

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

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'Dentistry through and through'

Raymond A. Cohlmiya, D.D.S., prepares for next step of organized dentistry journey as ADA executive director

BY MARY BETH VERSACI

For Raymond A. Cohlmiya, D.D.S., dentistry and family have always gone hand in hand.

From a young age, he watched the kind of impact his father, Ray Cohlmiya, D.D.S., had within his community and the world of organized dentistry, including as a delegate to the ADA House of Delegates.

"My father was a very big influence in my life. He was a dentist, and he taught us how to live and to support people. That was his whole life," Dr. Cohlmiya said. "I am so glad that he took me into dentistry because it is a wonderful profession. My father was really instrumental in putting me on the path of not just dentistry but giving back to the community."

Although his father passed away in April, Dr. Cohlmiya will carry that example with him as he begins his new role as executive director of the ADA. The Association announced May 12 that it named Dr. Cohlmiya, dean of the University of Oklahoma College of Dentistry and a former ADA trustee, as its next executive director, effective Nov. 15.

"The American Dental Association is excited to welcome Dr. Cohlmiya as its new executive director," ADA President Daniel J. Klemmedson, D.D.S., M.D., said. "In addition to a breadth of experience in dental practice and education, his many years of service in organized dentistry made him a standout candidate. Dr. Cohlmiya is widely respected in the dental community for his thoughtfulness, dedication and service-oriented approach to leadership. With these qualities, as well as his proven background, he is well-suited to help the ADA drive dentistry forward and into the future."

Dr. Cohlmiya, who lives in Oklahoma City, Oklahoma, will begin onboarding for his new position on Oct. 1. His hiring follows an extensive search process that began when current Executive Director Kathleen T. O'Loughlin, D.M.D., announced



she would retire in 2021.

"Dr. Cohlmiya's passion, energy and business acumen ensure that the future of the ADA is in good hands," Dr. O'Loughlin said. "I greatly admire Dr. Cohlmiya's ability to get things done while demonstrating compassionate leadership combined with a great sense of humor — extremely important for long-term success at the ADA."

Dr. Cohlmiya has a long history with organized history — involvement that was always part of his plan. After graduating from the OU College of Dentistry in 1988, he mapped out his career, even planning for a term as ADA trustee.

"Organized dentistry has always been a part of my life," he said. "It provides us with the support that we need to provide the best care to our

patients. That's the importance of organized dentistry. It's one of the reasons why I'm very excited about serving the ADA."

Dr. Cohlmiya was a member of the ADA Board of Trustees from 2015 to 2019, and he was president of the Oklahoma Dental Association in 2001 and Oklahoma County Dental

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ACCESS TO CARE

ADA honors Rear Adm. Timothy Ricks with Distinguished Service Award

BY KIMBER SOLANA
Rockville, M.D.

Rear Adm. Timothy L. Ricks, D.M.D., never imagined a career in public health. He had not even heard of the U.S. Public Health Service when he picked up the phone to call an Indian Health Service recruiter.

This was in 1998, and he had been a dentist in Mississippi for more than three years. What sparked his interest in public health was finding that he enjoyed volunteering

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Advocacy: Rear Adm. Timothy L. Ricks, D.M.D., addresses the audience during the 2019 ADA Dentist & Student Lobby Day in Washington, D.C.



7 JADA Foundational Science opens for submissions

ADA's new journal provides a forum for researchers in basic and applied sciences to make their work visible to experts in clinical dentistry and medicine



10 SmileCon registration begins June 23

Meeting offers face-to-face experience after virtual in 2020



11 New dental school to open at High Point University

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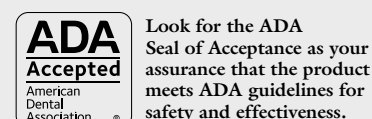
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EEOC releases guidance addressing equal employment opportunity laws, COVID-19 vaccines

The U.S. Equal Employment Opportunity Commission released updated guidance May 28 addressing concerns about federal equal employment opportunity laws and COVID-19.

The expanded EEOC technical assistance says that employers are not prevented from requiring workers to be vaccinated against COVID-19 provided they comply with the reasonable accommodation provisions of the American Disabilities Act and Title VII of the

Civil Rights Act, according to a news release.

The updated guidance also said federal equal employment opportunity laws don't "prevent or limit employers" from offering incentives to employees to voluntarily provide documentation of vaccination.

In February, the ADA and more than 40 stakeholders sent a letter to the commission asking it to issue guidance regarding employer-provided incentives and the COVID-19 vaccine. "The updated technical assistance released

today addresses frequently asked questions concerning vaccinations in the employment context," said Charlotte A. Burrows, EEOC chair. "The EEOC will continue to clarify and update our COVID-19 technical assistance to ensure that we are providing the public with clear, easy-to-understand and helpful information."

To read the technical assistance in full, visit the What You Should Know section at eoc.gov.

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

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SCAN TO LEARN MORE

New congressional bill would prohibit noncovered services in dental, vision plans

BY DAVID BURGER

The ADA is supporting a bill in both the Senate and House that would prohibit noncovered service contract provisions in dental and vision plans. In a May 24 letter, the ADA thanked lawmakers for sponsoring S 1793, the Dental and Optometric Care Access Act, or DOC Access Act, and the House version of the bill, HR 3461.

"We offer our strong support for this

bipartisan legislation as we believe that patients are adversely affected by provisions in dental insurance plans that dictate what a doctor may charge a plan enrollee for services not covered by the plan," wrote ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., in the letters.

"It is unreasonable for dental plans to set fees for services in which the plans have no financial liability, and that is why 41 states, including West Virginia and North Dakota, have enacted

laws that limit interference with the doctor-patient relationship when the doctor delivers services insurers do not cover," Drs. Klemmedson and O'Loughlin wrote. "However, a federal effort is needed as many dental plans are regulated on the federal rather than state level."

Drs. Klemmedson and O'Loughlin said that the current landscape adversely impacts competition in the dental plan market, which "is dominated by only a few national carriers in many states, and shifts costs to patients who

are paying for their coverage out of their own pockets or are seeing a dentist out-of-network."

They also said the DOC Access Act will "provide greater access to high-quality care by helping to curb anti-patient and anti-competitive practices" of dental insurance plans.

"This legislation is crucial to bring needed balance to contract negotiations between providers, who are often small business owners, and large dental insurance companies," Drs. Klemmedson and O'Loughlin wrote.

The act would "balance the scales and bring equity to insurer/provider contracting at the federal level," the letter concluded.

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

PPP reform bills would support dental practices

BY JENNIFER GARVIN

The ADA is supporting new legislation to give small businesses more flexibility with the Small Business Administration's Paycheck Protection Program. In April 30 letters to the House and Senate, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., thanked lawmakers for introducing HR 2582, the PPP Revenue Adjustment Calculation to Increase Capital Accessibility Long-term Act, and S 1200, the Fair PPP Accounting Act.

Both bills would adjust the eligibility calculation for second-draw Paycheck Protection Program, or PPP, loans to 90 consecutive days, rather than a calendar quarter.

"The ADA recommended that dentists close their offices during the spring of 2020 for all but urgent and emergency procedures. These closures did not occur during a fixed calendar quarter, but rather during the months of March, April and May," wrote Drs. Klemmedson and O'Loughlin, noting that the majority of dental practices are small businesses.

Under current rules of the second-draw PPP loans, these businesses cannot use the months of March, April and May to reflect the 25% decline in revenue, the letter stated.

The ADA is also supporting S 1232, the PPP Flexibility for Farmers, Ranchers and the Self-Employed Act, which would allow sole proprietorships to use gross rather than net income when applying for PPP loans. The legislation would also adjust the eligibility calculation to 90 consecutive days, rather than a calendar quarter.

With the PPP Flexibility for Farmers, Ranchers and the Self-Employed Act, sole proprietors who had previously applied for PPP loans using net income would be able to recalculate and receive an increased benefit. ■

ADA provides guidance on updated mask recommendations from CDC

BY DAVID BURGER

The ADA has issued guidance to help dentists answer questions about new recommendations from the Centers for Disease Control and Prevention regarding mask use for fully vaccinated people.

"The recently revised recommendations from the CDC have prompted so many questions from member dentists about what it means for them and their practices," said Duc "Duke" Ho, D.D.S., chair of the ADA Council on Dental Practice. "The ADA has developed a fact sheet that features anticipated questions from team members and patients, along with appropriate responses to make everyone feel safe at the dental office. This pandemic, as well as the ever changing recommendations, have been difficult to navigate, but we are very aware of the needs of our members and are tirelessly working to provide as much information and guidance as quickly as possible." The guidance, posted at ADA.org and called CDC COVID-19 PPE Screening FAQ, answers questions including:

- Do patients still need to wear a mask when visiting a dental office?
- May dental health care personnel stop wearing masks in the breakroom?
- Should dentists continue to screen patients and dental health care personnel?

In regards to the last question, the CDC instructs health care providers to establish a process to ensure everyone entering a health care facility is assessed for symptoms of COVID-19, or exposure to others with suspected or confirmed SARS-CoV-2 infection, and that they are practicing source control.

The recommendations, which were announced May 13, also state, "Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify

those who could have COVID-19, so appropriate precautions can be implemented."

The ADA guidance lists steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a health care facility, including:

- Posting visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to

provide instructions (in appropriate languages) about wearing a well-fitting form of source control and how and when to perform hand hygiene.

- Providing supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer with 60-95% alcohol, tissues and no-touch receptacles for disposal at health care facility entrances, waiting rooms

and patient check-ins.

- Limiting and monitoring points of entry to the facility.
- Establishing a process to ensure everyone entering the facility is assessed for symptoms of COVID-19 or exposure to others with suspected or confirmed SARS-CoV-2 infection, and that they are practicing source control.

The ADA reminds dentists that the CDC guidance should be considered in conjunction with any state or local regulations.

The guidance is available at ADA.org/-/media/CPS/Files/Articles/Toolkits/CDC_COVID-19_PPE_and_Screening_FAQ.pdf.

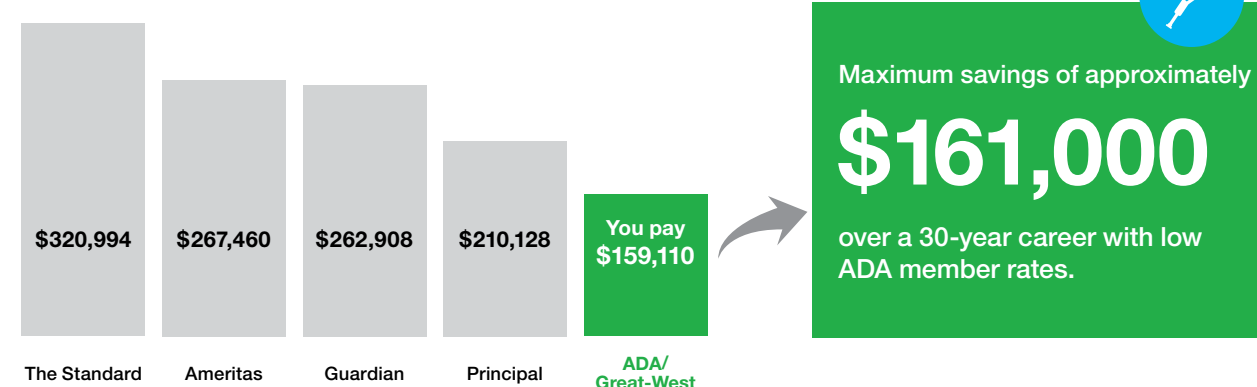
For more information on the ADA's response to the COVID-19 pandemic, visit ADA.org/virus. ■

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² Adjustments are made based on increases in the Consumer Price Index.

Effective June 1, 2019, certain insurance company members of the Protective Life group assumed administrative responsibilities for the ADA Members Insurance Plans issued by Great-West Financial.

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ADA seeks nominations for Gold Medal Award for Excellence in Dental Research

The American Dental Association is seeking nominations for the Gold Medal Award for Excellence in Dental Research, which honors individuals who have helped advance the profession of dentistry or improve the oral health of the public through basic or clinical research.

Established in 1985, the award is presented every three years. It is sponsored by the ADA and Colgate.

The winner will receive \$25,000, a gold medallion and, if eligible, a three-year term as a member of the ADA Council on Scientific Affairs.

Nominations are due by June 30 at ADA.org/GoldMedal. They should include a formal letter of nomination, curriculum vitae and list of publications. ■

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COVID-19 infection rate among dentists remains lower than other health professionals

ADA STUDY FINDS 2.6% OF DENTISTS HAD CONTRACTED COVID-19 AS OF NOVEMBER 2020

BY MARY BETH VERSACI

The cumulative COVID-19 infection prevalence rate among U.S. dentists was 2.6% as of November 2020 — lower than the infection rate of other front-line health care professionals, including nurses and physicians, according to a study

from the American Dental Association Science & Research Institute and Health Policy Institute. "COVID-19 Among Dentists in the United States: A 6-Month Longitudinal Report of Accumulative Prevalence and Incidence," published in the June issue of The Journal of the American Dental Association, is based on online survey data collected June 8–Nov. 13, 2020,

from 2,196 U.S. dentists in private practice or public health about the COVID-19 testing they received, the symptoms they experienced and the infection prevention procedures they followed in their primary practice.

Dentists' COVID-19 incidence rates ranged from 0.2% to 1.1% each month, and the average incidence rate over the six months was 0.5%.



"We're pleased to see that dentists have demonstrated continued low monthly incidence of disease despite several regional and national COVID-19 rate spikes during the study period," said Marcelo Araujo, D.D.S., Ph.D., CEO of the ADA Science & Research Institute, chief science officer of the ADA and senior author of the report.

In May 2020, a survey of U.S. front-line health care workers, including nurses and physicians, found their reported COVID-19 prevalence rate to be 29%.

The ADA study is a continuation of the first large-scale report of U.S. dentists' COVID-19 infection rates and infection control practices published in October 2020 by JADA. The results were weighted according to age and location to approximate all U.S. dentists.

Of the initial 2,196 respondents, 1,291 participated in the final survey and 785 participated in all six. Fifty-seven dentists total reported ever receiving a COVID-19 diagnosis. The likely source of COVID-19 was identified via contact tracing by a health agency or clinic in 23 of those cases, with the dental practice identified as the likely infection source in two instances.

Because many dental procedures generate aerosols, practicing dentistry was originally believed to present a high risk of transmitting SARS-CoV-2 to dental professionals. During the study period, the rate of dentists performing aerosol-generating procedures increased from 92.8% in the first month to 98.4% in the last.

At least 99.7% of dentists said they used enhanced infection prevention and control strategies in their practice each month. A large number of dentists reported screening patients and staff for COVID-19, disinfecting between patient appointments and encouraging social distancing among patients.

"This study shows high rates of pre-appointment screening of patients and appropriate infection control measures throughout the study period, demonstrating that adhering to very strict protocols for enhanced infection control helps protect their patients, their dental team and themselves," Dr. Araujo said.

Strategies to optimize personal protective equipment supplies, such as not changing masks after each patient appointment, were encouraged by the Centers for Disease Control and Prevention when supplies were limited. Over the course of the study, dentists' use of these strategies decreased, as more changed their masks with every patient. After the first month, during which 17.6% reported changing their masks between patients, the rate never fell below 25.5% in subsequent months.

"This study reinforces that the dental care sector is up and running safely," said Marko Vujicic, Ph.D., chief economist and vice president of the ADA Health Policy Institute. "Nowhere is

See STUDY, Page 7

JADA Foundational Science to highlight how basic research applies to oral, craniofacial health

BY MARY BETH VERSACI

The American Dental Association's new journal, JADA Foundational Science, is open for submissions, providing a forum for researchers in basic and applied sciences to make their work visible to experts in clinical dentistry and medicine.

The cross-disciplinary, open-access journal is currently accepting original research articles and reviews in the areas of biology, chemistry, engineering, materials science, computer science and informatics, advanced imaging and processing, and other technologies — the sciences foundational to new theories of disease, new approaches to diagnostics, and new tools and technologies for clinical use.

Jack L. Ferracane, Ph.D., chair of the department of restorative dentistry and director of the division of biomaterials and biomechanics at Oregon Health & Science University School of Dentistry in Portland, Oregon, is the first editor of the journal.

"My overall goal as editor-in-chief is to shepherd the new journal to a position of prominence among dental journals through the publication of high-quality science that is interesting and pertinent to both researchers and clinicians," Dr. Ferracane said. "We want to create a journal that recruits innovative, timely and outstanding scientific articles, with elements such as graphical abstracts and expanded significance sections that make each manuscript's content accessible and interesting to both the trained scientist and practitioner."

He said the journal will aggressively seek out new scientific work to bring to a wide and diverse audience and use a rigorous peer review process.

"The goal will be to recruit timely and innovative

STUDY continued from Page 6

this proof point more evident than by the fact that more than 90% of patients surveyed indicate they have already visited the dentist or soon will."

In addition to Drs. Araujo and Vujicic, the other study authors included researchers from the ADA Science & Research Institute and Health Policy Institute, as well as Mia L. Geisinger, D.D.S., with the University of Alabama at Birmingham, and Effie Ioannidou, D.D.S., with the University of Connecticut and the ADA Council on Scientific Affairs.

The authors plan to further research what helps and hinders dentists when it comes to wearing PPE according to CDC recommendations and how well different levels of PPE use and infection control procedures protect against COVID-19.

To read the full article online, visit JADA.ADA.org. For more COVID-19 resources from the ADA, visit ADA.org/virus.

Other articles in the June issue of JADA discuss apical periodontitis and Type 2 diabetes mellitus, the COVID-19 infection rates in people seeking dental care and dental evacuation system use in reducing aerosols.

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

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"Whereas there will undoubtedly be some overlap with JADA, JADA FS will focus much less on clinical studies and clinical implementation and instead on the foundational science that leads to or contributes to such work," Dr. Ferracane said.

The editor-in-chief served as president and vice president of both the American Association for Dental Research and the Academy of Dental Materials. He also is a fellow of the American Institute for Medical and Biological Engineering and an honorary member of the American College of Dentists and Oregon Dental Association.

To learn more about JADA Foundational Science or to submit an item for publication consideration, visit ADA.org/jadafs. ■

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COHLMIA *continued from Page 1*

Society in 1997. He also led the ADA New Dentist Committee and Council on Membership, serving as chair in 1999 and 2007, respectively.

Other ADA appointments over the years have included the Council on Annual Sessions, Council on Dental Benefits and American Dental Political Action Committee. Dr. Cohlma has also represented his district as a delegate to the ADA House of Delegates, and he served as chair of the ADA Science & Research Institute Board of Directors, extending his involvement with the ADA to its research arm.

"Dr. Cohlma is a champion of science and has a deep understanding of research strategy and dissemination," said Marcelo Araujo, D.D.S., Ph.D., CEO of the ADA Science & Research Institute and chief science officer of the ADA. "We know that he will continue to promote the ADA value of science and evidence-based dentistry."

Dr. Cohlma said he was a mix of stunned, honored, excited and nervous to learn he would be the ADA's next executive director.

"I was really excited because I thought they believed in my vision enough to support me — that they want to go to the next level, they



Service: The long list of positions Raymond A. Cohlma, D.D.S., has held in organized dentistry includes delegate to the ADA House of Delegates.

want to try to achieve what I had presented to the steering committee and to the Board of Trustees," he said. "I was honored, and I'm thrilled. I just can't wait. I'm looking so forward to being a part of the ADA and helping to get it to the next level."

Dr. Cohlma's wife of 34 years, Sherry, has been his rock during every step of his organized dentistry journey, he said.

"As soon as Raymond became a dental student, he participated in organized dentistry. His dad knew the importance of strengthening the profession and passed this passion on to his son," Sherry Cohlma said. "Quality patient care is Raymond's motivation. I have witnessed Raymond's countless hours of working, studying, volunteering and mentoring. I know that this position means a great deal to him because it is another opportunity to serve the profession that transforms lives by restoring oral health. Through organized dentistry, we have been blessed by incredible friendships. We are excited about his new position and look forward to the new friendships this opportunity allows."

While Dr. Cohlma has been a faculty member of the OU College of Dentistry since 1988, he began to increase his time with the college in 2009, serving in a variety of leadership positions. In 2011, he created the division

of comprehensive care and was named its director. He then served as assistant dean for patient care from 2013 until he was appointed dean in 2015.

"Dean Cohlma's leadership and selfless dedication to the OU College of Dentistry has had a tremendous impact on the university and its students, faculty and staff," University of Oklahoma President Joseph Harroz Jr. said. "OU is fortunate to have someone of his caliber leading our next generation of dentists, and I am personally thankful for all of his invaluable support and service. Dean Cohlma has had an illustrious career, and I have complete confidence he will successfully lead the American Dental Association and have a profound lasting impact on this organization."

Prior to becoming dean, Dr. Cohlma practiced dentistry for 26 years at the private practice he ran with his father and brother, Matthew Cohlma, D.D.S., a member of the ADA Council on Government Affairs. The dentists in his family include not only the three of them,

but also an uncle, more than a dozen cousins and two of his sons, who also graduated from the OU College of Dentistry.

For Dr. Cohlma, being able to share his professional life with his family has been a gift.

"We are dentistry through and through — three generations of dentistry," he said. "When you look at the perspective of what my father provided for us and what he's given to us, practicing with him each and every day was the biggest blessing in my life."

While Dr. Cohlma has not been able to practice with his own sons, he did get to watch them graduate as both their father and dental school dean, and he helps them with case treatments from time to time. His oldest son, Derek R. Cohlma, D.D.S., graduated in 2017, and his middle son, Brandon J. Cohlma, D.D.S., followed in 2019. His youngest son, Joshua R. Cohlma, is a senior at the University of Oklahoma majoring in biology, and he is considering a career in dentistry as well.

"In our home, dentistry has never been seen as just a job," his sons said. "Our grandfather



Happiest place on Earth: Raymond A. Cohlma, D.D.S., visits Disney World, one of his favorite places to vacation.

and our dad imparted a love for the profession that serves our communities. We are so proud of our dad and the passion he brings to everything he does."

In addition to his family and career, Dr. Cohlma's passion extends to an assortment of



Three generations: Roy Cohlma, D.D.S. (left), and Raymond A. Cohlma, D.D.S. (right), visit the dental practice of their grandson and son Derek R. Cohlma, D.D.S.

hobbies, many of which require the fine motor skills of a dentist, including rebuilding cars, sewing, woodworking, putting together model train layouts and playing piano. He credits the influence of his mother, Sameera Cohlma, who majored in music in college and was known for her needlepoint work, for his piano playing and crafting.

"People say I get more out of a 24-hour day than most people. It's just how I am; it's the way I'm wired. I go 90 miles an hour," he said. "I just

enjoy the blessings of life, I really do."

Dr. Cohlma also likes to bicycle, ski, play tennis, golf and travel in his free time, and he is excited to embark on his next adventure as executive director of the ADA.

He has three main goals for his new role. "My first big goal is to create, instead of a membership drive, a market share drive, and that's two different things," Dr. Cohlma said. "A membership drive — we're asking people to join. A market share drive is: I have a product that they need, that they want to be a part of, that's going to help to support their practice. We'll be developing a product and a process that creates a market share drive for all the members of the ADA that they're going to need and they're going to use on a regular basis every day."

He also wants to build upon the ADA's relationship with dental education and ensure long-term financial stability for the Association.

"Everything that I do is a three- to five-year plan for me," Dr. Cohlma said. "I set our goals three and five years out, and then we make changes here in order to target those goals."

As the dental profession emerges from the COVID-19 pandemic, he knows he will have a lot on his plate as executive director, but he is ready to face it with his fellow dentists.

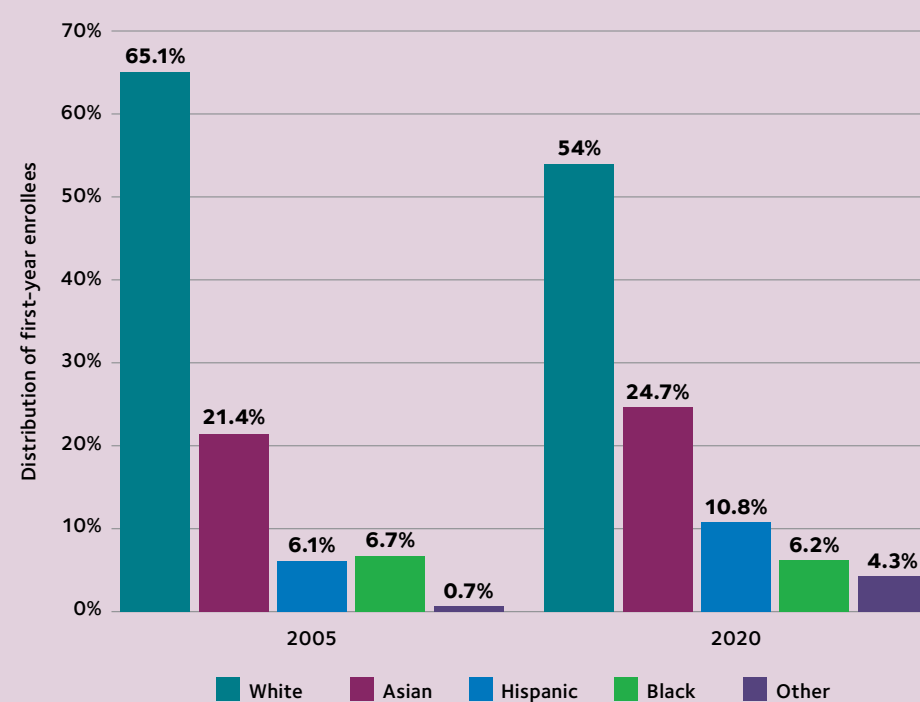
"COVID-19 has taught us to be prepared," Dr. Cohlma said. "It has taught us to take what happens today and deal with it and create a better tomorrow." ■

—versacim@ada.org

HPI CORNER

Dental school enrollees by race/ethnicity

Between 2005 and 2020, the number of first-year enrollees in U.S. dental schools who were white decreased while the number who were Asian or Hispanic increased. There has been little change among Black enrollees.



Source: ADA Health Policy Institute Infographic, "Racial and Ethnic Mix of Dental Students in the U.S." Available from: ADA.org/en/science-research/health-policy-institute/publications/infographics.

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SmileCon offers face-to-face experience after virtual year

REGISTRATION OPENS JUNE 23 AT SMILECON.ORG

BY MARY BETH VERSACI

After a year of Zoom meetings and virtual conferences, SmileCon will give dentists what they need: activities they can experience in person with their colleagues.

"We know that a screen will never replace the

joy you feel when you see your colleagues face to face," said Charles McKelvey, D.D.S., 2021 meeting chair. "This will be one of the first dental meetings of 2021 that gives you the opportunity to truly reunite with the profession personally."

The American Dental Association's reimagined annual meeting is scheduled for Oct. 11-13 at Mandalay Bay Resort and Casino in

Las Vegas. Registration opens June 23 at SmileCon.org.

SmileCon will offer four registration passes: the Smile Pass, Platinum Smile Pass, Dental Central Pass and Virtual Pass.

Continuing education courses will include presentations; experiences and conversations; and hands-on activities. The Smile Pass and Platinum Smile Pass include access to all presentations and experiences and conversations, as well as Dental Central, the opening and closing sessions, SmileCon Virtual



Dr. McKelvey

and daily snacks. This is the first time the ADA's annual meeting will include a closing session.

No pre-registration is required for presentations, which will be open to participants on a first-come, first-served basis. All they need to do is have their meeting badge scanned at the classroom door.

Hands-on activities are included in the Platinum Smile Pass and available for an additional fee for Smile Pass holders. Pre-registration is required.

CE will be available before SmileCon for both attendees and nonattendees. The Platinum Smile Pass offers a 15% discount on pre-SmileCon education and includes 2022 ADA membership dues as well.

The Dental Central Pass gives holders access to Dental Central — the meeting's reinvented exhibit hall — and experiences and conversations that are taking place within Dental Central.

For those who are unable to travel to Las Vegas and want a taste of the meeting, the Virtual Pass will offer users a behind-the-scenes look at SmileCon, including sneak peeks backstage before the opening and closing sessions. From the SmileCon Studio in Dental Central, virtual participants can access exclusive interviews with select SmileCon speakers. The pass will also include both live and on-demand access to virtual CE, which will be available through Dec. 31.



Early bird pricing will be available until 5 p.m. CDT July 7 for ADA member dentists, dental students, dental team members, dental team students and guests. Advance registration rates then apply until 5 p.m. CDT Sept. 30, followed by standard registration rates until Oct. 13.

For member dentists, the Smile Pass is \$399 for early bird pricing and \$499 for advance registration, the Platinum Smile Pass is \$2,999 early and \$3,499 advance, and the Virtual Pass is \$99 early and \$199 advance. The Dental Central Pass costs \$149 for both early bird pricing and advance registration.

“

This will be one of the first dental meetings of 2021 that gives you the opportunity to truly reunite with the profession personally.

— Charles McKelvey, D.D.S., 2021 meeting chair

For dental students, the Smile Pass is \$199 for early bird pricing and \$299 for advance registration, the Platinum Smile Pass is \$1,499 early and \$1,999 advance, and the Virtual Pass is \$15 early and \$25 advance. The Dental Central Pass costs \$25 for both early bird pricing and advance registration.

For additional pricing, go to SmileCon.org/registration.

"SmileCon's foundation is built for the unique needs of all ADA members," Dr. McKelvey said. "It's about you and your professional journey."

For the latest information on SmileCon, visit SmileCon.org. ■

—versacim@ada.org



High Point University in N.C. to build new dental school

DR. SCOTT DE ROSSI NAMED FOUNDING DEAN; INAUGURAL CLASS EXPECTED IN THE FALL OF 2023

High Point University announced May 5 it is establishing a new dental school, which seeks to enroll its first class in the fall of 2023. At full capacity, the private university's new school of dental medicine and oral health will bring 180 new students to campus.

The university also announced that Scott De Rossi, D.M.D., will serve as dean. Dr. De Rossi previously served as professor and dean at the University of North Carolina at Chapel Hill Adams School of Dentistry.

"High Point University's health care programs have seen tremendous success, achieved academic prestige and produced graduates who are filling crucial health care positions," said HPU President Nido Qubein in a news release. "As HPU's transformational growth plan continues, the university has continued to pursue additional health care programs. Establishing the state's only private School of Dental Medicine and Oral Health reflects HPU's commitment and innovative approach to health care education."

The university will build a new facility on International Avenue to house the dental school, with an investment totaling \$150 million. According to the university, the new project, along with several other building projects, is expected to create 300 new jobs in the High Point area.

"High Point University's innovative culture and the thriving community of health care programs are the talk of higher education," said Dr. De Rossi in a news release. "Being a founding dean is a unique privilege, and helping to start and grow a school of dental medicine is a once-in-a-lifetime opportunity. The distinction of doing it at a place like HPU under the leadership of President Qubein and his leadership team is a dream come true."

North Carolina state dental leaders hope the new dental school will play a part in increasing access to care for its residents.

"Our dental community was extremely surprised to learn that High Point University plans to open a new dental school here in North Carolina," said North Carolina Dental Society President W. Stan Hardesty, D.D.S., a member of the ADA Council on Dental Education and Licensure. "We are hopeful that a new school will work in tandem with our two existing dental

schools to provide increased access to care to patients across the state."

Approval from the Commission on Dental Accreditation and the Southern Association of Colleges and Schools Commission

on Colleges for the dental school's doctor of dental medicine degree program is pending. ■



Leader: Dr. Scott De Rossi speaks during the May 5 announcement that High Point University is establishing a new dental school. Dr. De Rossi will serve as the new school's dean.

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DSA continued from Page 1

and doing pro bono work, such as helping treat children with special needs, going to schools and partnering with nonprofits to provide dental care to underserved populations in the community.

"I remember the Indian Health Service coming to my dental school for recruitment," he said. "And I found that I still had the brochure."

Today, more than 20 years later after that initial call, Dr. Ricks is the nation's top oral health official, serving as chief dental officer for the U.S. Public Health Service along with his full-time role as the deputy director of the Indian Health Service Division of Oral Health.

In October, the ADA Board of Trustees will honor Dr. Ricks with the ADA Distinguished Service Award, the highest honor the ADA Board of Trustees can bestow on a member. He will be at SmileCon in Las Vegas to accept the award, back to the state where it all started.

"Dr. Ricks is a dentist who exemplifies service, leadership and dedication. That's why the ADA is recognizing him with this year's Distinguished Service Award," said ADA President Daniel J. Klemmedson, D.D.S., M.D., who made the nomination. "His many accomplishments in public health, oral health promotion, and continuing education have made an indelible impact on our profession. He is well-deserving of this distinction."

'MY WIFE KNOWS BEST'

A biology and chemistry major in college, Dr. Ricks knew he wanted to do something in health care. His mother was a registered nurse, which influenced his pursuits. But dentistry never even crossed his mind until his wife suggested it.

"I was disillusioned after four years of college," he said. "I didn't really know what I was going to do. I actually sold cars for a few months."

In December 1990, he was activated for Desert Storm as part of the Army National Guard. While in training at Ft. McClellan, Alabama, Dr. Ricks said his wife, Julie, turned to him and asked: "What about dentistry?"

"My wife knows best," he said.

Dr. Ricks remembers that he took his dental admission test after a weeklong training. He was sleeping in the woods, dressed in camouflage and playing war games.

"I don't think I slept for 48 hours when my wife picked me up and took me to the University of Alabama at Birmingham for the test," he said. "I was the first to finish the test. Instead of going back to the base, I took a few hours to catch up on sleep in the university's parking garage."

Dr. Ricks ultimately earned his dental degree in 1995 from the University of Mississippi Medical Center.

Years later, when Dr. Ricks considered going from private practice to public health, he flew out to Nevada for an Indian Health Service job interview. He was supposed to also go to Montana for a different interview.

"But I was hired on the spot after I met with the clinical director and never made it to Montana," he said.

His first IHS job was running a two-chair clinic in the Pyramid Lake Paiute Reservation, about 35 miles northeast of Reno, Nevada.

IMPROVING COMMUNITY HEALTH

For 20 years, what he loves most about working in public health is working with people with a similar passion for improving the health of Americans.

"In my agency, the IHS, so many people work tirelessly to improve the health of American Indians and Alaska Natives," he said. "I enjoy the interconnectedness of health in the U.S. Public Health Service, where dentists work in



Future dentists: Dr. Ricks poses for a group photo with dental students of the Tufts University School of Dental Medicine January 2020.



Leaders: U.S. Public Health Service Chief Dental Officer Timothy L. Ricks, D.M.D., poses for a photo with Canada Chief Dental Officer James Taylor and Theresa Tram, M.D., chief health officer of Canada, in October 2019.



Family: Dr. Ricks with his first granddaughter, Arabella Rose, who was born in August 2020. Dr. Ricks said he and his wife love spending their weekends with her.

“

Over the past decade, we have had the first measured decrease in early childhood caries ... in American Indian and Alaska Native children.

— Rear Adm. Timothy L. Ricks, D.M.D.

consultant, oral health surveillance coordinator, dental lead for the Government Performance and Results Act, and as IHS representative to the Healthy People 2020/2030 Oral Health Workgroup.

"Over the last two decades, Dr. Ricks has been instrumental to the advancement of oral health in our nation," Dr. Klemmedson said. "And at the onset of the COVID-19 pandemic, his leadership was vital in supporting dentists and patients when uncertainty abounded. He fostered collaboration across our profession, and these efforts helped us all navigate a challenging time."

This past year, during the COVID-19 pandemic, he has helped convene public-private partnership meetings to allow for exchange of information and collaborative though.

"Initially, I thought that because there was so much confusing information at the onset of the pandemic, especially related to dental



GKAS: Dr. Ricks examines a patient during the 2020 Give Kids A Smile Day at the Choctaw Indian Reservation in Mississippi. It was similar to volunteer opportunities to help underserved communities that first attracted Dr. Ricks to pursue a career in public health.

practice, that all of us in oral health needed to be on the same page regarding infection control and other pandemic-related recommendations," Dr. Ricks said. The group continues to meet and now includes 36 dental organizations and representatives from 12 federal agencies.

While the focus is still on COVID-19, Dr. Ricks said, they have had time to discuss some of the other major topics concerning oral health including the release of the Healthy People 2030 oral health objectives.

"The oral health community recognized it was time to come together, to listen, and learn from each other, and Dr. Ricks coordinated an opportunity for this to happen," said Josefina Ortiz Wolfe, Ph.D., oral health section chair of the American Public Health Association. "Because of this coordinated group common goals were identified, and new alliances were formed. This is only the beginning of the great things to come by this initiative coordinated by Dr. Ricks."

PROUDEST MOMENT

In his two decades in public health, Dr. Ricks said there's a lot that he's proud of. One stand-out item has been the work in helping reduce early childhood caries among American Indian and Alaska Native children.

"American Indian and Alaska Native children under six years of age suffer four times as many decayed or filled teeth as white children and twice as much as the next highest minority group," Dr. Ricks said.

In 2009, a colleague of his, Bonnie Bruerd, DrPH, had volunteered Dr. Ricks to lead a new early childhood caries initiative.

"I went ahead and volunteered with her, and we developed and promoted a new early childhood caries collaborative over a five-year period," Dr. Ricks said. The initiative promoted early oral care access ("two is too late" and "first tooth, first exam" were the mottos), fluoride varnish three to four times a year, sealants in young children, and scoop-and-fill interim therapeutic restorations, and all of these remain as cornerstones to ECC prevention in the IHS today.

"Over the past decade, we have had the first measured decrease in early childhood caries, with a 5% drop in caries experience (any history of decay) and a 14% drop in untreated decay in American Indian and Alaska Native children under 6 years of age," he said. "This initiative,

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Diverse Dental Society seeks to eliminate disparities, increase oral health equity

GROUP COMPRISES HISPANIC DENTAL ASSOCIATION, NATIONAL DENTAL ASSOCIATION, SOCIETY OF AMERICAN INDIAN DENTISTS

Three dental organizations have united in the name of health equity.

The Diverse Dental Society comprises three minority oral health professional organizations: the Hispanic Dental Association, National Dental Association and Society of American Indian Dentists. The groups are addressing unmet needs in under-resourced communities in order to eliminate disparities and increase health and oral health equity, according to a news release.

The Diverse Dental Society added that it considers the "integration of oral health throughout the health care infrastructure as essential for a healthier nation" and its goal is "to dismantle structural racism and advocate for social justice in the health of traditionally disenfranchised populations."

DSA continued from Page 12

and the many oral health professionals in our system who adopted these prevention measures, contributed to this outcome."

JOYS OF PUBLIC HEALTH

When he received the call from Dr. Klemmedson that he would be receiving this year's Distinguished Service Award, Dr. Ricks said he was stunned.

"I immediately thought of all the great people I've been blessed to have around me throughout my career," he said. "I am fortunate to have had so many people around me to mentor me, serve with me, and serve with such passion to make my career so rewarding."

These mentors include his first dental assistant, Pam Spotted Wolf, who gave Dr. Ricks an orientation to the Indian Health Service; Steve Tetreu, D.D.S., M.P.H., an area dental officer out of Phoenix who taught him to think from a public health perspective; and Rear Adm. (ret.) Dushanka Kleinman, D.D.S., M.P.H., a former chief dental officer who helped him see things from a broader perspective.

When away from the office, Dr. Ricks said he enjoys oil painting, wood burning and gardening. He recently built a new garden with eight raised beds and individual irrigation systems for each. He also loves the outdoors, such as kayaking, jogging and hiking.

And since August 2020, Dr. Ricks and his wife have spent their weekends with their first granddaughter, Arabella Rose.

Dr. Ricks said he does plan to attend SmileCon to accept the award.

"I serve as a delegate in the ADA House of Delegates and was planning to attend anyway," he said. "This award has been a highlight of my career, and I'm humbled by the recognition."

Dr. Ricks encourages dental students and new dentists to consider a career in public health.

"It is so rewarding," he said. "We're advocating for community water fluoridation, starting school programs, developing initiatives that help the vulnerable and underserved. Rather than just waiting for individual patients to come through the door, you'll have the opportunity to help people at the community level." ■

—solanak@ada.org

"We believe in and advocate for oral health access, equity and education in marginalized communities," says Anna Munné, D.D.S., Diverse Dental Society president. "That said, we are an inclusive organization and

encourage membership of all dental professionals, regardless of race, color, creed or national origin. The DDS is for everyone committed to social justice in health."

"With the Colgate brand in more homes than

any other, we can, and we will create a healthier, cavity-free future for all," said Marsha Butler, D.D.S., vice president, Global Oral Health and Professional Relations, Colgate-Palmolive. "That is why we support the vision and mission of the [Diverse Dental Society] and its noble efforts to provide minority health professionals with a platform for addressing the oral health care needs of vulnerable communities throughout the U.S."

The Diverse Dental Society will hold its first national conference June 17-20 in a virtual format. The conference theme is "Shape the Future" with the hashtag, #invisiblewithdentistryandjustice for all.

For more information on the organization, visit diversedentalsociety.org. ■







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Every night has its dawn: What I'm most excited for when normal returns

BY JOE VAUGHN, D.M.D.

Unprecedented. Pandemic. The year that shall not be named. To say this past year has been "wild" is about as understated as statements can come.

I became unemployed and re-employed within a few weeks. I went from being nonessential to the public to absolutely essential and probably the busiest I've ever been. I applied, interviewed and was accepted into an endodontic residency program without ever leaving my couch.

Technology seems to have accelerated and for the first time ever, despite being a Millennial, I feel as if I'm having trouble keeping up. Just yesterday I watched a TikTok where an eighth-grader wearing a Joe Exotic T-shirt gave a 60-second tutorial on how he trades obscure cryptocurrencies that make him more money than his parents do.

What a time to be alive.

It's been a roller coaster; one I wouldn't dare ride at Six Flags. But now that I've gotten two sticks in the arm, the thought of us returning to reality is finally starting to settle in, and it feels quite nice. Maybe the ride is almost over. We can only hold on tight and hope.

I think we all have things that we can't wait to do once we're all vaccinated and begin the return to normal. For myself, a few experiences definitely come to mind.

Being around the ones we love is and always will be at the top. Don't get me wrong, a part of me really enjoyed a couple months of social time-out at home, but that's not how life's supposed to be spent. I'm really looking forward to spending more time with my family. I'm looking forward to big outings with all my friends. I'm looking forward to potlucks at work instead of eating lunch alone at my desk every day. While we're at it, let's throw in some weddings and birthdays and we got ourselves a party.

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I'm also looking forward to those experiences that just aren't the same socially distanced. I'm talking about concerts, family-style restaurants and cheering on your favorite team. I'm also talking about special occasion date nights with unique dinners that are as much about the experience as they are the food. Can't quite put my finger on it, but there's just something about a curbside pickup of a \$100 omakase jammed into a brown paper box that just doesn't do it for me.

It's funny how there are all these tiny little things that used to annoy me that now I'd love to get back if it meant a glimpse of normalcy. Like saver-fare seats on an airplane. Sure, my wife and I spent our honeymoon flight wedged in middle seats that were four rows apart, but it meant we were going places, baby!

I'd also gladly put on a suit and wear an itchy badge lanyard if it meant in-person continuing education. Yes, webinars have their place, and I do think they're probably here to stay in some capacity, but I think we all have probably found our tolerance threshold. The first webinar is exciting and convenient and your eyes are glued to the screen. The 100th? Your camera's turned off because you're in the other room bingeing Netflix or DoorDashing dinner.

I will agree though that the grass is always greener on the other side, and so I'll be the first to admit there are a few things on this side of the fence I'll definitely be carrying back over to normal life once we've gotten the green light.

Namely, face shields. Now that's a new-found friend I may hold on to forever. Honestly, I feel ashamed that we made it this long without them. I've been meaning to buy my face a drink and apologize for all of the spray and splatter I've unknowingly subdued it to for all these years. I'm so sorry buddy. I promise I'll do better.

Dr. Joe Vaughn is a general dentist who practices in Seattle.

Letters

WEST VIRGINIA DEAN

I was fortunate to have served in the U.S. Army 1967-69 under the leadership of Gen. Robert Shira.

Besides the numerous appointments he had during his early years, he later went on to become the dean of Tufts University School of Dental Medicine. I am certain that Dr. Stephen Pachuta will end up a legendary figure such as Dr. Shira did due to his leadership capabilities gained in service to our nation ("West Virginia University Names New Dental School Dean," May 10 ADA News). Congratulations to West Virginia University for their farsightedness.

Arthur M. Greenwald, D.D.S.
Edison, New Jersey

HEALTH EQUITY VS. EQUALITY

I was so disappointed in the lead article in the May 10 issue of the ADA News, "Health Equity and Dentistry." The clever and subtle use of the word "equity" rather than "equality." They sound like synonyms, right? They are not. Equality means treating everyone the same. Equity means getting the same outcome by inequitable distribution of resources. And, equity is the new buzzword being used by the new administration in Washington.

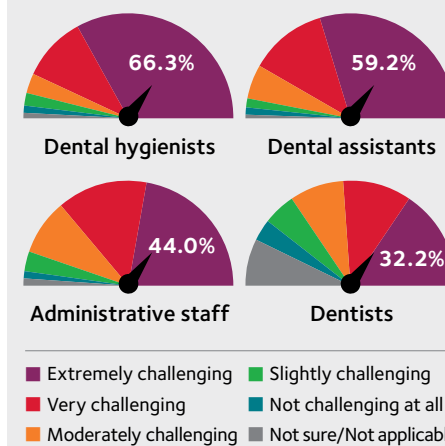
The citizens of this country are tired of having the progressive agenda crammed down our throats by mandating outcomes based on race.

Donald W. McVicker, D.M.D.
Charleston, South Carolina

Editor's note from ADA President Daniel J. Klemmedson, D.D.S., M.D.: We appreciate the opportunity to offer a bit of clarity regarding Health Equity. The term refers to addressing barriers to care such as program design, language challenges or transportation issues so people have the opportunity to become healthy. The barriers to care are often referred to as the social determinants of health and can potentially influence outcomes more than the care itself. Equity isn't about distribution of resources as much as it pertains to informing patients what resources are currently available for them to obtain care and helping them connect. Few practitioners would disagree that many Medicaid programs in most states struggle with offering underserved patients the assurance of conditions to improve their health. For more information, visit the May 4 ADA webinar on health equity, which offers additional insight. Go to ADA.org, click on "Practice Management," "Community Oral Health and Health Policy" and then "The Age of Health Equity: Four Voices, One Goal for Community Benefit (Recorded Webinar)."

SHORTAGE *continued from Page 15*

Majority of hiring dentists report recruitment challenges



Source: ADA Health Policy Institute, COVID-19 Economic Impact on Dental Practices: Week of May 17, 2021. Available from: ADA.org/HPI.

qualified people into allied dental careers. These resources are being shared with ADA members seeking personnel, state dental society staff, and high school and community vocational and educational programs, Dr. Ho said. The flyers, available at ADA.org/AlliedCareerFlyers, can be personalized for individual practices.

The ADA also has information and guidelines on managing the dental team, following a hiring process, leading a dental team during a pandemic and more at ADA.org/Staff.

Like Dr. De La Rosa, Michelle Steinhubel, D.D.S., who owns a dental practice in Everett, Washington, lost staff during the pandemic, including dental assistants and a scheduling coordinator.

"The response to ads placed online seems to be hit or miss; I have experienced a flood of applicants, and at other times, it is crickets — no response for days," Dr. Steinhubel said. "The inconsistency in response is difficult depending on how urgently you need to fill the position."

The people who do apply are sometimes seeking part-time as opposed to full-time employment, and some are new to the profession, requiring more on-the-job training.

"It is this sticky situation where we want to take in as many patients as we can to accommodate their needs, yet working with fewer staff or training someone new, how can I as the employer take good care of both my patients and my team?" Dr. Steinhubel said.

Alison House, D.M.D., chair of the Council on Dental Practice's subcommittee on practice management, said the need for training can be difficult in the new normal created by the pandemic.

"The complexity of dental practice in 2021 has made it difficult to do on-the-job training with dental assistants and front office staff," she said. "While dentists are doing on-the-job training for these positions, it is not ideal."

Even before the pandemic, dental team members were in short supply, and the educational requirements for these positions could be part of the reason.

"Hygienists have been in short supply for a number of years," Dr. House said. "In most states, hygienists must have a license, and therefore it takes several years to graduate a qualified hygienist."

Dr. Steinhubel said there has been a shortage of both dental hygienists and assistants in her area for a few years.

"A hygiene program closed, and that has really added to the shortage," she said. "There aren't enough trained people to apply. We were beginning to feel the pinch of fewer applicants already."

Dr. De La Rosa's employees have been approached by both headhunters and other dentists in the community with job offers. Headhunters reach out via social media and offer positions based on prior published work experience without personally meeting the candidates or checking references, she said. Her colleagues have reached out to her employees through word of mouth from their employees or others in the community.

"When an employee has given me their resignation notice, they find solace in indicating that they were approached for the position, not actively seeking one. Unfortunately, I have not experienced solace in knowing they have not sought employment elsewhere," said Dr. De La Rosa, who has been approached by a

headhunter herself. "I have been left with the task of finding employees in a tight market during a pandemic."

Intense competition to fill openings has affected pay, which dentists say has been difficult as they recover from lower-than-normal patient volumes and rising overhead brought on by the pandemic.

HPI data from May show the majority of hiring dentists have raised the pay rates for dental assistants, hygienists and administrative staff since the pandemic began, with 73.1%, 70.7% and 67.1% increasing pay for assistants, hygienists and administrative staff, respectively.

Dr. Steinhubel has experienced the financial difficulties of increasing compensation rates while making additional purchases for

her practice related to COVID-19, such as enhanced personal protective equipment, suction devices and air filters and purifiers.

"I'm sure many other dentists are in a similar situation where we feel the strain of catching up from our lost months of 2020 and managing quickly rising overhead costs on several different fronts while keeping our teams together and happy," she said.

It has been challenging to match the compensation requests of new applicants, who sometimes ask for pay outside the customary range for their experience and location, Dr. Steinhubel said. And she also has the paychecks of her current staff to support.

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SHORTAGE *continued from Page 17*

"The low supply of applicants has caused several offices to advertise higher pay rates, which has led to several of my team members requesting raises — despite recent raises given post-pandemic — because they reported they see higher rates advertised in ads in cities nearby and will look there if not given one," she said.

Dr. De La Rosa has also increased pay in response to the pandemic.

"I have always exercised and believed in a fair and competitive salary with generous benefits for my employees," she said. "The pandemic has raised the expected compensation significantly. To keep my practice operational, I have increased salaries, added part-time employees, increased time allotted for patient appointment times and increased fees."

When positions are left open, it affects the way dentists and their remaining team members operate.

"It creates much more pressure and stress on the entire office as each team member is asked to step outside their primary duties to help others, all with the aim of creating a smooth and seamless experience for the patient," Dr. Steinhubel said. "As a business owner, it is my responsibility to provide for my employees, and right now, striking that balance of ensuring they have enough support to do their jobs and ensuring the business stays profitable despite sky-rocketing costs of overhead, so their salaries can be paid, is difficult to say the least."

With full-time applicants scarce, she has hired part-time employees just to get some help, but she worries about the impact on her staff's work routine.

"This makes for a daily change in work pace where we used to strive for a consistent, even flow," Dr. Steinhubel said. "It's another strain that we can adapt to, of course, but it just means some days are pretty crazy compared with others."

To address the concerns of dentists and their team members, the ADA is working alongside its other organizations, such as the American Dental Assistants Association and American Dental Hygienists' Association, to find outcomes that are mutually beneficial for the entire team, Dr. Ho said.

In a statement, the American Dental Assistants Association said it is monitoring the dental assistant shortage and taking steps to address it.

"The American Dental Assistants Association is aware and continually concerned with the shortage of dental assistants across the U.S.," the association stated. "We continue to provide occupational services and education to advance dental assisting in America. Many factors have contributed to these shortages, such as low wages and long hours with additional responsibilities and PPE. Dental assisting is a highly skilled profession requiring education and training. We will continue to monitor and address these concerns and look forward to working with the dental community to explore solutions that advance the profession."

The ADA and American Dental Hygienists' Association are working together to research U.S. dental hygienists' employment patterns during the COVID-19 pandemic, as well as their infection rates and infection control practices.

As of late April, 3.8% of the surveyed dental hygienists who had been employed as of

March 1, 2020, were not currently working — the lowest unemployment rate since the start of the survey — with 66% of them leaving their positions voluntarily.

"The health and safety of the entire dental team, their patients and families has been first and foremost," said Ann Battrell, CEO of the American Dental Hygienists' Association. "Many dental hygienists had questions and concerns about COVID-19 and rightly so. Some dental hygienists were faced with the very personal decision about returning to work in the face of the pandemic. Our most recent data indicate that for dental hygienists who have voluntarily left their positions, 42.9% reported, 'I do not want to work as a dental hygienist until after the COVID-19 pandemic is under control.' Another 38.1% stated, 'I have concerns about

my employer's adherence to workplace/safety standards.' We are pleased that with adherence to the Centers for Disease Control and Prevention guidance, including proper PPE, dental hygienists can practice safely. Communication among the dental team is more important now than ever. As health care professionals, we need to support one another as we continue to navigate through this."

More dental hygienists returning to practice is a positive sign for dentists seeking to hire staff. But Dr. Ho said he knows addressing the staffing shortages and hiring challenges dentists are facing will take time.

"This is a big problem that will not be solved overnight," he said. "The Council on Dental Practice, as well as the ADA, is open to all suggestions, especially those outside the box, to

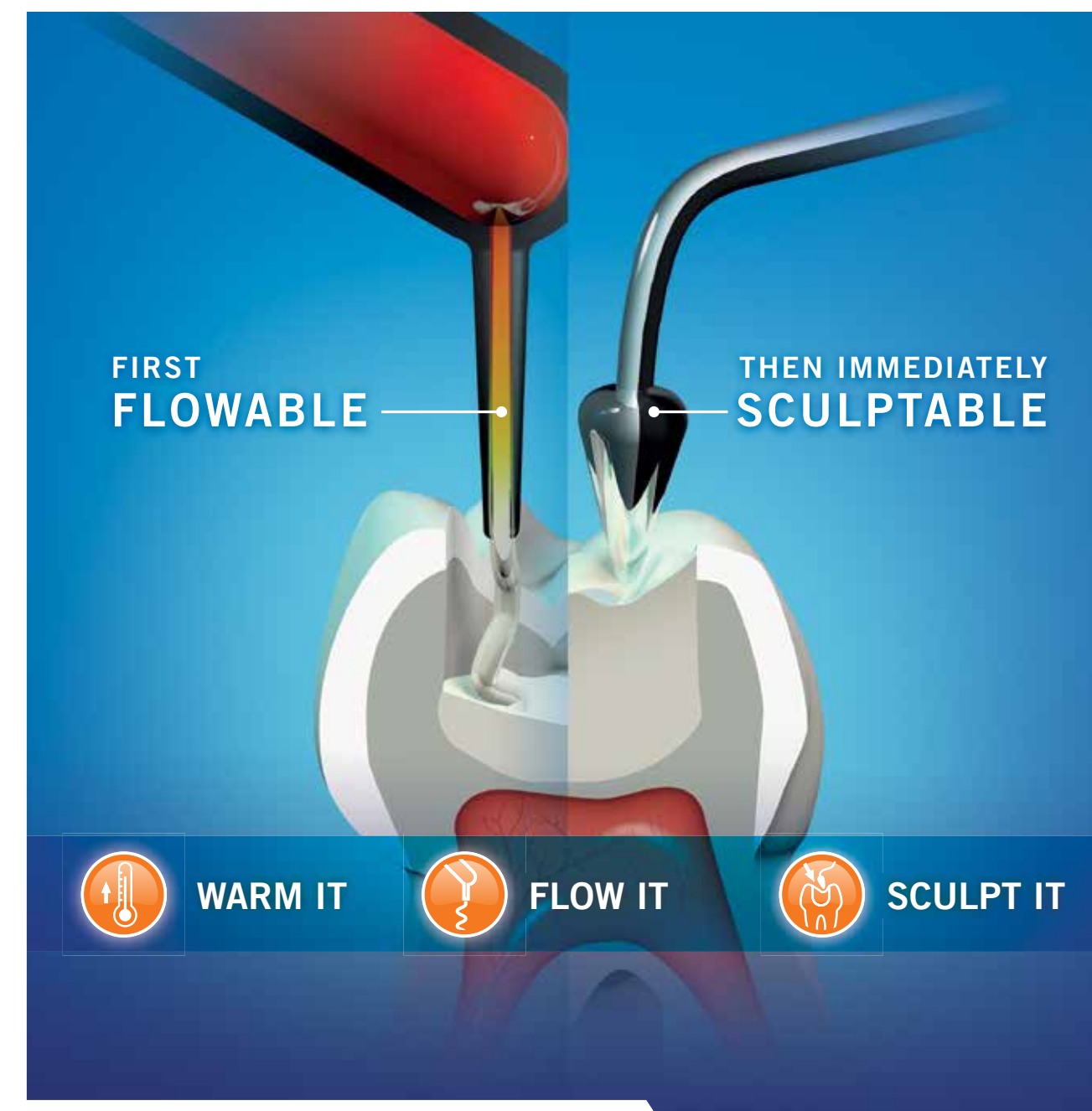
tackle these workforce shortages."

Dr. De La Rosa said she is heartened by the efforts of the ADA and her local and state dental associations to address the COVID-19 pandemic and its effects on the dental profession, including staffing issues.

When facing professional challenges in the past, she has found that being open to change, keeping a positive outlook and leaning on available resources have helped her make sound decisions, develop tangible solutions and maintain her practice and patient-centered values. She is confident she can do that again.

"I am certain that the future will be bright," Dr. De La Rosa said. ■

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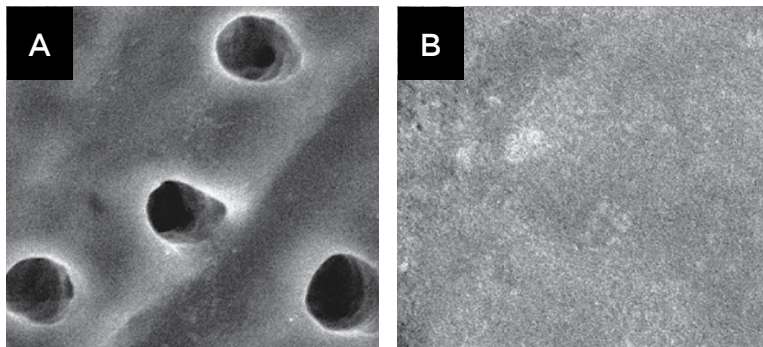
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