

# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

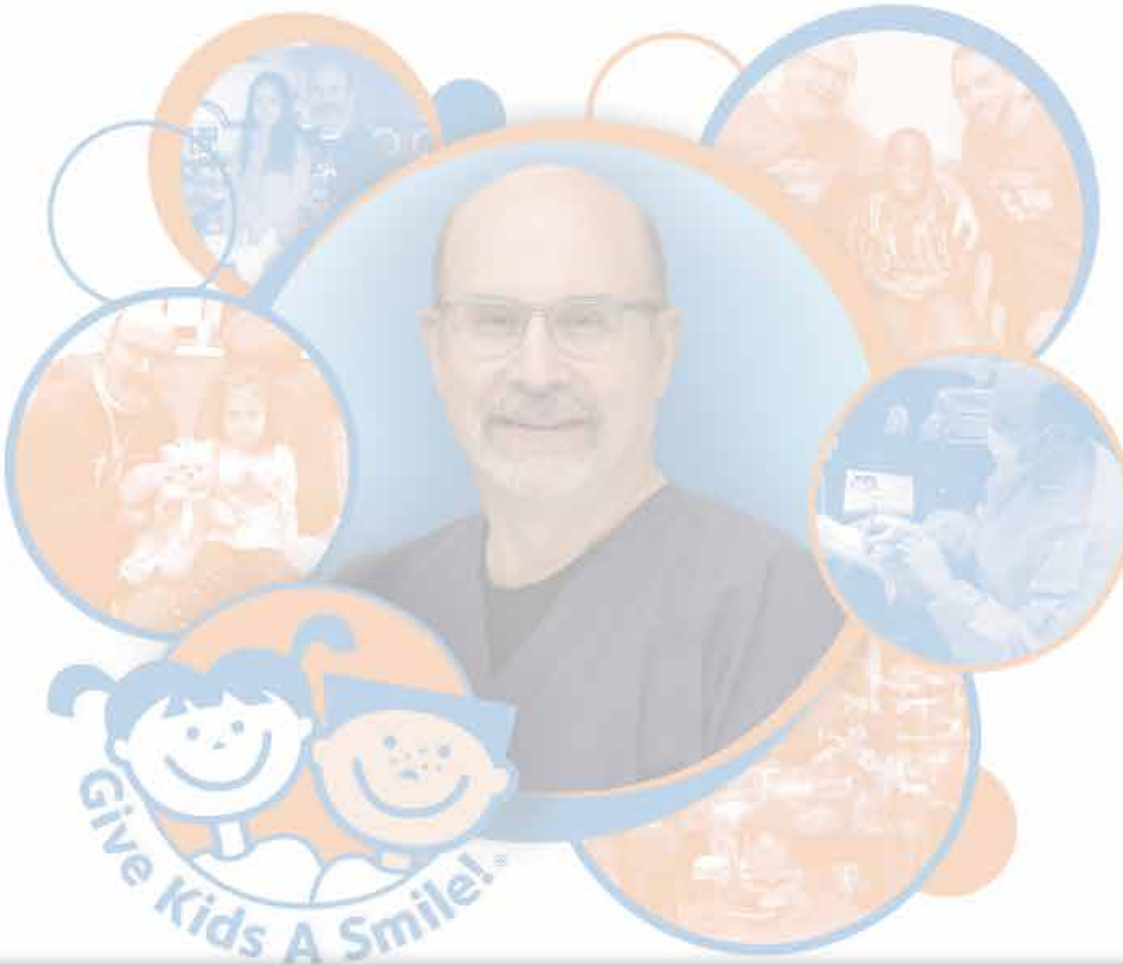
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ADA.ORG/ADANEWS



ACCESS TO CARE

## Dr. Jeffrey B. Dalin is recipient of ADA's 2022 Humanitarian Award



### IT TAKES A VILLAGE

When Dr. Sabates called Dr. Dalin around Thanksgiving to inform him he will be the 2022 recipient, Dr. Dalin's first thought was of the countless people who have steered him and the program over the years.

"I went speechless," Dr. Dalin said. "It is such a humbling thing to hear news like this. I also thought, 'How can I share this award with all of the people I work with here in St. Louis?' A huge thank you goes out to all of the volunteers around the country. And how could we accomplish all that we have done without sponsors and supporters like Henry Schein, Colgate, CareCredit, 3M, Premier Dental Products Company and others who have been so generous with their contributions? This is a team effort. Programs like this do not get started and do not keep going without the dedication of so many people."

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After Dr. Dalin approached the ADA and shared the success stories from the St. Louis Give Kids A Smile event, the Association recognized that this grassroots effort had great potential to raise awareness nationally about the importance of oral health to overall health and about the need that exists among millions



### 03 Kelly Clarkson gift helps Arkansas dentist open hometown practice

Dr. Giles Willis Jr.'s dental office seeks to serve rural community.



### 09 Oral Health in America: Advances and Challenges

ADA commends NIH report outlining key findings, call to action to improve nation's oral health.

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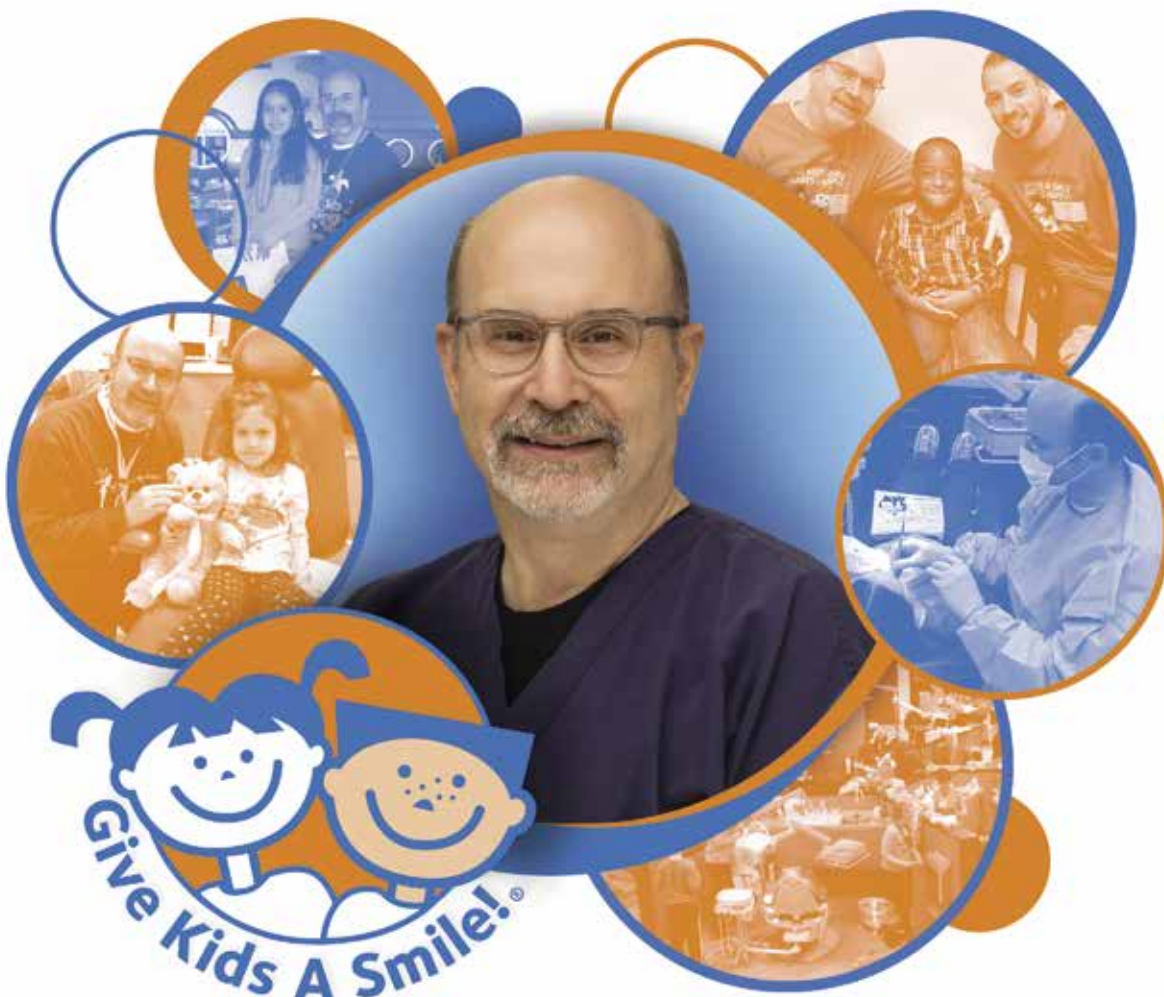
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**ACCESS TO CARE**

## Dr. Jeffrey B. Dalin is recipient of ADA's 2022 Humanitarian Award



**CO-FOUNDER OF ST. LOUIS GIVE KIDS A SMILE PROGRAM IS FERVENT AMBASSADOR FOR NATIONAL PROGRAM AS IT CELEBRATES 20TH ANNIVERSARY**

**BY DAVID BURGER**  
St. Louis

**M**ore than 7 million underserved children have received free oral health services through the national Give Kids A Smile program.

That's what gives Jeffrey B. Dalin, D.D.S., a smile.

"Creating beautiful smiles on my patients and creating beautiful smiles on Give Kids A Smile children are perfect ways to make me smile," he said.

For co-creating and continually guiding the ADA's signature access to care program Give Kids A Smile for 20 years, Dr. Dalin was named the 2022 recipient of the Association's

Humanitarian Award, one of the highest honors the ADA bestows on members. The award recognizes his efforts in co-founding the St. Louis Give Kids A Smile program and continually guiding the national ADA Give Kids A Smile program for 20 years.

"It is my distinct pleasure, on behalf of the Board of Trustees, to recognize our friend and colleague Dr. Jeffrey Dalin for his stewardship over the past two decades," said ADA President Cesar R. Sabates, D.D.S.

"Each year, about 6,500 dentists and 30,000 dental team members volunteer at local Give Kids A Smile events across the country to provide free oral health education, screenings, preventive, and restorative treatment

to about 300,000 children. Giving back is a foundation of the dental profession. Dr. Dalin has been the program's staunchest ambassador and is the perfect example of how a dentist's generosity and devotion can result in millions of healthy smiles."

The ADA Humanitarian Award recognizes dentist members who have distinguished themselves by giving a minimum of 10 years to improving the oral health of underserved populations in the United States accompanied through outstanding and unselfish leadership. The award includes a \$10,000 award to be given to the dental charity or project of the recipient's choice and national recognition at an ADA event in the future.

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After Dr. Dalin approached the ADA and shared the success stories from the St. Louis Give Kids A Smile event, the Association recognized that this grassroots effort had great potential to raise awareness nationally about the importance of oral health to overall health and about the need that exists among millions of children who go without care.

So, in 2003, Give Kids A Smile evolved into a nationwide program officially launched by the ADA.

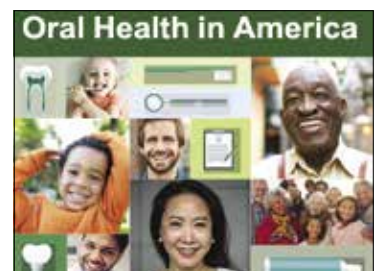
Although Give Kids A Smile is celebrated nationally in February during National Children's Dental Health Month, events take place throughout the year, such as Give Kids A

See *AWARD*, Page 10



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# ADA News

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PRACTICE

## Kelly Clarkson gift helps Arkansas dentist open hometown practice



Photo courtesy of Giles Willis Jr., D.D.S.

BY KIMBER SOLANA

Standing next to his wife and young daughter, Giles Willis Jr., D.D.S., couldn't believe what actress Melissa McCarthy and singer-talk show host Kelly Clarkson just told him.

"What?" he exclaimed, with the biggest smile on his face.

Ms. McCarthy and Ms. Clarkson had announced

they, along with e-commerce company Wayfair, were giving Dr. Willis an early Christmas gift: \$100,000.

The Willis family had been invited to appear in the NBC special, "Kelly Clarkson Presents: When Christmas Comes Around," which aired on Dec. 1.

"You've got to be kidding me," he said, visibly shocked.

Ms. Clarkson had to tell him to take a breath.

"We love what you're doing in your community," she added. "And I know it's a big dream, so we wanted to help."

See CLARKSON, Page 4

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## 2021 ADA Design Innovation Awards announced



**Room with a view:** Gary Cash, D.D.S., won for his remodeled practice, a 1,780-square-foot facility located in a central location in Austin with top-floor views of the ever-growing cityscape.



**Efficient:** The winner for the "large new build" category is Mattson Hellickson Dental, owned by Ben Hellickson, D.M.D., and Sam Mattson, D.M.D., in Beaverton, Oregon.

BY KIMBER SOLANA

The ADA Council on Dental Practice, ADA Member Advantage and BMO Harris Bank announced Nov. 15 the winners of the third annual Design Innovation Awards, which recognize excellence in dental facilities that seamlessly combine esthetics appeal, function and design.

The winner for the "large new build" category is Mattson Hellickson Dental, owned by Ben Hellickson, D.M.D., and Sam Mattson, D.M.D., in Beaverton, Oregon; the "small new build" category went to Jessica Cohen Orthodontics, owned by Jessica Cohen, D.M.D., in Highland Park, Illinois; and the "remodel" category winner is Gary Cash DDS, owned by Gary Cash, D.D.S., in Austin, Texas.

The three practices received the most votes in their respective categories at ADA.org/DIA, which was available for open voting Oct. 1-31, as well as at Dental Central, the redesigned exhibit hall, during SmileCon in Las Vegas.

The ADA Council on Dental Practice had narrowed the field of applicants in each category. Voters who viewed the finalists' submissions voted for a winner in each category.

The trio will receive \$1,000, and their practices and design processes will be featured in various ADA publications during the upcoming year.

Judging criteria for the contest include esthetics appeal, such as uses of color, light/windows and theme; utilization of

technology; function and efficiency; innovation; and how well the design has accomplished the entrant's objective.

The call for submissions to the 2022 ADA Design Innovation Awards will open in June. To learn more about the ADA Design Innovation Awards, visit ADA.org/DIA. ■



**Light:** The "small new build" category went to Jessica Cohen Orthodontics, owned by Jessica Cohen, D.M.D., in Highland Park, Illinois.

### CLARKSON *continued from Page 3*



**Home:** Dr. Giles Willis Jr. enjoys a moment with his sister, Lecia, and his parents in Lewisville, Arkansas.

Dr. Willis' dream was to open a dental practice in Lafayette County, Arkansas — an area that has not had a dental practice in nearly 20 years. "Will this help?" Ms. Clarkson asked.

All Dr. Willis could do was nod.

"It absolutely helped me reach my goal," Dr. Willis told the ADA News.

The donation was enough to help him

fully open a three-operator dental practice in Stamps, Arkansas — a town with a population of less than 1,700. Currently, only one room is available at the practice, which had a soft opening in late November.

For Dr. Willis, opening the practice in Stamps — about 5 miles away from where he was born and grew up in Lewisville, Arkansas — is a dream come true since his homecoming earlier this year.

It was in Stamps where Dr. Willis' interest in dentistry first began as an 8-year-old with a painful toothache. He remembers grabbing some tweezers and trying to pull out his own tooth when his parents walked in.

"We have to go to the dentist," Dr. Willis' mom said.

It was that experience that inspired him to leave Arkansas in 1999 to pursue dentistry at Howard University in Washington D.C. Dr. Willis also earned a master's degree in dental public health from AT Still University in 2015.

"I've always wanted to help rural and underserved communities," he said. "In Arkansas, we don't have a dental school here. So when people leave for dental school, like me, they rarely come back, especially to small towns."

After graduating from Howard University, Dr. Willis had settled with his family in Cary, North Carolina, where he opened and ran Willis Family

Dentistry practice for 14 years.

But every time he visited home, his friends, family and neighbors would often approach him and ask: Did you bring your dental tools?

"I figured if there's this many people asking me for help, maybe I should do something," he said.

And in 2019, another sign came. Dr. Willis said his father-in-law became sick and his wife wanted to move back to Arkansas to be closer to family.

Out of curiosity, Dr. Willis asked his mother about the dental building where he once had his tooth pulled.

"She told me there was a for sale sign on it," Dr. Willis said. "I bought it immediately."

However, it was no longer a dental office. The building was mainly used for storage. It needed repairs, remodeling and updates, which included installing a new roof. And a giant oak tree was leaning over the building, threatening to fall and causing damage. So that needed to be cut.

Dr. Willis said his goal was to raise up to \$200,000 to pay for construction and to purchase the dental equipment he needed. Then the COVID-19 pandemic came, slowing down his progress.

In May, a local TV station heard about Dr. Willis' effort to open a dental practice in Lafayette County to fill a need in the community. Residents often must drive to neighboring

counties to see a dentist, Dr. Willis said.

By July, Dr. Willis had finally sold his North Carolina practice and moved his family back to Arkansas. Meanwhile, the local news segment somehow reached a producer for "The Kelly Clarkson Show," who reached out to him.

"I just thought they wanted to feature people from rural communities," Dr. Willis said.

The show came to Stamps in October to film and interview his friends and family. That was when he learned it would be for a Christmas special. In early November, his family flew to Los Angeles. With giant gift boxes behind them, the Willis family stood face-to-face with Ms. Clarkson and Ms. McCarthy on stage when they learned of the generous donation.

"Once I left the stage, I still couldn't catch my breath," Dr. Willis said.

Today, Dr. Willis said he hopes his story inspires other dentists — especially those who grew up in rural communities or small towns — to consider returning home to practice dentistry, whether it's opening a dental practice or working in a community clinic.

"I can guarantee, the need is out there," he said. "And like I told the show, I hope we can find the next little Giles Willis who will be inspired to leave for dental school but then come back home." ■

## ADA requests payers take current trends into account when discussing fees with individual dentists

BY DAVID BURGER

The ADA Council on Dental Benefit Programs is sending a letter to all major dental insurance payers informing them of increases in dental office overhead due to COVID-19 and imploring them to consider providing an opportunity

for dental offices to "meaningfully discuss fees" with the payers.

"The COVID-19 pandemic has accelerated many trends, and one of them is inflation," said Kevin Dens, D.D.S., council chair, in an ADA News interview. "Supplies, including personal protective equipment, are in high demand and everyone is experiencing significant price increases. Another unfortunate trend has been a loss of allied dental personnel from the workforce, resulting not only in wage inflation but a true lack of needed personnel, which inhibits the full productive efficiency of the dental office. In consideration of these trends, it is extremely important to have this conversation with dental insurance payers and ask them to be fair in discussing

fee issues with dental offices."

In the letter, signed by Dr. Dens, he referenced an April 2020 statement from the ADA that detailed exorbitantly high costs associated with increased standards for personal protective equipment in response to the COVID-19 public health emergency.

"What is now becoming evident is that the data is bearing out what we feared would occur — dental offices have seen a dramatic increase in the cost of doing business while patient volumes have yet to fully recover," he wrote.

Research provided by the ADA's Health Policy Institute is also being shared with the payers. The data snapshots illustrate how dentists are encountering challenges in filling

vacant allied positions and how patient volume is not matching the levels seen before the pandemic began.

Dentists are facing significant challenges recruiting team members, with 1 in 3 owner dentists indicating that they need more staff to see the same number of patients compared with before the pandemic.

"As these findings show, there are many dental offices that continue to struggle to recover from the adverse economic impacts of the pandemic," Dr. Dens wrote. "Therefore, the ADA is asking dental carriers to consider these increases in dental office overhead and provide an opportunity for dental offices to meaningfully discuss fees with [payers]." ■

—burgerd@ada.org

# ADA addresses No Surprises Act questions

## PRIVATE DENTAL OFFICES NOT SUBJECT TO RULE

BY JENNIFER GARVIN

The ADA has received questions from member dentists regarding the No Surprises Act, and whether this bill could potentially affect dental practices.

To help clear up confusion on the new law, the ADA has created the following Q&A. This resource is based on what the ADA knows as of Dec. 9. If the ADA learns additional information, it will be shared with dentists as soon as possible.

**Question: What is the No Surprises Act?**

**Answer:** In December 2020, the Consolidated Appropriations Act of 2021 was enacted. The law contains many provisions to help protect consumers from surprise bills, including the No Surprises Act. Starting Jan. 1, consumers will have new billing protections when getting emergency care, non-emergency care from out-of-network providers at in-network facilities and air ambulance services from out-of-network providers. Through new rules aimed to protect consumers, excessive out-of-pocket costs will be restricted, and emergency services must continue to be covered without any prior authorization, regardless of whether a provider or facility is in network.

**Q: Are dentists subject to the No Surprises Act?**

**A:** For the most part, no, because dental benefits are considered "excepted benefits" under the new law. The surprise billing rule applies to group health claims and health insurance issuers.

The ADA has heard about infrequent cases where the surprise billing dispute resolution provisions could apply. For example, embedded

dental benefits working with a medical plan could be subject to the rule but the treatment would need to be done in an out-of-network hospital or ambulatory center under a plan with no out-of-network reimbursement. This is rare and can be solved on an ad hoc basis by plans.



**Q: What health care facilities are included under the No Surprises Act?**

**A:** According to the law, hospitals, ambulatory surgical centers, rural health centers and federally qualified health centers are all

examples of health care facilities that are included in the No Surprises Act. Private dental practices are not included in this definition.

**Q: How does the No Surprises Act relate to Open Payments?**

**A:** It doesn't. The U.S. Centers for Medicare & Medicaid Services' Open Payments is a national disclosure program that promotes a more transparent and accountable health care system. Open Payments houses a publicly accessible database of payments that reporting entities, including certain drug and medical device companies and group purchasing organizations, make to covered recipients like physicians. Open Payments does apply to dentists, but this does not mean that surprise billing applies to dentists. They are separate rules. ■

## Oral Health Literacy and Awareness Act passes House

The Oral Health Literacy and Awareness Act of 2021 passed the House of Representatives on Dec. 8.

The ADA and Organized Dentistry Coalition supported this legislation, which authorizes the U.S. Health Resources and Services Administration to develop and test evidence-based oral health literacy strategies to provide oral disease prevention education through a five-year oral health literacy campaign.

"As dentists, we believe oral health literacy is the foundation of a lifetime of wellness," the groups wrote in an October 2021 letter. "Most oral health ailments can be avoided by increasing oral health literacy among all populations, with an emphasis on children to ensure they develop and maintain healthy habits into adulthood. Additionally, oral health literacy must be a cornerstone of improving the utilization of care by underserved populations."

The bill now moves to the Senate for consideration.

Follow all the ADA's advocacy efforts at [ADA.org/advocacy](http://ADA.org/advocacy). ■

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

\*In hours 0 to 4 of a single-dose dental study of Aleve® (440 mg), HYD+APAP (10 mg + 650 mg), or placebo.

Aleve® is an OTC pain reliever indicated for temporary relief of minor aches and pains including arthritis pain, headache, muscular aches, and toothache.<sup>2</sup>

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

Did you know that up to half of opioid prescriptions at dental visits are inconsistent with the guidelines on appropriate use of opioids?<sup>4</sup> In response to the overuse of opioids, there is an increasing interest in the effectiveness of OTC NSAIDs in alleviating pain—to reduce the need for opioids. Growing evidence supports Aleve® as a powerful\* non-opioid OTC treatment for minor dental pain.<sup>1,2,5,6</sup>

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

## In a recent single-center, randomized, double-blind, parallel, placebo-controlled study, Aleve®, a non-opioid OTC NSAID, was compared with hydrocodone plus acetaminophen (HYD+APAP) for dental pain relief<sup>1</sup>

- Patients experiencing moderate or severe pain (N=221) after surgical removal of impacted third molars were randomized to receive either a single dose of Aleve® (440 mg [n=90]), HYD+APAP (10 mg + 650 mg [n=87]), or placebo (n=44)<sup>1</sup>
- The primary objective was to compare Sum of Pain Intensity Difference from 0 to 12 hours (SPID<sub>0-12</sub>) after a single oral dose
  - Secondary objectives were to compare the total pain relief (TOTPAR) over 6 and 12 hours (SPID<sub>0-6</sub>), time to onset of pain relief, time to first use of rescue medication, and duration of pain intensity at least half gone over 6 and 12 hours<sup>1</sup>
  - SPID<sub>0-4</sub> was also assessed

Aleve® was as effective as HYD+APAP in hours 0 to 4 at reducing pain intensity (based on SPID from 0 to 4 hours, or SPID<sub>0-4</sub>).<sup>1</sup>

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

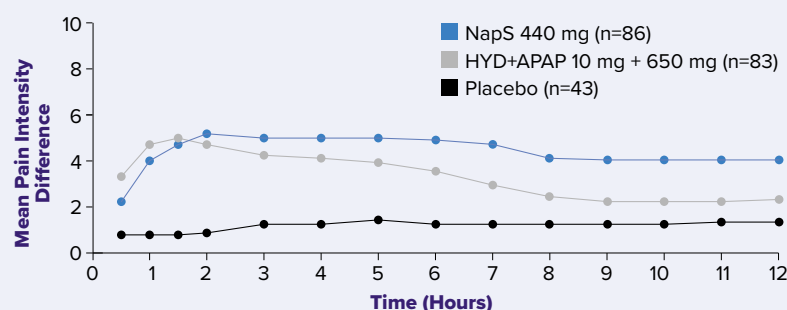
- SPID<sub>0-12</sub> was statistically significant for Aleve® vs HYD+APAP<sup>1</sup>

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

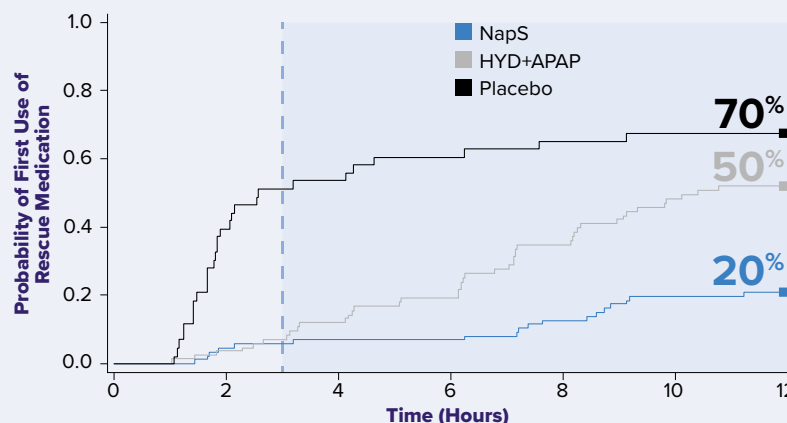
- Total pain relief (0 to 6 and 0 to 12 hours;  $P < 0.05$ )<sup>1</sup>
- Median time to rescue medication ( $P < 0.001$ )<sup>1</sup>
- Duration of pain at least half gone over 12 hours ( $P < 0.001$ )<sup>1</sup>

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

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



RESCUE MEDICATION FROM HOUR 3 ONWARD<sup>1</sup>



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

More treatment-related adverse events were reported with HYD+APAP (n=18) than Aleve® (n=1) and placebo (n=1), including nausea, vomiting, and dizziness.<sup>1</sup>

## The new study adds to the established evidence for Aleve® for minor dental pain

In 2 previous clinical studies for dental pain, Aleve® was proven to be stronger from the 3-hour mark onward and last longer than acetaminophen plus codeine (APAP + codeine). Both 8-hour studies (N=455) compared 1 dose of Aleve® 440 mg with 1 dose of APAP 600 mg + codeine 60 mg after surgical removal of 3 or 4 molars ( $\geq 1$  impacted).<sup>5,7</sup>

In both studies:

- Patients who took Aleve® reported significantly reduced pain vs APAP + codeine ( $P < 0.05$ ) from the 3-hour mark onward<sup>5</sup>
- The 12-hour strength of Aleve® gave patients more sustained pain relief per dose, as demonstrated by a longer median time to remedication, vs patients on APAP + codeine ( $P < 0.05$ ), which is commonly prescribed every 4 hours as needed<sup>2,5,7</sup>
- Study population for Study 1: Aleve® (n=92), APAP + codeine (n=91), and placebo (n=47); and for Study 2: Aleve® (n=90), APAP + codeine (n=91), and placebo (n=44)<sup>5</sup>

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

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

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

**“Recommend NSAIDs, like Aleve®, for non-opioid relief of minor dental pain, and you can help address the human and economic costs associated with the US opioid crisis.”<sup>1,4,12</sup>**

—Dr. M. Ted Wong, DDS, MHA  
Board-Certified Prosthodontist  
Former Chief Dental Officer at UnitedHealthcare  
Former Chief of the US Army Dental Corps  
Bayer Paid Consultant

## Dental professional organizations recommend NSAIDs instead of opioids as first-line therapy for acute pain management<sup>13-15</sup>

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

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

The growing body of evidence offers a compelling argument for first-line use of an NSAID like Aleve® for dental pain, and the guidelines suggest ways of putting NSAIDs into practice.<sup>1,5,6,13-15</sup>

When prescribing any product, HCPs should always consider its efficacy and safety. Before any procedure requiring pain management, dentists should talk with patients about the benefits and risks of pain relief options.

**“For dentists, this is an opportunity to play an active role in alleviating the ongoing opioid crisis,<sup>10</sup> and I encourage all of my colleagues to consider using effective non-opioid analgesics like Aleve® for minor dental pain.”<sup>1,2</sup>**

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

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## ADA urges Senate to pass PREVENT HPV Cancers Act

BY JENNIFER GARVIN

The ADA is asking the Senate to pass the PREVENT HPV Cancers Act, which encourages the use of the human papillomavirus vaccine to reduce the risk of HPV-related cancers.

HR 1550 previously passed the House of Representatives on Nov. 30.

In a Dec. 10 letter to Senate leaders, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., noted that HPV is now associated with 19,000 cases of head and neck cancers each year in the United States, according to the Centers for Disease Control and Prevention. The ADA hopes the bill will increase awareness of HPV and educate the public on the

need for HPV immunization. The Organized Dentistry Coalition also supports the bill.

"The ADA is proud to support HR 1550 and would welcome the opportunity to work with the Secretary of Health and Human Services on the public service awareness campaign that would be authorized under the bill," Drs. Sabates and Cohlma wrote. "We urge you to bring the PREVENT HPV Cancers Act up for a vote."

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



## Information blocking and interoperability rule fact sheet available

BY JENNIFER GARVIN

The ADA has a new fact sheet available for dentists who have questions about a federal rule designed to give patients and providers easier and more secure access to electronic health information.

The Office of the National Coordinator for Health Technology's 21st Century Cares Act: Interoperability, Information Blocking and Health IT Certification Program Final Rule is intended to promote health information interoperability and patient access to their records and prohibit information blocking.

The information blocking portions of the rule took effect on April 5 and apply to health care providers, including dentists.

To help dentists understand how this rule could affect them, the ADA has prepared a fact sheet that addresses commonly asked questions, including:

- What is information blocking?
- What is electronic health information?
- What elements are required for a practice to be considered information blocking?

The ADA wrote to the Office of the National Coordinator to request answers to questions raised by many dentists and state dental associations. In response, the ADA received assurance from ONC that the rule will not require dentists and other providers to adopt any specific health information technology. ONC also clarified that dentists and other providers will not be required to proactively make electronic health information available through a patient portal or application programming interface.

There is a link to the fact sheet in the online version of this article. Visit [ADA.org](https://ada.org) and search for the headline. ■

—garvinj@ada.org

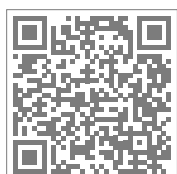
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# ADA commends NIH report, Oral Health in America: Advances and Challenges

BY KIMBER SOLANA

**G**ood oral health is important for the overall health and well-being of individuals of all ages, their families, communities and the nation,

according to a newly released report from the National Institutes of Health.

That was among the key findings of Oral Health in America: Advances and Challenges, a wide-ranging report that provides a “comprehensive picture of the state of oral health in America,”

according to Rena D’Souza, D.D.S., Ph.D., NIH National Institute of Dental and Craniofacial Research director, during a Dec. 21 webcast announcement on the release of the report.

“And while progress has been made in some areas over the last 20 years, much work remains,” Dr. D’Souza said.

The ADA commended the federal agencies that worked on the report, which was produced by the National Institute of Dental and Craniofacial Research of the National Institutes of Health.

“Oral health is an integral part of overall health, and dentists are leading the way in scientific advancements and clinical treatments that help improve patient health,” said ADA President Cesar R. Sabates, D.D.S. “I am excited to see the progress that has been made and to



work in an interdisciplinary fashion to address the challenges that remain, particularly when it comes to improving public health.”

Among the key findings of the 790-page report include:

- Through research and policy changes over the past 20 years, substantial advances have been made in the understanding and treatment of oral diseases and conditions, yet many people of all ages and demographic backgrounds still have chronic oral health problems and lack access to care.
- Healthy behaviors can improve and maintain individuals’ oral health; these behaviors are shaped by social and economic conditions in which people are born, grow, work and live.
- Oral and medical conditions often share common risk factors, and just as medical conditions and their treatments can influence oral health, so can oral conditions and their treatments affect other health issues.
- The COVID-19 pandemic has challenged the nation’s health care system, including oral health providers. With those challenges came new ways of ensuring safety during provision of dental care, of treating disease, and recognizing that oral health cannot be separated from overall health.

The report also included several calls to action to help improve the nation’s oral health, such as policy changes to help reduce or eliminate social, economic and other systemic inequities that affect oral health behaviors and access to care; and strengthening the oral health workforce by diversifying the composition of the nation’s oral health professionals.

“And now we need the broad oral health community to translate this knowledge into action in improving the future of oral health for all,” said Bruce Dye, D.D.S., scientific editor and co-director of the report and associate editor of The Journal of the American Dental Association, during the webcast. “The most important story to take away from this report is that good oral health for all is within reach.”

The 2021 report is a follow up to the seminal report on the nation’s oral health that Surgeon General David Satcher released two decades ago, which established oral health as being intrinsically linked to overall health and well-being.

Dr. Sabates noted that he was proud of the ADA experts who were directly involved in the report, including the ADA’s Health Policy Institute and the ADA Science & Research Institute, which offered notable contributions of vital data and oral health research. In addition, Dr. Sabates said the ADA looks forward to reviewing the full report in depth to identify opportunities for the future.

“The ADA remains committed to advancing research, education, practice resources and advocacy on behalf of dentists and the public to continue to improve oral health in the U.S.,” Dr. Sabates said.

To view the full report, visit [nidcr.nih.gov/oralhealthinamerica](http://nidcr.nih.gov/oralhealthinamerica). ■

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# It's a new day for dentistry

## Meet Dr. Paulette Lucario

BY KIMBER SOLANA

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

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

**Paulette Lucario, D.D.S., member since 2011.**

**Location:** Lyons, Illinois.

**Dental school:** University of Illinois at Chicago College of Dentistry.

**Practice type:** Owner of a solo practice, Lyons Family Dental, P.C.

**Why did you choose dentistry?** To be able to have a skill set that I can use to serve others.

**Why did you join the ADA?** For the advocacy, education and service that organized dentistry supports.

**What do you like most about your ADA membership?** Service outreach programs such as the Mission of Mercy and the

Health Volunteers Overseas Oral Health Training Program.

**When I'm not in the office, you can find me:** Doing DIY projects around the house and office. In 2020, my father-in-law was diagnosed with leukemia and was accepted into an experimental trial in Bethesda, Maryland. When my husband left to drive him there, the kids and I were so sad about them having to be away in Maryland for a couple months that I wanted to do something to cheer them up. I came up with the idea to let them help me build

“

**We are stronger as a profession when we celebrate the ideas and perspectives of members from diverse backgrounds.**

a 15-foot-high playhouse in our backyard complete with slide and swing set. We did it all from scratch.

**Favorite movie/TV show:** “War Room.” One of my favorite quotes from the movie is from the elderly Miss Clara about the troubles we face in life, “God showed me that it wasn't my job to do the heavy lifting ... it was my job to seek Him, to trust Him and to stand on His word.”

**What was your first job?** Coordinator for an Illinois Migrant and Seasonal Head Start program. The program provides a comprehensive program of health, parent involvement, and social services for pre-school children of low-income agricultural workers.

**Fun fact about me:**

I've been homeschooling my three children for seven years now. It was never really on my radar to homeschool, but I felt God was calling me to do this. I figured if I said yes, He'd take care of the details. And He has. My kids are thriving and loving to homeschool. It's been such an amazing experience for me to learn how each of my children learn differently and to see that by tailoring the curriculum to their individual needs they're able to thrive.



*Home school: Dr. Paulette Lucario conducts a science experiment with her three children.*

**What does “A New Day for Dentistry” mean to you?** The idea that we're better together. We are stronger as a profession when we celebrate the ideas and perspectives of members from diverse backgrounds instead of a select few. And in this way, we can better serve our communities. ■

## AWARD *continued from Page 1*

Smile back-to-school events held in August.

The reach and impact of Give Kids A Smile was not diminished by the pandemic. Through webinars and other means of providing volunteers with resources regarding how to carry on the program safely, Dr. Dalin and thousands of other GKAS champions kept the tradition alive. As a result, there were nearly 1,500 registered Give Kids A Smile events in 2021.

## GOOD EXAMPLES

Dr. Dalin first realized the power of the profession to do good through his parents. His father was a dentist.

“He always made it look interesting and fun to be a dentist,” Dr. Dalin said. “[He was] always available to help others when asked. I love the idea of giving back to others using my skills as a dentist.”

Each one of those 7 million children who has attended a Give Kids A Smile event has a story, and Dr. Dalin remembers many of those he has seen over the years.

“We have so many great stories from our program,” he said. “One of my favorites was a girl who was always in trouble in school. She was constantly being sent to the principal's office. She always looked disheveled. Her teachers told us she had not been doing well with her classwork.”

Then the girl came to a Give Kids A Smile event. “She ended up having a tooth removed, a root canal performed and a number of restorations. We were told that after seeing us, she became a model student. There is nothing better than seeing a child feel good and look good.”

## COLLEAGUES' ACCLAIM

Dr. Dalin was nominated by the Greater St. Louis Dental Society for the Humanitarian Award. According to its nomination letter, more than 17,000 St. Louis area children have received dental care worth over \$10.2 million in the 37 clinics that have taken place since



*Togetherness: Dr. Jeffrey Dalin, left, poses with his son Andy Dalin, D.D.S., and a young patient at a St. Louis Give Kids A Smile clinic at the St. Louis University Center for Advanced Education School of Dentistry.*



*Up above: The St. Louis Give Kids A Smile clinic at the St. Louis University Center for Advanced Education in St. Louis in full swing, with 60 chairs for patients.*

the very first one in 2002. Dr. Dalin is actively involved with planning and participating in the clinics and has served as a provider in all 37.

As Dr. Dalin acknowledges, he alone isn't responsible for creating and turning Give Kids A Smile into a movement, but his colleagues in St. Louis and around the nation praised him for his tireless advocacy as a Give Kids A Smile

emissary over the years.

Raymond J. Tseng, D.D.S., Ph.D., was a member of the Give Kids A Smile National Advisory Committee from 2017-2019.

“When you consider his accomplishments, I hope you'll join me in saying, ‘This. More of this,’” Dr. Tseng said. “In our current times, I believe we need more Dr. Dalins to show us what we have in common and how to come together regardless of our differences.”

Thomas C. Flavin, D.D.S., Give Kids A Smile St. Louis president, said Dr. Dalin is a natural-born leader.

“He took the idea to the ADA and the rest, as they say, is history,” Dr. Lavin said. “He inspires by example. How fortunate we are to have him in our profession.”

Jill Schupp, state senator in Missouri, said that she has known Dr. Dalin for more than a half-century, from being in Sunday school together to now him being her dentist.

“I can attest to his commitment to serve those who lack access to needed dentistry here in the St. Louis region and beyond,” Sen. Schupp said. “In past years, I've had the opportunity to see his vision in action by visiting the Give Kids A Smile event in St. Louis. Who ever imagined a

trip to the dentist could be so amazing?”

## EYES TO THE FUTURE

The ADA Give Kids A Smile program is entering its 20th year in 2022.

“To think that millions of children have benefited from this program sends chills up and down my back,” Dr. Dalin said.

Dr. Dalin has worked to ensure that Give Kids A Smile will live a long life, even within his own family.

Dr. Dalin's youngest, Andy Dalin, D.D.S., decided to go to the Indiana University School of Dentistry, the same school his father graduated from.

“He had worked with us at our Give Kids A Smile programs for many years, even when he was a child,” Dr. Dalin said of his son. “He learned how important programs like Give Kids A Smile can be.”

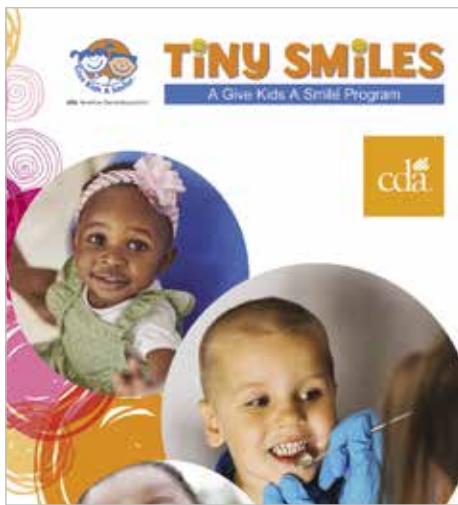
Dr. Dalin continued: “Fast forward to his second year at Indiana University School of Dentistry. They had not held a Give Kids A Smile program there in a number of years. He worked with other students to reactivate their program. In fact, later, the ADA's annual national kick-off launch of Give Kids A Smile in February 2020 took place at the Indiana University School of Dentistry. Talk about a proud father.”

Dr. Dalin also credited his wife of 36 years, Debbie, and his other children, Jamie and Zach, for their support and encouragement over the years — including volunteering at nearly every St. Louis Give Kids A Smile event since the beginning.

The thousands of volunteers that Dr. Dalin either directly or indirectly led will continue on — despite Dr. Dalin's greatest wish.

“I wish that we would no longer have a need for a Give Kids A Smile program,” he said. “That would mean that all children have good access to great dental care. So as long as kids without access to care need dental treatment to fix problems that are causing them to suffer, Give Kids A Smile will be there to help.”

For more information on Give Kids A Smile and ways to get involved in the movement, visit [ADA.org/gkas](http://ADA.org/gkas). ■



### New CE Online courses focus on dental teams

BY DAVID BURGER

ADA CE Online has more than 20 new continuing education courses designed expressly for dental team members who make a practice thrive, with more courses on the way. New courses for hygienists, dental assistants, front office administration, lab technicians and others include practice management and clinical education such as The Successful PPO Practice,

The Art of Anterior Provisionals, CBCT Medical Billing and Prior Authorization, and Mandibular Local Anesthesia for the Dental Professional. Shannon Pace Brinker, a certified dental assistant and certified dental designer, presents seven of the new courses, along with another several in the pipeline she is developing with ADA staff. The education she provides, she said, is to help all members of the dental team, especially those assistants and hygienists recently hired during the national workforce shortage experienced by dentists. The new courses include:

- The Dental Hygiene Detective: What your

patient's mouth is telling you.

- Digital Photography: Point Shoot, SLR and Smartphones.
- Rubber Dam Isolation.
- Front Admin: You Can Effectively Lead, Strengthen and Unite your Team.
- System Implementation is the Key to Practice Growth.
- Help! My Filling Fell Out. To Bond or Not to Bond.
- What the Dental Laboratory Needs to Know.

Discover more CE to enrich the team at [ADACEOnline.org](http://ADACEOnline.org). ■ —burgerd@ada.org

## California Dental Association's CE course offered at no charge through February 2022

Tiny Smiles promotes course on care for young patients

BY DAVID BURGER

The ADA is collaborating with the California Dental Association to promote the CDA's Treating Young Kids Everyday continuing education course, intended to inspire a commitment to decreasing the prevalence of children's dental caries.

The collaboration is part of Tiny Smiles, a Give Kids A Smile educational program sponsored by Colgate and CareCredit and supported by the ADA Foundation. The ADA's Give Kids A Smile program, launched nationally in 2003, provides underserved children with free oral health services.

"As a proud member of the California Dental Association and the ADA's Give Kids A Smile National Advisory Committee, I couldn't be more excited about this unique, mutually beneficial collaboration," said James D. Stephens, D.D.S., ADA 13th District trustee. "Both the CDA and the ADA, through its GKAS Tiny Smiles program, want to help increase dentists' confidence to see babies and young children. The CDA's Treating Young Kids Everyday CE course does just that."

The course offers educational tools and training to support dental teams in using caries risk assessment, disease prevention and early intervention to reduce dental caries among children ages birth to 6 years.

Educating parents and caregivers early is critical as dental caries remains the most common preventable chronic disease of children, according to the National Institute of Dental and Craniofacial Research.

The course, worth two CE credits, will be offered to dentists and dental team members at no charge — a \$200 value — through February.

Information about the collaboration and instructions for how to access the course can be found at [ADA.org/TinySmiles](http://ADA.org/TinySmiles).

"We're happy to share this valuable educational resource so that fewer children ages 0-5 suffer from tooth decay," Dr. Stephens said. ■

—burgerd@ada.org





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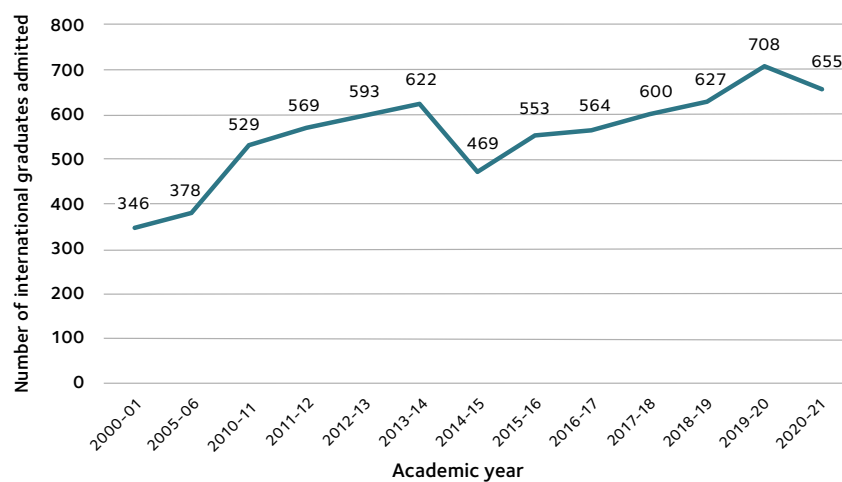
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**INTERNATIONAL DENTAL SCHOOL GRADUATES IN THE U.S.**

The number of international dental school graduates admitted to U.S. dental schools has increased by nearly 90% since 2000. In 2020-21, 655 graduates were admitted.



Source: ADA Health Policy Institute Infographic, "International Students in U.S. Dental Schools." Available from: ADA.org/resources/research/health-policy-institute/dental-education.

**Dr. Mark J. Feldman, remembered for his 'passion for the profession'**

BY DAVID BURGER

**M**ark J. Feldman, D.M.D., past ADA president and treasurer, as well as executive director of the New York State Dental Association, died Nov. 25.

G. Kirk Gleason, D.D.S., chair of the New York State Dental Foundation, headed the search committee in 2009 that brought Dr. Feldman to his position of New York State Dental Association executive director, a position Dr. Feldman held until his death.

"Mark always had a clear vision as to what should be done and what was the right way to do it," Dr. Gleason said. "He understood the balance between the science, everyday practice, administration and the politics to help us all achieve what was best for our members and for the oral health of the public."

Dr. Feldman first became involved in leadership positions within organized dentistry as a member of the Nassau County Dental Society Insurance Council in the early 1980s. Soon after, he was elected an officer of the society and ascended to its presidency in 1988.

Dr. Feldman served six years as secretary-treasurer of the New York State Dental Association and was subsequently elected as

president of that association in 2002. In 2008, he was elected ADA president-elect. During his presidency, he served as interim executive director of the ADA.



Dr. Feldman is survived by his wife of 51 years, Dr. Feldman Carol Schiff Feldman; two sons, Eric Feldman and Sean Feldman; and three granddaughters, Hope, Riley, and Mara.

In a statement, Eric and Sean Feldman said that the two great loves of their father's life were his family and his profession.

"His commitment to both as a selfless, loving, humble servant was without question," they said. "Both dentists and his family depended on him for his calm, sensible, reliable and intelligent counsel. Yet, as passionate as he was about dentistry, for him, family always came first. Before he retired from practice, he would make sure to get home for family dinner every night. Often he would race off to a meeting of the dental society right after, but time with us was his top priority. This ultimately led to his election as president of the ADA. While he was honored to be installed in the position, he left the convention where he was installed to fly cross-country to meet his first newborn granddaughter. The position of Pop Pop was the one he was proudest of." ■

**CLARIFICATION**

The article in the Nov. 8, 2021, issue of the ADA News entitled "CEBJA: ADA Principles of Ethics & Code of Professional Conduct Should Guide Dentists in Pandemic," has created some confusion. The article, which reported on an updated Council on Ethics, Bylaws and Judicial Affairs statement concerning vaccinations, discussed the ethical implications of unvaccinated patients presenting for treatment. The article should have focused on the fact that dentists, in all but the rarest of circumstances, can find ways to accommodate unvaccinated individuals and still protect other patients and office staff, and by not doing so, the ADA News piece opened the door to the misinterpretation of Section 4 of the ADA Principles of Ethics and Code of Professional Conduct ("the ADA Code of Ethics"). A subsequent statement by the ADA, written to clarify the ADA's position on this issue, further misinterpreted statements attributed

to Robert J. Wilson, D.D.S., in the article.

Dr. Wilson wanted to provide an example demonstrating that the ethical prohibition against the refusal to treat patients is not absolute. In accordance with Section 4.A. of the ADA Code of Ethics, while it is never ethical to refuse to treat a patient solely because of "the patient's race, creed, color, gender, sexual orientation, gender identity, national origin or disability," it might, in the rarest of exceptional circumstances, be ethically permissible to work with the unvaccinated patient to find an alternative source of treatment, as that course of action might fall within the "reasonable discretion" allowed by Section 4 of the ADA Code of Ethics.

The ADA's statement did not accurately capture Dr. Wilson's intended meaning and incorrectly said that Dr. Wilson was expressing his own opinion and not that of the ADA. The ADA regrets the error.

## January JADA finds association between smoking cessation advice from dentist, number of quit attempts

BY MARY BETH VERSACI

Receiving smoking cessation advice from a dental care professional is associated with more attempts to quit smoking but not with abstaining from smoking for at least six months, according to a study published in the January issue of The Journal of the American Dental Association.

The cover story, "Smoking-Cessation Advice from Dental Care Professionals and its

Association with Smoking Status: Analysis of National Health and Nutrition Examination Survey 2015-2018," looked at the survey responses of 1,024 current or former smokers who were at least 18 years old, quit smoking within the past 12 months, and reported a dental visit within the past 12 months.

The authors found 44.6% of respondents had received smoking cessation advice from a dental care professional. While there was no significant association between

smoking cessation advice and any attempt to quit smoking, meaning respondents had tried to quit smoking at least once, receiving advice was associated with an 18% increase in the number of times respondents had tried to quit smoking. Advice was not associated with abstinence for six months or longer.

"Dental care professionals are well positioned to help patients quit smoking, and yet our findings show that their full potential is not being realized, which gives us an opportunity to address



this gap," said Sandhya Yadav, B.D.S., corresponding author of the study and Ph.D. candidate at the University of Florida. "Dental professionals need formal training on smoking cessation strategies to increase their self-efficacy in providing additional support to patients for sustained abstinence. Their access to smoking cessation resources and incentives for their time and effort may help incorporate cessation counseling in dental practice and help patients quit smoking and improve overall population health."

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

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## ADASRI scientists receive grant to study implant inflammation

BY MARY BETH VERSACI

Researchers from the ADA Science & Research Institute's new Lab of Oral & Craniofacial Innovation will study the differences between periodontitis and peri-implantitis as part of a grant-funded project.

"Since the first dental implants were placed in the 1960s, they have revolutionized dentistry; however, despite their wide use and high levels of success, implants are susceptible to similar inflammatory disease processes as the teeth," said Kevin M. Byrd, D.D.S., Ph.D., Anthony R. Volpe Research Scholar and manager of oral and craniofacial research. "While similar, many in the field now think that gum inflammation and implant inflammation have important differences that need to be understood in finer detail."

The research team, including Dr. Byrd, ADASRI postdoc researcher Quinn Easter, Ph.D., and University of California, San Francisco, professor Yvonne Kapila, D.D.S., Ph.D., received a two-year, \$25,000 grant from the American Academy of Implant Dentistry Foundation to apply new techniques to better understand oral inflammatory diseases.

The scientists plan to measure the unique immune cell shifts between periodontitis and peri-implantitis using slide-based spatial proteomics, which is the large-scale study of proteins.

"We hope to understand the tissue changes in susceptible tissues before disease onset, and with the goal of precision medicine in mind, this project will set up an analysis pipeline to better describe disease subtypes that are not yet known," Dr. Byrd said. ■

## ADA helps develop guides for sharing patient information between dental, medical providers

BY MARY BETH VERSACI

The American Dental Association has helped develop two guides that will improve the sharing of patient health information between dental and medical providers.

The ADA worked in partnership with Health Level Seven International, an American National Standards Institute-accredited organization that provides standards related to global health data interoperability, as well as other stakeholders. The

ADA has formally partnered with HL7 for many years, developing the dental content of standards while HL7 provides the technical elements.

Currently, there is no standard for the exchange of patients' dental health information between dental providers or between dental and medical providers. While some electronic health record systems have implemented the HL7 consolidated clinical data architecture for data exchange, these implementations are primarily for medical care and do not include data elements necessary for use by dental

providers. The consolidated clinical data architecture is an HL7 standard that defines the structure of certain medical records.

ANSI/ADA Standard No. 1084: Reference Core Data Set for Communication Among Dental and Other Health Information Systems provides the foundation for the technical specifications to extract, format, transmit and receive a patient's demographic data, dental or medical encounter data, and clinical data for exchange among information systems to achieve syntactic and semantic interoperability.

In 2020, HL7 approved moving forward with the development of a dental consolidated clinical data architecture implementation guide and a dental Fast Healthcare Interoperability Resources implementation guide based on Standard No. 1084 for the guides' dental content, while using existing HL7 specifications for other information, such as demographic data, allergies and medications.

Fast Healthcare Interoperability Resources is a newer HL7 exchange standard that uses web-based application program interface requests and responses.

The implementation guides use Current Dental Terminology and the Systematized Nomenclature of Dentistry, both maintained by the ADA. ■

—versacim@ada.org

### Standards available from ADA Store

BY MARY BETH VERSACI

The ADA Standards Committee on Dental Products has approved the following standards and technical reports that are now available for purchase from the ADA:

- Revised American National Standards Institute/ADA Standard No. 38, Compatibility Testing for Metal-Ceramic and Ceramic-Ceramic Systems.
- ANSI/ADA Standard No. 47-1, Stationary Dental Units and Patient Chairs — Part 1: General Requirements.
- ANSI/ADA Standard No. 47-2, Stationary Dental Units and Patient Chairs — Part 2: Air, Water, Suction and Waste-water Systems.
- Revised ANSI/ADA Standard No. 63, Endodontic Instruments — Auxiliary.
- Revised ANSI/ADA Standard No. 95, Endodontic Instruments — Enlargers.
- Revised ANSI/ADA Standard No. 100, Orthodontic Brackets and Tubes.
- ADA Technical Report No. 142, Guided Surgical Devices and Maxillofacial Prosthetics.
- ADA Technical Report No. 143, Guidance for Cementation and Bonding of CAD/CAM Fabricated Restoration.
- Revised ANSI/ADA Standard No. 167, Test Methods for Dental Unit Waterline Biofilm Treatment.
- ANSI/ADA Standard No. 190, Single-Use Dental Cartridges for Local Anesthetics.
- ANSI/ADA Standard No. 191, Intra-Oral Mirrors.
- ANSI/ADA Standard No. 192, Dental Explorer.

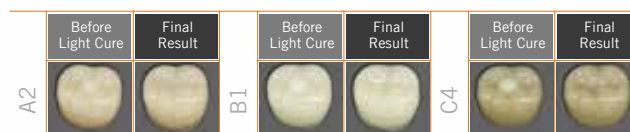
The Standards Committee on Dental Informatics has approved the following standards, technical reports and white paper that are now available from the ADA:

- Revised ADA Technical Report No. 1087, Essential Characteristics of Digital Oral Health Risk Assessment Resources.
- Revised ADA Technical Report No. 1088, Human Identification by Comparative Dental Analysis.
- ADA Technical Report No. 1092, Implementation Guide to Utilization of Diagnostic Code(s)/Term(s) in Dental Records.
- ANSI/ADA Standard No. 1097, Digital Caries Risk Assessment Resources.
- SCDI White Paper No. 1100, Codes for Orthodontic/Craniofacial/Forensic Photographic Views and View Sets.

To purchase the materials, visit [ebusiness.ADA.org](http://ebusiness.ADA.org). ■

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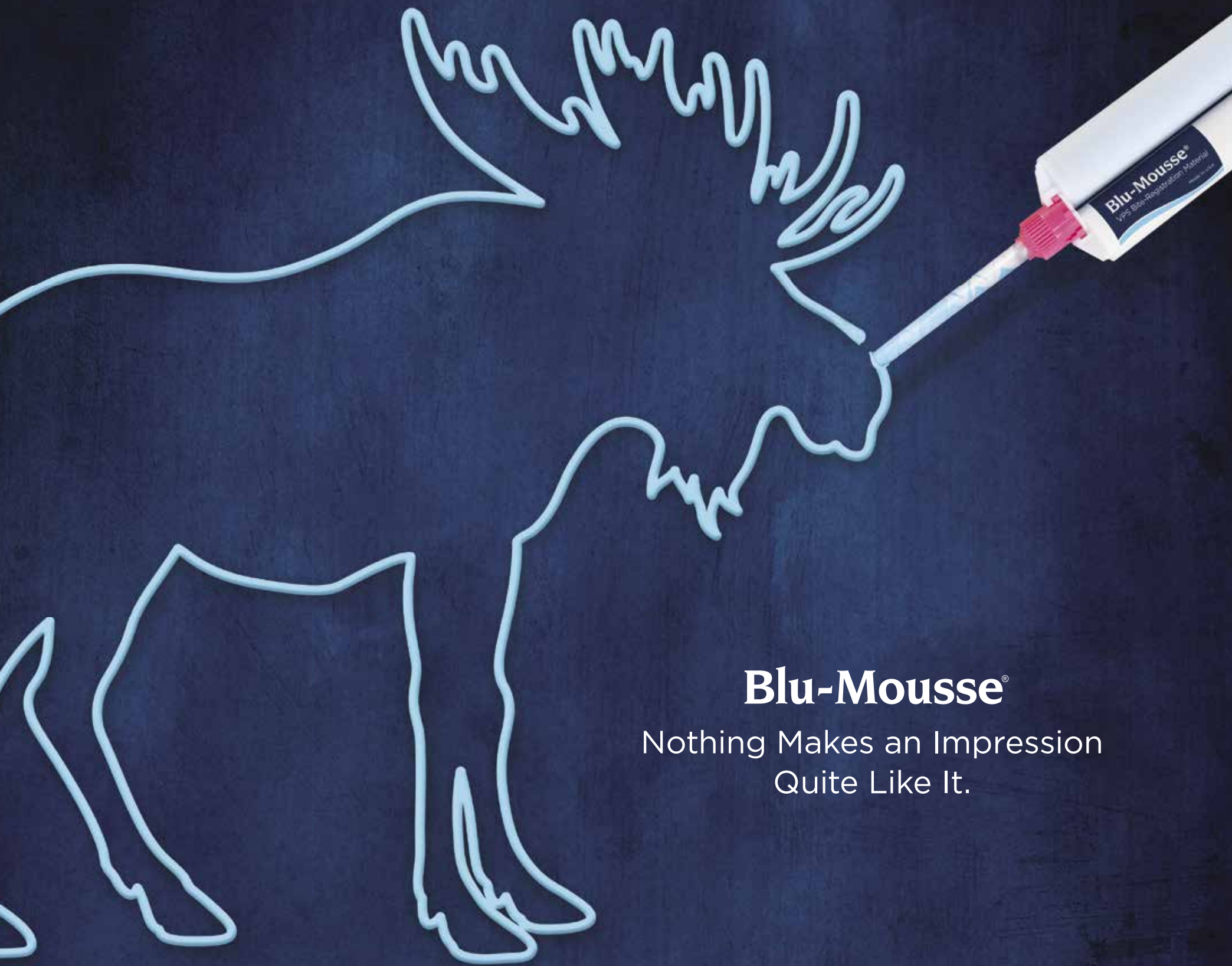


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