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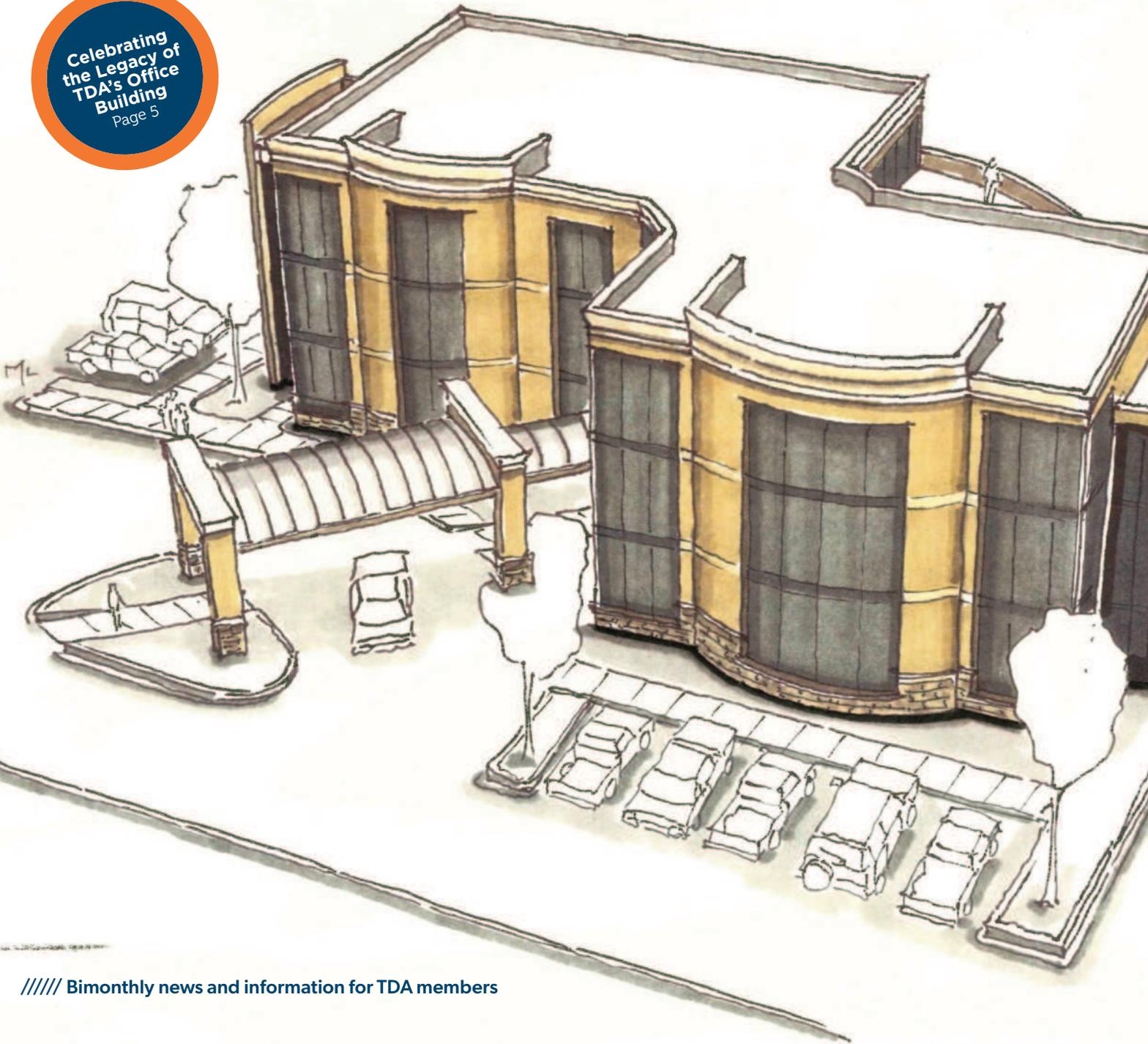
NOVEMBER/DECEMBER 2025 VOLUME 31, ISSUE 6

# DENTAL

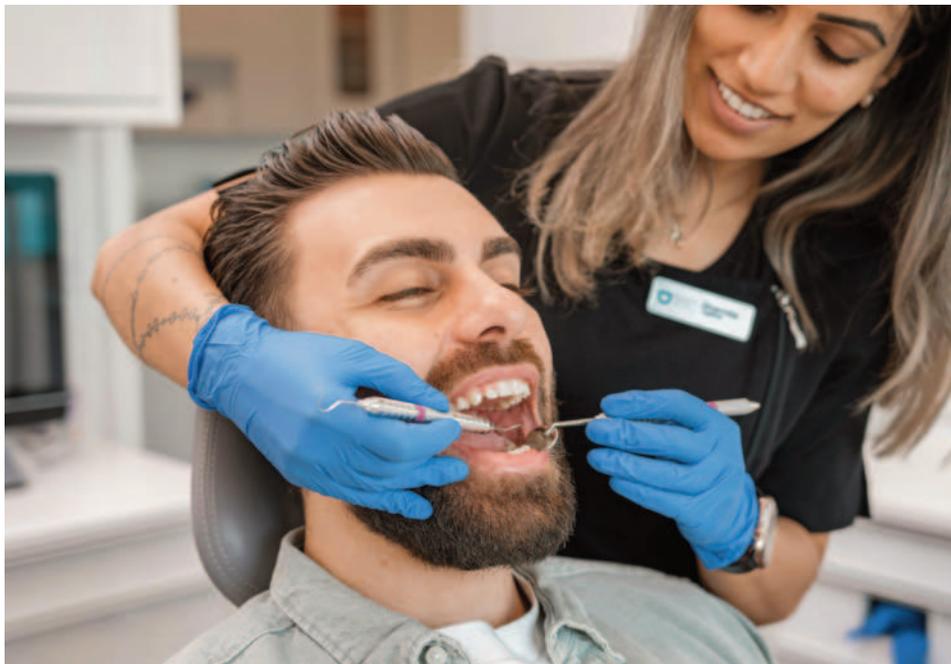
ASSOCIATION NEWS

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Celebrating  
the Legacy of  
TDA's Office  
Building  
Page 5



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



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# Board of Trustees Meeting Report **August 23, 2025**



The TDA Board of Trustees, chaired by TDA President Dr. Allen Burleson, met on August 23, 2025, at the TDA office in Franklin. Below are the key actions and reports from the meeting.

## Actions of the Board:

**Committees:** Approved the proposed committee members for 2025-2026.

**Social Media Policy:** Approved a TDA Social Media Policy for trustees and officers.

**MCDC:** Approved the date of the 2027 Music City Dental Conference / April 29 – May 1, 2027 at the Embassy Suites Nashville Downtown.

**Sale of the TDA Building:** Authorized the sale of the TDA-owned building and real estate located at 660 Bakers Bridge Avenue, Franklin, Tennessee.

## Highlighted Reports:

**Treasurer's Report:** Dr. Jay Davis, Treasurer, presented the unaudited financial report for the twelve months ending June 30, 2025.

**Legislative Report:** Ms. Andrea Hayes and TDA contract lobbyists, reported on upcoming election campaigns and anticipate the antifluoridation bill to resurface in the 2026 session.

## Membership:

Ms. Hayes provided a membership report with a comparison to ten years ago. Ms. Hayes will present final recommendations at the November board meeting regarding a new association management system for TDA.

## Task Force on Governance

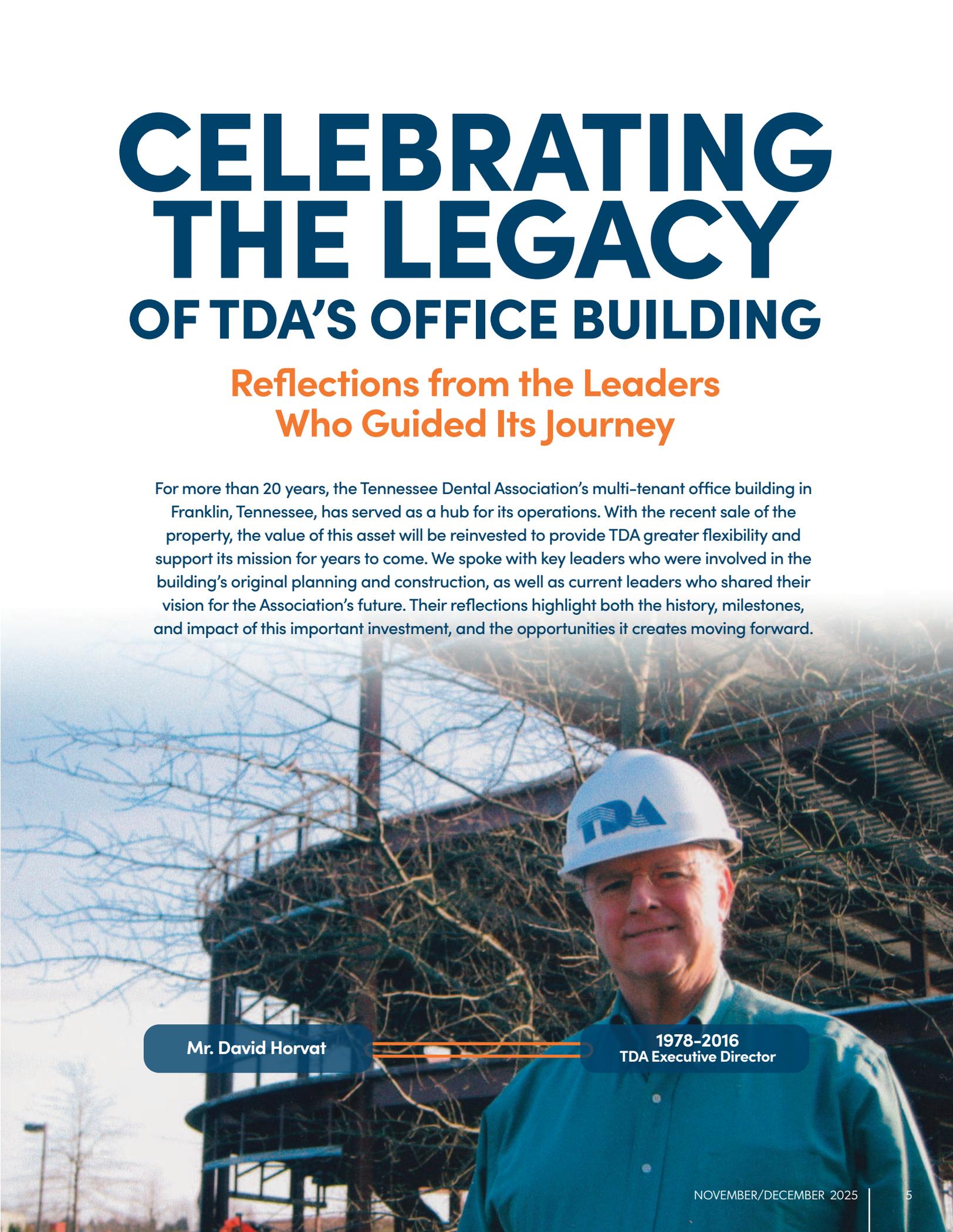
**Sustainability, Strategic Plan 2.1:** President Allen Burleson asked for questions regarding the Task Force's work to date and said that they will present their findings at the November board meeting.



# CELEBRATING THE LEGACY OF TDA'S OFFICE BUILDING

## Reflections from the Leaders Who Guided Its Journey

For more than 20 years, the Tennessee Dental Association's multi-tenant office building in Franklin, Tennessee, has served as a hub for its operations. With the recent sale of the property, the value of this asset will be reinvested to provide TDA greater flexibility and support its mission for years to come. We spoke with key leaders who were involved in the building's original planning and construction, as well as current leaders who shared their vision for the Association's future. Their reflections highlight both the history, milestones, and impact of this important investment, and the opportunities it creates moving forward.



Mr. David Horvat

1978–2016  
TDA Executive Director

## INSIGHTS FROM MR. DAVID HORVAT, TDA EXECUTIVE DIRECTOR FROM 1978-2016

**Q: When the idea of building a new home for TDA first took shape, what inspired that decision?**

A: The building on Sunset Place was aging. We had done a lot of remodeling, and we also had a lot of issues with the roof leaking. After a while, the Board and officers made the decision to consider moving. At that time, the Bylaws required the TDA office to be located in Davidson County, so they were amended to allow the office to be located anywhere in Middle Tennessee.

We thought it would be wise to build a building larger than we needed at the time. The idea was to rent out part of the space and have the option to expand the TDA offices later if needed. We hired a real estate agent to find land for purchase in Cool Springs because it was the fastest growing area near Nashville. It seemed like it would be the perfect place for the new TDA office.

**Q: What were some of the hopes, challenges, or priorities that guided the planning and construction process?**

A: I think one of the most interesting parts about the construction process was that we wanted to have some sort of outdoor space, which became the patio on the third floor. At the old building, every time we had a Board of Trustees meeting, the Board members would go outside and sit on the wall in front of the building to eat lunch. We thought it would be nice if they had tables and chairs where they could actually sit down and eat together

during Board meetings on the weekends.

There were a lot of challenges during the construction process. The first problem was that the TDA building was the last project to be constructed in that space. Being the last open lot meant that debris like tree roots from other construction sites had accumulated where we were supposed to build. We had to have about a hundred truckloads of debris hauled off and then a hundred truckloads of rock were brought in to replace it. This was an expense we hadn't planned on.

During the construction phase, the builder discovered they had not included the cost of the brick in their bid. We eventually reached an agreement, and the construction company absorbed some of the cost.

Another issue was that when they first surveyed the lot and laid it out, they had the building marked three feet higher off the ground than was needed. That would have put a slope on the lot and made it especially difficult during the winter with ice. In the end, they had to regrade the lot to make it level.

**Q: Are there particular memories or milestones from those early years that stand out to you personally?**

A: When we left the building on Sunset Place, the new TDA building wouldn't be ready for three more months. We basically ended up running the TDA out of my home while the new building finished construction.

Another good memory was how we got the board table into the boardroom. The board table was previously owned by a law firm in downtown Nashville. We did extensive measurements to make sure the table would fit the space, and then we needed a crane to lift it piece by piece onto the third-floor patio before assembling it inside.

**Q: In what ways did having the building shape how TDA operated or connected with members over the years?**

A: I think the members appreciated having a nice building that better represented the TDA as a first-class organization. While we had enough money to build the building, we didn't have enough to purchase the furniture needed. The Furnish Your Investment (FYI) campaign was created to gather donations for this purpose. The campaign succeeded in furnishing the TDA office.

**Q: Now that the building has been sold, how do you see this moment fitting into the broader story of TDA's growth and direction?**

A: I think the building has served the TDA well for the last 20 years and has been able to bring in non-dues revenue along the way. I hope it also increased in value and proved to be a good investment. Hopefully the building has been a nice place not only for the staff, but for TDA members to come to and work out of for the last 20 years.

## INSIGHTS FROM DR. TOM UNDERWOOD, CHAIR OF THE BUILDING COMMITTEE

**Q: When TDA first decided to build a new office, what did that step represent for the Association and its future?**

A: That idea had been kicked around for a few years. What we hoped to do was accrue value for the TDA as a wise investment instead of paying rent each month. We really had a good Board of Trustees who were able to move the project ahead.

**Q: When you look back, what are you most proud of about what the building represented, and how its legacy continues to serve the Association today?**

A: I think the building speaks highly of the Tennessee Dental Association. It's been a way to say that we are here. When people served the TDA over the last 20 years, they had a nice place to come to. It spoke highly of the

organization, and it was something to be proud of.

It was a privilege to be associated with the new building, and I enjoyed working with David Horvat (former TDA executive director) and the building committee.



## Looking Ahead

### INSIGHTS FROM DR. STUEART HUDSMITH, IMMEDIATE PAST PRESIDENT

**Q: Now that the building's value has been reinvested through its sale, how do you see this decision positioning TDA for future success?**

A: Franklin has become one of the most desirable places in Tennessee both for businesses and families. As a result, we were fortunate to get a premium offer that also allowed us to stay in the building as tenants. The proceeds from this sale, along with the investment income they generate, will give the TDA financial strength and benefit our members well into the future.

**Q: In your view, how does this next chapter build on the foresight of the leaders who made the original investment two decades ago?**

A: The Board's decisions to build the building at the right time in history and the Board's decision to sell at the right time in history are two legacy decisions that all members should be proud of.



### INSIGHTS FROM DR. J. ALLEN BURLESON, TDA PRESIDENT

**Q: Now that the building's value has been reinvested through its sale, how do you see this decision positioning TDA for future success?**

A: The TDA is financially strong and has steady growth in our cash reserves over recent years. The sale was driven by a strong offer and other strategic considerations including the age of the building which would bring capital costs in the years ahead. The agreement also allowed TDA to continue leasing our current space at a very favorable rate while converting the value of the property into a sustainable building fund endowment.

**Q: How does TDA's new chapter continue the long-term thinking demonstrated by leaders two decades ago?**

Thanks to the vision and stewardship of past TDA leaders, this asset has served the Association well for two decades. The Board of Trustees believes this decision honors that legacy by ensuring that the investment made 20 years ago will provide lasting resources to advance our mission well into the future.

# FYI Contributors

**IN APPRECIATION OF THOSE WHO PROVIDED ADDITIONAL FINANCIAL SUPPORT TO HELP FURNISH THE TDA BUILDING. THEIR INVESTMENT CONTINUES TO SHAPE TDA'S FUTURE.**

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**"Thanks to the vision and stewardship of past TDA leaders, this asset has served the Association well for two decades."**

**- Dr. J. Allen Burleson**



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# UNDERSTANDING UTILIZATION

## OF MOBILE SEDATION ANESTHESIA PROVIDERS IN TENNESSEE

By DR. MATTHEW J. YEZERSKI

Over the last decade, the demand for sedation and anesthesia services in dental offices has grown in Tennessee. Along with the increased demand, Tennessee has also seen an influx of mobile anesthesia providers including dentist anesthesiologists, physician anesthesiologists and certified registered nurse anesthetists (CRNA).

It is imperative that dentists understand the rules and regulations that govern the practice of dentistry and how they apply to utilization of outside sedation providers, including nurses and physicians that are not governed by the Tennessee Board of Dentistry.

Let's examine the requirements on the host dentist for each specific type of outside anesthesia provider as they differ depending on the education and licensure of the sedation/anesthesia provider.

### PHYSICIAN AND DENTIST PROVIDERS

"A dentist may utilize a physician (MD or DO), who is a member of an anesthesiology staff of an accredited hospital, or another dentist who holds a deep sedation/general anesthesia permit to administer deep sedation or general anesthesia in that dentist's office. Such person must remain on the premises of the dental facility until all patients given deep sedation or general anesthesia meet discharge criteria. The office must comply with the general rules for deep sedation/general anesthesia, i.e. Rule 0460-02-.07(7)(b). A dentist utilizing such person and complying with these provisions does not require a deep sedation/general anesthesia permit." - Rules of the Tennessee Board of Dentistry, 0460-02-.07(7)(a)(2)

### KEY TAKEAWAYS

A dentist with or without a sedation permit may utilize a physician anesthesiologist to provide all levels of

sedation. However, an often, overlooked requirement is that a physician must be a member of an anesthesiology staff at an accredited hospital.

The dentist utilizing a physician anesthesiologist must ensure that their office complies with all the requirements including facility permit for the appropriate level of sedation, monitoring, staffing, all required medications and emergency protocols.

A dentist with or without a sedation permit may utilize a licensed dentist with a deep sedation/general anesthesia permit to provide sedation in their office (most likely a dentist anesthesiologist or oral maxillofacial surgeon). This "mobile dental anesthesia provider" (as defined by the Board of Dentistry) must have undergone an inspection of their mobile equipment and medications to obtain a "facility" permit and ensure compliance with all requirements set forth by the Tennessee Board of Dentistry.

### CERTIFIED REGISTERED NURSE ANESTHETISTS PROVIDERS

"A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer deep sedation/general anesthesia must have a valid deep sedation/general anesthesia permit." - Rules of the Tennessee Board of Dentistry, 0460-02-.07(7)(a)(3)

### KEY TAKEAWAYS

A dentist may utilize the services of a CRNA, however, it is the responsibility of

the dentist to ensure compliance with rules and regulations, including facility permit for the appropriate level of sedation, monitoring, staffing, all required medications and emergency protocols.

It is important for the dentist to understand the levels of sedation and medications that have been determined by the Board of Dentistry to be limited to use only by deep sedation/general anesthesia permit holders. When utilizing a CRNA, the provider is only able to sedate to the level of the permit holding dentist. For example, a dentist with a "conscious sedation" permit may utilize a CRNA, but only to the level of "conscious sedation".

This includes restriction of the use of general anesthetics as confirmed by the Tennessee Board of Dentistry to include:

- Propofol
- Ketamine
- Dexmedetomidine (Precedex)
- Inhalation General Anesthetics (ex/ Sevoflurane, Isoflurane)

If a CRNA is overseen by an anesthesiologist, that anesthesiologist must be at the facility. The Board of Dentistry rules state: "Such person must remain on the premises of the dental facility until all patients given deep sedation or general anesthesia meet discharge criteria." - Rules of the Tennessee Board of Dentistry, 0460-02-.07(7)(a)(2)

REMINDER

As always, our dentist members should not only familiarize themselves with the rules and regulations governing sedation in the dental office, but also understand the requirements that they are ultimately responsible for when utilizing any mobile sedation/anesthesia providers.



# TDA EXECUTIVE OFFICE CLOSED FOR THE HOLIDAYS

The TDA Executive Office will be closed Wednesday, December 24th through Friday, December 26th.  
The TDA staff wishes everyone a happy and safe Holiday Season.

## SAVE THE DATE TENNESSEE DENTISTS' DAY ON THE HILL 2026

Mark your calendar for Tuesday, February 10, 2026, and plan to join us at the Cordell Hull Legislative Office Building in Nashville for Tennessee Dentists' Day on the Hill. This important event gives you the chance to advocate for the dental profession and share with lawmakers how key issues impact patient care and public health.

Registration is now open. Use the link below to reserve your spot. More information will be provided as it becomes available.

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**T**he ADA, TDA, and your local dental society 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.

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Dr. Joseph Rollings  
Dr. Michael Tilley  
Dr. Elizabeth Williams

### **Seventh District Dental Society**

Dr. Thomas Butler  
Dr. Reid Vinson

### **Eighth District Dental Society**

Dr. Antonio Roberts  
Dr. Kanwal Maheshwari  
Dr. Rikesh Patel

### **Memphis Dental Society**

#### **Dr. Pradeep Adatrow**

Dr. Jasmine Anderson  
Dr. Jarad Braddy  
Dr. Mary Klug  
Dr. Jorge Romero  
Dr. Kathryn Teruya  
Dr. Walter Thames  
Dr. Steven Whitaker

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★ REGISTRATION OPENS DECEMBER 9, 2025 ★

## 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)

### COMPONENT SOCIETIES

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

**Knoxville Area 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**  
(901) 682-4928  
[info@memphisdentalsociety.org](mailto:info@memphisdentalsociety.org)





# MID-SOUTH MISSION of Mercy Returns for Its 10th Year

The Mid-South Mission of Mercy (MidMOM), sponsored by the Memphis Dental Society, celebrates its tenth year of providing free dental care to patients in the greater Mid-South area. The two-day clinic will take place on January 23–24, 2026, at Bellevue Baptist Church in Memphis, TN.

Registration is now open. Volunteers of all types are needed to support the MidMOM mission. Click below to sign up!

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[michaelh@assoc-admin.com](mailto:michaelh@assoc-admin.com)

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# TDA LEADERSHIP POSITIONS FOR 2026-2027

## TDA Officer Positions (elected by the House of Delegates) Deadline February 28, 2026

TDA members interested in being nominated for one of the following officer positions must submit an online application and conflict of interest statement, linked here and on the TDA website, by February 28, 2026:

### POSITIONS FOR ELECTION:

#### President-elect

- Active or life member of the TDA for at least five years
- One-year term which automatically succeeds to the office of President for one-year and Immediate Past President for one-year.
- Board policy suggests candidates be from Nashville Dental Society.
- Duties found in TDA Bylaws, Chapter VII, Section 80.B.

#### Speaker of the TDA House of Delegates

(Speaker Ken Randall is eligible for re-election)

- Active or life member of the TDA for at least five years
- One-year term and limited to six terms
- Duties found in TDA Bylaws, Chapter VII, Section 80.D.

#### Secretary (Robert Carney III is eligible for re-election)

- Active or life member of the TDA for at least five years
- One-year term and limited to six terms
- Duties found in TDA Bylaws, Chapter VII, Section 80.E.

#### Treasurer (Candidates from any region sought)

- Active or life member of the TDA for at least five years
- One-year term and limited to six terms
- Duties found in TDA Bylaws, Chapter VII, Section 80.F.

#### Vice President – 2 Positions / Middle Tennessee and West Tennessee

- Active or Life member of the Association
- Two-year term on the TDA Board of Trustees
- Bylaws require candidates to be from the Middle Tennessee Grand Division and West Tennessee Grand Division.
- Trustee agreement suggests candidates be from: Middle TN / Fourth District; West TN / Memphis.
- Duties found in TDA Bylaws, Chapter VII, Section 80.C.

#### TDA Officer Application Process

Interested TDA members should complete the online application form linked below.

[TDA Officer Application Form](#)

After submitting the application, please also send the following to Amy Williams via email at [Amy@tndental.org](mailto:Amy@tndental.org).

- A headshot
- A completed [Conflict of Interest Form](#)

#### TDA Trustee Positions (elected by local dental society)

Deadline one week prior to local election  
Eligibility for trustee positions must be confirmed by the TDA Executive Office before election by their component society. Send Conflict of Interest Statement to the TDA Executive Office at least one week prior to component election meeting.

Trustee Positions for election or re-election for term beginning May 9, 2026:

- Trustee / Nashville (Rhonda Switzer-Nadasdi is eligible for re-election.)
- Trustee / Eighth District (Keith Gilmore is eligible for re-election.)
- Trustee / Memphis (Larry Higginbotham is eligible for re-election)

#### Basic information:

- **Eligibility:** Must be an active or life member, in good standing of the TDA for at least five years and a fully privileged member of his/her component society for at least three years.
- **Term:** Three-year term and limited to two terms.
- **Duties:** Found in TDA Bylaws, Chapter IV, Section 70.

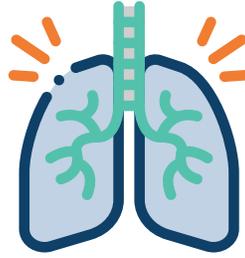
Please submit documents for the trustee positions above to:

Andrea Hayes, Executive Director  
[andrea@tndental.org](mailto:andrea@tndental.org)

#### Committee member positions for state committees / Deadline February 11th, 2026

The TDA committees play a vital role in supporting our association's mission. For the 2026-2027 fiscal year, the Board of Trustees will appoint committee members from across the state. Selections will be based on members' interests and qualifications. If you would like to be involved, please complete this Volunteer Interest Form.

[Volunteer Interest Form](#)



## DEFEND AGAINST CHRONIC LUNG DISEASES

# KEEP YOUR LUNGS HEALTHY

**W**ith each breath in, your lungs take in life-giving oxygen. The oxygen then travels through your blood to every cell in your body. With each breath out, your lungs release carbon dioxide, the waste produced when your cells burn energy. If something goes wrong with your breathing, it can impact

your whole body and your daily life. Many different symptoms can signal a lung problem. You may have coughing, wheezing, or shortness of breath. Your chest can feel tight, like someone is squeezing or sitting on it. You may find it hard to take a deep breath. You might become short of breath easily or feel tired all the time.



**SOMETIMES THESE SYMPTOMS ARE TEMPORARY. THEY CAN BE CAUSED BY THINGS LIKE STRESS, ALLERGIES, OR INFECTIONS."**

But if you have lung symptoms that last for more than a few weeks, it's important to talk to your doctor. These symptoms could indicate a chronic lung disease.

Your risk for chronic lung diseases may be higher if you inherit certain genes from your parents. But many people who develop a chronic lung disease have no genetic risk factors. Exposure to certain environmental factors, like cigarette smoke, dust, and pollution, can also increase your risk.

The good news is that you can take steps to help prevent many chronic lung diseases. If they do develop, catching them and starting treatment early can improve your quality

of life. Researchers are also testing better ways to identify and treat these conditions.

### **BLOCKED AIR FLOW**

The most common types of chronic lung problems are called obstructive lung diseases. Asthma and chronic obstructive pulmonary disease (COPD) are the most common of these.

In obstructive lung diseases, "air flow is the problem," explains Dr. Andrew Lipton, medical director of the lung function lab at NIH. "It's hard for air to come into or go out of the lungs."

In asthma, swelling in the lungs makes the airways narrower than normal. They also become very sensitive to things like dust and pollen. Asthma most often develops in childhood.

Asthma can impact your day-to-day life. An asthma attack can make it hard to breathe for hours or days. An attack can even lead to a trip to the hospital and can sometimes be fatal.

But “if you take your medications [as prescribed],” says Dr. Kathryn Blake, an asthma researcher at Nemours Children’s Health, “most people can be virtually symptom-free.”

Managing symptoms can help kids and adults do the things they love, like sports, she adds. But many teens and young adults with asthma don’t use their medications correctly. Confusion about when to take medications can play a role, Blake says. Or teens may forget when they are busy. Other factors like peer pressure can add difficulty. “Teenagers don’t want to be seen as being different,” she says. “They don’t

want to stand out. They would rather limit their activities than take out and use their inhaler.”

Blake and her team are testing whether regular video chats with a pharmacist can help teens take their asthma medications more regularly.

“It’s kind of like having a tutor,” she says. “It’s just someone there to help you along and figure out what issues are impeding your care.”

Some kids will grow out of asthma, Blake says. But many don’t. If you don’t treat your asthma, the symptoms are likely to get worse over time.

In COPD, the tubes that carry air in and out of the lungs become partly blocked. Smoking is the main risk factor for the disease. But about 1 out of every 4 people who develop COPD has never smoked.

COPD gets worse with time. But treatments can slow its progression and make you feel better. Medications can

help some people breathe more easily. Others may benefit from oxygen therapy or rehabilitation programs. NIH-funded researchers are studying whether treating COPD earlier can help people live longer. They’re also working on new drugs that may stop COPD from getting worse.

### RESTRICTED BREATHING

Another group of lung diseases are called interstitial lung diseases. In these diseases, lung tissue may become inflamed or stiff, or scarred by damage. This prevents your lungs from fully expanding when you breathe. “These things all reduce the volume of the lungs,” explains Lipton.

Treating interstitial lung diseases can be tricky, because the cause can’t always be found, explains Dr. Kevin Flaherty, a pulmonary disease expert at the University of Michigan. “But if we can find the cause, then we can target it,” he says. For example, treating another disease that is causing scarring in the lungs may help.



**“It’s kind of like having a tutor,” she says. “It’s just someone there to help you along and figure out what issues are impeding your care.”**



For now, there are many things you can do to lower your risk of developing a chronic lung disease.”



Unfortunately, the cause of a common interstitial lung disease, called idiopathic pulmonary fibrosis or IPF, isn't known. People over age 50, men, and those who smoke are more likely to get it. Some people live for years with the disease. But for others, the condition quickly worsens. Drugs are available that can slow lung scarring over time. But researchers are searching for better treatments.

More than a decade ago, an NIH-funded study found that suppressing the immune system didn't help people with IPF. The study also tested an antioxidant used to treat certain lung diseases. But it also did not appear to have any benefit.

Recently, researchers looked at biological samples from the patients in that study. They found genetic differences between the patients that may have affected whether the treatment worked. Patients with a certain genetic change seem to have benefited from the treatment. Those without that genetic change showed no benefit or harmful effects from the treatment. NIH is now funding a clinical trial to see if patients with certain genetic factors can benefit from the antioxidant treatment. If it works, this would be the first personalized treatment for IPF, Flaherty explains.

For now, there are many things you can do to lower your risk of developing a chronic lung disease. See the Wise Choices box for tips to keep your lungs as healthy as possible.

If you have lung symptoms, talk to your doctor. Many tests for chronic lung diseases are simple. Some can even be done at your regular doctor's office. Treating these diseases early can help you stay healthier for longer.

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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 [newsinhealth.nih.gov](https://www.newsinhealth.nih.gov).



## WISE CHOICES PROTECT YOUR LUNG HEALTH

**Quit smoking, or don't start.** Get free help at [smokefree.gov](https://www.smokefree.gov), 1-800-QUIT-NOW (1-800-784-8669), or text QUIT to 47848.

**Avoid secondhand tobacco smoke.** Stay away from places where smoking is allowed. Ask any friends and family members who smoke to do it outside.

**Be physically active.** Physical activity can help strengthen your heart and lungs so they work better. Talk to your doctor about what level of physical activity is right for you.

**Limit exposure to air pollution.** Check the Air Quality Index before outdoor activities. Make sure your home is aired out and cleaned regularly.

**Stay up to date on vaccines against diseases that harm the lungs.** These can include flu, COVID-19, and pneumonia.

**Use protective gear** if your work exposes you to dust, silica, allergens, chemical fumes, or other pollution sources.

**Make good sleep a priority.** Poor sleep can cause lung disease symptoms to worsen. Sleep is also critical to overall health.



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# BRIDGING POLICY AND PRACTICE

## ADVANCING ACCESS TO ORAL HEALTH CARE

**A**s a board-eligible public health dentist with experience in federally qualified health centers and safety net dental programs, I've seen firsthand how oral health policies shape access to care. Now, as a policy consultant for my state's Medicaid dental program, I work at the intersection of policy and practice — translating systemic challenges into meaningful solutions. Access to oral health care is often discussed as a singular issue, but it is multifaceted. Social drivers of health, including food and water security, transportation, and health literacy, play a significant role in whether individuals can seek, receive and benefit from dental care.

For many, cost is the most significant barrier to care. Medicaid expansion and enhanced reimbursement rates improve affordability, but coverage doesn't always translate to utilization. Policies that incentivize provider participation — such as reducing administrative burdens and ensuring fair compensation — are critical for increasing access. Additionally, integrating oral health into public health initiatives like the Special Supplemental Nutrition Program for

Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) can connect families with both dental care and nutritional counseling. Even when patients have coverage, they often struggle to find a provider, especially in rural and underserved areas. Workforce shortages limit availability, and investing in loan repayment programs, leveraging the skill sets of expanded-function dental auxiliaries and supporting safety net clinics helps bridge these gaps. Mobile dental clinics, school-based sealant programs and on-site care for long-term care facilities also extend access to populations that might otherwise go without care.

Transportation barriers and geographic challenges further complicate care delivery, making teledentistry an essential solution for triage, preventive services and consultations. However, access to safe drinking water is just as important to oral health as clinical care. Community water fluoridation remains one of the most cost-effective and equitable methods for preventing tooth decay, yet water insecurity, whether due to lack of access to public water systems or distrust in water quality, can diminish its impact.

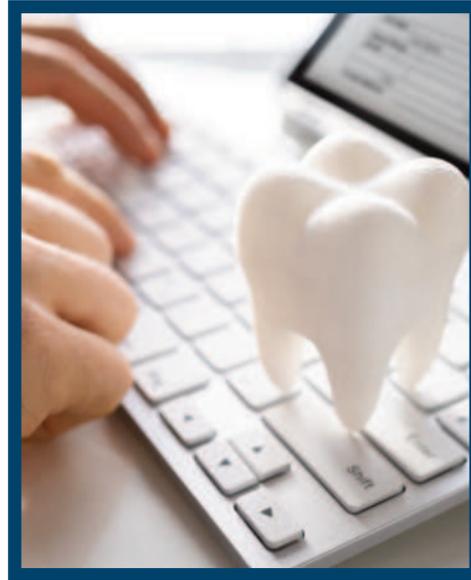
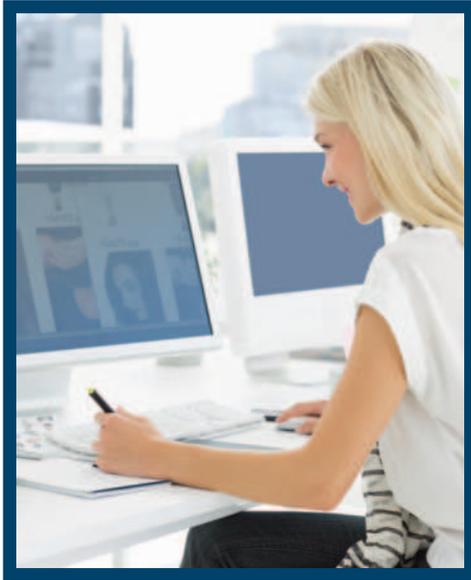
Public water system improvements, transparency in water quality monitoring and education about the benefits of fluoridation are critical in maintaining public trust and ensuring community water fluoridation's preventive benefits reach the most vulnerable communities.

Health systems must also accommodate diverse patient needs, including flexible scheduling, extended hours and culturally competent care. Integrating oral health into primary care settings can streamline referrals and improve care coordination. Providers trained in dietary guidance should also understand how social drivers, such as food insecurity, economic instability and cultural food preferences, relate to nutritional choices and oral health outcomes.



**McAllister Castelaz, D.M.D., is a dental clinician and policy expert serving as a dental policy consultant.**

“ Transportation barriers and geographic challenges further complicate care delivery, making teledentistry an essential solution for triage, preventive services and consultations.”



These systemic factors influence whether patients can follow dietary recommendations, underscoring the importance of addressing oral health literacy and nutrition in a way that is both accessible and realistic.

Public-private partnerships play a crucial role in shaping policies that reflect real-world challenges while ensuring they translate into action. Advocacy efforts led by dental

associations, Medicaid agencies and community organizations can push for policies that expand access and protect patient rights. Equitable access to oral health care requires active participation from both public and private sectors. By leveraging the strengths of each, we can transform policies from ideas into sustainable solutions that improve health outcomes for communities in need.

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This article originally appeared February 28, 2025 in the ADA New Dentist Now blog, [newdentistblog.ada.org](https://newdentistblog.ada.org)

*McAllister Castelaz, D.M.D., is a dental clinician and policy expert serving as a dental policy consultant for the Wisconsin Medicaid program, where she develops and operationalizes clinical dental policies. Previously, as clinical and community care director at Virginia Health Catalyst, she led initiatives in teledentistry and strategic partnerships to improve access to care. Her expertise in evidence-based policy and sustainable program design drives her commitment to advancing equitable oral health solutions.*

# Classifieds

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Advertisers, please note openings for dentists and staff have moved to the TDA Career Center. Please visit [tda.careerwebsite.com](http://tda.careerwebsite.com) to find your next great hire.

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### General Dentist Practice For Sale West Clarksville area

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Contact Mike Burns 719-661-1564

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Dental Exchange, LLC - Listing TN-106  
Contact Mike Burns 719-661-1564

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### General Dentist Practice For Sale Southwest Tennessee

Don't miss this exceptional opportunity to acquire a well-established general dentist practice that is generating \$900K in Collections. The practice boasts modern, digital technology and has a total of 6 ops, 5 are fully equipped. This is both a practice sale and real estate opportunity. Seller is Highly Motivated!

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Contact Mike Burns 719-661-1564

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Mail checks made payable to the TDA, along with your typed or clearly printed classified ad, by the 1st of the month prior to the month of publication to: TDA Newsletter, 660 Bakers Bridge Avenue, Suite 300, Franklin, TN 37067.

TDA reserves the right to reject any advertising. Call the TDA Executive Office at 615-628-0208 or email [tda@tndental.org](mailto:tda@tndental.org) if you have any questions.

*\* Free to TDA members: one ad per year — three (3) month maximum — after third month the \$50.00 minimum and additional character charge will apply.*



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Bento – A modern alternative to dental benefits. Learn more, email [smile@bento.net](mailto:smile@bento.net) or call 800.734.8484



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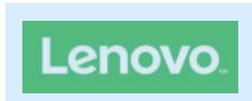
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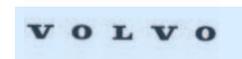
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