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6-17-2019

## ADA News - 06/17/2019

American Dental Association, Publishing Division

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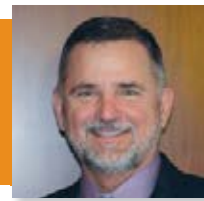
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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

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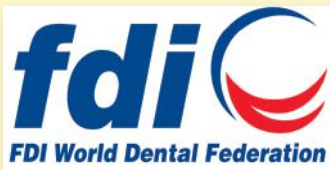
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## BRIEFS

### FDI seeks CE suggestions for 2020 World Dental Congress

ADA members can propose continuing education sessions for the 2020 FDI World Dental Congress.

"Our objective is to develop an outstanding and attractive program for an international audience with speakers recognized locally and globally," FDI President Kathy Kell, Congress Director Steeve Girod, Education Committee Chair Jürgen Fedderwitz and Education and Public Health Manager Isabelle Bourzeix said in a



letter to FDI members.

The congress is scheduled for Sept. 1-4, 2020, in Shanghai. The FDI Education Committee will develop the scientific program in collaboration with the Local Organizing Committee of the Chinese Stomatological Association.

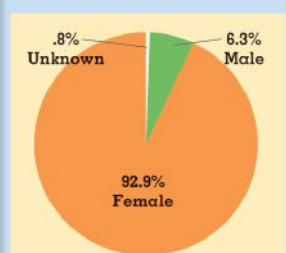
The FDI is inviting representatives of national dental associations to recommend topics and speakers for the

See FDI, Page 15

## JUST THE FACTS

### Allied dental education enrollment

In 2017-18, the vast majority of students enrolled in allied dental education programs in the U.S., including dental hygiene, dental assisting, and dental laboratory technology, were female.



Source: ADA Health Policy Institute, ADA.org/hpi, hpi@ada.org, ext. 2568

## ADA president shares the story of dentistry, policy on opioids

BY JENNIFER GARVIN

Bethesda, Md. — Standing in a room full of national health care leaders and researchers in pain management and substance use disorders, ADA President Jeffrey M. Cole told a story.

He told the story of an Association driven to do its part to alleviate the nation's opioids crisis. He talked of ADA members personally being affected by substance use disorders either from their own addictions or someone in their family.

He showed how all of it — the tragedies, the 24-hour news cycle,

the desire for dentists to help — led the Association to groundbreaking territory in 2018, when the ADA became one of the first health care professional associations to create policy mandating continuing education and initial prescribing limits for opioids.

"Seeing what was happening

See PRESIDENT, Page 13

**Collaboration:** Dr. Martha Somerman, director, NIDCR, and ADA President Jeffrey M. Cole share a moment during the NIH Pain Consortium.



## ADA honors Congressman Mike Simpson with Distinguished Service Award



Photo courtesy of Rep. Simpson

**Family time:** Rep. Simpson and his wife, Kathy, spending time outdoors.

BY JENNIFER GARVIN

Washington — Dr. Mike Simpson was reading the paper one morning, when something caught his eye: the local city council had two open seats and only one candidate had filed.

Something stirred inside the former political science major who'd followed his father and uncle into dentistry. That was the moment when Simpson the dentist started to become Simpson the legislator.

"I won with 1,016 votes to 1,008," he said. "If my dad and my mom and my brother and sister and me and [wife, Kathy] had voted for the other guy, I would still be practicing dentistry."

City council led to the state legislature, which led to the U.S. House of Representatives, where he is currently serving his 11th term in

See SIMPSON, Page 8

## Changing faces: Dentistry sees slow but growing diversity

BY KIMBER SOLANA

*Editor's note: This is the fourth article in an ADA News series examining the changing demographics and increasing diversity in dentistry.*

It was about a year after earning her dental degree from a historically black university when Dr. Melanie Mayberry would notice new patients say something peculiar to her.

"Patients would tell me, 'Oh, I expected you would look different,'" she said. "Another would say, 'I thought you would be older, or a man.'"

Some of the patients would be more blunt.

"I just thought you'd be an older white man," said Dr. Mayberry, a 1994 graduate of Meharry Medical College School of Dentistry and a clinical associate professor at the University of Detroit Mercy School of Dentistry.

Dr. Mayberry said she took the comments in stride, but it became apparent to her that there weren't a lot of African-American dentists.

"My father was a dentist and graduated in 1945," she said. "I had heard a lot of stories from him about people who were not quite ready to meet a black dentist back then."

If her father were alive today, Dr. Mayberry said, he would notice some changes.

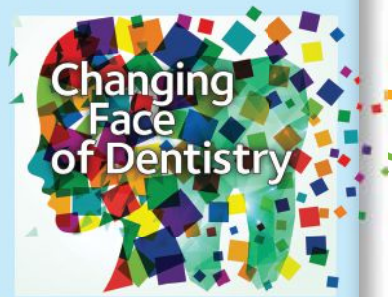
"And I do see a little bit of that change today since graduating in 1994," she said of a growing diversity in the profession. "The pace is slow, but it is moving in the right direction."

While further historical data is not readily available, Dr. Mayberry's observation appears accurate. According to ADA Health Policy Data, 28% of professionally active dentists in 2018 were from racial/ethnic minorities. That's up 22% from 2008.

The need for a more racially diverse workforce in the profession has inspired others, including Dr. Mayberry, to create community programs to expose minority children to health care professions, including dentistry. Their hope: The exposure encourages them to pursue a career as a dentist.

"A more diverse workforce will always bring more diverse experiences,"

See FACES, Page 8





# ADA FDI 2019 to highlight dental technology

BY MARY BETH VERSACI

San Francisco — More than 500 companies will participate in the Exhibit Hall at the ADA FDI World Dental Congress Sept. 4-8 in San Francisco.

For the first time, the Exhibit Hall will be in the renovated, “state-of-the-art” Moscone Center, said Dr. C. Roger Macias Jr., general chair of the ADA Advisory Committee on Annual Meetings.

“We on the Committee on Annual Meetings have had the pleasure of touring this amazing center, and we are looking forward to showcasing this grand exhibit hall for

both the attendees and the exhibitors,” Dr. Macias said.

What sets ADA FDI 2019 apart from other meetings is its display of exhibitors from around the world with advances in techniques and materials, he said.

The Cellerant Best of Class Technology Awards will showcase some of these advances.

The awards were created by Dr. Lou Shuman, CEO of Cellerant Consulting Group, to make dental professionals aware of the most innovative products available and to inform dental manufacturers of what experts

consider to be the leading technologies.

“We are entering a new era in dentistry — one that will change how we diagnose, treat and manage our patients and practices,” Dr. Shuman said. “This was a breakthrough year in product and services technologies.”

The 2019 winners feature some repeat recipients, as well as new and emerging winners. They include:

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- 3Shape TRIOS 4.

**Six-time winners**

- Bien-Air iOptima INT.
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- Ultradent VALO Grand.
- Five-time winner**
- Shofu Dental Corporation EyeSpecial C-III.
- Four-time winners**
- MMG Fusion ChairFill.
  - WEO Media.
- Three-time winners**
- Bien-Air Tornado.
  - Orasoptic EyeZoom.
  - Ultradent Gemini 810 + 980.
- Two-time winner**
- Garrison Dental Solutions Composit-Tight 3D Fusion.
- New winners**
- Ivoclar Vivadent Bluephase G4.
  - exocad ChairsideCAD.
  - Carestream Dental CS 9600.
  - Tokuyama OMNICHROMA.
  - Dentsply Sirona Primescan.
  - Henry Schein ONE Tech Central OniCore.
  - DEXIS Titanium by KaVo.
  - SleepArchiTx Turnkey Sleep Solution.
  - LED Apteryx XVWeb + 3D.
  - Patient Prism.
- New emerging winners**
- Bausch Articulating Papers, Inc. OccluSense by Bausch.
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Those in attendance can meet with dental technology experts to learn what makes the winners stand out in the industry and enjoy live demonstrations, hands-on experiences with the winning technologies and live podcast interviews.

The Exhibitor Spotlight at 10 a.m. Sept. 5-7 also will highlight what is new and exciting in the dental industry with presentations and demonstrations in the South Hall of the Moscone Center.

Beyond dental technology, the Exhibit Hall will feature the ADA Practice Excellence Booth, where dental professionals can hear from speakers on marketing, finances and more, attend campfire courses focused on dental benefits and other topics in small group settings, participate in self-directed activities that test their HIPAA knowledge and problem-solving skills and learn more about dental standards through an interactive journey.

Although the main stage and campfire courses are selling out quickly, attendees can grab a spot in the standby seating line for any free course. If seats are open once a course begins, those in line will be seated on a first-come, first-served basis.

The Exhibit Hall also provides opportunities for ADA members to meet face to face with ADA Member Client Services and Member Advantage staff.

The Member Success Center will offer resources on dental benefits, finances, clinical guidelines, practice transitions, advocacy efforts and more, while the Member Advantage area will feature endorsed products and services with member-exclusive discounts.

To learn more or register for ADA FDI 2019, visit [ADA.org/meeting](http://ADA.org/meeting). Search “#ADAFDI” to find posts about the congress on Twitter and Facebook. ■

—versacim@ada.org



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## CDC recognizes ADA committee member

BY DAVID BURGER

Atlanta — The Centers for Disease Control and Prevention awarded a member of the ADA's National Fluoridation Advisory Committee the CDC Jeffrey P. Koplan Award, the highest honor that the CDC's National Center for Chronic Disease Prevention and Health Promotion can bestow on one of its employees.

Kip Duchon, who is due to retire on June 30 from his position as National Fluoridation Engineer in the CDC Division of Oral Health, was recognized for his "extraordinary and sustained accomplishments that contribute significantly to advancing the mission of the

(National Center for Chronic Disease Prevention and Health Promotion)," according to a CDC news release.

Dr. Leon Stanislav, chair of the ADA National Fluoridation Advisory Committee, praised Mr. Duchon's commitment for more than a decade to advancing awareness and knowledge about fluoridation through his career and tenure on the committee.

"Kip's wealth of knowledge has been invaluable to our committee, the ADA, water operators and the public at large," Dr. Stanislav said. ■

— burgerd@ada.org



**Honor:** Dana Shelton, right, acting director, National Center for Chronic Disease Prevention and Health Promotion, presents the CDC Jeffrey P. Koplan Award to award to Kip Duchon.

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# VIEWPoint

## MyView

### What can we do for dental education?



Robert N. Bitter, D.M.D.

**I**t has been my pleasure the last five years to again be a full-time dental educator at one of our dental schools. I first started my dental career in dental education, joining the faculty at Northwestern University Dental School after completing my specialty training at that institution. Between these two times, I spent 33 years as a specialty private practitioner. Having now returned to academia, I have found that dental education today is very different from what many of us experienced during the years we spent in dental school earning the three initials that follow our names.

I had the good fortune to be educated in an era when the federal government was very generous to dentistry — considerable funding had been available, along with some coercion, for dental schools to double the enrollment size of many, if not most, of the dental programs in this country.

At that time, too, dental school tuition had been very reasonable — at many of the private institutions, and certainly at the public institutions.

My first year's tuition at a private institution in a three-year dental program was just a little over \$4,000, and prorated so that my three years of tuition included the expenses that before this had included four years of tuition.

Mind you, not everything was rosy — the economy during and after the Carter years saw interest rates over 20%.

Still, I consider myself lucky.

What has changed? Well, simply put, dental education is a lot more complicated today. As a faculty, we have considerably more governmental regulations and accreditation guidelines than previously — things like Health Insurance Portability and Accountability Act, OSHA, Title IX, and strict institutional regulations regarding human research, to name a few.

What we teach is so much more complicated as well. Science has made great strides, and the subjects taught have grown as our profession has grown.

These changes have necessitated technologically sophisticated and expensive equipment — CAD/CAM, CBCT and guided implant planning and surgery, lasers, digital X-rays and computer software and equipment and electric handpieces come quickly to mind.

Even simple supplies, like composite resin systems, require multiple kits to accomplish the many ways this material is now used today in restorative dentistry.

And of course, dental school tuition has risen considerably, in most instances in an attempt to compensate for funding that had previously been a part of federal and state funding for higher education.

Today the cost to a dental school institution to train a dentist during their four years of dental education is approximately \$400,000. The strain to dental schools to accomplish what they do today is enormous. Being the dean at a dental school was once the pinnacle of success in our profession.

Now these individuals find themselves struggling to keep their programs properly funded in today's chaotic times.

See MY VIEW, Page 5

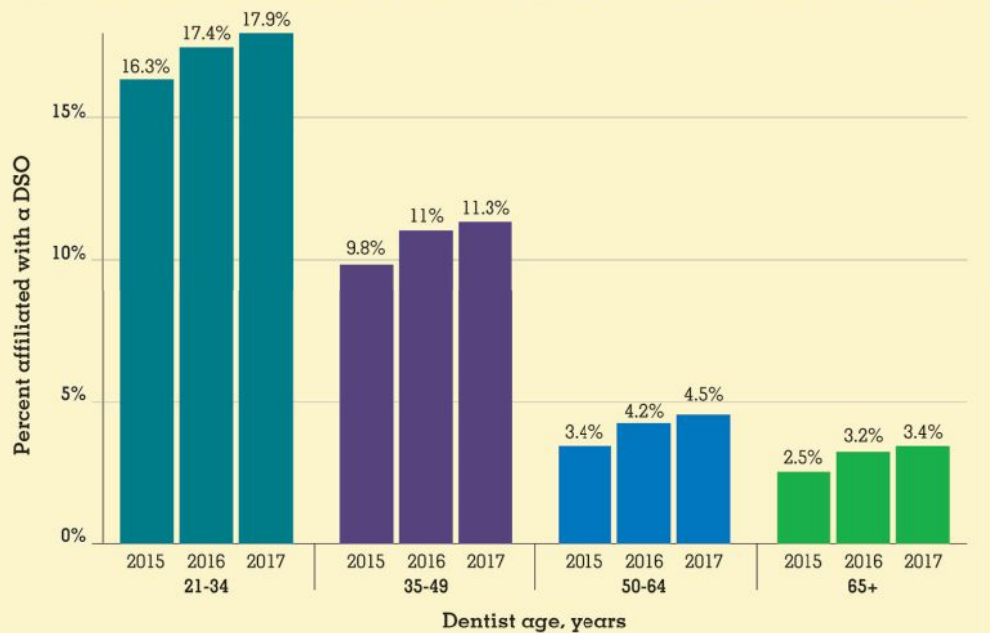
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## SNAPSHOTS OF AMERICAN DENTISTRY

### Affiliation with DSOs by dentist age

Dental service organization affiliation is highest among younger dentists but has also increased in popularity among older dentist age groups.



Source: American Dental Association, Health Policy Institute Infographic, "How Big are Dental Service Organizations?" Available from: ADA.org/en/science-research/health-policy-institute/publications/infographics.

## Letters

### Data discrepancy

**A**s the chairperson for the Council on Dental Benefits for the Rhode Island Dental Association, I was extremely surprised at the recent information from the ADA Health Policy Institute, which reported that Rhode Island dentists have the second-highest annual net income in the nation at \$255,211.

The reason I was surprised is Rhode Island dentists are reimbursed at one of the lowest rates in the nation by third-party payers, and we have not received a fee increase from the two major dental benefit providers in the state for over 11 years.

According to the report, the data comes from the U.S. Bureau of Labor Statistics, and according to their website, the number was calculated by multiplying 2,080 work hours (40 hours x 52 weeks) by an hourly mean wage. Given that information, the total would be a gross wage and not a net wage.

If the HPI report is accurate, a dentist would be in a 32% tax bracket, which means that the dentist would need to gross \$375,000 to net \$255,000. Referring back to the U.S. Bureau of Labor Statistics, the hourly mean wage was

\$122.21. For the HPI numbers to work the hourly mean wage would need to be \$180.29.

When you take office overhead into consideration, to generate the \$180 the dentist would need to produce and collect more than that per hour.

If we assume a 60% overhead, the dentist needs to produce and collect \$450 for that

the numbers are true, I find them hard to accept, and I am skeptical that they are accurate. In addition, a report like this makes it more difficult for us to argue that the reimbursement rates need to be increased. Especially when the report says that Rhode Island dentists have the second-best net income in the nation.

Andrew Gazerro III, D.M.D.  
West Warwick, Rhode Island

*Editor's note from Marko Vujić, Ph.D., chief economist and vice president of the ADA Health Policy Institute: Thank you very much for your letter. My team appreciates your taking the time to look at our analysis and to bring up these issues. We agree that the data should not be characterized as net income given the methodology. We have modified the infographic accordingly to clarify. In addition, there are other measures of dentist earnings available from the Bureau of Labor Statistics at the state level (e.g., median income, trended five-year moving average) that others might wish to examine. As far as we know, our analysis is the first that compares dentist earnings across all 50 states, adjusted for cost of living differences. Again, thanks for the thoughtful feedback.*



hour of work to have the \$180 for pay.

Given our poor rates of reimbursement where our UCR fees are reduced by anywhere from 30-50%, this means the dentist must produce much more per hour to net the \$450.

While I would sincerely hope



# MyView

Continued from Page 4

What needs to change? The ADA has long been concerned about rising dental student debt. As doctors, though, we need to appreciate the difference between a symptom and a cause of disease. I would argue that student debt is a symptom; the cause being the lack of federal and state funding for our institutions. If we want to train the best clinicians in the world, we have to be prepared to pay the price for excellence. In addition, our federal and state governments are now making more demands of dentistry to provide care for many segments of our population that have historically lacked good access to care: the poor, the disabled or handicapped, rural communities, and perhaps soon, even the aged Medicare population.

My parents always impressed on me that you never get something for nothing. If dentistry is to provide the type of care for the American population that government seems to expect, it will come at a cost.

What can we do? The ADA has historically lobbied government most strongly for the private practicing dentist. Recently though, at our ADA Dentist and Student Lobby Day in Washington, D.C., we began to include dental students and dental student debt in our lobbying efforts. But, as I mentioned, dental student debt is the smoke. The fire that drives this is the loss of higher education funding for our dental school institutions. The ADA and many of our state dental associations have political action committees. These organizations

**If dentistry is to provide the type of care for the American population that government seems to expect, it will come at a cost.**

have the appropriate corporate designation that allows them the opportunity to speak on behalf of our members and our profession to our legislators, at both the federal and state levels.

Other organizations, including our various dental foundations and even the American Dental Education Association, do not have this corporate designation and are thus unable to lobby government as effectively. In addition, even dental school deans are in many instances hampered in their effort to voice their concerns in their institutions. Large educational institutions have many deans within a university, a dental school dean being just one of many that request monies for their programs. And the chancellors and presidents of private and state institutions oftentimes do not look favorably on a dean that seems to function outside the normal operating channels, especially as regards to seeking funding from government officials and legislators.

So, who can speak for our dental school programs and their young graduates who will be the future of our profession? For the future of dentistry in this country, I would argue that it is time for the ADA and our state dental associations to put our dental school programs and their funding needs in our legislative advocacy agenda.

We have too much to lose if we do not step forward and give a voice through our lobbying efforts to the concerns for our dental

education programs and the young professionals they train. If our profession and its educational programs are to meet tomorrow's challenges, we need to advocate for this change, and the ADA and organized dentistry is best capable of being that voice.

How can this happen? I will mention but one option that comes to mind is to increase revenue — there certainly are more that could be listed. The federal government has a program in medicine, the graduate medical education program, to compensate teaching institutions for training post-grad medical residents where an institution provides Medicaid and Medicare services. Medical students do not receive these monies, as they generally do not directly provide care

in this regard during their training — but dental students at most of our dental schools do directly provide patient care to the Medicaid population in their communities. At my school, 52% of our clinic population are Medicaid patients. If dental pre-doc students treat these patients, should they not receive the same benefit that exists more generally in medicine for its care providers?

Please note that some dental post-grad programs, (general practice residencies, advanced education in general dentistry and many pediatric dentistry programs), already receive this type of government funding. These monies can be substantial and could benefit our dental school institutions and at the same time help bring dental school tu-

ition to a more reasonable cost for our young dental professionals.

Please know that I do not expect this change to occur overnight given the current political environment. The effort to bring about this change for our dental schools, and for our dental students as well, is going to be a long, hard fight. But if we don't step forward and bring our concerns to those who govern, not only will our profession suffer, but the patients we serve as well.

**Dr. Bitter is a clinical assistant professor at Southern Illinois University School of Dental Medicine. He is a past president of the Illinois State Dental Society and the former ADA 8th District trustee from 2014-2018. He can be reached at rbitter@siue.edu.**



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# Council on Dental Practice provides infectious disease guidance

BY DAVID BURGER

As news stories proliferate about the increasing number of people across the country contracting measles, the ADA Council on Dental Practice is making it easy for dentists to access helpful resources about both infectious disease and workplace liability.

“Measles is one of the most contagious infectious diseases,” said Dr. Rudy Liddell, Council on Dental Practice vice chair. “Transmission can happen in any setting, including health care facilities. The council is very concerned about the health and well-being of patients and dental professionals during this rise of measles. We’ve



Dr. Liddell

responded by developing resources that answer frequently asked questions and provide direct links to credible resources.”

As of June 6, more than 1,000 measles cases have been reported in 2019 in the U.S., according to the Centers for Disease Control and Prevention.

“Good rules of thumb are to isolate infect-

ed people from other patients and staff; follow the appropriate airborne precautions; and to have staff use appropriate respiratory protection,” Dr. Liddell said. “It’s also important to always report suspected measles cases to the local health department immediately.”

The council’s measles FAQ can be accessed online at [Success.ADA.org/en/practice-management/patients/infectious-diseases-measles](http://Success.ADA.org/en/practice-management/patients/infectious-diseases-measles).

This information complements the May 9 statement issued by the ADA Council on Ethics, Bylaws and Judicial Affairs which offers guidelines to dentists on dealing with the com-

plicated ethics of the outbreak. Read the statement online at [ADA.org/en/publications/ada-news/2019-archive/may/ada-council-addresses-ethics-of-measles-crisis](http://ADA.org/en/publications/ada-news/2019-archive/may/ada-council-addresses-ethics-of-measles-crisis).

The council has also issued a second FAQ to provide information about *Candida auris*, which the CDC describes on its website as “an emerging fungus that presents a serious global health threat.” That resource is available at [Success.ADA.org/en/practice-management/patients/infectious-diseases-candida-auris](http://Success.ADA.org/en/practice-management/patients/infectious-diseases-candida-auris).

For more information, contact the Center for Dental Practice at [dentalpractice@ada.org](mailto:dentalpractice@ada.org) or 1-312-440-2895. ■

## Surety bonds required for dentists who are equipment suppliers

*Baltimore* — Despite the ADA voicing its concerns and opposition to this requirement, the Center for Medicare and Medicaid Services will require dentists who are suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies to obtain a \$50,000 surety bond per office location.

Before 2019, such dentists were exempt from the rule.

The requirement will only affect dentists who have enrolled as equipment suppliers, which is about 1,800 dentists, according to CMS. Letters were mailed to those dentists the week of June 3 by the National Supplier Clearinghouse, the organizational entity responsible for issuing or revoking Medicare billing privileges for suppliers.

Dentists who are enrolled in Medicare as suppliers will have to comply within 90 calendar days of receipt of notification from CMS, according to the letter.

Dentists who believe they are entitled to an exception may provide documentation to CMS that they are prescribing the items they are supplying to Medicare beneficiaries as part of their “physician service” and subject to other Medicare requirements regarding prescribing and filling equipment and supplies. However, CMS said the surety bond exception only extends to physicians who are both prescribing and filling the product in the course of their own “physician service,” according to the National Supplier Clearinghouse.

Medicare will not reimburse a dentist for supplying an oral sleep apnea device to a Medicare beneficiary unless the requirements of Local Coverage Determination 33611 are met. LCD 33611 includes several criteria, including a criterion that the device is prescribed by a “physician.” CMS said that in this context the term physician does not include a dentist.

For more information, contact the National Supplier Clearinghouse at 1-803-735-1034 or the ADA Third Party Payer Concierge at 1-800-621-8099.

The ADA Center for Professional Success houses a web page on the topic at [ADA.org/suretybonds](http://ADA.org/suretybonds). ■

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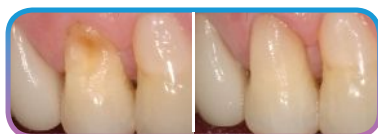
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# Florida city continues fluoridation after '180'

BY DAVID BURGER

Ocala, Fla. — The Ocala City Council unanimously passed an ordinance June 4 that will keep fluoride in city water after the 63-year-old practice was endangered earlier this year.

The city of 60,000 residents located in north central Florida had been fluoridating its water since the 1950s, according to a city council report.

But in March, Ocala's Utility Advisory Board recommended that the city council

consider ending the addition of fluoride to city water. According to Dr. Johnny Johnson, a pediatric dentist and president of the American Fluoridation Society, the board's concerns regarded the efficacy of the fluoridation program.

Faced with the prospect of fluoridation ending, Dr. Johnson said, "everybody pulled together quickly," including local dentists who mobilized to ensure that the community, including the city council, were aware of the health benefits of community



Dr. Paramore

water fluoridation.

Dr. Johnson said the opinion of the city changed 180 degrees between March and June due to an outpouring of evidence and support for fluoridation from the community, including the Florida Dental Association.

In an April letter to Ocala Mayor Kent Guinn, Florida Dental Association President Jolene Paramore advocated for the continuation of the city's fluoridation policy.

"In your area, budgetary restraints have been brought forth as an argument for not continuing the community water fluoridation program in Ocala," Dr. Paramore wrote. "Throughout 70 years of research and practical experience, the overwhelming weight of credible scientific evidence consistently indicates that fluoridation of community water supplies is the single most effective, safe and cost-effective public health measure to prevent dental decay and repair early tooth decay. For many people who live in small towns and don't have access to routine dental care, community water fluoridation provides some layer of protection to help fight dental caries. As you consider the issue of community water fluoridation, please keep in mind the long-term and wide-reaching benefits of this important public health program of the people of Ocala."

So Dr. Paramore, on behalf of the Florida Dental Association, was pleased with the outcome of the vote.

"The Florida Dental Association supports community water fluoridation and applauds the city of Ocala for continuing their fluoridation program," Dr. Paramore said after the council vote. "Our FDA member dentists, and in particular Drs. Johnny Johnson, Lee Anne Keough and Suzi Thiems-Heflin, along with David Keough, played a tremendous role in bringing this message forward and ensuring that the citizens of Ocala continue to benefit from this excellent public health measure. We recognize and thank them for serving as champions for Florida's oral health."

Dr. Richard A. Stevenson, based in Jacksonville, Florida, is vice chair of the ADA Council on Advocacy for Access and Prevention and said fluoridation is one of the "guiding principles" of the council and the ADA.

"I want to personally thank the City Council of Ocala for doing the right thing for their citizens," he said. "There is overwhelming evidence in the efficacy of fluoride preventing and reducing tooth decay. It is one of the most cost-effective ways of protecting the citizens of Ocala and all of Florida."

The decision by the council to continue its fluoridation practice was also hailed by Mark S. Lander, administrator of the Florida Department of Health in Marion County.

"Our department is thankful for the city's recognition of the value and benefits of fluoridation," Mr. Lander said in a statement. "The updates to the city's fluoridation policy will bring innumerable health benefits to city residents. Fluoridation is the most cost-effective means of reducing tooth decay and is an ideal public health measure where everyone benefits; it touches all classes regardless of socioeconomic status. Oral health care has been identified through Marion County community health assessments as a priority issue."

Currently 77% of Floridians served by community water systems receive optimally fluoridated water, according to the Florida Department of Health.

The ADA has endorsed the fluoridation of community water supplies as safe, effective and necessary in preventing tooth decay since 1950.

For more information or resources about fluoridation, visit [ADA.org/fluoride](http://ADA.org/fluoride). ■

—burgerd@ada.org

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# Simpson

Continued from Page 1

Idaho's 2nd Congressional District.

"And I would never have run again had I not won that first election," said Rep. Simpson, a Republican who grew up in Blackfoot, a town of about 12,000 known as the world's potato capital.

In September, the ADA Board of Trustees will honor Rep. Simpson with the ADA Distinguished Service Award at the ADA FDI World Dental Congress in San Francisco. The award is the highest honor the ADA Board of Trustees can bestow on a member.

"As the longest-serving dentist member of Congress, Mike Simpson has been a friend of dentistry, and the patients we serve, for decades," said ADA President Jeffrey M. Cole. "His leadership efforts in Congress to help pass the Action for Dental Health Act will provide access to federal funding for projects that strengthen the safety net and help eliminate barriers to care like Missions of Mercy and emergency room referral programs. With his work on the House Appropriations Committee and the respect he has in the House as a leader that can work with everyone, he has been instrumental in seeing that the oral health programs that benefit patients across the country are funded. Our profession owes a great deal of gratitude to Mike for all he has been able to accomplish."

Federal programs supporting oral health for which Rep. Simpson has pushed for increased funding include the Centers for Disease Control and Prevention's Division of Oral Health, Health Resources and Services Administration, and Indian Health Service.

"Mike has been an outstanding advocate on Capitol Hill for the profession and the public's oral health," said Mike Graham, ADA senior vice president for government relations, who's known Rep. Simpson for more than 20 years. "The work that he does on Capitol Hill, he does because he knows it's the right thing to do. He doesn't do it for the glory; he doesn't do it for the limelight. In fact, he probably shuns it more than most members of Congress that I know. But he is the person that absolutely deserves to receive this award because he



**Energy visit:** Rep. Simpson stops by the U.S. Department of Energy.

is so humble and because he has done so much for the profession and the public."

"I think it's undeserved," said Rep. Simpson, who chairs the House Subcommittee on Energy and Water Development and also serves on the Interior, Environment and Related Agencies and Labor, Health and Human Services, Education, and Related Agencies subcommittees. "I feel like I'm just doing my job."

Growing up, Rep. Simpson said he never dreamed of running for Congress. After working for years juggling the state legislature (which is part-time in Idaho, as in many states) and dentistry, he figured he'd go back to being a full-time dentist. Maybe run for governor one day. He certainly didn't want to leave his beloved mountains. Then he learned incumbent Mike Crapo was planning to vacate the seat to run for the U.S. Senate and the wheels started spinning.

"I came home and said, 'Kathy, you know, all that work you did to put me through dental school? We've built a good practice; we've got a good life. How would you like to give all that up for a place about half the salary that we had before, and every two years you've got to ask people to send you back?'"

# Faces

Continued from Page 1

Dr. Mayberry said. "Our conversations about the profession can become broader and richer when diversity is reflected."

## 'Wow, she looks like me'

According to the Health Policy Institute data, from 2008 to 2018, the percentage of active white dentists decreased from 78.2% to 71.9%. The largest increase among minority groups came from those of Asian background, increasing from 12.9% to 17.1%. Hispanics increased from 4.6% to 5.6%; and professionally active black dentists decreased from 3.8% to 3.7%. Dentists from other racial/ethnic background increased from 0.5% to 1.6%.

For Dr. Tawana Lee-Ware, of Indianapolis, introducing the idea that dentistry is a possible career choice to school-age children is one way of increasing those numbers. She knows from experience.

Dr. Lee-Ware was pursuing a major in engineering in college but continued to explore other careers, including music and dance. When a mentor introduced her to an African-American dentist, Dr. Diane Stevens, something just clicked.

"I spent some time with her and observed her treating a patient," Dr. Lee-Ware said. "I

saw her put something in the patient's mouth, and immediately the patient was sitting up straight. There was a physical change in him. Not only was she helping people, she was improving their self-esteem."

Dr. Lee-Ware continued to explore dentistry and realized she enjoyed the artistry associated with it, the ability to improve patients' lives and Dr. Steven's advocacy.

"I fell in love with it," said Dr. Lee-Ware, who graduated from Meharry in 2002.

In 2017, Dr. Lee-Ware rebranded a mentorship program that she had been doing for about a decade in the Indianapolis area. Called "Take Aim...Ready, Set, Achieve," the program's vision is to increase awareness of the career opportunities in the dental profession with low-income, first-generation college, disadvantaged students with a focus on those from a diverse background.

"A lot of times, the kids only know what's in front of their noses," Dr. Lee-Ware said. "For them to consider dentistry, they need exposure and education."

Dr. Lee-Ware has teamed up with Upward Bound, a federally funded educational program, to host about 15 middle and high school students for a four- to six-week summer program at the Indiana University-Purdue University Indianapolis campus. She also plans to work with 15 other school-age girls through another organization called Girls Gift.

The students are introduced to and work

"And she said to me, it kind of surprised me, she said, 'You're happier those 10 weeks when you're in session. So, let's go try it.'"

That was 1998. He's been in Washington ever since.

"There's nobody in Congress more aware of the importance of working across the aisle than Mike Simpson," Mr. Graham said. "In everything he does, he looks to reach across the aisle to his Democrat colleagues to establish relationships and to partner with them on key issues."

An example of that came in 2015, when President Barack Obama signed legislation into law protecting the Boulder-White Clouds area which, among other things, created three new wilderness designation areas totaling 275,665 acres. Getting the legislation passed was no easy feat. It took 15 years of working with Congress, as well as bringing different parts of his Idaho constituency together.

"That's the thing that I'm most proud of," he said. "We actually had people talking to each other that before we started would never have sat in the same room. Conservationists and ranchers. We brought them all together, and now they actually consult with one another on things."

Though no longer practicing dentistry, he takes pride in being a dentist and worries about the future for younger generations entering the profession saddled with debt. It's a priority for him and many of his fellow lawmakers.

"One of the things that really concerns me is the cost of going to dental school anymore and what these students owe when they get out of dental school," Rep. Simpson said. "It's almost made it prohibitive to go into private practice by yourself anymore because you have those costs on top of what it costs to build a practice and stuff. It's not just true in dentistry, but it's true throughout the college level. We've got to do something about that, and try to bring down those costs so that they're not indebted for the rest of their lives."

He's proud of the work he's done in his home state, particularly in advancing the work of the Idaho National Laboratory, which is the nation's leading center for nuclear energy research and development, according to the U.S. Department of Energy. In 2018, the lab renamed University Boulevard in Idaho Falls "MK Simpson Boulevard" in honor of Rep. Simpson and Kathy Simpson, a longtime (now retired) employee of the lab.

When away from the office, Rep. Simpson decompresses by reading — usually historical fiction that he balances out with the occasional James Patterson novel.

Real books or Kindle?

"I read books. I've got to have the smell of the book. I've got to be able to turn pages. I've got to be able to underline, write things in the margin, all that kind of stuff," he said.

He also enjoys howling with his dog, Charlie. Yes, howling.

"I FaceTime him every night," he said. "I actually call on the phone, and the dog knows the FaceTime ring. He'll be in the other room and get up and he will run and sit on the back of the chair by Kathy's desk and wait. I'll answer and I will start howling at him, and he'll start howling back. People think that's kind of weird. I said, 'No, it's true.'"

Maybe someone can FaceTime the award ceremony for Charlie, which will take place during the Opening Ceremony and General Session at the ADA FDI World Dental Congress in San Francisco. The event is from 5:30-7:30 p.m. Sept. 5 in Moscone West, Level 1. ■



**Impressions:** Dr. Melanie Mayberry, right, takes a photo with students participating in her Urban Impressions program held at the University of Detroit Mercy School of Dentistry. The mentorship program exposes local seventh and eighth graders to dentistry and other health care professions.

with dental tools and shadow dentists at the dental practice. Dr. Lee-Ware said she also tries to explain her work as a business owner and her work in a laboratory.

"To me, it's all about the one-on-one engagement," she said. "I hope the kids think, 'Wow, she looks like me. If she can do it, I can do it too.'"

## Benefits of diversity

One of the benefits of a more diversified workforce is that patients can relate to their dental care provider more, said Dr. Ricardo Y. Mendoza,

president of the Hispanic Dental Association.

"It's not that you can't relate to other groups," he said. "But there's a transmission of the message if you go to somebody who may speak the same language as you or who has similar experiences as you, the message — including how to improve a person's oral health — gets heard a little louder."

In 2017, according to the Henry J. Kaiser Family Foundation demographics data, Hispanics made up 18% of the U.S. population;



# Faces

Continued from Page 8



**Dr. Mendoza**

blacks made up 12%; Asians were 6%; and whites, 61%.

“It’s not a secret that the demographics of this country are changing,” said Dr. Mendoza, who earned his dental degree in Venezuela and a master’s degree at the Boston University School of Graduate Dentistry.

He has now taught at the University of Illinois at Chicago College of Dentistry for 18 years as a clinical assistant professor in the pediatrics department.

“We have some work to do to get closer to have our profession’s diversity better reflect the U.S. population,” Dr. Mendoza said.

The Hispanic Dental Association, he said, created about five years ago a program called BOLD, or Building Our Leaders in Dentistry. Its approach is similar to Dr. Lee-Ware’s program: mentoring high school students, specifically Hispanic students, about the profession.

However, he said, there’s a family factor in the program.

“We try to engage the students and their family because the cost of dental education is a barrier for many Hispanic families,” he said. “We talk to students and encourage them that they can be doctors, but the cost is just enormous. Putting your life on hold until you become a health professional is tough. But we try to let them know that it is possible.”

The program, he said, started in San Antonio and has expanded to Dallas, Austin, Texas, Chicago and New York. Mentors in the program not only expose students to dentistry but also help them with the pathway, such as what courses to focus on.

“I truly believe that if minority groups are better represented in the profession, it doesn’t only help us,” Dr. Mendoza said. “It benefits all dentists and the entire population.”

## Inspiring future dentists

In an effort to help and train promising leaders from diverse backgrounds with the potential to impact their own communities, the ADA created the Institute for Diversity in Leadership in 2003.

The Institute is designed to provide education and leadership skills to dentists who are members of racial, ethnic and/or gender groups that have been traditionally underrepresented in leadership roles within the profession and their communities.

It sought “dentists who have been identified as emerging leaders and influences within their communities, who could serve as mentors for future minority dentist leaders and role models for potential dental students,” according to a 2002 ADA Board of Trustees report.

Selected applicants attend three leadership education sessions conducted by faculty from Northwestern University Kellogg School of Management and Duke University’s Fuqua School of Business at ADA Headquarters in Chicago.

During their program year, the Institute class members develop their leadership abilities through faculty seminars and experience designing and leading projects for communities, dental organizations or other community organizations. Since 2003, over 200 dentists have been enrolled in the program.

Graduates of the program include Dr. Lee-Ware (class of 2018) and Dr. Mayberry, whose Institute project was the creation of her program Urban Impressions, A Youth Initiative in 2008. It’s a mentorship program that exposes a group of local seventh and eighth graders to dentistry

and other health care professions. Dr. Mayberry and other health care provider volunteers visit the students at schools, and the students take field trips to their offices.

Since 2008, Dr. Mayberry said, more than 150 students have participated in the program, with about 60 of them now young adults. Because of limited resources, Dr. Mayberry is unable to follow the students’ career choices after leaving the program. However, she said, she’s hopeful some of them pursued a career in health care and dentistry.

“My goal was simply to expose students to dentistry,” she said. “When you ask kids today what they want to be when they grow up, not many will say dentist. But we need to give them the opportunity to see what we do and how

we can help patients. I’m hopeful that it sparks their interest.”

And dentists don’t have to have a separate mentorship program to inspire, Dr. Mayberry said.

“When you meet a young patient, that dental chair can be your classroom for a few minutes,” she said. “Just start the conversation by asking the child what they want to be when they grow up.” ■

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**Smile:** Dr. Tawana Lee-Ware, right, poses for a photo with Herica Ramirez, who completed the “Take Aim ... Ready, Set, Achieve” mentorship program in 2018.

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# Organized dentistry supports raising tobacco purchasing age to 21

## In letter, coalition notes legislation would help prevent use among youth

BY JENNIFER GARVIN

Washington — The Organized Dentistry Coalition said June 7 it supports raising the legal age to purchase tobacco products from 18 to 21.

In a letter to Sen. Maj. Leader Mitch McConnell, R-Ky., and Sen. Tim Kaine, D-Va., the coalition praised the lawmakers for introducing S 1541, the Tobacco-Free Youth Act.

“As you know, this legislation would increase the legal age to purchase tobacco products from 18 to 21 years old and is criti-

cal in addressing our current youth tobacco epidemic,” the organizations wrote. “About 9 out of 10 people who die from oral and pharyngeal cancers use tobacco, and the risk of developing these cancers is related to how much (and how often) they use. On average, 40% of those with the disease will not survive more than five years.

Tobacco products are also causally associated with higher rates of gum disease, periodontal disease, mucosal lesions, bone

damage, tooth loss, jaw bone loss and more.”

In the letter, the coalition noted the legislation would help prevent tobacco use among youth by raising the national age to legally purchase tobacco products from 18 to 21 as well as help reduce the number of young people who begin smoking before age 21, which represents 95% of current adult smokers, according to the 2014 National Survey on Drug Use and Health.

“Moreover, the bill would apply to the more than 3.6 million middle and high school students who are e-cigarette users,” the organizations said, citing the 2018 National Youth Tobacco Survey. “Research shows that young people who use e-cigarettes are more likely to transition to smoking cigarettes.”

Follow all of the ADA’s advocacy efforts on tobacco at [ADA.org/tobacco](http://ADA.org/tobacco). ■

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

## WHO classifies burnout as ‘occupational phenomenon’

BY JENNIFER GARVIN

The World Health Organization announced May 28 that it now recognizes burnout syndrome as an “occupational phenomenon.”

The designation coincides with an upcoming program from the ADA Practice Institute. Burnout is the focus of the 2019 Dentist Health and Well-Being Program Conference Aug. 16 in Chicago.

WHO stressed that burnout syndrome is not a medical condition. It is included in the organization’s handbook of medical diagnoses, the International Statistical Classification of Diseases and Related Health Problems.

**According to WHO, burnout refers to “phenomena in the occupational context and should not be applied to describe experiences in other areas of life.”**

According to WHO, burnout refers to “phenomena in the occupational context and should not be applied to describe experiences in other areas of life.”

WHO uses these three characteristics when recognizing burnout:

- Feelings of energy depletion or exhaustion.
- Increased mental distance from one’s job; feelings of negativism or cynicism related to one’s job.
- Reduced professional efficacy.

The Aug. 16 event in Chicago, You First: Management and Prevention of Burnout in Dentistry, will feature sessions on recognizing and preventing burnout, dealing with the stigma of being a provider with mental health issues, and a questions-and-answers session with professionals who have experienced burnout.

To register for the event, visit [ADA.org/WellBeingConference](http://ADA.org/WellBeingConference). ■



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# President

*Continued from Page 1*

within our dental family — and caring about what was happening all over the country — our volunteer leaders asked the ADA Board to take more aggressive action to guide the Association's work on the opioid crisis," Dr. Cole said.

Dr. Cole was speaking as part of the 2019 NIH Pain Consortium, held May 30-31 at NIH.

The ADA's 2018 opioids policy caught the attention of the National Institutes of Health, which invited the Association to take part in the event. Each year, the pain consortium gathers researchers to enhance pain research and promote collaboration among the NIH branches for programs and activities addressing pain.

"We knew we had to take action," Dr. Cole continued. "But developing new policy quickly would not be easy."

Dr. Cole shared a behind-the-scenes look at how new policy gains life at the ADA. The normal course of action, he said, would have been for the ADA Board to discuss topics for consideration before sending them to the ADA House of Delegates to approve when it convened in October 2018.

"But in this case, it was February 2018 and as a result, the Board considered an interim opioid policy," Dr. Cole said. "There were risks if the Board did not get it right. If the policy was not ratified by the House or if it was amended, the ADA ran the risk of losing its credibility with legislators and policymakers as well as its own members. Despite these

**"We knew we had to take action. But developing new policy quickly would not be easy."**

risks, the ADA Board had the courage in an emergency meeting to adopt the aggressive opioid policy as interim policy."

In the year prior and up to the ADA Board adopting the interim policy, stories were coming to light about dentists and dental students struggling with substance use disorders and wellness in their own families.

There was Dr. Omar Abubaker, an oral surgeon and educator in Virginia, whose son Adam died from a mixture of heroin and benzodiazepines at 21.

And Ohio's Dr. Sharon Parsons, who lost her own son to a heroin overdose following an addiction battle ignited by an opioids prescription for an injury.

And Jiwon Lee, a former American Student Dental Association president and Columbia University dental student, who took her own life after struggling with depression.

Dr. Cole shared these stories and one from a dentist he knew who had survived something similar and turned helping others overcome addiction into his personal crusade: Dr. Brett Kessler.

"As a resident he was struggling with a substance use disorder, and he eventually called the ADA for help," Dr. Cole said. "The ADA had resources that steered him into his lifetime journey of recovery. Brett became an advocate. He speaks regularly to dental groups and the ADA well-being conference on recovery and sobriety. But he often lamented that it was difficult to bring the discussion about substance use disorders above the line. He felt the discussion never got the attention it deserved. He struggled getting his messages to the larger audiences."

That changed, Dr. Cole said, when Dr. Kessler met Austin Eubanks, a survivor of the Columbine High School shootings in Colorado, who became addicted to opioids after recovering from his injuries. Mr. Eubanks was the keynote speaker at the ASDA National Leaders Conference in October 2017 that Dr. Cole attended along with 800 dental students.

"That is when I first met Austin, and he had a profound effect on me," Dr. Cole said. "I knew then I needed to get his message out to the leaders of our profession."

Dr. Cole credited Mr. Eubanks, who shared his story of survival and addiction with an audience at the 2018 ADA Presidents-elect Conference in Chicago.

"There was no discussion or dissension at that meeting about our interim policy. Only a standing ovation for Austin," Dr. Cole recalled.

The opioid policy later passed the ADA House of Delegates on the consent calendar, without discussion.

"It was empathy on the most human level, a personal connection to the pain caused by substance use disorders, which allowed our profession to support bold action and help victims of this horrible crisis," Dr. Cole said. "We owe it to our colleagues, like Dr. Brett Kessler, whose path to recovery started with a phone call to the ADA. We owe it to every patient who sits in our chair. We owe it to the families and colleagues who suffer, and to all those who have died from a drug overdose."

If this were a movie, Dr. Cole's speech would have concluded here. He needed to tell the audience what came next.

"Two weeks ago, I was sitting in a dental meeting in Juneau, Alaska, when I received a text from Dr. Kessler," said Dr. Cole. "He told me Austin Eubanks was found dead that morning. He was 37."

In press statements, Mr. Eubanks' family has said, "he lost the battle with the very disease he fought so hard to help others face."

"I started my remarks by saying that the ADA is a community, a circle of strength of love and support. I guess that is why Austin connected so well with our dental

*See PRESIDENT, Page 15*

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## FDI

Continued from Page 1

program that are likely to attract an international audience. Associations also can circulate course suggestion forms within their networks.

“With an emphasis on evidence-based presentations, the congress aims to transfer cutting-edge science and technology into clinical practice and close the current ‘know-do’ gap,” the letter stated.

All proposals will be reviewed by the committees, who can accept, reject, merge or amend any suggestions.

Suggested sessions should not cover overly specialized topics since the congress’s target

audience is mostly general practitioners or include multiple speakers unless that is necessary to fully cover a topic.

The single speaker session form is available at [tinyurl.com/y5g37esw](http://tinyurl.com/y5g37esw), while the multiple speaker form can be found at [tinyurl.com/yyngqgbu](http://tinyurl.com/yyngqgbu).

Forms are due by June 20. Those suggesting more than one session should complete one form per suggestion.

“FDI is keen to develop an outstanding and attractive program that reflects the interests and expectations of its members and welcomes speakers recognized worldwide,” the letter stated.

FDI World Dental Federation serves as the principal representative body for more than 1 million dentists worldwide. ■

## Group applies to recognize oral medicine as specialty

The American Academy of Oral Medicine submitted on June 10 an application and request to recognize oral medicine as a dental specialty, which is now under review by the National Commission’s Review Committee on Specialty Recognition.

According to the National Commission, all documentation in the application is confidential until the review committee has determined that the application is complete. If the application is complete, the National Commission will invite public comment on the applicant’s compliance

with the requirements for recognition for a 60-day period. Incomplete applications are returned to the sponsoring organization or certifying board for modifications.

The American Academy of Oral Medicine was founded in 1945 with a vision to integrate medicine and dentistry to promote optimal health, according to the AAOM website.

For more information on the National Commission on Recognition of Dental Specialties and Certifying Boards, visit [ADA.org/en/ncrdsb](http://ADA.org/en/ncrdsb) or call 1-312-440-2697. ■

## President

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community. Brett reminded me that our obligation now as leaders was to move Austin’s message forward. I hope I was able to do that today,” Dr. Cole concluded.

Said Dr. Kessler, “Substance use disorder is a chronic, relapsing and sometimes fatal disease. Sometimes, even with the best treatment, it still takes a life. Our policy allows us to be a vital part in preventing this from ever happening, while using best practices for pain management for our patients.”

Prior to Dr. Cole’s remarks, Dr. Martha Somerman, director, National Institute of Dental and Craniofacial Research, introduced the ADA’s 155th president by thanking the Association for its work on opioids.

“In the past, a dentist wrote an opioids prescription, and it was probably too much,” Dr. Somerman said. “[Dentists] were previously listed as the third most frequent prescriber of opioids. This has gone down because the American Dental Association’s leadership stepped up and the dentists responded, and opioid behaviors and patterns have changed.

“In fact, one of the areas NIDCR is investing in is not implementation but de-implementation. We’re funding a study on how to de-implement [providers] who are used to writing prescriptions and want to get their patients out of pain but when is it appropriate and when it is not. The dentists are ahead of the curve relative to the physicians in terms of responding to the opioid crisis, and we need to better think of strategies on what are the appropriate medications for different types of pain,” she said.

Dr. Somerman also mentioned the upcoming U.S. Surgeon General’s 2020 Report on Oral Health, which will contain a chapter devoted to pain management and orofacial pain.

In 2018, Dr. Somerman, along with Nora Volkow, M.D., director, National Institute on Drug Abuse, penned a commentary for The Journal of the American Dental Association on the role of dentists in the opioid crisis that included relevant NIH-funded research and ways to amplify dissemination of that research to clinicians and educators.

“Thank you, Dr. Somerman and NIDCR and Dr. Volkow for being champions of dentistry and for pain management,” Dr. Cole said.

This was the 14th NIH Pain Consortium. NIH established the annual event to enhance pain research and promote collaboration among researchers across the many NIH institutes and centers that have programs and activities addressing pain. For more information, visit [painconsortium.nih.gov](http://painconsortium.nih.gov). ■

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