

# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

11.6.23

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## AROUND THE ADA

# New ADA president calls for less talking, more action

LINDA J. EDGAR, D.D.S., ADDRESSES HOUSE OF DELEGATES AFTER EVENTFUL SMILECON IN ORLANDO, FLORIDA



BY KELLY GANSKI  
Orlando, Florida

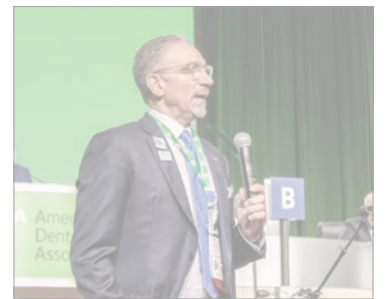
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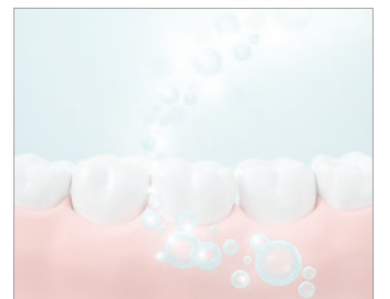
### 13 ADA Science & Research Institute to combine with Forsyth Institute

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### 16 New officers installed by House of Delegates

Brett H. Kessler, D.D.S., voted president-elect



### 27 Albany, New York, ready to fluoridate water

Could happen as early as late November

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## New ADA president calls for less talking, more action

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BY KELLY GANSKI  
Orlando, Florida

The Elvis Presley song “A Little Less Conversation” boomed through the speakers at the ADA House of Delegates Oct. 10. The song, with the lyrics, “A little less conversation, a little more action,” was the closer for ADA President Linda J. Edgar, D.D.S., as she finished her speech to the House. It may have been the end of her speech, but the song’s theme resonated throughout its entirety.

Dr. Edgar, a general dentist from Federal Way, Washington, outlined the activities in her past where she took action and programs she already has moving forward.

“I would rather get three things accomplished than talk about doing 100 things,” Dr. Edgar said.

She detailed her running career, one she began at the age of 24 after two miscarriages.

“I ran 45 marathons with a best time of 2:42 in 10 years, averaging

107 miles a week. After a year of injuries, and only three months of training, I qualified for the first Women’s Olympic Marathon Tri-als in 2:50:59, with only 17 seconds to spare, and completed two Ironmen Triathlons in 12 and a half hours at age 45 and 46,” Dr. Edgar said. “My athletic career taught me that anything is possible with enough determination and hard work. I learned to get up each time I fell. This mentality carried me through both my personal and professional endeavors — because as we all know, dentistry and life can be tough.”

When she was 36, she crashed in an Ironman competition and broke four ribs. Her husband, Bryan Edgar, D.D.S., went to the University of Washington Dental School and got an application.

“He gave it to me and said, ‘I think you should apply. You would be good at this, and it might be safer than doing the Ironman.’”

As for the present and future, Dr. Edgar detailed her work to expand the Lessons in a Lunch Box initiative nationwide. Founded by the Children’s Oral Health Institute in 2008, Lessons in a Lunch Box is an oral health literacy program designed to provide children and families with information on routine dental care, positive dietary choices and careers in dentistry.

Dr. Edgar has been a vocal proponent of the program, prompting the ADA Board of Trustees to expand the program and commit \$75,000 to

the Children’s Oral Health Institute. “The initial round of funding goes toward 10,000 lunch boxes to be distributed during National Children’s Health Month in February. To further amplify outreach efforts, the Children’s Oral Health Institute and the Lessons in a Lunch Box program had a presence at this year’s SmileCon, and earlier this week, the program was presented to second- and third-graders at Washington Shores Elementary School here in Orlando,” Dr. Edgar told the House.

She gave them instructions on how they can sponsor a school and referenced her efforts to directly reach out to House members by mail to raise additional funds.

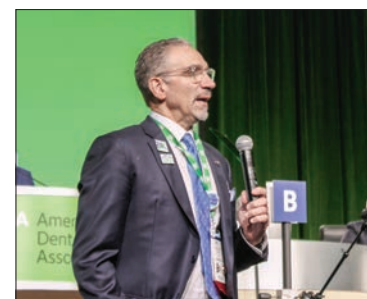
“With your support, my goal is to distribute a total of 20,000 lunch boxes across the country,” Dr. Edgar

See EDGAR, Page 12



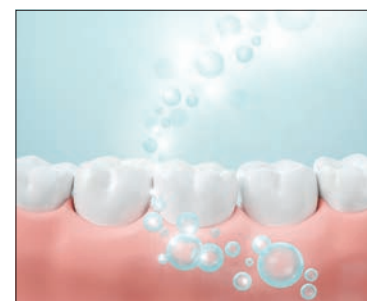
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SCIENCE & TECH

## November JADA evaluates ChatGPT as educational resource for dental students

Authors say chatbot may supplement existing learning programs

BY MARY BETH VERSACI


**A**n article published in the November issue of The Journal of the American Dental Association evaluated ChatGPT's ability to output accurate dental content as an educational resource for dental students.

The cover story, "The Performance of Artificial Intelligence Language Models in Board-Style Dental Knowledge Assessment: A Preliminary Study on ChatGPT," evaluated the performance of ChatGPT3.5 and ChatGPT4 on a board-style multiple-choice dental knowledge assessment.

Only ChatGPT4 displayed a competent ability to output accurate dental content, according to the study. On average, ChatGPT3.5 answered 61.3% of the questions correctly on the assessment, while ChatGPT4 answered 76.9%.

To read the full JADA article online, visit [JADA.ADA.org](http://JADA.ADA.org).






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# Wellness tops conversation at ADA SmileCon Opening Session

## Actor Constance Wu discusses mental health journey

BY KELLY GANSKI  
Orlando, Florida

**B**alance. Wellness. Taking care of yourself. These themes resonated resoundingly through the SmileCon Opening Session Oct. 5. Hundreds of attendees gathered at the start of the meeting to listen to keynote speaker, actor Constance Wu, discuss her journey to wellness; immediate past ADA President George R. Shepley, D.D.S., outline the ADA's role in elevating the conversation; and testimonials from member dentists on how taking care of yourself should be top of mind.

"Being a member helped me successfully navigate the challenges that many dentists face," Dr. Shepley said. "I learned the wonder of being able to count on the ADA as a place where someone would say, 'I understand, and I can help.'"

Ms. Wu is known for her starring roles in the romantic comedy "Crazy Rich Asians," TV comedy "Fresh Off the Boat" and film "Hustlers" opposite Jennifer Lopez. She received both a Golden Globe nomination and a Critics' Choice nomination for her role in the hit "Crazy Rich Asians." Her career-launching work as Jessica Huang in the ABC series "Fresh Off the Boat" also earned her a Critics' Choice nomination and a spot on Time magazine's list of the 100 Most Influential People in 2017. She also launched Tempo Wubato Pictures, a production venture that struck a first-look deal with eOne, where she and her vice president of development are actively producing scripted series.

Ms. Wu was interviewed by Stephanie R. Ganter, D.D.S., and Robert G. McNeill, D.D.S., M.D., hosts of the Between Two Teeth YouTube channel, who emceed the event. They asked questions related to mental health, surviving in Hollywood and the struggles of being a professional woman.



**Keynote:** Actor Constance Wu, far right, speaks during the SmileCon Opening Session Oct. 5. She was interviewed by Stephanie R. Ganter, D.D.S., and Robert G. McNeill, D.D.S., M.D., hosts of the Between Two Teeth YouTube channel, who emceed the event.

Ms. Wu discussed some of the themes from her 2022 memoir, "Making a Scene," tearfully recalling when a high school teacher accused her of plagiarizing a paper. The only teacher who stood up for her and defended her character was her drama teacher. The event was a defining one for Ms. Wu and she believes it's what drove her to become an actress.

"That just shows what an impact faith can have on you as a kid. It turned into my entire career because of that," Ms. Wu said. "You have a choice for what type of person you're going to be: Are you going to be the skeptic or are you going to be the believer?"

Ms. Wu said after going to therapy while she was in college, she called the teacher who accused her to let her know how upset the wrongful accusation made her. The teacher showed no remorse and even doubled down on the accusation, she said.

"Your feelings of self worth ... have to be self-generated, because if you're always seeking

validation externally, it's like a hamster running a wheel," Ms. Wu said.

Wellness is a top initiative for the ADA, which held a first-of-its-kind summit Sept. 8, bringing 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.

The Opening Session also featured a performance by cellist brothers Dariel Liakhovetski and Emil Liakhovetski, D.M.D., who performed on a special "America's Got Talent: All Stars" best-of-the-best competition. The brothers expressed their ultimate dream to transform peoples' lives as dentists, and judge Simon Cowell wasn't so nice.

Jeffrey Margolin, D.D.S., an ADA life member of 53 years, sent a letter to Mr. Cowell: "When

you found out that both of these men were dental students your comments about the profession were less than kind. ... We [devote] ourselves as a profession to alleviating pain and improving the quality of life for our patients. ... I find your comments to these two gentlemen to be demeaning and totally uncalled for and an insult to the dental profession. ..."

Once Dr. Shepley heard about Mr. Cowell's negative comments and Dr. Margolin's letter, he invited Dariel and Emil to perform at SmileCon.

"Now if you're anything like me, you take a lot of pride in our profession," Dr. Shepley said. "I didn't like hearing someone be so disrespectful of it, and I certainly didn't like seeing that unkindness directed at two of our own. And I was not alone! After that broadcast, our community came together and stood up in defense of Emil and Dariel's dreams to touch lives through dentistry. That's another thing I love about us: We're a community who has each other's backs." ■

## University of Puerto Rico School of Dental Medicine crowned winner of Dental Olympics

### Friendly SmileCon competition pitted four dental teams from Florida, Puerto Rico against one another

BY DAVID BURGER  
Orlando, Florida

**J**esse Owens. Florence Griffith Joyner. Mary Lou Retton. Add the University of Puerto Rico School of Dental Medicine to the list of Olympic champions, as the dental school took top honors at the second annual Dental Olympics.

Students from four dental schools in Florida and Puerto Rico went head-to-head in a series of competitive events over two days during SmileCon in Orlando, Florida, at the Orange County Convention Center.

The Dental Olympics, sponsored by Pacific Dental Services, featured teams from the University of Florida College of Dentistry, LECOM School of Dental Medicine, Nova Southeastern University and University of Puerto Rico School of Dental Medicine.

The quartet participated in a social media competition and faced off in dental trivia and cornhole, the latter in which the teams took turns throwing small bean bags at a raised, angled board with a targeted hole.

The final day of the competition featured a dental trivia round involving the two winners of the day-one first round. Like in

the first round, the questions were primarily clinical, including topics such as:

- Bonding of resin to dentin.
- Treating an acute periodontal abscess.
- Ideal margin for all-ceramic crowns.
- Purpose of leveling the curve of a Spee.
- Most common complication for a single crown.
- Strength of yttria-stabilized zirconia.

The team from Puerto Rico won the second and final round of trivia, paving the way for its ultimate victory of the Olympics.

Andrea Rodrigue Rolon, a fourth-year student at Puerto Rico said the entire experience of SmileCon was "amazing."

Manuel A. Cordero, D.D.S., executive director and CEO of the Hispanic Dental Association, came to support the team from Puerto Rico.

"I am beside myself," he said of how well the dental students performed.

Ana Lopez Fuentes, D.M.D., past dean of the University of Puerto Rico School of Dental Medicine and 2023-24 board chair of the American Dental Education Association, was also on hand to root for the Puerto Rico team.



**Victory:** Flanked by SmileCon 2023 Chair Melanie Love, D.D.S., and Gary Pickard, senior director of government and industry affairs for Pacific Dental Services, the University of Puerto Rico School of Dental Medicine team celebrates its first-place finish in the Dental Olympics on Oct. 7.

"They did perfectly well," she said.

The second iteration of the Dental Olympics will not be its last, and fans will not have to wait four years for the next one. Gary Pickard, senior director of government and industry affairs for Pacific Dental Services, said the third Dental Olympics will take place in New Orleans at SmileCon 2024.

He has a piece of encouragement for all the competitors. "Go out and do some great work," Mr. Pickard said. ■

# SmileCon celebrates diversity, equity, inclusion

## DEI Celebration highlights importance of training, support

BY MARY BETH VERSACI  
Orlando, Florida

Being culturally sensitive is an important part of being a health care provider, Kari Carter-Cherelus told the crowd who gathered Oct. 6 for the DEI Celebration at SmileCon.

The event, which celebrated diversity, equity and inclusion in the ADA Hub of Dental Central, featured an educational session led by the dental hygienist and speaker, who shared the meaning and importance of diversity and pointed to ways the dental and health care industries can better embrace diversity and support their members and patients.

"The health care industry needs to prioritize diversity so it can provide effective and culturally sensitive care to its patients, and as health care providers, we come in contact with patients from various backgrounds and cultures daily," Ms. Carter-Cherelus said. "And due to the growing diversity of patient populations and the persistence of health disparities among different populations, many health care providers and organizations have become increasingly aware of the need to develop their cultural competency skills through diversity, equity and inclusion training."

She urged providers to get to know the communities they serve and evaluate whether their patient populations reflect those communities. If not, they should explore why that is and look for opportunities to increase the diversity of the patients they serve, not only in terms of race and ethnicity, but also ability and other characteristics. Dentists also need to create a safe environment within their practices for both their team members and patients, Ms. Carter-Cherelus said.

"At times like this, it's important to make sure we support one another, to make sure that we are a friend for one another, and that when the

weather is bad, it's inclement, that we're under one another's umbrella," she said. "We want to feel confident that this industry — our beloved dental industry — is positively changing in its support for us and different avenues and different organizations like I see today."

Ms. Carter-Cherelus was joined by five panelists, who discussed the mission and efforts of their respective organizations or businesses. The

panelists were Bunny Begay, D.D.S., president of the Diverse Dental Society; Christina Meiners, D.D.S., president of the Hispanic Dental Association; Marlon Henderson, D.D.S., president of the National Dental Association; Kimberly Smith of Henry Schein; and Beth Jordan of Procter & Gamble.

To learn more about the ADA's diversity and inclusion efforts, visit ADA.org. ■



Celebration: Dental hygienist and speaker Kari Carter-Cherelus discusses diversity, equity and inclusion during the DEI Celebration on Oct. 6 at SmileCon.

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## ADA membership dues to decrease by 5% in 2024

BY MARY BETH VERSACI  
Orlando, Florida

Active ADA member dues will decrease to \$570 in 2024 as part of the Association's commitment to supporting the tripartite and its members.

The ADA House of Delegates voted Oct. 10 to adopt the dues rate proposed by the ADA Board of Trustees. The decrease of \$30, or 5%, from 2023 will help keep the ADA rate in balance with the dues rates of state and local organizations, which may need to increase their own rates because of inflation.

"This approach can help lessen the net impact to our members," said ADA Treasurer Ted Sherwin, D.D.S. "Moving forward, membership dues will drive budgets rather than budgets driving membership dues. Our 2024 budget process is designed to be member and mission focused and be delivered on a quarterly basis in order to improve member value at the speed members want it." ■

# ADA Foundation Give Kids A Smile Pack & Give Back Event prompts altruism among SmileCon volunteers

## Attendees help assemble snack packs for 1,000 schoolchildren in central Florida

BY DAVID BURGER

Orlando, Florida

One-thousand children in central Orlando enjoyed nutritious food the weekend of Oct. 6 thanks to SmileCon.

The ADA Foundation Give Kids A Smile Pack & Give Back Event, held inside Dental Central at the Orange County Convention Center, invited SmileCon attendees to help assemble snack packs for 1,000 schoolchildren who eat federally assisted school meals during the week but often go hungry on the weekends.

"It's important for the ADA to give back as we celebrate SmileCon 2023," said immediate past ADA President George R. Shepley, D.D.S., before he rolled up his sleeves to assemble several snack packs himself. "I can't think of any better way than to help provide nutritious food combined with oral health products to children who don't have regular access to these items."

The ADA Foundation, Henry Schein Cares, Colgate Bright Smiles, Bright Futures, and the Dental Trade Alliance Foundation worked with the Second Harvest Food Bank of Central Florida in the food and oral health care philanthropic community event.

Dr. Shepley invited guests at the end of that morning's Opening Session to join him in the assembly line that greeted attendees as they walked out of the session hall.

Kelsey Bulnes, a member of the Alliance of the ADA — a partner organization to the ADA that provides community oral health education, supports the well-being of the dental family, and engages in legislative advocacy for the welfare of the public and the dental profession — remarked how even though the event was scheduled for three-and-a-half hours, attendees were so active and engaged that all of the snack packs were assembled in less than 90 minutes.

She mentioned that she assembled 10 snack packs herself.

"A lot of people did that," she said.

W. Mark Donald, D.M.D., ADA speaker, got so involved in the event that he took it upon himself to organize stacks of snack packs into crates alongside several other ADA trustees.

He said he was blessed to have had the happy life he had, and he was also there to drive home the point that oral health is an integral part of overall health, with proper nutrition being part of that.

"Altruism is the core of what we do," Dr. Donald said.

Dentists weren't the only ones packing a snack pack. Families — including Anne Morrison, Alliance of the ADA president — joined in.

Banks Ransom, 13, and Case Cordray, 11, assembled snack packs alongside their mother, Callie Cordray, an office manager from South Carolina, hours before they headed to the SmileCon after-hours event at Universal's Islands of Adventure.

Banks said he was there in part to "crush food illness," and his brother added, "You need nutrition."

Food donated and packed items included packaged pasta, cereal bars, shelf-stable milk, mandarin oranges, graham crackers, sunflower seeds and toasted oat cereal. Snack packs also featured toothbrushes, toothpaste and oral health education material.

"We're all proud to be in the Sunshine State and perhaps bring about some brighter smiles while we're here," Dr. Shepley said.

The GKAS event coincided with the launch of 2024 Give Kids A Smile event registration. The deadline to request free GKAS product kits for 2024 is Nov. 15. The 2024 product recipient list will be posted on the GKAS website on Dec. 11, and product kits will be delivered to recipients by Jan. 22.

The GKAS program kicks off nationally Feb. 2. For questions, contact [gkas@ada.org](mailto:gkas@ada.org). ■



Altruism: ADA President Linda J. Edgar, D.D.S., participates in the Give Kids A Smile Pack & Give Back Event in Orlando, Florida, Oct. 5.

## Women in Dentistry Leadership Series empowers women to embrace full potential

### 'I do not give my power away'

BY MARY BETH VERSACI

Orlando, Florida

Women are taught from a young age to be humble and dim their lights, but Hazel Gasper, D.D.S., encouraged those who attended the Women in Dentistry Leadership Series not to limit themselves to please others.

"I would not diminish myself for anyone else's power or comfort," said Dr. Gasper, who

delivered the keynote address during a session Oct. 6 at SmileCon. "I do not give my power away or allow someone else to renegotiate my potential."

The CEO of The Comprehensive Dental Continuum, which offers customized coaching plans to assist dentists in moving their practices to the next level, shared how the women in her family have inspired her and told attendees they inspire her, too.

"I love being in a room filled with powerful women. I love being among my sisters," she said. "And so I want you to know that in my life, you inspire me."

Having experienced her own failures, Dr. Gasper told the audience not to be afraid to fail because failure is just part of life's journey. Oftentimes, women will wait for the timing and circumstances to be "perfect" before taking a life step, but finding their support system and understanding they are not alone can help them move forward when things don't go the way they planned, she said.

And while women may focus on those who inspire them, they could be inspiring others without realizing it.

"Who are you inspiring?" Dr. Gasper asked the audience.

Her talk was followed by a panel and networking event. Another Women in Dentistry Leadership Series session took place earlier in the day. The series was sponsored by Crest + Oral-B. ■



Powerful: Hazel Gasper, D.D.S., CEO of The Comprehensive Dental Continuum, delivers the keynote address during a Women in Dentistry Leadership Series session Oct. 6 at SmileCon.

## Colgate's Bright Smiles, Bright Futures Education and Screening Event roars into SmileCon

BY DAVID BURGER

Orlando, Florida

For the second year in a row, Colgate's Bright Smiles, Bright Futures Education and Screening Event — and its signature 32-foot red and white mobile dental van — arrived at SmileCon to provide oral health screenings to about 100 students from Orlando, Florida's Orlo Vista Elementary School as well as entertain them with oral education-themed games led by Colgate staffers and volunteers.

This was all part of the ADA Foundation's Philanthropy Day events taking place in conjunction with SmileCon.

Anaika Forbes Grant, associate manager for community oral health with Colgate's Bright Smiles, Bright Futures, said the dental-office-on-wheels program has been in existence since 1991. Since then, she said, 1.6 billion people around the world have been reached through the education and/or screenings provided by the program.

Eight buses circle North America, she said, linking dentists and hygienists with children who otherwise might never receive an oral health screening. In the U.S., the Colgate Bright Smiles, Bright Futures mobile dental van makes about 2,000 visits in a typical year.

"This is not my job," she said. "This is my love."

Each van houses two child-sized dental chairs, so two children can be screened at a time.

After the SmileCon dental screening event, children took home educational materials, three toothbrushes, toothpaste and brushing instructions to help build healthy habits at home for themselves and their caregivers.

Jesper Nordengaard, Colgate-Palmolive president, North America, was on hand for the SmileCon event and even took a turn tossing rings into targets with some of the children after speaking with ADA leaders.

"It's important to establish life-long oral health," he said. "We do this all around the world — it's all about healthy, happy smiles." ■



Magic bus: Janet McDowell-Travis, D.D.S., left, and Anaika Forbes Grant, associate manager for community oral health with Colgate's Bright Smiles, Bright Futures program, second from right, gather with a volunteer and children.

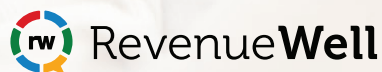
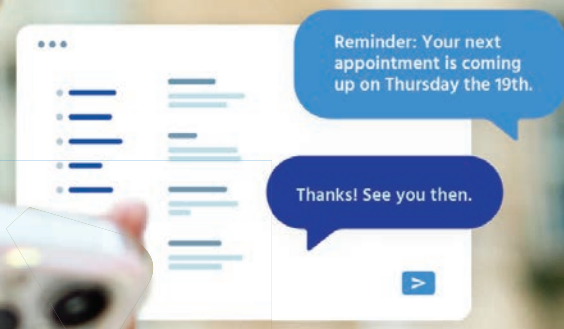
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*Hope: Panelists James Wanamaker, D.D.S. (from left); Camryn Bryant, D.D.S.; Stephen B. Dunbar III, J.D.; and Santo LoPorto discuss student debt and financial planning during a course Oct. 5 at SmileCon in Orlando, Florida.*

## ADA New Dentist Committee panel offers ray of hope amid dark cloud of debt

BY MARY BETH VERSACI  
Orlando, Florida

**A** course hosted by the ADA New Dentist Committee at SmileCon offered hope to dental students and new dentists strapped with debt.

Dark Cloud of Debt, Where to Look for the Rainbow took place Oct. 5 in the Wellness Hub of Dental Central. The course was moderated by New Dentist Committee member Kellie McGinley, D.D.S., and panelists included committee members James Wanamaker, D.D.S., and Camryn Bryant, D.D.S., as well as Stephen B. Dunbar III, J.D., executive vice president of Equitable Advisors, and Santo LoPorto, a financial professional at Equitable Advisors.

The panelists covered ways to manage money even with irregular income and sky-high student debt and discussed the role student debt plays in planning for a family and the future.

"The goal today is two things: No. 1, for you all to leave with hope. And we'll talk about that at the end," Mr. Dunbar said. "And No. 2, to ask you to just take one single step that will make forever a difference in the financial management of your future."

Dr. Wanamaker graduated from dental school in 2016 with about \$255,000 in student debt, and his wife, who is a nurse, graduated with about \$30,000 in debt. While the two currently have two children and own a house, they decided to delay those life steps until they were able to cover their student debt and mortgage and support a family.

"And then the biggest decision was when to buy my practice as well, and how do you position yourself financially to buy that practice because ultimately, that practice is the asset that then generates the revenue to cover the debt and pay down the debt," he said. "It was going with an income-based repayment plan initially with the federal government so that we could have a lower payment so I could save to buy a practice because I needed that engine to drive the revenue and the cash flow for later."

Dr. Bryant, who graduated in 2022 from dental school with \$320,000 in debt, offered advice to new dentists on how to approach their savings.

"I base all my finances off percentages, so it makes it easy," she said. "It's hard to say, 'I'm going to put back \$500 every single month.' It's really easy to say, 'I'll put back 5% every single month.' So whether or not that's \$5, \$50, whatever it is — it's just you're making an effort, even if it's as little as 5%. It is something, and it will increase, and you'll get better at it. And sooner or later, the more you make, the more it will be."

The panelists recommended having a holistic financial plan and prioritizing saving for the future as part of that plan.

"One of the worst things about debt is it robs you of the desire and the ability to dream. I think that is so terrible," Mr. Dunbar said. "We are designed to dream, we're designed to pursue, we're designed to want more for ourselves, our families, our communities."

The New Dentist Committee also hosted sessions on career path mentorship and mental health during SmileCon. Other events related to new dentists and dental students included the New Dentist After Party and 10 Under 10 Awards celebration.

The New Dentist After Party, an exclusive get-together for new dentists and dental students, featured food, drinks, music and games Oct. 6 at Descend 21 at the Hyatt Regency Orlando. The party was sponsored by Aspen Dental.

The 10 Under 10 Awards celebration honored the accomplishments of the award winners — 10 new dentists who have demonstrated excellence in the dental profession — Oct. 6 in the ADA Hub of Dental Central. ■

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# ADA's Dental Sound Bites podcast kicks off new season

ARNELLE WRIGHT, D.M.D., GENERAL DENTIST FROM ORLANDO, AND EFFIE IOANNIDOU, D.D.S., OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, RETURN AS HOSTS

BY DAVID BURGER

The ADA's Dental Sound Bites podcast launched its third season Oct. 17, with new episodes dropping every other Tuesday.

Returning as hosts are ArNelle Wright, D.M.D., a general dentist and president-elect of the Dental Society of Greater Orlando; and Effie Ioannidou, D.D.S., chair of the department of orofacial sciences at the University of California, San Francisco, after more than two decades at the University of Connecticut School of Dental Medicine.

Episodes this season include:

- Oct. 17: The hosts share their failures — big and small — and celebrate the lessons learned.
- Oct. 31: This special Halloween episode, taped live at SmileCon 2023 in Orlando, Florida, features the hosts confronting difficult — and sometimes scary — situations and discussing how they handled them and what they might have done differently.
- Nov. 14: The hosts dive into solutions tailored specifically for dental students and professionals, including strategies, tips and resources designed to help them plan for and conquer the financial challenges that come from launching dental careers.

Dr. Wright encouraged people to tune into the podcast “because the guest list is expanding and our content has gotten better and better as we’ve heard the interests of our listeners. We’re providing content to our dental community that they’ve requested.”

She added, “Effie and I have grown beyond our role co-hosts, which has increased the fun, the laughter and relatability through which we have discussions and share stories. What I enjoy about being a host is the opportunity we have to speak to experts, key opinion leaders in many fields outside of dentistry, and bring to light their experience, which ultimately advances our community of dentists, regardless of their membership status. I also love that I, too, get to be mentored

and educated alongside my colleagues, but in real time. This season I’m looking forward to seeing how the podcast grows, sharing more applicable stories, seeing how our listeners engage with the content, what they like love and want more of.

I’m also looking forward to growing alongside Effie as a co-host. The girlies are back.”

Listen wherever you get your favorite podcasts and on the ADA Member App. Exclusive bonus content is available only on the app. ■



Photo by Emilio Vallejo

Live broadcast: Effie Ioannidou, D.D.S., left, and ArNelle Wright, D.M.D., return as hosts of the ADA's Dental Sound Bites podcast.

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## ADA seeks treasurer candidates

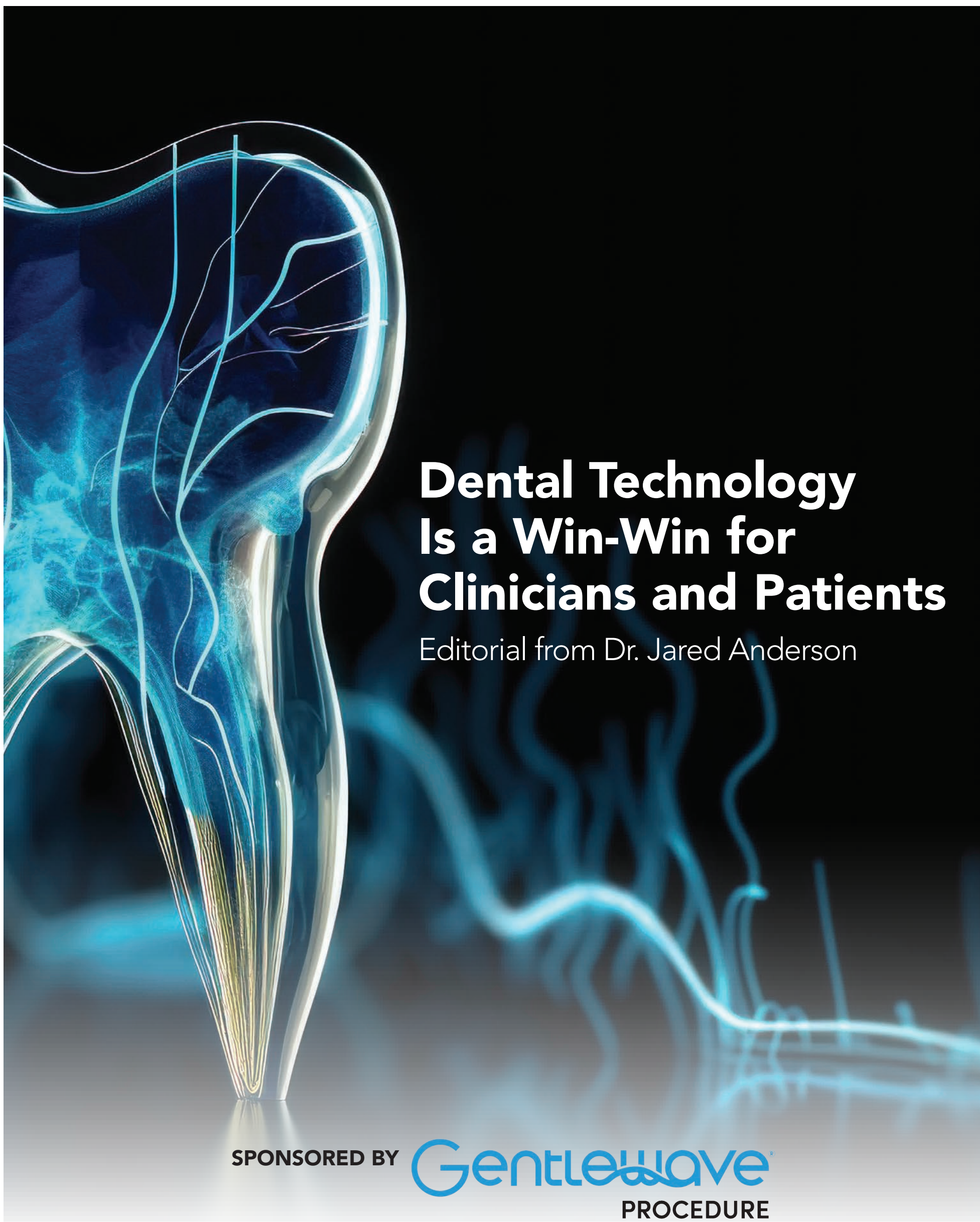
Members interested in running for ADA treasurer can visit [ADA.org](https://ada.org) to find the information necessary to file for candidacy.

The ADA has posted a link to the Treasurer's Curriculum Vitae Form at [ADA.org/about/governance/candidate-information](https://ada.org/about/governance/candidate-information).

The deadline for filing is June 21, 2024.

The current ADA treasurer is Ted Sherwin, D.D.S., whose second three-year term will end at the 2024 ADA House of Delegates in New Orleans. Per ADA By-laws, the treasurer may hold the office for two consecutive three-year terms.

Members interested in applying should email [officercandidates@ada.org](mailto:officercandidates@ada.org). ■



# Dental Technology Is a Win-Win for Clinicians and Patients

Editorial from Dr. Jared Anderson

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PROCEDURE

As a patient-focused dental professional, leveraging the latest technology and training in my practice is very important to me. Throughout my career, I've wholeheartedly believed in the power of using the best tool for the job, whether I'm conducting a routine dental exam, providing fillings or performing a root canal procedure. Unsurprisingly, using best-in-class tools and technology is a win-win for everyone involved – including me,



Dr. Jared Anderson

my staff and, most importantly, my patients.

The first step to running a technology-forward practice is to embrace innovation, rather than fear it. Once you've made the commitment to invest in a new technological tool, I can't

overstate the importance of dedicating your time – and your staff's time – to learning how to properly leverage it. If you're not using the technology as it was designed, you're simply not going to reap all the intended benefits.

That said, I've never purchased a technological tool for my practice that hasn't paid off in spades, from streamlining my workflow to improving the overall patient experience to delivering undisputable ROI.

#### Elevated Root Canal Therapy

One example of a cutting-edge innovation that I've recently incorporated into my practice is the GentleWave® System with Clean-Flow™ Technology, which is designed to modernize and improve the root canal procedure process for both clinicians and patients.

As someone who has regularly performed complex root canal therapy for years, this was undoubtedly a worthwhile investment for me.

Since implementing the GentleWave System earlier this year, there's no question that I've seen higher-quality patient outcomes. I am confident that my patients' teeth are receiving an exceptional cleaning with this technology – this is clear when I look down into the canals post-procedure. With the GentleWave System, I know for certain that the tooth I'm working with is as thoroughly clean as possible.

In one specific instance, I treated a non-GentleWave Procedure patient who was experiencing post-procedural symptoms. When I used the GentleWave System with this patient, their symptoms were immediately resolved – a testament to the superior cleaning capabilities of the technology.

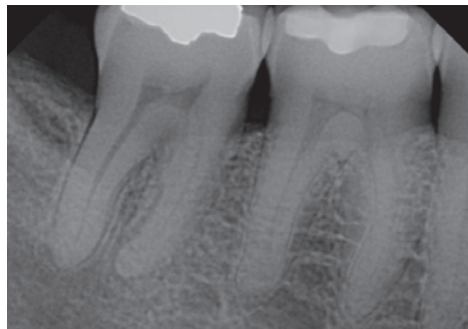
Additionally, the GentleWave System provides a heightened level of predictability and consistency and saves me time. With it, I'm spending less time with rotary instrumentation and on the overall cleaning process. Also, with traditional root canal treatment, I used to spend quite a bit of time manually flushing with liquids and using a sonic



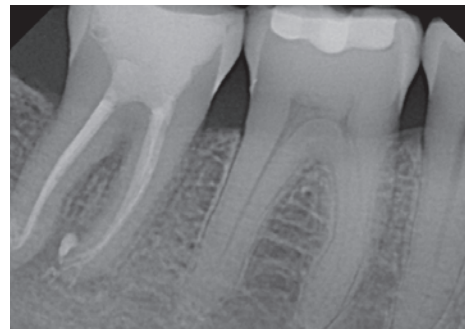
Pre-GentleWave Procedure tooth #30



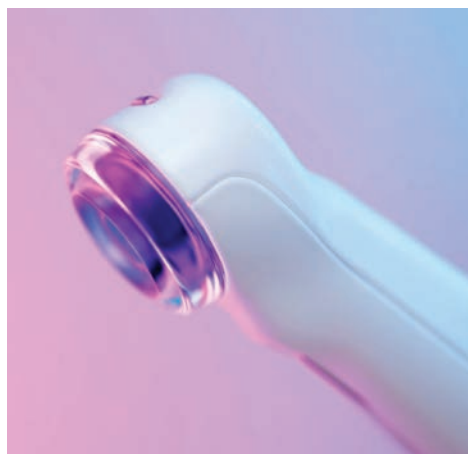
Post-GentleWave Procedure tooth #30



Pre-GentleWave Procedure tooth #31



Post-GentleWave Procedure tooth #31



instrument. Now, with the GentleWave System, it's a quick setup and after eight minutes, I'm done with the cleaning process. This frees me up to complete to prep for the next case, see additional patients and more.

As an added bonus, my associate has started to take on more endo procedures now that we have the GentleWave System available, enabling the practice as a whole to treat more patients.

Finally, and perhaps most importantly, post-procedural pain amongst my patients has decreased since I've started using the GentleWave System. This, of course, is a big win for my patients and me, given that pain is a major cause for concern for many people experiencing a root canal.

#### Leveraging Tools for Success

Keep in mind that technological tools are meant to enhance your work as a dental professional. It's no secret that root canal therapy is highly complex, and there are inevitable challenges that clinicians face. Technology like the GentleWave System serves as a tool that can help you navigate obstacles, elevate patient care and be as well-positioned for success as possible.

#### Patient Perception and Experience

In addition to achieving faster procedure

times and less post-procedural pain, it's become clear that it also positively impacts patient perception and experience – a critical component of overall satisfaction.

These days, patients are interested in receiving the most up-to-date methods of care. Simply put, they want to know their clinicians are using the best possible tools. I can assure my root canal procedure patients that I'm doing just this with the GentleWave Procedure. In turn, this helps my patients feel more at ease and, in some cases, can even lead to referrals.

Technology serves as a point of differentiation between my practice and others and ladders up into my overarching marketing strategy – something that cannot be overlooked when building and growing a practice from the ground up.

#### Words of Advice

It all boils down to this: if you have access to a better tool for the job – and you know how to properly use it – you're going to obtain quicker and better patient outcomes and improve the overall patient experience. It's that simple.

When clinicians embrace the right technological tools for them and their practices, there is no question that the investment will be worth it in the long run. ■



To learn more about the GentleWave Procedure, please visit <https://gentlewave.com/doctor/gentlewave-system>.

## Author shares recommendations from ADA clinical practice guideline on caries restorations

Conservative approaches may decrease risk of adverse effects

BY MARY BETH VERSACI

Orlando, Florida

SmileCon attendees had the opportunity to hear from the lead author of the American Dental Association's clinical practice guideline on restorative treatments for caries lesions, which was released earlier this year.

Vineet Dhar, B.D.S., Ph.D., clinical professor and chair of orthodontics and pediatric dentistry at the University of Maryland School of Dentistry, discussed the guideline's recommendations during a continuing education course Oct. 5.

The guideline includes 16 recommendations for the treatment of moderate and advanced caries lesions in primary and permanent teeth that have not received endodontic treatment. It suggests more conservative approaches to removing carious tissue may decrease the risk of adverse effects.

The recommendations identify selective carious tissue removal as an effective treatment option in most cases of moderate and advanced caries in primary and permanent teeth. The guideline also affirms the efficacy of the most common restorative materials for treating moderate and advanced caries and suggests specific materials for primary and permanent teeth depending on the extent of the decay.

The recommendations are meant to assist clinicians in making restorative choices with their patients, but the guideline notes dentists should use clinical judgment to determine when the recommended course of action may not be appropriate, warranting deviation from these recommendations.

"You have to make that decision," Dr. Dhar said. "We can only provide you some guidance, so guidelines are not meant to be cookbooks. They are not meant to replace your clinical judgment."

This is the second guideline in a series of clinical practice guidelines on caries treatment developed by the ADA Council on Scientific Affairs and ADA Science & Research Institute, which convened a panel of experts to review the best-available scientific evidence on treatments and materials. The group previously published a systematic review that found general equivalence among restorative materials and helped to inform this guideline.

The guideline is available at [ADA.org/cariesguidelines](https://ada.org/cariesguidelines). ■

## Saturday Keynote encourages dentists to build meaningful connections

Emmy Award-winning writer/producer Mark Scharenbroich relates 'nice bike' message to dentistry



Connections: Speaker Mark Scharenbroich shares his "nice bike" message Oct. 7 during the Saturday Keynote at SmileCon.

BY MARY BETH VERSACI

Orlando, Florida

Acknowledge. Honor. Connect. Those three actions form the foundation of the "nice bike" message Mark Scharenbroich — speaker, author and Emmy Award-winning writer/producer — shared Oct. 7 during the Saturday Keynote at SmileCon.

"All people need to belong and hear the words that tell them they are seen, valued, listened to and cared for," Mr. Scharenbroich said.

For some, those words could be: "Nice bike."

The Harley Davidson rider shared with the audience how much it means to be told the simple message of "nice bike" by fellow Harley enthusiasts. But the "nice bike" message extends well beyond the world of motorcycles and into the world of dentistry.

Dentists can share the "nice bike" message every day with their patients and team members by acknowledging them, honoring them and connecting with them.

"You in this room, through sharing smiles and creating opportunities, make such a difference in the lives of so many, and for that, my two parting words to you this morning are: nice bike," Mr. Scharenbroich said. "Nice bike."

The Saturday Keynote also looked to the future of the ADA, as President Linda J. Edgar, D.D.S., shared her vision for 2024.

"Together, we will strengthen our profession and our ADA by the caring connections we forge

as essential health care providers and as mentors, friends and allies to one another," Dr. Edgar said. "As a chorus for change, each of our unique voices ring out stronger together to take a stand for what matters most — the health of our communities, the advancement of our profession and the success of everyone who relies on the ADA for support, for empowerment and for encouragement. We will come together — bound by a unified purpose — and drive today's achievements to ensure a brighter tomorrow for all of those in dentistry who come after us."

Stephanie R. Ganter, D.D.S., and Robert G. McNeill, D.D.S., M.D., hosts of the Between Two Teeth YouTube channel, again took their hosting skills to the SmileCon stage for the Saturday Keynote, after hosting the Opening Session earlier in the meeting.

The Saturday Keynote honored 2023 ADA award winners Bill Milner, D.D.S., recipient of the Humanitarian Award, and John D.B. Featherstone, Ph.D., recipient of the Distinguished Service Award.

Dr. Milner is the founder of Access Dental Care, a nonprofit that provides dental services to seniors, people with disabilities and others who have trouble accessing care. Dr. Featherstone is the retired dean of the University of California San Francisco School of Dentistry and a renowned dental researcher.

SmileCon concluded Oct. 7 with the Dental Central Closing Party, where attendees could squeeze in some final fun with their dental pals and exhibitors. The celebration included entertainment and food. ■

“

It suggests more conservative approaches to removing carious tissue may decrease the risk of adverse effects.



Recommendations: Lead author Vineet Dhar, B.D.S., Ph.D., discusses the ADA's clinical practice guideline on restorative treatments for caries lesions during a continuing education course Oct. 5 at SmileCon in Orlando, Florida.

EDGAR continued from Page 1

said. "What if together we could create a tipping point that could help reduce tooth decay in children?"

She also pointed House members toward jars of wristbands that say 'you too can be a dentist, a hygienist or an assistant,' encouraging them to take one and make a personal

connection with a young person.

Dr. Edgar also detailed a Facebook group she plans to start for all women and dental students and a contest for members to recruit new ADA members for a chance to win a trip to Hawaii. Each House member was also given a one-page sheet titled "What Has the ADA Done for Me Lately?" to help with their recruiting efforts.

"It highlights the ADA's invaluable contributions and the benefits of joining our professional family — from the benefits of licensure portability, wellness tools, and insurance advocacy, to FDA-recognized standards testing for the products used to keep you and your patients safe, student loan and tuition reform and developing real dental insurance," Dr. Edgar said. "Caring for others and inviting them in: That is how we build community." ■

# ADA Science & Research Institute to combine with Forsyth Institute

**ADA Forsyth Institute aims to improve patient care**

BY DAVID BURGER

The ADA and the Forsyth Institute, a world leader in oral health research, announced Oct. 26 the formation of the ADA Forsyth Institute, which the organizations said brings together unparalleled talent, visionary research opportunities and dynamic innovation prospects dedicated to advancing oral health through scientific innovation and research.

"It will immediately change the landscape for oral health research and innovation," said Raymond A. Cohlma, D.D.S., ADA executive director. "Oral health is integral to overall health, and this combination of mindshare will bring technology and health care advances to patients at a global scale. Together, we will improve lives through transformative research that starts in the lab and ends with improving patient care in the dental chair."

Dr. Cohlma and Elyse Cherry, J.D., Forsyth Institute board chair, made the announcement at Forsyth's annual innovation conference, Forsyth Dentech, in Somerville, Massachusetts, which convenes thought leaders from government, research, industry, academia and venture capital to accelerate innovation and launch new ventures in the oral health space.

"The new institute will be a world-class leader in dentistry, defining the future of oral health through biological research, local and global public health outreach and technological innovation," said Wenyuan Shi, Ph.D., M.D., president and CEO of the Forsyth Institute. "The positive impact will be felt globally."

The work of the ADA Forsyth Institute begins immediately, with Dr. Shi leading the efforts from Boston.

"This is a historic and exciting day for champions of oral health," Ms. Cherry said. "We believe the ADA Forsyth Institute will accelerate the pace of scientific discovery and innovation for generations to come."

Founded in 1910, the Forsyth Institute began as a philanthropic effort to provide dental care to children in the Boston area and grew to become a leader in biomedical research.

Among Forsyth's many advancements include the development of the first local antibiotic to treat gum disease and the discovery of the bacteria that causes caries. It also provides oral health care through mobile, private practice and global programs.

Working in Chicago and the biotech hub of Gaithersburg, Maryland, the ADASRI has performed oral health studies that improve care, guide innovation and advance the success of dental professionals.

The ADA Forsyth Institute will be at the forefront of research while continuing the work ADASRI has led to date, such as the first complete mapping of every cell in the oral cavity, creation of evidence-based guidance to inform treatment of patients and ADA Seal of Acceptance program, maintaining the rigorous independent product evaluation criteria trusted by dental professionals and consumers alike.

"This is an incredible opportunity to advance the aligned missions of the ADA and Forsyth," said Linda Edgar, D.D.S., president of the ADA. "The Forsyth Institute has a long and storied history of

scientific leadership and a dedication to making people healthier. Looking toward the future, we're excited to see the many ways the ADA Forsyth Institute will carry on that legacy." ■



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# In a new, single-dose study, Aleve® was proven as strong\* as HYD+APAP for dental pain<sup>1</sup>

\*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.<sup>2</sup>

## Learn how non-addictive OTC NSAIDs like Aleve® can help you reduce risk factors that contribute to the US opioid crisis<sup>1,3,4</sup>

Did you know that up to half of opioid prescriptions at dental visits are inconsistent with the guidelines on appropriate use of opioids?<sup>4</sup> 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.<sup>1,2,5,6</sup>

In the study, Aleve® was as effective\* for dental pain, lasted longer, and was better tolerated vs a widely prescribed opioid combination, HYD+APAP<sup>1</sup>

## 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 relief<sup>1</sup>

- 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)<sup>1</sup>
- The primary objective was to compare Sum of Pain Intensity Difference from 0 to 12 hours (SPID<sub>0-12</sub>) after a single oral dose
  - Secondary objectives were to compare the total pain relief (TOTPAR) over 6 and 12 hours (SPID<sub>0-6</sub>), 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 hours<sup>1</sup>
  - SPID<sub>0-4</sub> 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 SPID<sub>0-4</sub>).<sup>1</sup>

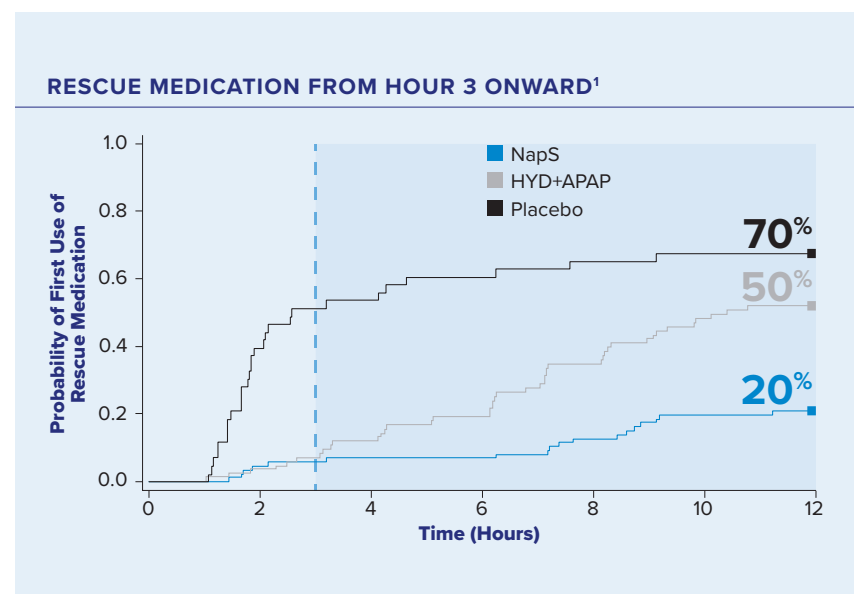
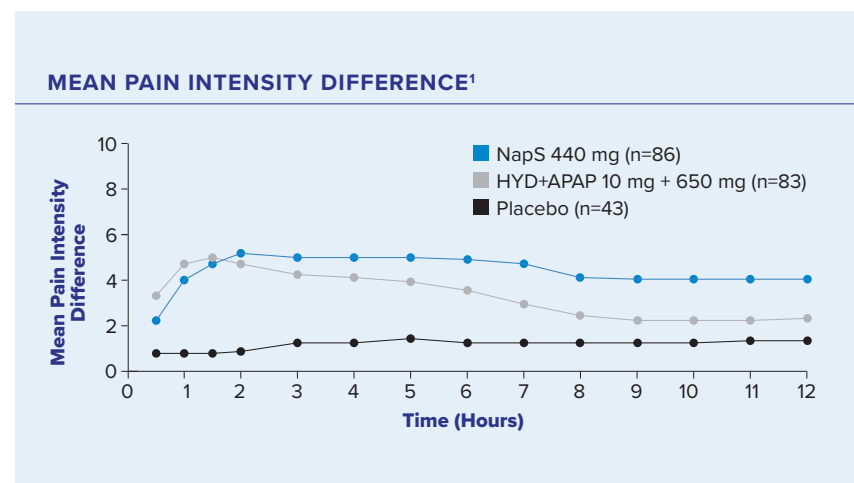
### The primary endpoint was met<sup>1</sup>

- SPID<sub>0-12</sub> was statistically significant for Aleve® vs HYD+APAP<sup>1</sup>

## Key secondary endpoints also showed statistical significance in favor of Aleve® compared with HYD+APAP<sup>1</sup>:

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

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



## In the study, Aleve® was also better tolerated than HYD+APAP<sup>1</sup>

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.<sup>1</sup>

## 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 ( $\geq 1$  impacted).<sup>5,7</sup> In both studies:

- Patients who took Aleve® reported significantly reduced pain vs APAP + codeine ( $P < 0.05$ ) from the 3-hour mark onward<sup>5</sup>
- 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<sup>2,5,7</sup>
- 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)<sup>5</sup>

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

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

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

**“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.”<sup>1,4,12</sup>**

—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 management<sup>13-15</sup>

The **American Dental Association** recommends NSAIDs as first-line therapy for acute pain management.<sup>13,14</sup>

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

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.<sup>1,5,6,13-15</sup>

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,<sup>10</sup> and I encourage all of my colleagues to consider using effective non-opioid analgesics like Aleve® for minor dental pain.”<sup>1,2</sup>**

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

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# New officers installed by House of Delegates

**BRETT H. KESSLER, D.D.S., VOTED PRESIDENT-ELECT; EDWIN A. DEL VALLE-SEPÚLVEDA, D.M.D., J.D., NAMED SECOND VICE PRESIDENT**

**BY OLIVIA ANDERSON**  
Orlando, Florida

**L**inda Edgar, D.D.S., of Federal Way, Washington, was installed Oct. 10 as the 160th president of the American Dental Association.

Dr. Edgar and the new and returning officers of the Association were installed at the ADA House of Delegates meeting in Orlando, Florida.

Dr. Edgar is a past trustee for the 11th District and has served as a delegate to the ADA House and as a member of the ADA Council on Dental Practice. She is a past president and past secretary of the Academy of General Dentistry, past president of the Seattle King County Dental Society, and fellow of the American College of Dentists, International College of Dentists and Academy of Dentistry International. She was chair of the University of Washington School of Dentistry's \$22 million fundraising campaign for more than 10 years and has competed in 45 marathons and two Ironman Triathlon competitions.

## PRESIDENT-ELECT

Brett H. Kessler, D.D.S., a Denver dentist and 14th District trustee, was voted president-elect.

Dr. Kessler is the former president of the Colorado Dental Association and the founding chair of the Colorado Dental Association Foundation. He received his dental degree from the University of Illinois at Chicago College of Dentistry.

"The changemaker movement is on, and I'm so so grateful, and I'm looking so forward to these next two years," Dr. Kessler told the House of Delegates.

## SECOND VICE PRESIDENT

Edwin A. del Valle-Sepúlveda, D.M.D., J.D., an oral and maxillofacial surgeon from San Juan, Puerto Rico, was named second vice president.

Dr. del Valle-Sepúlveda is the former president of the Colegio de Cirujanos Dentistas de Puerto Rico and received his dental degree from the University of Puerto Rico School of Dental Medicine.

"I am so excited," Dr. del Valle-Sepúlveda told the House of Delegates. "I hope to lead to your expectations. I thank you for trusting in me."

## NEW TRUSTEES

Jonathan B. Knapp, D.M.D., a family dentist in Ridgefield, Connecticut, is the new 1st District trustee. He served as co-chair of the Legislative Council of the Connecticut State Dental Association and chair of the ADA's Council on Dental Practice. He currently serves as chair of the Subcommittee on Information Exchange of the ADA's Standards Committee on Dental Informatics recognized. Dr. Knapp earned his dental degree in 1989 from the University of Connecticut School of Dental Medicine.

Allen Reavis, D.D.S., a general dentist in Atchison, Kansas, is the new 12th District trustee. He is the current dental director and dental provider at Atchison Community Health Clinic. He is the former owner of Atchison Dental Associates, a private dental practice, and previously worked as the chief of dentistry at Atchison Hospital. Dr. Reavis has served as president of the Kansas Dental Association and a five-term mayor of Atchison. He received his dental degree from the University of Missouri-Kansas City School of Dentistry.

Jeffrey Kahl, D.D.S., a pediatric dentist in Colorado Springs, Colorado, is the 14th District trustee. He is the current program director of the pediatric dental residency at Denver Health Hospital and previously worked as a partner/owner at Colorado Springs Pediatric Dentistry. He has served as president of the Colorado Dental Association, chair of the Colorado Dental Association Council on Governmental Relations and a member of the ADA's Council on Membership.

Dr. Kahl was also awarded the International College of Dentists Leadership Award in 2020. He received his dental degree from the University of Colorado School of Dental Medicine.

Rita M. Cammarata, D.D.S., a pediatric dentist in Houston, is the new 15th District trustee. She has served as president of the Greater Houston Dental Society, director of the Texas Dental Association Board of Directors and president of the Texas Dental Association. She has also served with the ADA as a member of the Council on Dental Practice and a delegate to the House of Delegates. She received her dental degree from the University of Texas School of Dentistry in Houston.

Gabriel Holdwick, D.D.S., a general dentist in Harbor Beach, Michigan, is the ADA New Dentist Committee chair. He has owned a private practice since 2015, now leading a team of three employees and serving approximately 1,500 patients. Dr. Holdwick represented the state of Michigan as a delegate to the ADA's House of Delegates and served on the Michigan Dental Association House of Delegates as Committee on Credentials Rules and Order chair in 2018 and reference committee chair in 2017.

## RETURNING OFFICERS, TRUSTEES

David J. Manzanares, D.D.S., succeeds Mark Bronson, D.D.S., as first vice president. Dr. Manzanares, a general dentist in Albuquerque, New Mexico, received his dental degree from



Dr. Cammarata



Dr. Holdwick



Dr. Kahl



Dr. Knapp



Dr. Reavis

the University of Missouri-Kansas City School of Dentistry. He has served in leadership positions throughout the tripartite, including secretary/treasurer of the New Mexico Dental Association, member of the ADA Council on Communications, chair of the ADA Volunteer Engagement Program, director of the NMDA Foundation board of directors and conference chair for Fiesta NMDA, the NMDA annual meeting. He is also a member of the Academy of General Dentistry and American Equilibration Society and a fellow of the American College of Dentists and International College of Dentists.

W. Mark Donald, D.M.D., a general dentist in Louisville, Mississippi, continues his second three-year term as speaker. He has served as a delegate to the ADA House of Delegates and member of the ADA Council on Dental Practice. Dr. Donald is past speaker and president of the Mississippi Dental Association and Academy of General Dentistry. He earned his dental degree from the University of Mississippi School of Dentistry in 1988.

Ted Sherwin, D.D.S., a general dentist in Orange, Virginia, continues as treasurer of the ADA. In this role, he designs a budget process with the Board of Trustees and serves as a resource for the House Reference Committee on Budget, Business, and Administrative Matters. Dr. Sherwin has served as treasurer and president of the Virginia Dental Association, president of the Shenandoah Valley Dental Association and a member of the ADA House of Delegates for 15 years. He is a fellow of the International College of Dentists, American College of Dentists and Pierre Fauchard Academy. Dr. Sherwin received his dental degree from Virginia Commonwealth University School of Dentistry.

Brendan P. Dowd, D.D.S., a retired general dentist in Buffalo, New York, is the 2nd District trustee. He served as assistant dean of clinical operations at the University at Buffalo School of Dental Medicine and is currently a part-time clinical assistant professor. He served on the ADA House of Delegates and as a member of the ADA Council on Dental Practice. Dr. Dowd is a past president of the New York State Dental Association and the Eighth District Dental Society and served on the ADA Council on Dental

Practice. He graduated from the University at Buffalo School of Dental Medicine and practiced dentistry in Niagara Falls for nearly 30 years.

James M. Boyle III, D.D.S., an oral and maxillofacial surgeon in York, Pennsylvania, is the 3rd District trustee. Dr. Boyle has served as a member of the ADA House of Delegates and chair of the Commission on Specialty Recognition and Certifying Boards, Council on Dental Education and Licensure, and the Continuing Education Registration Program. He also served as a past president of the Pennsylvania Society of Oral and Maxillofacial Surgeons, Pennsylvania Dental Association and York County Dental Society, as well as a fellow of the American Association of Maxillofacial Surgery. Dr. Boyle received his dental degree from Northwestern University Dental School.

Frank J. Graham, D.M.D., an orthodontist in Teaneck, New Jersey, and Bronx, New York, is the 4th District trustee. Dr. Graham served as chair of the ADA Council on Government Affairs and the Council on Dental Practice, as well as a member of the Board of the American Dental Political Action Committee and the ADA House of Delegates since 2002. Dr. Graham also served as past president of the New Jersey Dental Association and Bergen County Dental Society. He earned his dental degree and certificate in orthodontics from Fairleigh Dickinson School of Dentistry.

Marshall H. Mann, D.D.S., a general practice dentist based in Rome, Georgia, is the 5th District trustee. An ADA member since 1979, Dr. Mann has served on the ADA Council on Members Insurance and Retirement Programs and multiple ADA committees, including the Subcommittee on Program Financials, Product Development and Budget Development. He also served as president of the Floyd County Dental Society, Northwestern District Dental Society and Georgia Dental Association. He received his dental degree from Emory University.

Michael D. Medovic, D.D.S., a general dentist from Wheeling, West Virginia, is the 6th District trustee. He is a current faculty member at the West Virginia University School of Dentistry, from which he graduated in 1980. He has served as a member of the ADA House of Delegates and ADA Council on Dental Practice, as well as chair of the Council on Dental Practice's National Elder Care Advisory Committee. He is a past president of the West Virginia Dental Association.

Chad R. Leighty, D.D.S., a general dentist in Marion, Indiana, is the 7th District trustee. He served as program chair of the former Council on ADA Sessions and has been an ADA member since 1993. Dr. Leighty was an Indiana floor leader as a member of the ADA House of Delegates and 7th District representative to the ADA speaker of the house. He is a past president of the Indiana Dental Association and current participant in the large group practice of P1 Dental Partners. Dr. Leighty earned his dental degree from Indiana University School of Dentistry.



President-elect: Brett H. Kessler, D.D.S., a Denver dentist and 14th District trustee, speaks to the ADA House of Delegates Oct. 10 after his win.



Second vice president: Edwin A. del Valle-Sepúlveda, D.M.D., J.D., an oral and maxillofacial surgeon from San Juan, Puerto Rico, addresses the House of Delegates Oct. 10



# ADA joins coalition urging passage of workforce bill

## Freedom to Invest in Tomorrow's Workforce Act would expand 529 plans to include credentialing

BY OLIVIA ANDERSON

The ADA has joined the Tomorrow's Workforce Coalition in supporting the passage of the Freedom to Invest in Tomorrow's Workforce Act, a bill that would permit the use of 529 account funds to pay for postsecondary credential and training program expenses.

The Tomorrow's Workforce Coalition, which is led by the American Society of Association Executives and consists of 652 organizations aiming to strengthen career opportunities across the country, is urging Congress to pass the bipartisan, bicameral bill.

"The coalition respectfully urges you to approve the Freedom to Invest in Tomorrow's Workforce Act as soon as possible so that students, families and workers can better access the credentials and skills training that help grow strong, resilient careers," reads a letter addressed to Committee on Finance Chair Sen. Ron Wyden, D-Ore., Ranking Member Rep. Jason Smith, R-Mo., Ranking Member Sen. Mike Crapo, R-Idaho, and Ranking Member Rep. Richard Neal, D-Mass.

states. "Families could save money – utilizing the unique tax advantages that 529 plans offer – for beneficiaries at any stage of their careers and at any education level to boost job prospects and earning potential." ■

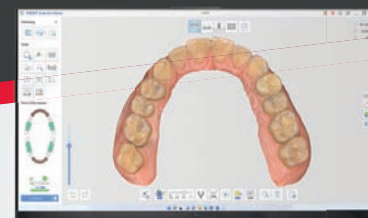


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– Dr. Joshua Prentice | Bend, OR  
Graduate of the University of Oklahoma College of Dentistry



**The bill would shift the paradigm for 529 plans – transforming them from 'college savings plans' to 'career savings plans.'**

Under current law, state-sponsored 529 savings plans – also called qualified tuition programs – are exempt from federal taxes if funds are used to pay for qualified education expenses such as college degrees, programs from Title IV accredited institutions, some student loan repayments and registered apprenticeships. But 529 plan beneficiaries cannot use these funds to obtain or maintain recognized postsecondary credentials, including professional, voluntary certifications and licenses.

However, the new legislation would expand 529 plans to treat postsecondary skills training and credentialing programs as qualified higher education expenses. It would provide tax-advantaged resources for those who pursue career growth and alternative career pathways – with or without college degrees – as well as provide flexibility for beneficiaries to use their plan funds to cover whichever credentialing programs best fit their career goals.

The Freedom to Invest in Tomorrow's Workforce Act would allow workers to use 529 funds for credential program tuition, including prep courses; testing fees, including practice exams; required books and equipment; continuing education and credential renewal; and other changes required for obtaining or maintaining a postsecondary credential.

"The bill would shift the paradigm for 529 plans – transforming them from 'college savings plans' to 'career savings plans,'" the letter

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# Legislative Summit held to discuss Dental and Dental Hygienist Compact

## Legislation already enacted in three states

BY OLIVIA ANDERSON

The Council of State Governments, in partnership with the ADA and the Department of Defense, hosted a summit on Capitol Hill Sept. 12 to discuss the Dental and Dental Hygienist Compact.

The 2023 DDH Legislative Summit was held to provide information and answer questions regarding the implementation of an interstate compact that “will create reciprocity among participant states, and reduce the barriers to license portability,” according to the CSG National Center for Interstate Compacts website.

Specifically, the DDH Compact is an agreement between two or more states that provides a legal pathway through which dental practitioners can practice in states where they are not licensed.

The compact, which was finalized in January, will offer many benefits for dentists and dental hygienists, including facilitating multi-state practice; enhancing license portability when changing state of residence; expanding employment opportunities in new markets; improving continuity of care when patients or providers relocate; supporting relocating military spouses; and reducing the burden of maintaining multiple licenses.

More than 80 attendees were present at the summit, including legislators, dentists, dental hygienists and dental board staff from various states. Representatives from the DOD, which supports the implementation of the DDH compact and others around the country, opened the meeting. The summit also included a panel of experts: former ADA President Joseph Crowley, D.D.S.; Rep. Michelle Caldier, D.D.S., R-Wash.; Tennessee Hygienists’ Association member Susan Melton; and Minnesota Board of Dentistry Executive Director Bridgett Anderson.

Dr. Caldier, who sponsored the successful bill in Washington state, highlighted the importance of educating legislators on the definition of a compact since many do not have health care backgrounds,

emphasizing that “the more states we can get signed on, the more effective the compact is.”

The summit featured a discussion about the compact’s implementation, including requirements for licensure, the development process and common misconceptions.

“Part of the problem is I think a lot of people don’t know what a compact is, and for the dentists and hygienists, a lot of the concerns they have [are about] someone coming into [their state] and all of a sudden doing fillings if they’re not trained. So, we were able to address those concerns and explain that that’s all done during rulemaking,” Dr. Caldier said, affirming that a process exists to address bad actors and that adequate training is required. “It was helpful for leaders in the profession in each of those states to understand, so when it comes up in those states there’s not a whole lot of pushback.”

Ms. Anderson offered a regulator’s perspective, stating that while her state board has been supportive of the compact, it’s just as important to acknowledge the upcoming obstacles.

“One of the challenges for us is going to be sheer logistics – getting the database set up, getting the commission established, but it’s not like we’re reinventing the wheel. It’s been done with many other health care professions, so it’s just getting things moving in that direction because that’s going to take some time,” she said. “The legislation alone is going to take some time because it has to be adopted in seven states. It’s a process, but once it is established it will streamline things.”

She also highlighted the importance of creating comprehensive legislation early on so as not to require the compact commission – which will consist of state board representatives – to make amendments years down the road.

“You don’t want to change legislation in five years, or even 10 years. You want it to be broad enough where it ultimately allows the compact commission to establish some of these things in further depth. It’s very similar to that process of administrative rulemaking,” Ms. Anderson said.

The DDH Compact process will consist, in part, of a practitioner applying for a compact privilege; undergoing an FBI background check; having their eligibility verified and completing jurisprudence requirements; then receiving a compact privilege, allowing the practitioner to practice in the remote state. Further, practitioners using the compact need to have an unencumbered license, and must have graduated from a CODA-accredited program.

One group that will greatly benefit from the compact is military families, who are only located in any given state for two to three years. Because of these families’ high mobility, licensed military spouses are presented with a significant barrier to career development and employment.

“It’s hard enough to support your spouse when they’re serving, but if you travel with them and you can’t practice, or you can only practice as a dental assistant and not a hygienist, and you have this lower-paying contribution to your household, that is very stressful on the marriage,” Dr. Caldier said.

But with implementation of the compact, dental hygienists will be licensed to work across state borders. According to Dr. Caldier, allowing practitioners flexibility in traveling back and forth between states would help alleviate staffing issues.

“The most important thing to me is addressing the workforce issue,” Dr. Caldier said. “[Washington state] has two major cities that border Idaho and Oregon. If we were able to get Idaho and Oregon to join, then they could come up and work a couple days a week in Washington or work a couple days in Oregon.”

To date, the compact has been enacted in Iowa, Tennessee and Washington. It has been introduced in Kansas and Minnesota, secured sponsors in Michigan and Wisconsin, passed the Assembly in New Jersey, passed the Senate in Ohio, and is pending in committee in Pennsylvania. Nearly a dozen other states have indicated their intent to introduce the compact in 2024.



Paving the way: Rep. Michelle Caldier, D.D.S., R-Wash., and former ADA President Joseph Crowley, D.D.S.

The compact will also work to address staffing shortages in the dental sector. The number of general practitioner dentists who indicated they are “too busy” or “overworked” is currently at an all-time high. According to a survey conducted by the ADA Health Policy Institute, 38% of respondents reported being too busy in 2021, compared to 29% in 2019 and 23% in 2018.

The compact will become active once it has been enacted in seven states.

Overall, Ms. Anderson said the summit was successful and generated a great deal of enthusiasm about what comes next.

“I think there was a lot of excitement about it. A lot of questions got answered. There was a lot of interest in next steps,” she said. ■

## AROUND THE ADA

### OFFICERS *continued from Page 16*

Randall C. Markarian, an orthodontist in Swansea, Illinois, is the 8th District trustee. He served as chair for the ADA Council on Dental Benefit Programs and the American Association of Orthodontists Council on Orthodontic Benefits. Dr. Markarian is a past president of the Illinois State Dental Society. He received his dental degree from the Southern Illinois University School of Dental Medicine and his master’s degree in orthodontics from the St. Louis University Center for Advanced Dental Education.

Michele M. Tulak-Gorecki, D.D.S., a general practice dentist in Warren, Michigan, is the 9th District trustee. Dr. Tulak-Gorecki has served in the House of Delegates since 2012 and on multiple committees, including the Budget, Business and Administrative Reference Committee, the Legislative, Health, Governance and Related Matters Reference Committee, and the Dental Benefits, Practice and Related Matters

Reference Committee. In addition, she served as a past president of the Michigan Dental Association and Macomb Dental Society. She is a member of the International College of Dentists, American College of Dentists and Pierre Fauchard Academy. Dr. Tulak-Gorecki earned her dental degree from the University of Michigan.

Scott L. Morrison, D.D.S., a periodontist from Omaha, Nebraska, is the 10th District trustee. He has served as a member of the ADA Council on Members Insurance and Retirement Programs, ADA Council on Government Affairs and ADA House of Delegates, and as an American Dental Political Action Committee action team leader and a Lobby Day participant. He is a past president of the Nebraska Dental Association. Dr. Morrison earned his dental degree from the University of Nebraska College of Dentistry in 1985.

John E. Hisel, D.D.S., a general dentist in Boise, Idaho, is the 11th District trustee. He serves as a member of the ADA, Academy of General Dentistry and Christian Medical and Dental

Association. He is a past president of the Idaho State Dental Association and was honored with both the ISDA President’s Award and the ISDA Lifetime Achievement Award. Dr. Hisel is a member of the International College of Dentists and Pierre Fauchard Academy and a consultant to the Idaho State Board of Dentistry. Dr. Hisel graduated from Creighton University School of Dentistry.

Karin Irani, D.D.S., a general dentist in Los Angeles, is the 13th District trustee. She has served as chair of the ADA Council on Membership and the California Dental Association’s Leadership Development Committee. She also was a trustee of the CDA and president of the San Fernando Valley Dental Association. She is a co-founder of Veterans Smile Day, a nonprofit organization providing free dental care to veterans nationwide. Dr. Irani earned her dental degree from the University of Southern California’s Herman Ostrow School of Dentistry.

Gary D. Oyster, D.D.S., a general dentist in Raleigh, North Carolina, is the 16th District trustee.

He has served as an ADA delegate or alternate delegate from 2000 to 2020, an American Dental Political Action Committee board member and the vice president of the North Carolina Dental Society. He is a member of the Academy of General Dentistry and fellow of the American College of Dentists and International College of Dentists. Dr. Oyster earned his dental degree from West Virginia University School of Dentistry in 1972.

Rudolph T. Liddell, D.M.D., a general dentist in Brandon, Florida, is the 17th District trustee. He served as a member of the ADA House of Delegates and chair of the ADA Council on Dental Practice. In addition, Dr. Liddell was president, secretary and trustee for the Florida Dental Association. He is a member of the West Coast District Dental Association, Hillsborough County Dental Association, American College of Dentists, International College of Dentists, Pierre Fauchard Academy and Florida Academy of Dental Practice Administration. He graduated from the University of Florida College of Dentistry. ■

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# ADA replies to Senate request for information on HIPAA

## Association urges caution for new regulation, compliance training funding



BY OLIVIA ANDERSON

The ADA responded to a request for information from Sen. Bill Cassidy, R-La., ranking member of the Senate Health, Education, Labor, and Pensions Committee, about how to secure health data not currently protected by the Health Insurance Portability and Accountability Act amid the advancement of health care technology.

“America’s dentists make patient data privacy a priority in their practices every day and welcome your interest in how data privacy can continue to be protected from emerging threats,” reads a letter signed by then-ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S.

The ADA’s response urges Congress to avoid new regulations that would “further burden” small businesses like dental practices, most of which cannot hire staff needed for new compliance concerns. Mr. Cassidy’s RFI focused on five different categories, with the ADA responding to multiple questions within each category.

In response to general privacy questions, the Association called on Congress to provide transparency for consumers on what is and is not covered by HIPAA as well as privacy warnings for health products collecting data not governed by HIPAA.

The response also asked Congress to clarify HIPAA’s “confusing and sometimes conflicting” privacy requirements for the disclosure of substance abuse-related patient records.

“We urge Congress to work with [the Department of Health and Human Services] to clarify and better align ... confidentiality and privacy requirements with HIPAA.”

In response to questions about health information under HIPAA, the Association urged Congress not only to provide funding for training of compliance staff when placing new “compliance burdens” on health care providers, but also to create an exception under HIPAA that allows dentists to disclose patient information in response to online reviews without violating HIPAA and Federal Trade Commission regulations.

“Allowing dishonest and unfair reviews to go without response because of privacy regulations negatively impacts the health of patients and consumers seeking trustworthy information about where to seek care,” the letter states.

In response to questions about the collection of health data, the ADA said that while it supports Congress determining how to regulate non-HIPAA-covered data, the need to regulate must be balanced by “limiting the burden of HIPAA compliance on dentists and patients.”

The RFI also focused on regulation of artificial intelligence, and the Association responded to questions about the privacy challenges and benefits of AI, implementing privacy by design into AI-enabled software and the idea of patients opting out of datasets used to inform algorithmic development. The Association stated that developers must be transparent in their use of AI and “facilitate for providers an efficient mechanism for a patient to give informed consent or opt out of their data being used for algorithmic development.”

Finally, the enforcement section of the RFI touches on the role of federal agencies in

safeguarding health data. The ADA encouraged Congress to simplify the burden of compliance

due to the “complexity of the legal and regulatory framework for HIPAA enforcement.”

For more information about all the ADA’s advocacy issues, visit [ADA.org/Advocacy](http://ADA.org/Advocacy). ■



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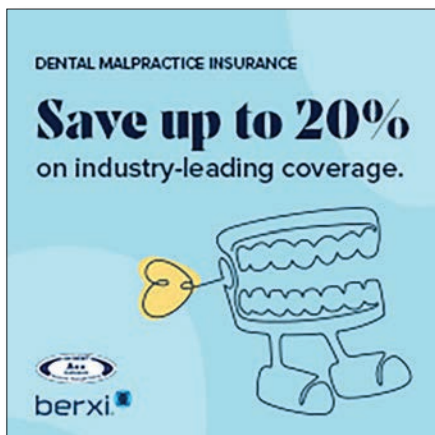


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## Get to know Oregon Health & Science University School of Dentistry

BY MARY BETH VERSACI

**T**he U.S. boasts more than 70 accredited dental schools, all charged with educating the next generation of dentists. This series from the ADA News highlights facts about each to help paint a picture of the current dental education landscape.

From the year it was established to its total enrollment across all programs, learn more about the Oregon Health & Science University School of Dentistry in the fact box below, and stay tuned for details about more schools in upcoming ADA News issues. ■



**Location:** Portland, Oregon  
**Year established:** 1898  
**Dean:** Ronald Sakaguchi, D.D.S., Ph.D.  
**Total enrollment:** 366

**FUN FACT:**  
 D.M.D. students at the OHSU School of Dentistry work closely with the school's integrated social work team to **identify dental patients with behavioral and other systemic health issues**. Students then partner with social workers to **help those patients navigate the health system** and refer patients to other providers for further care.

Photo courtesy of Oregon Health & Science University

### DENTAL Doodles



**CORRECTION:** Because of incorrect information provided to the ADA News, the October cover story, "Diversifying Dental Schools," incorrectly stated the total share of students who are a racial/ethnic minority enrolled in U.S. predoctoral dental education programs. The total share of students who are a racial/ethnic minority grew from 41.9% in 2018-19 to 44.8% in 2022-23.



# ADA can pave way for quality metrics in dentistry

BY KELLY GANSKI  
Orlando, Florida

The ADA can learn from the quality metrics the medical community has developed and be the leading entity defining quality for dentistry, according to a panel of experts Oct. 5.

Quality Metrics for Enhanced Patient Outcomes: Lessons Learned From Medicine (5144) convened Krishna Aravamudhan, B.D.S., senior vice president of the ADA Practice Institute; David Lustbader, D.M.D., director of clinical affairs at 42 North Dental; and Cherag Sarkari, D.D.S., national director of quality improvement and clinical, CA dental director, Liberty Dental Plan of California; to discuss a history of quality metrics and what the future holds. Chad Leighty, D.D.S., ADA 7th District trustee and chair of the Association's DSO Engagement Task Force, moderated.

The dental profession is behind its medical colleagues in measuring outcomes and quality improvement activities, according to Dr. Lustbader. Dentistry needs to get started, and there is some low-hanging fruit in which to do so: caries risk assessment; evaluating head and neck cancer risks; HPV problems; efficiency and timeliness of care; and the overuse of antibiotics, he said.

"We need to have a methodology that's really well aligned, show what we're going to measure and how we're going to do it," said Dr. Sarkari. "We need to engage everybody on how and explain to providers why and what we're going to do."

**“We need to have a methodology that’s really well aligned, show what we’re going to measure and how we’re going to do it.”**  
- Cherag Sarkari, D.D.S.

Dr. Aravamudhan provided a history of quality metrics in dentistry, including the formation of the Dental Quality Alliance, which was convened by the ADA on behalf of the Centers for Medicare and Medicaid Services. It's an organization of major stakeholders in oral health care delivery that uses a collaborative approach to develop oral health care measures.



There's a lack of understanding and fear of measurement and quality metrics, Dr. Aravamudhan said. The profession needs to understand the landscape and now ADA leaders can point dentists to the measures on the DQA's website and say, "This is what we mean by quality and how it's going to affect you," Dr. Aravamudhan said.

"This notion of quality is not just between the dentist and the patient, but ... connecting the

dots for providers as to how this can be a useful tool is critical," she said.

Regardless, the panel agreed the ADA needs to continue leading the charge.

"I'm always saying, 'You're either at the table or you're being served for dinner,'" Dr. Lustbader said. "Be at the table."

To learn more about the Dental Quality Alliance and its work, visit [ADA.org/dqa](http://ADA.org/dqa).



SmileCon panel: A group of experts discusses what dentistry can learn from the medical community related to quality metrics. From left are Chad Leighty, D.D.S., David Lustbader, D.M.D., Cherag Sarkari, D.D.S., and Krishna Aravamudhan, B.D.S.

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# Should we fear corporate dentistry? Why I changed my mind

BY JOEL L. STROM, D.D.S.

A recent ADA Health Policy Institute study states that “despite being busier than ever, dentists’ incomes aren’t showing it”. The article discusses many reasons why this is the case, but one conclusion is that, “Practice expenses are increasing faster than revenues, driving the decline in average net income.” I have no doubt this is true for our profession, especially those in solo or group private practices.

If this development was merely a short-term correction and a return to normalcy was in the offing, perhaps my concern about the ADA’s report would be ill-founded. But this development is not merely a cyclical bear market within the proverbial long-term secular bull market. Rather, the trend lines have been clear and definitive for many years — increasing economic pressures on smaller practice models are real long-term realities that also create ethical dilemmas for us as to how do we maintain both a successful ethical and economically viable practice in the years ahead.

One answer has been the movement from solo/smaller private practices to the so-called DSO or corporate model. If we are being honest with each other, the former model of dental practice is slowly becoming obsolete in most parts of the country. I know it, you know it, the ADA knows it. We can debate the merits, but we cannot debate the numbers.

I’ve spent the better part of my career involved in professional leadership, and at every step of my journey I have defended the private practice model against all forms of medical corporatism. I’ve championed the cause of personalized care and eschewed the intrusion of third parties between us and our patients because patients are individuals, not numbers, and deserve to be treated as such.

Moreover, as we move to any system within which the doctor and the patient become peripheral to the treatment decision making, both the patient and dentist autonomy can be highly compromised, leading to treatment and fee decisions being made by third parties.

So I was not simply against the corporate model to be argumentative; the early models of what we now refer to as DSO’s heavily curtailed our ability to exert our educated judgment when offering treatment options to our patients.

It was clear years ago that the incipient growth of the corporate practice, government regulations and economic realities cited by the ADA study would eventually reduce treatment-planning and decision-making autonomy. Indeed, while the DSO model provided a solution for the economic pressures of private practice, the standardization that came along with them took away a big chunk of professional autonomy. Our medical colleagues have already experienced all of this; we were always just 10 years behind. Too many of us — dentists, our associations, our schools — didn’t prepare for the inevitable.

The question remains — how to merge our professional ethics with the increasing presence of these practice models? I’ve struggled with this question over the years since my first meeting on Capitol Hill with the late Congressman James Scheur, D-N.Y., who had invited me to Washington, D.C. to plan a congressional hearing on health care reform in 1982. In my recent experience running an educational nonprofit, I worked alongside physician colleagues in their home states and in Washington, D.C., focusing on ways to protect the doctor-patient relationship in this season of health care corporatism.

With that as background, it could be surprising to learn that after years of critique, I find myself as a partner in a corporate practice. But I refer to that model as corporate 2.0. I’ll define the 2.0 version as one that provides me with the benefits of group purchasing, reduces my financial risks and has cleared a path to continue practicing at a less stressful level and preserves my clinical autonomy.

My pertinent backstory is that after surviving the pandemic shutdowns and an associate purchase arrangement fell through, I was hit by a car while walking in a crosswalk. The emotional drain of 2020 shutdowns, a failed practice transition, and that car accident made it near impossible

to continue my practice as I had in the past. For anyone who has been hit by a car, I don’t need to explain the mangled mess that can compromise severely both your physical and mental state.

Soon after the accident, I received an unsolicited call from a corporate 2.0. Due to my experiences and practice philosophy, I was reticent to engage, but open to most any option at that point. I did my research, spoke to other dentists who had become partners and decided to follow their lead. Long story, short report: I still practice, enjoy it more, and have never looked back. I am now a partner within a corporate 2.0 organization.

“

I educated myself, and as I learned, I altered my view.

— Joel L. Strom, D.D.S.

I am not embarrassed, nor do I regret my years being harshly critical of corporate intrusion into our profession. But like anyone who is willing to maintain an open mind and takes pride in listening and learning, I educated myself, and as I learned, I altered my view.

We cannot continue to pretend that with a little more federal funding, the promise of new technologies to lower overhead or better insurance reimbursements, that dental careers will remain satisfying and economically viable. The hundreds of younger dentists and dental students with whom I’ve spoken, express far greater anxiety about their abilities to acquire and build their practice than ever before, just as mid-to-late career dentists express the concerns cited in the HPI’s study.

My experiences watching medical colleagues’ dissatisfaction with losing their clinical autonomy,

coupled with a similar trend occurring within dentistry, has convinced me that our profession does itself a disservice by grouping all corporate practice models under a single banner as if there are no differences amongst them. Each individual company and each model bring with them significant differences to consider. We need to learn more about that and provide our students and practicing dentists with that information.

With all of that said, I have some suggestions on how we can succeed to maintain and strengthen our doctor-patient relationship within the complexities and changes which are upon us, and perhaps even reverse the trends cited by the ADA’s HPI study.

1. Create more refined definitions for corporate dentistry models; they are not all equivalent, nor is any single entity the right choice for all of us.
2. Encourage more education in schools so new dentists understand and better prepare themselves for the years ahead; first jobs and practice purchases carry with them ethical and legal dilemmas unknown to most recent graduates.
3. Support the choices each of us makes and learn from the experiences of others. Or if you are happy with your choice, tell others about it so you can mentor other dentists as they navigate the changing practice environment.
4. Work with corporate entities to help foster more dentist autonomy. If we don’t have our autonomy, chances are we cannot practice ethically.
5. Sponsor more continuing education events that highlight how choice of practice models impacts their abilities to maintain clinical autonomy.

*Joel L. Strom, D.D.S., is a former California State Dental Board president, chair of ethics at the University of Southern California and member of the National Advisory Dental Cranial Research Council at the National Institutes of Health. He now practices as a partner with MB2 Dental Partners. ■*

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Founded in 1948, the UAB School of Dentistry (“the School”) is known for its contemporary, holistic approach to dentistry and patient-centered care. Educational programming includes integrated basic and clinical sciences, leading-edge dental technologies in modern clinical facilities, integrated community clinical rotations, and robust community involvement. The School’s mission is to prepare students for success as leaders and professionals, using a balanced approach to teaching, research, and service. The UAB School of Dentistry is home to approximately 420 students, 140 faculty, 144 staff, and 1,400 Alumni Association members. It is the only dental school in the state of Alabama.

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A search committee with representation from across the university has been convened to conduct the search and to recommend finalists to the Senior Vice President and Provost of UAB. The search committee is chaired by the Dean of Nursing.

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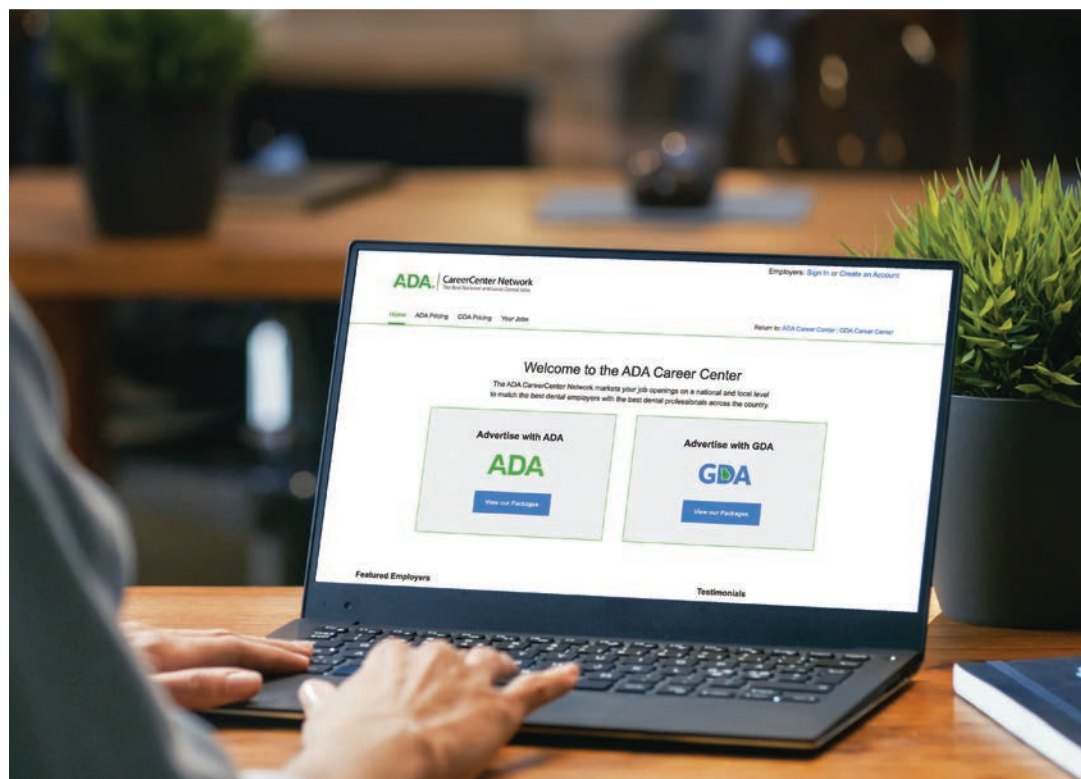
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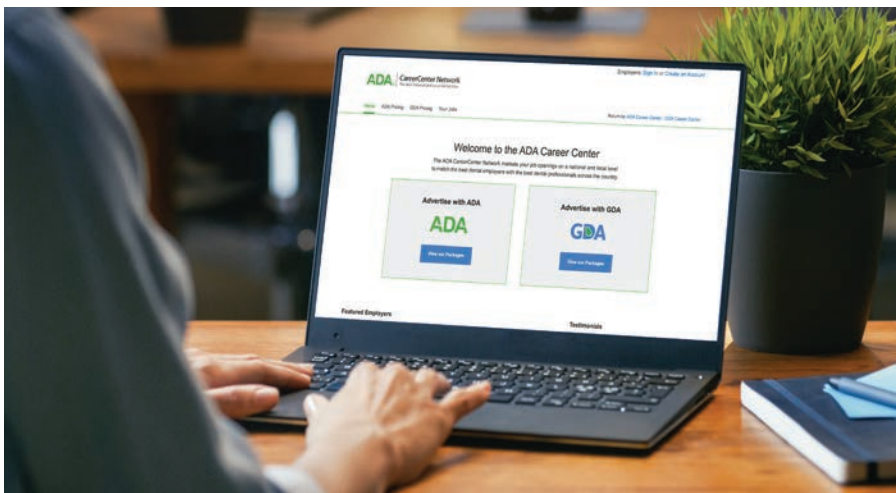
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# Capital of New York state poised to welcome fluoridated water

## Albany has never had fluoridated water supply

BY DAVID BURGER

About 13 million New York state residents receive the benefits of water with fluoride, according to the New York State Department of Health.

Those 13 million do not include the residents of Albany, the state's capital.

That could change as early as late November as result of a swelling storm of support for what has been hailed as one of the greatest U.S. public health achievements of the 20th century.

In mid-October, Albany Common Councilor Tom Hoey, who chairs the city's public safety committee, introduced legislation that, if approved by the council and mayor, would fluoridate the city's water supply, something that has never happened in this city of 100,000 people.

Mr. Hoey said that a majority of councilors have committed to backing the proposal.

David Galin, chief of staff to Mayor Kathy Sheehan, said, "Regardless of what think-tanks in far-away places may feel about it, this is a social justice issue for our residents — especially our neighbors in historically underserved communities who have limited access to preventive dental care. Mayor Sheehan believes it is due time for us to join the overwhelming majority of municipalities across the U.S. in the effort to help prevent tooth decay by adding fluoride to our drinking water."

In an interview, Mayor Sheehan said she will sign the new proposal into law, provided the common council approves it.

"I'm hopeful that it will move expeditiously," she said.

She said she is continually struck by seeing children in dental clinics who are in pain, believing that dental pain is just the way life is.

"Oral health is tied to our physical and mental health," the mayor said. "It impacts the way they can enjoy themselves."

The Empire State itself also champions community water fluoridation.

Erin Clary, public information officer for the New York State Department of Health, said, "Safe and available water for drinking and for recreation promotes healthy people, healthy communities and a healthy economy. New York State supports fluoridation as a significant and cost-effective public health measure."

Elizabeth Whalen, M.D., Albany County Department of Health commissioner, has been advocating for her city to receive the benefits of fluoridated water for two decades. The health department runs a dental clinic and she has seen first-hand how caries can flourish in children's mouths without fluoride.

"We're placing our kids behind," she said of the lack of fluoridated water. "And there's no good reason for it."

Mr. Hoey said he first became aware of the issue when he brought his then 4-year-old son to the dentist. The dentist was in a neighboring area.

"We went up to Latham, and the dentist said to me, 'You're from Albany, aren't you?' And I said, 'Yes. How do you know?' It was Max's teeth. He had baby teeth, and he almost had permanent damage to his adult teeth underneath."

The distressing idea percolated in his mind until he was elected to public office. He boned up on research and this year, after lining up backers of his proposal, he decided to bring the legislation up to the council.

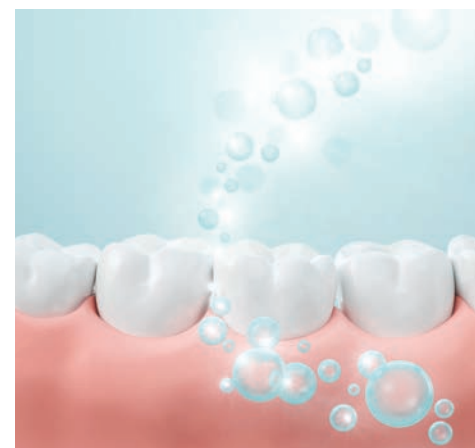
"We need to do this," said Mr. Hoey.

Since introducing the proposition, he has endured angry phone calls and social media attacks from places as far away as Ireland. But he remains resolute and confident that Albany will soon be the home of fluoridated water.

The ADA and American Fluoridation Society have lent their support to the efforts in Albany,

with society President Johnny Johnson, Jr., D.M.D., a Florida-based pediatric dentist, saying that he was "thrilled" that the local Albany community has coalesced in support of a measure that would reduce health disparities.

For more information on fluoride in water, visit [ADA.org/fluoride](http://ADA.org/fluoride). ■



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BUILT ON TOOTHLIKE  
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#### 89% fillers by weight:

- Outstanding wear resistance
- Enhanced color stability

#### 30–50% less resin compared to classic hybrid and pseudo nano composite

- Low shrinkage of only 1.6 vol.%
- **NON-STICKY**
- Prolonged working time under ambient light

#### Designer Nano particles:

- **EXCELLENT POLISHABILITY AND POLISH RETENTION**
- Tooth-like modulus of elasticity
- Tooth-like thermal expansion and flexural strength



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Data on File at [www.vocoamerica.com](http://www.vocoamerica.com)

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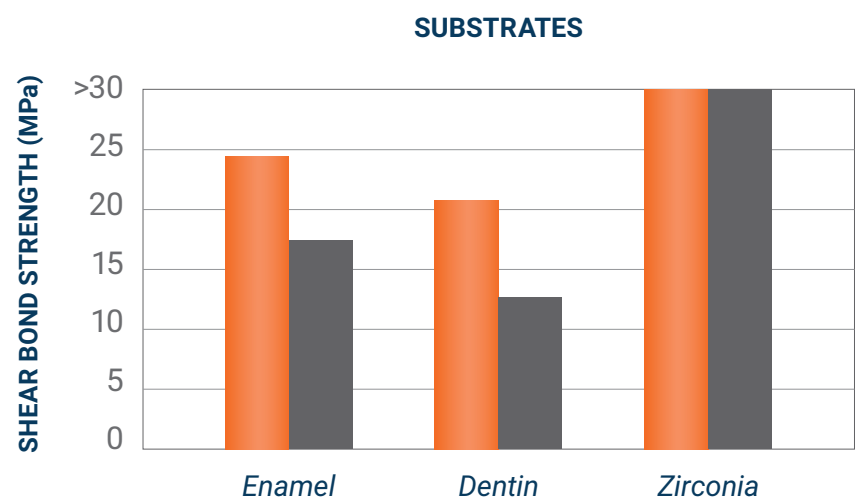
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At last, a self-adhesive resin cement that, in addition to providing exceptional bond strength, fills and seals microgaps with robust hydroxyapatite formation at the margin, and thereby alleviates or prevents microleakage, which is otherwise associated with recurrent decay.<sup>1</sup>



■ Parkell<sup>®</sup> Predicta<sup>®</sup> Cement  
 ■ Market Leading Self-Adhesive Resin Cement\*

\*Bond strengths were obtained following light curing per manufacturers' instructions. Data on file. For the Market Leading Self-Adhesive Resin Cement, bond strength data for all substrates was sourced directly from a published Technical Data Sheet for the product.

**Buy 2, Get 1<sup>\*\*</sup>** Predicta<sup>®</sup> Bioactive Cement Kits (mix/match)

\*\*For more information, visit [parkell.com](http://parkell.com) or contact your local authorized Parkell distributor. <sup>1</sup>Based on multiple in vitro university studies.

