

# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

02.07.22

ADA.ORG/ADANEWS



ACCESS TO CARE

## Give Kids A Smile celebrates 20th anniversary

ADA'S SIGNATURE ACCESS-TO-CARE PROGRAM HAS PROVIDED CARE TO 7 MILLION CHILDREN

BY DAVID BURGER  
St. Louis

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The arrival of 2022 means that the ADA's signature access-to-care program Give Kids A Smile is 20 years old, with a legacy of providing oral health services for 7 million children — and counting.

To date, 954 Give Kids A Smile events are registered in the ADA's online system for 2022 to provide services for more than 260,000 children.

Changing lives is a hallmark of Give Kids A Smile, which traditionally kicks off the first Friday of February in conjunction with National Children's Dental Health Month. Events are held throughout the year: anytime volunteers have the time and inclination to help underserved children.

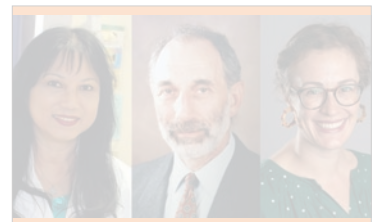


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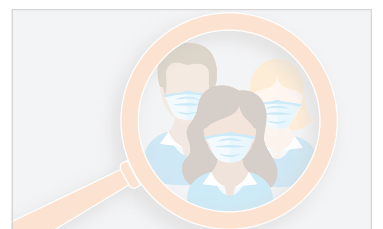
SPECIAL ISSUE:

### Access to Care



#### 10 Spotlight on public health dentistry

New ADA News series highlights different career paths dentists can take within profession



#### 23 ADA News articles to highlight recruiting challenges

Association has resources to help dentists hire, train dental team members

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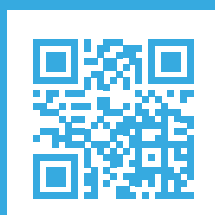
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Changing lives is a hallmark of Give Kids A Smile, which traditionally kicks off the first Friday of February in conjunction with National Children's Dental Health Month. Events are held throughout the year: anytime volunteers have the time and inclination to help underserved children.

"Giving back is a foundation of the dental profession and the ADA," said Cesar R. Sabates, D.D.S., ADA president. "Across the country, about 6,500 dentists and 25,000 dental team members volunteer at local Give Kids A Smile events to provide free oral health education, screenings, preventive and restorative treatment to about 300,000 children annually. As GKAS enters its 20th year, the program continues to transform children's lives by brightening their smiles. Its strong foundation ensures that Give Kids A Smile will carry on for many more years beyond this one."

### BEGINNINGS

The concept of Give Kids A Smile came from an ad-hoc committee of the Greater St. Louis Dental Society that was charged with coming up with ideas on how to give back to the community.

"As editor of our local dental society bimonthly magazine, we decided

that I should publish a list of programs that provided dental care around the world," Dr. Dalin said. "I think I came up with around 10 pages of these programs. We thought it could inspire our members to sign up with these programs and travel all around the world doing this."

The committee regrouped a few months later and decided that they could do more.

"I remember suggesting we had plenty of problems here in St. Louis that we could try to alleviate. Why go overseas when we could spend time cleaning up our own backyard?" Dr. Dalin said.

That summer, Dr. Dalin volunteered at a back-to-school event. About 200 children from impoverished neighborhoods went "shopping" for all sorts of donated products at the fair: book bags, winter coats, school supplies, toiletries, pants, shoes, underwear and socks.

"It was an adorable program, seeing these kids walking out of the 'shopping room' dragging a huge bag of goodies with them," Dr. Dalin said.

When the committee met again a

few months after that, Dr. Dalin described that back-to-school event he attended.

"I pointed out that these kids needed shoes and socks and underwear and thought that would prove that these kids had definite economic needs," Dr. Dalin said. "Why not get those 200 kids and take care of their dental needs?"

Give Kids A Smile was born.

### EXPANSION ACROSS NATION

Four months later, in February 2002, B. Ray Storm, D.D.S., and Dr. Dalin held the first Give Kids A Smile event in a run-down, soon-to-be-demolished dental clinic in St. Louis, where 15 patient chairs were cobbled together to deliver free dental care to nearly 400 children.

After the success of that first clinic, Dr. Dalin thought, "Why can't groups all around the country do the same thing?"

Dr. Dalin called the ADA to see if they were interested in this program, and met with then-ADA Executive Director



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See GKAS, Page 14

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**EDUCATION**

## ADA seeks public/consumer member nominations for CODA

BY KIMBER SOLANA

The ADA Board of Trustees and Council on Dental Education and Licensure are seeking nominations for individuals to serve as public/consumer representatives on the Commission on Dental Accreditation's board of commissioners. Nominations are due May 1.

To qualify, public nominees are expected to have an interest in or knowledge of health professions related to education and accreditation

matters, but must not have a formal or informal connection to dentistry.

In addition, nominees must not be dentists, allied dental personnel or employed by or a consultant to a dental education program. The nominee must also not be a member or employee of any professional/trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with CODA, dental education or dentistry.

CODA's mission is to serve the public and dental professions by developing and

implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. The board of commissioners meets twice annually to set accreditation standards and policies and to take accreditation actions on dental, allied dental and advanced dental education programs.

Nominees should submit a current resume and completed application form by May 1. For more information and an application, contact Annette Puzan at puzana@ada.org. The ADA Board of Trustees will review the nominations and forward recommended candidates to CODA for consideration and action. The CODA board of commissioners will consider public/consumer representative nominees at its August meeting. ■



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# It's a new day for dentistry

## Meet Dr. Nicole McGrath-Barnes

BY KIMBER SOLANA

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

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

**Nicole McGrath-Barnes, D.D.S., member since 2005.**

**Location:** Bloomfield, Newark and Trenton, New Jersey

**Dental school:** University of Maryland

**Practice type:** Public health, KinderSmile Community Oral Health Center

**Why did you choose dentistry?** I wanted to serve the community. Fourteen years into my private practice journey, I felt quite empty as a dental provider, and I wanted to do more.

So I became a Head Start program dentist and opened my private practice door on my off days to the uninsured and underinsured children. When a 5-year-old Black girl came to my office with an oral abscess the size of a golf ball, I saw my own children and knew that I had to do more. That evening I founded KinderSmile Foundation, a nonprofit with the mission to increase access to oral health care for uninsured and underinsured children in the marginalized communities. That began my journey as a community service dentist.

**Why did you join the ADA?** For networking and exposure.

**What do you like most about your ADA membership?** The support and information. I love the fact that I can call the executive director and get my calls returned. I participated in the ADA Institute for Diversity in Leadership in 2008. That was an amazing program and enabled me to forge great relationships that help catapult my nonprofit to the next level.

**When I'm not in the office, you can find me:** Watching a movie with my husband. To be honest, I enjoy the fact that he enjoys watching the movie while I'm next to him. The last movie we watched together was "The Harder They Fall," a Black western movie.

**Favorite movie/TV show:** "The Notebook," which I've seen five to seven times; and "Shark Tank," which I like because it stimulates my thinking process.

**What was your first job?** Dental assistant at age 15. I found this job in the classified section of the New York Post. I was eager to find a career path that would allow me to have a better life than what I witnessed my hard-working mother going through. The dentist, Dr. Joel Sendoroff, saw the drive in my eyes and he became my mentor.

**Fun fact about me:** I can't dance, but that has not stopped me at all.

**What does A New Day for Dentistry mean to you?** It means access to oral health care for all, especially those in marginalized communities. This is near and dear to my heart as a Black female dentist who grew up in a marginalized community in Brooklyn and had the opportunity to select a career path to provide the best lives for my children. I cannot forget where I came from. When I witness how marginalized communities face oppression, systemic racism and implicit bias, how can



*Date night: When Dr. Nicole McGrath-Barnes, right, is not in the office, she can be found watching a movie with her husband, Juan Barnes. "To be honest, I enjoy the fact that he enjoys watching the movie while I'm next to him," she said.*

Photo courtesy of Dr. Nicole McGrath-Barnes

I stand by with my knowledge, experience and resources and do nothing? Sometimes I don't have the answers, but I know I can be part of the solution. Our dental homes are culturally sensitive, meticulously clean, professional and all who are uninsured, underinsured and underserved regardless of your color can receive quality dental services. ■

## SmileCon 2022 combines 3 meetings into 1 big event

SAVE THE DATE FOR OCT. 13-15 IN HOUSTON

BY MARY BETH VERSACI

**S**ave the date for three meetings in one when SmileCon 2022 lands in Houston this October at the George R. Brown Convention Center.

The American Dental Association's annual meeting will come together Oct. 13-15 with the Texas Dental Association Meeting and

be the first time our reenvisioned annual meeting, SmileCon, will be held in Houston. It will also be the first time that the ADA has partnered with the Texas Dental Association and a Texas component district, the Greater Houston Dental Society. Collaboratively, all three entities are set to put on an awesome meeting."

Houston is home to the Johnson Space Center, where NASA conducts its mission

in the U.S.," said Victor Rodriguez, D.D.S., a member of the ADA Advisory Committee on Annual Meetings, the Texas Dental Association and the Greater Houston Dental Society. "One of America's most diverse cities, the 'Space City' has a fantastic offering of food, customs, languages and traditions. From eating award-winning fajitas and barbecue to experiencing the out-of-the-world exhibits at the NASA Space Center and local art museums, Houston is a wonderful place to visit. Let our Southern hospitality embrace you as you shop at the enormous Galleria or stroll along the boardwalks in Galveston and Kemah. This year's SmileCon will be a fusion of culture, community and learning."



Dr. Skinner



Dr. Rodriguez

For the latest information on SmileCon 2022, visit [SmileCon.org](http://SmileCon.org). ■

—versacim@ada.org

## HPI seeks dentists in new survey panel to track economic, operational impact

BY DAVID BURGER

**T**he ADA Health Policy Institute's monthly COVID-19 economic results poll is evolving for 2022 and the institute is recruiting dentists to join the new survey panel.

In addition to asking some of the core economic questions the institute has been tracking, the scope of the poll — now being called Economic Outlook and Emerging Issues in Dentistry — will expand to ask questions about other issues facing dentistry.

The purpose of this research is to track the economic and operational conditions in dental practices and public health clinics over time and measure the impact of the COVID-19 pandemic and other emerging issues in dentistry.

The institute will track data over time, so it is asking panel members to complete the survey on a monthly basis. The results will be analyzed in aggregate only — individuals will not be identified.

Each monthly survey will take less than five minutes to complete. Participation in each survey is voluntary. Even those who are currently in the economic poll will need to re-join. All dentists, regardless of membership, are eligible to participate.

Dentists' responses to date have created a database and reports that the ADA has used in producing resources to help dentists recover from the impact of COVID-19 and adapt to changing practice conditions.

Enrollment for the survey panel is available online at [surveys.ADA.org/HPIPoll](http://surveys.ADA.org/HPIPoll). ■

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the Greater Houston Dental Society's Star of the South Dental Meeting. Online registration opens June 1 at [SmileCon.org](http://SmileCon.org).

The Texas Dental Association Meeting will not take place separately in 2022, and the Star of the South Dental Meeting will not take place in 2023. By combining SmileCon with these two dental meetings, the ADA aims to increase the impact of all three meetings.

"I am so excited to chair this historic event for the ADA," said Robert L. Skinner, D.D.S., SmileCon 2022 chair. "Historic in that it will

control operations and astronaut training, as well as multiple professional sports teams. It also houses Texas Medical Center, the largest medical complex in the world, and the Galleria, the largest shopping mall in Texas.

The city includes seven cultural districts, several museums and parks, and a wide array of restaurants that reflect the city's diversity, and it is within driving distance of the waterfront communities of Galveston and Kemah.

"Come enjoy the people, food and warmth of Houston, Texas, the fourth largest city

## ACE Panel report finds majority of dentists willing to administer vaccines but lack resources

BY MARY BETH VERSACI

More than half of dentists would be willing to administer vaccines in their practices, but only 2% are currently doing so, according to an ADA Clinical Evaluators Panel report published in the January issue of The Journal of the American Dental Association.

The report, which includes the responses of 330 ACE Panel member dentists, found 55% of participants would be willing to administer

COVID-19 and influenza vaccines and 42% do not know which vaccines their states permit them to deliver.

“In a time when vaccinations are more controversial and necessary than ever before, it was important to our team to explore the attitudes as well as the current practices of dental health professionals in regards to vaccine administration, specifically provider willingness to participate in vaccine administration and any barriers that may exist in the progress towards broadening the scope of dental practice

to include vaccine administration,” said Mai-Ly Duong, D.M.D., one of the report’s co-authors and a member of the ADA Council on Scientific Affairs’ ACE Panel Oversight Subcommittee.

The top three resources responding dentists would like to receive to help them overcome vaccine administration barriers include training or education in safe vaccine delivery and adverse events, financial support to purchase necessary storage equipment, and access to protocols for handling vaccines.

Regarding training in vaccine delivery, 75%

of respondents reported they had no didactic training, 81% reported they had no clinical training, and 59% said they do not know what training methods they can access.

“The main takeaway from the survey is that broadening the scope of dental practice to include vaccine administration would greatly and positively impact the health of the public,” Dr. Duong said. “Additionally, the major barriers to vaccine administration identified can be overcome by ensuring proper training of vaccine handling, providing financial support for storage and equipment, and accessing proper protocols for vaccine handling.”

Dentists can view the entire ACE Panel report online and download the PDF at [JADA.ADA.org](http://JADA.ADA.org).

—[versacim@ada.org](mailto:versacim@ada.org)

## JADA finds oral care spending differences between Medicaid, commercial plans

BY MARY BETH VERSACI

An analysis published in the February issue of JADA found substantial differences in the timing, impact and severity of caries, periodontal disease and oral cancer between patients enrolled in Medicaid and those with commercial dental insurance plans.



The cover story, “A Cross-Sectional Analysis of Oral Health Care Spending Over the Life Span in Commercial- and Medicaid-Insured Populations,” looked at Medicaid and commercial claim databases and compared per enrollee spending on fee-for-service dental claims and medical spending on oral health care for patients from birth through age 89. Average spending on basic and major oral health care was higher at all ages among those with commercial insurance or supplemental Medicare plans than those enrolled in Medicaid.

The authors also found oral health care use and spending are lower during the first four years of life and in young adulthood than in other periods of life, and early childhood caries and oral cancer occur more frequently and at younger ages in patients with Medicaid.

“Health policies should be focused on optimizing care delivery to provide effective preventive care at specific stages of the life span rather than policy development that is precipitated by short-term political and financial dynamics,” said Eric P. Tranby, Ph.D., lead author of the study and director of analytics and data insights at CareQuest Institute for Oral Health.

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



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## Van donation expands access to care for children in Lone Star State

BY DAVID BURGER

Sometimes a van can do so much more than just being a van. It can provide access to care. Help the underserved. Establish dental homes. That's the aim of a recent donation from St. David's Foundation of a mobile dental van to

Alexandra Otto, D.D.S., a pediatric dentist in Buda, Texas.

Dr. Otto, through her nonprofit foundation, has a goal of providing free pediatric dental care to children in rural counties in central Texas who otherwise have little to no access to care.

The grant was facilitated by Shailee Gupta, D.D.S., chair of the ADA Council on Advocacy for Access and Prevention, through her role as



Together: Alexandra Otto, D.D.S., left, and Shailee Gupta, D.D.S., pose in front of the van that St. David's Foundation is donating to Dr. Otto to provide care for central Texan children.

Photo courtesy of Dr. Shailee Gupta

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chief dental officer of the Texas-based St. David's Foundation. St. David's Foundation has the largest charity-based mobile dental program in the country and is guided by a commitment to advance health equity.

Both Dr. Gupta and Dr. Otto — a graduate and current participant, respectively — have been a part of the ADA Institute for Diversity in Leadership, with Dr. Otto's class project for the institute being the creation of her nonprofit to reach the underserved.

"We are excited and thrilled to extend our outreach through a collaboration with a private specialist in order to bring access to dental care to children in rural counties in central Texas," Dr. Gupta said.

"Programs such as the St. David's Foundation Mobile Dental Program are the only resource that many of these families can rely upon to help cover the cost of dental services so that children can have all of their treatment needs addressed in a kind and compassionate manner," said Dr. Otto. "We are so proud to be a community partner with St. David's Foundation and help provide the care that these children need."

### GENESIS OF IDEA

When she opened her private practice Kids Tooth Team Pediatric Dentistry in September of 2020 with her husband and business partner, Tim Otto, the rate of severe early childhood caries in the community surprised the duo.

"I've practiced all over the place — Denver, Ft. Worth, Anchorage — and was simply not expecting a community in the greater Austin area to have more children in need than any other place I've practiced," she said. "From the start, I was seeing children with full-mouth rampant caries daily, and kids with significant facial swellings and abscesses weekly."

The Ottos soon realized that few pediatric specialists in the area accepted Medicaid, and many didn't offer sedation options or coordinate timely anesthesia services to treat children.

"As a result, many children simply were not getting the quality and level of care that they needed," Dr. Otto said. "Patients were driving over an hour to come see us because they did not have access to a specialist in their community. We also noticed that families in these communities were often in difficult financial situations. These parents felt hopeless."

Nearby Caldwell County, where Dr. Otto will focus her mobile outreach, has been designated a Healthcare Professional Shortage Area by the U.S. Department of Health and Human Services' Health Resources and Services Administration.

Dr. Otto said she wants the work of Kids Tooth Team Outreach to be the beginning of a healthy life for the community's children and to help widen the safety net.

"Our commitment to our community goes beyond just accepting Medicaid at our private practice offices," Dr. Otto said. "In order to truly achieve our mission, we need to provide

## Study: Dentistry becoming representative of the patient community

BY DAVID BURGER

The growth in the number of women in dentistry may expand the capacity of the oral health delivery system to better meet the needs of the population, particularly the underserved, according to a new study conducted by the Oral Health Workforce Research Center at the University at Albany's Center for Health Workforce Studies. "Diversity within the dental profession is a widely embraced goal," said Margaret Langelier, Oral Health Workforce Research Center co-deputy director. "One desirable outcome

is that dentistry becomes increasingly representative of the patient community, which has been shown to improve access to care."

In the study, Evaluating the Impact of Dentists' Personal Characteristics on Workforce Participation, researchers used data to assess variation in workforce participation patterns among dentists related to certain personal characteristics.

Key findings included:

- The percentage of active dentists who are women is increasing. Of the 148,878 active dentists included in the analytic sample,

31.1% were female. In 2009-13, only about a quarter of active dentists were women.

- Female dentists were more likely to be racially/ethnically diverse than were male dentists. Just 59.6% of female dentists were white, non-Hispanic, in contrast to 77.6% of male dentists.
- Female dentists were more likely to be foreign-born (33.0%) and bilingual (35.5%) than male dentists (18.5% and 19.8%, respectively), suggesting more diversity in languages spoken and cultural competence.

The study found that the female dentists surveyed were more diverse in regard to race, ethnicity, nativity and spoken language than their male counterparts, Ms. Langelier said.

"Availability of culturally and linguistically competent clinicians may play an important

role in addressing the needs of patients from different backgrounds or whose primary language is not English," she said.

ADA Health Policy Institute data shows that the percentage of dental school graduates who are women grew from 46% to 51.4% between 2009 and 2020 and the percentage of dentists in the workforce who are women grew from 24.1% to 34.5% between 2010 and 2020.

HPI data also shows that the dental student body has diversified over time, with more Asian and Hispanic dental students. Nearly one-quarter of dental students are Asian, compared to 18% of dentists overall and 6% of the U.S. population.

A link to the study is available at the online version of this story at ADA.org. ■

VAN continued from Page 6

dental home access to the children that currently cannot access the care of a specialist, but who need it the most."

### FOUNDATION STEPS FORWARD

That's where St. David's Foundation came in.

The St. David's Dental Program, with a fleet of nine mobile dental clinics, had created a letter of interest for organizations interested in receiving one of its two-operatory dental vans.

The Ottos' letter of interest was enticing to the foundation, as it would expand the reach of care beyond the dental program's capacity of being able to provide dentistry for three of the five counties the foundation serves.

"In reviewing all the letters of interest we received, our foundation team determined that Dr. Otto and Kids Tooth Team's mission and vision aligned with the work of our dental program and our commitment to advance health equity," Dr. Gupta said.

Dr. Otto said the underserved areas outside of the scope of St. David's Foundation's dental program, such as Caldwell County, have been the first stop once the van program was delivered.

"Our goal is to provide a dental home to the children in these communities, a place where kids can rely on us to be there every six months for their routine checkups and minor restorative procedures," Dr. Otto said.

### HEALTH EQUITY GOAL

Dr. Gupta said the donation aligns with a health equity resolution, 58H-2021, that originated in the Council on Advocacy for Access and Prevention and was passed by the 2021 House of Delegates.

The resolution directs that the ADA define oral health equity as optimal oral health for all people.

According to the resolution, "The ADA is committed to promoting equity in oral health care by continuing research and data collection, advocating to positively impact the social determinants of oral health, reinforcing the integral role of oral health in overall health, supporting cultural competency and diversity in dental treatment, disease prevention education, and supporting efforts to improve equitable access to oral health care."

Dr. Gupta is determined to follow through on the resolution's call to action.

"We don't want it to be just a pretty policy that sits on the shelf," she said. "Being chair of the Council on Advocacy for Access and Prevention this year, it is essential that we begin to work on actionable steps to highlight how dentists and our profession are making steps to improve health equity in our daily practice."

And that's why one more 40-foot van is now traversing central Texas. ■

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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>

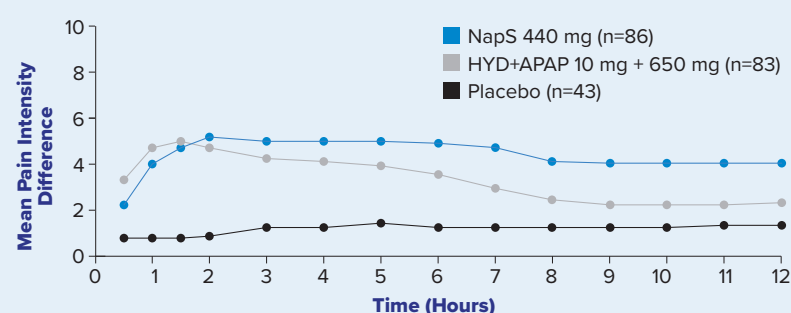
- SPID<sub>0-12</sub> was statistically significant for Aleve® vs HYD+APAP<sup>1</sup>

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

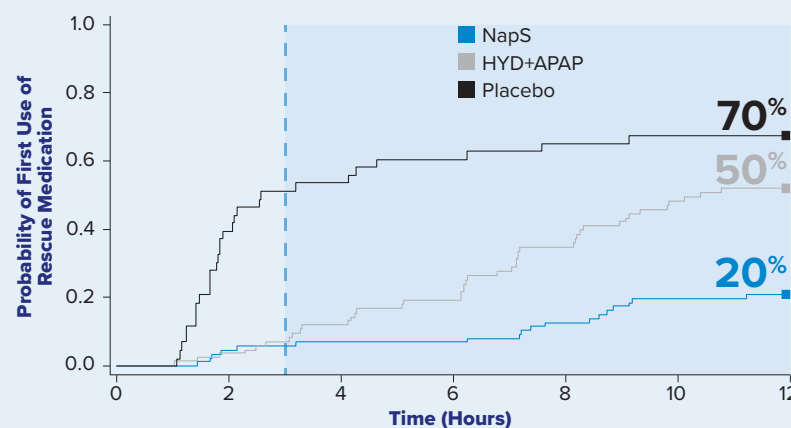
- Total pain relief (0 to 6 and 0 to 12 hours;  $P < 0.05$ )<sup>1</sup>
- Median time to rescue medication ( $P < 0.001$ )<sup>1</sup>
- Duration of pain at least half gone over 12 hours ( $P < 0.001$ )<sup>1</sup>

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>

### MEAN PAIN INTENSITY DIFFERENCE<sup>1</sup>



### RESCUE MEDICATION FROM HOUR 3 ONWARD<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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# For public health dentists, it's about helping those who need it most

BY KIMBER SOLANA

*Editor's note: This is the first article in a series that celebrates the diversity of career paths in dentistry and the Association's efforts in supporting dentists' career choices in the profession.*

**H**uong Le, D.D.S., was in the process of buying a pediatric practice when she reached a fork in the road in her career path.

With her husband serving in the U.S. Air Force, the possibility of being reassigned caused her to second guess becoming a practice owner.

At around the same time, Dr. Le had decided to help a community clinic in Olivehurst, California, by working there one day a week.

"That was about 33 years ago," Dr. Le said. "Once I started at the community clinic, I felt that commitment to the community, and the rest is history."

## Pathways to dentistry



Dr. Le



Dr. Allukian



Dr. Schoblaske

Suddenly, she found herself leaving her hospital job to become a staff dentist, and later the dental director, at the community clinic, where she stayed for 14 years. And in the last 19 years, Dr. Le has served as chief dental officer of Asian Health Services in Oakland, California, overseeing six dental sites that serve low-income and uninsured Bay Area residents.

Dr. Le is among the 3% of the dental workforce, or about 6,000 dentists, who primarily practice in dental safety net settings, which include health centers, community clinics, health departments, government programs and federal dental services. Others who primarily address the public health from the community perspective are educators at dental and public health schools, researchers, administrators, advocates and policymakers. About 800 of these dentists have advance training in public health dentistry, with over 200 board certified in dental public health, one of the oldest dental specialties, according to the American Board of Public Health. A common theme for all public health dentists is a commitment to address community oral health.

"We're one of the smallest dental specialties but make the greatest impact," said Myron Allukian Jr., D.D.S., who is board certified in dental public health and has been in public health dentistry for 56 years. Dr. Allukian's career has included stints as being the city of Boston's dental director, becoming a leading advocate of community water fluoridation, initiating programs for

the underserved homeless and persons with HIV/AIDS, and serving as president of the American Public Health Association and the American Association of Public Health Dentistry.

Dr. Allukian, who today is often called the "social conscience of dentistry," illustrates the importance of public health dentists with a simple allegory.

"Imagine a wide river flowing through a city, and the only way to cross it is to swim," he said. "As people cross, many drown."

This imaginary city, he continued, hires more and more lifeguards. But soon that becomes too expensive and unsustainable.

"It's the public health professionals who study why people are drowning (epidemiology) and find ways to solve the problem (policies/programs)," he said. "They'll determine the best places to build bridges. They'll determine who needs swimming lessons. That's what we do as public health dentists. We collect data, assess the oral health needs and resources of communities, and address those needs with policies and programs, then evaluate them to make sure they work."

### 'PATH TO HEALTHIER LIVES'

The ADA recognizes the role of public health in improving the oral health in the U.S., and the importance of dentists who

pursue this career path.

"Every day, dentists in public health settings contribute to the well-being of individual patients and, over time, they set entire communities on the path to healthier lives," said ADA President Cesar R. Sabates, D.D.S. "Their provision of essential dental care to underserved populations is key in improving equity in our nation, which has long been a priority at the ADA."

Dr. Sabates launched his "A New Day for Dentistry" campaign, which is a celebration of the Association's diverse community of dentists. The campaign celebrates dentists' personal differences and the different career paths they've chosen within the profession.

The Association partners with several organizations and agencies including the National Network for Oral Health Access, the American Institute for Dental Public Health, the U.S. Public Health Service and the Indian Health Service to help dentists involved in public health succeed.

In 2014, the ADA launched Action for Dental Health, a community-based movement that seeks to address the oral health crisis in America by focusing on three main objectives: providing care now for people suffering from untreated disease; strengthening and expanding the public and private safety net; and preventing dental disease through advocacy education.

These objectives are supported by several solutions, including those involving public health approaches:

- **Fluoridation:** By working with local and state dental societies, Action for Dental Health seeks to ensure that at least 77% of the population served by public water systems has access to fluoridated water by 2030.
- **Medicaid reform:** The ADA advocates for increased dental health protections under Medicaid, especially in states that have yet to agree to Medicaid expansion, and helps more dentists work with community health centers and clinics to provide care for those in need.
- **Community dental health coordinators (CDHCs):** Similar to community health workers, these professionals address barriers to effective oral health care by helping underserved patients navigate the public health resources available in their communities, as well as connect to dentists for needed treatment.
- **FQHCs:** These safety-net facilities provide oral health care for underserved populations. "Our collaboration with and support of dentists in public health settings is a major component of the ADA's efforts to drive public health forward," Dr. Sabates said.

### CHALLENGES AND BENEFITS

For Alayna Schoblaske, D.M.D., a dentist in a federally qualified health center in Medford, Oregon, there's been a lot to love with spending her first three years as a dentist working at an FQHC.

"I love our mission. I love that I get to work with nine other dentists and learn from them," she said. "And I love that I've been able to pursue leadership opportunities within the clinic."

At Oregon Health & Science University School of Dentistry, she collaborated with other students to start a free clinic and volunteered with the Health Equity Circle, an organization that seeks to address inequities in health care. She graduated in 2017 and completed a one-year general practice residency.

Her dental school experiences, she said, helped prepare her for some of the challenges she faces in her public health career.

"A significant challenge is navigating financial decisions with patients," Dr. Schoblaske said. Although the clinic offers a sliding fee scale for its services, cost barriers can still impact treatment decisions, such as choosing to extract a tooth instead of saving it with a more expensive root canal and crown.

At La Clinica, Dr. Schoblaske serves a unique demographic of patients; about 54% of her patients have Medicaid, and about 10% of her patients are experiencing homelessness.

"I'm not a social worker, but as a public health dentist, I do find myself hearing a lot about the unique challenges and barriers that my patients face in our society," Dr. Schoblaske said. "It does take extra effort."

With any large organization such as Dr. Schoblaske's clinic, there are also challenges when adapting to systems that she may not agree with or understand.

Dr. Le said working in a community health center often requires a specific frame of mind.

"Community health centers are all different. They each have their own policy and protocols," she said. "Unlike private dentists, there are times when you can't just call your own shots. And that can be hard for some people."

However, many of the upsides outweigh the challenges. Along with the fulfillment that comes from helping underserved people attain better oral health, careers in public health dentistry offer benefits ranging from leadership opportunities to assistance in paying off student debt.

Dr. Schoblaske left dental school with about \$280,000 in student debt. With an extended four-year commitment with the National Health Service Corps loan repayment program, she will receive \$140,000 in tax-free loan repayment.

Dr. Le added that being in public health also guarantees dentists a consistent salary, health insurance, ample sick leave, vacation days and

other benefits.

Of course, Dr. Schoblaske said, the most rewarding benefit is knowing her work is increasing access to care for the underserved.

"How cool is it that we get to help patients who may not have found help anywhere else?" Dr. Schoblaske said.

### CONSIDERING PUBLIC HEALTH

Dr. Allukian had little understanding of public health while at the University of Pennsylvania School of Dental Medicine in the 1960s. He had planned on going into private practice.

But while serving in the Navy during the Vietnam War and working at the 3rd Marine Division field hospital mass casualty unit, in his free time he initiated programs to provide dental care to children in nearby orphanages, schools, villages and refugee camps.

"As a thank you, the kids at the Buddhist orphanage would sing a song," he said. "When I heard that song, I said to myself that this is the kind of dentist I want to be."

When he returned to the U.S., he enrolled in Harvard's three-year dental public health program to pursue a career in international dentistry. But in 1968, while preparing to testify before the state legislature on a new fluoridation law, he found that Massachusetts

“

How cool is it that we get to help patients who may not have found help anywhere else?

– Alayna Schoblaske, D.M.D.

16-year-olds had six times more tooth decay than their Vietnamese counterparts.

"That finding led me to address the oral health care needs closer to home," said Dr. Allukian, who was raised in Boston. Soon, his focus turned to prevention, including taking an active role in promoting the dental health benefits of fluoridation. His efforts helped influence a new state fluoridation law that increased the percent of the population on a public water supply with fluoridation from 7% to 63%, reaching 4 million people.

"The ADA has been a great resource on this issue in expanding access to fluoridation, which is the foundation for better oral health for everyone," Dr. Allukian said. The Association fully endorses and advocates for the fluoridation of community water supplies as safe, effective and necessary in preventing tooth decay.

One of the things he tells dental students on why they should consider a career in public health is the potential to help a wider population — whether it's a few thousand residents in a rural community or millions in a city or state.

Like Dr. Allukian, Dr. Le has taken on more leadership opportunities — larger roles than she first imagined when she took on a one-day-a-week job in a small rural community clinic 33 years ago. She became the first Vietnamese American on the Dental Board of California and has served as president of the National Network for Oral Health Access.

When students and residents from Bay Area dental schools do their rotations at her clinics, Dr. Le doesn't hesitate to encourage them to take or support the public health career path.

"There's nothing wrong with private practice or pursuing other careers in dentistry," Dr. Le said. "But I tell them that whatever they choose, that they don't forget about the larger community and offer any help they can." ■

# Indian Health Service patients reaping benefits from access-to-care initiatives

BY DAVID BURGER

The Indian Health Services' stewardship of the oral health of American Indian/Alaska Native children includes holding Give Kids A Smile events that prioritize increased access to care and education to reduce the incidence of caries.

The Indian Health Service's three-year experience of hosting Give Kids A Smile events across the nation is "making a difference," said Rear Adm. Tim Ricks, D.M.D., assistant surgeon general and chief dental officer of the U.S. Public Health Service.

As a result of Give Kids A Smile and other increased efforts that pave the way for access to care, Dr. Ricks said that 1 in 6 American Indian/Alaska Native children between the ages of 2 and 15 have received the benefits of dental sealants, and 1 in 3 American Indian/Alaska Native children between the ages of 1 and 15 have received protective fluoride.

Dr. Ricks pointed out that Give Kids A Smile has been taken to heart by Indian Health Service providers.

"In 2021, despite the pandemic and the enormous pressures [IHS providers] had on [their] time, and the backlog of patients, 183 IHS and tribal dentists and 588 dental hygienists, assistants and other volunteers still managed to carry out 100 GKAS events, providing oral health education, screenings, preventive and restorative services to 8,457 American Indian/Alaska Native children, valued at \$723,534 in services provided," he said.

"In 2022, [we] are planning to reach even more children," he added. "Eighty-two GKAS events in IHS, tribal, and urban dental programs are already planned, and [our] goals are to provide almost \$700,000 in dental services in one-day events serving over 20,000 American Indian/Alaska Native children with over 750 dental staff participating."

Studies have shown that there have been:

- A 5% decrease between 2010 and 2018 in caries in 1- to 5-year-old American Indian/Alaska Native children — the first such decrease measured in this age group nationally.
- A 14% decrease between 2010 and 2018 in untreated decay rates in 1- to 5-year-old American Indian/Alaska Native children — the largest decrease ever measured in this short of a time period in this age group.
- A 17% decrease between 1999 and 2017 in caries in the permanent teeth of 6- to 9-year-old American Indian/Alaska Native children — the first time the IHS been able to measure such a decrease in this age group.
- A 15% decrease between 1999 and 2017 in untreated decay rates in 6- to 9-year-old American Indian/Alaska Native children.
- A 10% decrease between 1999 and 2020 in caries in 13- to 15-year-old American Indian/Alaska Native youth — the first time the IHS has seen this decrease.

Despite this success, American Indian/Alaska Native children and adults continue to suffer disproportionately from dental disease compared with the rest of the U.S., Dr. Ricks noted.

But, he added, through 6.2 million dental services in 2019 and treatment of 525,000 American Indian/Alaska Native dental patients the same year, patients are reaping the benefits of a reported 20% increase in access to care since 2000.

The ADA offers resources to all IHS, tribal and

urban programs interested in organizing a GKAS event including access to donated dental products and educational materials. In addition, the ADA works with IHS to provide comprehensive summary reports on their GKAS services rendered.

The ADA Give Kids A Smile program would not be possible without the continued generosity of national sponsors Henry Schein and Colgate and support from the ADA Foundation.

For more information about GKAS, visit [ADA.org/gkas](http://ADA.org/gkas). ■

*Hands on: Rear Adm. Timothy L. Ricks, D.M.D., assistant surgeon general and chief dental officer of the U.S. Public Health Service, screens a young patient during a Give Kids A Smile event for the Mississippi Band of Choctaw Indians in February 2020.*



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- Perfect Impressions
- Westech Dtl Laboratories Ltd
- Powers Dental Lab Inc
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- Centennial Dental Lab
- Fayette Dental Aesthetics
- Crown Dental Studio
- Teamwork Dental Ceramic Lab
- DW Dental Lab

- Smith Haist Dental Lab
- Anvarda Dental Services
- Harmony Ceramic Dental Lab,Ltd
- Lab Dentaire Daniel Morin
- Innovative Dental Lab Ltd
- Talisman Dental Lab
- ADL Dental Lab
- Mitech Dental Lab Inc
- Ocean Ceramics Ltd
- Schell Dental Ceramic Inc
- Hamilton Dental Lab
- Essex Dental Laboratory
- Lab Dentaire Roger Picard
- C & H Dental
- Silex Dental
- Nash Dental Lab
- Nilsson Dental Studio
- Apache Dental Lab
- Miller Dental Lab Inc
- D & R Dental Ceramics (D) Ltd
- Ernesto Dental Lab
- Rocky Mountain Dental Lab
- Identity Laboratories
- Suncoast Ceramic Studio
- Cosmetic Dental Arts
- Kings Dental Ceramics
- Resolute Dental Studio Inc
- Leanne Ceramics LLC
- Faustini Dental Arts
- Grasse Dental Ceramics
- Premier Dental Lab Inc
- B G Denture Clinic Ltd
- Steven's Dental Technology
- Professional Dental Studio Inc
- Impressions Dental Laboratory
- Cutting Edge Dental Lab Inc
- Southwest Florida Dental Arts
- Matrix Dental Lab
- Town & Country Dent (Dentaco)
- Image Dental Arts
- Costa Cad Creations LLC
- M.Y. Dental Lab
- Patrick J ODonnell Dental
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- R and R Restorations Inc
- Alternative Dental Arts
- Becker Dental Lab
- R and R Dental Lab
- Certified Dental Ceramics Inc
- Dental Ceramics Inc
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- Midwest Dental Arts
- Wolf Dental Studio
- Utica Dental Laboratories
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- Vital Tec Dental Lab Inc
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- Advanced Dental Lab
- H O T Creative Dental Designs
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- Precision Aesthetics
- Image Dental Lab
- Lakeland Dental Laboratory
- Image Dental Laboratory
- AMR Dental Ceramics
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- Unlimited Dental Laboratory
- Genesis Cosmetic Dental Ceramics
- Creative Dental
- Artdent Esthetic Design Lab
- Platinum Dental Lab
- Prolab Esthetics Inc
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- Can Dental Studio
- D and L Dental Studio LLC
- Martin Dental Studio
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- Elite Dental Arts
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- Sage Dental Design

- Shama Ceramics Dental Lab
- Finesse Dental Lab
- Eclipse Dental Inc
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- Hybridge Dental Laboratory, LLC
- Stewart Dental Laboratory
- Dresch Tolson Dental Labs
- Day Dental Lab Inc
- Kasis Dental Lab
- Cwnn Dental Studio
- Gnathodontics Ltd
- Ragle Dental Lab Inc
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- 3D Dental Lab
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- Grandpas Dental Care
- Bob's Clinic DTL
- IH Dental Studio
- Aesthetic Esthetics
- Premier Dental Arts Studio
- Digital Dental Leaders
- ARM Dental Lab
- Tru Crown
- Biggs AFLD Dental Clinic #2
- Deane Hill Dental Lab
- PDL Dental Lab
- Cypress Dental Studio
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- Monz Dental Lab Inc
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- James B Dental Studio
- Advantage Dental Design Lab
- Summit Dental Lab
- Eminent Dental Services
- Family Dental Studio Inc
- Dental Story Lab
- Dentaklix
- JDM Dental Studio
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- Parkway Dental Lab LLC
- Modern Dental Lab USA
- New Century Dental Services
- Clifton L Harris DDS
- New Smile Prosthodontics
- Arch Works Dental Lab Corp
- Vivid Smiles Dental Lab
- Eric M Donaty DMD
- Camp Pendleton

- Ceramica Artisan Dental Lab
- Montana Dental Lab
- Qualtek Ceramic Dental Lab Ltd
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- SDL Swiss Dental Lab
- OSMAR Trading
- Naisbitt Family Dentistry
- Allegra Dental
- Albanese Dental Lab
- 123 Dentist o/a BC Digital Dental
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## GKAS *continued from Page 1*

The Board voted to adopt Give Kids A Smile as their national children's dental access program.

Although he is proud of the program's accomplishments, Dr. Dalin said he is pained to realize that Give Kids A Smile is still needed.

"Dental professionals feel that it is a shame in 2022 that children still are having access-to-care problems," Dr. Dalin said. "We do not want kids to be in pain, to have trouble eating, to have self-esteem issues with teeth that do not look good, to not sleep well and to have trouble paying attention in school. Give Kids A Smile is probably needed now more than ever."



Dr. Dalin

Dental groups across the nation are following the lead of Drs. Dalin and Storm by continuing Give Kids A Smile in 2022.

Meelin Dian Chin Kit Wells, D.D.S., is part of a University at Buffalo School of Dental Medicine team that ran a recent Give Kids A Smile event. The Feb. 4 gathering brought together 70 children and a multidisciplinary group for preventive and restorative treatment.

"Even in the midst of so many pandemic distractions, Give Kids A Smile reminds us of the core of life — service, and serving healthy smiles is important for healthy lives," she said.

It was the University at Buffalo team's 19th year of reaching out to a diverse group of at-risk children, including new refugees who need appointments and dental homes, children with disabilities and their Amish neighbors.

Eastward, the Oklahoma City Indian Clinic also held a Give Kids A Smile event Feb. 4, with 50 children served. The clinic has participated in Give Kids A Smile since 2015, said Monica McKee, registered dental hygienist and director of patient services at the clinic.

"This allows us to serve some of the most vulnerable residents of central Oklahoma, disadvantaged American Indian youth," Ms. McKee said. "Native children are no strangers to poverty, poor health outcomes and poor oral health. During a recent Give Kids A Smile event, 55% of the children served received oral care for the first time."



Photo courtesy of Touro College of Dental Medicine

**Ready, set, go:** Nathaniel, 3, enjoys his first visit to the dentist as Touro College of Dental Medicine student Yoo Kyung Hwang, left, and student Amanda Uyehara screen him as part of the school's 2020 Give Kids A Smile program.

Give Kids A Smile has always been the highlight of Februarys at the Howard University College of Dentistry, said LaToya M. Barham, D.D.S., associate professor at the dental school.

"No matter what, the need to value and protect children's oral health will always remain at the center of my heart and soul," Dr. Barham said. "I will make it my point to continue



**Helping hands:** Indiana University School of Dentistry students Virgilia Gaska, left, and Jie Li examine and clean the teeth of Tiren Balogen, 9, under faculty supervision during the Give Kids A Smile national kickoff event Feb. 7, 2020, at the Indianapolis dental school.



Photo courtesy of Howard University College of Dentistry

**Volunteer time:** Howard University College of Dentistry students gather during the school's 2020 Give Kids A Smile event. From left are Jowhar Brown, Bach Nguyen, Coralie Ciceron, John Bushrod, Urvi Kulkarni, Robbie Herman, Kristina Fabi, Viktoryia Lenish, Oyindamola Oluseye and Iria Ondo.

programs like GKAS during pandemics and endemics as safely as possible if it means that it continues to give help and service to those most vulnerable ones in our society."

### FOCUS GROWS

Give Kids A Smile is sponsored nationally by Henry Schein and Colgate with continued support from the ADA Foundation, CareCredit, 3M, Premier Dental Products Company and others.

The ADA provides online resources to lo-

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cal Give Kids A Smile programs to assist with planning and promoting their events; collects program data that can be accessed by local coordinators and dental societies for reporting purposes; oversees the allocation of Give Kids A Smile product kits, donated from Henry Schein and Colgate, to be shipped to local events each year; and provides training, such as the Give Kids A Smile Community Leadership Development Institute for a select group of ambassadors to enhance their programs and assist other coordinators in their respective areas.

Stanley M. Bergman, chairman of the board and chief executive officer of Henry Schein,

said that as an early supporter and sponsor of Give Kids A Smile, the company is pleased to continue to support the program.

"Under the direction and leadership of the American Dental Association, the program has made such an incredible long-term impact on children of all ages, helping achieve a lifetime of good oral health and overall health," Mr. Bergman said. "Together with public-private partnerships and the dental community at large, we are so pleased to be a part of the program's creation, evolution and its long-term success. The Give Kids A Smile program exemplifies Henry Schein's commitment to expanding access to care to those who need it most, and we look forward to supporting the program for years to come."

Steve Kess, vice president, global professional relations for Henry Schein, is an honorary ADA member in recognition of his and Henry Schein's unwavering support of Give Kids A Smile.

"By supporting Give Kids A Smile since the beginning, we're reminded of the valuable role we, and our partners, can play in helping health happen," Mr. Kess said. "Congratulations to the American Dental Association for your leadership; all the dental volunteers who help ensure children have access to oral care and a health home; industry partners who provide the supplies and products to help dentists and their teams deliver quality care; and dental school faculty, staff and students who have donated thousands of hours of their time and talents to make GKAS the success it is today — the largest charitable dental health program in the country."

Give Kids A Smile has had its focus expanded over the years.

"When Give Kids A Smile began in St. Louis, we decided to see kids between kindergarten and eighth grade," Dr. Dalin said. "We felt that this would be a good group to treat in our clinic



Photo courtesy of Howard University College of Dentistry

**Counting teeth:** Howard students Kristina Fabi, right, and Ariel Banks perform an exam on a patient during the dental school's Give Kids A Smile event in 2020. All students were supervised by a dentist.

settings. What we learned was that in too many instances, by the time we saw them by age 5 or so, we were too late. Many children were showing up with extensive dental problems."

So the Give Kids A Smile team started a second program, calling it Tiny Smiles.

"We want to see children from around a year old until 4 years old with their parents for an exam and education session," Dr. Dalin said. "We want to show parents how to take care of their baby's teeth from the moment their teeth appear. We want to encourage all dentists to perform some sort of examination of all children by age 12 months."

The pandemic introduced a brand new set of challenges for the program to tackle. The ADA responded by developing and posting an online guide to assist local Give Kids A Smile programs in conducting events safely during COVID-19 and providing ideas for virtual oral health education. Additional masks and "6 ft. apart" stickers were also included in the Give Kids A Smile product kits.

Teams throughout the country got to work customizing the program for implementation in

“

**Even in the midst of so many pandemic distractions, Give Kids A Smile reminds us of the core of life — service, and serving healthy smiles is important for healthy lives.**

**— Meelin Dian Chin Kit Wells, D.D.S.**

their communities. For example, the team in St. Louis developed a program called GKAS Takes A Journey. Instead of a large clinic at its normal location, the organizers located kids in need of dental services, lined up volunteer dentists and assigned those kids to all of their offices.

"We know that dental offices are a very safe place to be at, even during this pandemic," Dr. Dalin said. "Dentists have established protocols for our offices that keep dentists, staff and patients safe. We cannot let this pandemic stop the Give Kids A Smile program."

For more information on Give Kids A Smile, visit ADA.org/GKAS. ■



# Supreme Court blocks COVID-19 vaccine-or-test requirement for large workplaces

## Vaccine mandate for federally funded health care facilities upheld

BY MARY BETH VERSACI

The U.S. Supreme Court ruled Jan. 13 to block a federal mandate that called for large employers to require their employees to be fully vaccinated against COVID-19 or wear face coverings and be tested weekly.

Issued on Nov. 4, 2021, the Occupational Safety and Health Administration's emergency temporary standard also required employers to provide paid leave for vaccination and recovery time from any vaccine-related side effects.

In October 2021, ADA President Cesar R. Sabates, D.D.S., and other ADA leaders met with the White House Office of Management and Budget to discuss how the OSHA rule could impact dentistry. The mandate, if not blocked by the Supreme Court, would have applied to businesses with 100 or more employees across all of their locations, so it could have adversely affected large dental practices.

In a subsequent letter, the ADA told White House officials that research shows COVID-19 infection rates among dentists and dental teams are "very low, far lower than infection rates for other health care workers such as nurses and physicians and even lower than the general population." The Association also shared that the cumulative COVID-19 infection rate was just 2.6% for dentists and 3.9% for dental hygienists in November 2020 and October 2020, respectively.

"With the low infection rates within our profession, dentistry has proven its ability to mitigate risk while providing essential health care. Dental teams continue to implement enhanced infection control protocols, and as of June 2021, nearly 90% of dentists were fully vaccinated," Dr. Sabates said. "The ADA strongly encourages all members of the dental team to be vaccinated if they have not been already."

The Supreme Court also ruled Jan. 13 to uphold a federal requirement for staff at federally funded health care facilities to be fully vaccinated against COVID-19.

The Centers for Medicare & Medicaid Services' rule, also issued on Nov. 4, 2021, applies to both clinical and nonclinical staff, as well as students, trainees and volunteers, and does not include a masking and testing option in lieu of vaccination.

The rule affects dentists working in Medicare or Medicaid facilities, including hospitals, ambulatory surgical centers, nursing homes and federally qualified health centers, and those who have hospital privileges or work for the Indian Health Service. The rule does not affect private dental practices, including those that serve Medicare or Medicaid patients. ■

—versacim@ada.org

## HHS allocates \$48M to increase workforce in rural, tribal communities

BY JENNIFER GARVIN

The U.S. Department of Health and Human Services is allocating nearly \$48 million in grant funding from the American Rescue Plan to increase public health capacity in rural and tribal communities. The Health Resources and Services

Administration's Office of Rural Health Policy will distribute the funds and use the money to expand health care job development, training and placement, according to a Dec. 23, 2021, HHS news release.

The program addresses the critical need for more trained health professionals, including dental team workforce members, in rural communities.

HRSA said it anticipates more than 30 award recipients will be able to use the funding to develop formal training and/or certification programs to increase capacity in areas such as community health support, health information technology and/or telehealth



technical support, and more.

The deadline for applications is March 18 at 11:59 p.m. ET.

For more information, visit Grants.gov and search "Rural Public Health Workforce Training Network Program." ■

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# Pandemic workgroup urges agencies to prioritize oral health

BY JENNIFER GARVIN

The Oral Health Pandemic Response Workgroup, which includes the ADA, is asking the U.S. Department of Health and Human Services and Office of the National Coordinator for Health Information Technology to ensure that oral health is recognized as integral to overall health.

“The pandemic has clearly shown that oral health inequities in our nation are profound,” the groups wrote. “Access to oral health care remains out of reach for low-income families and individuals, communities of color, tribal communities and many rural communities.”

In a Dec. 8, 2021, letter to Adm. Rachel L. Levine, M.D., HHS assistant secretary for health, the organizations urged HHS to “capitalize on opportunities to advance oral health across its other administrative, policymaking, legislative and regulatory activities” and said “the ongoing revision of the HHS strategic plan provides an excellent opportunity for the

comprehensive inclusion of oral health across the agency’s efforts.”

They also suggested some additional ways of integrating oral health into HHS’ broader activities including:

- Ensuring oral health experts, including practitioners, are included on all health policy commissions, task forces, and health-related meetings hosted by the administration.
- Taking oral health into account for all health policy decision-making.
- Convening an oral health summit or creating other opportunities to seek input from oral health stakeholders.

In a Dec. 8, 2021, letter sent to Micky Tripathi, Ph.D., Office of the National Coordinator for Health Information Technology, the

workgroup asked Dr. Tripathi to assist with the following:

- Examining the current status of integrating medical care and dental care data.
- Exploring opportunities to improve coordination of health information between medical and dental care providers.
- Developing recommendations for accelerating medical and dental data integration and improving interoperability.

The groups noted that streamlining the sharing of patient data between medical and dental providers could significantly improve patients’ dental and medical outcomes.

“In your role ... you are uniquely well-positioned to engage key organizations across medicine, dentistry, health information technology,

and federal and state entities to explore opportunities to improve the nation’s oral health and overall health, by ensuring that providers have the information they need to provide patient-centered, comprehensive, and integrated medical and dental care,” the letter concluded.

Formed in April 2020, the Oral Health Pandemic Response Workgroup comprises a wide-ranging group of stakeholders working together to address critical issues related to oral health created by the COVID-19 pandemic. The group’s focus expanded in 2021 to look at the broader role of oral health stakeholders in health care, including integrating oral health into overall health.

Follow all of the ADA’s advocacy efforts at [ADA.org/Advocacy](https://www.ada.org/Advocacy). ■

## ADA asks HHS to include oral health in strategic plan

BY JENNIFER GARVIN

The ADA is asking the U.S. Department of Health and Human Services to prioritize several dental issues as the agency works to finalize its five-year strategic plan.

In a Nov. 5, 2021, letter to the HHS Office of the Assistant Secretary for Planning and Evaluation, ADA President Cesar R. Sabates, D.D.S., and former Executive Director Kathleen T. O’Loughlin, D.M.D., offered comments on the sections of the plan the Association believes will most impact dentistry and the oral health of the public.

Regarding the strategic plan’s objective of expanding equitable access to “comprehensive, community-based, innovative, and culturally competent health care services” and supporting community-based services to meet the diverse health care needs of underserved populations, the ADA commented on how best to expand access to oral health care, including diagnostic, preventive and restorative services.

“Despite many oral health advancements over the last half century, oral health disparities and inequities continue,” Drs. Sabates and O’Loughlin wrote.

The ADA comments also shared the policy it adopted in 2021 defining oral health equity as optimal oral health for all people.

Read the letter in full at [ADA.org](https://www.ada.org). ■



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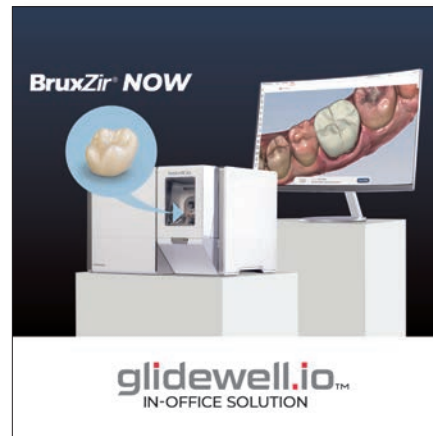
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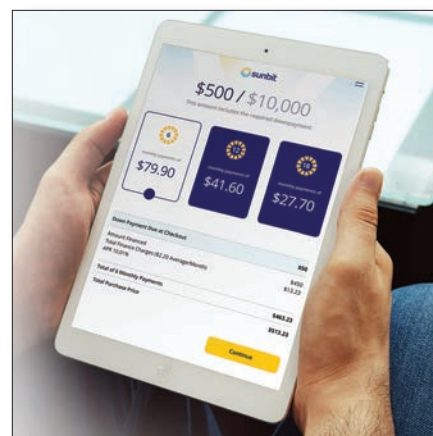
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## Public health dentistry: Benefits and limitations

BY ALAYNA SCHOBLASKE, D.M.D.

It was a frosty November morning, and Roy showed up at my clinic's front door.

"I haven't slept all weekend because my tooth hurts so much. Can you help me?"

I examined Roy and ultimately removed his infected tooth. But, at the federally qualified health center where I work, health care doesn't stop there. He also shared that he lived alone and had been feeling depressed the past month. He had lost his cellphone and couldn't afford a new one, which kept him from making appointments with his physician. His chronic back pain prevented him from performing chores and caring for his dog, and he had a hard time keeping track of his diabetes medications.

I worked with our interprofessional clinic staff to provide Roy with a free cellphone through Lifeline Assistance, alert his primary care provider to his behavioral health concerns and connect him to a case coordinator to help him manage his medications. His tooth pain brought him to our door, as it often does, but because that door was to an FQHC, we were able to care for more than just Roy's mouth that morning.

Public health dentistry is uniquely suited for many patients. It also has its limitations. The dental profession cannot solely rely on the public health sector to meet the unmet dental needs of all Americans. By understanding the attributes and limitations of public health dentistry, the dental profession can help manage the unmet needs that public health is unable to address.

FQHCs — often called public health clinics

— like the one I work at in southern Oregon — provide comprehensive and emergency dental care to patients who may not be able to afford this care elsewhere. FQHCs must accept Medicaid along with many types of private insurance and are also required to have a sliding fee scale to help patients who make less than \$25,760 per year (200% of the federal poverty level) pay for their care out-of-pocket. For example, most patients at my clinic pay \$35 for a cleaning or \$50 for a filling or an extraction.

Many FQHCs also offer medical and behavioral health care, as well as other services to support the well-being of patients like Roy. Examples include housing assistance, transportation coordination, exercise classes and home visits. These services help address the social determinants of health that can be barriers to accessing dental care.

FQHCs are often encouraged — by their own mission and values, and by the grant funding that they receive — to be innovative in their access to care approach. Public health clinics remove barriers ranging from language interpretation to location. Nearly 25% of my coworkers are qualified Spanish interpreters. And my clinic uses delivery models like a mobile dental van to visit migrant worker camps and centers for unhoused people or school-based pediatric clinics.

At the onset of the COVID-19 pandemic, public health clinics stayed open for emer-



gency care and were often the first to stand up teledentistry services. In 2019, health centers nationwide reported 4,855 teledentistry visits. In 2020, that number increased drastically to 275,407 visits.<sup>1</sup> Simply put, without public health clinics and public health dentists, millions more American patients would be left to endure dental pain like Roy's and rely only on emergency departments and one-time clinics, such as the Mission of Mercy, for temporary or incomplete management of their oral health.

By removing barriers to care, FQHCs serve a unique community of patients. For example, in 2020, 39% of the patients in my clinic identified that they belonged to a racial or ethnic minority and 19% were served best in a language other than English.<sup>2</sup>

Public health also attracts a unique community of dentists. The ADA Health Policy Institute reports that 63% of Black dentists accept Medicaid or Children's Health Insurance Program dental programs, while only 39% of white dentists do the same.<sup>3</sup> Anecdotally, I will also say that the public health workforce I have interacted with during my career has been noticeably younger, more female, and more racially diverse than what has been reported for the dental profession as a whole.

Just like private practices are a unique sector of our dental profession with strengths and limitations, public health clinics — and the dentists that work in them — have areas where we excel and areas where we do not. I can offer you an appointment within 24 hours at the same address where you see your physician, and I can do so with a dedicated in-person Spanish interpreter the whole time.

I cannot offer a full-mouth rehabilitation or in-office whitening. Public health clinics also cannot bear the entire weight of patients who do not currently have access to care. Each sector is uniquely suited to meet the needs of patients within our current dental delivery system. What can your sector do? How can you help even in a small but significant way? What do you do?

I really do want to hear from you. You can submit a letter response via email to [ADAnews@ada.org](mailto:ADAnews@ada.org). Together, we can meet the oral health needs of our patients, both the ones we have already met — like Roy — and the ones we have yet to meet.

**Dr. Schoblaske is a general dentist who practices at La Clinica del Valle, an FQHC in Medford, Oregon. This story is true, but she changed the patient's name in this piece to protect his privacy. Caroline Zeller, D.D.S., a fellow FQHC dentist, also contributed to this piece.**

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## Letters

### VACCINE MANDATES

Dr. Renee Commarato's letter to the editor in the January ADA News asking the ADA to "be a voice against COVID health mandates," is an irrational appeal that deserves a much stronger response than the editor's note that accompanied it.

Is she really that unaware or unconcerned that wearing masks and getting the vaccine is not only for personal health but also public health? Is she oblivious to the risk she poses to any immunocompromised kids whom she may treat as a pediatric dentist or to her community as a potential COVID vector or to her coworkers?

Is she clueless that the Centers for Disease Control and Prevention and countless other international agencies have scientifically backed the safety and efficacy of masking and vaccines in curtailing COVID-19 spread and protecting the vulnerable from this deadly disease? When Dr. Commarato accuses the ADA of, "setting standards based on politicized information," it seems she is not merely expressing a healthy skepticism but deliberately showing a general mistrust of facts in order to advance her agenda. Yes, Dr. Commarato, no vaccine is risk free, but requiring vaccination to allow participation in public activities, such as rendering patient care or flying in an airplane, is not the same as mandating vaccination for all citizens, regardless.

Dr. Commarato neglects to consider that there are limits on personal liberty that one must accept to live in a civil society. When she warns the ADA against "encouraging government interference in our profession through mandates," she fails to consider the responsibilities we each assume in exchange for society (i.e., the government) granting to us the privilege of being a licensed health care provider. Also, she overlooks our ethical obligation for those of us who are employers to ensure safe work places.

As reassuring as it was to see the editor's note endorsing CDC vaccination recommendations and citing the need to protect dental teams and their patients, I would very much like the ADA to fully support mandating hospital vaccination guidelines for all dental team members, barring any medical, but not philosophical or religious, exemptions that may apply.

**Frank A. Cornella, D.D.S., M.D.**  
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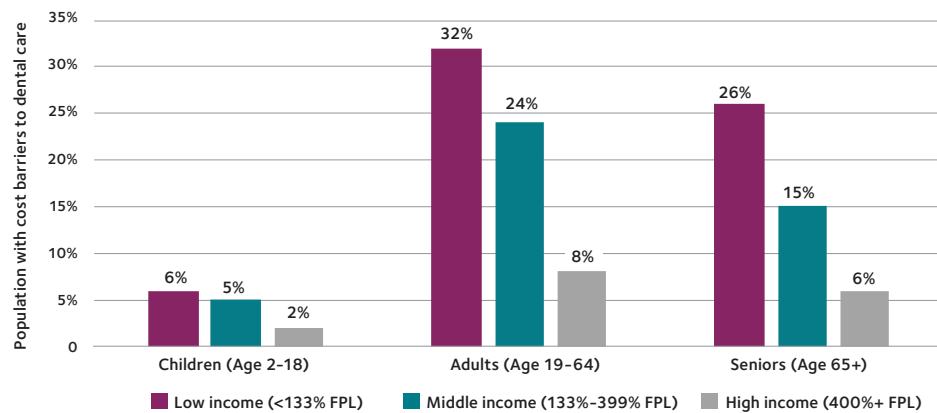
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## HPI CORNER

### PREVALENCE OF COST BARRIERS BY AGE AND INCOME

The prevalence of cost barriers to dental care varies considerably by age and income level among the U.S. population. According to 2019 data, there is little difference between low- and high-income children in terms of ability to access dental care. By contrast, nearly one-third of working-age adults and one-quarter of seniors in the low-income group report inability to access dental care due to cost.



FPL: federal poverty level. Source: ADA Health Policy Institute, "Making the Case for Dental Coverage for Adults in All State Medicaid Programs." White Paper. July 2021. Available at ADA.org/en/science-research/health-policy-institute/publications/coverage-access-outcomes.

## PRACTICE

### ADA webinar features intro to PPO plans

BY DAVID BURGER

The ADA is presenting a free webinar Feb. 22 that explains the basics of how preferred provider organization plans operate so that both new and existing office staff and dentists will be better able to support patients with these plans.

Dental Insurance 101: Understanding PPO Plans streams live from 11 a.m.-noon Central Time with one hour of continuing education credit offered.

Luke Andrew, D.D.S., a general dentist from Colorado and member of the ADA Council on Dental Benefit Programs, is the keynote presenter for this webinar on dental insurance.

"The 'Dental Insurance 101' webinar was so popular last year that we are bringing it

back this year," Dr. Andrew said. "This is a must-see webinar for new dental office staff and anyone that wants to learn the basics of preferred provider organization plans and how these plans work."

Topics for discussion include PPO plan design, contract clauses and processing policies that affect revenue, plan terminology, coordination of benefits and COB write-offs, how to file an effective and proper claim appeal, how to talk to patients about dental insurance, and where to find ready-to-use educational resources to help practices succeed.

To register, visit ADA.org and search "Dental Insurance 101: Understanding PPO Plans."

This webinar is another of the ways the ADA is working to support members by providing valuable resources on dental insurance issues for dentists, dental practice managers and front-office staff. ■

—burgerd@ada.org

## Third Party Payer Concierge program is back

### ADA RESTARTS SERVICE IN JANUARY THAT HELPS DENTISTS WITH CONCERNS REGARDING DENTAL INSURANCE COMPANIES

BY DAVID BURGER

The ADA restarted its Third Party Payer Concierge service on Jan. 4 after a year-long hiatus.

The service, which assists dentists with insurance questions and concerns with third party payers, is for member dentists only and can be accessed by calling 1-800-621-8099 or emailing dentalbenefits@ada.org.

The program will be evaluated after a five-year period, according to Resolution 88H-2021, passed by the 2021 House of Delegates.

"Many dentists cite dental insurance as the source of one of their greatest frustrations and I am happy that the ADA Third Party Payer Concierge service will be back in January 2022," said Mark Johnston, D.D.S., chair of the ADA Council on Dental Benefit Programs' Dental Benefit Information Subcommittee.

"This service provides much-needed assistance for dentists with insurance-related questions and concerns that they cannot find elsewhere. Even though many dentists' issues come down to contractual obligations, the ADA can provide education on the nuances of

doing business with dental insurance companies and how to empower themselves to make decisions that are best for their patients and their practices," Dr. Johnston said.

He added, "Coordination of benefits is a constant source of confusion for many dental offices, and the Concierge will be able to help answer questions and address concerns regarding COB. Another common concern from dental offices involves claim denials. While the Concierge may not be able to get a claim paid for you, it can provide assistance with the appeals process. Lastly, dentists have reported concerns with poorly written explanation of benefits statements and the Concierge can also help dentists with EOB language questions as well."

In addition to restarting the service, the resolution also calls for funds to be available for states to promote the Third Party Payer Concierge in 2022.

For valuable educational ready-to-use resources on innovative dental insurance solutions for dentists, visit ADA.org/dentalinsurance. ■

—burgerd@ada.org

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# New online CE course provides 'optimistic and insightful approach to infant and family oral health care'

PEDIATRIC DENTIST PRESENTS ALTERNATIVE WAY TO TEACHING, TREATING YOUNGEST PATIENTS

BY DAVID BURGER

A new online continuing education course from the ADA teaches dental professionals an alternative way to treat children beginning as early as 8 months of age, while at the same time providing oral health, dental and diet education for parents and caregivers.



Dr. Booker

Highchair Dental Care: A Revolutionary Practice Model for Infants and Toddlers is now available on the ADA CE Online website.

The presenter is pediatric dentist Winifred J. Booker, D.D.S., president-elect of the Maryland State Dental Association and past president of the Society of American Indian Dentists and the Maryland Dental Society, a local component of the National Dental Association.

"This is an oral health care model that provides an optimistic and insightful approach to infant and family oral health care," Dr. Booker said. "This environment creates a welcoming

opportunity to discuss not only the child's health, but that of the caregiver and the family."

The interactive, self-directed e-learning course features videos and narration from Dr. Booker, including video examples of Dr. Booker treating her pediatric patients.

In 2014, she developed Highchair Dental Care and has incorporated it as the way in which she offers treatment and caregiver guidance for the 1- and 2-year-old patient.

One of the insights that Dr. Booker offers is the utilization of a familiar household device to screen young patients that is largely missing from dental settings: the highchair.

"The highchair provides the safety and security needed to conduct the proper infant oral exam," Dr. Booker said. "It affords the infant their first dental examination in a conducive atmosphere that is familiar to them, which a traditional dental chair cannot. Strategies that engage a child's natural inclination to open their mouth, to laugh or to eat is a part of the course instruction."

She continued: "By placing the baby in a highchair, they are comfortable and usually willing to open wide for their first oral examination, dental cleaning and/or fluoride application. This practice model is a child-friendly approach to patient care that works well with

most infants."

Dr. Booker said seeing patients and their caregivers early in the patients' lives is key.

The Meharry Medical College graduate said, "This proactive ingenuity helps to draw attention to the importance of meaningful health care innovation and early interventions to prevent early childhood caries and other potential unfavorable sequelae."

To schedule an in-person Highchair Dental Care lecture and receive supporting product giveaways, while supplies last, send an email to [wbcchi@gmail.com](mailto:wbcchi@gmail.com). ■



Early intervention: Winifred J. Booker, D.D.S., a Maryland-based pediatric dentist, offers her parents and caregivers an exclusively developed diaper bag printed with preventive dental and diet messaging on all sides.

## HPI launches new economic poll

BY JENNIFER GARVIN

The ADA Health Policy Institute has launched a monthly poll of U.S. dentists to measure the economic impact of the COVID-19 pandemic and to gather dentists' opinions on other current and emerging issues impacting their practices. The new poll, Economic Outlook and Emerging Issues in Dentistry, is a continuation and expansion of research HPI conducted between the onset of the pandemic and December 2021. More than 2,000 dentists from across the country responded to the first wave of the poll.

Key findings in the January results include:

- On average nationally, appointment schedules are 77% full among dentists in private practice. When dentists who reported schedules below 100% were asked which factors prevented their practice from reaching capacity, 9 in 10 cited patient cancellations, while 38% cited not enough patients making appointments, and 1 in 3 said they had trouble filling vacant staff positions.
- In terms of staff recruitment, a third of the respondents indicated they had recently or were currently recruiting dental hygienists

and 39%, dental assistants. Among those recruiting dental hygienists, 73% found recruiting the position to be "extremely challenging" compared with 55% of those recruiting dental assistants.

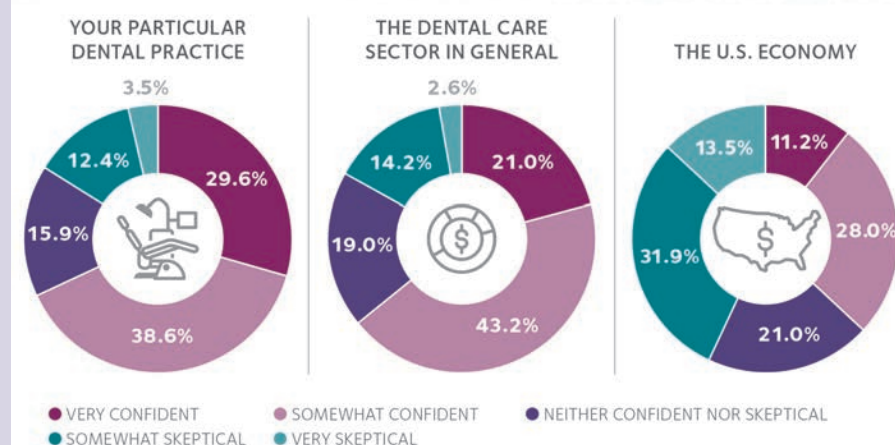
- Dentists' confidence in their own practices and in the dental care sector is relatively high, but most dentists are wary of the U.S. economy. While 68% of dentists said they were "very or somewhat confident" in the recovery of their particular dental practice in the next six months, and 64% felt that way about the recovery of the dental care sector in general, only 34% were at least somewhat confident in the recovery of the U.S. economy in the first half of the year.
- When asked what the top challenges facing their dental practices in the next six months are, 69% cited staffing issues, followed by 35% mentioning inflation, overhead or rising costs, and 23% were concerned about low reimbursement issues.

To see the complete report, visit [ADA.org/HPI](http://ADA.org/HPI). The poll breaks down results according to ownership status, practice size, DSO affiliation and other demographic categories, and there is a separate report for results for general practitioners, six specialties and dentists working in public health settings.

Interested in joining the panel? Visit [ADA.org/HPIpoll](http://ADA.org/HPIpoll). All dentists who join will receive a short survey to help HPI assess the current conditions in their dental practices or public health setting on a monthly basis.

HPI encourages dentists from all practice types, backgrounds, specialties and geographic regions to participate. ■

### LOOKING AHEAD TO THE NEXT SIX MONTHS, how confident are you in the recovery of:



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

# 2022



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 Violets are blue 🌸  
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# ADA News series spotlights resources for recruiting, hiring, training dental team

BY DAVID BURGER

The ADA News is launching a new series titled Focus on Workforce, which will highlight some of the challenges dental offices face with recruiting, hiring and training dental team personnel, and offer resources so that the dental team can focus on patient care.

Staffing shortages are the most common limiting factor for practices that want to see more patients, according to data from the ADA Health Policy Institute, which has been tracking poll results on the impact of COVID-19 on the U.S. dental economy.

When dentists who reported schedules below 100% were asked in January which factors prevented their practice from reaching capacity, 1 in

3 said they had trouble filling vacant staff positions.

In terms of staff recruitment, a third of the respondents indicated they had recently or were currently recruiting dental hygienists and 39%, dental assistants. Among those recruiting dental hygienists, 73% found recruiting the position to be "extremely challenging" compared with 55% of those recruiting dental assistants.

Manny Chopra, D.M.D., vice chair of the ADA Council on Dental Practice, said the nationwide shortage of dental team members provides an opportunity to continue to support and encourage the existing staff members towards excellence.

The series will spotlight myriad topics to

## Focus on WORKFORCE



help dentists navigate the challenges associated with the nationwide workforce shortage. Future articles will cover hiring, licensing, education, staff retention, as well as state-level actions to alleviate the struggles dentists face during the pandemic and beyond.

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

## Celebrate Dental Assistants Recognition Week in March

BY DAVID BURGER

The Council on Dental Practice is encouraging dentists and their teams to acknowledge the dedication and contributions of their dental assistants during Dental Assistants Recognition Week March 6-12.

The theme for 2022 is Dental Assistants: Passionate About Our Patients, Dedicated to Our Profession.

"[Assistants] are an integral part of an integrated team that works extremely hard to provide excellent affordable care in a safe and comfortable environment," said James A. Hoddick, D.D.S., ADA Council on Dental Practice chair. "We couldn't do it without them and their efforts are appreciated every day, especially during Dental Assistants Recognition Week."

"Passion and dedication, as reflected in this year's theme, highlight the commitment and care that dental assistants bring to every patient interaction," said Laura Skarnulis, CEO of the Dental Assisting National Board.



Allison House, D.M.D., chair of the practice management subcommittee of the Council on Dental Practice, said that dentistry is a team sport.

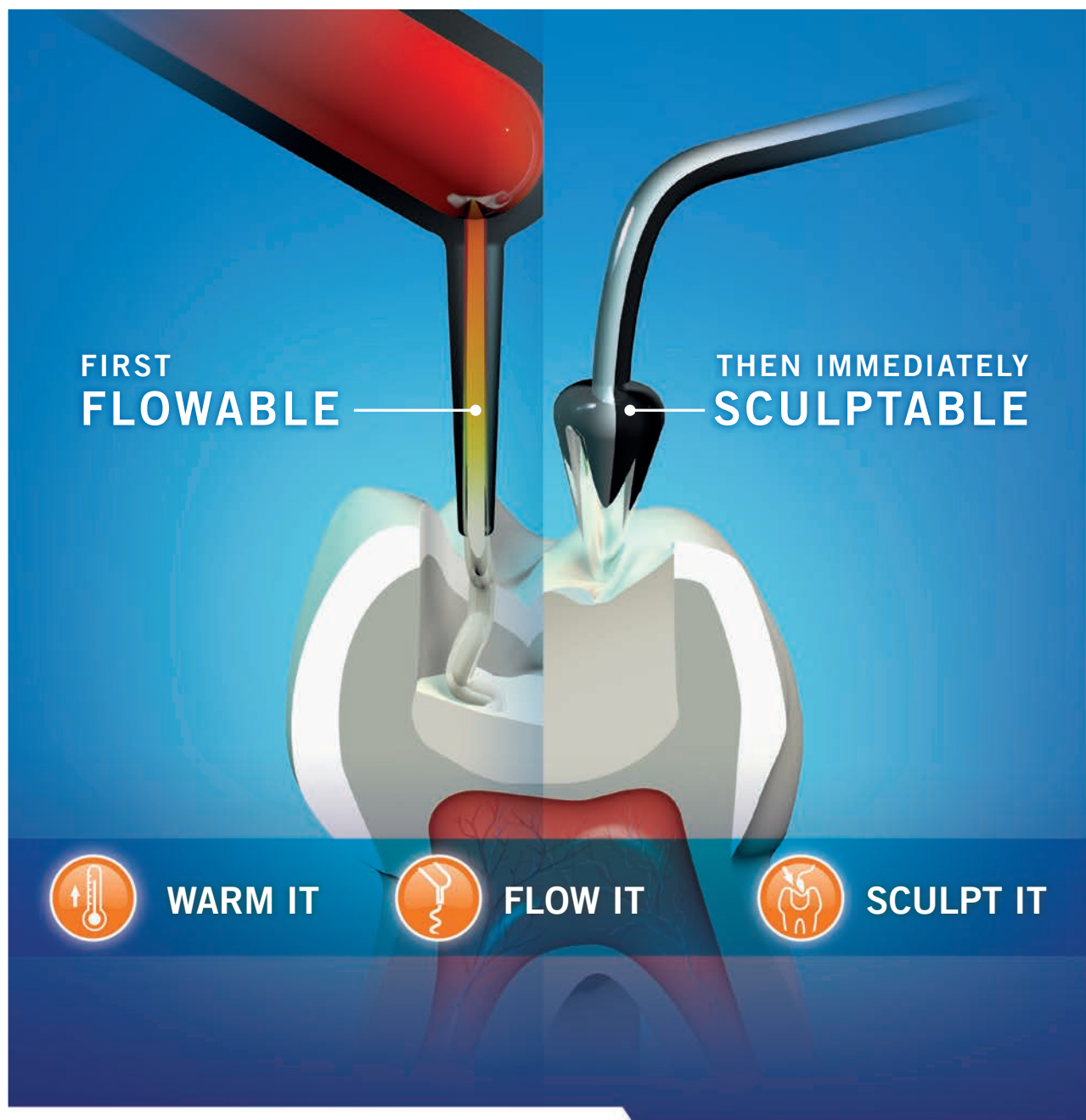
"It takes a highly skilled team of professionals to deliver quality care," she said.

Manny Chopra, D.M.D., vice chair of the Council on Dental Practice, also encourages dentists to show gratitude for the essential work of their dental assistants. "They deserve the recognition."

Dental Assistant Recognition Week is held the first full week in March every year and creates a time for dentists to celebrate this critical member of their dental team.

For more information on ways to celebrate the week, visit [adausa.org/DARW](http://adausa.org/DARW). ■

—burgerd@ada.org



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