

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

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PRACTICE

Association tackles mental health with sense of urgency

'WE WANT PEOPLE TO KNOW THAT THIS WHOLE STIGMA OF NEEDING TO HIDE FROM MENTAL HEALTH ISSUES MUST BE ADDRESSED NOW'

BY DAVID BURGER

You are sweating, feeling restless, tense, irritable and notice that your heartbeat has sped up.

You are stressed out, on the precipice of your breaking point.

But you are not alone.

With May being Mental Health Awareness Month, the ADA is ramping up its efforts to show its member dentists that the Association and the profession is committed not only to helping dentists facing overwhelming stress and anxiety but also supporting members' wellness so that patient care is never compromised.

"As dentists, taking care of our mental health allows us to take care of others. Now, more than ever, our profession must prioritize the mental health of all dentists so that they

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Dentists from across the ADA agreed with Dr. Sabates' message that there is a sense of urgency in the message that mental health is an ongoing process deserving of sustenance.

"We want people to know that this whole stigma of needing to hide from mental health issues must be addressed now," said Seth Walbridge, D.M.D., chair of the ADA New Dentist Committee.

PRIORITIZING MENTAL HEALTH

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Patient age, provider type affect number of radiographs children receive



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"As dentists, taking care of our mental health allows us to take care of others. Now, more than ever, our profession must prioritize the mental health of all dentists so that they can provide the very best oral health care to their communities," said ADA President Cesar R. Sabates, D.D.S. "Mental health is a vital part of the health, happiness, and overall well-being of our members."

SURVEY ILLUMINATING

The 2021 Dentist Well-Being Survey Report revealed that the percent of dentists diagnosed with anxiety more than tripled in 2021 compared with 2003.

Results from the 2021 survey indicated that dentists continue to be plagued with mental and emotional health concerns. Many were less likely to feel in control of their work environment, reported a higher level of stress at work and scored high on a depression scale.

According to the survey, many dental professionals are dealing with burnout and other conditions related to stress that in worst-case scenarios could impair their abilities to practice competent dentistry.

The survey's results demand immediate attention and action, said

the ADA Council on Dental Practice, which commissioned the poll, since many dentists practice in solo practices and are unable to easily and readily find counsel and compassion.

Dentists from across the ADA agreed with Dr. Sabates' message that there is a sense of urgency in the message that mental health is an ongoing process deserving of sustenance.

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PRIORITIZING MENTAL HEALTH

The magnitude of mental health's importance was re-emphasized at the Las Vegas convening of the 2021 House of Delegates.

The House passed Res. 95H-2021, Prioritizing the Mental Health of Dentists, which 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 Student Dental Association and the ADA New Dentist Committee.

It further resolved that the ADA use the collected information to:

- Explore partnering with third-party mental health providers for member dentists.
- Analyze the existing ADA well-being conference for potential enhancement. The next conference is scheduled for 2023.
- Create a toolkit to help prevent dentist suicide, including a guide for responding to a suicide or unexpected death, and recommendations for practice coverage for short-term and long-term absences due to mental illness and



permanent absence due to suicide or unexpected death.

- Identify best practices, then consider the creation of an effective mental health and wellness campaign for members.

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

DENTISTRY 'RELATIVELY STRESSFUL CAREER'

Amir Karzim, D.D.S., a Long Beach general dentist, attested to the demands of delivering care amid the pandemic.

"COVID-19 had compounded the stresses in my own life but the lives of those around me as well," he said. "From adapting my sleep schedule in the early onset of the pandemic to allow more time to put on and take off PPE, to having to placate frustrated patients dealing with the additional stringent regulations to seek care for their oral health. COVID has made dentistry in the 2020s an emotionally taxing journey."

Jessica Cohen, D.M.D., an Illinois-based orthodontist, said that she thinks the events over the past two years have definitely changed dentistry stress levels, and enumerated the reasons.

"Office air filtration systems are more complex in some offices, which is added overhead," she said. "[Other reasons include] N95 mask wear, a smaller potential employee population which can lead to staffing issues, dentists retiring earlier than anticipated, small practices merging with larger practices, et cetera."

Shane Ricci, D.D.S., a member of the ADA Council on Dental Practice, agreed.

"I think, in general, being a dentist has always been a relatively stressful career," Dr. Ricci said. "The nature of working in a person's mouth, often while they are in pain and have anxiety, and then asking them to pay a sometimes-large balance that isn't covered by their insurance, among many other challenges, can be stressful in the best of scenarios."

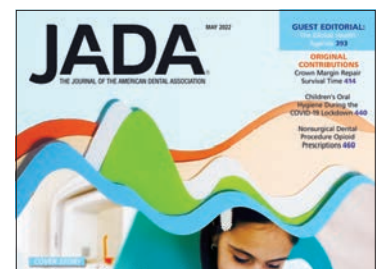
Dr. Ricci added: "Add to these stresses the effects during and post

See MENTAL HEALTH, Page 4



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AROUND ADA

Follow the ADA News on Instagram

BY KIMBER SOLANA

Through photos, videos and visual storytelling, dental professionals can stay up to date on dental news and information through the ADA News' Instagram account, @theadanews.

The account in the popular photo sharing

app allows the official newspaper of the American Dental Association to connect readers and Instagram users to timely information on scientific, social, political and economic developments affecting dentistry and health care. The account also offers previews of the latest publication issues, graphs from new dental-related surveys and reports, and features on the work and lives of dental professionals.

During SmileCon, scheduled from Oct. 13-15, followers of the account can expect live stories and on-the-scene coverage from the George R. Brown Convention Center in Houston.

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MENTAL HEALTH *continued from Page 1*

pandemic, increasing costs of PPE, inflation, insurance companies cutting fee schedules and other evolving complications to dentistry. I think all of these factors weigh heavily on dentists, especially as many of us have large student loans, families to support and retirements to consider. I know for me, personally, the last couple of years has increased my own anxiety and stress levels."

Robert Trager, D.D.S., a New York-based dentist, said he sees many people every day who are stressed out, and those stresses can carry over to dentists like him who treat them. "It's been very stressful," he added, saying that many of his dental colleagues are bemoaning the fact that they can't find hygienists and assistants due to the nationwide staff shortage.

The ongoing COVID-19 pandemic has added stressors to dentists' lives, said Jim Hoddick, D.D.S., ADA Council on Dental Practice chair, along with other factors.

"I don't think that increased stress is unique to the dental profession," Dr. Hoddick added. "It is my sincere hope that we can all help support each other as we come out of this pandemic."

Dr. Hoddick's comments about stress affecting all is backed by a 2021 survey of 1,500 U.S. workers that reported that more than half were feeling burned out as a result of their job demands. About 4.3 million Americans quit their jobs in December 2021 in what has come to be known as the Great Resignation.

Dr. Walbridge said that the "pandemic has crushed many dentists with added stressors."

He continued: "Obviously, the financial aspect of the pandemic is a stressor, but now we have a major shortage of staff and team members to help provide for patients. This is currently what I feel is one of the major concerns seen across the country and related to the pandemic."

PSYCHOLOGY OF STRESS

Sheela Raja, Ph.D., a clinical psychologist and associate professor at the Colleges of Medicine and Dentistry at University of Illinois Chicago, leads the college's Resilience Center.

"The pandemic has been particularly stressful for dentists," said Dr. Raja. She added that — rightly so — there was a lot of focus on frontline health care providers such as emergency department physicians, but there also needs to be a focus on dentists and mental health.

Dr. Raja said that dentists are human beings, understandably affected by what is happening in the world at large.

"Many people are struggling with anxiety and depression right now," she said. "There have been so many prolonged stressors in recent years that we must find ways to support the well-being of our health care workforce — including dentists."

Dr. Raja talked about the need for trauma stewardship — the idea that that people need to take care of themselves if they are going to be able to care for others. If that doesn't happen, she said, what could result in what is called compassion fatigue, where dentists are in danger of losing empathy for patients because the providers are feeling so overwhelmed.

There is also another type of trauma that could happen to dentists, she said.

"Vicarious trauma is when we might be taking on the stressors of the patients we serve," Dr. Raja said.

"If we are serious about wellness in health care and health care providers, it is going to take individual and policy change to make it work," she said.

ADVOCACY SUCCESS

The ADA has also been active in advocating for help for dentists struggling with mental health issues.

In March, a coalition that included the ADA praised Congress for passing the Dr. Lorna Breen Health Care Provider Protection Act, legislation that will give health care workers better access to education and training in order to manage stress.

Lorna Breen, M.D., was an emergency room physician in New York who died by suicide in 2020 after treating COVID-19 patients.

In a March 8, 2022, in a letter to leaders in the House and Senate, the coalition, led by the American College of Emergency Physicians, thanked the lawmakers for sponsoring the bill.

The coalition said the COVID-19 pandemic has magnified longstanding issues faced by front line health care providers and stressed there "has never been a more critical time" to address mental health.

"By passing this bipartisan and bicameral legislation, lives will be saved," they wrote. "For decades, health care professionals have faced greater rates of mental and behavioral health conditions, suicide and burnout than other professions, while fearing the stigma and potential career repercussions of seeking care," the letter continued.

"When we take care of our health workforce, we ensure that patients have optimal care and support and that our health care systems can thrive," the letter concluded.

ADA RESOURCES TO HELP

"As for me, I plan to share a smile and give an unexpected act of kindness," said Dr. Hoddick. "As a profession, we should all be aware that our colleagues, staff, patients are all under stress. If we are concerned about them the ADA offers many ways to help."

The New Dentist Committee, in collaboration with other divisions in the ADA, is working with Chicago-based nonprofit Hope for the Day to add to the resources the ADA has to let dentists know that help is out there.

Hope For The Day, empowering the conversation on proactive suicide prevention and mental health education, was created in 2011 by its founders to honor friends and family who had died by suicide.

Since then, the nonprofit has evolved and grown by creating educational resources and programming called Proactive Prevention, and its work is already represented in all 50 states, 26 countries and 17 different languages.

There is also the ADA's Dentist Health and Wellness Program, composed of dentists and dental team members who are concerned about the health and well-being of their peers.

"Given all the recent events that have affected members of our profession, I think now is as important a time as ever to help raise awareness while also facilitating acceptance of those who may be affected by mental health issues," said Princy Rekhi, D.D.S., chair of the ADA Dental Wellness Advisory Committee.

The ADA website itself houses many resources on mental health at ADA.org/Wellness, including The Ultimate Workplace Mental Health Kit, co-developed by the National Alliance on Mental Illness Chicago, part of one of the nation's largest grassroots mental health organizations. In 2021, NAMI Chicago entered into a formal agreement with the ADA to develop a series of mental wellness tools and resources that can be used easily and effectively in the dental practice setting.

In addition, the ADA's Beyond the Mouth podcast series explores a range of non-clinical issues affecting dentists and their teams. Several of these podcasts include discussions with experts on how dentists can increase self-care and staff-care during COVID-19 and beyond.

The ADA Accelerator Series is an online hub



Dr. Ricci



Dr. Hoddick



Dr. Walbridge



Dr. Taylor



Dr. Chopra



Dr. Cohen

“As a profession, we should all be aware that our colleagues, staff, patients are all under stress. If we are concerned about them the ADA offers many ways to help.”
— Jim Hoddick, D.D.S.

for wellness, leadership and work/life balance tools that Manny Chopra, D.M.D., a member of the Council on Dental Practice, recommends.

"One concern that has arisen in the past few years, which has been exacerbated with the Covid-19 pandemic, is the mental wellness and general health of our practitioners," he said. "The financial stress of running a business, the higher cost of PPE and the lower reimbursement rates from dental benefit providers has resulted in poorer sleeping and dietary patterns for many dentists. At the ADA, we are studying these stress patterns and through the Accelerator series, we are providing education and guidance to practitioners with any assistance that they may need."

Keeping active can burn off stress.

Dr. Traeger said that he goes to the gym every day of the workweek to keep his worries at bay, and believes that talking about them openly can be helpful.

"You have to keep active," he said. "The more you avoid it, the worse it is."

In 2021, ADA Member Advantage endorsed ClassPass, which allows Association members free access to over 4,000 hours of on-demand audio and video workouts. ClassPass, a monthly subscription service that provides access to tens of thousands of different studios, gyms and wellness offerings in over 2,500 cities worldwide, allows ADA members to receive 10% off on in-person class packages.

Kayla Yip, D.M.D., is a resident at the University of Illinois Chicago College of Dentistry and ClassPass member. She said that stress is a part of life, but she has found ways to not sacrifice what she calls "wellness time."

"You have to listen to your body," she said. "We have to take care of ourselves."

ADA members can visit ADA.org/ClassPass and sign up for discounts using the company code ADA2021.

STATE WELL-BEING PROGRAMS

According to the 2021 Dentist Well-Being Survey Report, less than half (46%) of dentists were aware of available of state dentist well-being programs.

For those unaware and in need, the ADA Catalog features a free-for-members offering, the Dentist Well-Being Program Directory, which contains the contact information for the well-being programs offered in the 50 states and the District of Columbia.

Barry Taylor, D.M.D., is the executive director of the Oregon Dental Association, which has a wellness committee as well as a Peer to Peer Ambassador Program developed in partnership with a psychologist.

Dr. Taylor is open about talking about his own experience battling depression, so supporting the mental wellness of dentists is a priority of his.

"Dentistry has always been stressful," said Dr. Taylor, whose past includes stints as a practitioner and in academia. "It's particularly stressful now."

The ODA's Peer to Peer Ambassador Program offers a network of colleagues armed with resources to help support dentists and dental students who are dealing with wellness issues, including, but not limited to, stress management, practice issues, debt, fraud, family obligations, illness, isolation, injury, depression, loss, grief and addiction.

In addition, in 2021 the ODA partnered with Permanente Dental Associates and the Oregon Wellness Program to offer free access to well-being resources for all licensed Oregon dentists. The expansion of the program to include Oregon dentists means ODA members can now receive up to eight free confidential, anonymous counseling sessions with one of the Oregon Wellness Program's mental health clinicians.

As an association — by definition a connection or cooperative link between people — the ODA believes that associations' roles are crucial, Dr. Taylor said.

"We're in a unique position to help," he said. "We should be taking care of one another."

"This is why we are at a pivotal point in our society," Dr. Kazim said. "We are now having open frank discussions about mental health. With the advent of technology, we even have the options for mental health discussions at our fingertips in the form of mobile apps. This allows those who need help to seek it without having to deal with stigmas placed by differing societies or expectations."

He continued: "If you are not well, how can you be expected to help others seek wellness in their own right? We must be at our best — physically, spiritually and mentally — so that we can be prepared to help our patients seek the best care possible. This is why self-care is so integral for optimal performance. Wellness, in all respects, is important to manage a healthy life."

For dentists in need of mental health assistance, they are advised to contact the ADA at dentalpractice@ada.org. The email will be strictly confidential.

If you are having thoughts of suicide, call the National Suicide Prevention Lifeline at 1-800-273-8255 (TALK). ■

Webinar: Addressing pain management, opioid use in older adults

FREE PRESENTATION STREAMS LIVE JUNE 8

BY DAVID BURGER

The ADA Council on Dental Practice is presenting a free webinar on June 8 to raise awareness of pain management and opioid use among older patients.



Dr. Mehrabi

The webinar, The Special Considerations of Pain Management and Opioid Use in Older Adults, will stream live at noon Central time.

One hour of continuing education credit is available to all participants who remain connected for at least 45 minutes.

Mehran Mehrabi, D.M.D., M.D., an oral surgeon who practices in Madison, Wisconsin, will present. He is a diplomate of the American Board of Oral and Maxillofacial Surgery and graduated from the Boston University School of Dental Medicine.

The purpose of this webinar is to support dentists and dental students providing oral health care to the growing older population, Dr. Mehrabi said. Pain management in older, medically complex patients requires special considerations. As physiologic, cognitive and social factors change, so does the approach to patient-centered management of oral health care, he added.

"Dentists can play a role in this," he said.

The dental profession's practice of prescribing opioids for pain management has evolved, Dr. Mehrabi said, but increased awareness to identify misuse, specifically by older adults, is needed.

Hana Alberti, D.D.S., senior director, ADA Center for Dental Practice Policy, will moderate the discussion.

By the end of this webinar, participants should be able to describe special considerations for treating older adults, assessing their pain and interpreting their health status; understand risk factors for opioid toxicity in older adults; and gain familiarity with opioid misuse in the older adult population.

This webinar was planned to address Resolution 81H-2021, Elder Care Strategies for Continuing Education, passed by the 2021 House of Delegates.

This webinar is presented in collaboration with the Providers Clinical Support System,

which offers free education and training at PCSSNOW.org. Funding was made possible in part by a grant from the Substance Abuse and Mental Health Services Administration. ■



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ADA responds to CMS request for information on access to care in Medicaid

ASSOCIATION ASKS AGENCY TO PREPARE FOR MANDATED ADULT DENTAL BENEFITS

BY JENNIFER GARVIN

The ADA has many suggestions for how the Centers for Medicare & Medicaid Services can support states in improving access to dental care for Medicaid beneficiaries, the Association said in an April 6 response to the agency's request for information.

In the response, the ADA applauded CMS for its proactive approach in developing and implementing a comprehensive access strategy in Medicaid and the Children's Health Insurance Program.

The Association urged the agency to prepare for a potential congressionally mandated adult dental benefit in Medicaid by defining what constitutes a minimum set of dental services for adults in the Medicaid program, using the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit as a model.



The ADA also asked CMS to establish a new viable facility billing code (HCPCS Level II) for dental rehabilitation surgery in Medicare, as this would increase access to dental care in operating room settings for Medicaid populations with significant needs, such as children with early childhood caries and adults with disabilities with extensive dental needs.

Other highlights from the request include asking CMS to:

- Work with states to establish benchmarks for quality measures, initially using historical trends in the privately insured population in the state.
- Provide guidance to states on opportunities to use care coordinators such as community dental health coordinators to connect beneficiaries to dental care.
- Work with the Health Resources and Services Administration to deploy a revised health professional shortage area algorithm similar to the one used by the ADA Health Policy Institute.
- Support oral health coverage for pregnant and postpartum people enrolled in Medicaid and CHIP.
- Provide guidance to states on incentivizing interprofessional referrals to promote whole person care.
- Consider setting targets for state agencies' Medicaid provider networks to progress toward reflecting their state's racial and ethnic profile in an effort to diversify the health professional workforce.
- Support payment parity for services delivered via teledentistry.
- Develop subject matter expertise within the agency that can assist state agencies with

their discussions and negotiations with state licensing and professional boards to promote licensure portability.

- Incentivize dental providers, plans, contractors

and state agencies to report diagnosis using standardized coding systems — such as the International Classification of Disease code — on claims.

- Require states to conduct a regular — such as annual or tri-annual — assessment of their fee policies and make this data publicly accessible.
- Phase out the discriminatory practice of paying different rates for the same services for different populations or eligibility groups. Payment rates for all CMS programs should be on par with other CMS programs (e.g., Medicaid and CHIP) and should be benchmarked to state-level private insurance rates (using FAIR Health data, ideally).

Issue guidance to states on innovative payment models and pilot projects. Some of these innovations include paying for risk assessment and implementing performance-based supplemental payments in managed care plans.

Require states to use private insurance reimbursement rates — specifically, the 50th percentile of dentist charges in the state as tabulated by FAIR Health — as an appropriate benchmark for fees.

The ADA also shared the ADA-developed Medicaid managed care contracting toolkit, Medicaid: Considerations When Working with States to Develop an Effective RFP/Dental Contract. ■

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Dental advocacy endeavors start early

DENTAL STUDENTS SHARE LOBBY DAY EXPERIENCES, URGE FELLOW STUDENTS TO GET INVOLVED

BY JENNIFER GARVIN

For those interested in raising awareness on issues important to the dental profession, planting the seeds for advocacy begins early — and there's no better time to start than during dental school.

"It is so important that we are present and speak out on issues that affect the future of the dental profession," said Justina Anigbo, president of the American Student Dental Association and a third-year dental student at the Indiana University School of Dentistry. "We are and should continue to be the voice that lawmakers turn to when creating policies that affect dental health care."

Elizabeth Tramontana, a fourth-year dental student at Rutgers School of Dental Medicine, agreed.

“

Being that this was my very first Lobby Day, I was genuinely so impressed. From the extensive training sessions to the meetings on Capitol Hill, the weekend was nothing short of a spectacular example of the leaders of our profession showing up and doing the work.

— Justina Anigbo

"I always encourage students to get involved in advocacy and organized dentistry," said Ms. Tramontana, a student trustee for the New Jersey Dental Association. "The only way we can ensure a future we can be happy about is to get involved NOW in building that future we want for ourselves and our patients."

Ms. Anigbo and Ms. Tramontana were both among the 400 dentists and dental students who gathered in Washington March 20-22 for the ADA's and American Student Dental Association's signature advocacy event known as Lobby Day.

During the three days, dental students and dentists from 44 states as well as the Virgin Islands and DC, met with lawmakers to discuss issues important to dentistry. This included two dental insurance reform bills, the Dental and Optometric Care Access Act and the Ensuring Lasting Smiles Act; two student loan reform bills, the Resident Education Deferred Interest Act or REDI Act, and the Student Loan Refinancing Act; and the Medicaid Dental Benefit Act.

For Ty Smith, a second-year student at the University of Alabama School of Dentistry, this wasn't just his first time at Lobby Day, it was his first time advocating for anything. He urged his fellow students to jump in and get their feet wet.

"My only prior experience with politicians is



Advocacy matters: Members of the New Jersey Dental Association and students from the Rutgers School of Dental Medicine gather in front of the ADA House on March 22 during a break from their Hill meetings. From left are Marko Djapic, Dr. Elisa Velasquez, Dr. Giorgio Di Vincenzo, Elizabeth Tramontana, Dr. Andy Dietz and Samia Khan.

what I had seen in Netflix's 'House of Cards' so I was hoping the staff member wouldn't be as unpleasant as the politicians in the show. Turns out, they are normal people just like the rest of us," said Mr. Smith, who is a member of his school's Legislative Liaison Committee. "But in all seriousness, it was such an amazing experience. Yes, it is a little nerve-wracking at first, but, after you meet a few people, it really is such a welcoming environment. It also really makes you feel good about the profession you are entering. There are so many hard-working people pushing for our profession, dentists and non-dentists alike. You realize that you are part of a special group of people that can impact the lives of so many."

One of the highlights from Mr. Smith's Lobby Day experience was meeting with the staff of his hometown member of Congress, Rep. John Rutherford, R-Fla., who would go on to cosponsor the REDI Act. Mr. Smith said he was particularly focused on REDI Act since he is hoping to pursue endodontics after graduating from dental school. The REDI Act would allow dental students to defer interest accrual on their federal loans while they are in residency programs.

"It is so amazing to know that what I helped with actually had a direct effect on Rep. Rutherford," he said. "It just goes to show that these members of Congress value our stories and you can actually make a difference by advocating. In addition, I just wanted to give the team of people attending Lobby Day that represented Florida a special thank you. They made me feel so welcome."

In all, 17 legislators signed on as cosponsors to legislation that both ADA and ASDA advocated for during Lobby Day.

For all the students interviewed for this



Social hour: ASDA President Justina Anigbo, left, enjoys one of the Lobby Day networking sessions with fellow dental students Julissa Quiñonez and Donald Thompson.



Passion for advocacy: Dental student Ty Smith during his first visit to Capitol Hill with members of the Florida Dental Association. From left are Mr. Smith, Dr. Dan Gesek, FDA Executive Director Drew Eason and Dr. Zack Kalarickal.

story, this was their first time experiencing Lobby Day in person.

"It was so nice to be able to travel to D.C. and gather in person with fellow dental students from all over the country," Ms. Tramontana said. "I was a little disappointed that the meetings with the hill staffers for my state were all virtual, but I really enjoyed the rest of the in-person events offered that weekend. I actually was able to bring two students with me to Lobby Day this year, which was great! I hope more students, and new young dentists get involved in organized dentistry/advocacy."

"Being that this was my very first Lobby Day,

I was genuinely so impressed," Ms. Anigbo said. "From the extensive training sessions to the meetings on Capitol Hill, the weekend was nothing short of a spectacular example of the leaders of our profession showing up and doing the work. By lobbying year after year, we continue to make sure that our voices are heard and that the wellbeing of our patients and the future of our profession are a top priority when decisions are being made. As I watched students and dentists network and lobby together, I was filled with such an immense feeling of pride for both of these amazing associations. I look forward to coming back next year and being a part of this experience again." ■

Coalition urges Congress, CMS to give states '120-day lead time' before unwinding enhanced federal medical assistance percentage

BY JENNIFER GARVIN
Washington

The Partnership for Medicaid is urging Congress to provide state Medicaid agencies with a 120-day lead time before unwinding the enhanced federal medical assistance percentage and other provisions of the Families First Coronavirus Response Act.

In April 1 letters to leaders of the House and Senate and Centers for Medicare & Medicaid Services, the coalition — which includes the ADA — asked the legislators and federal agency to create “a predictable, transparent and evidence-informed wind down of the enhanced federal medical assistance percentage and continuous coverage provisions” that is included in the act.

“This will allow state Medicaid agencies sufficient time to transition, plan and ensure enrollees have time to re-establish their Medicaid

eligibility or transition to subsidized coverage in the Affordable Care Act Marketplaces,” the coalition wrote.

The organizations pointed to a recent article in the Washington Post that found millions of vulnerable Americans will likely “fall off Medicaid once the federal public health emergency ends.”

“[This] illustrates why these congressional safeguards are needed to prevent as many as 16 million low-income Americans, millions of

whom are children, from losing their vital coverage,” the coalition wrote.

“We are encouraged by the recent guidance issued by the Centers for Medicare & Medicaid Services aimed at how states can initiate Medicaid eligibility redeterminations after the public health emergency,” the organizations said. “This guidance outlines several flexibilities and strategies that states can use to protect beneficiaries during the unwinding period. We

encourage Congress to institute additional protections to prevent massive coverage loss.”

The coalition also asked lawmakers and CMS to take any savings from unwinding the legislation and to reinvest it into the Medicaid program to strengthen it for beneficiaries.

The Partnership for Medicaid is a nonpartisan, nationwide coalition made up of organizations representing clinicians, health care providers, safety net plans and counties. ■

Ensuring Lasting Smiles Act passes House

The Ensuring Lasting Smiles Act passed the House of Representatives on April 4.

The legislation requires all private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect.

The ADA and other dental groups have advocated for this bill for years, most recently during the ADA Dentist and Student Lobby Day in Washington. The Association also initiated a grassroots email campaign that generated thousands of emails from dentists and other stakeholders to Congress.

In the March 31 grassroots action alert, the ADA noted that 1 out of every 33 children in the U.S. is born with a congenital anomaly — including severe oral and facial defects — that can interfere with the ability to breathe, speak and/or eat in a normal manner.



“For many children, specialized surgery is needed, and the procedures are reconstructive, since they are performed to correct abnormal structures,” the alert said.

“However, despite the reconstructive nature and necessity of such procedures, many insurance companies consider these services to be merely cosmetic. While they may provide coverage for the preliminary surgeries, insurers will delay or deny follow-up or corrective procedures, including necessary dental treatment, which can have a negative impact on a child’s developmental milestones.”

The Association hopes that the Ensuring Lasting Smiles Act will make sure that “all children have coverage for treatment of these anomalies,” the alert concluded.

The bill now moves to the Senate for consideration. The ADA will continue its advocacy to make sure the bill passes the Senate and becomes law. ■

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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.

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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

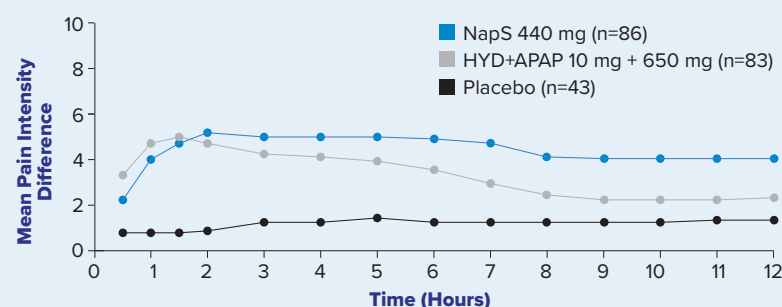
- SPID₀₋₁₂ was statistically significant for Aleve[®] vs HYD+APAP¹

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

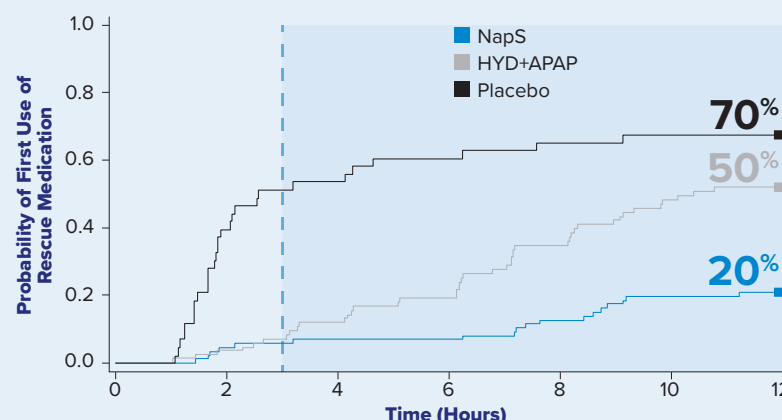
- Total pain relief (0 to 6 and 0 to 12 hours; $P < 0.05$)¹
- Median time to rescue medication ($P < 0.001$)¹
- Duration of pain at least half gone over 12 hours ($P < 0.001$)¹

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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Report finds ADA clinical practice guidelines provide high-quality guidance for clinicians

AUTHORS MEASURED METHODOLOGICAL RIGOR, TRANSPARENCY

BY MARY BETH VERSACI

A report published in JDR Clinical & Translational Research found the American Dental Association's clinical practice guidelines collectively provide high-quality guidance for clinicians.

Developed by multidisciplinary panels, the guidelines critically appraise, summarize and interpret relevant evidence to provide recommendations that can be applied to patient care. The 10 guidelines address nonrestorative caries management, fluoride toothpaste for young children, nonfluoride caries preventive agents,

oral cancer detection, periodontitis treatment, sealants for caries prevention, and topical fluoride for caries prevention, as well as antibiotics to manage dental pain and swelling, prevent infective endocarditis, and prevent prosthetic joint infection.

The purpose of the report, titled "Assessment

of the Quality of Current American Dental Association Clinical Practice Guidelines," was to measure the methodological rigor and transparency of the guidelines. It was published in April by the International Association for Dental Research and American Association for Dental, Oral, and Craniofacial Research's journal.

The authors assessed each guideline using standardized criteria for evaluating the quality of guidelines in six domains: scope and purpose, stakeholder involvement, rigor of development, clarity of presentation, applicability, and editorial independence, as well as overall quality. They used a score of 75% as the threshold to determine if a guideline was high quality.

ADA[®] Science & Research Institute

"I was very pleased to see that the high quality of the ADA's clinical practice guidelines has been supported by an external evaluation in this recent paper using a comprehensive approach," said Margherita Fontana, D.D.S., Ph.D., co-author of the guideline on nonrestorative caries management. "Rigorous, high-quality guidelines, informed by a systematic review of the evidence and assessment of the benefits and harms of alternative care solutions, are essential to drive evidence-based clinical decision-making to optimize patient care."

Six guidelines met the threshold for overall quality, including sealants for caries prevention, oral cancer detection, antibiotics to manage dental pain and swelling, non-restorative caries management, periodontitis treatment, and topical fluoride for caries prevention. Nonfluoride caries preventive agents scored slightly below the threshold, and the scores for antibiotics to prevent infective endocarditis, antibiotics to prevent prosthetic joint infection, and fluoride toothpaste for young children were considered marginal.

More recent guidelines received higher scores, as the ADA began using the assessment criteria to develop guidelines in 2016. The overall quality scores for the guidelines published since 2016 were between 83% and 92%. While the authors found the quality of the older guidelines to be somewhat lower, they still considered them to be acceptable overall and stated ADA guidelines "may be used with confidence to inform practitioners of treatment options supported by rigorous evidence-based dentistry standards."

"Clinical practice guidelines are intended to optimize patient care by contextualizing evidence obtained from high-quality systematic reviews," said Vineet Dhar, B.D.S., Ph.D., chair of the ADA Council on Scientific Affairs' Clinical Excellence Subcommittee and co-author of the guideline on sealants for caries prevention. "I am pleased to see that the ADA's work in this area has received external validation in this report. It is no surprise that the authors found the guidelines, especially those published since 2016, to be of high quality. I attribute the success to the knowledgeable staff members who have led the guideline development work in the past few years." ■



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Three dental practices subject to enforcement actions for potential HIPAA violations

U.S. Department of Health and Human Services Office for Civil Rights resolves investigations related to dental offices' compliance

BY DAVID BURGER

The U.S. Department of Health and Human Services Office for Civil Rights resolved three investigations in March related to dental offices' compliance with the Health Insurance Portability and Accountability Act Privacy Rule.

"Between the rising pace of breaches of unsecured protected health information and continued cyber security threats impacting the health care industry, it is critical that covered entities take their HIPAA compliance responsibilities seriously," said Office for Civil Rights Director Lisa J. Pino in a news release. "OCR will continue our steadfast commitment to protect individuals' health information privacy and security through enforcement, and we will pursue civil money penalties for violations that are not addressed."

“

OCR will continue our steadfast commitment to protect individuals' health information privacy and security through enforcement, and we will pursue civil money penalties for violations that are not addressed.

—Lisa Pino

The Office for Civil Rights took the following enforcement actions that underscore the importance and necessity of compliance with the HIPAA Rules:

- Dr. Donald Brockley, D.M.D., a solo dental practitioner in Butler, Pennsylvania, allegedly failed to provide a patient with a copy of their medical record. After being issued a Notice of Proposed Determination, Dr. Brockley requested a hearing before an administrative law judge. The litigation was resolved by a settlement agreement in which he agreed to pay \$30,000 and take corrective actions to comply with the HIPAA Privacy Rule's right of access standard.
- Dr. U. Phillip Igbinador, D.M.D. & Associates, a dental practice with offices in Charlotte and Monroe, North Carolina, allegedly impermissibly disclosed a patient's protected health information on a webpage in response to a negative online review. The practice did not respond to the Office for Civil Rights' data request, did not respond or object to an administrative subpoena and waived its rights to a hearing by not contesting the findings in the Notice of Proposed Determination. The Office for Civil Rights imposed a \$50,000 civil money penalty.
- Northcutt Dental-Fairhope, a dental practice in Fairhope, Alabama, allegedly impermissibly disclosed patients'

protected health information to a campaign manager and a third-party marketing company hired to help with a state senate election campaign. The dental practice agreed to take corrective

action and pay \$62,500 to settle potential violations of the HIPAA Privacy Rule.

Compliance Group is the ADA Member Advantage-endorsed partner that specializes in helping practices and organizations comply

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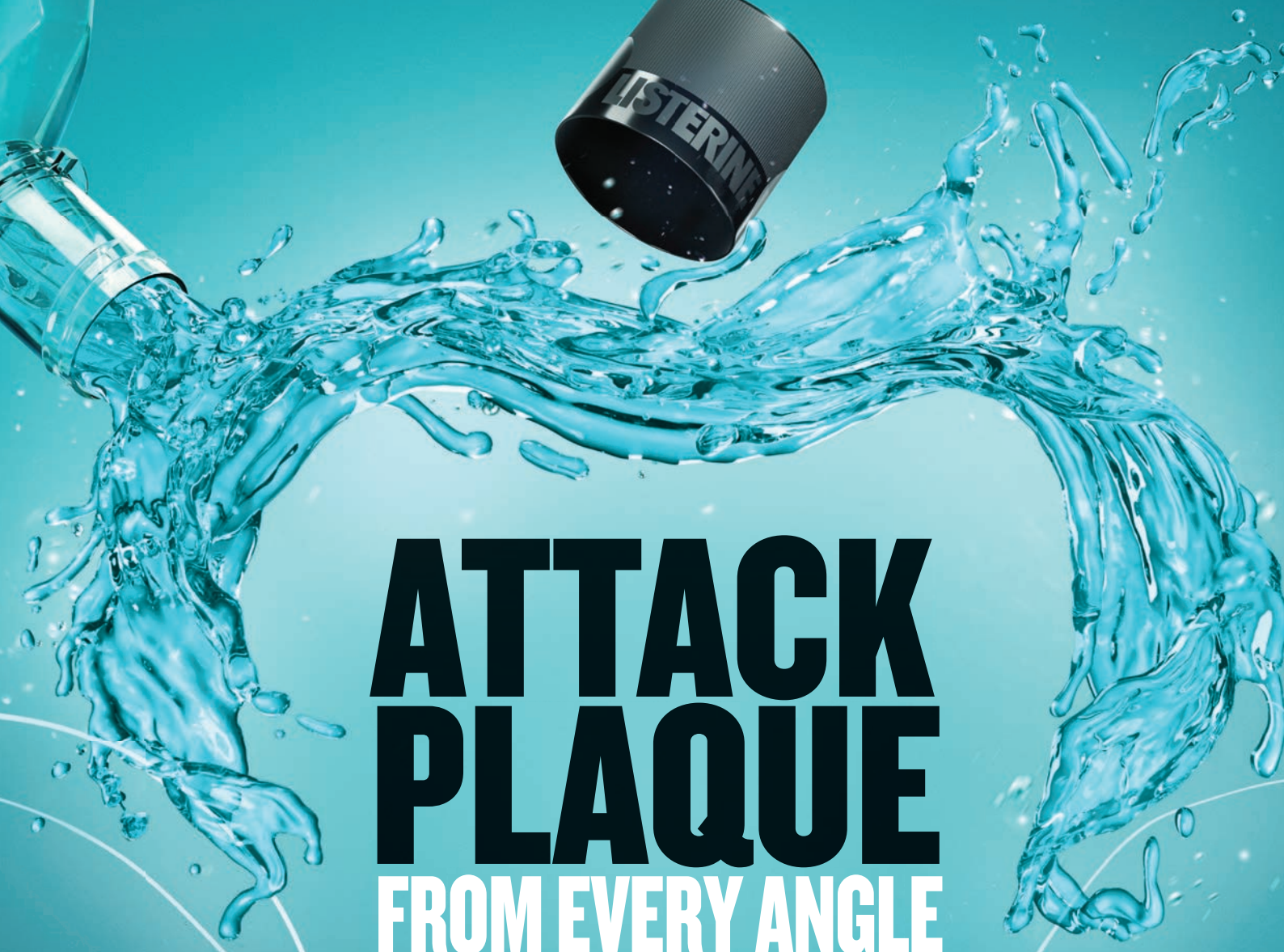
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REFERENCE: 1. Bosma ML, McGuire JA, Sunkara A, Sullivan P, Yoder A, Milleman J, Milleman K. Efficacy of professional flossing, supervised flossing and mouth rinsing regimens on plaque and gingivitis: a 12-week, randomized clinical trial. Accepted manuscript. *J Dent Hyg.*

*Flossing by a dental hygienist. Sustained plaque reduction after dental prophylaxis.



New York Times bestselling author to headline SmileCon 2022 Houston

DR. BRENÉ BROWN'S TED TALK IS ONE OF MOST VIEWED IN WORLD

BY MARY BETH VERSACI

Brené Brown, Ph.D., researcher and author of six No. 1 New York Times bestsellers, will kick off SmileCon 2022 on Oct. 13 in Houston.

Dr. Brown has spent the past two decades studying courage, vulnerability, shame and empathy, and some of her bestsellers include "Atlas of the Heart" and "Dare to Lead." Her



Photo courtesy of Getty Images

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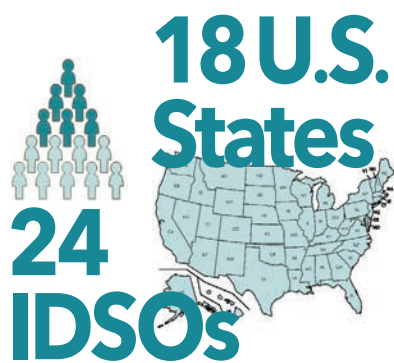
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Average value of transactions in 2021



I had two offers directly from DSOs, then contacted LPS. They got me six bids, and miraculously, one of the first groups to approach me increased their offer by \$2,000,000!

LPS then handled the details of closing, and I can't imagine doing a deal without their help. I paid them nothing until the deal was closed.

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



TED Talk on the "Power of Vulnerability" is one of the top five most-viewed TED Talks in the world, with more than 50 million views.

Dr. Brown is also the host of the weekly Spotify original podcasts "Unlocking Us" and "Dare to Lead," and she is the first researcher to have a filmed lecture on Netflix, titled "Call to Courage," which debuted in 2019.



Dr. Brown

"The bottom line: I believe that you have to walk through vulnerability to get to courage; therefore, embrace the suck," Dr. Brown said. "I try to be grateful every day, and my motto right now is, 'courage over comfort.'"

Dr. Brown is a research professor at the University of Houston, where she holds the Huffington Foundation Endowed Chair at the Graduate College of Social Work. She is also a visiting professor in management at the University of Texas at Austin McCombs School of Business.

"We're truly honored to announce Dr. Brown will join us at SmileCon," said American Dental Association President Cesar R. Sabates, D.D.S. "Dr. Brown's work around authentic self and vulnerability, as well as leadership, is in complete alignment with where we need to go as an organization. With her contribution to our Opening Session, and in her hometown of Houston no less, we're looking forward to a powerful event that reflects a new day for dentistry."



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SmileCon 2022, the ADA's joint meeting with the 2022 Texas Dental Association Meeting and the 2023 Greater Houston Dental Society's Star of the South Dental Meeting, will take place Oct. 13-15 at the George R. Brown Convention Center in Houston. Registration for the meeting opens June 1.

In addition to featuring Dr. Brown's comments, the Opening Session will highlight stories from ADA members, honor award winners and include other moments that celebrate the dental profession.

For more information on Dr. Brown and the Opening Session, visit SmileCon.org. ■

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ADA Foundation invites dental students, early-career dentists to apply for leadership, research awards

SUBMISSION DEADLINE IS JUNE 27

BY MARY BETH VERSACI

The ADA Foundation encourages dental students and early-career dentists to apply for the Dr. David Whiston Leadership Award and the Crest and Oral-B Promising Researcher Award.

The Dr. David Whiston Leadership Award recognizes leadership skills that advance the dental profession through community engagement, service to the profession or scientific advancement of oral public health.

The award, totaling \$5,000, will cover the costs of attending the 2022-23 ADA Institute for Diversity in Leadership. The funds may also be used to defray the costs of the recipient's project for the institute, which asks participants to select an issue or challenge in their community, their organization or the dental profession and develop and execute a plan to address it.

Award applicants must be U.S. citizens or lawful permanent residents who are dental students, graduate students or residents enrolled in an accredited dental school education program or early-career dentists younger than 40.

The award is named for David Whiston, D.D.S., who served the oral health profession in various leadership roles for many years, including as ADA president from 1997-98, trustee from 1992-96 and president of the ADA Foundation's board of directors from 2010-14.

ADA Foundation®

The Crest and Oral-B Promising Researcher Award promotes and recognizes excellence in oral health research by providing financial assistance for promising researchers to pursue a career in research that advances preventive dentistry. The research may be basic, translational or clinical.

The recipient will receive \$5,000 to attend or present at a scientific conference or conferences. The funds may be used for registration fees, travel expenses, meals and lodging. With approval from the ADA Foundation's Charitable Grants Committee, the

recipient may also use the award money to cover research-related expenses. Applicants must provide a written summary of how they would use the award funds when they submit their application.

Candidates must be U.S. citizens or lawful permanent residents who conduct oral health research in preventive dentistry while enrolled in one of the following degree programs at an eligible institution: D.D.S. or D.M.D.; D.D.S./D.M.D. and Ph.D. dual degree; Ph.D. or equivalent; M.P.H., M.S. or equivalent; or foreign equivalent. Eligible institutions are an accredited public, nonprofit or privately owned profit-making college, university, vocational school or postsecondary education institution that is eligible to participate in a student aid program administered by the U.S. Department of Education.

The submission deadline for both awards is June 27.

For additional eligibility and award information and to apply for either award, visit grantinterface.com/home/logon?urlkey=adafoundation. Applicants will need to create a login to access the guidelines and applications. ■

Meet Dr. Effie Ioannidou

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.



Dr. Ioannidou

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.

Meet Effie Ioannidou, D.D.S., member since 2006.

Location: Farmington, Connecticut.

Dental school: Aristotle University of Thessaloniki, Greece.

Practice type: Academia, currently chair of the Department of Periodontology at the University of Connecticut.

Why did you choose dentistry? At the time, I believed that dentistry offered more workforce flexibility than medicine. After working in a solo private practice for two years, I was recruited to teach at UConn. I really loved the opportunity to work with students as well as to investigate research questions.

Why did you join the ADA? I was always a supporter of organized dentistry. Organizations like the ADA guide and support their members substantially.

What do you like most about your ADA membership? The access to ADA.org, the resources and the annual meeting, or SmileCon. My favorite resource is everything related to evidence-based data (meta-analysis and guidelines published by the ADA). As far as the meeting goes, the keynote speakers are always fun. But more than anything, the opportunity to interact with the ADA community and exchange ideas is the best part of the meeting.

When I'm not in the office, you can find me: Watching movies. My favorite is "The Great Dictator" by Charlie Chaplin. I have watched it multiple times and still love it. It is a combination of comedy and drama condemning Hitler, Mussolini, fascism and antisemitism. The movie is significant because it was released in 1940 while Hitler was ruling Germany. I highly recommend it to everybody.

Favorite movie/TV show: Working Moms on Netflix or The Dropout in Hulu.

What was your first job? Dental assistant in a periodontal practice in Greece while in dental school. Private practices in Greece are open until 10 p.m. so once I was done with my work at the university dental clinics around 2-3 p.m., I would go to practice.

Fun fact about me: I play the piano. The last time I performed in public was four years ago at the University of Hartford School of Music in Hartford, Connecticut.

What does A New Day for Dentistry mean to you? It means a day in an open, diverse community of providers who reflect the demographics, needs and ideas of the communities they serve. ■

HVO honors dentists for educational contributions in Nepal

GOLDEN APPLE AWARDS BESTOWED TO THOSE HAVING DEMONSTRATED COMMITMENT TO ORAL HEALTH ABROAD

BY DAVID BURGER

Health Volunteers Overseas is honoring three humanitarian dentists with its Golden Apple Awards for having demonstrated a commitment to improving oral health education in Nepal.

HVO is a nonprofit organization that seeks to improve global health through education of the local health workforce in resource-scarce countries. The ADA has sponsored the HVO oral health training and education programs since 1990.

HVO named retired public health dentist Brian A. Hollander, D.M.D.; Dashrath Kafle, M.D.S., associate professor and head of the department of orthodontics at Kathmandu University's Dhulikhel Hospital; and retired pediatric dentist Matthew Fisher, D.M.D., as recipients of this year's Golden Apple Awards, among other awardees.

Dr. Hollander has served as HVO's project co-director for its oral health project in Nepal and has helped shape and transform the curriculum at Dhulikhel Dental School.

"The HVO oral health program in Nepal has introduced Nepali dental students to the most up-to-date and evidence-based dental techniques available," said Dr. Hollander. "The lives and dental careers of both students and volunteers are enhanced through the relationships made between HVO volunteers and the students. Dr. Kafle and I are a complementary team, as we have been friends for over 20 years and both have the common goal of graduating world-class dentists from Dhulikhel Dental School."



Service: Alaskan public health dentist Brian A. Hollander, D.M.D. (right), and Dashrath Kafle, M.D.S., associate professor and head of the department of orthodontics at Dhulikhel Hospital, pose in Nepal.

Dr. Kafle has served as HVO's on-site coordinator for the oral health project in Nepal since the project's inception at Dhulikhel Hospital and has worked hand in hand with Dr. Hollander for many years.

"I must say that Dr. Kafle is the real star," Dr. Hollander said.

Most recently, Dr. Kafle has been working with HVO volunteer John Kanyusik, D.D.S., on hosting monthly case seminars between residents at Dhulikhel Dental School and residents at the University of Minnesota.

Dr. Matthew Fisher has worked with HVO since 2018 to provide education and training to dental specialists in Nepal and Laos. After an in-person trip to Dhulikhel Hospital in 2018, Dr. Fisher transitioned to virtual learning



Education: Retired pediatric dentist Matthew Fisher, D.M.D., fifth from left, poses with dental students at Kathmandu's Dhulikhel Hospital.

assignments in 2020 and 2021. In those years, he provided sponsorships that enabled many dental specialists and students in both Nepal and Laos to attend several virtual dental specialty conferences. He also helped the dental department of Dhulikhel Hospital install an X-ray system.

The HVO Board of Directors established the Golden Apple Awards in 2006. This is the second time Drs. Hollander and Kafle have received the awards. To learn more about volunteer opportunities with HVO, contact Lauren Franklin at l.franklin@hvousa.org.

To learn about other international volunteer opportunities and resources, visit internationalvolunteer.ADA.org. ■

—burgerd@ada.org

American Association of Dental Editors and Journalists, ADA Council on Communications partnering to present awards

BY JENNIFER GARVIN

The American Association of Dental Editors and Journalists and ADA Council on Communications are accepting nominations for excellence in dental journalism awards.

The awards are presented to dental editors who have exemplified the highest standard of editorial direction, leadership and service to their society or association, dental journalism and the dental profession.

"We are pleased to join with the [American Association of Dental Editors and Journalists] to honor the exceptional contributions made by dental editors who continue to inform and empower dentists and dental students nationwide," said ADA President Cesar R. Sabates, D.D.S. "The 2022 awards reinforce the vital role dental editors play in providing accurate and reliable insights that help advance the dental profession and health of the public."

AADEJ

American Association of Dental Editors & Journalists

Submissions are now being accepted in the following two award categories:

- Distinguished Dental Editor Award. This award recognizes editors who have brought exceptional credit to their society, dental journalism, the dental profession and organized dentistry through the production of high-quality publications and superior leadership.
- Dental Editor Service Award. This award recognizes continuous service as an editor of a tripartite constituent and/or component publication, including fulfillment of all appropriate responsibilities and duties in five-year increments (beginning with the 10th year) as of the date of hire. Editors marking their 10-, 15- or 20- plus year anniversary in 2022 are eligible for this award. The submission must include the name of the nominee's dental society and the title of the publication they edit. It also needs to be written on the society's letterhead and signed by the society's

president and/or executive director. "We are grateful to the ADA and the ADA Council on Communications for their

partnership to honor and celebrate the best in dental journalism," said Ann Marie Gothard, president-elect, American

Association of Dental Editors and Journalists and chair of the 2022 American Association of Dental Editors and Journalists Awards Committee. "These awards recognize the editorial acumen and expertise of dental editors as well as their unwavering commitment and service to publish professional and business news and information that educates and informs practicing dentists and dental students."

All entries must be submitted by 11:59 p.m. ET on June 3. Winners will be announced at the American Association of Dental Editors and Journalists' annual conference Oct. 12-13 in Houston. Visit aadej.org for more information. ■



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ADA launches Champions Network to bolster diversity, inclusion efforts

INITIATIVE TO EQUIP NATIONAL, STATE, LOCAL LEADERS WITH SKILLS, RESOURCES, TOOLS

BY KIMBER SOLANA

The ADA is launching a new initiative that can help national, state and local leaders create a relevant and sustainable organization for future generations.

Aptly called the Champions Network, the new program will equip national, state and local leaders with the skills and resources to ensure all members feel welcomed and represented.

“The ADA has been making progress with diversity and inclusion over the past two decades,” said Susan Doroshow, D.D.S., 8th District trustee and chair of the Diversity and Inclusion Committee, citing the adoption of an ADA policy at last year’s House of Delegates to demonstrate its commitment on diversity and inclusion.

“But if we truly want every member to feel accepted and welcomed, we’ll need more leaders and volunteers at every level of the tripartite to support our efforts,” Dr. Doroshow said. “The new Champions Network has been launched to support that goal.”

The Champions Network will convene virtually throughout the year, starting on May 28 at 7 p.m. Central time.

Attendees will have opportunities to participate in educational sessions and discussions on topics such as transformational leadership, change management and intercultural competence. Participants will also have access to resources, best practices and tools that can help them implement diversity and inclusion efforts within their dental societies.

“By establishing a network of key volunteers, arming them with resources and supporting their commitment to advance diversity, equity and inclusion, we’ll be creating ‘change agents’ for state and dental societies,” Dr. Doroshow said.

According to the ADA Health Policy Institute, the dentist workforce continues to see increases in racial and gender diversity. In 2020, the dentist workforce racial demographics were 70.2% white; 18% Asian; 5.9% Hispanic; and 3.8% Black. In 2005, the demographics were 79.8% white; 11.8% Asian; 4.2% Hispanic; and 3.7% Black.

Meanwhile, the dentist workforce was 34.5% female in 2020, compared with 24.1% in 2010. That percentage is expected to continue to grow with the growth of the proportion of female dental school graduates.

“The demographics of dental school enrollment has changed since the baby boomer era, with more women — greater than 50% of some classes — and more ethnically diverse students,” Dr. Doroshow said. “But more important than building ADA membership is improving oral health equity. Ultimately, the measure of our diversity and inclusion will be when we’re attracting ethnically diverse students into dentistry, supporting their success in school, helping to guide them on their professional journeys and opening their ears and

hearts to what they can teach us about how the ADA can truly advance oral health in their communities.”

The Champions Network participants will receive access to Basecamp, an online community

for network communications, along with resources to implement diversity- and inclusion-focused efforts for dental organizations.

Future virtual meeting dates include June 23, Aug. 18, Dec. 8 and Feb. 23, 2023. A

Champions Celebration will also be held at SmileCon on Oct. 13 in Houston.

For those interested in participating in the Champions Network program, contact adagalvansusanna@gmail.com. ■

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Achieving equitable dental care for people with disabilities

BY CHARLES N. BERTOLAMI, D.D.S.,
DMEDSC

U.S. Surgeon General Vivek Murthy recently called attention to the worsening effect of the pandemic on young people's mental health, saying that the COVID-19 pandemic has "exacerbated the unprecedented stresses young

people already faced." He added that "mental health challenges in children, adolescents, and young adults are real, and they are widespread. But most importantly, they are treatable, and often preventable."

The same can be said of the pandemic's toll on another group of young people—those with developmental challenges and other disabilities. The toll on them has also been great — and greatly overlooked — particularly in terms of their oral health. According to the U.S. Census Bureau, more than 3 million children have a disability and 1 in 4 adults have some form of physical, mental or emotional impairment.

People with disabilities faced immense barriers to accessing appropriate oral health care services long before the pandemic, including physical access to dentists' offices, which may not be able to accommodate wheelchairs or other assistive devices, as well as the inability of this population to express their pain or anxiety verbally in many cases. Moreover, some dentists lack confidence in their ability to meet the needs of people with disabilities, so they may not be prepared or willing to welcome disabled patients. As a result, across the country people with disabilities are often referred to hospitals for dental care because of the need for sedation and may wait six months or longer to get an appointment to be seen in an operating room. Such visits are often one-off emergencies without follow-up or continuous preventive care, which can trigger a cycle of recurring dental problems.

During the height of the pandemic, when many dental offices had to close for a period of

time, forcing people to postpone routine care, there was a further reduction in access to dental care for people with disabilities. And as oral health is so critical to overall health, already complex health issues were compounded. At a recent Special Olympics event, athletes and their families shared the overwhelming struggles they faced in trying to access all health care services during the pandemic. Telehealth became the only way to receive care, but for an individual with complex medical and dental needs, it's not optimal or even possible. With an already limited dental workforce available to individuals with disabilities, the pandemic exacerbated the barriers to care. This situation, coupled with a long-standing reluctance among dentists to accept Medicaid — which covers 10 million people with disabilities — due to low reimbursement, speaks to the crux of the health equity issue for people with disabilities.

Several states have begun to address Medicaid reimbursement in a substantial way. Minnesota, Michigan and Wisconsin have all recently passed legislation to increase Medicaid reimbursement by 98% percent in 2022. This is a promising sign that suggests that the issue can find bipartisan support.

There is also growing interest and commitment among dental schools to focus on providing oral health care for people with disabilities, thus reducing costs from avoidable hospital use and training a new generation of dentists to provide skillful, comprehensive, compassionate dental care for this population. This is something we've been doing here at NYU College of

Dentistry for more than 50 years but is now happening across the country, thanks to a new standard issued by the Commission on Dental Accreditation in 2019 requiring that students at all U.S. dental schools be trained to care for people with disabilities.

Dental schools are increasingly creating dedicated clinics for people with disabilities. At New York University College of Dentistry, we opened an 8,000-square-foot center three years ago to provide comprehensive care for patients whose physical and developmental disabilities or complex medical conditions prevent them from receiving care in a conventional dental setting; several other dental schools including those at the University of Pennsylvania, University of Pittsburgh, SUNY Buffalo and the University of the Pacific are also in the process of creating or have created their own facilities. We've also attracted federal funding to train dentists and other oral health professionals to care for people with disabilities, which will continue to grow this much-needed workforce.

These are encouraging signs, but the need for a much broader national commitment persists. That's why we convened a virtual symposium on April 5 to bring together leading thinkers, policymakers and advocates in the area of expanding access to oral health care for people with disabilities with the goal of developing action plans to address these issues. ■

Charles N. Bertolami, D.D.S., DMedSc, is the Herman Robert Fox Dean of New York University College of Dentistry.



Minamata Convention on Mercury continues to support decreasing — not eliminating — dental amalgam use

NEW REQUIREMENTS ADDRESS BULK AMALGAM, CERTAIN PATIENT GROUPS

BY MARY BETH VERSACI

The latest meeting of the Conference of the Parties to the Minamata Convention on Mercury, a global environmental agreement that aims to limit mercury emissions, added more requirements for the parties for decreasing dental amalgam use while continuing to support a phasedown, rather than a phaseout, approach.

The Minamata Convention on Mercury, which the U.S. joined as a party in 2013, calls for a

phasedown of dental amalgam through increasing prevention efforts, researching viable alternatives, using other restorative materials and following best practices for handling amalgam waste properly. The fourth meeting of the Conference of the Parties to the convention began with a virtual session in November 2021, and its second segment took place March 21-25 both virtually and in person in Bali, Indonesia, during which the parties added new provisions to the convention.

These provisions include excluding the use of mercury in bulk form by dental practitioners,



Dr. Shapiro

as well as excluding, not allowing, or recommending against the use of dental amalgam for the treatment of deciduous teeth, patients younger than 15 years old, and pregnant and breastfeeding women, except when considered necessary by dental practitioners based on patient needs.

The American Dental Association supports a phasedown approach to dental amalgam use. The provision on bulk amalgam aligns with the ADA's 2017 policy recommending that dentists eliminate the use of bulk dental mercury and bulk amalgam alloy and only use precapsulated amalgam alloy in their practices.

"The other new provision still allows for flexibility for the use of amalgam when considered necessary by the dental practitioner based on the needs of the patient, which is in keeping with dentists making the best restorative decisions possible — taking into account the restorative needs, the existing conditions and in consultation with the patient," said ADA Chief of Governance and Strategy Management Betsy Shapiro, D.D.S., J.D., who represented the Association virtually at the March meeting, as well as during a related event that preceded it.

Ahead of the meeting, a series of side events allowed parties to the convention and other stakeholders to exchange information on technical matters, policy development, convention implementation and other topics.

During their side event, the ADA, FDI World Dental Federation, International Association for Dental Research, and American Association for Dental, Oral, and Craniofacial Research addressed accelerating the phasedown of dental amalgam, including the progress that has been made, research advancements into alternatives to dental amalgam, the importance of action and investment into prevention and research, and the infrastructure needed for proper waste management.

At the third meeting of the Conference of the Parties to the Minamata Convention on Mercury in 2019, some parties proposed phasing out dental amalgam as opposed to phasing it down. In response, the conference encouraged parties to take additional measures to phase down dental amalgam and directed its secretariat to collect information on alternatives to dental amalgam and any additional measures taken.

The U.S. was among the parties to submit information on implementing more measures, including setting national objectives aimed at dental caries prevention to minimize the need for dental restoration, promoting the development of alternative materials for dental restoration, encouraging professional organizations and dental schools to educate and train dental professionals and students on the use of dental restoration alternatives, and promoting the use of best environmental practices in dental facilities to reduce the release of mercury and mercury compounds into water and land.

For more on the fourth meeting of the Conference of the Parties to the Minamata Convention on Mercury, visit mercuryconvention.org. The ADA offers additional information on its Oral Health Topics page on amalgam at ADA.org. ■

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ADASRI, University of Texas receive \$2.4M grant to study responsible use of antibiotics to treat periodontal disease

BY MARY BETH VERSACI

The American Dental Association Science & Research Institute is joining the University of Texas Health Science Center at San Antonio to conduct a clinical trial studying the responsible use of antibiotics in combination with other treatments for periodontal disease.

The study, titled "Shaping the Indications for Periodontal Adjunctive Antibiotics in Dental Practice: A PBRN Clinical Trial," is supported by a four-year, \$2.4 million grant from the National Institutes of Health's National Institute of Dental and Craniofacial Research. ADASRI CEO Marcelo Araujo, D.D.S., Ph.D., will serve as co-investigator and collaborator on the study led by principal grant recipient and investigator Georgios Kotsakis, D.D.S., associate professor of periodontics at the UT Health San Antonio School of Dentistry.

The goal of the project is to generate real-world data on periodontal disease treatments that are supplemented by the use of antibiotics, otherwise known as adjunctive antibiotic therapy. More than 30 clinicians

who belong to the National Dental Practice-Based Research Network will collect the data. The study will enroll 1,050 periodontal patients who receive dental care in practices across the country.

The clinicians will share clinical and patient-experience data about the efficacy of the antibiotics they administer, and the data could be used to develop evidence-based clinical guidelines that offer treatment alternatives and support antibiotic stewardship.

"ADASRI is thrilled to partner with as respected a researcher as Dr. Kotsakis on this important project," Dr. Araujo said. "Antibiotic stewardship is one of the most important topics in dentistry today, and given Dr. Kotsakis's

track record of successfully translating clinical trials into data that improves clinical practice, we are confident that our work will advance the future of oral health."

"With the current rise of superbugs, which are multi-resistant bacteria that kill tens of thousands of Americans every year due to antibiotic resistance, there is a critical need to determine if specific patient populations benefit from adjunctive antibiotics," Dr. Kotsakis said. "This new trial is expected to have a major impact on reducing antibiotic misuse in dentistry, which contributes to antibiotic resistance."

The trial is expected to begin in spring 2023, and the periodontal patients will be treated and followed over a period of about one year. ■

May JADA finds patient age, provider type affect number of radiographs children receive

BY MARY BETH VERSACI

A study published in the May issue of The Journal of the American Dental Association found children's age and the type of dental provider they saw affected the number of radiographs they received per visit, even after controlling for need.

The cover story, "Patterns of Radiograph Use in a Population of Commercially Insured Children," analyzed more than 6 million Delta Dental claims from 2005-15 according to age group and oral health care provider type.

The study found the rates of radiographs per visit were highest for children aged 6-12, followed by 13-18 and then 0-5.

The researchers also found that for patients younger than 13, general dentists had lower rates of obtaining radiographs than pediatric dentists did, with no significant difference between providers for the 13- through 18-year-old age group.

The study used the number and type of dental procedures patients received to identify high-risk, high-need patients. However, the lack of standardization in the use of caries diagnostic codes and the uncommon use of caries risk assessment codes prevented the authors from more accurately assessing the correlation between radiographs and clinical need.

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



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CALIFORNIA — Central, CA. Dental practice with a long history of goodwill, mostly Crown & Bridge, and low overhead in Central CA. Attractive ~1,700 square foot stand alone office with 5 plumbed operatories, reception area, sterilization area, lab, CAD-CAM CEREC, CBCT, Laser, and digital x-rays. Long standing staff and Dr. will help facilitate transition. The practice operates SoftDent as their practice management software. The practice revenues approximately \$1.4M. Send CV to Centralvalleydmd@gmail.com.

COLORADO — General Dental Practice for sale in Central Mountains Colorado (#CO 2118). Practice has 6 operatories with room to expand. Collections approximately \$2M. Two-doctor practice. Contact jed@adsprecise.com or call (303) 875-8500.

FLORIDA — General practice for sale, Broward County. Fantastic opportunity to live your dream. FFS/Modern/well established. Great reputation and enormous potential. Email CV/ references: DRMNDDS@aol.com. No brokers.

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IDAHO — Central Idaho. Great opportunity in Mountain Region. Cone-beam already in place to place implants. Good profit and 5 operator building is also for sale. Jared@mydentalbroker.com, (208) 949-0868.

IDAHO — Boise. Fantastic \$1mil+, 5 operator practice. Room for 7 operatories. Solid hygiene department and lots of potential. Excellent location. Call today for more information. Dr Jared Franson: jared@mydentalbroker.com, (208) 949-0868.

MARYLAND — Well established solo practice for sale, over 30 years. Montgomery County, Washington DC, Metropolitan area. Free standing building, 1,600 sq. ft., free parking. Long term competitive lease available. Appraisal available from Collier and associates. Send email to Saleomfs@gmail.com.

MONTANA — Central Montana. New listing in Great Falls Mt. 4 operator, well equipped office. Doctor collects \$700,000 in 125 days per year. Contact Dr. Jared Franson: jared@mydentalbroker.com, (208) 949-0868.

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MONTANA — Central Montana. \$1.4mil+, all nice equipment, beautiful location and hopping office. Well established patient base. 5 operatories all equipped with Adec chairs. Contact Dr. Jared Franson: jared@mydentalbroker.com, (208) 949-0868.

MONTANA — Rural Montana. Transition into ownership. World Class fishing and hunting. Great school system. This practice has a satellite office and income potential is huge. Contact Dr. Jared Franson: jared@mydentalbroker.com, (208) 949-0868.

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NEW MEXICO — Practice for Sale-Taos, historic resort town, world class uncrowded ski area, great outdoor recreation and restaurants. 2019 \$850,000 collections, 5 operatories, 2 EFDA's. Email: vollfee@yahoo.com.

NEW YORK — Heart of The Finger Lakes, home/office dental practice for sale. Five operatories, full staff, two Doctors, each working two days/week, \$650-700,000/year, 5,500 active patients, beautiful area, excellent schools. Will stay for transition. Contact: jbaumann@ddsmatch.com, (716) 266-9707.

NEW YORK — Westchester. Practice for sale. 100% self-paying patients. Border Greenwich, CT. 2 operatories, long lease available. Gross \$200,000 on 4 half days. No Brokers. TEXT: (914) 336-0329 or positivehumor@gmail.com.

OREGON — We represent general and specialty practice purchase opportunities in Oregon, Washington, Idaho, Montana, Alaska and Hawaii. Call Consani Associates: (866) 348-3800 or learn about us in 75 seconds at www.mydentalbroker.com.

OREGON — Oregon Coast. Partner wanted for short-term buy-in. Modern stand-alone building with plentiful parking. \$1.7mil+. Located in gorgeous coastal city with great dining and upscale residential communities. Contact: joe@mydentalbroker.com, (503) 858-5350.

OREGON — Portland Metro. Well established \$1mil+ practice with fantastic cash flow. 5+ operator practice is situated on main thoroughfare with abundant private parking. Contact: adam@mydentalbroker.com, (541) 520-5507.

OREGON — Pearl District. Established practice collecting \$1,100,000 per year. Four operatories in a modern and attractive office. Extraordinary location. Hygiene and exams represent about 50% of the revenue. Contact: adam@mydentalbroker.com, (541) 520-5507.

OREGON — Eugene/Springfield. Well established 7 operator, \$1.4mil practice with fantastic take-home profits. Great hygiene program and large patient base. Seller available to assist in transition. Contact: adam@mydentalbroker.com, (541) 520-5507.

PENNSYLVANIA — Practice for sale. Center City, in the heart of Philadelphia. 5 operator GP practice collecting \$1.6 mil+. Robust growing practice in prime Rittenhouse Square location. Strong Hygiene program. Well managed practice. Retiring Dentist willing to stay for transition. Email: rittenhousedds@gmail.com.

Rural dental practice with six fully equipped operatories in a 20-year-old building for sale or associate needed immediately. Have 11,000 active patients and Dentist must retire immediately. Great deer, turkey, and waterfowl hunting and Kentucky Lake fishing. Practice appraised at \$247,000 and building and equipment appraised at \$168,000 by AFTCO many years ago. Presently working only three days per week and room for potential unlimited growth. Willing to accept any reasonable offer. Please call (731) 584-5211 or (731) 584-2400.

VIRGINIA — Top destination for small business owners. Dental practice purchase opportunities currently available in Fairfax, Winchester, Richmond, Roanoke, Charlottesville, and Virginia Beach. For more information visit: www.commonwealthtransitions.com.

WASHINGTON — Seattle. Well established dentist retiring. 4 operator practice located in desirable high-rise. Doctor has slowed down to \$400,000 annually. Great opportunity to own your practice. Dr. Dan Byrne: dan@mydentalbroker.com, (206) 992-0580.

WASHINGTON — Kent Covington area. 4 operator practice includes digital cone beam. Annual collections \$800,000+. Solid practice is fully staffed and has great profits. Call Dr. Dan Byrne: dan@mydentalbroker.com, (206) 992-0580.

WASHINGTON — Tacoma. Newly available \$2mil+, upscale, 8 operator practice. Great profits. 3,500 square foot facility. Fully staffed practice. 4 hygienists. Real estate available. Contact Dr. Dan Byrne: dan@mydentalbroker.com, (206) 992-0580.

WASHINGTON — San Juan Islands. Idyllic live/work opportunity near Seattle. 4 operatories in new building. \$600,000 revenue. Screaming potential. Real estate is also available. Please contact Dr. Dan Byrne: dan@mydentalbroker.com, (206) 992-0580.

WASHINGTON — Vancouver. Well established \$1.2MIL+, 5 operator practice in stand alone building with plentiful parking. Recent remodel and with newer equipment and CBCT. Strong hygiene program. Call Adam: (541) 520-5507 or adam@mydentalbroker.com.

WASHINGTON — We represent general and specialty practice purchase opportunities in Washington, Oregon, Idaho, Montana, Alaska and Hawaii. Call Consani Associates: (866) 348-3800 or learn about us in 75 seconds at www.mydentalbroker.com.

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Nominations for Humanitarian Award open

DEADLINE IS SEPT. 1 FOR ONE OF ADA'S HIGHEST HONORS

September 1 is the deadline to nominate someone for the 2023 ADA Humanitarian Award, a recognition open to member dentists who have distinguished themselves by giving a minimum of 10 years to improving the oral health of underserved populations stateside.



Dr. Dalin

The award includes a \$10,000 gift to the dental charity/project of the recipient's choice. The ADA typically recognizes the award recipient at the ADA's annual meeting.

Any individual may nominate any active, life or retired ADA member in good

standing by submitting a nomination for consideration by the Board of Trustees.

The nomination page, an ADA Foundation site, requires the nominator to create an account first.

Nominations received after the Sept. 1 deadline will be placed on file along with the required documentation for consideration the following year. A nominator is limited to one Humanitarian Award nomination per year.

Criteria for the award includes:
 • Contributing significantly to alleviating

human suffering and improving the quality of life and oral health of individuals in the U.S.

- Demonstrating significant leadership and outstanding humanitarian volunteer accomplishments that bring honor to the profession.
- Serving as an inspiration to the dental profession, colleagues and those treated.
- Showing through the scope of work undertaken a commitment to humanity and selflessness without regard to direct personal or organizational gain or profit.
- Establishing a legacy and/or sustainable program that is of ongoing value and benefit to others.

Jeffrey B. Dalin, D.D.S., of St. Louis, was the 2022 ADA Humanitarian Award recipient.

Previous award recipients include:

- 2021: Theresa Cheng, D.D.S.
- 2020: Loree Bolin, D.D.S.
- 2019: Charles F. Craft, D.D.S.
- 2018: T. Bob Davis, D.M.D.
- 2017: Usa Bunnag, D.D.S.
- 2016: Frank Andolino, D.D.S.
- 2015: Francis G. Serio, D.M.D.
- 2014: Raymond Damazo, D.D.S.
- 2013: Sherwin Shinn, D.D.S.
- 2012: Ronald Lamb, D.M.D.

For more information contact the ADA Council on Advocacy for Access and Prevention at CAAP@ada.org. ■

HRSA launches Community Health Worker Training Program

JUNE 14 DEADLINE TO APPLY

The Health Resources and Services Administration is launching the Community Health Worker Training Program.

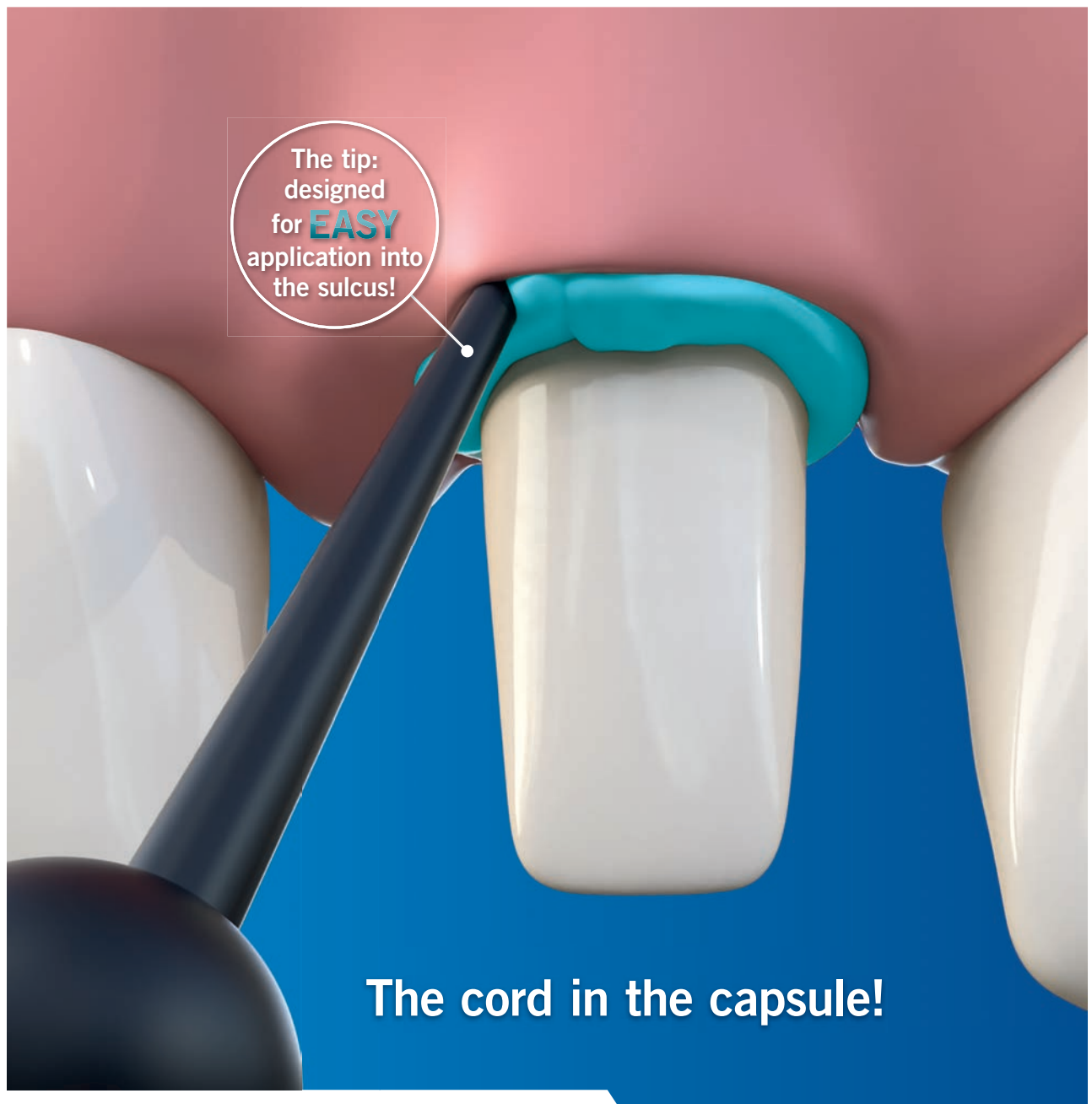
The new program, which is supported by \$226.5 million in funding from the American Rescue Plan, plans to increase the number of community health workers — including Community Dental Health Coordinators — who play a critical role in connecting people to care, according to HRSA.

Through the program, HRSA plans to train 13,000 community health workers in order to increase access to care, improve public health emergency response and address the public health needs of underserved communities.

To learn about eligibility and to apply for the Community Health Worker Training Program, visit Grants.gov and search for Grant HRSA-22-124, Community Health Worker Training Program. Applications are due by June 14. ■



Illustration courtesy of Getty Images.



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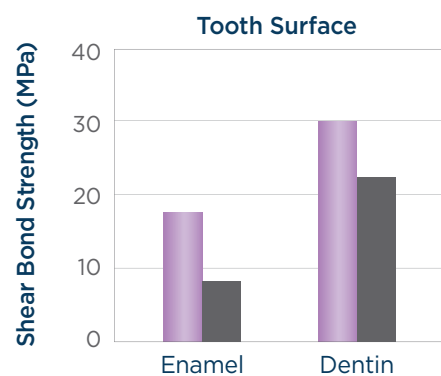
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*Data on file.

For more information, visit parkell.com or contact your local authorized Parkell distributor.

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