avenues to dentistry are being opened, allowing more of these demographics to join the field," she said. "I feel very fortunate to be pursuing dentistry in this era because I am walking in paths that so many before me have paved and privileged to stand on their shoulders."

Tufts University School of Dental Medicine also partners with Increasing Diversity in Dentistry, an organization that assists historically underrepresented racial and ethnic students in becoming better-prepared applicants for dental school.

See DIVERSIFY, Page 12



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New ADA kit helps dentists with OSHA compliance, training

BY DAVID BURGER

The new ADA Complete OSHA Compliance Kit aims to help dentists keep their practices compliant and employees safe from workplace hazards.

This kit guides readers through the federal regulations dentists need to know and helps them learn about Occupational Safety and Health Administration compliance and training.

With chapters on bloodborne pathogens, infection control, hazard communication, respiratory protection, waste management, emergency action plans, and all needed forms, the ADA Complete OSHA Compliance Kit is a way to ensure the entire dental staff knows OSHA regulations.

The kit includes two guides, each of which also can be purchased individually: ADA OSHA Training: Guidance for the Dental Team and ADA Guide to OSHA Compliance for Dental Offices.



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Building your DSO or group dental practice house



BY JEREMY R. DIXSON, D.M.D.

Aspiring dental entrepreneurs have asked me some variation of these questions countless times during my 15 years working as a leader and influencer in the dental support organization sector of the dental industry. I've personally seen many dentists set out on the difficult path of scaling into a DSO, but only a select few end up reaching or exceeding their initial goals. More often than not, after a few years of struggle, I hear a downtrodden owner with markedly less passion relay something similar to the sentiment, "I had no idea it would be so hard."

The misunderstanding of the nature of success has been responsible for innumerable failed attempts to build organizations, both inside and

I recommend that everyone interested in building a DSO deeply examine their motivations for wanting to do so. In my conversations with aspiring DSO leaders, I commonly talk people out of building one after I point out what lies treacherously below the iceberg. The path to success is mostly hidden from the outsider's view and is fraught with severe hurdles, some expected, and others that are completely unexpected. It is a grind, it is hard, and sometimes our autonomic nervous system directs us towards reversing course and receding back into comfort. Only a rare few have the mix of grit, business acumen, interpersonal skills, emotional intelligence and passion to push them through the slog that people don't see lying below the water line.

However, all of these positive traits are often still not enough to successfully build a DSO. Also

understood by everyone within the organization. It will guide every decision as the DSO grows and scales. The vision should also be short and encapsulate the leader's plan for what the company will become as it scales. The values of the organization should be minimal in length and universal enough to guide how team members of the DSO act as they treat patients (and how they treat each other) at all times. This foundation is a gating item for all decisions within the organization. In short, if a proposed action does not align with the mission, vision and values, it is not done.

An example of this concept is the mission, vision and values of the DSO I built and led:

Mission: Ultimate service. Superior performance. Positive impact.

Vision: Transform oral health care.

Value(s): Patients first.

The roof of the DSO house is another critical gating item as you build and scale a DSO. The roof of any house protects it from harmful outside elements such as rain, snow, ice and wind. It allows the inside of the home to maintain a temperature independent of the outside to keep its inhabitants insulated from the elements. Asking whether any proposed action is simple, scalable and efficient protects the organization from the "scaling of chaos," which often occurs when this roof concept is not firmly in place.

There are three key pillars associated with the DSO house: exceptional clinical quality and leadership, the right financing/investors and a synergistic management team.

Exceptional clinical quality and leadership is self-explanatory and is prerequisite to ensuring your DSO is built for the long haul. In addition to this pillar, additional pillars support this idea.

critical to success, is to build a strong framework for the organization to ensure sustainable growth. In my experience, the framework of all successful DSOs is similar. All sustainably successful dental groups exhibit these critical components illustrated below this in the DSO house concept:

The foundation of the DSO house is the organization's mission, vision and values. This aspect of any house protects it from outside elements that will damage and slowly rot it to oblivion over time. The mission should be short, concise and easily

outside of dentistry. The iceberg illusion pictured here perfectly encapsulates the often unrealistic allure of entrepreneurial success.

As with so many successful entrepreneurs before me, I have experienced each and every aspect of this iceberg, right down to the disappointment, failure and sacrifice. Buoyed up by persistence, dedication, discipline and good old-fashioned hard work, I was fortunate enough to work with an extraordinary team to build what was one of the most successful DSOs in the country.

INSIGHTS ON GROUP PRACTICE DENTISTRY



These secondary pillars assist in fully engaging the dentists who drive practice growth through means that motivate and align their actions with organizational goals. These secondary pillars include building a shared purpose between the organization and the dentists, satisfying the self-interests of the dentist (including compensation and professional goals), ensuring full personal and professional respect of the dentist in every way possible, and creating a culture with traditions that are in alignment with the mutual goals of the dentist and the organization.

The right financing/investors can make or break the growth curve of even the most well-conceived DSO. Emerging groups often rely on traditional banks to provide capital in the form of dental loans to fuel growth in early stages. With size and scale, these resources can become limiting to the acceleration of the scaling process when it is time for the exponential growth phase to begin. Investors in the form of private equity firms or family offices (investment firms managed by wealthy families with their own funds) have been increasingly interested in partnering with emerging groups or DSOs to provide growth capital. Personality/cultural fit, proper deal structure (minority/non-control or majority/control, etc.) and the ability to add clear value to the venture are the critical components required for investors to be the right fit for your organization. Many entrepreneurs find it difficult to know which investors are the best fit, what the proper deal structure ought to be, and what constitutes adding value as a partner.

The final key pillar is a synergistic management team. With some organizational scale, this often consists of the following positions and characteristics:

CEO: visionary, broad skills, curious, lifelong learner, strong emotional intelligence, self-awareness, collaborative, execution focused, polymath, rainmaker.

COO: bias toward action, process- and systems-focused, eye for talent, ambassadorial, squashes drama.

CFO/controller: operational and clinical understanding, dental understanding/experience, quick study.

PC president/CDO: respected clinician and mentor, likable, strong integrity, aligned with business goals, influencer.

“

I recommend that everyone interested in building a DSO deeply examine their motivations for wanting to do so.

As you embark upon your group practice or DSO journey, the principles of the DSO house coupled with a strong understanding of what underlies success to create your dream DSO will exponentially increase your odds of success.

This editorial, reprinted with permission, was published in Group Dentistry Now on May 22, 2022. Dr. Dixon is a founder/CEO of Dental Capital Partners, co-founder of SmartDiligence, and the founder/CEO of The DSO Project, dentistry's first dental support organization accelerator. Dr. Dixon also provides board assistance and expert DSO consulting to private equity firms and other investors. ■

Dental Assisting National Board offering its most popular exam in Spanish in 2024

BY DAVID BURGER

The ADA Council on Dental Practice is applauding the decision by the Dental Assisting National Board to offer its Radiation Health and Safety exam — its most popular exam, with more than 12,000 administered each year — in Spanish in January 2024.

The board, in a news release, called it the first credentialing exam in oral health care to be offered in Spanish.

“The Council on Dental Practice and the ADA encouraged DANB to offer this exam in Spanish as a way to increase the workforce and its diversity,” said Jeffrey Ottley, D.M.D., 2023–24 council chair. “A shortage of dental assistants, specifically Spanish-speaking assistants, was created as states required the Radiation Health and Safety exam for employment. By offering the exam in Spanish, the workforce shortage will be reduced, and the diversity will reflect a diverse patient population.”

“As we face workforce shortages in all levels of the workforce, the ADA and Council on Dental Practice are encouraged by DANB listening to our concerns to reduce the barriers to employment and increase inclusivity into our workforce,” said council member David L. Fried, D.M.D. “In Connecticut, dental assistants are required to pass radiology and infection control examinations in order to be qualified to perform their duties.”

Dr. Fried said because of the DANB examination only being offered in English, many assistants were forced to leave the profession due to their inability to complete the testing requirements.

“With this progressive decision by DANB, we hope to be able to renew our lost assistants and bring new assistants into our profession,” Dr. Fried said. “We look forward to them incorporating all their examinations, including infection control, into a bilingual platform and expanding it into other languages including Polish, Mandarin and Portuguese.”

According to the board, 22% of Radiation Health and Safety exam applicants are fluent in Spanish, and 38 states and Washington, D.C., recognize or require DANB exams or certifications for dental assistants.

Frank Maggio, D.D.S., a past member of the ADA Board of Trustees who now sits on DANB’s board, said that a strong dental team and positive patient experience rely on qualified dental assistants.

“Fostering diversity among dental professionals can improve oral health, especially across diverse patient populations,” Dr. Maggio said. “Empowering Spanish-speaking dental assistants to pursue the Radiation Health and Safety exam certificate will bolster dental teams and the patients they serve. This initiative will open doors to a more inclusive dental community, a more diverse and knowledgeable dental assistant workforce and greater access to quality dental care for all.”

The board worked with exam translation consultants and subject matter experts, including leaders from the Hispanic Dental Association, to ensure the accuracy of translation into modern Spanish.

The Radiation Health and Safety exam in English and Spanish both follow the same exam outline, use the same question bank, have the same pass point and have been constructed based on the same psychometrically valid principles, according to the board.

The application will be available on DANB’s website in January. The process will be the same as applying for the RHS exam in English. ■

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HELP Committee passes Bipartisan Primary Care and Health Workforce Act

Legislation would increase funding for many dental workforce programs

The Senate Health, Education, Labor and Pensions Committee voted Sept. 21 to pass the Bipartisan Primary Care and Health Workforce Act, which would ensure various workforce programs continue, including many for oral health.

Introduced by Chairman Bernie Sanders, I-Vt., and Sen. Roger Marshall, R-Kan., the bill

passed in a 14-7 vote. Every Democrat and three Republicans — Sens. Marshall, Mike Braun, R-Ind., and Lisa Murkowski, R-Alaska — supported the measure.

“The time is long overdue where we begin to deal with the crisis facing American health care, a need for major reform in health care workforce, and primary care,” Sen. Sanders said

during the hearing. “It is my every intention to make sure that becomes law.”

The bill would reauthorize several of the ADA’s top priorities such as workforce grants directed toward dental programs; the National Health Service Corps’ scholarships and loan repayment programs, which run out Sept. 30; the Teaching Health Center Graduate Medical Education Program, which helps

train dentists in rural communities; and community health centers, which provide quality oral health care to underserved populations.

Dan Gesek, Jr. D.M.D., chair of the ADA Council on Government Affairs, said the dental workforce shortage is among the main issues currently facing the industry. The new legislation, he added, would help alleviate the strain.

“This particular bill definitely helps with workforce, training programs and also some allied health programs,” he said. “This is not only something that’s going to help us as dentists, but it’s going to help our patients, and those patients that can’t get care on an everyday basis will be able to get care.”

But Dr. Gesek also noted that while the bill’s passage in the HELP Committee marks significant progress, next steps are crucial. As part of a grassroots campaign, the ADA sent out an Action Alert Sept. 19 urging members with a senator on the HELP Committee to ask them to support the bill.

“We’re going to continue to [contact] our congressmen and our senators, and we’re going to show them how important dentistry is and what we care about, which is taking care of our patients,” Dr. Gesek said. “That’s really what it’s all about. Hopefully, at the end of the day, some of our issues will get passed and we’ll be able to see some fruit from our labors.”

Follow all the ADA’s advocacy efforts on workforce at [ADA.org/advocacy/advocacy-issues/workforce](https://ada.org/advocacy/advocacy-issues/workforce). ■



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ADA asks dentists to urge federal support for veterans’ oral health

Only about 15% of veterans eligible for VA dental benefits

BY DAVID BURGER

The ADA is asking dentists to write to their congressional delegation and urge them to support improved access to dental care through increased resources for Department of Veterans Affairs Dentistry and the VET CARE Act of 2023.

Increased funding for VA Dentistry would enable under-resourced VA dentists to care for those already eligible for benefits, according to a September ADA Action Alert.

The VET CARE Act would also create a pilot program offering VA dental care to veterans with Type 2 diabetes as well as studying whether there is a correlation between receiving regular dental treatment and reduced complications of chronic disease.

“Many dentists are actively serving in the military or are veterans,” according to the alert. “But did you know that while veterans’ oral health is worse on average than non-veterans, only about 15% of veterans are eligible for VA dental benefits? More can, and must, be done to improve veterans’ access to oral health care.”

Visit [ADA.org/advocacy/legislative-action-center/vet-care-action-alert](https://ada.org/advocacy/legislative-action-center/vet-care-action-alert) to take action by contacting your federal representatives. ■

ADA supports Lower Costs, More Transparency Act

BY OLIVIA ANDERSON

The ADA is expressing support for the Lower Costs, More Transparency Act, a health care bill aimed at addressing workforce investment and increasing price transparency throughout the health care system.

Specifically, the ADA supports efforts to extend the Community Health Center Fund, the National Health Service Corps and the Teaching Health Center Graduate Medical Education Program, which the organization said in a letter are “crucial steps towards shoring up our nation’s dental and medical workforce so that more Americans can have access to high quality health care.”

Expanding National Health Service Corps programs would address problems with health workforce distribution and local shortages, while also providing an opportunity for dentists to reduce student loan debt through service. The Teaching Health Center Graduate Medical Education would provide resources to dental programs by training residents to serve vulnerable populations in community-based settings such as federally qualified health centers and tribal health centers.

“Extending and expanding this funding would provide increased stability to teaching health centers and strengthen continuity of care in underserved communities,” the letter reads.

Addressed on Sept. 18 to House Energy and Commerce Committee Chair Cathy McMorris Rodgers, R-Wash., Ranking Member Frank Pallone Jr., D-N.J., House Committee on Ways and Means Chair Jason Smith, R-Mo., and House Committee on Education and the Workforce Chair Virginia Foxx, R-N.C., the letter goes on to note that the bipartisan bill would both extend and expand the Teaching Health Center Graduate Medical Education Program. Because many Teaching Health Center Graduate Medical Education training sites are in medically underserved communities, extending the program’s funding would likely increase access to care and provide better health care to those in need, according to the ADA letter.

“America’s dentists thank you for your leadership on health care workforce issues,” the letter concludes. “The ADA is ready to work with you to ensure that the dental workforce is sufficient to provide access to care for all Americans across our nation.”

Follow all the ADA’s advocacy efforts on workforce at [ADA.org/advocacy/advocacy-issues/workforce](https://ada.org/advocacy/advocacy-issues/workforce). ■

ADA Action Alert urges members to advocate for REDI Act

BY OLIVIA ANDERSON

The ADA is asking members to encourage Congress to cosponsor the Resident Education Deferred Interest Act, which would allow medical and dental residents to defer student loan payments until the completion of their programs and suspend the accrual of interest

during residency. In light of the federal student loan interest and payments resuming this month, an Action Alert went out Sept. 28 highlighting the financial impact on new dentists and dental students — many of whom will, for the first time, be faced with hefty monthly payments. According to the ADA, new dentists start their careers with an average of \$305,000 in student loan debt.

The ADA supports a number of student loan reform policies, the Action Alert email said, including lowering student loan interest rates, creating better refinancing terms, supporting loan repayment programs and increasing the deductibility of student loan interest. Additionally, the REDI Act is one of several bills the ADA supports to help future dentists manage educational debt.

“It will not eliminate the burden of educational debt, but it will help offset the unprecedented financial challenges that new dentists face at graduation,” the email reads. ■

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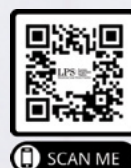
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ADA supports tobacco cessation bill

Legislation would cover therapies to help tobacco users quit

BY OLIVIA ANDERSON

The ADA joined a coalition of organizations supporting the Helping Tobacco Users Quit Act, which would authorize Medicaid and Children's Health Insurance Program coverage for all Food and Drug Administration-approved tobacco cessation medications.

In a letter addressed to Reps. Lisa Blunt Rochester, D-Del., and Brian Fitzpatrick, R-Pa., the coalition said the bill's benefits are at least two-fold: helping individuals lead healthier lives and

reducing high health care costs. According to the letter, smoking-related diseases make up nearly \$72.7 billion in annual Medicaid costs.

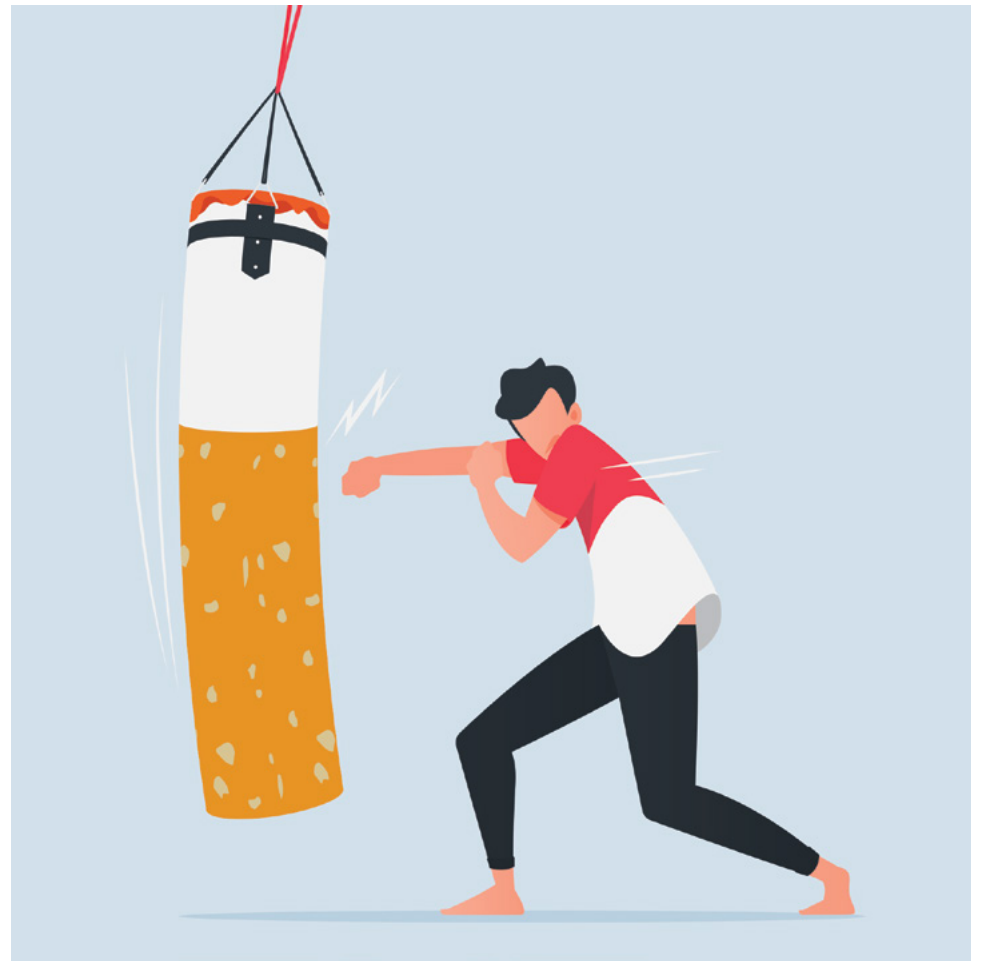
"Smoking rates are particularly high among people enrolled in Medicaid. Helping individuals who use tobacco to quit should be a critical component of the nation's efforts to combat this deadly pandemic," the letter said.

The letter goes on to state that Medicaid enrollees smoke at more than twice the rate of adults with private health insurance, which increases their risk of at least 12 cancers, cardiovascular disease, chronic obstructive pulmonary disease and Type 2 diabetes.

Currently, only 20 states cover all seven FDA-approved, evidence-based tobacco cessation medications as well as group and individual cessation counseling, with three of these states covering all treatments without barriers to access.

The new legislation, however, would change this by extending comprehensive tobacco cessation coverage to all Medicaid and CHIP beneficiaries as well as eliminating cost sharing and prior authorization requirements.

"Quitting is one of the most important actions individuals who use tobacco can take to improve their health, and Medicaid and CHIP should assist enrollees who want to quit," the letter concludes, applauding the representatives for "introducing legislation that would ensure that all Medicaid and CHIP enrollees have barrier-free coverage of evidence-based tobacco cessation treatments." ■



66

Smoking rates are particularly high among people enrolled in Medicaid. Helping individuals who use tobacco to quit should be a critical component of the nation's efforts ...



PRACTICE

New fraud targets health care professionals

Fraudsters impersonate sheriff's deputies in phone scam

Phone scammers are impersonating sheriff's deputies and threatening fines or possible arrest in a new fraud targeting medical professionals, according to the Federal Trade Commission.

Specifically, the fraudster will claim the health care provider has missed a court date to testify as a witness or that their prescription number is being used to traffic drugs, according to an FTC news release. The caller will then offer the

option of paying with gift card numbers in order to avoid fines or arrest.

According to the FTC, the scam caller often sounds convincing by revealing real details about the health care professional's employer and background or by impersonating a real law enforcement officer and faking their caller ID information. Medical scams have taken place in Cleveland, Ohio, but similar scams in other parts of the country have targeted other licensed professionals such as attorneys and architects.

The FTC encourages licensed health care providers to remember that real law enforcement officers will never call to threaten arrest or demand fine payments. ■



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¹ CareCredit Cardholder Engagement Study, conducted by Chadwick Martin Bailey on behalf of CareCredit, Q2 2021

ADA Action Alert asks dentists to advocate for oral health care workforce initiatives

BY OLIVIA ANDERSON

The ADA is asking dentists to contact their senators to urge support for the oral health care provisions included in the Bipartisan Primary Care and Health Workforce Act, a bill that would increase funding for various health workforce programs, including many for oral health.

In a letter sent Sept. 19 to Senate Health, Education, Labor and Pensions Committee Chairman Bernie Sanders, I-Vt., the ADA expressed support for provisions in the bill that would extend the State Oral Health Workforce Improvement Grant Program, the Oral Health Training Programs, the Community Health Center Fund, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education Program. The bipartisan bill was authored by Sen. Sanders and Rep. Roger Marshall, R-Kan.

“Workforce and access to care issues are among the ADA’s top priorities,” the letter reads, noting many dentists report difficulty in recruiting for dental hygienists and assistants. “Dental practice staffing difficulties limit the number of patients dentists can see, and this problem is especially acute in underserved areas.”

In an emailed Action Alert to ADA members that reside in the same state as members of the Senate Committee on Health, Education, Labor and Pensions, ADA Senior Vice President of Government and Public Affairs Michael A. Graham requested that they “please email your Senators and ask them to support this bill.”

“The workforce problem facing dental practices in America continues to be a top priority for our profession,” Mr. Graham said. “Many of you wrote to your senators in June to ask them to support important workforce programs that would expand the dental workforce pipeline and increase access to care.”

This summer, the ADA urged members in June to ask senators to support reauthorizing the Action for Dental Health workforce grants; the Restoring America’s Health Care Workforce and Readiness Act; allowing dental professional student loan borrowers to modify the interest on student loans; and the Resident Education Deferred Interest Act.

The new legislation would ensure many of these programs continue.

ADA’s support letter, signed by ADA President George R. Shepley, D.D.S, and Executive Director Raymond A. Cohlman, D.D.S, goes on to share support for the Action for Dental Health program,

which provides federal funding through the Health Resources & Services Administration State Oral Health Workforce Grants to address the dental health needs of underserved populations. It also urges expansion of the National Health Service Corps scholarship and loan repayment

opportunities for dentists in order to address local shortages, as well as the Teaching Health Center Graduate Medical Education Program. Extending the Teaching Health Center Graduate Medical Education Program would “direct critical funding to a program that has needed increased resources for years,” the ADA stated, and ultimately address workforce shortages and health disparities.

“The ADA would like to thank the committee for their consideration of legislation that supports programs to expand the oral health care workforce,” the letter concludes. “These programs are crucial for creating a robust provider network that will improve access to quality oral health care for patients nationwide.” ■



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¹ Based on an analysis of global SureSmile® aligner cases conducted between Jan. 2019–Dec. 2021. Data on file.
² Survey among 295 U.S. Clear Aligner Clinicians conducted by a third-party market research vendor, 2020. Reported treatment time for class 1 patients. Data on file.

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DIVERSIFY *continued from Page 1*

"Pathway programs are key to enhancing the diversity of our applicants and potential admissions candidates," Dr. Sabir-Holloway said. "Students tell us they choose Tufts School of Dental Medicine because of the diverse student body and community service efforts and programs."

While Ms. Higgin has not yet solidified her next steps after she graduates from dental school, she knows mentorship, advocacy and service will continue to be the cornerstones of whichever career path she chooses.

"I aim to live a life that sets an example and blueprint that activates the potential of others," she said. "I will continue to serve, advocate and share my story of dedication, mentorship and community on every opportune platform. Tenacity, resiliency and brilliance without proper tools and resources are just that. Some of the rawest talent

in the world has yet to be found because of the lack of opportunity.

"I am very proud of what my university has accomplished concerning diversity and inclusion. They are making ways for so many other universities and students alike. While there is certainly more work that needs to be done, I am excited to see what is accomplished next."



Photo courtesy of Ms. Higgin



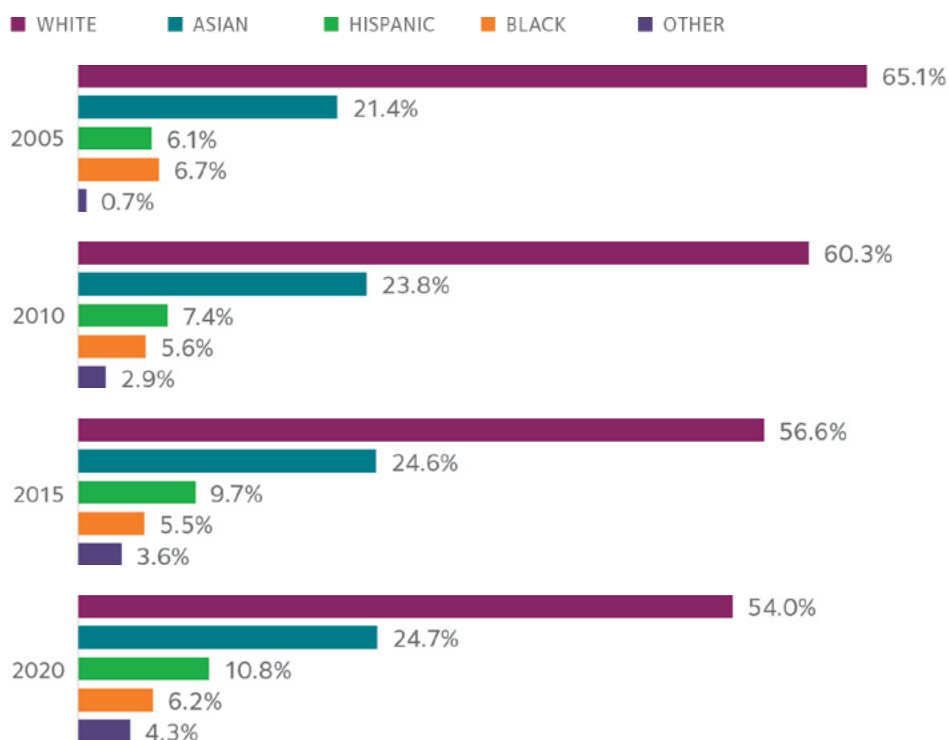
Photo courtesy of Ms. Rodriguez Mantilla



Photo courtesy of Corey Davis, PRS/M Film

Community: (Top) Diamond Higgin, a fourth-year student at Tufts University School of Dental Medicine, is pursuing her dental education while raising her daughter as a single mother. Ms. Higgin strives to help other students like her by founding groups that support parents of color in their pursuit of careers as dental and medical professionals. (Right) Dental students, including Maria Gabriela Rodriguez Mantilla (seated, far right), gather in the new Dental Advanced Simulation Hub at the University of Colorado School of Dental Medicine with Dean Denise Kassebaum, D.D.S. (standing, center). The hub features avatars that simulate real patients with unique backgrounds and identities and manikins with different skin tone facial shrouds. (Left) Ms. Rodriguez Mantilla, a fourth-year student at the University of Colorado School of Dental Medicine, wraps up her first of six three-week advanced clinical training services rotations at a community clinic. She is leaning toward practicing at a community clinic after she graduates.

DISTRIBUTION OF FIRST YEAR DENTAL SCHOOL ENROLLEES, BY RACE



Source: ADA Health Policy Institute analysis of the ADA Survey of Dental Graduates, ADA masterfile and American Dental Education Association data.

More work to do: Certain racial and ethnic groups have seen their representation in dental schools increase more than others over the years. While the share of first-year Asian and Hispanic dental students increased between 2005 and 2020, the share of Black students stayed roughly the same.

The mission of Tufts School of Dental Medicine is to prepare providers who can deliver equitable and compassionate care, Dr. Sabir-Holloway said.

"At Tufts, we realize that patient-provider concordance increases access to compassionate oral health care," she said. "Tufts University School of Dental Medicine strives to equip all our graduates to be empathetic oral health care providers, able to address the oral health needs of all communities and populations."

UNIVERSITY OF COLORADO SCHOOL OF DENTAL MEDICINE

Maria Gabriela Rodriguez Mantilla is a fourth-year student who serves as the student diversity officer of her class. The role has involved creating infographics to highlight cultural heritage months, planning a visit to a Latin American art museum, coordinating presenters for a campuswide Asian American and Pacific Islander Heritage Month

chapter of the Student National Dental Association, which regularly hosts lunch and learns, volunteering opportunities, events celebrating different cultures, and tours of the school with panels, application workshops and mock interviews.

"This role has helped me make stronger connections with friends, faculty and staff that help contribute to the happy parts of my day at the University of Colorado School of Dental Medicine," she said.

The dental school's total share of predoctoral female students grew from 38.6% during the 2009-10 academic year to 57.4% in 2022-23, according to data from HPI. The total shares of Asian, Black and Hispanic students also increased during that time, from 8.4% to 14.1%, 1.5% to 5.3% and 5.4% to 11.6%, respectively.

"Over the last few decades, our faculty, staff and students have become more diverse, and our inclusive programming more intentional," Dr. Kassebaum said. "We identified diversity, equity, inclusion and belonging as an integrated value thread that runs through our mission areas of education, research, patient care and community engagement.

The school's [Diversity, Equity, Inclusion and Belonging] Action Agenda is focused on promoting a schoolwide climate of respect, recruiting and retaining a workforce to advance the health of diverse communities, providing an educational experience where learners feel a sense of belonging and ensuring clinical care programs support person-centered care."

The dental school aims to ensure its admission processes are holistic while complying with federal law, said Elizabeth Ramos, D.D.S., assistant dean of academic achievement and equity.

"We are looking at our student experience in a more expansive way," Dr. Ramos said. "As society and systems change, we continue to evolve. We have amplified the scope of our Student Success Team. The team serves as a forum for the offices of academic affairs, student affairs, clinical affairs, and diversity and inclusion to collaborate and proactively identify ways to make structural and cultural changes that enhance the student experience at the school of dental medicine. While offices and committees within the school engage directly with individual student progress, this group reviews and makes recommendations to positively impact student experiences and support student well-being."

Ms. Rodriguez Mantilla said being able to turn to faculty members and mentors who have similar backgrounds to her has helped her on her dental school journey.

"The school of dental medicine has some shining star faculty and mentors that I have been able to relate to on a different level because we may have similar upbringings or societal norms. This has brought comfort during times when I have felt burnout and anxiety," she said. "I hope that spaces for underrepresented minorities continue to improve by amplifying mentoring and reinforcing belonging."

While Ms. Rodriguez Mantilla is unsure of her exact career path, she is leaning toward practicing at a community clinic, a choice influenced by her background.

"I feel that my personality, my family's experiences and learning about the social determinants of health have made me want to work at community clinics," she said.

"My last rotation allowed me to see patients that I could speak to in Spanish all day and felt like I was treating my family. I put all my efforts and care into all my patients, and helping create a small change at the community clinic I was at made me so happy. While the future is uncertain, I'm hopeful and confident that there are many opportunities ahead of me." ■

HPI CORNER

Get to know University of the Pacific, USC dental schools

This series from the ADA News highlights facts about U.S. dental schools to help paint a picture of the current dental education landscape.

Learn more about the University of the Pacific Arthur A. Dugoni School of Dentistry and Herman Ostrow School of Dentistry of USC (University of Southern California) in the fact boxes below, and stay tuned for details about more schools in upcoming ADA News issues.

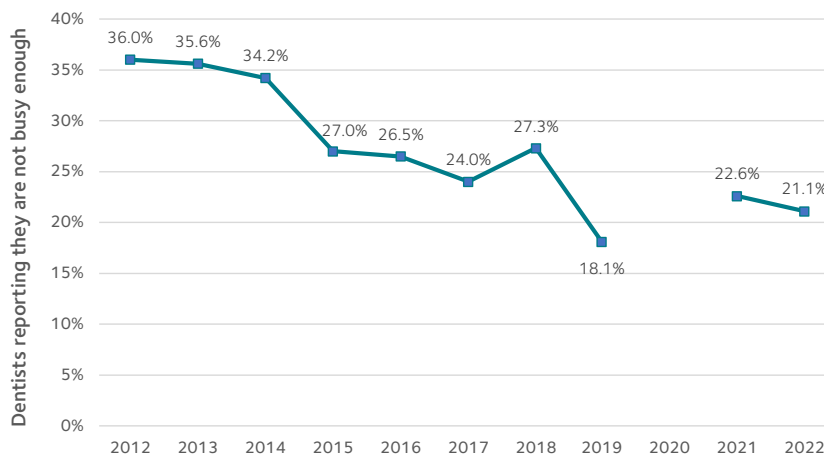


DENTIST BUSYNESS

Over the past decade, the percent of general practitioner dentists reporting that they are not busy enough and could treat more patients has declined from more than one-third in 2012 to 1 in 5 in 2022.

Note: Dentists were not asked about busyess in 2020.

Source: ADA Health Policy Institute. Income, Gross Billings, Expenses, Characteristics: Selected 2022 Results from the Survey of Dental Practice. Available from: ADA.org/resources/research/health-policy-institute/dental-practice-research.



UNIVERSITY OF THE PACIFIC
Arthur A. Dugoni School of Dentistry

Location: San Francisco
Year established: 1896
Dean: Nader A. Nadershahi, D.D.S., Ed.D.
Total enrollment: 550



Proud traditions: University of the Pacific Arthur A. Dugoni School of Dentistry students celebrate their transition to clinical care at their white coat ceremony in July.

FUN FACT:

The University of the Pacific Arthur A. Dugoni School of Dentistry was the **first U.S. dental school to offer a three-year D.D.S. program.**

Photo courtesy of Dugoni School of Dentistry

Herman Ostrow School of Dentistry of USC

Location: Los Angeles
Year established: 1897
Dean: Avishai Sadan, D.M.D.
Total enrollment: 850



Patient care: Herman Ostrow School of Dentistry of USC associate professor Mehdi Mohammadi, D.D.S., demonstrates a dental procedure for student Daniel Cohen at Union Rescue Mission, which is home to Ostrow's patient care facility on Skid Row, servicing L.A.'s unhoused population.

FUN FACT:

The Herman Ostrow School of Dentistry of USC was the **first dental school established in Southern California.**

Photo courtesy of Peter Howard

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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

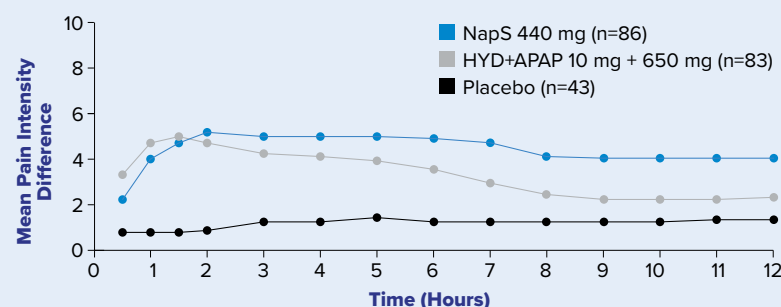
- SPID₀₋₁₂ was statistically significant for Aleve® vs HYD+APAP¹

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

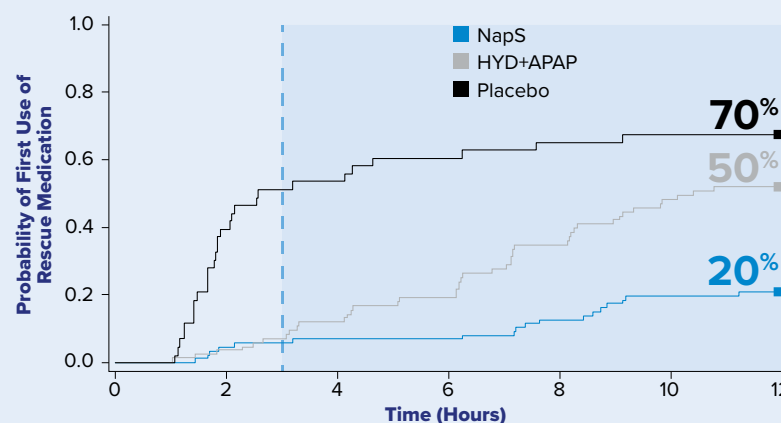
- Total pain relief (0 to 6 and 0 to 12 hours; $P < 0.05$)¹
- Median time to rescue medication ($P < 0.001$)¹
- Duration of pain at least half gone over 12 hours ($P < 0.001$)¹

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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Past ADA President Gregory Chadwick, D.D.S., installed as FDI president

BY DAVID BURGER

The FDI World Dental Federation's General Assembly installed Gregory Chadwick, D.D.S., as FDI president at the FDI 2023 World Dental Congress in Sydney in September.

Dr. Chadwick was president-elect for the prior two years, having been elected in 2021. The president's term is two years. He served as ADA president from 2001-02 and a trustee from 1996-2000.

Dr. Chadwick served for six years as speaker of the FDI General Assembly and is the most recent American president after Kathryn Kell, D.D.S., who served as FDI president from 2017-19.

In his remarks at his installation, Dr. Chadwick said he was honored and humbled.

"I am energized by our mission and the opportunity that we all have to play a role in improving oral health and making this planet a healthier place for all of us and future generations," Dr. Chadwick told the crowd.

practiced endodontics in his hometown of Charlotte for almost 30 years.

ADA President George R. Shepley, D.D.S., hailed Dr. Chadwick's election.

"For decades, Dr. Chadwick has been an inspiring leader in dentistry, both in the United States and globally," he said. "As a practitioner, educator and former ADA president, Dr. Chadwick

fundamentally understands the importance of our profession from every angle. I believe that his prudent leadership will help elevate oral health on the world stage and drive the FDI's mission. The ADA congratulates him on his FDI presidency."

Much like the ADA House of Delegates, the FDI General Assembly is the supreme legislative



Dr. Chadwick

and governing body of FDI that meets once a year to approve the budget, hold elections, set FDI policies and the strategic plan, missions and aims, and monitors progress on their achievement.

The FDI World Dental Federation is comprised of approximately 200 national dental associations, including the ADA, from more than 130 countries. It represents the voice of over one million dentists worldwide. ■

“

As a practitioner, educator and former ADA president, Dr. Chadwick fundamentally understands the importance of our profession from every angle. I believe that his prudent leadership will help elevate oral health on the world stage and drive the FDI's mission.

— George R. Shepley, D.D.S.

He acknowledged his family and the ADA.

"I want to thank my wife, Knox, and our family for their support over the years," Dr. Chadwick said. "I also want to thank my member association, the ADA, for their support in this endeavour. I also [thank] each of you for your trust, confidence and support. This responsibility is not one I take lightly, and I am genuinely excited to embark on this journey."


Dr. Chadwick, a native of North Carolina, is dean of the East Carolina University's School of Dental Medicine.

According to his ECU biography, Dr. Chadwick received a bachelor's degree in business administration from the University of North Carolina at Chapel Hill. After graduating from the UNC Adams School of Dentistry, he practiced general dentistry in Community Health Centers in Prospect Hill and Moncure, North Carolina, before entering a residency in endodontics. He earned a master's degree in endodontics from the UNC Adams School of Dentistry and subsequently


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ADA honors leaders in evidence-based dentistry for their contributions

EBD Faculty and Practice Awards recognize achievements in research, practice, education

BY MARY BETH VERSACI

The American Dental Association and American Association for Dental, Oral, and Craniofacial Research have awarded the Evidence-Based Dentistry Faculty and Practice Awards to three recipients who have made significant contributions to implement and advance evidence-based dentistry.

This year's winners are Norman Tinanoff, D.D.S., recipient of the EBD Accomplished Faculty Award; Tamanna Tiwari, B.D.S., recipient of the EBD Mid-Career Faculty Award; and Kadambari Rawal, B.D.S., recipient of the EBD Practice Award. They were recognized Oct. 5 during the ADA Science & Research Institute's Science Social at SmileCon in Orlando, Florida.

The EBD Faculty and Practice Awards honor dental educators and clinicians for their contributions to evidence-based dentistry in research, practice or education. The awards are supported by an unrestricted educational grant from Colgate.

researcher, her topics of interest include the effect of behaviors on health; the relationship between social, environmental and cultural factors and health disparities; women as health pioneers, researchers and leaders; and dental trust between patients and dental providers.

Dr. Tiwari is the director at large of the American Association of Public Health Dentistry and president of the International Association for Dental, Oral, and Craniofacial Research's Behavioral, Epidemiologic and Health Services Research Group.

EBD PRACTICE AWARD

Dr. Rawal is a practicing dentist and clinical associate professor of general dentistry at the Boston University Henry M. Goldman School of Dental Medicine. She has provided comprehensive dental services for senior patients residing at the Hebrew SeniorLife long-term care communities in greater Boston since 2010. Dr. Rawal is also involved in providing continuing education to the nursing staff and other inter-professional teams at the long-term care communities.

Dr. Rawal was honored with the Delta Dental Health Equity Hero Award in 2021 for her work during the COVID-19 pandemic, when she provided care to seniors after establishing protocols to ensure clinics ran smoothly and safely. ■



Dr. Tinanoff

EBD ACCOMPLISHED FACULTY AWARD

Dr. Tinanoff is a professor in the department of orthodontics and pediatric dentistry at the University of Maryland School of Dentistry. Over the span of his 45-year academic career, he has authored or co-authored more than 200 clinical publications, primarily on fluoride mechanisms, antimicrobials, caries risk factors, early childhood caries and dental caries management.

Dr. Tinanoff served on the American Academy of Pediatric Dentistry's Council on Clinical Affairs for 14 years, where he was a lead author on 12 oral health policies or best practices. Recently, as chair of the International Association of Paediatric Dentistry Science Committee, he has directed the effort to establish 20 evidence-based clinical guidelines. He has also served on five ADA evidence-based panels that produced publications that have had a key role in advancing evidence-based dentistry.



Dr. Tiwari



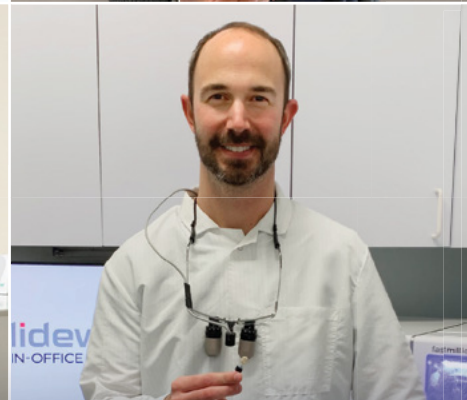
Dr. Rawal

EBD MID-CAREER FACULTY AWARD

Dr. Tiwari is an associate professor in the department of community dentistry and population health at the University of Colorado School of Dental Medicine. She is an author of more than 60 publications and has given over 100 presentations at local, state, national and international meetings and conferences. As a

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October JADA highlights studies on caries management

BY MARY BETH VERSACI

The October issue of The Journal of the American Dental Association explores three topics related to caries management: the impact of topical fluoride on future restorations, the

remineralizing potential of self-assembling peptide P₁₁-4 and the financial costs and benefits of noninvasive treatments.

“Topical Fluoride Impact in Future Restorative Dental Procedures: A Claim Study” investigated the impact of fluoride varnish and gel applications on future restorative dental

treatment claims. The authors included data from more than 670,000 patients aged 1-8, finding fluoride varnishes and gels decreased the number of future claims and increased the time before patients’ first restorative procedure or extraction.

“Remineralizing Potential of the Biomimetic P₁₁-4 Self-Assembling Peptide on Noncavitated Caries Lesions: A Retrospective Cohort Study Evaluating Semistandardized Before-and-After Radiographs” followed 219 children aged 10-19 with a total of 405 proximal lesions in posterior teeth, finding self-assembling peptide P₁₁-4 can lead to recovery and a healthier tooth stage.

“[Self-assembling peptide] P₁₁-4 is a safe treatment for initial caries lesions in permanent teeth that remineralizes in the deepest zone of the lesion and can be introduced easily into routine dental practice,” the authors said in the study.

“Framework for Fiscal Impact Analysis of Managing Initial Caries Lesions With Noninvasive Therapies” compared costs and benefits across 11 scenarios simulating the treatment of 1,000 initial caries lesions during a three-year period. The scenarios included varying combinations of noninvasive therapies, no treatment, and various rates of one- through three-surface restorations.

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– Dr. Christopher Petrush | Pleasant Hill, CA

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– Dr. Maurice Trusas | Redding, CA



“For me, the number one selling point of the glidewell.io™ In-Office Solution is the support. With the technicians readily available to contact if needed, it’s like having the best mentor available. As soon as we got it, we had the confidence to start milling right away and milling big cases right away. I have no regrets. The only question I’m wrestling with now is when to get my second mill.”

– Dr. Isaac Day | Alberta, Canada



“We found that the use of noninvasive therapies for initial lesions increased payor savings, was efficient and profitable for clinics, and was beneficial for patients in the modeled scenarios,” the authors said in the study.

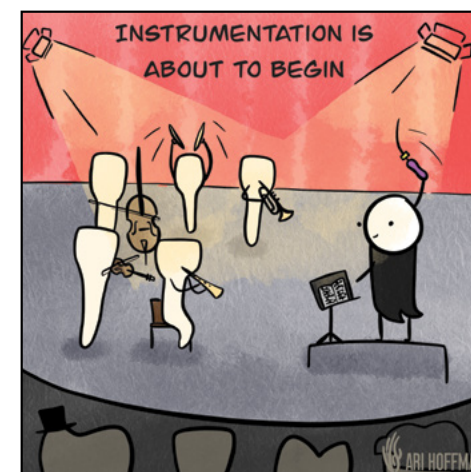
The parameters considered by the study were not exhaustive, and the assumptions and values were not representative of the overall U.S. market. Further customization is needed to reflect specific markets and payment models, according to the study.

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

Other articles in the October issue of JADA discuss global prevalence of natal and neonatal teeth, developing content for specialty board examinations and dental care use during COVID-19.

Every month, JADA articles are published online at JADA.ADA.org in advance of the print publication. ADA members can access JADA content with their ADA username and password. ■

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The rewards of volunteering with Dental Lifeline Network

BY GIANCARLO GHISALBERTI, D.M.D.

I began working with Dental Lifeline Network about four years ago. I was introduced into the program by my father, who has been a volunteer for many years.

One of my Dental Lifeline Network patients was an elderly woman who had been to many other offices without success. She had numerous health challenges and was receiving treatment for cancer. She was also on a minimal fixed income with Social Security benefits and unable to afford the dental care she needed. In addition to the challenges she faced, she was unable to drive and relied on other transport to bring her to each appointment.

Upon arrival at our office, I learned she had a moderate fear of dentistry and was in severe need of dental care. She understood she had multiple infections and severe periodontal disease and would need multiple extractions along with prosthesis. We began treatment, seeing her weekly over the course of a couple months. Finally, on delivery day of both her upper and lower partial dentures, she was in shock. Our patient, who traveled close to an hour each way with traffic, was finally going home with a beautiful smile.



Photo courtesy of Dr. Ghisalberti

New dentist: Giancarlo Ghisalberti, D.M.D., is a blogger with the New Dentist blog and the District 4 representative on the ADA New Dentist Committee.

During our post-op visits, I would learn that she was able to eat her favorite food again, talk to her friends without a mask on and smile for her grandchildren. She went on to leave a wonderful review on Google for us, refer multiple patients to our office and, most importantly, maintain excellent oral hygiene and a healthy oral cavity.

The story of this patient is not out of the ordinary for my Dental Lifeline Network patients. As dentists, our most rewarding feeling is when a patient is smiling, chewing well and maintaining a healthy mouth. Following up with her for her recall appointments has been a joy. She brightens the mood of the office with her contagious smile. Working with the network has been a pleasure for me and an extremely rewarding process to help those in need.

Dental Lifeline Network is a nonprofit that provides free, comprehensive dental care to people with disabilities, seniors and others in

need of medically necessary care. Patients who are interested in receiving care can visit dentallifeline.org to apply.

More dentists are needed to volunteer. The network asks volunteers to take one patient each year. Dentists review the

patient profile in advance, meet with the potential patient for a consult, choose whether to see

or decline the patient, determine a treatment plan, see the patient in their office, never pay lab costs and complete minimal paperwork. I



encourage you to get involved by visiting dental.lifeline.org.

Dr. Ghisalberti is a 2010 graduate of Rutgers School of Dental Medicine. He is in private practice in North Bergen, New Jersey, with his father and brother and serves as the District 4 representative on the ADA New Dentist Committee and as the committee's liaison to the ADA Council on Membership. Dr. Ghisalberti is the president of the Hudson County Dental Society and serves on numerous New Jersey Dental Association councils and committees. This blog post originally appeared Aug. 14 on the New Dentist blog, newdentistblog.ada.org. ■

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ADA Health and Well-Being Summit convenes to prioritize mental health in profession

‘The ripples of wellness go well beyond the walls of our practices’

BY DAVID BURGER

Karen Foster, D.D.S., a pediatric dentist and past president of the Colorado Dental Association, was excited about a half decade ago to have one of her co-residents reach out and say he was moving to Colorado. He asked if she had any opportunities in her practice.

“We worked out that he would associate in my practice each Wednesday,” Dr. Foster said. “This was great, as it gave me the chance to work with one of my longtime friends. Unbeknownst to me, my friend and colleague was struggling.”

After 18 months, her colleague and associate ended his life.

“I’ve learned a lot about being a survivor of suicide loss since that fateful day,” she said. “I also never want anyone else to feel that pain.”

Fast forward to 2023, and Dr. Foster is an ADA wellness ambassador.

At the ADA Health and Well-Being Summit, held Sept. 8 at ADA Headquarters in Chicago, she unveiled a new resource she developed over the past year, “After a Suicide: Postvention Toolkit,” posted online at ADA.org/Postvention.

Dr. Foster, with input from the American Foundation for Suicide Prevention, created the toolkit, designed to be used as a resource to support those who are grieving the loss of a loved one, whether it be a dentist or team member, after suicide.

The toolkit provides guidance and tools for “postvention” — a term used to describe activities that help people cope with the emotional distress resulting from a suicide and prevent additional trauma and any potential for suicide contagion that could lead to further suicidal behavior and deaths, especially among people who may be at elevated risk for suicide.

Dr. Foster said she is inspired by a quote by Desmond Tutu, the late South African bishop and human rights activist: “There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in.”

“This really resonated with me,” she said.

Colleagues at the summit praised Dr. Foster’s work, which was presented alongside other projects from her fellow wellness ambassadors.

“Although we hope no health care professional will ever need Dr. Foster’s post-suicide toolkit, unfortunately, it is not the reality,” said Kami Dornfeld, D.D.S., chair of the ADA’s Dentist Wellness Advisory Committee. “We are so grateful Dr. Foster was able to create a toolkit that will in some way lessen the burden for any provider or team member faced with a crisis situation such as suicide.”

Manny Chopra, D.M.D., ADA Council on Dental Practice chair, said the ADA places significant emphasis on suicide awareness due to its fundamental role in safeguarding the mental health and overall well-being of dental professionals.

“This commitment ensures they receive the necessary support to excel in both their personal and professional capacities,” he said. “Dr. Foster’s personal insights have greatly enhanced our awareness of suicides within the dental profession. It is imperative that we disseminate this message widely.”

The first-of-its-kind summit for the ADA brought together scores of wellness stakeholders, including Council on Dental Practice and Dentist Wellness Advisory Committee members, ADA wellness ambassadors, wellness program directors and committee members of state and local associations, state executive directors and physicians, representing different perspectives of working together to promote wellness.

Representatives from the Federation of State Physician Health Programs, Minnesota Board of Dentistry, North Carolina Caring Dental Professionals, American Medical Association, Federation of State Medical Boards, and The Joint Commission also attended and spoke in panels that shared success stories that could be replicated.

Another theme was the desire to work with regulatory bodies to destigmatize licensure and credentialing applications.

The multidisciplinary cohort embodied a sentiment that wellness ambassador Amisha Singh, D.D.S., said in her video presentation: “The ripples of wellness go well beyond the walls of our practices.”

Linda Edgar, D.D.S., incoming ADA president, opened the summit, saying she has known two colleagues who died by suicide.

“The summit has been planned to help attendees connect, share and learn from each other, with the primary goal of advancing clinician health and well-being from the national platform of the American Dental Association,” she told the crowd. “We should all remember that it is OK not to be OK and remind each other that caring for ourselves is the first step in providing the best care to our communities. I hope each of you leaves with an idea that you can take back to your organization that advances providers’ health.”

“This type of convening event enables the ADA to use its national leadership role to build a wellness table, where all stakeholders are welcome,” Dr. Chopra said in his remarks. “As most of you know, September is Suicide Prevention Awareness Month, and we are all aware of tragic loss of colleagues, family, friends and patients. In January



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'We must strengthen the tripartite and join together'

Linda Edgar, D.D.S., expounds on ADA advocacy, science, dental benefits

Editor's note: This is the second part of a conversation with Linda Edgar, D.D.S., ADA president-elect, who will be installed as the 160th president of the American Dental Association Oct. 10 in Orlando. The September ADA News featured Part I. ADA News Editor-in-Chief Kelly Ganski interviewed Dr. Edgar.

Q. The ADA was instrumental in 2022 in helping Massachusetts achieve a historic win with passage of a ballot referendum to establish a medical loss ratio law for dental plans across the state. More and more states are following this blueprint to draft their own laws on this topic. Why is this story an important one to tell members?

A. This win is a good example of the strength of the ADA to get legislation done that will help our members with insurance issues. The ADA donated \$5.5 million to the cause and brought in about \$7 million along with all the state and individual donations. We came together showing the power of the tripartite to get the job done. United we stand, divided we fall. Now, states have a template to use to advocate for their own MLR legislation. Through the State Public Affairs Program, the ADA helps fund our states to do this work (close to \$2.7 million a year). We must let nonmembers know if they don't support the ADA, we will not have the money in the future to help advocate for the profession they have invested in. It costs a cup of coffee a day to join the ADA. Without our new dentists

joining, the money will not be there to help your future profession.

Q. What should members know about the work of the ADA Science & Research Institute? How does the institute support the ADA's goal of advancing the health of the public and the success of the profession?

A. We fund over \$10 million a year supporting the research and science that ADASRI does.

The ADA is the only dentist member organization in the world with a subsidiary dedicated to conducting research that transforms oral and overall health of individuals and populations. During COVID, ADASRI staff worked tirelessly to develop protocols to keep our patients and dentists safe. They are constantly developing methods to test dental materials, evaluating products for home oral care, establishing an oral cell type atlas and exploring the oral microbiome. Under the auspices of the ADA Council on Scientific Affairs, they publish ACE Panel reports in the Journal of the American Dental Association to understand how techniques, tools and treatment options are really being used in practice. The ADA Seal of Acceptance program evaluates the safety and efficacy of over-the-counter oral hygiene products so that dentists and their team can make evidence-based recommendations to their patients. Cutting-edge research within ADASRI contributes to dental standard development, insights for dental



Honorary speaker: Linda Edgar, D.D.S., ADA president-elect, laughs with Joseph Calabrese, D.M.D., associate dean of students, before speaking at the Boston University Henry M. Goldman School of Dental Medicine's white coat ceremony.

Photo courtesy of Boston University

practice, and, at its core, improves the overall health of the public.

Q. Why is advocacy so important to the profession? What do you see as important in this arena? Top priorities? Top accomplishments?

A. Advocacy is one of the main things the ADA does so well in so many areas. Insurance reform legislation is probably the most impactful. The ADA is the only organization that is big enough together with all the state and local dental associations, recognized specialty associations and diverse groups to help make the needle move on issues. Together we will be strong enough to help our dentists succeed and protect our patients and the profession. Top priorities: workforce issues; student loan debt and decreasing interest rates; increasing Medicaid reimbursements to a level where more dentists will take Medicaid; and insurance reform issues, including noncovered services, network leasing, credit cards, better reimbursement when operating in the hospital and assignment of benefits.

Q. There is an ongoing discussion over whether the federal government should add an adult dental benefit in Medicare for the sickliest patients. Where do you stand on this, and what can the ADA do to promote its view on this?

A. We are at the table with the Centers for Medicare & Medicaid Services discussing certain procedures that should be covered by Medicare and what the reimbursements should be to complete dental care before certain medical procedures need to be done. This will only work if the reimbursements are reasonable; otherwise dentists will not sign up for the program. For the people who are at 300% of poverty and cannot afford dentistry we must come up with a better system than Medicare. The Council on Government Affairs and Council on Dental Benefit Programs are discussing the viability of alternate programs instead of the current medical model of Medicare.

Q. What has the ADA done to promote diversity and inclusion within the Association and the dental profession? What can dentists do to promote diversity and inclusion within their own practices and communities?

A. Be intentional about encouraging all people of diversity to get involved. Creating mentorships can help. I hope that by being a woman president more women will see the opportunity to lead. We have a standing committee, a diversity leadership program and constant education and discussion at the ADA Board level. We also have a strong policy to support diversity, equity, inclusion and belonging.

Q. The ADA Health Policy Institute released data in May that showed a higher percentage of dentists affiliating with dental service organizations, even more so among early career dentists. To what do you attribute this change, and how can the ADA support dentists move in this direction?

A. Student debt and the need to have a consistent salary plus the work-life balance found by working with a DSO may be motivators. Welcoming dentists with DSO practices into our societies is imperative. Reach out and invite all dentists to your meetings and calls regardless of practice modality. We are all dentists, and we need to help our dentists feel like they belong. I want the ADA to be a big organization that feels like a small organization, where everyone feels cared about and important, and where everyone feels like they belong and are listened to and respected.

Q. How can the ADA work effectively with ever-expanding DSOs in a way that is advantageous and ethical for patients, dentists and both groups?

A. This year, President George Shepley, D.D.S., and Executive Director Raymond Cohlma, D.D.S., and I all visited several DSO conferences, including Women in DSO, to learn more about how we can help support each other. We have met with the Association of Dental Support Organizations leadership and discussed ways we can help each other. Our advocacy for insurance legislation helps DSO or multi-practice groups, which is our preferred term because it includes a wider variety of business models. It is important that all dentists maintain the ability to control the treatment plan and do what is best for our patients. We have a DSO task force discussing all aspects of the current and future trends and how we can collaborate to do what is best for the dental profession. There will always be a definite desire for the solo and multi-doctor practices too, and we need to provide financial education that helps dentists that want to choose private practice.

Q. What have you learned during your career that you would most like to share with new dentists about the future they can expect? What advice do you wish someone had given to you when you started out?

A. Regardless of what kind of practice or teaching career you choose, what is most important for success is that you listen to your patients and genuinely care about them as people first. Call your patients at night and check on them after a procedure. There are times when a patient is not ready to accept your treatment plan. Patients have to trust you first. Realize all your patients have a lot of other places to spend their

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a. Total Number of Copies (Net press run)	162,659	161,431
b. Paid Circulation (By Mail and Outside the Mail)		
(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	102,345	102,893
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e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))	60,131	58,488
f. Total Distribution (Sum of 15c and 15e)	162,476	161,381
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))	183	50
h. Total (Sum of 15f and g)	162,659	161,431
i. Percent Paid (15c divided by 15f times 100)	62.99%	63.75%
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a. Paid Electronic Copies	0	0
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c. Total Print Distribution (Line 15f) + Paid Electronic Copies (line 16a)	162,476	161,381
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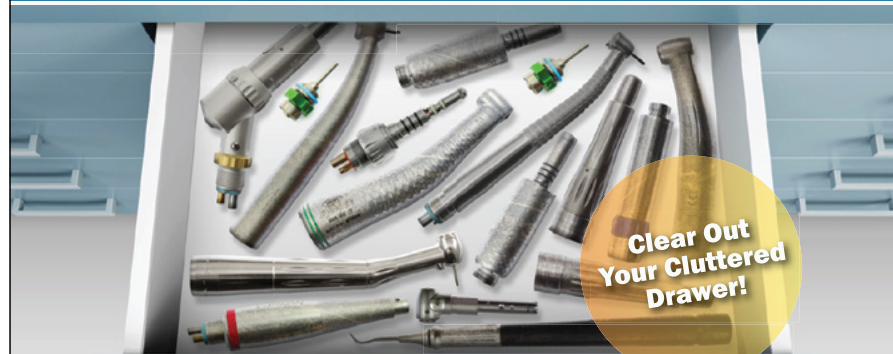
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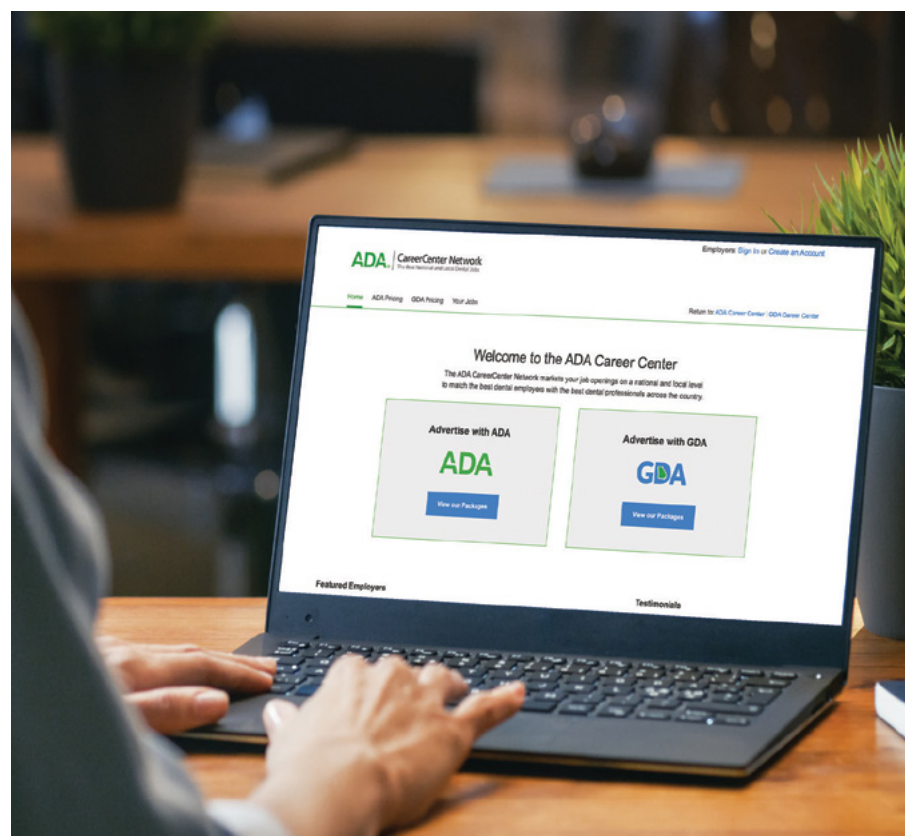
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Hertz has discounts, upgrades for ADA members

Offerings include savings on electric vehicles

BY DAVID BURGER

Hertz is offering special fall discounts for ADA members who book rental cars before Oct. 31. Members can save up to 35% off the base rate on electric vehicles by using the discount code 42371 and promotional code 211190. The offer is valid for vehicle pickups through Oct. 31. The offer is available

at hertz.com/rentacar/rental-car-deals/ada-september-offer.

In addition, Hertz is offering a limited-time free upgrade to members, who can get up to 25% off the base rate. The offer is valid for compact or higher cars through Oct. 31. Book a compact or higher and receive a one-car class upgrade for free. The offer is available at hertz.com/rentacar/rental-car-deals/free-upgrade-offer-ada. ■

— burgerd@ada.org



ADA terminates relationship with liquidation company following complaints

BY DAVID BURGER

The ADA is no longer accepting advertising from or conducting any business with liquidation company Overstocker after receiving multiple complaints from dentists alleging unfulfilled orders, unauthorized credit card transactions and limited or no customer assistance from the company.

The Association is advising members not to place further orders with Overstocker.

Members who have already ordered products from the company should contact their credit card companies to dispute charges if they have not received orders or notice unauthorized charges.

Overstocker has advertised for less than one year via Vendor Showcase, an ADA e-publication offering promotions and discounts for members. As noted in each issue of Vendor Showcase, products advertised are not endorsed by the ADA.

Members experiencing issues with Overstocker can report their experiences to the Better Business Bureau at BBB.org/File-a-complaint as well as the Federal Trade Commission at ReportFraud.FTC.gov and with

state consumer protection offices.

ADA Executive Director Raymond A. Cohlmlia, D.D.S., sent a Sept. 20 email to subscribers of Vendor Showcase. Concurrently, the ADA Business Group — which oversees the Association's advertiser relationships — is conducting an internal review to strengthen provisions related to companies that wish to advertise with the ADA.

In the email, Dr. Cohlmlia said the ADA currently follows a stringent process in accordance with industry standards when vetting companies wishing to advertise with the ADA, including credit and reference checks. Companies that do not meet these standards are not accepted as advertisers, and the Association is working to make this screening, vetting and acceptance process even more rigorous.

"Changes are being explored now and instituted quickly," Dr. Cohlmlia wrote.

In addition, the ADA heard from members that the word "vendor" implied endorsement by the ADA. Others shared they did not see the disclaimer on Vendor Showcase. In the future, email advertising from third-party companies will be clearly and prominently labeled as such, Dr. Cohlmlia said. ■

— burgerd@ada.org



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ADA expresses support for Morocco following earthquake

High magnitude quake left thousands dead

BY OLIVIA ANDERSON

The ADA is expressing support for the Moroccan Dental Association following a massive earthquake that struck the country Sept. 8 and is encouraging members to donate to the relief effort.

The 6.8-magnitude earthquake took place in the High Atlas Mountains, devastating the nearby city of Marrakesh and killing more than 2,900 people. It marks the North African country's deadliest earthquake since 1960, according to the U.S. Geological Survey.

In a letter addressed to the Moroccan Dental Association/Amicale des Médecins Dentistes, ADA President George R. Shepley, D.D.S., offered condolences to the people of Morocco in the wake of the national disaster, promising to support fundraising efforts by calling on ADA members to donate or spread the word.

"Times of great need create important opportunities for FDI members to come together," the ADA letter reads. "The FDI is a conduit of goodwill and support in difficult times, and for this we are grateful. Your colleagues in the United States send you our brightest hopes for a swift recovery."

The letter follows a statement from the Amicale des Médecins Dentistes to the FDI World Dental Federation outlining a plan of action and request for donations. In the statement, the Amicale des Médecins Dentistes indicated that

it intends to collaborate with the supervisory ministry to organize a blood drive as well as to provide financial aid to affected citizens.

Those interested in donating may transfer funds to the AMD bank account:
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EDGAR *continued from Page 24*

hard-earned money. Do not overtreat. If you make a mistake or something goes wrong, it is important to tell your patient. Don't beat yourself up so much if a procedure does not come out perfect. I think after 15 years of teaching and 30 years of clinical dentistry providing almost all the procedures, I realize lifelong learning and the importance of staying connected and learning from other dentists is vital to my continual growth. Listen more and talk less.

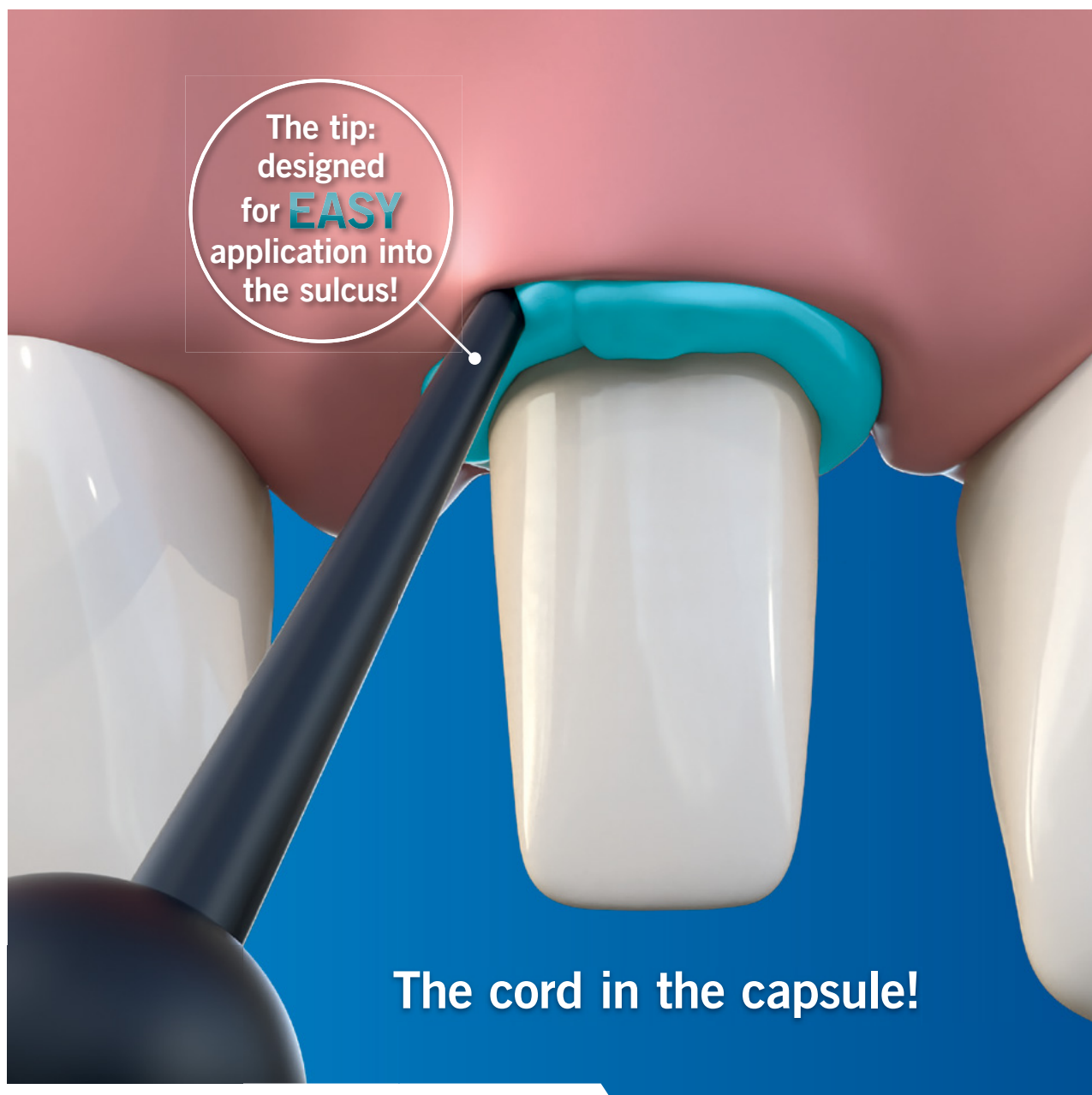
Q. How can the ADA connect with dental schools and students to educate them on the value of being an ADA member? What can the ADA do differently to retain dental students as ADA members once they graduate?

A. We must create faculty ambassadors in all our dental schools and invest in practical programs like financials, practice management and career choices. We must collaborate and create opportunities for mentor programs between American Student Dental Association new dentists and veteran dentists who have time. We must be there for our young members when they need us the most and make sure they know we have their backs. My email address is edgarl@ada.org, and I welcome anyone who wants to connect.

Q. What theme in your campaign do you believe most resonated with members? How do you expect to address that issue as ADA president?

A. I ran my campaign for president-elect on three pillars of success for any person to be a success.

- Caring connections create commitment; reach out and connect.
- Collaborate with all dental groups: United we stand, divided we fall.
- Communicate all that we do for our members and our profession to keep it strong. We must strengthen the tripartite and join together. ■



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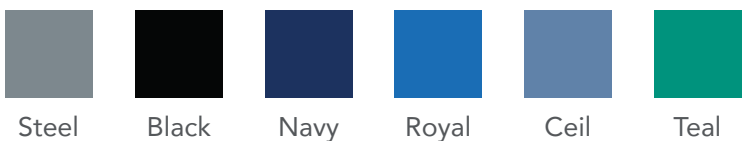
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