



TENNESSEE

JULY/AUGUST 2025 VOLUME 31, ISSUE 4

# DENTAL

ASSOCIATION NEWS

TNDENTAL.ORG

## GETTING TO KNOW

**DR. J. ALLEN BURLERSON**  
**TDA PRESIDENT 2025-2026**

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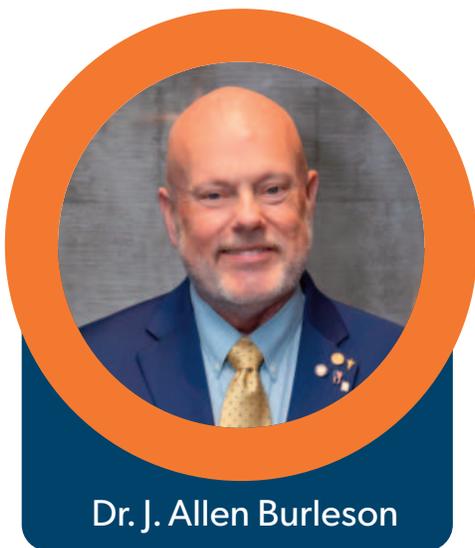


////// Bimonthly news and information for TDA members

# Getting to Know

## DR. J. ALLEN BURLESON

### A CONVERSATION WITH TDA'S 2025-2026 PRESIDENT



As the Tennessee Dental Association welcomes its new president, members can look forward to leadership from a dentist who is deeply rooted in the community. Dr. Burleson, a native of Johnson City, Tennessee, and established his practice in Jonesborough shortly after graduating from the University of Tennessee Health Science Center in 1982. With over four decades of experience, he brings a wealth of knowledge and a commitment to service that spans from local communities to international dental missions.

Dr. Burleson has been actively involved in organized dentistry for many years, holding various positions within the TDA and the First District Dental Society. He is a Fellow of the International College of Dentists, the American College of Dentists, and the Pierre Fauchard Academy. He has received numerous honors and awards, including the TDA Fellowship Award, the Sig Gruenwald Humanitarian Service Award, and the Tennessee Public Health Association Visionary Award.



Throughout his career, Dr. Burleson has been dedicated to service, both in his practice and his community, participating in various volunteer activities and missions. His journey reflects a long-standing commitment to advancing oral healthcare and supporting fellow dentists. Recently, *TDA News* met with Dr. Burleson to gain insight into his background and vision for the association.

**Q How long have you been involved with the Tennessee Dental Association, and what roles have you held before becoming president?**

I've been involved for 30 plus years! Over that time, I've served in several leadership roles, including president of the First District Dental Society, vice president for East Tennessee, trustee to the TDA representing the First District, secretary of the TDA, and most recently, president-elect. Each role has deepened my appreciation for the profession and the importance of organized dentistry.



**I'm excited to work alongside our staff and the Board of Trustees to advance the goals of the Tennessee Dental Association."**

**Q What inspired you to get involved in organized dentistry?**

I wanted to give back to the profession that has given me so much.

**Q What initially drew you to dentistry as a profession? Was there a particular moment or influence that set you on this path?**

I was fortunate to have those who saw potential in me and encouraged me to pursue dentistry—especially my own dentist, Dr. Frank Anderson, a general dentist and Admiral in Naval Reserves, and a family friend who was an orthodontist. Their encouragement set me on the path to a career in dentistry.

**Q Looking ahead, what are some initiatives you're most excited to work on?**

I'm especially excited to continue advancing efforts in insurance reform, strengthening member benefits and engagement, and streamlining the governance structure of the TDA. These initiatives are critical to supporting our members, improving the practice environment, and ensuring the association remains responsive and effective.

**Q What core values have guided your approach to patient care throughout your career?**

Servant leadership, empathy, and kindness have always guided my approach to patient care. I make it a priority to truly listen to patients' concerns. And I've found that a good sense of humor—a lighthearted joke or two—also helps.

**Q Looking back on your journey, what achievement(s) are you most proud of?**

Serving all walks of life with kindness and humor.

**Q You've been involved in dental mission trips through Go International. How have these experiences shaped your perspective on dental care?**

Participating in dental mission trips through Christian Medical Dental Association (CMDA), GO International, and my home church has been incredibly humbling and eye-opening. These experiences have deepened my appreciation for the blessings and resources we often take for granted. Everyone needs dental care.

**Q What hobbies or activities do you enjoy in your free time?**

I enjoy scuba diving, used to play a lot of golf, target shooting, and various other outdoor sports.

**Q What's one piece of advice you wish someone had given you when you first started out in dentistry?**

Looking back, I really wish I'd had a mentor and a good business coach to help navigate the business side of dentistry earlier in my career.

**Q What are you most excited about as you begin your term as president of the Tennessee Dental Association?**

I'm excited to work alongside our staff and the Board of Trustees to advance the goals of the Tennessee Dental Association. We have a strong team in place, and I look forward to collaborating with them to make meaningful progress on goals that support our members and the dental profession across the state.

**Q How can members best reach out to you with their ideas or concerns during your presidential year?**

Members can reach out to me through the TDA, and I encourage them, everyone who wants to share their ideas and concerns.



**We have a strong team in place, and I look forward to collaborating with them to make meaningful progress on goals that support our members and the dental profession across the state."**



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# ACTIONS OF THE 2025 TDA HOUSE OF DELEGATES

The 158th Annual Session of the TDA House of Delegates was held on Saturday, May 3, 2025, at the Renaissance Nashville Hotel with Dr. Ken Randall, Speaker of the House, presiding. Dr. Jimmy Hawkins, Chair of the Committee on Credentials and Rules and Order, reported a quorum was present. Members of the Committee on Credentials and Rules and Order were Dr. Hawkins, Dr. Phillip Ginski, Dr. Jackson Petty, Dr. Brandon Roller, and Dr. Jessica Wang.

Ms. Andrea Hayes, TDA Executive Director, welcomed attendees. She reported that the Music City Dental Conference continues to grow in attendance. Ms. Hayes thanked the delegates for their attendance at the House of Delegates and their work guiding and leading the profession.

## Special Guests

Dr. Brett Kessler, ADA President from Denver, Colorado, provided updates from the ADA Board. He said that despite the hurdles of the past year, the association is moving forward with optimism and a strong commitment to success.

Dr. Fred Howard, ADA Sixth District Trustee, Harlan, Kentucky, assured the delegates that he is honored to serve Tennessee and the ADA Sixth District at the ADA and to reach out if needed.

## Awards

President Stuart Hudsmith presented the following Distinguished Service Awards, honoring those outgoing members of the Board of Trustees who have served at least six years:

Dr. Hope Watson for service to the Board of Trustees from 2019 – 2025.

Dr. George “Chip” Clayton for service to the Board of Trustees from 2016 – 2025.

## Official Actions of the House

Dr. Kimberly Pitts, Chair of the Reference Committee, presented the Reference Committee report. (Members of the Reference Committee were Dr. Pitts, Dr. Zachary Adkins, Dr. Alexander Goodman, Dr. Teresa Stavely, and Dr. Stanley Waddell.)

### **BT2 – 25 – 1 / Remove Requirement for Annual Audit**

The House of Delegates adopted BT2 – 25 – 1 which removes the requirement of an annual audit to allow for either an audit or a review annually by a certified public accountant.



### INSTAGRAM

TNDentalAssn

### LINKEDIN

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### BT2 – 25 – 2 / Full-Time Faculty Definition

The House of Delegates adopted BT2 – 25 – 2 which clarifies the definition of Full-Time Faculty Membership from a 80% to at least sixteen (16) hours per week.

### BT3 – 25 – 1 / Authorization of Pilot Programs

The House of Delegates adopted BT3 – 25 – 1 which allows the Board of Trustees to authorize pilot programs of limited scope that do not conform to the current bylaws. The pilot program may not exceed three (3) years without approval of the House of Delegates.

### BT3 – 25 – 2 / Membership in Component Society

The House of Delegates adopted BT3 – 25 – 2 which allows members to choose their component membership based on either practice location or residence.

Updated [TDA Constitution & Bylaws](#) containing these actions are available on the TDA website.

## President's Address

President Stuart Hudsmith spoke to the House about the progress achieved in the three key areas of the TDA Strategic Plan: Advocacy, Membership, and Governance. President Hudsmith's complete address was published in the May-June 2025 issue of TDA News.

## Reports

Dr. Trey Carney, TDA Secretary, gave the Necrology Report. The House paused for a moment of silence to remember these former colleagues.

## Elective Offices

The following were elected to serve in the year 2025-2026:

President-elect – Dr. Kevin Bryant

Secretary – Dr. Robert Carney III

Treasurer – Dr. Jay Davis

Speaker of the House – Dr. Ken Randall

Vice President East Tennessee – Dr. Hope Watson

ADA Delegate East Tennessee – Dr. Hope Watson

ADA Delegate Middle Tennessee – Dr. Kimberly Pitts

ADA Delegate West Tennessee – Dr. Nishel Patel

ADA Alternate Delegate East Tennessee – Dr. Leslie Holmes-Leach

ADA Alternate Delegate Middle Tennessee – Dr. Jeannie Beauchamp

ADA Alternate Delegate West Tennessee – Dr. Phillip Ginski

In addition, Dr. Bradley White of Second District, Dr. Andrew McDaniel of CADS, and Dr. Garrett Orr of Fourth District were elected by their component societies to serve on the Board of Trustees.

## Installation of 2025-2026 TDA President Dr. Allen Burleson and TDA Officers

Dr. Allen Burleson was installed as President of the TDA for 2025-2026 along with newly elected officers, ADA delegates, and new trustees. Get to know 2025-2026 TDA President Dr. Burleson through a Q&A on [page 2](#).

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**Scott Owen**

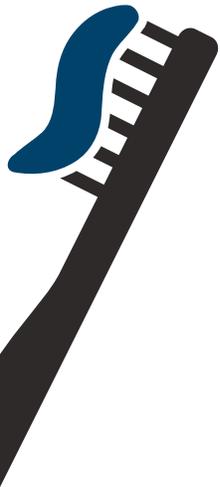
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# THANK You!

## FOR BEING A MEMBER!

The ADA, TDA, and your local component are committed to supporting your personal and professional growth at every stage of your career.

We offer a wide range of resources to help you manage your patients, practice, and personal life more effectively. Whether it's staying informed on the latest clinical guidelines or accessing financial management tools like insurance and retirement plans, we're here to provide everything you need to succeed and maintain a healthy work-life balance.

If there's anything we can do to further support your membership experience, please don't hesitate to reach out at 615.628.0208 or email us at [tda@tndental.org](mailto:tda@tndental.org). We'd love to hear from you!

### The TDA welcomes the following dentists as our new and reinstated members.

**First District Dental Society**  
Dr. Emma Anderson

**Chattanooga Area Dental Society**  
Dr. Kaytlyn McAllister

**Fourth District Dental Society**  
Dr. Nicole Nguyen  
Dr. Lauren Hardy

**Nashville Dental Society**  
Dr. Janki Desai  
Dr. Matthew Ellis  
Dr. Edwin Alter  
Dr. Rachelle Ifill

**Memphis Dental Society**  
Dr. Adrienne Jackson-Payne

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Brett Kessler, DDS  
DLN • ADA President &  
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#### Match

Coordinator matches qualified patient with a volunteer dentist

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[WHYDENTAL.ORG](http://WHYDENTAL.ORG)

# ONE YEAR LATER HELP US EVALUATE THE 2024 DENTAL INSURANCE REFORM LAW

On July 1, 2024, a new state dental insurance reform law took effect, addressing bundling, downcoding, noncovered services, and virtual credit cards. The Tennessee Department of Commerce and Insurance (TDCI) is responsible for enforcing this law and is the primary contact for reporting suspected violations.



**We welcome all feedback, but we are especially interested in hearing from those who have submitted complaints to TDCI, as this insight is critical to evaluating how the law is being enforced.”**



Now that it has been over a year since the law went into effect, we continue to evaluate how implementation is going in dental practices across the state. Your input is essential in helping us illustrate where the law is falling short and reopen conversations with regulators and lawmakers.

We welcome all feedback, but we are especially interested in hearing from those who have submitted complaints to TDCI, as this insight is critical to evaluating how the law is being enforced. We also recognize that the complaint process itself needs improvement, and your experiences will help clarify where adjustments should be made.

This ongoing survey is open to all Tennessee dentists and dental office staff. Your responses will help us identify gaps in enforcement and better advocate for meaningful, practical changes.

## HOW TO FILE COMPLAINTS

If you suspect that an insurance provider may be violating any provisions of this law, we encourage you to submit an online complaint form. The Tennessee Department of Commerce and Insurance investigates complaints submitted through the form provided by NAIC. Contact the Consumer Insurance Services Section at (615) 741-2218 or 1-800-342-4029 with any questions pertaining to filing a complaint.



## SHARE YOUR EXPERIENCE

Share your experiences through the survey below so we can advocate for improvements in future legislation.

[BEGIN SURVEY](#)

# IN MEMORIAM

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

### **Dr. Sidney Stiff Friedman, Jr.**

was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis Dental Society.

### **Dr. Roger Ganier**

was a member of the American Dental Association, the Tennessee Dental Association, and the Seventh District Dental Society.

### **Dr. Martin Ross Pittman**

was a member of the American Dental Association, the Tennessee Dental Association, and the First District Dental Society.

### **Dr. Larry Ewing Fogo, Sr.**

was a member of the American Dental Association, the Tennessee Dental Association, and the Chattanooga Area Dental Society.



# Numbers to Know



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

**Tennessee Board of Dentistry**  
(615) 532-5073

**Tennessee Department of Health**  
(615) 741-3011

**Tennessee Dental Association**  
(615) 628-0208 | Fax: (615) 628-0214  
[tda@tndental.org](mailto:tda@tndental.org)

## Local Societies

**First District Dental Society**  
Executive Director: Savannah Bolick  
(423) 552-0222  
[firstdistrictdental@gmail.com](mailto:firstdistrictdental@gmail.com)

**Second District Dental Society**  
Executive Director: Janet Lawlor  
(865) 919-6464  
[sddsoffice@gmail.com](mailto:sddsoffice@gmail.com)

**Chattanooga Area Dental Society**  
Executive Director: Lacey Heftka  
(423) 886-9191  
[Info@ChattAreaDent.com](mailto:Info@ChattAreaDent.com)

**Nashville Dental Society**  
Executive Director: Kristen Stewart  
(615) 628-3300  
[director@nashvilledental.org](mailto:director@nashvilledental.org)

**Seventh District Dental Society**  
Executive Secretary: Dr. Larry Chambers  
(731) 217-5614  
[7thdistrictdental@gmail.com](mailto:7thdistrictdental@gmail.com)

**Eighth District Dental Society**  
Executive Secretary: Ruby Batson  
(931) 245-3333

**Memphis Dental Society**  
Executive Director: Katie Nelson  
(901) 682-4928  
[info@memphisdentalsociety.org](mailto:info@memphisdentalsociety.org)



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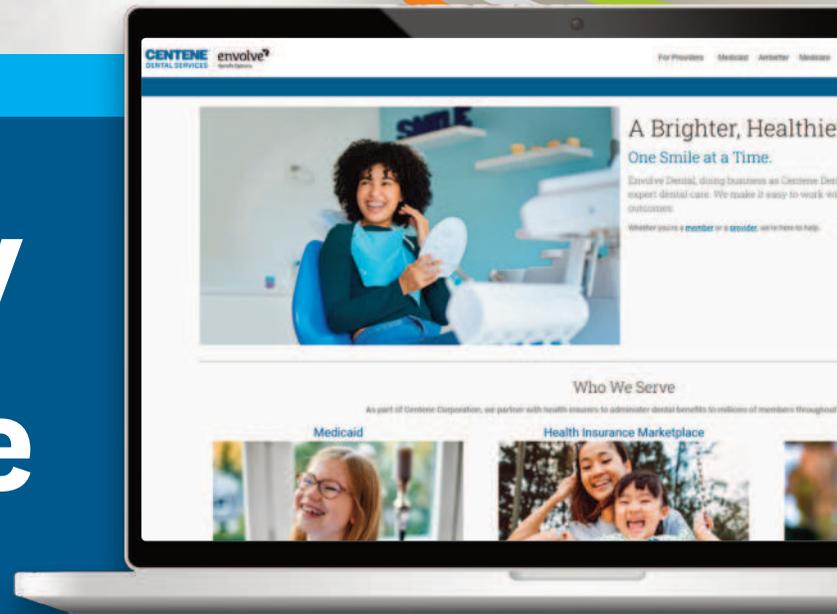
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# TDA 2025 LEGISLATIVE RECAP

DURING THE 2025 LEGISLATIVE SESSION, THE TENNESSEE DENTAL ASSOCIATION CONTINUED ITS MISSION TO ADVOCATE FOR THE DENTAL PROFESSION AND PROTECT THE ORAL HEALTH OF THE PUBLIC. FROM TENNCARE PROVIDER REIMBURSEMENT TO COMMUNITY WATER FLUORIDATION, TDA WORKED TO ADVANCE POLICIES THAT SUPPORT DENTAL PROFESSIONALS AND IMPROVE ACCESS TO QUALITY ORAL HEALTH CARE FOR ALL TENNESSEANS. BELOW ARE HIGHLIGHTS OF KEY ISSUES TDA WORKED ON THIS SESSION:

## TENNCARE RATE INCREASE FOR PEDIATRIC DENTAL PROVIDERS

TDA successfully lobbied for a significant increase in provider reimbursement rates within TennCare's pediatric dental program. The Bureau of TennCare will receive an additional \$19.3 million in recurring funding for TennCare dental services. This represents an approximate 12 percent increase and supports pediatric dental care as well as services under the 1915(c) waiver and ECF Choices programs.

Improving provider reimbursement helps ensure access to care for children covered by TennCare, especially in underserved areas. TDA's advocacy, along with a coalition of partners, was instrumental in securing this funding. We will continue to lobby for rate increases for all TennCare dental providers, as current reimbursement levels remain well below the averages of neighboring states.

## DEFEATING THE STATEWIDE FLUORIDE BAN – HB 897 / SB 1141

TDA strongly opposed legislation that sought to ban fluoride in public water systems across Tennessee. The bill would have tied the hands of water operators and ultimately reduced fluoridation to below optimal levels, putting the oral health of countless Tennesseans at risk.

Thanks to a strong grassroots response, including over 570 emails, numerous phone calls, and testimony from TDA member Dr. Leon Stanislav, the bill failed in the Senate Energy, Agriculture and Natural Resources Committee. Lawmakers cited TDA members' messages during the hearing, reinforcing the power of our collective voice.

TDA remains committed to defending community water fluoridation and anticipates similar legislation returning in future years.

## VOLUNTEER AS A LEGISLATIVE CONTACT DENTIST

Building personal relationships with lawmakers is vital to protect and promote dentistry. We aim to pair each state legislator with one or more dedicated TDA legislative contact dentists.

As a contact dentist, you play a pivotal role in educating and advocating for dentistry. Besides offering insights on key issues, you are called upon to explain dental profession concerns and the impact of legislation to lawmakers. To participate as a legislative contact dentist, please complete the form linked below.

[\*\*VOLUNTEER NOW\*\*](#)

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TO SIGN UP FOR TDA  
ADVOCACY ACTION ALERTS



**This event continues to grow in momentum and visibility.  
Member participation is critical to our success in the Capitol!”**

---

**SECOND ANNUAL TENNESSEE DENTISTS’ DAY  
ON THE HILL – MARCH 12, 2025**

More than 20 TDA members from across the state gathered in Nashville for the second annual Tennessee Dentists’ Day on the Hill. The event gave members an opportunity to meet directly with lawmakers and advocate for two of TDA’s top priorities: increased TennCare dental reimbursement and protection of community water fluoridation.

The day began with breakfast for legislators and staff, followed by coordinated office visits where members delivered educational materials and shared personal stories about the impact of these issues. TDA also arranged meetings with key legislators involved in the fluoride legislation to reinforce the dental community’s opposition before the committee vote.

This event continues to grow in momentum and visibility. Member participation is critical to our success in the Capitol.





## BUILD SOCIAL BONDS TO PROTECT HEALTH

# THE POWER OF PERSONAL CONNECTIONS

From an early age, we learn that nutritious foods and physical activity can help us stay healthy. Growing evidence now suggests that social connections may also be key to good health. Socially connected people tend to live longer. They're at lower risk for serious health problems. Social bonds are also linked to our mental health, eating habits, and much more.

Despite the links between our social ties and health, there's been a troubling increase in social disconnection around the world. About 1 in 3 adults nationwide report feeling lonely. About 1 in 4 say they lack social and emotional support.



**PEOPLE WHO ARE SOCIALLY ISOLATED OR FEEL LONELY ARE MORE LIKELY TO HAVE HEART DISEASE, OBESITY, HIGH BLOOD PRESSURE, DEPRESSION, OR ANXIETY."**

### SOCIAL BONDS

Many factors can contribute to a person feeling lonely. These include the quality of your personal relationships, your community, and society in general. Your personal health, life stage, and personality can also have an impact. People who are socially isolated or feel lonely are more likely to have heart disease, obesity, high blood pressure, depression, or anxiety. They're also at increased risk for Alzheimer's disease or other types of dementia, and for early death.

Recently, the COVID-19 pandemic affected our relationships and feelings of isolation. But the breakdown of social bonds

was growing long before the pandemic. Over the past few decades, fewer people have been joining community groups or faith-based organizations. There's also been a rise in single-person households. Digital technologies have made it easier to connect with others. But they can also expose us to harms like bullying.

Scientists are working to better understand the links between social bonds and our health. And they're looking for ways to counteract the effects of loneliness and social isolation.

"Humans are a social species. We are highly dependent on others from birth," says Dr. Elizabeth Necka, an NIH expert on social and behavioral science. "So feeling socially isolated can make you feel as though you're in a very stressful situation. And stress has been associated with chronic inflammation, which can have effects on cardiovascular health." Long-lasting inflammation has also been linked to cancer and other health problems. And our ability to biologically respond to stressors weakens with age.

Necka notes that there's a difference between social isolation and loneliness, but the two are related. Social isolation means

you have few connections or contacts with others. Loneliness has to do with how you feel about being alone, or your perception.

"Some people can be objectively socially isolated but not feel lonely. They may enjoy the solitude," Necka explains. "Others can be surrounded by people and yet feel very lonely because those relationships aren't satisfying to them." Both loneliness and social isolation can be harmful to health. Even people who feel OK about being socially isolated are at increased risk for poorer health.

## WHO'S AT RISK?

Everyone feels lonely now and then. But certain factors can raise the likelihood of persistent loneliness or social isolation. These include living alone, having trouble walking or moving, or having problems with vision or hearing. Other risk factors include financial struggles and mental health issues. Living in a rural, unsafe, or hard to reach neighborhood also raises your risk. So do major life changes like retirement or the death of a loved one.

Many studies have found that older adults are especially likely to feel lonely or socially isolated. But a recent analysis of more than 128,000 people from over 20 countries reports that young adults are also vulnerable. "Over the course of the adult lifespan, we found that loneliness is higher in young adulthood and older adulthood. It dips during mid-life," says psychologist Dr. Eileen Graham at Northwestern University.



"Over the course of the adult lifespan, we found that loneliness is higher in young adulthood and older adulthood."

Many factors can contribute to a person feeling lonely. These include the quality of your personal relationships, your community, and society in general. Your personal health, life stage, and personality can also have an impact. People who are socially isolated or feel lonely are more likely to have heart disease, obesity, high blood pressure, depression, or anxiety. They're also at increased risk for Alzheimer's disease or

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**COUPLING UP**

"Marital status, or intimate relationships, are also an important feature of our social networks," says Dr. David Sbarra, a psychologist and researcher at the University of Arizona. Married people tend to live longer and have other health benefits compared to the unmarried. But the quality of the relationship, whether supportive or fraught, can have an impact. "In a high-quality relationship,

your needs are taken under consideration, and you perceive that your partner cares for you," Sbarra says. "This perceived responsiveness, or empathy, is key to intimacy."

Sbarra's team has found that divorce and separation are linked with changes to structures deep within cells called telomeres, which are associated with

aging. Such changes are linked to health problems, including cancer and shorter life.

The team is now using brain imaging and smartphone apps to assess the quality of couples' relationships. They're studying whether repetitive negative thoughts in one partner leads to stress and health problems for both.



**Married people tend to live longer and have other health benefits compared to the unmarried. But the quality of the relationship, whether supportive or fraught, can have an impact."**

"If you're feeling lonely or socially disconnected, it can feel intimidating to try to form new connections..."



### NEW CONNECTIONS

"If you're feeling lonely or socially disconnected, it can feel intimidating to try to form new connections," Necka says. "High-quality connections are best. But even brief interactions can make a difference. It can be a first step."

For example, you might go to the grocery store at the same time every week and see the

same clerk. You can smile and strike up a brief conversation. Or you notice that someone at your regular bus stop always wears purple. You could chat about favorite colors. Over time, you might feel more comfortable connecting with others in different ways.

"If you see someone in your community, maybe an older

adult who lives alone or a single parent, check in and ask what they might need. Let them know that you're available," Graham adds. "Offer to bring them dinner, play cards, or other things. We can reach out and help each other connect." See the Wise Choices box for more tips, and in the process improve your health.

Source: NIH News in Health. For the latest information from National Institute of Health, part of the U.S. Department of Health and Human Services, visit [newsinyourhealth.nih.gov](https://www.newsinyourhealth.nih.gov).

## CONNECT With Others

**Learn something new.** Join a group interested in a hobby, such as knitting, hiking, birdwatching, painting, or wood carving.

**Volunteer.** Consider helping out at a school, library, museum, hospital, or animal shelter.

**Stay in touch with family, friends, and neighbors.** Connect in person, online, or by phone.

**Share your knowledge.** Teach a favorite pastime or skill, like chess or baking, to a new generation.

**Take the stage.** Take part in a local theater troupe, sing in a community choral group, or play in a local band or orchestra.

**Help others.** Run errands for people with limited mobility or access to transportation.

**Get moving.** Take a class in yoga, tai chi, or other physical activity.

**Be more active in your local community.** Take part in community or senior center events. Join a faith-based organization that aligns with your beliefs.

# NEW DENTIST CORNER

## Breaking Down Barriers to Care Through Portable Dentistry



I started working with seniors and patients with special health care needs last year. This was a result of my general practice residency, during which I learned how to care for patients with more complex needs. Finding care for many of these patients is especially difficult. Some patients are restricted because of resources or their support systems; others are limited by a disability from leaving their home and getting the dental care they need. At Enable Dental, we are able to provide fully functional portable dental services to our patients in their homes, thereby eliminating frequently encountered barriers in accessing care.

I often get questions from friends, family and colleagues on what exactly I do in

“portable dentistry.” To be completely clear, we do not have a dental van with chairs in it that patients get to use. We mobilize all dental equipment and take it into our patients’ homes or assisted/independent living centers.

Here are some of the highlights and challenges associated with working in portable dentistry:

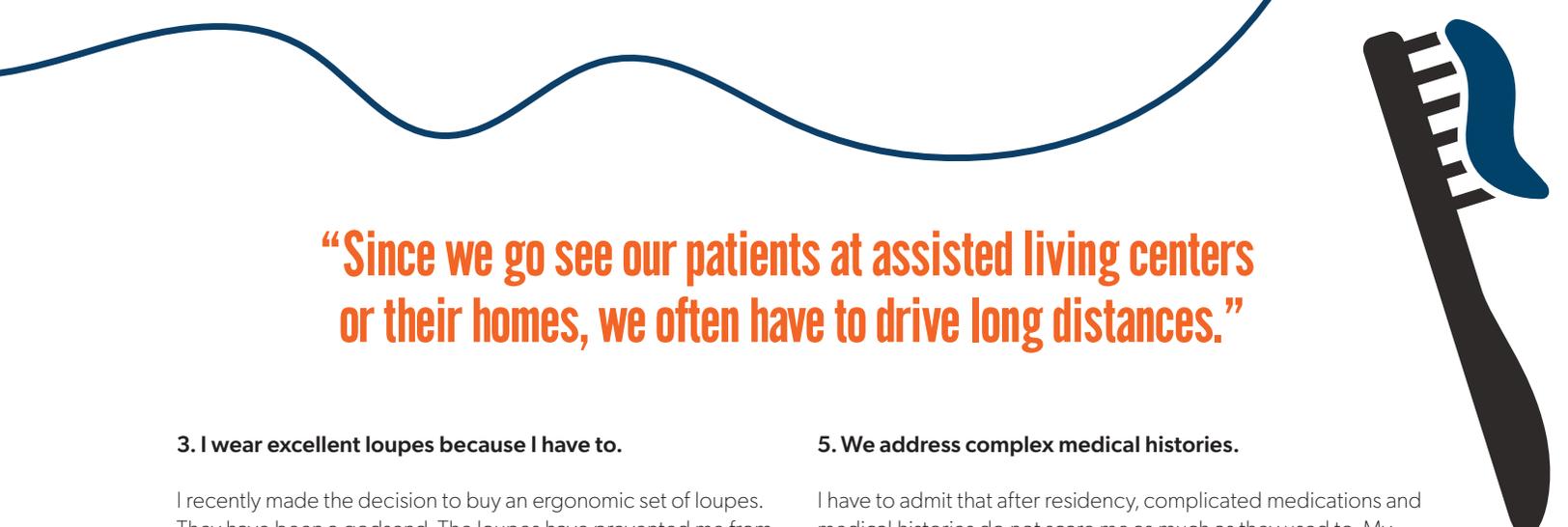
### 1. We have long commutes.

Since we go see our patients at assisted living centers or their homes, we often have to drive long distances. Most of the time we drive together in a single vehicle and split driving among each other. Long commutes mean long days. I often get home after 6 p.m. on

such days. Those are days I do not cook dinner.

### 2. We do dentistry standing up, bending or occasionally sitting down.

Recently I had a patient sitting in her arm chair and prepped for a few extractions. Unfortunately, I didn’t have the foresight to move her into a chair without thick arm rests beforehand. After a lot of changes to my positioning and sweating/sighing, I ultimately sat on the floor and extracted Nos. 12 and 13. Afterwards, my assistant said, “Congratulations, you just delivered two boys!” That cracked me up, and the whole room, including our patient, erupted in giggles.



**“Since we go see our patients at assisted living centers or their homes, we often have to drive long distances.”**

**3. I wear excellent loupes because I have to.**

I recently made the decision to buy an ergonomic set of loupes. They have been a godsend. The loupes have prevented me from worsening my upper back and neck. Especially with the work I do, having a nonergonomic set of loupes would have made life miserable.

Ergonomic loupes have a slight bend in them, which means the loupes do the bending for you, instead of your neck. You can stand and look straight ahead and still see everything you need to in a patient’s mouth. The power at which I use my loupes gave me no headaches and did not require any time getting used to.

**4. We provide a ‘good and better’ plan for patients.**

Most of our patients are above the age of 75. It may not always be reasonable for us to plan extensive care for them. Many are looking for palliative care and regular hygiene appointments only. Most are looking for someone to talk to for an hour. It’s an honor for me to feel included in my patients’ lives and listen to their stories during these times. Our treatment plan is based on what is realistic for us to achieve given their medications and complex needs. This can be very different from what we are traditionally able to achieve in a regular dental clinic environment. We always provide one to two alternatives to all treatment plans.

**5. We address complex medical histories.**

I have to admit that after residency, complicated medications and medical histories do not scare me as much as they used to. My general practice residency prepared us for the most medically complex conditions. If you are a dental student and not considering a residency, let this post make you reconsider.

When it comes to our patients, it is important to put their diet, medications, preference and dental needs in a neat bow and come up with the right plan. There are several patients for whom I have to regularly contact physicians, endocrinologists or cardiologists to have an educated conversation about test results and next steps. A dentist can be an important person to alert the care team on things that are amiss. We need to remember that patients see their dentists more often than their physicians. I usually set aside a half day for these consultations. I’ve also found that having phone conversations about important topics is much better than requesting a standard medical clearance that comes back saying “patient cleared for dental treatment.”

There was a patient we saw in residency with an abnormally high blood sugar level that needed full-mouth extractions and dentures. We declined to do the extractions until his blood sugar is under better control because of postoperative healing considerations. This prompted his care team to start the patient on insulin. The patient may not have gotten the needed care and medications had it not been for our team creating this alert.

**6. We have a committed, motivated team.**

It is hard to be in a job like this and not be committed to our work. Our assistants lug heavy equipment to and from every patient’s home and then commit 100% to their treatment plan and care. The nature of our work and patients we see also makes it easy for us to love our jobs. Before I started doing this, I used to think pediatric dentists probably have the most fun jobs in the world. Seeing adorable small kids all day — how cute! However, now I think treating seniors is just as fun (or even more).

**7. Our patients are amazing.**

We are often the last resort for our patients, and that becomes very evident when we meet them. Most are very happy to see us and thankful for a dental team that can come to their doorstep to care for them. We also, of course, have patients who are less than overjoyed to see us. Those are the patients whose children are scheduling dental treatments for them. There are also patients who may be confused by our presence. This could be because of advancing dementia or other neurological conditions.



“The nature of our work and patients we see also makes it easy for us to love our jobs.”



**8. I was able to work longer while pregnant.**

I worked through nearly 35 weeks of pregnancy in this job. Had it been a traditional brick-and-mortar space, the size of my belly would have probably impeded my ability to practice beyond 25 weeks, the way it does most clinicians. Since I stand while I do most treatments, I was able to perform dentistry much longer. My caring team also took extra steps to make sure I was more comfortable during this time, and my patients gave my child many, many blessings. The constant moving around also helped me stay active throughout pregnancy.

All patient interactions have taught me significant lessons about society, the aging process, the importance of family and support systems, patience, compassion, and different cultures. These are lessons I would not find in any other job. I hope this post inspires other new dentists to work with seniors and patients with special health care needs. Getting anxious about treating these populations is only natural; however, with time and proper education via residency or dedicated continuing education, it will become easier.

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# THE UNDERRATED UPSIDE:

## THE REAL BENEFITS OF OWNING A RURAL DENTAL PRACTICE



Rural dental practices remain one of the best-kept secrets in the profession—especially in the Southeast. While small-town life may not have the same glamour as Nashville or Atlanta, it offers a compelling mix of profitability, stability, and quality of life that many dentists overlook.

At DDSmatch, we work with practices throughout Tennessee and the broader Southeast. From the rolling hills of East Tennessee to the quiet farm towns in the west, we've seen how rural practices in this region offer a smart and fulfilling path, particularly for those ready to own their future in both business and lifestyle.

### BIG BENEFITS IN A SMALL-TOWN SETTING

#### Lower Overhead, Higher Profitability

Two of the biggest expenses in any dental practice – staffing and real estate – are significantly lower outside metro hubs like Nashville, Memphis, or Knoxville. In towns across Tennessee, wages are more affordable while the quality of dental staff remains strong, often with long-tenured employees.

Real estate is also dramatically less expensive. In many Tennessee counties, dental office space costs 30–50% less than in major cities, whether you're leasing or buying.

Yet here's the real advantage: treatment fees are often on par with urban rates. This creates a much wider profit margin.

Example: We've helped rural Tennessee practices producing \$900K–\$1.2M annually operate with overhead in the 50–55% range. In contrast, urban practices often run 65–75% overhead. That extra margin is what builds real wealth.

### LESS COMPETITION, LARGER PATIENT DRAW

Small-town practices often draw patients from a wider geographic area and face little to no local competition. That means lower marketing costs, stronger patient loyalty, and more predictable revenue.

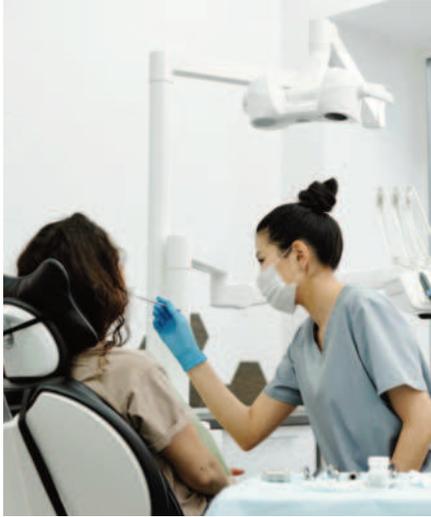
These practices thrive on reputation and referrals with no aggressive advertising required.

Unlike saturated markets, like Franklin or Chattanooga, rural dentists grow through community trust and relationships. There's more room to expand and fewer roadblocks in your way.



### CASE IN POINT:

One East Tennessee client sees patients from four different counties with virtually no competition within 25 miles. No PPO pressure, no marketing firm – just consistent, high-quality care.



“  
Real estate is also dramatically less expensive. In many Tennessee counties, dental office space costs 30–50% less than in major cities, whether you’re leasing or buying.”

#### MORE OPPORTUNITY, LESS SATURATION

In major cities, young dentists compete for jobs, patients, and referrals. Established dentists in those areas are often delaying retirement due to financial pressure, reducing available opportunities for younger professionals.

In contrast, rural areas often face a shortage of dentists. This imbalance means high patient demand, easier practice acquisition, and a faster ramp-up to success.

#### STUDENT LOAN FORGIVENESS & INCENTIVES IN TENNESSEE

For young dentists with student loans, practicing in rural Tennessee brings significant financial perks. The state participates in various loan repayment and incentive programs:

- **Tennessee State Loan Repayment Program (TSLRP):** Offers up to \$50,000 in loan forgiveness for dentists who serve in Health Professional Shortage Areas (HPSAs).
- **NHSC Rural Loan Repayment:** Federal program offering up to \$100,000 in tax-free loan repayment for rural, Medicaid-participating providers.
- **Tennessee Department of Health Grants:** Some counties also offer relocation assistance or stipends to help fill critical healthcare gaps.



## EASIER ENTRY, GREATER OPPORTUNITY

In metro areas, new dentists often face long associate tenures before ownership becomes an option. In contrast, rural Tennessee offers:

- Lower practice acquisition costs
- Less buyer competition
- Willing seller financing and mentorship
- Faster patient base transfer and ramp-up
- Likely the real estate will be available for sale as well

Example: We recently listed a practice near Cookeville where the retiring dentist is offering 50% seller financing, plus a 6-month transition – an ideal setup for a first-time buyer.

## A BETTER QUALITY OF LIFE

### Slower Pace, Stronger Community

The rural Tennessee lifestyle isn't just about economics; it's also about peace of mind. Dentists in small towns often experience:

- More flexible schedules
- Deeper relationships with patients
- Less burnout, fewer administrative headaches
- More time for family, hunting, hiking, or lake life

You'll also enjoy the respect and trust of your community. In many rural towns, the local dentist is a known and valued figure. When your patients know you personally, they're more likely to trust your care and follow through on treatment.

Lifestyle Advantage: Whether it's boating on Center Hill Lake, hiking the Smokies, or attending Friday night football games, small-town Tennessee offers a sense of balance you won't find sitting in traffic on I-40.

## RETHINK THE URBAN MYTH

Most new dental grads aim for suburban or urban settings, assuming those areas offer more opportunity. But in reality, many of those markets are at or beyond capacity. That leads to:

- Increased pressure to join PPO plans
- Lower starting salaries
- Limited job openings
- Long hours and weekend shifts
- Slower practice growth

The lifestyle may look better on paper, but for many, it doesn't live up to expectations.

Reality Check: A \$200K home near Jackson buys you space, land, and peace. The same budget in Franklin? Likely just a small condo with an HOA.

## CONCLUSION: A SMART PATH FEW ARE TAKING

Rural dental practices in Tennessee offer more than just affordability, they offer freedom. Financial freedom, professional independence, and a lifestyle that prioritizes balance and wellbeing. For dentists with the flexibility to choose where they live and work, small-town practices present a rare chance to get ahead, both personally and professionally.

If you're open to a different kind of success story, consider exploring opportunities in Small Town, Tennessee.

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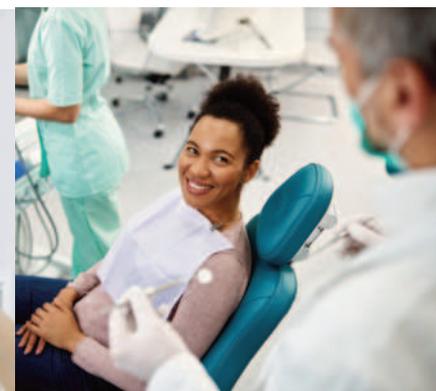
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