



3, 11, 16
AROUND THE ADA



4-5
ACCESS TO CARE



6-9
GOVERNMENT



10, 12
PRACTICE



12-14, 19
SCIENCE & TECH



15
VIEWPOINT

VOLUME 55 NO.3

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

3.4.24

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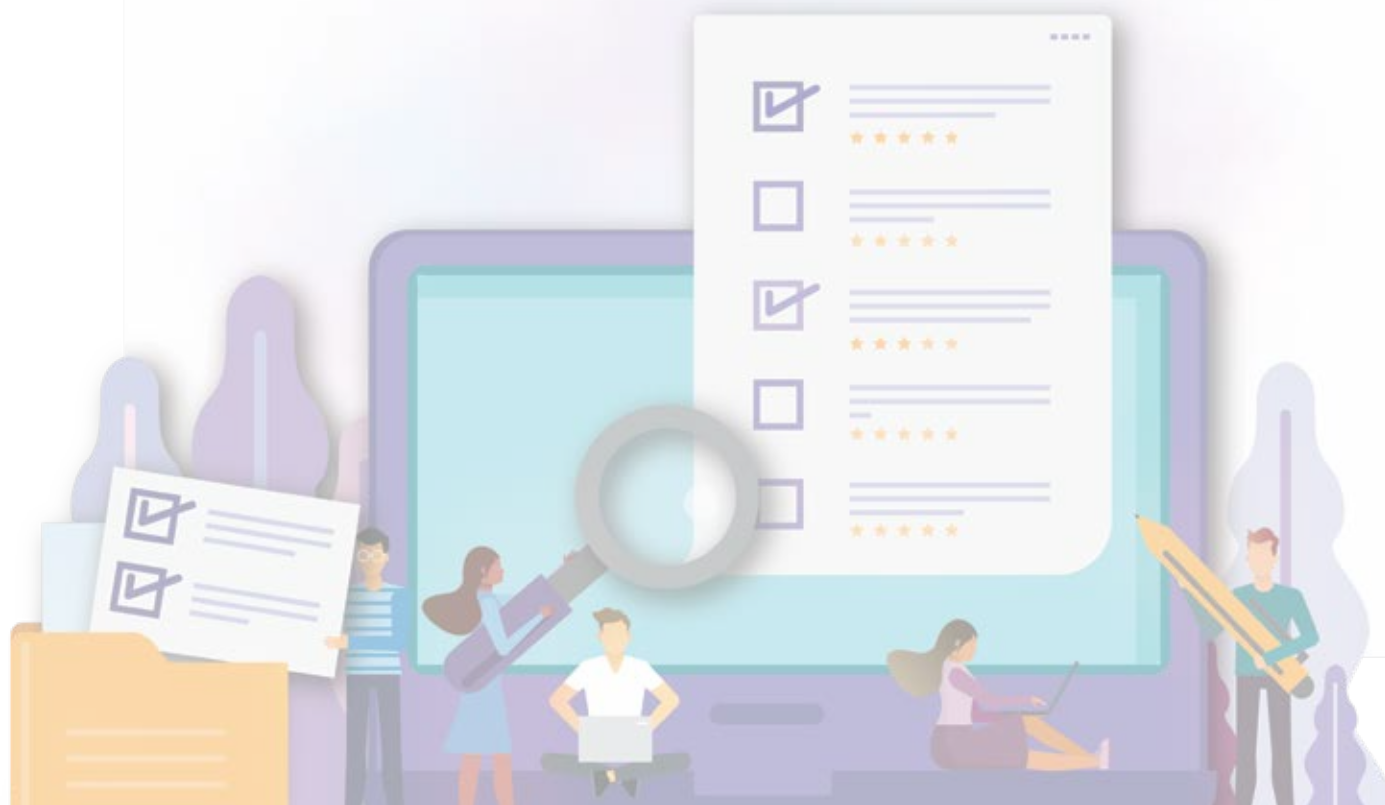
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PRACTICE

Preventing professional discrimination

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**20 WINS IN
2023**

16 ADA celebrates 20 wins in 2023

Clinical practice guidelines, advocacy work among top tripartite achievements



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Page 10



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BY DAVID BURGER

The ADA is taking action in 2024 to prevent discrimination in licensing and credentialing against dentists who have received counseling, therapy or treatment for mental, behavioral or physical health issues.

In 2024, the ADA will create a pilot project to assist states in developing and advocating for legislation or regulations in licensing and credentialing that is not punitive toward dentists who have received or want treatment for mental health issues.

The ADA will also develop resources — including the different pathways states could follow — to go into a

toolkit for state associations to use in their advocacy efforts.

"Licensure applications with questions on previous impairment or mental health conditions act as barriers for a dental professional to self-report and seek appropriate care," said Jeffrey Otley, D.M.D., chair of the ADA Council on Dental Practice. "It is important to recognize the barriers, such as intrusive or stigmatizing language on licensure applications, that may reduce the likelihood of dentists seeking help when experiencing negative effects from mental health issues. Addressing these barriers remains vital to optimizing dentists' health and ultimately, improving patient care."

The project, which the ADA Council

on Dental Practice and the State Government Affairs team will develop, is in response to Resolution 517, passed by the 2023 ADA House of Delegates.

In 2023, two state dental boards — Texas and Virginia — changed the language on initial and renewal licensure applications to remove the stigma associated with seeking help for a mental health condition.

A bill enacting that change was signed into law by Virginia's governor in 2023 and immediately went into effect.

Virginia is taking additional steps this year by including dentists and dental hygienists in a "Safe Haven" model. Based on a 2020 program authorized by the Virginia legislature, Safe Haven

allows health care providers — initially physicians, but now also nurses, pharmacists and medical students — to seek resources to help them with burnout and other mental health issues as well as legal protection ensuring confidentiality.

The Virginia Dental Association is working to include dentists and dental hygienists within the ambit of this legislation in 2024.

"The Safe Haven legislation is an important fatigue and wellness program to allow health care providers to seek mental health treatment without fear of losing their license and their ability to practice," said Ralph Howell, D.D.S.,

See *LICENSURE*, Page 10

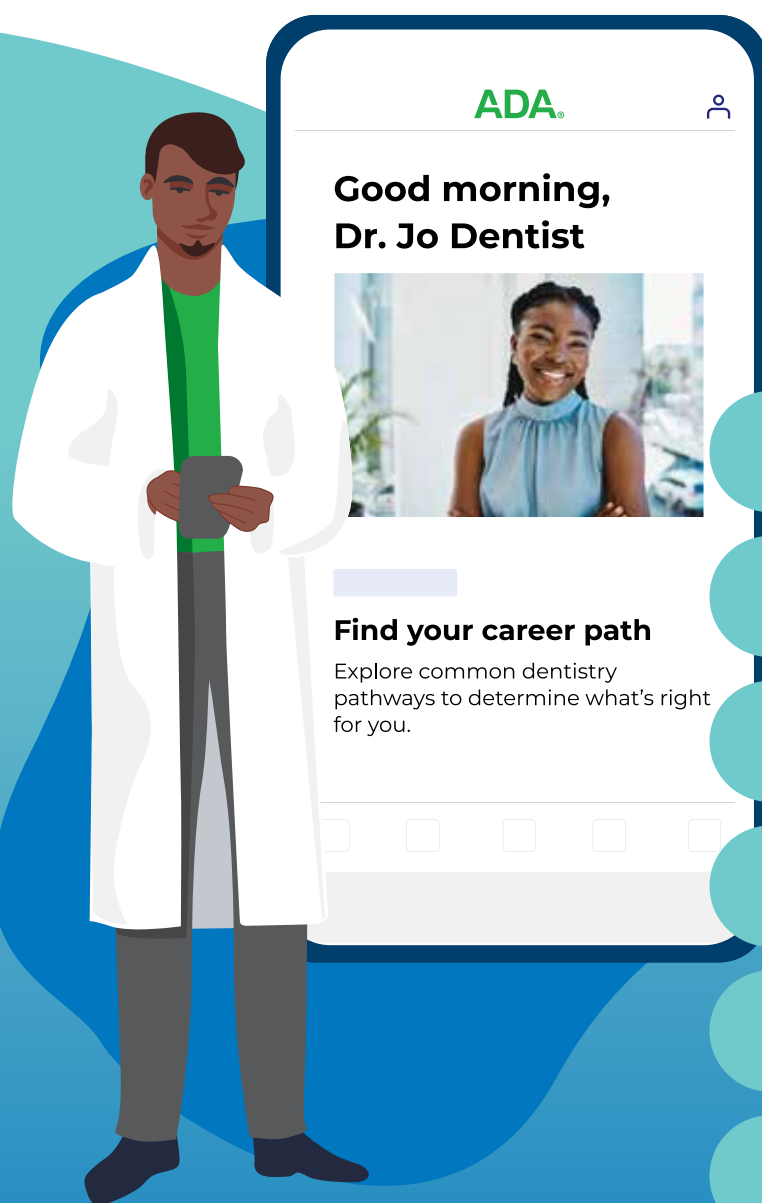
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ADA Institute for Diversity in Leadership opens to dental students

BY MARY BETH VERSACI

The ADA Institute for Diversity in Leadership is adding 10 more spots to its 2024-25 class, including five for dental students.

The institute provides education and leadership training to dentists who are members

of groups that have traditionally been under-represented in leadership roles within the dental profession.

The ADA will select 35 applicants for the free program, which includes three leadership training sessions at ADA Headquarters in Chicago.

The institute is supported in part by Henry Schein Inc. and Crest + Oral-B.



Leaders: The ADA Institute for Diversity in Leadership's 2022-23 class gathers at ADA Headquarters in Chicago.

Visit [ADA.org](https://ada.org) for eligibility and application information. Applications are due April 5. ■

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Give Kids A Smile kicks off in D.C.

Howard University College of Dentistry hosts access to care event

BY OLIVIA ANDERSON

As a child, Kayla Lane-Illescas wasn't scared of visiting the dentist's office. She distinctly remembers the inviting atmosphere filled with big stuffed animals and always going home afterwards feeling joyful.

Now a third-year dental student at the Howard University College of Dentistry, Ms. Lane-Illescas wants to give that same warm experience to other kids. That's why, on the morning of Feb. 2, Howard's dental school was filled with music, stickers, activities and wide grins for its annual Give Kids A Smile event.

Howard was the site of the ADA Foundation's Give Kids A Smile national kickoff event. Launched nationally in 2003, the Give Kids A Smile program was a way for dentists across the country to join with community members to provide free dental services to underserved children while also highlighting for policymakers the ongoing challenges that many face in affording dental care. What began as a one-day event the first Friday in February eventually transformed into local and national events taking place year-round.

This year's event at Howard, which provided free dental services to more than 100 children, featured an "Under the Sea" theme that included ocean-related streamers and kinetic sand. As co-chair of Howard's Give Kids A Smile program, Ms. Lane-Illescas said the point of the theme was twofold: to create a welcoming environment for kids and to provide a fun hands-on experience that many of them might not have had otherwise.

"Since we do live in the inner city, we know that a lot of kids haven't gone to the dentist, maybe they haven't been to the beach either," she said. "To make the experience enjoyable was really my mission."

LaToya M. Barham, D.D.S., residency director and chair of Howard's department of pediatric dentistry, added that creating a comfortable setting for kids can help to establish dental relationships that carry into the future.

"I like to see that they are having fun. And I really like for them to know, 'Oh, we're coming to the dental school, and it is not scary.' Now they'll know that the dentist is cool," she said. "We're trying to make sure we create a strong foundation for oral health, particularly for children's oral health."

At the Feb. 2 event, dental residents and students, under the supervision of faculty, provided cleanings, various preventive treatments and educational demonstrations for children across four local schools in the District of Columbia. Any child seen at the clinic who needs follow-up oral health services and a dental home will be placed under the care of the Howard University College of Dentistry dental clinic.

Linda J. Edgar, D.D.S., president of the ADA, said she was delighted not only to be at the event but also about the opportunity to encourage children to pursue dentistry.

"The experience has been amazing. What you say to a child can stay with them for the rest of their life. We want to encourage them to brush and be part of dentistry, and it's just really exciting," Dr. Edgar said.

The American Dental Association initially launched Give Kids A Smile in an effort to bring dentists together and offer free oral health screenings, treatment and education to underserved children. To date, more than 7 million children have received free dental services



❶ **Celebrating:** This year's Give Kids A Smile event, which kicked off at Howard University, featured an "Under the Sea" theme. ❷ **All together:** From left are Kayla Lane-Illescas, third-year dental student at Howard and president of the American Academy of Pediatric Dentistry student chapter; Andrea Jackson, D.D.S., dean of the Howard University College of Dentistry; Linda J. Edgar, D.D.S., ADA president; Jennifer Kim Field, vice president and chief sustainability officer at Henry Schein; LaToya M. Barham, D.D.S., residency director and chair of Howard's department of pediatric dentistry; Dawna Michelle Fields, senior director of community and operations at Colgate-Palmolive; and Michele Tulak-Gorecki, D.D.S., ADA Foundation chair and ADA trustee. ❸ **Learning and growing:** Howard University's Give Kids A Smile event offered games and educational opportunities for kids. ❹ **Having fun:** Stephanie Ganter, D.D.S., and Robert McNeill, D.D.S., hosts of the *Between Two Teeth* podcast, attend the Give Kids A Smile welcome reception. ❺ **Working hard:** One young patient's mother looks on as her son receives treatment.



through the program. Sponsors Henry Schein and Colgate have supported the program for decades, providing education and product kits for use at Give Kids A Smile events.

According to Jennifer Kim Field, vice president and chief sustainability officer at Henry Schein, the decision to partner with the ADA at its inception was "critically important."

"We care. What we want to do is to really help advance health equity, in particular oral health on the dentistry side of things," she said. "It's also just part of who we are as a purpose-driven company — being able to do good in communities in order to do well in business. We think that there is an inextricable link around that, and we can't do it without partnerships."

Dawna Michelle Fields, who oversees Colgate's Bright Smiles, Bright Futures program, noted that Colgate has been connecting underserved communities to oral health education and treatment for more than 30 years. She said Colgate and the ADA Foundation have similar objectives in this regard.

"[Give Kids A Smile] embraces exactly what we do. We go to where people live, learn and pray. We are trying to reimagine a healthier future for all people," Ms. Fields said. "Partnering with Give Kids A Smile is a way that we can not only stay connected but give back."

Dr. Barham echoed this sentiment, stating the "why" behind Give Kids A Smile goes back to increasing accessibility to oral health care.

"We want to make sure we continue on the road to decrease barriers to access to care. We know that there are so many families out here who aren't even able to receive good, quality care on a continuous basis," she said.

Although the Give Kids A Smile national kickoff is celebrated in February during National Children's Dental Health Month, events will take place throughout the year. So far in 2024, 1,211 Give Kids A Smile events have been registered with the ADA Foundation to take place this year.

Andrea Jackson, D.D.S., dean of the Howard University College of Dentistry, said that Howard's

longtime commitment to serving will not slow down anytime soon.

"This event is something we look forward to every year. We look forward to bringing the kids in, and our students have really geared up for that. They love working with the kids," Dr. Jackson said. "Just seeing these smiling faces is just a wonderful thing."

Howard is dedicated to fostering a culture of service, Ms. Lane-Illescas said. Her hope is to continue breaking down barriers to health care access and provide care to those who need it most.

"This is every day here at Howard. We really try to accommodate people, and we really try to make sure that the whole world, the inner city, the metropolitan area, the DMV [D.C., Maryland, Virginia] area — that we're able to provide whatever they need," she said.

For more information about the ADA Foundation's signature access to care program, visit adafoundation.org/GKAS. ■

ADA, several organizations collaborating on Prevention is Power campaign

Initiative led by Henry Schein Cares Foundation will foster greater understanding of connection between oral, overall health

BY DAVID BURGER

The ADA is joining with the Henry Schein Cares Foundation on its Prevention is Power public health awareness campaign, which aims to help improve health literacy and strengthen patient utilization of integrated and preventive care.

The goal is to reduce incidences of chronic diseases as well as overall health care spending.

"The ADA is pleased to be a part of the Prevention is Power campaign to foster greater understanding of the crucial connection between oral health and overall health for both providers and patients," said Linda Edgar, D.D.S., ADA president. "We will promote the importance of maintaining routine medical and dental primary care and other screenings to identify and help reduce the burden of noncommunicable diseases. Ensuring that oral care is prioritized as an integral part of overall primary health care is crucial to improving overall health equity and outcomes."

Stanley M. Bergman, Henry Schein's chairman of the board and chief executive officer, said the great power of integrated care is it recognizes each patient as a unique series of interconnected systems — dental, medical and mental health — that each contribute to that individual's overall health and well-being.

"By shifting the mindset away from one in which people only go to the doctor when feeling sick, to one in which people regularly access a continuum of preventive health care, we can help

Despite spending more on health care than any other high-income country, overall health outcomes in the U.S. trail those in its peer countries, according to studies by the Harvard T.H. Chan School of Public Health and the Commonwealth Fund. Patient utilization of routine preventive health

care leads to better population health outcomes as well as lower overall health care costs, yet too few Americans are benefiting from this systemic approach to care, according to the release.

A recent Henry Schein Cares Foundation-commissioned poll of 2,000 Americans found 64% of

respondents only went to a physician or dentist when something felt "extremely wrong," 53% said it was difficult to access health care, and 35% felt more information and education about the importance of screenings and routine care would be beneficial.

In the second phase of the program, expected to launch later in 2024, Prevention is Power will develop and implement pilot programs to bring new patients to regular primary care and oral care. These pilot programs, in targeted locations, will test and measure the impact of various public health awareness outreach models to different populations.

The campaign will also provide tools for clinicians in private practice and larger health systems. ■



reduce health disparities, promote equity and create healthier communities," Mr. Bergman said.

To achieve the campaign's goals, the Henry Schein Cares Foundation is also collaborating with the American Medical Association, National Medical Association, the Arnold P. Gold Foundation, National Association of Community Health Centers and others.

The campaign is kicking off with the Prevention is Power Health Care Screening Program, in collaboration with the National Association of Community Health Centers, through which the Henry Schein Cares Foundation will provide grants and health care product donations to six community health centers across the U.S.

The Henry Schein Cares Foundation will also identify and support incentives and strategies to promote patient engagement with wellness visits and screening services. As noncommunicable diseases disproportionately affect the most vulnerable populations, community health centers will actualize Prevention is Power's efforts to promote screening services and preventive care for these individuals, according to a Henry Schein news release.

In addition, the Henry Schein Cares Foundation will work with the CUNY Graduate School of Public Health and Health Policy Foundation which, with a team of graduate students, will collect data from participating community health centers and evaluate the impact and efficacy of the Health Care Screening Program.

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Tax extenders legislation passes House

Bill includes ADA priorities

BY OLIVIA ANDERSON

The U.S. House of Representatives passed legislation Jan. 31 that would expand the child tax credit and reestablish tax incentives for businesses. The bipartisan bill, which passed on a 357-70 vote, includes some of the ADA's top tax policy priorities that support dental practices and practitioners.

Known as the Tax Relief for American Families and Workers Act of 2024, the \$78 billion bill would increase the limit on expensing of depreciable business assets, such as property, as well as allow a deduction for research and experimental expenses. According to the ADA, these provisions are integral to the success of small dental practices.

In separate letters — one addressed to the House Ways and Means Committee and one

addressed to tax staffers in the House of Representatives — the ADA expressed support for some provisions in the legislation.

"Thank you for the opportunity to comment on the Tax Relief for American Families and Workers Act of 2024 and for including expensing of depreciable business assets and a deduction for research and experimental expenditures," ADA Executive Director Raymond

A. Cohlma, D.D.S., and President Linda J. Edgar, D.D.S., wrote in both letters. "We stand ready to collaborate with you in your efforts to craft tax policy that will benefit small businesses, dental practices and American families and workers."

The bill will next go to the Senate for consideration.


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

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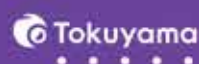
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World Oral Health Day observed March 20

BY DAVID BURGER

World Oral Health Day is March 20, and the FDI World Dental Federation will begin a three-year campaign to shed light on the multifaceted aspects of oral health under the unifying theme of "A Happy Mouth Is ..."

In the inaugural year of the campaign, the FDI is spotlighting the intricate correlation between oral health and overall well-being.

The campaign unveiled a new one-minute movie starring Toothie the Beaver. During the campaign, Toothie will also take over FDI's @worldoralhealthday Instagram channel with the hope of sparking worldwide engagement and participation.

The FDI World Dental Federation is comprises about 200 national dental associations, including the ADA, from more than 130 countries. It represents the voice of over 1 million dentists worldwide.



Irene Marron-Tarrazzi, D.M.D., chair of Women Dentists Worldwide-FDI Section and vice chair of the FDI Membership Liaison and Support Committee, said the observance of World Oral Day is important to her.

"Personally, it holds significance because promoting oral health on a global scale is crucial, and joining hands with organizations like the FDI makes it all the more fun and impactful," she said. "Together, we can make a difference."

People can show support for the campaign by visiting worldoralhealthday.org/happymouth-tool, which allows them to create customized posters and social media cards that can be used in their workplaces.

Explore the wealth of WOHD24 resources available at wohd.org/resources. ■

ADA applauds senators for support of CDC Division of Oral Health

Bill would reauthorize the activities of division through 2028

BY DAVID BURGER

The ADA thanked two members of the U.S. Senate for introducing S 3597, the Promoting Dental Health Act, which would reauthorize the oral health promotion and disease prevention activities of the Centers for Disease Control and Prevention through 2028.

ADA President Linda J. Edgar, D.D.S., and ADA Executive Director Raymond A. Cohlmiia, D.D.S., offered “enthusiastic support” in the Feb. 5 letter, addressed to Sen. Richard Durbin, D-Ill., and Sen. Roger Marshall, R-Kan.

“The CDC Division of Oral Health administers the federal government’s most critical dental public health activities to prevent cavities, gum disease and other painful and serious conditions,” Drs. Edgar and Cohlmiia wrote. “Among other things, it provides vital support for state and territorial health departments to monitor oral disease across populations and implement evidence-based oral health interventions.”

interventions and use of preventive services. “Lawmakers use this data to measure the nation’s progress in advancing the public’s oral health and, toward that end, prioritize national resources,” Drs. Edgar and Cohlmiia wrote. “The CDC Division of Oral Health envisions a nation

where all people enjoy good oral health that contributes to leading healthy, satisfying lives. Combined with enhanced appropriations, your bill moves us in that direction.” Follow the ADA’s advocacy efforts at [ADA.org/advocacy](https://ada.org/advocacy). ■



“The CDC Division of Oral Health administers the federal government’s most critical dental public health activities to prevent cavities, gum disease and other painful and serious conditions. Among other things, it provides vital support for state and territorial health departments to monitor oral disease across populations and implement evidence-based oral health interventions.”

The ADA leaders noted that over the years, the CDC Division of Oral Health has helped health departments develop, maintain and upgrade their community water fluoridation systems and dental sealant programs benefiting low-income children. Drs. Edgar and Cohlmiia added the division has developed infection control guidelines to protect dental patients, as well as fund specialty training for dental public health professionals. In addition, they said the division supports public education campaigns and health data systems to help stakeholders understand what advances or impedes the public’s oral health, including risky or protective behaviors, the availability of preventive

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States debate the future of community water fluoridation

Some local ballots include fluoridation-related measures

BY OLIVIA ANDERSON

With election season quickly approaching, for certain communities the future of fluoride in water is unclear. Some states have ballot measures on water fluoridation to be voted on this year, and other states are considering fluoride-related legislation that could produce changes in the coming years.

Opponents of fluoride in water say it brings a host of potential safety and ethics concerns, while supporters, including most dental professionals, cite the peer-reviewed scientific evidence that supports fluoridation as a health-promoting measure.

Here is an overview of what's going on in some locations throughout the country when it comes to this public health benefit many communities have utilized for decades and others have not — or are debating removing.

LOCAL:

There will be a ballot measure in **Rutland City, Vermont**, where voters will decide whether or not to keep fluoride in the city's water supply. Opponents of water fluoridation collected enough signatures in support of a referendum that it will appear on the city's Town Meeting Day ballot March 5. If it passes, the initiative will remove fluoridation from the city's water, which has been in effect since 1983. This is not the first time the issue has come before voters; the town previously voted against stopping water fluoridation in 2016.

The city council in **Lebanon, Oregon**, approved a motion in December 2023 that would add the question to the city's November general election ballot of whether to remove fluoride from the surface water treatment process. The motion, which passed on a 4-2 vote, follows previous petition efforts by city residents that did not have enough

momentum. Lebanon has included fluoride in its water supply since 2001.

STATE:

Some **Kentucky** lawmakers have proposed a bill that would permit local municipalities and water districts to stop fluoridating their water if they choose. Current law requires the state to establish, maintain, monitor and enforce water fluoridation programs. Under the new law, water systems that are currently operating would continue until their governing body votes to end its participation. Although the bill's sponsor, Rep. Mark Hart, R-Ky., has proposed the measure in the past, this is the first time it received a committee hearing. The bill passed the state House committee on a 16-1 vote.

A proposed senate bill in **Georgia** would remove the state's authority to require fluoridation and instead offer the option for communities to choose whether or not they want community water fluoridation. It would also remove the 1 ppm limit on fluoridation and the tax deduction allowed for those with an allergy to fluoride. Currently, the state has authority to require community water fluoridation unless a community removes itself from the requirement by referendum.

Beginning in 2025, a **Nebraska** bill would make changes to existing local control laws relative to community water fluoridation. While current law requires fluoridation of water in towns of more than 1,000 unless there is a vote to stop it, the bill would alter that arrangement by dictating that towns of any size must first adopt an ordinance in order to continue fluoridating. Anything short of ordinance adoption requires fluoridation to end. The bill also dictates that town officials overriding voters' rejection of fluoridation would require a two-thirds vote but only a simple majority to repeal voters' referendums favoring fluoridation. It passed the Health and Human Services committee but was not voted

on by the full chamber, meaning that it will likely reappear next session.

A proposed amendment to **Missouri's** early notification law would fortify the existing requirement that water systems provide prior notice when modifying their fluoridation operations. Current law requires water systems to publicize proposed fluoridation changes at least 90 days prior to any vote. The new law would add that, prior to publicizing the plan to vote, water systems that intend to start or stop water fluoridation must seek and receive local health departments' information on fluoride's impact on public health.

The **New Jersey** Public Water Supply Fluoridation Act, which was introduced in the Senate in January and referred to the Senate Environment and Energy Committee, would require the fluoridation of water supplied by public community water systems. If approved, the commissioner of environmental protection would require the fluoridation of water in all public community water systems within 12 months of the bill's effective date.

In **North Carolina**, a proposed bill would require a review of the National Toxicology Program Monograph to determine if there is sufficient evidence for a link between fluoride in the public water supply and cognitive decline or any other neurological detriment in children. The NTP Monograph includes evaluations of the evidence that environmental substances are associated with noncancer health effects. The NTP report has not yet been approved for final release. The National Academies of Science, Engineering and Medicine twice sent the monograph back for review because of questions on whether the science supported the proposed claims. Currently, a panel is reviewing the report again before a final release.

For more information about fluoride, visit the ADA's topic page at [ADA.org/resources/community-initiatives/fluoride-in-water/fluoridation-faqs](https://ada.org/resources/community-initiatives/fluoride-in-water/fluoridation-faqs).

House committee leaders request study of dental insurance industry

Comptroller general would examine effects of consolidation, vertical integration on consumers, providers

BY MARY BETH VERSACI

The House Committee on Energy and Commerce chair is asking the Government Accountability Office to study the state of consolidation and vertical integration in the dental and vision benefits industries.

The request is the result of ongoing advocacy by the American Dental Association related to dental insurance reform, including the DOC Access Act, which would prohibit dental and vision plans from setting the fees network doctors can charge for services not covered by the insurers.

Committee Chair Cathy McMorris Rodgers, R-Wash., and Subcommittee on Health Chair Brett Guthrie, R-Ky., are asking for the study to evaluate the impacts of consolidation and vertical integration on consumers, including the prices they pay, as well as health care providers, according to the letter to Comptroller General Gene Dodaro.

"[C]onsolidation and vertical integration concerns exist in the dental benefits market," the chairs said in the letter. "We are interested in understanding the effects of consolidation and vertical integration in health care and how incentives change when the entity responsible for paying for care financially aligns itself with the entity responsible for providing such care."

The requested study would look at the extent to which providers of dental and vision benefits are vertically integrated with payers and whether these arrangements create an opportunity to evade existing laws and regulations. It would also assess whether there is sufficient enforcement authority and capacity to address these concerns.

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



Wisconsin passes bills to improve dental workforce

State is fourth to join Dental and Dental Hygienist Compact

BY OLIVIA ANDERSON

Some significant changes are coming for Wisconsin.

Wisconsin lawmakers passed a health care package that will address the ongoing workforce shortage issues afflicting dentistry.

Gov. Tony Evers signed the bills into law Jan. 31.

The Wisconsin Dental Association supported several pieces of the legislation, including \$20 million allocated for the Wisconsin Technical College System to invest in oral health care workforce initiatives; rural scholarships for qualified students enrolled in the Marquette University School of Dentistry; and entering the Dental and Dental Hygienist Compact.

"The last legislative session we really made workforce a big priority for our advocacy efforts. We've been talking with our local legislators and telling them our stories, and they've responded in correcting the legislation to help with the funding and alleviating the shortage," said Chris Hansen, D.D.S., president of the Wisconsin Dental Association.

One bill the dental association supported will give the Wisconsin Technical College System \$20 million to distribute among tech colleges. Tech colleges may submit funding requests for certain expenditures such as capital costs for equipment or facility expansion, instructional supplies, clinic fees and hiring bonuses of up to \$5,000 per eligible instructor.

"Funding is everything, especially at the tech school level," Dr. Hansen said. "You can't get anything done with expanding training programs without getting funding."

Approximately \$4 million is specifically allotted for the expansion of current dental hygiene and dental assistant programs, establishment of new dental hygiene and assistant programs, and the establishment of a dental therapy program at Northcentral Technical College. The Wisconsin Dental Association registered neutral on the dental therapy legislation.

Patrick Tepe, D.D.S., chair of the dental association's Legislative Advocacy Committee, said although the Wisconsin Dental Association did not sponsor the dental therapy piece, there were many discussions that eventually led to it becoming neutral rather than opposed to it.

"We were very heavily involved in the negotiation of getting that legislation to something that we could be neutral on," Dr. Tepe said. "Our leadership established some parameters and frankly, it was the way the process should work; both sides came to the table with integrity. We're not supportive of it, but we felt we got to some language that we could be comfortable with."

The state dental association backed another bill that will provide students enrolled in the Marquette University School of Dentistry with an annual scholarship of up to \$30,000 in exchange for practicing in a designated Dental Health Provider Shortage Area in a rural county. Following graduation, for every year they accepted the scholarship, the dentist must practice in a designated area for 18 months.

Finally, Wisconsin will enter the Dental and Dental Hygienist Compact, which will allow license portability for dental professionals in member states. Wisconsin is the fourth state to enact the DDH Compact, joining Tennessee, Washington and Iowa. The compact will

become operationalized once it has been enacted by seven states.

"We've had a great history with licensure compacts. It's worked really well for us, and we were really hopeful to be one of those first seven states," Dr. Tepe said. "We know that a lot of industries have workforce issues, right? But to see

our leadership, our Assembly and Senate leadership specifically recognize that dental care is important, I think it's thrilling. We've got a lot of work to do, a lot of priorities we want to get to, but considering that we've been essentially bogged down on one issue for several years, it's exciting to start to actually show results to our members." ■



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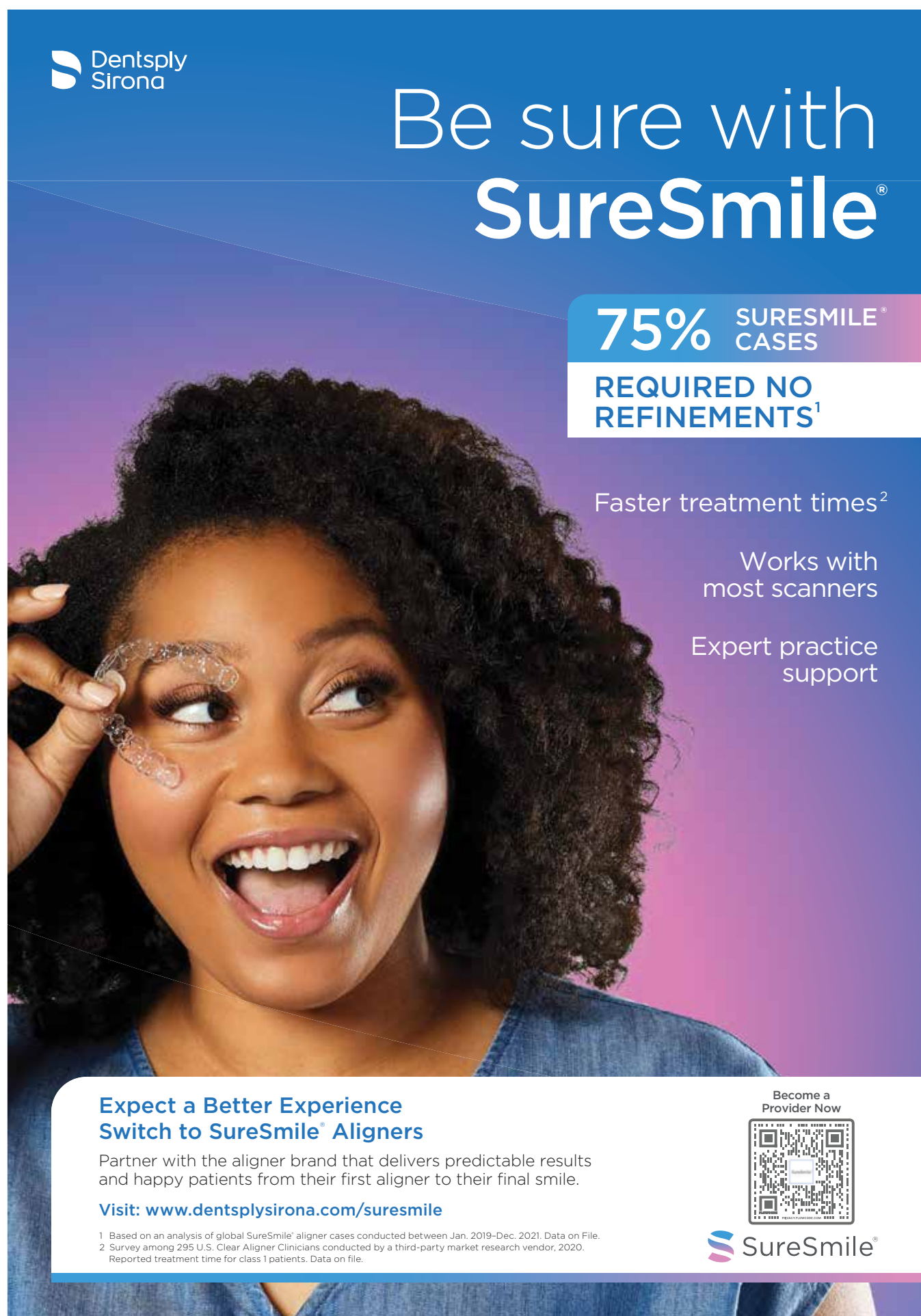
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LICENSURE *continued from Page 1*

Virginia dentist and former member of the ADA Council on Dental Practice.

Dr. Howell said a similar program has proved successful for physicians, nurses and pharmacists, with the use rates for those eligible for Safe Haven approaching 20% in Virginia.

He added the profession as a whole would benefit from advocacy nationwide that could emulate what Virginia has done.

“There needs to be a priority on removing barriers, stigmas and unwarranted professional repercussions for dentists and dental hygienists trying to receive help with career fatigue and other mental health issues,” he said.

In 2023, the Texas State Board of Dental Examiners moved away from “have you ever” questions dealing with treatment for depression and substance use disorder, said Robert G. McNeill, D.D.S., M.D., chair of licensing and board secretary. Dr. McNeill is also a member of the ADA’s Dental Team Wellness Advisory Committee.



“

There needs to be a priority on removing barriers, stigmas and unwarranted repercussions for dentists and dental hygienists trying to receive help with career fatigue and other mental health issues.

– Ralph Howell, D.D.S.

“Our new question requires an attestation about a current ability to be able to practice in a competent, ethical, and professional manner,” he said. “I realized that there is convincing evidence that we can [make an] impact on whether our colleagues will seek mental health care by how we ask questions on licensing applications and renewals. Mental health and well-being also give us a unique opportunity for regulators, dental organizations and other stakeholders to work together to make change happen.”

Dr. McNeill added that practitioner safety issue is a direct patient safety issue.

“All stakeholders can work together to help with challenges of mental health issues,” he said. “State dental board examiners can learn from the Federation of State Medical Boards, American Medical Association, ADA, and the Dr. Lorna Breen Heroes’ Foundation.”

Dr. Breen was an emergency room doctor from Virginia who practiced in New York City during the height of the pandemic and died by



Dr. Dornfeld



Dr. Howell



Dr. McNeill



Dr. Ottley

suicide in 2020. New York is a state where she could have sought mental health support without punitive damage, but she did not know that.

Her sister and brother-in-law, both attorneys, founded the foundation in her memory and have been champions leading the effort of licensure

reform and credentialing for physicians. Changes are also afoot in North Dakota. “Partnering with state dental boards of examiners is an important step a state dental association can take,” said Kami Dornfeld, D.D.S., president of the North Dakota Dental Association and DWAC chair. “NDDA is working with the North Dakota Board of Dental Examiners to change ... language to include dentists in physician assistance programs by 2025.”

After the rule changes are made, there will be an opportunity to review licensure application language, she said.

For resources on wellness, visit [ADA.org/Wellness](https://ada.org/Wellness). ■

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Well-Being Index available to all ADA members to support mental health

Risk assessment tool invented by the Mayo Clinic available at no cost

BY DAVID BURGER

The Well-Being Index, an anonymous validated assessment, resource and measurement tool developed by the Mayo Clinic to address clinician distress and well-being, is newly available at no

cost for every Association member. The ADA Council on Dental Practice pivoted its efforts from an ADA well-being survey to action



by piloting the confidential, easy-to-use risk assessment tool, with the help of the ADA Wellness Ambassador Program.

Findings from the survey showed that 46% of the participant dentists are struggling or distressed. "Having access to a tool such as the Well-Being Index is an important commitment to safeguarding

the health and well-being of dentists," said Kami Dornfeld, D.D.S., ADA Dental Team Wellness Advisory Committee chair. "Mental health is health. Our patients' health depends on our being able to prioritize our own health and well-being."

The Council on Dental Practice aligned its wellness priorities, such as the WBI, with those outlined by the National Academy of Medicine's National Plan for Health Workforce Well-Being, to invest in assessment, measurement and resource strategies.

"Dentistry is a rewarding profession, but also a challenging one," said Jeffrey Ottley, D.M.D., chair of the council. "As dental professionals, we have an ethical obligation to take care of ourselves physically and mentally. The ADA is offering the index tool so every member dentist may assess their own well-being over time."

The index, used by hundreds of health care organizations, takes one minute to answer nine questions, evaluating risk of fatigue, depression, burnout, and anxiety.

This ADA-licensed version directly connects participants to ADA resources. Members can continue to take the Well-Being Index at a selected frequency and reference their own personal dashboard.

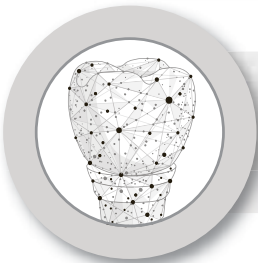
A dental version validation study was published in the peer-reviewed online journal British Dental Journal Open in January that concluded the WBI can be effective.

To access the member benefit, visit tinyurl.com/mrxx5bz to setup a Well-Being Index account and then take the assessment.

For additional health and wellness resources, visit ADA.org/Wellness.

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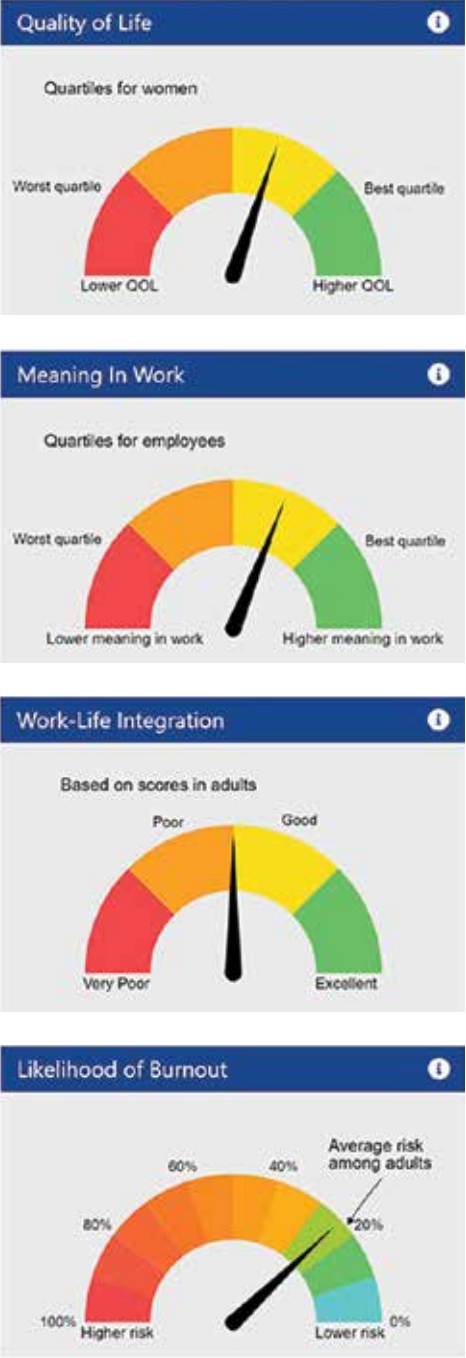
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ADA sets stage to advance interoperability

Virtual panel scheduled for March 13

BY DAVID BURGER

The ADA will host the Federal Regulatory Panel on Dental Interoperability and Data Exchange on March 13, aiming to provide dentists, industry and other stakeholders with insights into the health informatics regulatory environment.

Registration is open to the public for the virtual event at bit.ly/4bP6fx.

"Our goal is to ensure that our professionals are equipped with the tools, knowledge and support necessary to deliver the highest standard of care," said Jennifer Thompson, D.D.S., chair of the ADA Council on Dental Practice's digital dentistry technology and innovation committee.

The panel will include federal regulatory agencies such as the Office of the National Coordinator for Health Information Technology, the Food and Drug Administration and the Centers for Medicare & Medicaid Services to address the pressures surrounding the need for seamless exchange of information. ■



ADA Forsyth Institute announces board of directors

BY MARY BETH VERSACI

The ADA Forsyth Institute announced its board of directors Feb. 14, bringing together leaders from industry, technology and investment to help guide the strategic growth of the new organization.

The institute was formed in October 2023 when the Forsyth Institute joined with the American Dental Association's Science & Research Institute to become one research organization.



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ADA Executive Director Raymond A. Cohlma, D.D.S., will chair the new board. Three members of the former Forsyth Institute board — Elyse Cherry, Michael Greeley and Stephen E. Thorne IV — will be part of the new board. James M. Boyle, D.D.S.; Teresa Dolan, D.D.S.; and J. Leslie Winston, D.D.S., Ph.D.; are former ADA Science & Research Institute board members who will join the new board as well.

Under the strategic guidance of its board, the ADA Forsyth Institute will continue to be the leader and incubator of firsts in the oral research space, focusing on biological research, clinical service and public health outreach, and technological innovation. Key research areas include immunology and inflammation, dental and craniofacial development and bioengineering, and microbiology and the oral microbiome.

To learn more about the ADA Forsyth Institute, visit forsyth.org. ■

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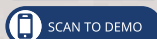
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Using thyroid collars during radiographic exams no longer recommended by ADA

BY MARY BETH VERSACI

The American Dental Association no longer recommends using thyroid collars on patients during radiographic exams.

Before taking radiographs, dentists should also consider what diagnostic information they need from the images to benefit patient care or substantially improve clinical outcomes, according to updated recommendations developed by an expert panel established by the ADA Council on Scientific Affairs.

The recommendations, published online Feb. 1 by The Journal of the American Dental Association, aim to improve radiation protection in dental radiography and cone-beam computed tomography. Medical physicists with the U.S. Food and Drug Administration supported the development of the recommendations, which also align with recent guidance from the American Academy of Oral and Maxillofacial Radiology. The recommendations are the first on dental imaging safety and radiation protection from the council since 2012.

After reviewing nearly 100 articles, guidance documents and regulations related to radiography, the expert panel determined thyroid and abdominal shielding during dental imaging is no longer recommended, and the use of these forms of protective shielding should be discontinued as routine practice. Evidence indicates modern digital radiography equipment and restricting the beam size only to the area that needs to be imaged better protect patients against radiation exposure to other parts of their body. Lead aprons and thyroid collars can also block the primary X-ray beam, preventing dentists from capturing the image they need.

"When this happens, more radiographs need to be taken, and unnecessary X-rays are what we want to avoid," said Purnima Kumar, D.D.S., Ph.D., professor of dentistry and chair of the department of periodontology and oral medicine at the University of Michigan School of Dentistry and chair of the ADA Council on Scientific Affairs. "The central point of these recommendations is that clinicians should order radiographs in moderation to minimize both patients' and dental professionals' exposure to ionizing radiation."

The recommendations — which apply to all patients, regardless of age or health status, such as pregnancy — also advise dentists to safeguard patients against unnecessary radiation exposure by:

- Ordering radiographs to optimize diagnostic information and enhance patient care outcomes and making every effort to use images acquired at previous dental exams.
- Using digital instead of conventional radiographic film for imaging.
- Restricting the beam size during a radiography exam to the area that needs to be assessed.
- Properly positioning patients so the best image can be taken.
- Incorporating CBCT only when lower-exposure options will not provide the necessary diagnostic information.
- Adhering to all applicable federal, state and local regulations on radiation safety.

"We encourage dentists and their teams to review these best-practice recommendations, comply with radiation protection regulations and talk with their patients about any questions or concerns before ordering dental imaging," Dr. Kumar said.

There may be state laws or regulations mandating continued use of certain equipment. Dentists should abide by the laws and regulations where they practice.

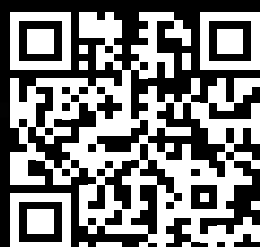
To view the complete recommendations, visit JADA.ADA.org. They will appear in the April issue of JADA. ■



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ADA seeks volunteers for reorganized standards program

New projects focus on dental materials, data sharing

BY MARY BETH VERSACI

The American Dental Association, the leader in dental standards development for the U.S., is reorganizing its standards program to enhance alignment between national and international standards, provide better use of subject matter experts and address new and emerging technologies.

What's changing/improving. Existing national and international standards bodies covering a broad range of topics will become 12 standards consensus bodies with focused scopes of work. Consensus bodies — the only authority to approve standards officially — are populated with subject matter experts in their particular areas of expertise.

What's staying the same. The ADA will remain accredited by the American National

Standards Institute to develop national dental standards in a rigorous consensus process ensuring all voices are heard. The ADA will remain accredited as the U.S. vote on all international dental standards. Standards will continue to be developed at the working group level.

Who should participate? Anyone with an



interest in contributing their expertise to dental standards development is welcome to join in their areas of interest, including, but not limited to, those who use dental materials, products, systems, or services; manufacturers; academics; research experts; and government agency representatives.

Visit [ADA.org/dentalstandards](https://ada.org/dentalstandards) to learn more and access the application.

ADA standards working groups are seeking volunteers who wish to contribute to the development of new work projects related to dental materials, data sharing and more.

For more information about participating in the working groups, email standards@ada.org. ■



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JADA looks at children's oral health during pandemic

BY MARY BETH VERSACI

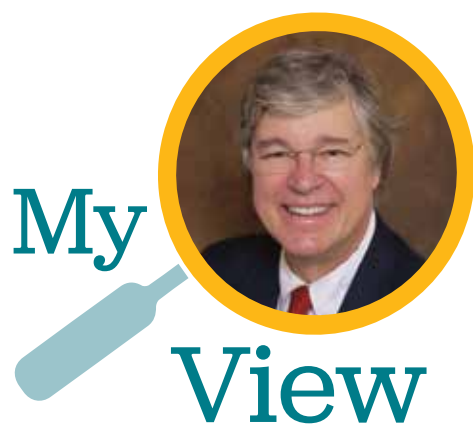
While the COVID-19 pandemic did not appear to create new disparities in oral health care for children based on race or ethnicity, pre-pandemic disparities persisted during 2020 and 2021, according to a study published in the March issue of The Journal of the American Dental Association.

The cover story, "Changes in Dental Visits and Oral Health for Children by Race and Ethnicity During the COVID-19 Pandemic," looked at children's receipt of oral health care and adverse oral health outcomes from 2017-19 and 2020-21.

Children from all racial and ethnic groups saw reductions in their receipt of oral care during the pandemic, but changes in their health outcomes during 2020 and 2021 were limited.

Pre-pandemic disparities in oral health care persisted for Black and Asian children when compared with white children. Hispanic children also experienced larger increases in their risk of experiencing adverse oral health outcomes than white children in 2020 and of having teeth in fair or poor condition in 2021. ■





BY JOSEPH P. GRASKEMPER, D.D.S., J.D.

Every dentist wants to have or work with an “Expert Dream Team.” It just doesn’t happen overnight or without great leadership. You must train and sustain the right individuals to work together and enjoy it.

For retention and seeking auxiliary personnel, not enough emphasis can be given to creating an office culture that retains and attracts those who believe in and support that office culture as the best place to work or seek dental care. A simple, “good morning” and “thank you” on a daily basis can make an employee feel appreciated. ^(1,2)

“

You must take steps to bring the group together, retain the chosen individuals and make a team and transform them into a ‘Dream Team.’ It takes more than a paycheck to retain good employees. The staff must be in tune with each other and feel the appreciation by the owner to feel ‘in’ on stuff.

– Joseph P. Graskemper,
D.D.S., J.D.

There is a definite need to connect with the staff and create a team that is there for the enjoyment of the tasks to be had rather than just a paycheck. I have found in over 40 years of practice (and still going) and over 30 years of consulting that the most successful practices have staff that has been developed into the “Dream Team.” But first you have to get everyone in the right seat, seated in the right direction and paddling in the same direction in the dental canoe. ⁽³⁾ Then you must take steps to bring the group together, retain the chosen individuals and make a team and transform them into a “Dream Team.” It takes more than a paycheck to retain good employees.

The staff must be in tune with each other and feel the appreciation by the owner to feel “in” on stuff. I have found that the top three things that employees look at are:



The ‘Expert Dream Team’

1. Interesting work.
2. Appreciation of their work.
3. Feeling “in on things.” ^(4,5)

You do have to pay a comparable wage for your area, but you do not have to pay the highest wage. Most times, it is more important to the employee to be part of something that has a very positive culture. The culture and attitude that you, the owner, set as a part of your mission and vision statement carries a lot of weight for turning the group into a team and easily retaining employees and attracting new employees wanting to be part of the team. There is nothing wrong with hiring someone who has no experience in the dental field and needs to be trained for a position that does not require a license. In the hiring of that trainee, you must evaluate his or her yearning to learn: their attitude. You can always teach, guide or mentor job tasks, but attitude comes with the individual.

There are many easy and inexpensive ways to show your appreciation of their being on your “Dream Team”:

1. Say “good morning” and “thank you” and mean it.
2. Remember their special days (birthdays, anniversaries).
3. Arrange a social outing (bowling, miniature golf, happy hour).
4. Send flowers to the office (bagels, doughnuts, fruit basket).
5. Hand out car wash or restaurant certificates, lottery tickets or lunch. ⁽⁶⁾

Not enough emphasis can be placed on team development and office culture assimilation by the entire team. Employee management and employee leadership are two very different things the dentist leader must be knowledgeable of and able to implement skillfully. Great leadership turns a group/staff into a team. You will, with great leadership, achieve the “Dream Team” that will bring

a set of interdependent team members, each of whom possesses unique and expert-level knowledge, skills and experience related to task performance. They’ll also adapt, coordinate and cooperate as a team, thereby producing sustainable and repeatable team function at superior, or at least near-optimum, levels of performance. ^(7,8) With proper cross-training the “Dream Team” becomes an “Expert Dream Team.” An “Expert Dream Team” exists when team members anticipate each other’s needs and coordinate their action without necessarily or always engaging in overt communication because they share an experience of tacit communication arising from shared knowledge of tasks and team processes. ^(9,10)

Dr. Graskemper is an associate clinical professor at Stony Brook School of Dental Medicine. ■

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Letters

companies at heart and ignores the needs of the patients.

Remember Question 2 in Massachusetts passed by a huge margin of over 70%.

Paul Aswad, D.M.D.
Needham, Massachusetts

DENTAL LOSS RATIO LEGISLATION

I am very disappointed on why the model legislation that started in Massachusetts was not used or referenced in the article “The States Introducing Dental Loss Ratio Legislation.” Also, why wasn’t the author of the ballot question, Mouhab Rizkallah, D.D.S., of Massachusetts consulted? This “model legislation” has only the best interest of the benefit

LETTERS POLICY: ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to ADANews@ada.org.



20 WINS IN 2023

ADA celebrates 20 wins in 2023

Clinical practice guidelines, advocacy work among top Tripartite achievements of 2023

BY DAVID BURGER

Together, the ADA accomplished much in 2023, from advancing legislation and scientific research to delivering new resources to help dentists thrive. “Each day, as a united ADA Tripartite, we assemble the building blocks of creating healthier communities, while also supporting our profession in advancing the art and science of dentistry,” said ADA President Linda Edgar, D.D.S. “We rarely stop to see how far we’ve come and celebrate the tremendous impact, year over year, that organized dentistry has on all our lives.”

Here’s a look back at just four of the Association’s top moments of the past calendar year.

- With the help of the ADA’s State Public Affairs program, more than 100 bills were filed by 34 state dental societies looking to improve dental insurance in their states to benefit patients and dentists.

Insurers have continually chipped away at the dentist-patient relationship while growing their own profits. In response to insurers engaging in network leasing and requiring virtual credit cards largely unchecked, the ADA decided to make dental insurance reform a high priority through the State Public Affairs program in 2018. As a

result, state dental societies and the ADA have been putting control over these issues back in the hands of the dentists.

Together, the ADA, state dental societies and dentists themselves are correcting this power imbalance through advocacy.

- The ADA continued fighting for improved access to care, advocating for expanded payment codes at hospital outpatient and ambulatory surgical centers so that patients can avoid surgical center billing limitations that previously denied or delayed their treatment.

In 2023, the Centers for Medicare & Medicaid Services established a new code that will help increase access to dental surgeries under general anesthesia in hospital operating rooms.

Appropriate coding and fair payment for these services are crucial for the continued allocation of hospital operating room resources to treat those with the most complex cases in need of comprehensive dental care.

- The ADA published a new clinical practice guideline exploring management of acute dental pain in children to support evidence-based treatment decisions on critical issues.

A guideline panel determined that, when used as directed, acetaminophen alone, nonsteroidal anti-inflammatory drugs alone, or acetaminophen in combination with NSAIDs can effectively manage a child’s pain after a tooth extraction or during a toothache when dental care is not immediately available.

The guideline is meant to help prevent unnecessary prescribing of medications with abuse potential, including opioids.

This was the first of two guidelines on acute dental pain management. A set of recommendations for adolescents and adults was released in February 2024.

- The ADA added new discounts to support life in and out of the office, including member-exclusive offers from Threadfellows, Compliancy

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We rarely stop to see how far we’ve come and celebrate the tremendous impact, year over year, that organized dentistry has on all our lives.

– Linda Edgar, D.D.S.

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Avid Traveling offers \$1,000 in savings credits with member-only pricing on ocean cruises.

“We are grateful to every single ADA member for helping us to achieve these wins over the course of 2023,” Dr. Edgar said. “Our collective success is a direct result of your dedication to the ADA, and there’s more great work to do for 2024.”

To read the entire list of 20 Wins in 2023, visit [ADA.org/wins](https://ada.org/wins). ■

Sneak peek at SmileCon 2024

New Orleans meeting highlights dental needs of veterans

BY MARY BETH VERSACI

SmileCon will be the place to be when it rolls into the Big Easy later this year with engaging learning experiences, the latest dental technology and lots of fun.

The meeting will take place Oct. 17-19 at the New Orleans Ernest N. Morial Convention Center. Registration opens May 8, and the agenda builder with course details will be available for attendees beginning April 15.

The Give Veterans A Smile program, which is in development and will be housed within the ADA Foundation, seeks to shine a light on the unmet dental needs of veterans. New this year to SmileCon is comprehensive programming dedicated to veterans’ care, including CE courses and information regarding organizations addressing access to care issues for veterans.

“In partnership with the ADA Foundation and dental professionals nationwide, we’ve witnessed the extraordinary compassion of our dental members,” said Jo Holiday, Ph.D., senior director of continuing education for the ADA. “Together, we’re committed to addressing the oral health needs of veterans through the Give Veterans A Smile program. Through SmileCon’s top-notch continuing education, we’re equipping our members to reach even more veterans in need.”

Also new this year will be a tailgate party Oct. 19, gathering participants together in Dental Central one last time to connect and enjoy refreshments before they conclude their time at the meeting. Dentists are encouraged to represent their dental school at the event and socialize with fellow alumni. Another signature SmileCon event will be Bouncin’ in the Bayou, a festival the night of Oct. 18.

Dental Central will be the center of excitement throughout the meeting, with plenty of exhibitors and good times. The Dental Team Hub and Podcast and Influencer Hub will return this year, while the ADA Forsyth Institute will fuel the new Innovation Hub.

In Dental Central, dentists can get the scoop on the latest trends in dental products, services and technology and visit the booths of internationally known exhibitors and new and exciting companies for demonstrations and show specials. Unexpected delights in the exhibit hall could include a chance

encounter with the tooth fairy, treats at a pop-up snack station or performances by a New Orleans-style brass band.

The ADA Dental Olympics will also be back this year for the third time, bringing dental schools together to compete for bragging rights. The event is sponsored by Pacific Dental Services.

Dentists will have a wide variety of CE at their fingertips during SmileCon. Master classes are a new course format this year, offering a deeper focus on practice management. Returning formats include presentations, hands-on activities, and experiences and conversations.

CE themes will center on innovation, wellness, veterans and re-licensure requirements. Innovation courses will highlight the integration of cutting-edge technology and science in practices, while wellness courses will help dentists focus on their self-care and career longevity. Courses related to veterans will empower dentists and their teams to serve veterans in their community and beyond. Completing state re-licensure CE credits will be easy at SmileCon, with courses designed to meet those requirements available on-site.

To learn more, visit SmileCon.org. ■



Those attending SmileCon can choose from four registration options this year: the one-day Hall Pass for exhibits only (and the opening session if purchased for that day); Dental Central Pass for all activities in the Dental Central exhibit hall; Smile Pass for most continuing education courses and events, with the option to purchase hands-on activities and master classes; and Platinum Smile Pass for all events and CE, including hands-on activities and master classes.

Pricing will be released in mid-March. Early-bird pricing ends May 31.



Center of excitement: Attendees of SmileCon 2023 in Orlando, Florida, share a laugh in Dental Central.

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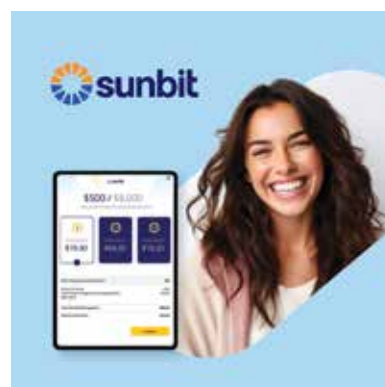


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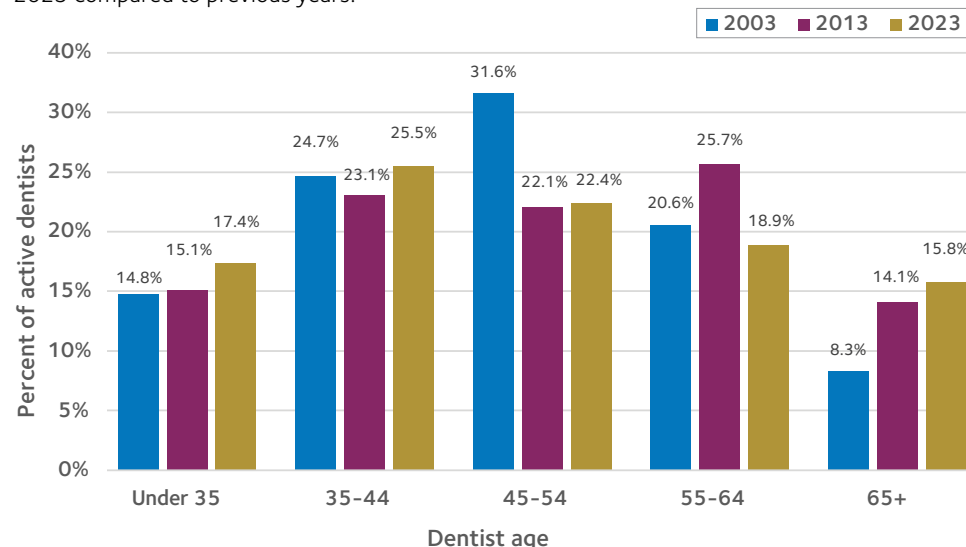
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AGE DISTRIBUTION OF DENTISTS

The age distribution among U.S. dentists active in dentistry has changed in a 20-year period, with greater shares of younger dentists (those under age 35) and older dentists (those age 65 and older) in 2023 compared to 2003. These trends indicate a generational transition in dentistry as more and more younger dentists enter the workforce while a greater share is near retirement in 2023 compared to previous years.



Source: American Dental Association. Supply of Dentists in the U.S.: 2001-2023. Health Policy Institute. Available from: [ADA.org/resources/research/health-policy-institute/dental-practice-research](https://ada.org/resources/research/health-policy-institute/dental-practice-research).



Former NIDCR director remembered for pioneering craniofacial research

Harold C. Slavkin, D.D.S., served as sixth director from 1995-2000

BY MARY BETH VERSACI

Harold C. Slavkin, D.D.S., the sixth director of the National Institute of Dental and Craniofacial Research, died Dec. 22, 2023, at his home in California at the age of 85.

A pioneer in craniofacial biology, Dr. Slavkin was director from 1995-2000 after founding the Center for Craniofacial Molecular Biology at the Herman Ostrow School of Dentistry of USC in 1989 and later served as dental school dean from 2000-08. His research focused on the developmental processes underlying several congenital and acquired craniofacial and oral defects, and he created and chaired the first Ph.D. program in the country in craniofacial biology, according to a message posted on the National Institutes of Health website.

“

Dr. Slavkin was also committed to addressing health disparities and a lack of diversity in the research community ... he oversaw the development of an NIDCR plan to reduce racial and ethnic health disparities and later expanded those efforts to reduce disparities in childhood caries and oral cancer.

During his tenure at NIDCR, he expanded the institute's research portfolio, leading to its being renamed the National Institute of Dental and Craniofacial Research from the National Institute of Dental Research in 1998. Under his leadership, NIDCR took the lead in creating the first Surgeon General's Report on Oral Health in 2000.

Dr. Slavkin was also committed to addressing health disparities and a lack of diversity in the research community. According to the NIH message, he oversaw the development of an NIDCR plan to reduce racial and ethnic health disparities and later expanded those efforts to reduce disparities in childhood caries and oral cancer. He also chaired an NIH committee focused on recruiting a diverse biomedical and behavioral research workforce.

While at NIDCR, Dr. Slavkin created a patient advocates forum, planned for a database of craniofacial anomalies and shared the institute's research advances with the biomedical community and the public.

Dr. Slavkin was also the 22nd president of the American Association for Dental, Oral, and Craniofacial Research from 1993-94. In 2009, he received the ADA Gold Medal Award for Excellence in Dental Research, which honors

individuals who have helped advance the dental profession or improve the oral health of the public through basic or clinical research.

He is survived by his wife, Lois, and other family, friends and colleagues. ■



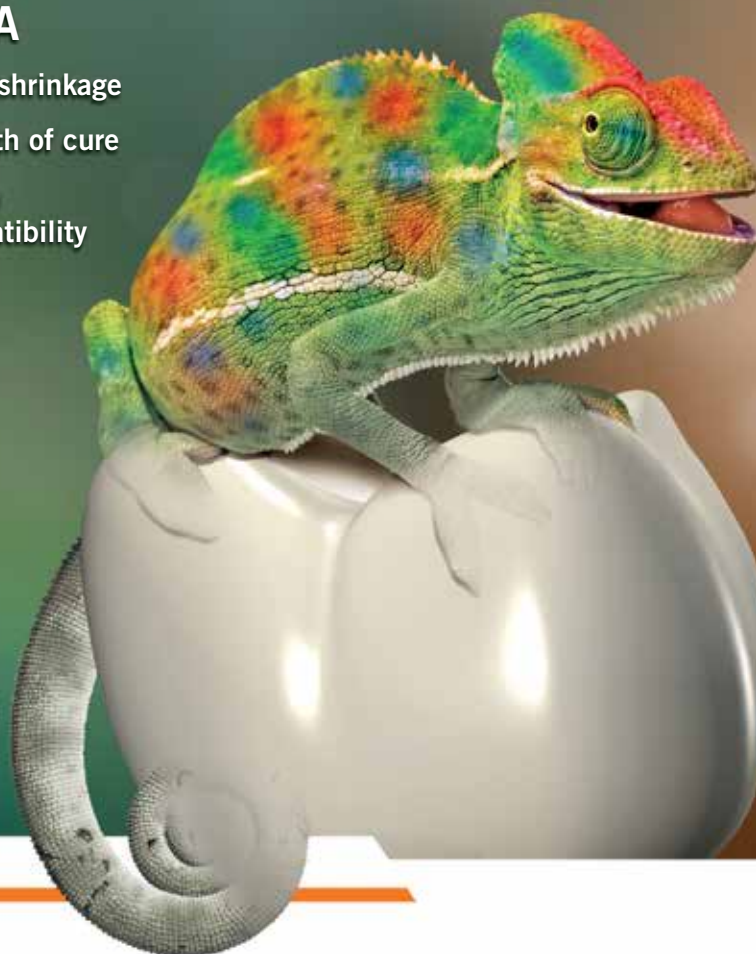
Dr. Slavkin

Photo courtesy of Herman Ostrow School of Dentistry of USC

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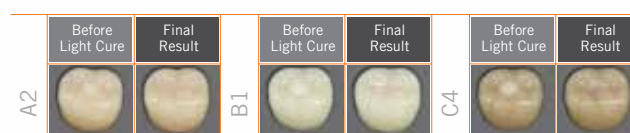
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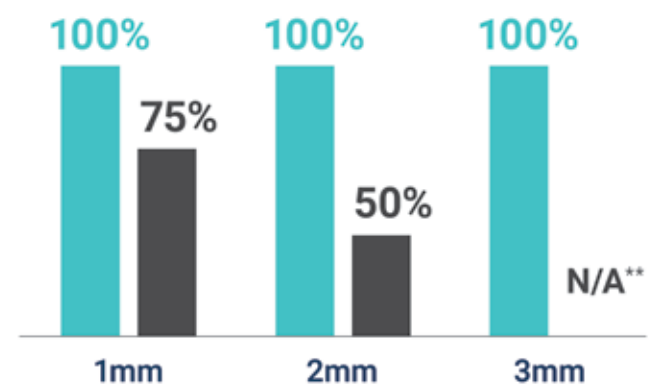
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