tda

TENNESSEE

# DENTAL

ASSOCIATION NEWS

MARCH/APRIL 2022 VOLUME 28, ISSUE 2

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////// Bimonthly news and information for TDA members

# BOARD OF TRUSTEES *Report*

**JANUARY 29, 2022**

- *TDA Connect Registration Launched*
- *Dr. Terryl Propper elected to receive Dr. Jack Wells Award*
- *Proposed Dental Hygiene Bill Has Impact to Dentistry*

The Board of Trustees met in a hybrid format of both in-person and video conference on January 29, 2022 and conducted business of the TDA.

**Actions of the Board:**

Dr. Jay Davis, Treasurer, presented the TDA Financial Statement as of December 31, 2021, which was reviewed and received by the Board.

**Two council and committee changes were approved:** Peer Review Committee: Eighth District, Dr. Ernest DeWald replaces Dr. Leon Stanislav. Annual Session Committee: Dr. Robert Ammarell replaces Dr. Timothy B. Brown.

**The Constitution and Bylaws Committee presented two motions:** Motion approved to change the Bylaws to remove the requirement stating Life Members must have reached sixty-five years of age, which will allow alignment with the ADA Life Member requirement.

Motion approved to change the Constitution and Bylaws to delete references to Associate Executive Director.

**The Council on State Agencies, Awards, Ethics and Judicial Affairs presented three motions:**

Motion approved to accept the following Fellowship Awardees: Brandon Roller, First District; Christina Honey and Steven Brock, Second District; Andrew McDaniel, Chattanooga Area; Robert Tuma, Fourth District; David Meister and Tony Vaughn, Nashville; Bennett Hunt, Seventh District; Julia Prince and Kyle Fagala, Memphis.

Motion recommending three nominees for the Dr. Jack Wells Memorial Dedication to Dentistry Award was approved and the nine district trustees voted by confidential ballot. The trustees of the Board elected Dr. Terryl Propper as the recipient of the award to be presented at the May 2022 annual meeting of the TDA.

Motion was approved to recommend the following to the Governor of Tennessee for Board of Dentistry members for terms expiring March 31, 2022 and June 30, 2022:

- East Tennessee – Edward Moody (current member), Jan Henley, Walter Fain, and Paul McCord
- Middle Tennessee – Robert Caldwell (current member), Chad Edwards, James Clark III, and Matt Gorham III
- Rotating Dentist – Phillip Kemp (current member) and Scott Edwards

President Susan Orwick-Barnes referred two motions of the Task Force to Review Relief Fund Criteria to the Constitution and Bylaws Committee to put in appropriate language and present to the Board at their next meeting.

The TDA Executive Committee referred endorsement agreements from Merchant Advocates and Community Brands to TDA general counsel for review.

**Reports to the Board:**

Dr. Robert Hopper, President of the TDA Foundation, updated the Board on the activities of the TDAF. Dr. Hopper reported awards to a University of Tennessee Health Science Center College of Dentistry faculty member, a student award, and a four-year scholarship. The Board asked about the composition of the TDAF Board of Directors and suggested consideration of term limitations and diversity of members.

Mr. Mark Greene, TDA contract lobbyist, reported that the legislative bill of most impact to dentistry is a dental hygiene bill. Mr. Greene and Ms. Andrea Hayes, Executive Director, are in discussions with the hygienists' association regarding this bill. There will be a Legislator of the Year Award presented at the President's Reception and Awards event at the May annual meeting. The awardee for 2022, selected by the TDA's lobby team, will be Representative Bob Ramsey, D.D.S., a TDA member from the Second District Dental Society.

Ms. Hayes presented a membership report as of December 31, 2021. Ms. Hayes reported that the ADA provided good feedback on our recruitment and retention, and we are ahead on our 2022 dues payments.

Dr. John Coulter, New Dentist Committee, reported that there will be a new dentist social on Friday evening of TDA Connect. Also, the NDC will meet jointly with the Council on Membership, Communications and Relief in May.

Dr. Chip Clayton, Nashville Trustee and Chair of the Task Force on Non-dues Revenue, presented some of the research done by the task force as they explore options for use of revenue budgeted for the TDA building mortgage after it is paid in full. The Task Force will present recommendations at the Board's strategic planning retreat this summer.

Ms. Hayes presented an update on TDA Connect, the 155th TDA Annual Session. She reported that registration was launched and the various marketing plans designed to attract attendees.

President Susan Orwick-Barnes reported that the ADA House of Delegates meeting in Las Vegas was well-represented by the Tennessee delegation. She said that changes to Medicare Part B dominated the discussion. The ADA lobbied successfully to the remove dental from Part B. There was a farewell from out-going ADA Executive Director Dr. Kathleen O'Loughlin and a welcome to in-coming Executive Director Dr. Raymond Cohlmia.

Dr. Mitch Baldree, President-elect, reported on his activities in the first six months as president-elect, which included a conference at ADA headquarters. Dr. Baldree reported plans for a Board retreat this summer.

***The next Board meeting will be in a hybrid format on April 2, 2022.***

## TDA APRIL WEBINAR

### Foods that Fight Cancer

**Tuesday, April 19, 2022 | 6:00 p.m. CT | 1 CE Credit**

Join Dr. Dr. Pam Stein VanArsdall to learn more about research investigating the potential for specific foods to help prevent cancer and/or decrease cancer growth and metastasis. Specific phytochemcials in foods that have been identified in research as potentially chemopreventive will be discussed. Current dietary recommendations from the World Health Organization as well as the American Institute for Cancer Research will be reviewed. Register at tndentalassociation.com

This no-cost webinar is one of the many ways the TDA is working to sup
port our members by providing valuable educational resources. We look forward to your participation.

## ADA NEWS

### Dentle is the new Wordle

Dentists familiar with the popular web-based word game Wordle now has a dental-focused version. Aptly called Dentle, players will have six attempts to guess a five-letter word. Each guess will indicate whether a letter is within the word or occupies the correct box.

Dentle, created by the ADA Business Group, is free. Each daily five-letter word will be related to the practice of dentistry, such as “crown,” “decay” and “brush.” Each daily word will be the same for everyone.
To play Dentle, visit ADA.org/dentlegame.

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Executive Editor: Andrea Hayes
Managing Editor: Lourdes Arevalo
Editor: Amy Williams

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## INDOOR MASKING IN DENTAL PRACTICE PUBLIC SPACES

The ADA released a new resource for members to help dental practices make informed decisions and facilitate conversations about the Centers for Disease Control and Prevention's latest public indoor masking recommendations.

The online resource, Indoor Masking in Dental Practice Public Spaces, offers answers to questions that dentists, patients, and dental team members may have, including:

- What is the current CDC recommendation for wearing a mask indoors?
- How should I communicate about masking in public areas in my practice to my patients?
- What are my options as a practice owner?

The new resource also includes sample copy and scripts for printable signs, text messages, phone calls and emails that dental practices can weave into their communications. This member-only resource is available at ADA.org/Masks.

**Dentists familiar with the popular web-based word game Wordle now has a dental-focused version.**

# ANNUAL SESSION SPONSORSHIP OPPORTUNITY:

## FRIENDS OF THE TDA

Support TDA Connect 2022 through "Friends of the TDA." This individual or practice-level sponsorship will help fund educational sessions, social events and activities, including the reception to honor award winners and TDA President Dr. Susan Orwick-Barnes. For your sponsorship of $500 or less, you'll receive recognition through event marketing material and on event signage. To learn more about this opportunity, please email Events & Education Manager Langley Clements at langley@tndentalassociation.org.

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# welcome MEMBERS!

**THE TENNESSEE DENTAL ASSOCIATION WELCOMES THE FOLLOWING DENTISTS AS OUR NEW AND REINSTATED MEMBERS.**

We are excited that you have chosen to make the ADA, the TDA and your local components part of your journey. By being part of the ADA community, you've made the choice to power the dental profession.

We're working to bring you useful resources that can help you balance your patients, your practice, and your life. From the latest clinical guidelines to financial management tools like insurance and retirement plans, you'll find what you need to keep your work and life on track.

If there is anything, we can do to enhance your membership experience, call us at 615.628.0208 or email tda@tndentalassociation.org.

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MID-SOUTH MISSION OF MERCY

## SPONSORED BY THE MEMPHIS DENTAL SOCIETY FRIDAY & SATURDAY, APRIL 1ST & 2ND, 2022

The Mid-South Mission of Mercy (MidMOM) is a free, two-day dental clinic for under-served and under-insured people living in Memphis and the surrounding Mid-South area. Since 2016, we have provided over 5.9 million dollars' worth of dentistry to more than 10,000 patients in the greater Memphis area with the help of nearly 10,000 volunteers. ***The next MidMOM clinic will be held April 1-2, 2022, at Bellevue Baptist Church in Memphis, TN.***

# TDA FOUNDATION

## GIFTS GIVEN TO HONOR OR MEMORIALIZE

(February 1, 2021 – January 31, 2022)

### IN HONOR OF :

*Dr. John Petty*
*By Dr. Jay Davis*

*Mr. David and Mrs. Pat Horvat*
*By Dr. John H. Sullivan*

### IN MEMORY OF:

*Dr. Charles William Bailey*
*By Dr. James Wilson*

*Dr. David Barto*
*By Dr. DeWayne McCamish*

*Ms. Mandy Blackburn*
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*Dr. Michael Bowman*
*By Second District Dental Society*

*Dr. Robert A. Carlton*
*By Dr. G Robert Hopper*

*Dr. Bobby Clark*
*By Dr. Stanley Young*

*Dr. Bobby Cook*
*By Dr. Randall Prince*

*Dr. James Crafton*
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*Dr. David Creasman*
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*Dr. James C Elder*
*By Dr. Phillip Shipp*

*Dr. Stacey A Garner*
*By Dr. Riley Lunn*

*Dr. Kevin Gurley*
*By Dr. Stan Richardson*

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*By Dr. G Robert Hopper*

*Dr. Luke Jackson*
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*Dr. Preston D. Miller*
*By Dr. Mitchel Godat*

*Dr. Harry Herbert Mincer*
*By Dr. Buffy Storm*

*Mr. Patrick Michael McCoy*
*By Dr. J. Michael McCoy*

*Dr. Jesse Overall*
*By Dr. John Petty*

*Dr. Carl Redmon*
*By Second District Dental Society*

*Dr. Paul (Alex) Robinson*
*By Second District Dental Society*

*Mr. Jared Lee Sammons*
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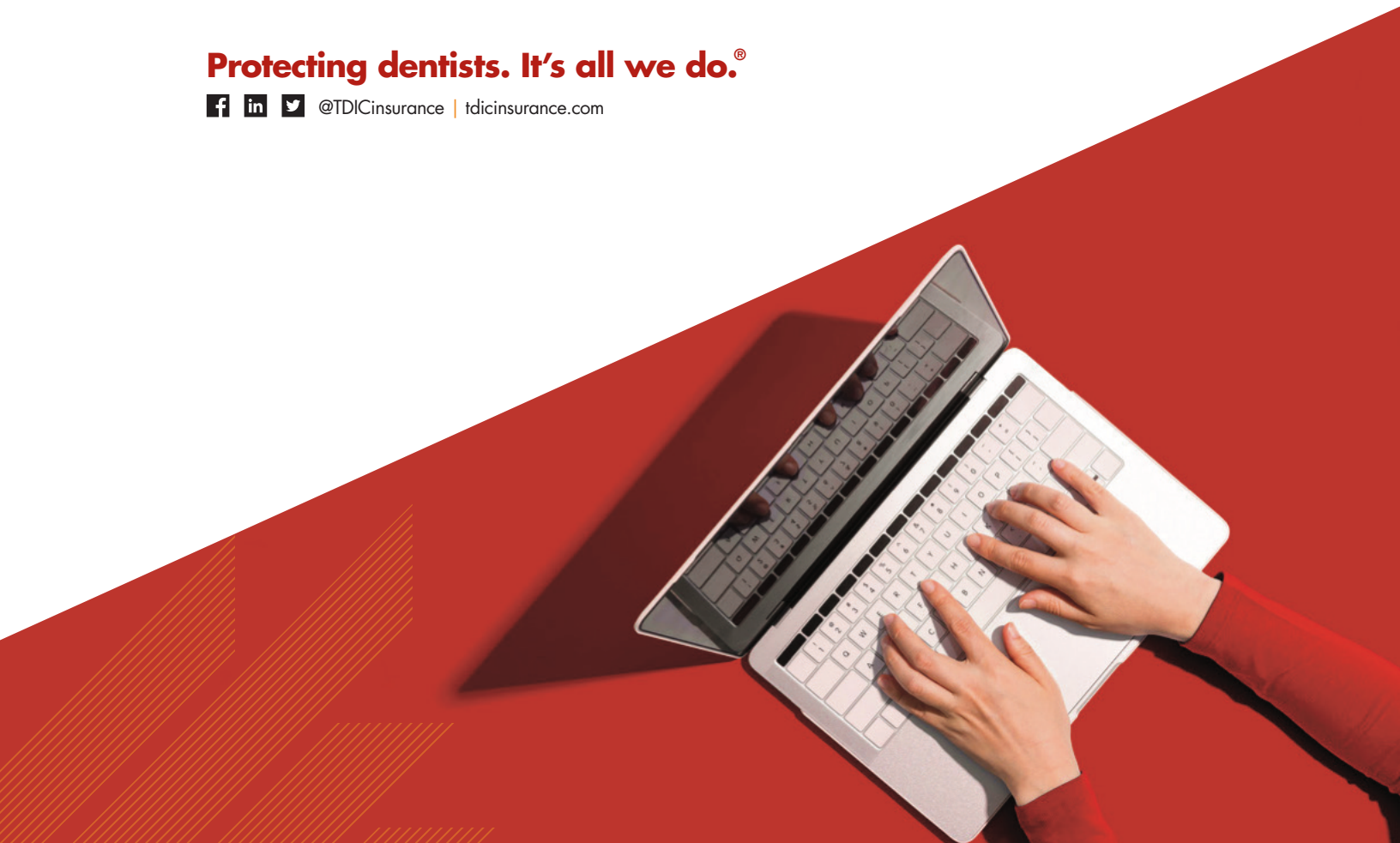

# ARE YOU RECEIVING EMAILS FROM THE TDA?

## MEMBER EMAIL ADDRESS UPDATE

If you have unsubscribed to TDA emails in the past you may be missing important information from the TDA and the ADA. Each week, the TDA sends a news bulletin with numerous alerts to keep members informed of the latest updates at the local, state, and national level.

If you have not been receiving emails from the TDA, please to check your spam or junk mail folder and mark **tda@tndentalassociation.org** as a safe sender. To be included in the mailing list or to update your email address please email us at **tda@tndentalassociation.org**

# *In Memoriam*

The TDA honors the memory and passing of the following members:

***Dr. Carl Redmon***
He was a member of the American Dental Association, the Tennessee Dental Association, and the Second District Dental Society

***Dr. Oswell Sexton***
He was a member of the American Dental Association, the Tennessee Dental Association, and the Second District Dental Society

***Dr. Don Webb***
He was a member of the American Dental Association, the Tennessee Dental Association, and the Seventh District Dental Society

***Dr. Robert Clayton***
He was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis Dental Society

# NUMBERS TO KNOW

American Dental Association
**(800) 621-8099 or (312) 440-2500**

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**(615) 532-5073**

Tennessee Department of Health
**(615) 741-301**

Tennessee Dental Association
**(615) 628-0208 | Fax: (615) 628-0214**
***tda@tndentalassociation.org***

**>Staffed Component Societies**

First District Dental Society
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**(423) 552-0222**
***firstdistrictdental@gmail.com***

Second District Dental Society
**Executive Director: Diane Landers**
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# TREATMENT OF PERSONAL FRIEND CLOUDS DENTIST'S JUDGMENT,

## RESULTING IN MISSED DIAGNOSIS AND LOSS OF TEETH

*Mario Catalano, DDS, MAGD | From Our Partners at MedPro*

### BACKGROUND

Nonadherent (also called noncompliant) patients are nothing new to the practice of dentistry. When patients won't adhere to treatment plans and/or refuse needed examinations or treatment, they place the dentist in a very difficult position: trying to maintain a proper balance of respect for patient autonomy while complying with the applicable standard of care. Sometimes, nonadherence results in a poor outcome for the patient. An interesting case from the far west region demonstrates how this can happen.

### CASE DISCUSSION

Dr. Y, a nationally respected dentist, maintained an upscale dental practice in an affluent area of a major city. He had recently hired an associate, Dr. R, who was a dentist new to practice. After an appropriate orientation period, Dr. R was left in charge of the practice while Dr. Y gave a lecture in another region of the country.

One of the practice's patients was a well-known retired professional athlete who had become a close personal friend of Dr. Y. The patient had suffered numerous injuries during his playing career, requiring many head and neck X-rays and computerized axial tomography (CAT) scans. Because of this extensive radiation, the patient was resistant to having dental screening X-rays unless there was an identified problem.

During Dr. Y's absence, the patient had a routine recall (prophylactic) visit. Before Dr. R's oral examination of the patient, the hygienist informed Dr. R that the patient was not only overdue for a recall by about a year, but also he had again refused X-rays (it was now 4 years since his last X-rays). Further, the hygienist explained that only limited time was allocated for the visit, so she concentrated on performing a thorough scaling, but was unable to perform a periodontal screening.

**THE DENTIST SIMPLY CANNOT PERFORM AN ADEQUATE EXAMINATION WITHOUT USING IMAGING AND INSTRUMENTATION. THESE TOOLS NOT ONLY ALLOW FOR AN ACCURATE ASSESSMENT OF THE PATIENT'S CURRENT CONDITION...**

If the patient continued to refuse needed evaluation or treatment, obtaining his signature on a "refusal of care" form would be a logical next step. Doing so can sometimes cause the patient to stop and carefully consider the options. If the patient continues to be nonadherent, it may be necessary to dismiss him or her from the practice. The failure to take this last-resort step could expose the doctor (as here) to an allegation of supervised neglect.

The technical failures in this case are obvious. The dentist simply cannot perform an adequate examination without using imaging and instrumentation. These tools not only allow for an accurate assessment of the patient's current condition, but also they provide valuable documentation of the patient's course if it needs to be reconstructed for subsequent legal or investigative purposes.

In the end, this patient's suboptimal outcome could likely have been avoided; it certainly contributed to the large settlement.

## SUMMARY SUGGESTIONS

The following suggestions may be helpful when dealing with a nonadherent patient:

• It is important to avoid any form of bias when treating patients. This bias can be favorable as well as unfavorable, and either can cloud the dentist's professional judgment.

• Communication is the basis of all human relationships, and healthcare provider-patient relationships are no exception. Clear, objective, and consistent communication is a must.

• Memorialization of oral communication is an effective risk management tool. A follow-up letter allows the patient to revisit the conversation to ensure he or she understood it. It also provides a permanent record of what was communicated to and recommended for the patient.

• Use of a refusal of care form can sometimes nudge the patient in the direction of care that is truly needed.

• Recognize that a chronically, volitionally nonadherent patient not only represents an elevated risk of a poor outcome to themselves, but also he or she is a significantly elevated liability risk to the dentist. As with many dysfunctional relationships, if it cannot be fixed (or at least be made better), consideration should be given to formally ending it.

When a situation such as the one discussed above arises, it may be beneficial to seek a second opinion.

## CONCLUSION

This world is filled with people with many personalities, perspectives, and preferences. Although it is incumbent on every dentist to understand and respect a patient's autonomy, the standard of care must still be maintained. Failure to do so disserves the patient, the dentist, and the profession.

Tennessee DENTAL ASSOCIATION

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Fiber—you know it's good for you. But if you're like many Americans, you don't get enough. In fact, most of us get less than half the recommended amount of fiber each day.

Dietary fiber is found in the plants you eat, including fruits, vegetables and whole grains. It's sometimes called bulk or roughage. You've probably heard that it can help with digestion. So it may seem odd that fiber is a substance that your body can't digest. It passes through your digestive system practically unchanged. "You might think that if it's not digestible then it's of no value. But there's no question that higher intake of fiber from all food sources is beneficial," says Dr. Joanne Slavin, a nutrition scientist at the University of Minnesota.

Fiber can relieve constipation and normalize your bowel movements. Some studies suggest that high-fiber diets might also help with weight loss and reduce the risk for cardiovascular disease, diabetes and cancer.

The strongest evidence of fiber's benefits is related to cardiovascular health. Several large studies that followed people for many years found that those who ate the most fiber had a lower risk for heart disease. The links between fiber and cardiovascular health were so consistent that these studies were used by the Institute of Medicine to develop the Dietary Reference Intakes for fiber.

Experts suggest that men get about 38 grams of fiber a day, and women about 25 grams. Unfortunately, in the United States we take in an average of only 14 grams of fiber each day.

High fiber intake seems to protect against several heart-related problems. "There is evidence that high dietary fiber consumption lowers 'bad' cholesterol concentrations in the blood and reduces the risk for developing coronary artery disease, stroke and high blood pressure," says Dr. Somdat Mahabir, a nutrition and disease expert with NIH's National Cancer Institute.

Fiber may also lessen the risk for type 2 diabetes, the most common form of diabetes. Fiber in the intestines can slow the absorption of sugar, which helps prevent blood sugar from spiking. "With diabetes, it's good to keep glucose levels from peaking too much," explains Dr. Gertraud Maskarinec of the University of Hawaii.

"YOU MIGHT THINK THAT IF IT'S NOT DIGESTIBLE THEN IT'S OF NO VALUE. BUT THERE'S NO QUESTION THAT HIGHER INTAKE OF FIBER FROM ALL FOOD SOURCES IS BENEFICIAL."

## TIPS TO GET MORE FIBER IN YOUR DIET

**Bulk up your breakfast.** Choose a high-fiber cereal (5 or more grams per serving) or make a bowl of oatmeal and top it with nuts and fruit.

**Switch to whole grains.** Look for bread that lists whole-grain flour as the first ingredient. Experiment with barley, wild or brown rice, quinoa, whole wheat pasta and bulgur.

**Add a vegetable.** Keep a bag of frozen mixed vegetables, spinach or broccoli florets for a quick addition to any pasta sauce or rice dish. Start dinners with a tossed salad.

**Don't forget legumes**. Try peas, different kinds of beans (pinto, kidney, lima, navy and garbanzo) and lentils.

**Snack on fruit, nuts and seeds**. Grab a piece of fruit such as an apple, pear or banana. Keep some almonds, sunflower seeds and pistachios handy. Low-fat popcorn or sliced vegetables and hummus also make a great snack.

In a recent NIH-funded study, Maskarinec and her colleagues followed more than 75,000 adults for 14 years. Consistent with other large studies, their research found that diabetes risk was significantly reduced in people who had the highest fiber intake.

"We found that it's mostly the fiber from grains that protects against diabetes," Maskarinec says. However, she notes that while high fiber intake may offer some protection, the best way to reduce your risk of diabetes is to exercise and keep your weight in check.

Weight loss is another area where fiber might help. High-fiber foods generally make you feel fuller for longer. Fiber adds bulk but few calories. "In studies where people are put on different types of diets, those on the high-fiber diets typically eat about 10% fewer calories," says Slavin. Other large studies have found that people with high fiber intake tend to weigh less.

Scientists have also looked into links between fiber and different types of cancer, with mixed results. Much research has focused on colorectal cancer, the second-leading cause of cancer death nationwide. Protection against colorectal cancer is sometimes stronger when scientists look at whole-grain intake rather than just fiber. One NIH-funded study of nearly 500,000 older adults found no relationship between fiber and colorectal cancer risk, but whole-grain intake led to a modest risk reduction.

Different types of fiber might affect your health in different ways. That's why the Nutrition Facts Panels on some foods list 2 categories of fiber: soluble and insoluble. Soluble fiber may help to lower blood sugar and cholesterol. It's found in oat bran, beans, peas and most fruits. Insoluble fiber is often used to treat or prevent constipation and diverticular disease, which affects the large intestine, or colon. Insoluble fiber is found in wheat bran and some vegetables.

Still, experts say the type of fiber you eat is less important than making sure you get enough overall. "In general, people should not be too concerned by the specific type of fiber," says Mahabir. "The focus should be more on eating diets that are rich in whole grains, vegetables and fruits to get the daily fiber requirement."

Whole grains, fruits and vegetables are also packed with vitamins and other nutrients, so experts recommend that you get most of your fiber from these natural sources. "Unfortunately, a lot of people tend to pick low-fiber foods. They go for white bread or white rice. Most of the processed foods—foods that are really convenient—tend to be low in fiber," says Slavin.

For people who have trouble getting in enough fiber from natural sources, store shelves are filled with packaged foods that tout added fiber. These fiber-fortified products include yogurts, ice cream, cereals, snack bars and juices. They generally contain isolated fibers, such as inulin, polydextrose or maltodextrin. These isolated fibers are included in the product label's list of ingredients.

The health benefits of isolated fibers are still unclear. Research suggests they may not have the same effects as the intact fibers found in whole foods. For instance, there's little evidence that isolated fibers help lower blood cholesterol, and they have differing effects on regularity. On the plus side, some studies suggest that inulin, an isolated fiber from chicory root, might boost the growth of good bacteria in the colon.

The bottom line is that most of us need to fit more fiber into our day, no matter what its source. "It would be great if people would choose more foods that are naturally high in fiber," Slavin says.

Increase your fiber intake gradually, so your body can get used to it. Adding fiber slowly helps you avoid gas, bloating and cramps. Eat a variety of fruits, vegetables, whole grains and nuts to add a mix of different fibers and a wide range of nutrients to your diet. A fiber-rich diet can help your health in many ways.

Source: NIH News in Health. For the latest news from the National Institutes of Health, part of the U.S. Department of Health and Human Services, visit newsinhealth.nih.gov

**WHOLE GRAINS, FRUITS AND VEGETABLES ARE ALSO PACKED WITH VITAMINS AND OTHER NUTRIENTS, SO EXPERTS RECOMMEND THAT YOU GET MOST OF YOUR FIBER FROM THESE NATURAL SOURCES.**

**POWERFUL BENEFITS**

*Whole grains, fruits and vegetables are also packed with vitamins and other nutrients, so experts recommend that you get most of your fiber from these natural sources.*

# NEW DENTIST CORNER

## Making strides towards dental health equity

### Dental health equity remains a pipe dream for many Americans.

Those people who live in poverty, rural areas, and those in certain ethnic/racial minorities and gender typically experience higher barriers to care than most. According to the Centers for Disease Control and Prevention, approximately 10% of people living in rural America have less access to dental services than their counterparts living in urban areas. The CDC further reveals that children and adults living in rural areas are 5% and 7% less likely to receive dental care than those living in urban areas, respectively.
Dentists have a considerable responsibility to ensure dental health equity, help secure access for oral care to the public, and ensure that people from various walks of life enjoy having quality oral care. I encourage all of us to learn, conduct research, and take on leadership roles to help achieve equity.

**About health equity**

We may wonder why we use "equity" instead of "equality." While both words illustrate fairness. Health equity means that everyone has a fair chance of getting optimal health care irrespective of their socio-economic status.

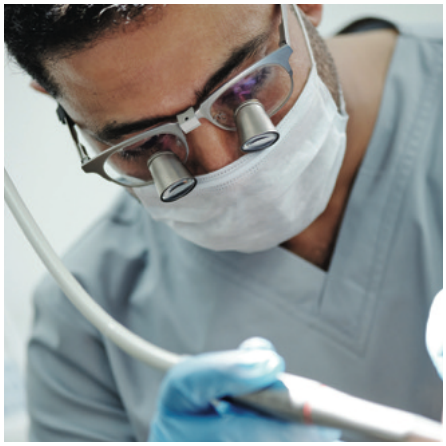
Health equality means everyone has the same opportunities and treatment options, regardless of their immediate needs.

At the same time, health equity means that people have options based on their needs. A person who cannot afford care may receive it for free, while another person may pay for the same care.

Examples could include offering free or low-cost checkups to everyone; this will be ideal, but it can be hard for any health care system to survive this from a practical and operational aspect.

In short, health equality means everyone receives the same standard, while health equity means everyone receives individualized care to bring them to the same level of health.

Unfortunately, many patients face various barriers, particularly when it comes to dental care. These barriers include but are not limited to childcare, oral health literacy, annual cap limits on their dental insurance, access to transportation, language barrier, and many more.



The ADA Health Policy Institute, in April 2020, released a series of data and infographics looking into disparities in oral health. The barriers disproportionately hurt Brown and Black Americans.

Research shows that Black adults are 68% less likely to meet their dental health needs than white adults. Similarly, Latino adults are 52% more likely to report difficulty doing their job than white adults due to poor oral hygiene. Moreover, the CDC says that tooth decay is one of the most chronic dental conditions in the U.S., with close to half of adults aged 30 and above having some form of periodontal disease. The CDC also reported an estimated $45 billion lost yearly due to unattended dental diseases.

The cost of dental care for many remains high. For this reason, it is difficult for most people with low, medium incomes to value and prioritize oral health care if they are struggling to get food on the table and proper housing. According to HPI data, cost barriers impact black and Hispanic people more than whites and Asians.

**What it takes to achieve dental health equity**

There is a need to actively find lasting solutions to barriers hindering dental health equity instead of ignoring them. From my perspective, for long-lasting solutions, we need to continue our political advocacy efforts to help ensure that local, state, and national leaders actively participate in introducing policies that will eliminate or subsidize the struggle faced by ordinary Americans.

I believe it's important to prepare leaders who can improve and empower the existing systems, such as improving Medicare and Medicaid. These dental leaders can influence using solid evidence-based assertions on the correlation between oral health and overall health, showing how dental health equity will reduce the cost of health care, which requires expanding dental coverage.

We need leaders who can help community clinics receive more funding. These are the places that see our underserved communities. The funding opportunities can further help dentists respond to the oral health concerns of their patients through a broader range of treatment coverages. Many community clinics are not delivering complicated RCT, indirect, or fixed restorations due to the current Medicaid reimbursement or coverage. At the same time, teeth extraction is unrestricted.

Public health dental leaders can also help reanalyze the expenditure of health care, in consideration of the quality and genuine need, minimize the wastefulness, and redirect expenses toward the standard of care. For example, we can better invest in digital technology, which in the long run can be less pricey and provide better quality care.

In December, the National Health Institutes of Health released Oral Health in America: Advances and Challenges. This wide-ranging report provides a "comprehensive picture of the state of oral health in America." The report included several calls to action to help improve the nation's oral health. Policy changes help reduce or eliminate social, economic, and other systemic inequities that impact oral health behaviors and access to care. It also strengthens the oral health workforce by diversifying the composition of the nation's oral health professionals.

Achieving dental health equity is one of the steps that can usher in a healthier generation for working Americans. It may also motivate more young people to consider dentistry in various capacities to reduce dental health inequality. This points to the need to promote the racial and ethnic mix of the dentist workforce.

A recent survey by HPI suggests that the U.S. population continues to diversify, with the trend predicted to continue for the next 20 years. And while younger dentists and dental students today are more diverse, more work is needed to ensure dentistry has a more racially diverse workforce.

According to the Health Policy Institute data, from 2008 to 2018, active white dentists decreased from 78.2% to 71.9%. The largest increase among minority groups came from an 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 backgrounds increased from 0.5% to 1.6%.

DR. MUHALAB AL SAMMARRAIE

Crafting equitable public policies essential for elevating dentistry to serve all patients will also focus on dental education settings to address implicit bias, institutional culture, and faculty privilege.

Dentists and other workers in the dental field will also need to take up leadership courses to help them embrace diversity in the field as they work towards dental health equity. In this way, the future presents a significant dental care sector that will become an important part of an excellent interdisciplinary health care modality.

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*Dr. Muhalab Al Sammarraie is a New Dentist Now guest blogger. He grew up in Baghdad before coming to the U.S. as a foreign-trained dentist. He obtained his D.D.S. with honors in 2019 and became a member of the A.D.A., California Dental Association, and the San Diego County Dental Society. While working towards his second degree, He accrued remarkable leadership experience working in public, private, and non-profit sectors. He led many departments and oversaw process improvement in education, social services, and community health. Dr. Al Sammarraie is currently a site dental director at AltaMed Health Services, the nation's largest FQHC. Outside of dentistry, Dr. Al Sammarraie supports activist groups in Iraq that help war victims and displaced people find educational opportunities and medical care.*

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