



eJACD

The Official Journal of the American College of Dentists

2022 Review
2023 Preview
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**A publication advancing
excellence, ethics,
professionalism, and
leadership in dentistry.**

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It is the communication policy of the American College of Dentists to identify and place before the Fellows, the profession, and other parties of interest those issues that affect dentistry and oral health. The goal is to stimulate this community to remain informed, inquire actively, and participate in the formation of public policy and personal leadership to advance the purpose and objectives of the College. The college is not a political organization and does not intentionally promote specific views at the expense of others. The positions and opinions expressed in college publications do not necessarily represent those of the American College of Dentists or its Fellows.

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- B. To encourage qualified persons to consider a career in dentistry so that dental health services will be available to all, and to urge broad preparation for such a career at all educational levels;
- C. To encourage graduate studies and continuing educational efforts by dentists and auxiliaries;
- D. To encourage, stimulate, and promote research;
- E. To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;
- F. To encourage the free exchange of ideas and experiences in the interest of better service to the patient;
- G. To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public;
- H. To make visible to professional persons the extent of their responsibilities to the community as well as to the field of health service and to urge the acceptance of them;
- I. To encourage individuals to further these objectives, and to recognize meritorious achievements and the potential for contributions to dental science, art, education, literature, human relations, or other areas which contribute to human welfare—by conferring Fellowship in the College on those persons properly selected for such honor.

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ACD: THE YEAR IN REVIEW

Where we are & where we are Going

Nanette Elster, JD, MPH, FACD

Communications Director, American
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The closing of one year and the beginning of the next is an ideal time to not only reflect on the past but to make plans for the future. The challenge, however, can often be in how to merge reflection and planning in the present. In this issue of the *eJACD*, we strive to do just that. We will offer a review of the many accomplishments of the organization and our Fellows, we will provide a glimpse of what lies ahead and we will celebrate where ACD and its members are right now.

“Life is divided into three terms that which was which is and which will be let us learn from the past to profit by the present and from the present to live better in the future.”

– William Wordsworth

“That Which Is”

This issue includes an update of where the College is now in terms of membership, publications, social media postings, ongoing projects, and number of new Fellows inducted. This is offered as a snapshot of the present: who ACD is, what the organization is doing, and where the organization has a presence. To augment this picture, a list of new Fellows along with where they are located is provided as well as brief biographical sketches of the current regents and officers of the College and a list of 2022 awardees. Also, included among what is happening presently in dentistry (and how it impacts the future), is an empirical study by Dr. Donald Chi, et al. entitled “Dentists’ perceptions of how the COVID-19 pandemic will affect future fluoride hesitancy behaviors.” Completing this picture of the current profile of ACD is the speech of the President-Elect (Robert Lamb).

“That Which Was”

Dr. Lamb, in addition to describing the current landscape of ACD, discusses the importance of reflection and appreciation of the past that is needed to propel progress. To further illustrate the value in reflecting on history to understand where we are and where we are going, this issue includes a reprint of a prescient piece from 1984 by Arthur A. Dugoni, “Our Future is Fantastic.” While there is some irony in posting an historical piece about the future, especially one written in 1984, it does reinforce how important and intertwined the past is to the present and the future. Dr. Dugoni concludes: “Dentistry’s future is brighter than ever, and in another 40 years we will look back and reflect that the decades of

the 1980’s and 1990’s were unsurpassed in the development of the dental profess[ion].” Now, almost 40 years from publication of Dr. Dugoni’s article, the time has come once again to look at the bright future that is ahead.

“That Which Will Be”

To round out this issue and to animate the words of William Wordsworth, members of ACD were asked their predictions for the future. Board members, section leaders and Fellows were asked: “What do you see on the horizon for the ACD and the profession?” Their responses help to predict the future of the profession and identify some of the ethical challenges that may be on the horizon. In addition to the prognostications of the Fellowship, this issue also includes Dr. Lawrence Garetto’s Convocation Address, “Colleagues, Calling & Care,” delivered to the 252 Fellows who were inducted in 2022 and their friends, sponsors and family members. His call to action for incoming Fellows is to acknowledge and uphold the ideals of the profession as established over a century ago while recognizing their own potential to maintain (if not elevate) the esteem of the profession. Finally, the issue ends with a Call for Submissions to a future issue of the *eJACD* which is tackling what was once a futuristic technology: Artificial or Augmented Intelligence.

In this second century of ACD, the College and its Fellows will continue to honor and reflect on the past, celebrate the present and strive to maintain and elevate the profession in the future. All this is done in an effort to uphold the mission of the College: “to advance excellence, ethics, professionalism, and leadership in dentistry.”

THE COLLEGE BY THE NUMBERS



28,031
acd.org
number of users

19,998
dentaethics.org
number of users

40,512
Successfully completed
on **dentaethics.org**

MEMBERCLICKS

ACD's membership database, directory, and communication tool.

5
Fellows

Identified as "Super
Users," with time spent in
the Members section
rivaling that of the Staff.

1
**Affiliate
Member**

1149
**Fellowship Profiles
with No email Address**

Down from 1300 in 2021,
and nearly 3,000 at the
beginning of 2021.

SOCIAL MEDIA

f
1707
Facebook Subscribers
Up from 1200 in 2021.

▶
438
YouTube Subscribers
Up from 200 in 2021.

36,160
Video Views
Up from 21,000 views in 2021.
The ethics dilemma video,
Patient in Pain is the
most-watched presentation
with 7,304 views.

📷
900
Instagram Followers
More than double the
number from January 2021.

in
100
LinkedIn Followers
At the end of 2022,
the ACD gained
control of its LinkedIn
account and plans
to post content
regularly in 2023.

THE FELLOWSHIP

252

New Fellows

Inducted in 2022.

51

Average age of the Fellows inducted in 2022.

*The youngest class of new
Fellows in at least a decade.*

*The average age of new
Fellows in 2021 was 52.*

30

*Fellows Awarded the Lifetime
Achievement Medal in 2022.*

*Celebrating their 50th
year of Fellowship.*

*Almost double the number
awarded in 2021 (16).*

1081

Fellows in Regency 6

Making it the largest Regency.

*Regency 6 consists of Texas,
Louisiana, Mississippi, Arkansas,
Oklahoma, and Tennessee.*

3,222

Active Fellows

275

Retired Fellows

3,878

Life Fellows

Up from 3,611.

41

International Fellows

From outside the US and Canada.

75

Honorary Fellows

46

*Fellows were reported
deceased in 2022.*

2

Affiliate Organizations

*153 combined members
in addition to our Fellows
who belong to our affiliates
as their second section.*

471

Fellows

*Belong to more than
one Section.*

57

Outstanding Student Leader Awards

*Given by our Sections on
behalf of the College.*

6,600

Ethics Handbooks

*Sent at no charge to dental
schools in the US and Canada.*

3 Fellows

Kellogg Leadership Institute Scholars

*Completed a 3-year dental
leadership program with
the ACD, AAPD, and
the Kellogg Leadership
Institute at Northwestern
University in Chicago.*

2 Fellows

Jerome Bright Miller ADEA Leadership Scholars

*Participating in an academic
leadership program in
partnership with ADEA.*

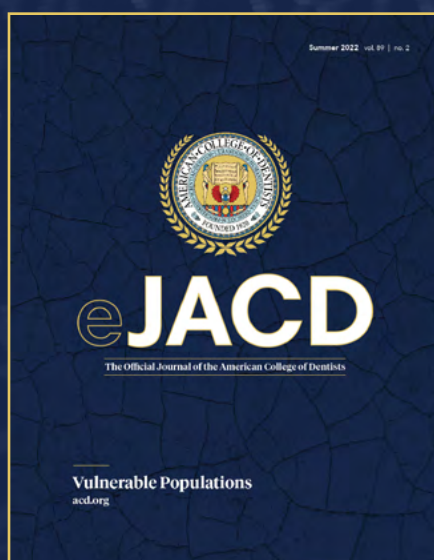
THE COLLEGE BY THE NUMBERS

PUBLICATIONS



2432
Number of Views

Ethics Handbook for Dentists
Our most viewed, most
downloaded publication.



1,596
number of views
eJACD



7,079
**Average Number
of Fellows, Affiliates,
and Friends of
the College**

*Received the ACD News
through the mail in 2022.*

A photograph of three individuals in academic regalia, likely at a commencement ceremony. They are shown in profile, facing left. The person on the right is a man wearing a black mortarboard with a gold tassel and a purple stole. The person in the middle is a woman with short white hair and glasses, wearing a black mortarboard and a red and white stole. The person on the left is a woman with long blonde hair, also wearing a black mortarboard and a red and white stole. The background is dark with red and blue vertical light bands.

INTERACTIVE FEATURE

*Watch Robert M. Lamb's
Commencement Address*

COMMENCEMENT ADDRESS

Who Will You Push?

– Robert M. Lamb, ACD President-elect

Who Will You Push?

Greetings Distinguished Guests, President Jones, American College of Dentists Officers, Board of Regents, Fellows, Candidates and Friends of the American College of Dentists.

Hi, y'all. Welcome to Houston! Isn't it great to be at an in-person meeting. Our last 2 convocations, the Covid cohorts, were virtual and I thought were really done well, but it is so great to see people in the flesh. I was born in Dallas, but presently live in the state to the north.

So I am used to saying y'all. Many of you who are not from the south may not be familiar with that term. It can be very confusing. It is gender neutral. Y'all can be singular or plural. All y'all is very inclusive.

Over the last few years, many College initiatives were completed, including 2 major publications, *The Ethics Report: The New Professionalism* spearheaded by Dr. David Chambers and *ACD: Our First Century. Profiles and Prerogatives*, a third publication, is in progress, and is a collection of biographies of all of the Presidents of the ACD, starting with John Konzett.



The Executive Office moved from Gaithersburg to historic downtown Rockville, Maryland. The building was dedicated on August 20, 2021, 101 years after the College was founded. The Pierre Fauchard Academy's office is also in our building.

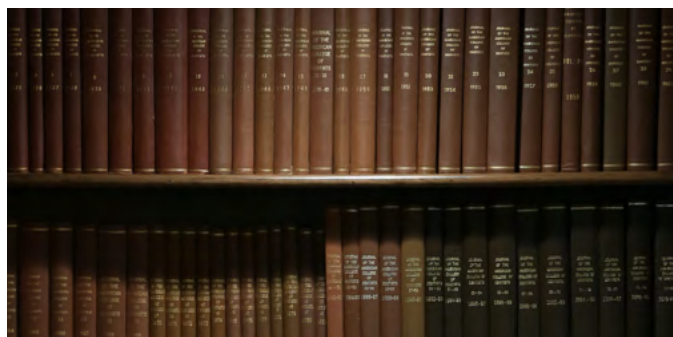
You can see the Legacy brick walkway. Our mission, "Advancing excellence, ethics, leadership and professionalism in Dentistry" comprises the first bricks in the walkway.

These bricks can be sponsored by individuals, sections or friends of dental schools.



You can order a brick with your name on it, to honor someone or in memory of someone. You can obtain information about sponsoring a brick from the Executive Office or the Gallery of this Convocation. This funds will go to the ACD Foundation, which supports the educational mission of the College.

This is the library in the office (below). Let me tell you about our staff in Rockville. Suzan Pitman is the Director of Operations.



She has been with the College over 7 years and does an outstanding job. I had the privilege of spending 3 days in Rockville in August watching Suzan and other staff members interact so smoothly. She has an amazing grasp of details and a global perspective. This is the 8th meeting that she has planned. Her organizational skills are unbelievable.

Erica Royal, has been with the College for 16 years. Hers is the first smile that greets you when you call. If she doesn't know the answer, she will get it and get back with you. At our Annual Session, she is in charge of the Gallery and silent auction. During the year, Erica interfaces with Sections.

Stephen Froelich is a recent hire, and he manages nominations. He has assisted on meeting preparation tasks and is doing an excellent job. The staff are all present at this meeting and will aid you in any way that they can. Let's have a round of applause for our staff.

The American College of Dentists Board of Regents is having a virtual Spring Board meeting in March to allow for Strategic Planning in April, our normal spring Board meeting time. This is the first time the Board has participated in Strategic Planning in over 25 years. This planning will give us direction in the selection of a new Executive Director and future directives.

What is the farthest that you have walked or run? Many of you, I am sure, are avid walkers or runners. Some have done marathons, some may have walked part or all of the Appalachian Trail, some may have walked some or all of the Camino de Santiago or the Way of St. Luke in Spain. It is a 500 mile journey over 3 mountain passes. Now, can you imagine pushing a person in a wheel chair, total weight 250 pounds, over that distance? That's what 2 life-long friends did.



Patrick Gray and Justin Skeesuck were born 2 days apart in a small town in Oregon. They attended the same church and school and were inseparable. At age 16, Justin noticed a foot drop of his left leg. His muscle weakness progressed. It took 13 years, many exams, muscle biopsies and neurological tests to establish a diagnosis of multifocal-acquired motor-axonopathy.

In 2012, Justin's family lived in San Diego and Patrick and his family lived in Idaho. Justin couldn't do a lot of things, but he could operate the television

remote. He was channel surfing and came across a Rick Steves' program showing Northern Spain and talked about the Camino de Santiago. Thousands of pilgrims complete all or a portion of this journey annually, ending in the Cathedral de Santiago Compostale, where the bones of the apostle James are said to be buried. He thought this was a perfect guy trip.

Justin recorded this show and the next time that Patrick visited him, Justin showed this recording to Patrick. When Justin asked Patrick if he wanted to go on a 500 mile journey, Patrick said "I'll Push You".



When Patrick asked his boss for 6 weeks off the next summer and described the trip, his boss said that he would do everything possible to let him go, but Patrick needed to document this trip with a videographer. Patrick's boss said that there was too much hope in this adventure not to share.

Patrick had a friend from college who was co-owner of a video agency. He contacted him and he agreed to video the journey.

Justin sold his house in San Diego and his family moved to Idaho, so he and Patrick could plan their trip and train.

They needed to find an off-road wheel chair-light-weight, but rugged enough to get over the 3 mountain passes, hundreds of miles of cobblestone streets and rugged terrain. There were very few wheel chairs that fulfilled these requirements. They found a 3 wheel chair, made from aircraft aluminum,

COMMENCEMENT ADDRESS

Who Will You Push?



mountain bike tires, disc brakes and shocks for a cost of \$8,000. It is a Bob stroller on steroids. It would take 5 months to custom build and that would give them two months to train with the wheelchair.

Patrick started training.



Their journey started in France and proceeded across Northern Spain to Santiago Compostale. A fire-fighter paramedic friend accompanied Patrick and Justin for the first 10 days of the pilgrimage.

During the first day they climbed the Pyrenees, over a rocky, steep and muddy trail.



On the second day, the weld broke on the front wheel and as they described it, the stroller became a rickshaw.

The problem was to try to find a person who welded aluminum. This takes a special skill. Too hot and the aluminum melts and the gap opens.

After a long search, they finally found a man to weld it. They asked him if he could do it and he said come back tomorrow morning at 10 and they would see if he could.

The Camino is a long arduous journey.



Along their journey, Patrick and Justin met many people who walked with them on part of their journey. In a cathedral in one village, 2 men (Richard and Joe) saw them and asked if they were Patrick and Justin. They said that they were and the 2 men said they were from Boise, Idaho, about 10 miles from

where Patrick and Justin lived, and that they had been following the details of their journey. At the end of the Camino is O Cebrero, a third mountain range on this pilgrimage. It is extremely steep and Patrick and Justin had considered by-passing this part of the Camino and taking the road. Richard and Joe said they would wait for them at a village and help them make the climb.

We will get back to their story in a few minutes.

We may or may not have disabilities, but we have been pushed or encouraged by someone or many in our lifetime.

I am a second generation dentist. Some of you may be third or fourth generation dentists or some of you may be the first person in your family to graduate from college, but few have made it on their own. Several have influenced my life positively.



My Father is one. Dad was an engineering student at the University of Texas. When WWII started, my grandparents could no longer afford for Dad to attend college, so he became an officer in the US Army Air Corps, which eventually became the USAF.

Many engineering students became meteorologists or weather officers. Dad was stationed at a B-17 base in England.



When I was very young, in ignorance, I said that was a tough job predicting the weather in England, fog in the morning, burning off by the afternoon. Dad said that is not where they were predicting the weather. It was on the routes to and from and over the German bomb targets. I can not imagine how difficult it was to make these predictions with isobars and pilot reports. Meteorology has become such an exact



science with satellites, predicting weather down to streets almost.

In addition to the commanding officer, Dad would brief the pilots prior to their missions regarding the weather they would encounter.

The B-17, or Flying Fortress was a heavy bomber that dropped more bombs than any other US aircraft in WWII.



Here is Dad with the 10 man crew of the B-17, a pilot, co-pilot, navigator, bombardier, flight engineer and 5 gunners. It could take up to 45 minutes for the B-17's to form into formation.

This was a defensive tactic. While they had fighter escorts for the first part of their mission, the fighters had to turn back when their fuel got low.



By coincidence, one of Dad's best friends at the base was the dentist, Dr. Larry Kerr. Some of you more mature Fellows, Dr. Slaughter, may recognize that name. After the war, Dr. Kerr

became an oral surgeon and practiced in Endicott, NY. He was the ADA President from 1979-80 and a Fellow of the American College.

Who Will You Push?



Not all of the war was tough. Here (*above*) is some down time in the officer's club.

Not sure what Dad did to have this picture taken (*below, left*). He may have missed the weather prediction or lost a bet.



Dad and Dr. Kerr were life-long friends.

Here (*above, right*) is a photo of Dad and Dr. Kerr at a bomb group reunion at the 390th Bomb Group Museum in Tucson, Arizona, nearly 50 years after they served in England.

Through Dr. Kerr, Dad became interested in dentistry and after the war, using the GI Bill, he completed his pre-requisites and was a 1949 graduate of Baylor College of Dentistry.



He practiced general dentistry in Dallas and was an ACD Regent of Regency 6 from 1985-89.

I wanted to be a dentist from childhood. Dad and Mom instilled a great work ethic into me. My first job was as an usher at the Dallas Music Hall for the summer musicals. Several friends worked there and our parents would drive a carpool of us across town about 6 pm and would pick us up at about 9:15 pm for us to make \$2/night. It probably cost them more in time and money.

I was a lifeguard in high school and that was a pretty sweet job. Working on that tan, sitting on the stand for 30 minutes, off 15 minutes, every once in a while, rescue a child who thought they could swim better than they could.

As I started college, I thought I would continue to lifeguard, but Dad had different plans. He started lining up jobs for me with his Lion's Club friends. After my freshman year, Dad said Mr. Thomas has a job for you. Mr. Thomas owned a moving company. I worked for Mr. Thomas 2 summers and 2 Christmas breaks. We would start work at 7:30 am and work til the job was done, sometimes 3-4 pm, sometimes 10-11 pm or later, but always back to work the next morning at 7:30. No sleeping in, if we finished late. Then, Dad said Mr. Jessup has a job for you working in a school book warehouse. Early in the summer, we would unload trucks filling the warehouse with mountains of cases of books. The rest of the summer, we would fill school book orders for the different school districts in Texas. The Houston school district's order filled 4 tractor-trailers.

I, later, figured these jobs gave me incentive to study during the school year. Dad was sneaky like that.

I was accepted to Baylor College of Dentistry and my senior year, I was on an Air Force Scholarship Program. After graduation, I completed a General Practice Residency at March AFB in Riverside, California. My Base Dental Surgeon and Program Director was Colonel Art Sachsel.

Colonel Sachsel, subsequently, became Chief of the USAF Dental Corps, retiring as a Major General (2 star). General Sachsel pushed and encouraged me and that aided me in life and my Air Force career.

The dental clinic at David Grant Medical Center at Travis AFB in Northern California was named for General Sachsel (below).



I was stationed at England AFB in Alexandria, Louisiana as a General Dental officer for two years. Then, I was accepted into an Air Force sponsored OMS residency at the University of Oklahoma Health Sciences Center. Many of the staff attendings of our program pushed and encouraged me.



Many of them are ACD Fellows: (above, from left to right) the late Bill Croom, Ed Braly, Neil Glass, and Mike Duffy are pictured here. Jim Baker, also a Fellow, and many others contributed to my education.

I served 14 Active Duty years in the Air Force and 6 years in the Air Force Reserves. I was in private practice for 29 years in Edmond, Oklahoma. Early in private practice, I would attend dental meetings to meet and schmooze dentists, getting out of an organization more than I was putting in. As I matured, I realized the purpose of being in an organization is to contribute more than you receive.

Different people urged and encouraged me to get involved and helped me as I participated in many organizations. Very few can do this on their own.

Now, back to Justin and Patrick. They continued their journey and arrived at the village where Joe and Richard were waiting in a cafe for them. Justin and Patrick ate and rested at the cafe and then, stood, ready to depart on the last push. The whole cafe stood up and 12 people accompanied Justin and Patrick over O Ceibrero, the last mountain range.



Justin and Patrick, at first, were resistant to accept help from strangers, but Justin said if you deny the opportunity of someone to help, you deny them the joy of helping. After 35 days, they arrived at the Cathedral de Santiago Compostale with their wives waiting for them.



Who Will You Push?



“We will never forget those we met on the Camino. Without the help of people like these, we would never have made it to Santiago!”

– Justin Skeesuck and Patrick Gray



So, how does the story of Justin and Patrick and my story relate to our candidates for Fellowship? You have been recognized for your accomplishments in dentistry, academics, military, civic or church organizations. You are the top 3-4% in dentistry. This afternoon, you will become Fellows of the American College of Dentists. You will be welcomed by many Fellows into the College at your Convocation.

You have been nominated by and seconded by Fellows of the College, but their names have been stripped from your nomination. You have earned Fellowship solely by your merits. I congratulate you in this recognition. Fellowship is a significant honor. You have displayed excellence, ethics, leadership and professionalism. Now, you have a large group of Fellows welcoming you into the College, just as Justin and Patrick had a large group waiting for them to complete the Camino.

Recognition does not come without responsibility. We expect you to find other dentists who you can mentor, encourage or push. You have colleagues, who are active in dentistry or other leadership roles, who have not been recognized as a Fellow of the American College. Nominate these dentists. Your nominator will help guide you in the nomination process. Your Section chair, your Regent or any officer, including me, or the Executive Office can aid you in your nominations.

I want to thank those who have contributed to your success, your family, your mentors and your teachers. All who made you who you are. All who pushed you! As I have talked this morning about those who pushed me, I hope you have thought about those who pushed you. If they are here, tell them thanks. If you are able to write them a letter over the next few days, do it. Now, who will you push!

Who will you push! Thank you!

Dentists' Perceptions of How the COVID-19 Pandemic will Affect Future Fluoride Hesitancy Behaviors

Courtney M. Hill, MS¹; Alice Ko, DMD¹; Barbara Ottenio, DDS, MA²; Martin Lieberman, DDS, MA²; Donald L. Chi, DDS, PhD¹

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Author Contributions

CMH and AK contributed to data analysis and interpretation and drafted the manuscript. DLC, BO, and ML contributed to conception, data acquisition, and critically revised the manuscript. All authors gave final approval and agree to be accountable for all aspects of the work.

Conflict of Interest

The authors have no conflicts of interest.

Role of the funding source

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IRB Approval

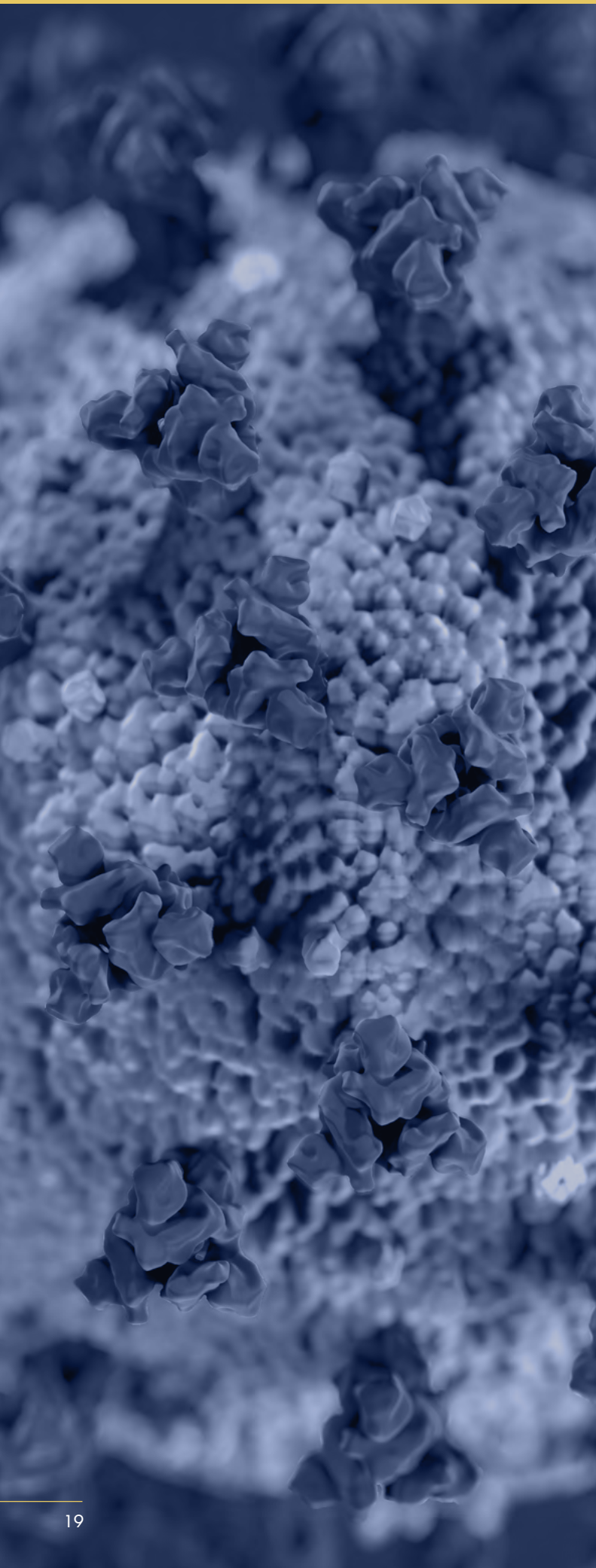
Questionnaire data collected in this study was determined exempt by the University of Washington and New York University Langone Health Institutional Review Boards. The interview portion of the study was approved by the University of Washington Institutional Review Board.

Acknowledgements

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ABSTRACT

Background. Vaccine hesitancy, which has become increasingly common and politicized during the COVID-19 pandemic, may have spillover effects in dentistry that manifest as fluoride hesitancy. The aim of this study was to examine dentists' perceptions of how COVID-19 would influence topical fluoride hesitancy.

Methods. In April 2020, we surveyed dental resident trainees at NYU Langone Dental Medicine (N=226) and interviewed practicing dentists recruited from Facebook (N=24). The questionnaire included four questions on the trainees' clinical experiences with fluoride-hesitant patients and one open-ended question on how they perceived COVID-19 would influence future patients' behaviors regarding topical fluoride. Practicing dentists were also asked how they perceived COVID-19 would influence future patients' decision-making about topical fluoride. Fisher's exact test was used to examine differences in residents' perceptions of COVID-19 based on the participant's experiences with fluoride-hesitant patients. Dentist interview responses were deductively coded and organized into categories based on their perceptions of the effect of COVID-19 on topical fluoride decision-making.

Results. Two-thirds of both dental resident trainees and practicing dentists perceived COVID-19 would not affect patient's decisions about topical fluoride refusal. Resident trainees' perceptions did not differ based on their experiences with topical fluoride refusal ($P>.05$).

Conclusions. Most dental resident trainees and practicing dentists perceived that COVID-19 would not influence patient's decision-making about topical fluoride.

Practical Implications. This study is an important first step in understanding how public health crises may influence the ethics and professionalism of dental practice.

Key Words (3-10 words). Fluoride refusal; fluoride hesitancy; vaccine hesitancy; vaccine refusal; COVID-19; SARS-CoV-2; preventive care decision-making; ethics; professionalism.

Dentists' perceptions of how the COVID-19 pandemic will affect future fluoride hesitancy behaviors



INTRODUCTION

The COVID-19 pandemic has exacerbated oral health disparities in the U.S.^{1,2} During the early phase of the pandemic, dental care use plummeted³ and behavioral risk factors for dental caries, like added sugar intake, increased.^{4,5} There is also documentation of worsening social determinants of oral health, including food, housing, and financial insecurity.⁶⁻⁹ In addition, views on vaccines have become increasingly unfavorable.¹⁰ COVID-19 vaccine hesitancy is as high as 50% in some parts of the U.S.^{11,12} which has cast a spotlight on the processes that drive preventive care decision-making, including how patients make decisions about fluoride.¹³ As such, dentists may have insight on how public health crises like the COVID-19 pandemic may influence clinical behaviors like fluoride hesitancy, though this has not been evaluated.¹⁴

Fluoride is safe and effective, but fluoride hesitancy has increased, with almost 15% of caregivers refusing fluoride for their children.^{14,15} Fluoride hesitancy is driven by six factors: thinking topical fluoride is unnecessary, wanting to keep chemicals out of their

child's body, thinking fluoride is harmful, thinking there is too much uncertainty about fluoride, feeling pressured to get topical fluoride, and feeling fluoride should be a choice.¹⁶

There are important ethical considerations when caring for fluoride-hesitant patients. The American Dental Association's (ADA) Principles of Ethics & Code of Professional Conduct (the Code) describes five principles: autonomy, nonmaleficence, beneficence, justice, and veracity.¹⁷ In a white paper on vaccine ethics, the ADA Council on Ethics, Bylaws, and Judicial Affairs evaluated three questions related to the Code: 1) whether dentists should offer vaccines to patients; 2) the dentist's obligation for managing patients and staff who refuse vaccines and implications for those who cannot be vaccinated; and 3) whether dentists have an obligation to be vaccinated themselves.¹⁸ The authors use the five principles of the Code and conclude that the answers rely on a careful consideration of the needs of various stakeholders (e.g., patients, dental team members, dentists).¹⁸

While no similar work has considered how the Code relates to fluoride hesitancy, three of the principles

are relevant. According to autonomy, which is the dentist's duty to respect a patient's right to self-determination, a dentist should have open-ended communications to ensure patients are aware of fluoride's efficacy and safety as well as potential consequences of refusing fluoride, especially when caries risk is high. According to nonmaleficence, which is the dentist's duty to "do no harm", a dentist should assess a patient's behavioral and social risk factors for caries, communicate this risk along with corresponding indications for fluoride, and foresee potential patient-provider harms that can arise from perceptions of coercing hesitant patients to accept fluoride. Lastly, according to beneficence, or the duty to "do good" for the patient and the public at large, a dentist should have insight on the broader implications of crises like the COVID-19 pandemic.

In this mixed methods study, we sought to understand dentists' views on how COVID-19 would affect future patient decision-making about topical fluoride. We also tested the hypothesis that dentists with clinical experiences of topical fluoride refusal would be more likely to perceive the effects of COVID-19 on patients' decision-making about fluoride. This study is an important first step in understanding how dentists perceive current events and their influence on dental practice. We will also highlight the ethical implications of our study findings.

METHODS

Study Design.

This was a two-part convergent multi-method study¹⁹ consisting of (a) a questionnaire administered to dental residents and (b) semi-structured interviews conducted with practicing dentists.

Participants and Data Collection.

For (a) we surveyed 226 dental residents in the Advanced Education in General Dentistry (AEGD) program at New York University (NYU) Langone Dental Medicine Postdoctoral Residency Programs. Each resident was sent a link to a five-item online questionnaire (Qualtrics, Provo, UT) about topical fluoride refusal. The questionnaire was intended to prepare residents for a one-hour continuing education course

on the topic delivered in April 2020. There was no incentive for participation. The questionnaire was determined not to be human subjects research by the University of Washington and New York University Langone Health Institutional Review Boards.

The questionnaire consisted of three multiple choice items about experiences with topical fluoride refusal, a checklist item about perceived patient characteristics associated with topical fluoride refusal, and an open-ended item about perceptions of the impact of COVID-19 on future patients' decision-making about fluoride.

The questionnaire consisted of three multiple choice items about experiences with topical fluoride refusal, a checklist item about perceived patient characteristics associated with topical fluoride refusal, and an open-ended item about perceptions of the impact of COVID-19 on future patients' decision-making about fluoride. The multiple-choice items were 1) what is the extent to which topical fluoride refusal is currently a problem in your practice? (not a problem at all, small problem, medium-sized problem, big problem), 2) how has topical fluoride refusal has changed over the years? (has gotten better, has stayed the same, has gotten worse), and 3) how comfortable are you in talking to refusing patients about reconsidering their decision to refuse topical fluoride? (extremely comfortable, somewhat comfortable, somewhat uncomfortable, extremely uncomfortable). The checklist item included a list of patient characteristics perceived to be associated with topical fluoride refusal (e.g., immunization refusal, race, income, insurance status). In the open-ended question participants were asked, "How do you think coronavirus will affect patients' decisions about topical fluoride?".

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For (b), we interviewed 24 different dentists. The dentists were initially recruited for a study aimed at assessing their experiences with fluoride hesitancy. When COVID-19 began spreading in the U.S., we added items to capture perceptions of how COVID-19 would impact fluoride hesitancy behaviors. Recruitment and interviews took place from March 2020 to June 2020. The dentists were recruited through Facebook and through the study team's professional networks. There were two eligibility criteria: practice ≥ 20 hours per week (prior to office shutdowns caused by COVID-19) and experience treating patients who refused topical fluoride. Interviews were conducted by four trained staff members. Prior to being interviewed, dentists provided verbal consent. Dentists received a \$25 gift card for their time. The interview portion of the study was approved by the University of Washington Institutional Review Board.

Interviews lasted approximately 45 minutes and were completed by phone and digitally recorded. Each dentist reported demographic characteristics (age, sex, race, ethnicity, specialty). The interview question about dentists' perception of COVID-19 was open-ended: "How do you think coronavirus will affect parents' decisions about topical fluoride?"

Data Analysis.

For (a) the following demographic variables were obtained from program administrators and aggregated for all residents who received a questionnaire link: age, sex (male/female), race (American Indian/Asian/Black or African American/white), ethnicity (Hispanic/not Hispanic) and year of dental school graduation (prior to 2019/2019). We dichotomized responses to the first three questionnaire items (not at all a problem or a small problem vs. a medium-sized or big problem; gotten better or stayed the same vs. has gotten worse; somewhat or extremely comfortable vs. somewhat or extremely uncomfortable). For the open-ended COVID-19 question, each response was grouped into one of five

categories based on their perceptions on the effect COVID-19 would have on topical fluoride decision-making: no effect; more likely to refuse topical fluoride; less likely refuse; unsure; or missing/irrelevant response. Participant responses were summarized and sample quotes for the open-ended item were provided. We assessed associations between the dichotomized topical fluoride refusal items and participants' perceptions of COVID-19 using Fisher's exact test ($\alpha=0.05$) in statistical software JMP, version Pro 13.2.0 (SAS Institute Inc., Cary, NC).

For (b), a trained research assistant transcribed each dentist interview and then a second research assistant verified each transcription. Descriptive statistics were presented for the following characteristics: age, sex (male/female), race (Asian/white/other), ethnicity (Hispanic/not Hispanic), specialty (general/pediatric), and years in practice. For the open-ended question, we used the same approach as in (a).

RESULTS

Descriptive Characteristics.

The mean age of the AEGD dental residents in (a) was 30.3 ± 27.3 years (range: 25 to 57 years) and 42.0% were female (**Table 1**). About 36.4% were Asian, 33.0% were white, and 10.5% were Black/African American. About 18.7% were Hispanic. Most residents had graduated from dental school in 2019 (83.1%). The mean age of dentists interviewed in (b) was 43.5 ± 10.4 years and all but one of the dentists were female. Thirty-eight percent were Asian, 58.3% were white, and 8.3% were Hispanic. Most interviewees were pediatric dentists (79.2%) and the mean years of practice was 13.4 ± 10.8 years (range: 2.5 to 40 years).

Experiences with Topical Fluoride Refusal.

Of the 226 residents, 212 (93.8%) completed the questionnaire. About 6% of residents responded that topical fluoride refusal is a big problem, and 45.0% responded that it is a small or medium prob-

lem, and 40.3% of residents responded that topical fluoride refusal is not at all a problem in their practice (**Table 2**). Less than one-third (28.6%) of residents responded that topical fluoride refusal has gotten worse over the years, with slightly less responding that it has stayed the same or has gotten better (23.8% and 27.1%, respectively). Only 27.6% of residents responded that they are extremely comfortable talking to refusing patients about reconsidering their decision to refuse topical fluoride, with 34.0% reported being somewhat or extremely uncomfortable.

The most commonly reported patient characteristic associated with topical fluoride refusal was immunization refusal (68.0% of residents responded yes). The next most common patient characteristics were white race (36.8% of residents responded yes), high-income (30.7% of residents responded yes), low-income (29.7% of residents responded yes), and not having insurance (24.5% of residents responded yes). Less than 20% of residents selected any other patient characteristic (privately insured, caries-free, has caries, special health care needs, publicly insured, non-white race, Hispanic, and non-Hispanic).

Perception of How COVID-19 Would Influence Decision-Making.

Sixty-five percent of residents perceived that COVID-19 would have no effect on patients' topical fluoride decision-making, 15.5% responded that patients would be less likely to refuse topical fluoride, 10.6% responded that patients would be more likely to refuse fluoride, and 8.4% of responded not knowing how it would affect decision-making about topical fluoride (**Table 3**).

Two-thirds of dentists responded that they did not think that COVID-19 would affect patients' decisions about topical fluoride, 4.2% responded that they thought patients would be more likely to refuse, 12.5% responded that they thought patients would be less likely to refuse topical, and 12.5% did not know how it would affect decision-making about topical fluoride.

Association of Topical Fluoride Experiences and COVID-19.

Residents' prior experiences with topical fluoride

refusal were not associated with their perception of how COVID-19 would affect future patient decision-making (**Table 4**).

DISCUSSION

We surveyed dental residents and interviewed practicing dentists to better understand their perceptions of how COVID-19 would affect patients' decision-making about fluoride. Most resident trainees and practicing dentists did not think that COVID-19 would impact patients' future decision-making about fluoride and residents' perceptions did not differ based on previous clinical experience with topical fluoride refusal.

Perceptions of how COVID-19 would impact patient decision-making related to topical fluoride were similar for resident trainees and practicing dentists. Two-thirds of participants in each group thought COVID-19 would have no impact on patient decision-making about topical fluoride.

Perceptions of how COVID-19 would impact patient decision-making related to topical fluoride were similar for resident trainees and practicing dentists. Two-thirds of participants in each group thought COVID-19 would have no impact on patient decision-making about topical fluoride. There is little research about how dentists perceive the clinical impact of societal events, but we hypothesized that dentists with experiences of topical fluoride refusal would be more likely to perceive that COVID-19 would affect future patients' decision-making.¹⁴ Among the surveyed dental residents, we did not find any associations between experiences with topical fluoride refusal and perceptions about the impact of COVID-19 on patient decision-making. There are at least two potential explanations for our findings. First, the lack of a perceived association between current events and patient decision-making could indicate gaps in knowledge on the factors that influence patient behaviors in clinical settings.

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Consistent with our hypothesis, it is not necessarily that a global pandemic causes fluoride hesitancy. For example, the speed with which COVID-19 vaccines were developed and introduced to the public caused many individuals to become suspicious about governments, medical providers, and pharmaceutical companies.²⁰ Consistent with previous work on the determinants of topical fluoride hesitancy,¹⁶ vaccine skepticism could easily translate into skepticism about topical fluoride. Second, dentistry as a profession has generally been siloed from other aspects of the health care system. In contrast, medical authorities recognized early on that COVID-19 would interrupt the health care delivery system, influence the behavioral health of patients, and widen health disparities for underserved populations.²¹ In accordance with the ethical principles and professional code of dentistry, we urge dentists to consider how patient decision-making is influenced by societal events.

A key part of autonomy involves ensuring that patients have a meaningful role in decision making. In our study, only one-in-four residents reported feeling extremely comfortable talking to patients who refuse fluoride about changing their mind. Communication with fluoride-hesitant patients should be carefully balanced to ensure that a patient is given relevant information about the efficacy and safety of fluoride, without overt insistence for accepting fluoride, which may be perceived as ignoring a patient's right to self-determination. Past work indicates that patients rated their preferred role in decision making more active and involved than their perceived role.²² Dentists can provide patients with a greater sense of autonomy through shared decision making, where dentists and patients work together to decide the best treatment plan based on the clinicians' expertise and the patients' preferences.²³ However, preferences around autonomy have been shown to vary by treatment. Specifically, patients have a greater desire for autonomy in treatment compared to diagnostic procedures,²³ which underscores the

need for tailored communication approaches.²³ Autonomy is further complicated when accounting for the treatment preferences of a child, an issue that is of particular relevance when treating adolescents or young adults who may be dependent on a fluoride-hesitant caregiver.

Nonmaleficence in the context of fluoride hesitancy provides guidance on how dentists should communicate with patients. There is a need to ensure that dentists are using standardized caries risk assessment tools,²⁴ identifying the best way to communicate caries risk data to patients, providing explanations on why topical fluoride is needed in the context of caries risk, and ensuring that chair-side communication approaches build rather than erode trust.²⁵ Three such approaches include treating each patient as an individual, communicating rather than telling, and supporting and respecting a patient's decision. When appropriate, dentists can also endorse other sources of fluoride besides topical fluoride based on recent work that has suggested parents who refuse topical fluoride may still be open to using fluoridated toothpastes for their child.²⁶ Communication needs to be tailored to the patient's specific needs and preferences, as suggested in the white paper on vaccines.¹⁸ Additional research is needed on ways to align communication approaches with the different reasons patients may be hesitant about fluoride.

In the context of fluoride hesitancy, dentists should take steps to promote and restore beneficence that can protect patients and the public. As a result of the COVID-19 pandemic, primary care physicians have called for revisions to the current standard of preventive care to embrace population-based community health efforts,²⁷ which could be mirrored in dentistry. One example is advocating for community water fluoridation as an equitable public health measure.²⁸

Another example is pushing for universal dental coverage, particularly for low-income populations,²⁹

We found that most dental residents and practicing dentists did not think that fluoride-related decision making would be influenced by COVID-19. Adhering to the ADA's principles of ethics includes considering how events outside of clinic influence health and patients' health behaviors and our findings suggest that these important considerations may be overlooked in dentistry.

which would address gaps in dental coverage offered by Medicaid and Medicare.^{30,31}

Our findings indicate areas for improvement in how dental students are trained. There is a need for a greater emphasis on the behavioral and social determinants of health in the prevention and treatment of oral diseases. Dental caries are influenced by multiple behavioral determinants beyond topical fluoride refusal, including diet, oral hygiene, and dental care use.³² While preventive dentistry acknowledges the role of these behavioral determinants, most clinicians fail to provide patients with the tools needed to initiate and sustain behavior change, and the literature on how to best enact behavior changes for oral health improvement is sparse.³³

There has also been a failure to integrate the social determinants of health as a key aspect of dental education.³⁴ The social determinants of health, which affect health through resource and power differentials, have important implications for oral health.³⁵ Emphasizing the role that the social determinants of health have in oral health is particularly pressing in the wake of COVID-19 during which populations that already face oral health disparities have been disproportionately affected by COVID-19 mortality and pandemic-related regulations.³⁶ Researchers have developed frameworks for integrating health equity-based training into dental curriculum^{37,38} and recommend an inter-professional approach that uses a holistic view of health to treat patients.^{37,39} An inter-professional approach allows for more focus on an integrated, person-centered approach and emphasizes the role that dentistry has in overall health which can potentially negate the historical separa-

tion between dentistry and overall health care. Legislative advocacy training in dental school could be another way to empower dentists to think broadly about social determinants of health and to use their expertise to call for high-level societal changes like community water fluoridation or inclusion of dental benefits in Medicaid and Medicare.⁴⁰

There are two main study limitations. First, the convenience sample of practicing dentists was small and primarily female which limits generalizability. Second, study data were collected in April 2020, which was relatively early in the pandemic. As the pandemic continues, dentists may have changed their views about the ways that fluoride hesitancy would be impacted by COVID-19. Continued research would capture the extent to which dentists' views have changed with the evolving pandemic.⁴¹⁻⁴³

CONCLUSION

We found that most dental residents and practicing dentists did not think that fluoride-related decision making would be influenced by COVID-19. Adhering to the ADA's principles of ethics includes considering how events outside of clinic influence health and patients' health behaviors and our findings suggest that these important considerations may be overlooked in dentistry. Potential ways to encourage broader thinking among dentists includes more meaningful incorporation of behavioral and social determinants of health into dental training, promotion of collaborations between dentistry and other aspects of the health care system, and empowering dentists to advocate for upstream changes that improve oral health and overcome disparities.

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Table 1.

Characteristics of Dental Residents in the Advanced Education in General Dentistry Program at NY Langone Health (N=226) and of Practicing Dentists Interviewed About Fluoride Hesitancy (N=24)

Characteristic	Dental Resident (N=226) Mean ± SD (range) or n (%)	Practicing Dentists (N=24) Mean ± SD (range) or n (%)
Age (years)	30.3 ± 27.3 (25,57)	43.5 ± 10.4 (31,60)
Sex		
Male	95 (58.0%)	1 (4.2%)
Female	131 (42.0%)	23 (95.8%)
Race		
American Indian	3 (1.4%)	0 (0.0%)
Asian	76 (36.4%)	9 (37.5%)
Black or African American	22 (10.5%)	0 (0.0%)
White	69 (33.0%)	14 (58.3%)
Other ¹	39 (18.7%)	1 (4.2%)
Missing	14	-
Ethnicity		
Hispanic	39 (18.7%)	2 (8.3%)
Not Hispanic	170 (81.3%)	22 (91.7%)
	14	-
Dentist specialty		
General Practice	-	5 (20.8%)
Pediatric Dentistry	-	19 (79.2%)
Year of graduation from dental school		
Prior to 2019	37 (16.9%)	-
2019	182 (83.1%)	-
Missing	7	-
Years of practice	-	13.4 ± 10.8 (2.5,40)

AEGD, Advanced Education in General Dentistry Program.

¹ Other includes resident trainees that identified as Hispanic.

Table 2.

Summary of Dental Residents' Responses to Questionnaire Items about Experiences with Topical Fluoride Refusal (N=212)

Items About Topical Fluoride	n (%) (N=212)
Extent to which topical fluoride refusal is currently a problem	
Not a problem at all	85 (40.3%)
Small problem	85 (40.3%)
Medium-sized problem	29 (13.7%)
Big problem	12 (5.7%)
How topical fluoride refusal has changed over the years	
Has gotten better	57 (27.1%)
Stayed the same	50 (23.8%)
Has gotten worse	60 (28.6%)
I don't know	43 (20.5%)
Comfort level in talking to refusing patients about reconsidering their decision to refuse topical fluoride	
Extremely comfortable	58 (27.6%)
Somewhat comfortable	118 (56.2%)
Somewhat uncomfortable	14.8 (31.0%)
Extremely uncomfortable	1.4 (3.0%)
Patient characteristics that are associated with topical fluoride refusal¹	
Immunization refusal	144 (68.0%)
White race	78 (36.8%)
High-income	65 (30.7%)
Low-income	63 (29.7%)
Uninsured	52 (24.5%)
Privately-insured	36 (17.0%)
Child is caries-free	30 (14.1%)
Child has caries	29 (13.7%)
Child has special health care needs	27 (12.7%)
Publicly-insured (Medicaid)	25 (11.8%)
Non-white race	23 (10.8%)
Hispanic	14 (6.6%)
Non-Hispanic	10 (4.7%)

¹ Summarized as percent of yes responses for each category.

Table 3.

Summary of Dental Residents' Questionnaire Responses (N=142) and Dentist Interview Responses (N=24) on Perceptions of how COVID-19 will Likely Affect Patient Decision-making about Topical Fluoride and Example Responses

Perception of how COVID-19 will affect topical fluoride refusal behaviors in practice	Resident Questionnaire Response (N=142) n (%)	Dentist Interview Responses (N=24) n (%)	Example Responses
No effect on topical fluoride decision-making	93 (65.4%)	16 (66.7%)	<p>"I don't see a link. I think coronavirus would more impact patients' decision about vaccines (hopefully for the better)." (Resident)</p> <p>"I don't see how they [coronavirus and topical fluoride] relate to each other, don't think the virus would be a deterrent influencing decisions about whether they accept topical fluoride or not." (Resident)</p> <p>"I don't think it's going to affect it because it's not an aerosol procedure." (Dentist)</p>
More likely to refuse topical fluoride	15 (10.6%)	1 (4.2%)	<p>"I think patients in general will be less likely to engage with dentistry, including topical fluoride." (Resident)</p> <p>"I can tell that those that were already not happy with it will be less happy with it, that's how I feel. Because...there's always a good way to come up with a new conspiracy theory out there." (Dentist)</p>
Less likely to refuse topical fluoride	22 (15.5%)	3 (12.5%)	<p>"I think overall patients will be more open to modern medicine (i.e., they're looking for a vaccine for coronavirus), and there's a chance that this openness may carry over to fluoride." (Resident)</p> <p>"Patients may understand the importance of preventive care (i.e. via topical fluoride) more after experiencing dental office closures during coronavirus." (Resident)</p> <p>"So for all patients regardless of risk, I think parents are probably more looking for preventative measures. So I think they will be more open to fluoride." (Dentist)</p>
I don't know how it will affect decision-making about topical fluoride	12 (8.4%)	3 (12.5%)	<p>"I don't think it will make them less likely to accept it...I actually think it may increase the acceptance rate because [it's] one of the least invasive things you can do so actually yea, I think it might increase it." (Dentist)</p>
Missing/Irrelevant Response		1 (4.2%)	

Table 4.

Association of Dental Residents' Experiences with Topical Fluoride Refusal and Their Perception of How COVID-19 Would Affect Patient Decision-Making

Perception of how COVID-19 will affect topical fluoride refusal behaviors in practice				
	No effect on topical fluoride decision-making	Increased resistance to topical fluoride	Decreased resistance to topical fluoride	P
	n (%)	n (%)	n (%)	
Extent to which topical fluoride refusal is currently a problem (n=130)				.07
Not a problem at all or small problem	79 (60.8%)	9 (6.9%)	17 (13.1%)	
Medium-sized or big problem	14 (10.8%)	6 (4.6%)	5 (3.8%)	
How topical fluoride refusal has changed over the years (n=105)				.26
Has gotten better or stayed the same	49 (46.7%)	7 (6.7%)	12 (11.4%)	
Has gotten worse	27 (25.7%)	7 (6.7%)	3 (2.9%)	
Comfort level in talking to refusing patients about reconsidering their decision to refuse topical fluoride (n=130)				.18
Somewhat or extremely comfortable	78 (60.0%)	10 (7.7%)	20 (15.4%)	
Somewhat or extremely uncomfortable	15 (11.5%)	5 (3.9%)	2 (1.5%)	

P value is for Fisher's exact test

Officers of the Board

Elections for members of the Board of Regents take place each spring, and the new Regents and Officers are seated each October at the conclusion of the Annual Meeting. The 2023 members of the Board of Regents are listed below.

The Regents and Officers lead the College's efforts to advance the mission, providing vision and leadership on behalf of the Fellows.

Nominations for national officers are made by Fellows, approved by the national nominations committee, and elected by acclamation by the fellowship. The Officers are elected for one-year terms with the exception of the treasurer, whose term is two years.



Robert M. Lamb, DDS

President

Edmond, Oklahoma

Dr. Lamb is a part-time assistant clinical professor in the post-graduate oral and maxillofacial surgery program at the University of Oklahoma College of Dentistry. Robert has served as president of the Oklahoma Society of Oral and Maxillofacial Surgeons and the Southwest Society of Oral and Maxillofacial Surgeons. He is a diplomate of the American Board of Oral and Maxillofacial Surgery. He has travelled to Central America on medical mission trips for nearly 30 years.

Dr. Lamb is from Dallas, Texas, where his father, Bob, practiced general dentistry and served as an ACD Regent from 1985-1989. Robert earned his DDS from Baylor College of Dentistry in 1976 and entered the Air Force. Robert was sponsored by the USAF to complete an oral and maxillofacial surgery residency at the University of Oklahoma Health Sciences Center. He retired from the USAF Reserves at the rank of Colonel. After his military retirement, Robert was in private practice as an oral and maxillofacial surgeon for over 30 years. Dr. Lamb is a recipient of the American Association of Oral and Maxillofacial Surgeons 2021 Humanitarian of the Year Award.

Robert and his wife, Donna, live in Edmond, Oklahoma and enjoy traveling, water sports, and snow skiing.



Teresa A. Dolan, DDS, MPH

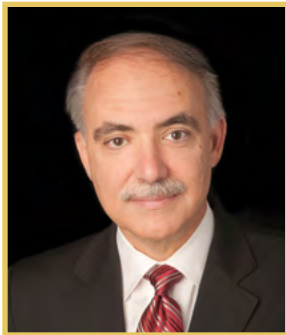
President-elect

Longboat Key, Florida

Dr. Dolan is the Chief Dental Officer at Overjet, the global leader in dental AI. She previously served as Dentsply Sirona's Chief Clinical Officer, leading the global Clinical Affairs function, supporting new product development, and overseeing the largest global clinical education program sponsored by dental industry.

Dr. Dolan is professor and dean emeritus of the University of Florida College of Dentistry, where she served as dean and chief academic officer from 2003 until 2013. She is recognized for her contributions to dental public health, geriatric dentistry and as a champion for diversity and women in dentistry.

She is a Phi Beta Kappa graduate of Rutgers University; earned a DDS degree from the University of Texas, and a MPH degree from the University of California, Los Angeles. She was a Robert Wood Johnson Foundation Dental Health Services Research Scholar, completed a Veterans Administration Fellowship in Geriatric Dentistry, and is a board certified in Dental Public Health. As a recognized leader in the dental profession, she currently serves as president of the Santa Fe Group, and serves on the board of directors of the American Dental Association Science and Research Institute.



Robert A. Faiella, DMD, MMS

Vice President

Osterville, Massachusetts

Dr. Faiella is a Past-President of the American Dental Association and is a former At Large Regent on the ACD Board of Regents.

Dr. Faiella received his pre-doctoral education from Villanova University, earning two Bachelor of Science degrees, and his DMD from Fairleigh Dickenson University School of Dental Medicine. He received his graduate training in Periodontology as an NIH post-doctoral fellow at Harvard School of Dental Medicine, as well as a Masters of Medical Science from Harvard Medical School. During this time, he served five years as a research fellow with the Department of Orthopedic Surgery at the Massachusetts General Hospital. He also received his Masters in Business Administration at the MIT Sloan School of Management.

Dr. Faiella has received the Distinguished Alumnus Award from the Harvard School of Dental Medicine and has been invited to deliver the commencement address to eight dental schools over the past ten years. He is also a past-president of the Massachusetts Dental Society, and former ADA First District Trustee.

Officers of the Board



Carole M. Hanes, DMD

Treasurer
Augusta, Georgia

Dr. Carole M. Hanes served as the Regent for Regency 3 before she was elected Treasurer. She retired as Associate Dean for Students, Admissions and Alumni at the Medical College of Georgia in 2018. She is a diplomate of the American Board of Pediatric Dentistry and is the recipient of the Georgia Dental Association Award of Merit. Dr. Hanes is also the recipient of multiple grants from the Health Resources and Services Administration and the Robert Wood Johnson Foundation for her research.

Carole, whose father was in the military, grew up in multiple places before finally making her home in Georgia. She obtained her DMD from the University of Louisville School of Dentistry and completed a residency in Pediatric Dentistry at the Eastman Dental Center in Rochester, New York.

She and her husband, Philip, live in Augusta, Georgia where she is an active member of her church and is serving on the Diversity, Equity, and Inclusion Committee for the Dental College of Georgia and Chairs the DCG Alumni Diversity, Equity, and Inclusion Focus Group.



Richard E. Jones, DDS, MSD

Immediate Past President/ACD Foundation President 2023
Schererville, Indiana

Dr. Richard (Dick) Jones is a retired prosthodontist from Indiana. Dick has a strong interest in ethics and evidence based dentistry and a mission to collect and share knowledge that makes quality dental care easier and more predictable. He has served as the regent from regency 4, vice president, president-elect and president of the ACD.

Dr. Jones directed the Private Practice of Prosthodontics Seminar at Indiana University for 20 years. He served on the Board of the American College of Prosthodontists for 12 years and was the Indiana Dental Association Chair of the Council on Peer Review for 30 years. Those positions provided insight into standard of care, ethics, and professionalism. Dick is the recipient of both the Indiana State Ethics Award and the Indiana University School of Dentistry Distinguished Alumnus Award.

Although born at Fort Jackson, he has spent most of his life in Northwest Indiana, where he received his dental and prosthodontic training. Dick has been active in Scouting and his church, and stays busy raising two teenage girls.

At Large Regents

At Large Regents are nominated by the Executive Committee and approved by the Board of Regents. They are national representatives in their field of expertise, including military healthcare, dental industry, organized dentistry, and academia. They bring a global perspective to the Board



Pamela Alston, DDS

Oakland, California

Dr. Alston is a past Chairperson of the Northern California Section of the ACD. She is immediate past president of the National Dental Association. She serves on the California Dental Association Political Action Committee Board of Advisors.

Dr. Alston graduated from the University of California San Francisco (UCSF) School of Dentistry where she served as Dental Alumni Association President, volunteer Associate Clinical Professor, and on the Board of the UCSF Foundation. She earned her Masters in Public Policy from the Goldman School of Public Policy at University of California Berkeley where she served on the Dean's Board of Advisors. She is an alumna of the California Health Care Foundation's Leadership Fellowship Program.

Dr. Alston served on the Board of Governors of the Commonwealth Club of California, the nation's premier public affairs forum. She has received numerous awards including the UCSF Campaign Award for Compassion; the NYU School of Dentistry Michael C. Alfano Award for Diversity; and the UC Berkeley School of Public Health Public Health Hero Award. She is currently the Lead Oral Health Specialist for the U.S. Dept. of Labor Job Corps Program health support contractor.



Joseph P. Crowley, DDS

Cincinnati, Ohio

Dr. Crowley is a general dentist practicing in Cincinnati, Ohio, and is a past president of the American Dental Association.

In 2013, Crowley earned the Ohio Dental Association Distinguished Dentist Award. He also received the Ohio Dental Association Achievement Award in 2001, the Cincinnati Dental Society Meritorious Service Award in 2007, and the Ohio Pierre Fauchard Distinguished Dentist Award.

After finishing dental school at the Ohio State University College of Dentistry in 1976, Crowley returned to his hometown of Cincinnati, where he has practiced general dentistry for more than three decades. He's been involved in the community, and has been particularly active at LaSalle High School, his alma mater. He was named to the school's athletic hall of fame in 2009. Crowley and his wife, Pauletta, have been married 43 years and have three children and seven grandchildren.

At Large Regents



Cecile A. Feldman, DMD, MBA

Newark, New Jersey

Dr. Feldman is dean and professor at the Rutgers University School of Dental Medicine. She is also a professor at the Rutgers University School of Public Health and adjunct professor at the University of Pennsylvania School of Dental Medicine.

She has been principal investigator or co-investigator on a number of grants and primary and co-author of more than 100 articles, abstracts, and book chapters.

Early in her career, Cecile became active in the American Association of Dental Schools. Her activities include serving as a ADEA representative on the Commission on Dental Accreditation and ADA Council on Dental Education and Licensure. In 2013, she completed her term as chair of the Council of Deans and in 2018 as chair of the Board of Directors.

A native of Clifton, New Jersey, she earned her dental degree and a certificate in advanced general dentistry from the University of Pennsylvania School of Dental Medicine. She also earned an MBA in health care administration from The Wharton School.

She and her husband, Harry K. Zohn, DMD, live in Montville, New Jersey with their Newfoundland, Newton. They enjoy traveling, cycling on rail trails, and snowshoeing in the winter. They also delight in just spending time together and with their extended families which include sisters, brothers-in-law, cousins, nieces, nephews, and now grand nephews.



Krista M. Jones, DDS

Jones, Oklahoma

Dr. Krista M. Jones is a retired general dentist and the current secretary of the Oklahoma Board of Dentistry. Previously, she served as a Delegate to the ADA House of Delegates and is the Past President of the Oklahoma Dental Association. Additionally, she has served as the president of the Oklahoma Association of Women Dentists and Chair of the Oklahoma Dental Association Mediation Review Council and the Council on Bylaws, Policy, and Ethics. She is also a former member of the Oklahoma Governor's Task Force on Children and Oral Health and the recipient of the James A. Saddoris Lifetime Achievement Award from the Oklahoma Dental Association.

Krista is from Edmond, Oklahoma and holds a DDS from the University of Oklahoma College of Dentistry.

She and her husband, Craig Stinson, live in Jones, Oklahoma, and together have been on 13 medical and dental mission trips. They also enjoy following total solar eclipses and have had the pleasure of seeing ten of them.

Geographic Regents

Regents are elected directly by their peers and serve as leaders to the sections in their regencies. They are engaged in working directly with section leaders to ensure the College's resources are readily available to make the Mission actionable.



Regency 1

Julie A. Connolly, DDS

New York, New York

Dr. Julie Connolly attended Columbia College, of Columbia University, graduating with a degree in Political Science. She then attended Columbia School of Dental and Oral Surgery and the Mailman School of Public Health, graduating with a dual DDS-MPH degree. She completed a General Practice Residency at Mt. Sinai Hospital in Manhattan before returning to Columbia for her specialty training in Periodontics, receiving an MS in Periodontics. Dr. Connolly is a Board-Certified Periodontist practicing in NYC with her father, Dr. Thomas Connolly.

Dr. Connolly is currently an Assistant Professor in Periodontics at Columbia College of Dental Medicine where she is also the Director of the Ethics Coursework teaching Ethics to both dental students and residents in lecture and small group format. She is also the Student Professionalism and Ethics Association (SPEA) Faculty Advisor at Columbia. Dr. Connolly is a former President of the Columbia Dental Alumni Association. She lectures on both Dental Ethics and Periodontics regionally and locally.

Dr. Connolly is a Past-President of the New York Academy of Dentistry and the Chair-Elect of the NY Section of the American College of Dentists.

Dr. Connolly is a member of the Council on Ethics for the New York State Dental Association (NYSDA) and a former Chair of the Ethics Committee at New York County Dental Society (NYCDS). She is a current member of the NYCDS Board of Directors and has represented NYCDS as a delegate and alternate delegate to the NYSDA House of Delegates.



Regency 2

Peter H. Guevara, DMD

San Antonio, Texas

Colonel (Dr.) Pete Guevara currently serves as Commander of the Fort Carson Dental Health Activity in Colorado. Colonel Guevara has been active in the US military for over 28 years. He has combat deployments to Afghanistan and Iraq to his credit.

Pete is originally from Pittsburgh, Pennsylvania and is a 1992 graduate of the University of Pittsburgh's School of Dental Medicine. He completed a 1-year GPR in 1993, a 1-year hospital dentistry fellowship in 1994 and a 2-year comprehensive dentistry program in 2001. He has been actively involved in dental education since 2005.

He and his wife, Karyn, have a daughter, Maya. In his spare time Pete is an avid ice hockey and roller hockey player.

Geographic Regents



Regency 3

Robert G. Plage, DDS

Dr. Plage is from Wilmington, North Carolina, and is a graduate of Wake Forest University and Georgetown University School of Dentistry. After graduation he joined the U.S. Public Health Service and completed a GPR program in Lexington Kentucky. He was assigned to the U.S. Coast Guard and spent five years as a USCG dental officer, attaining the rank of LCDR and was awarded the U.S. Coast Guard Achievement Medal. He has been in private practice in Wilmington since 1985.

Bob has served as past president of the Wilmington Dental Society, the North Carolina Dental Society's Fifth District, and the North Carolina Dental Society. He was awarded the NCDS Meritorious Achievement Award in 2014. He served as a delegate to the ADA for the 16th District for twenty years. While an ADA delegate, he served on the ADA Council on Dental Benefit Programs as Vice-Chair and the ADA Audit Committee as a representative from the ADA House of Delegates. He is a past caucus chair of the ADA 16th District Delegation. He is a past Carolinas Section Chair and helped initiate and currently participates in the ACD Ethics Dilemmas Workshops at both UNC School of Dentistry and East Carolina School of Dental Medicine.

He and his wife Anne chaired the Wilmington Mission of Mercy program for many years. The first MOM program in Wilmington was the Eagle Scout Project of their son Michael, who is now a dentist and has been a partner in Plage Dentistry since 2016. Michael is married to Nataleigh, also a dentist, and they are new parents of a daughter. The Plages' daughter, Cait Robertson and her husband live in Franklin, Tennessee and are the parents of two young boys.



Regency 4

Terry L. Norris, DMD

Owensboro, Kentucky

Dr. Norris is a general dentist in private practice. He is an adjunct professor at the University of Louisville School of Dentistry and serves on both the Daviess County Board of Health and the Green River District Board of Health. He is also a past president of the Kentucky Dental Association. He continues to serve as the editor for the Kentucky Section of the College.

After competing on the varsity men's soccer team and earning a dual degree in biology and chemistry from Geneva College in Pennsylvania, Dr. Norris attained his DMD from University of Kentucky College of Dentistry. He has served on the Council on Annual Sessions for the Kentucky Dental Association since 1992.

Terry is married to Ginger, who began working as patient coordinator at the office after her retirement from the Owensboro Public Schools as a speech and language pathologist. Together they have three grown sons and five grandchildren.



Regency 5

Thomas E. Raimann, DDS

Milwaukee, Wisconsin

Dr. Raimann is a past president of the Wisconsin Dental Association and Greater Milwaukee Dental Association. He served on the ADA Council on Ethics, Bylaws, and Judicial Affairs from 2012-2016.

Tom is from Muskego, Wisconsin. He worked for his dad as a mason laborer while going through school. There was also much work to do on the family Christmas tree farms in Wild Rose, Wisconsin and in Muskego. He kept involved with the tree farm working alongside his dad when he could.

He earned his degree from Marquette University School of Dentistry in 1980, after "dropping out" of undergrad at Marquette in 1976.

Tom now lives in Milwaukee with his wife, Michelle (Mick), and Stella, their dog. His daughter, Elizabeth, and her husband, Nick, live in Minneapolis. Daughter Margaret and her partner, Alex, live in Portland, Oregon. Mick's son Andy and fiancé, Caroline, live in Milwaukee nearby.



Regency 6

Kristi M. Soileau, DDS, MEd, MSHCE

New Orleans, Louisiana

Dr. Kristi Soileau is a member of the eJACD Editorial Board, and Advisor to the LSUHSC SPEA Chapter. She has served in the House of Delegates of the ADA for the past ten years and was a four-year member of CEBJA.

She also is on the Executive Committee of the American Academy of Periodontology, Deputy Regent for Louisiana for the ICD, and is Chair-elect for the LSU Health Foundation Board.

She was graduated from the LSU School of Dentistry in 1986, received a Masters of Education in 1987, and a Certificate in Periodontics, also from LSU, in 1988. In 2017, Dr. Soileau received her Master's in Healthcare Ethics from Creighton through the ACD Cecelia L. Dowes Scholarship program.

A New Orleanean, she enjoys riding in Mardi Gras with a 102-year-old 3400-member ladies' parading krewe. She is married to husband, David DeGenova, an orthodontist and ACD member. They have three sons, a saluki, and an Italian Greyhound.

Geographic Regents



Regency 7

Ned L. Nix, DDS, MA

San Jose, California

Dr. Ned Nix is from San Jose, California and is a graduate of University of California Davis and the Dugoni School of Dentistry at University of the Pacific. He earned his GPR and OMS specialty certificates at St. Luke's-Roosevelt Hospital Center in New York. He has a Master's in Education from the Benerd School of Education at UOP.

Dr. Nix is a diplomate of the American Board of Oral and Maxillofacial Surgery and the National Dental Board of Anesthesiology. He practices the full scope of oral and maxillofacial surgery and is an Associate Professor at UOP.

Ned has served as the President of the California Association of OMS, Chairman of the Northern California Section of the ACD, President of the Santa Clara County Dental Society, and President of the Delta Delta chapter of the OKU Dental Honor Society.

He, his wife, Kelly A. Nix, DPM, and son, Ryan Nix, are San Francisco Giants and GS Warriors fans, and like to golf and travel.



Regency 8

Lance M. Rucker, AB, BScD, DDS

Vancouver, British Columbia

Dr. Rucker is a professor emeritus of the University of British Columbia, where he had held the positions of Director of Clinical Ergonomics and Simulation, and Chairman of the Division of General Dentistry in the Department of Oral Health Sciences. He currently maintains an active practice as a dental clinical ergonomist, providing ergonomic assessments and training for dentists and university-based undergraduate and graduate dental programs across North America and Europe.

Born and raised in Louisville, Kentucky, Dr. Rucker holds citizenships in both the United States and Canada. He graduated from the University of California (Berkeley) and UCSF School of Dentistry. Right after graduating, he licensed in both California and Canada and began a public health externship in British Columbia, Canada, where he has continued living for the past 48 years.

Lance is a ballroom dancer, cordwainer, amateur arborist, and jazz pianist. He has appeared as a professional actor in television and feature films over the past two decades: he played a principal role in the award-winning Canadian National Film Board production, *Caught in the Net*, and has made numerous appearances in various other movies and television projects, including the *X Files* and *Millennium* series.

Lance and his wife, Bianca, travelled together on an international expedition to Antarctica, and in 1997 spent inspiring time with Father Tissa Balasuriya and Sir Arthur Clarke at their homes in Sri Lanka.

Liaisons to the Board of Regents

Affiliated Organizations independently elect one of their members, who is also a Fellow of the College, to the Board of Regents. Although these positions are ex-officio, the liaisons bring different perspectives to the board and play a crucial role in ensuring a broad and inclusive perspective on our mission.



Stuart L. Segelnick, DDS

American Association of Dental Editors and Journalists
New York, New York

Dr. Segelnick is currently editor of the Second District Dental Society of New York SDDS Bulletin and the Northeastern Society of Periodontists NESP Bulletin. Dr. Segelnick was the recipient of the International College of Dentists Journalism Silver Scroll Award in 2016 and the ICD Journalism Newsletter Award in 2019 and 2021. He has co-edited five books on dentistry.

He is an Adjunct Clinical Professor at NYU Dentistry in the Department of Periodontology and Implant Dentistry.



Pamela Zarkowski, JD, MPH

American Society for Dental Ethics
Detroit, Michigan

Professor Pamela Zarkowski is provost and vice president for Academic Affairs of University of Detroit Mercy. She is chief academic officer for the University, which includes a School of Architecture, College of Business Administration, College of Engineering & Science, College of Liberal Arts & Education, School of Dentistry, School of Law and College of Health Professions.

She has held various leadership roles in national organizations, including President of the American Dental Education Association, 2001-2002; Society for Executive Leadership in Academic Medicine, 2007-2008; and the American Society for Dental Ethics, 2003-2006 and 2016-2018. She was also chairperson of the ADEA GIES Foundation from 2002-2007. Some of her previous professional positions include mentor for the ADEA Leadership Institute, American Dental Association (ADA) Foundation board director, member on the ADEA Women's Advisory Affairs Committee, commissioner on the Joint Commission on National Board Examination and chairman of the Visiting Committee of the University of Michigan School of Dentistry.

She received a Bachelor of Science, a Master of Public Health in Dental Public Health and a Teaching Certificate for Special Purpose Program for Teachers of Community Dentistry from the University of Michigan School of Public Health and a Juris Doctor from Wayne State University, where she was the articles editor for the Wayne Law Review. She has a certificate from the Wayne State University Geriatric Institute Program and a certificate in ethics education from Kennedy Institute for Ethics. She was admitted to the Michigan Bar in 1989 and holds an active law license.

Liaisons to the Board of Regents



Erik G. Klintmalm, DMD, MS

Liaison, Student Professionalism and Ethics Association
Austin, Texas

Dr. Klintmalm is a general dentist practicing in Austin, Texas, and currently serves as the Co-Executive Director of the Student Professionalism and Ethics Association. His prior experience of serving on the editorial board for the American Student Dental Association and the board for the Student Professionalism and Ethics Association have kept him involved with the upcoming generation of the profession.

Erik is from Dallas, Texas, but has lived where his education has taken him, including Los Angeles, Waco, New York City, Philadelphia, and Phoenix. He earned a DMD and MPH from the Arizona School of Dentistry & Oral Health and his MA in bioethics from New York University.

He and his fiancé live in Austin and enjoy traveling, home renovations, fitness, cooking, baking, cocktails, and eating.

Consultant to the ACD Foundation



Thomas J. Connolly, DDS

New York, New York

Dr. Connolly is currently a Consultant for the American College of Dentists Foundation and chairs the ACD-SPEA Task Force. He served as President of the American College of Dentists from 2018-2019 and as President of the New York Academy of Dentistry from 2005-2006. He participates as a Donated Dental Service volunteer and continues being an Ethics Facilitator at Columbia as he has for over 25 years.

Tom was born and raised in Jersey City, New Jersey and is the oldest of seven children. He attended St. Peter's College. He earned his DDS and Certificate in Periodontology from Columbia University School of Dental and Oral Surgery.

He and his wife, Arlene, live in New York City. His three daughters and three grandchildren also live in New York. He enjoys playing tennis in Central Park with Arlene and his oldest daughter, Julie, with whom he practices. His hobbies include travel, cooking and photography.

Regent Intern

The Regent Intern program provides dental residents and new-to-profession dentists with an opportunity to experience organized dentistry at the highest level. Interns are appointed by the Board of Regents for a two-year term and serve ex-officio. The College benefits greatly from welcoming a fresh perspective.



Joshua Bussard

Regent Intern
Canton, Michigan

Dr. Bussard is a graduate of the Indiana University School of Dentistry. He held many leadership positions during his studies and remains the only student from Indiana to serve as the National President of the Student Professionalism and Ethics Association in Dentistry. After graduating from Indiana, Dr. Bussard matched with an Advanced Education in General Dentistry Residency Program located on the Big Island of Hawaii where he completed advanced training in General Dentistry. He is a member of the American Dental Association, Academy of General Dentistry and Michigan Dental Association and has worked as a general dentist in Hawaii, Indiana, and Michigan.

Outgoing Board Members

Members of the Board of Regents leave an indelible mark on the College. The depth and breadth of their experience and thoughtful servant-leadership guide the advancement of the Mission and help to chart a course for decades to come.



Leo E. Rouse, DDS

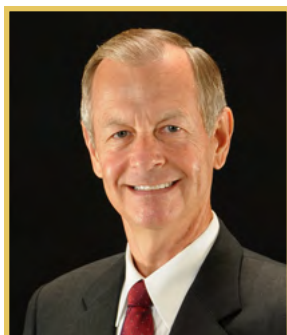
ACD Foundation President.

In every role he served in for the College, Dr. Rouse shared his passion for leadership, ethics, professionalism, and academic excellence.

Leo is from Jersey City, New Jersey and served for twenty-eight years in United States Army Dental Corps as a clinician, educator, and commander. As a commander, his most interesting assignments were

in Seoul, South Korea and as the Commander of the US Army Dental Command (USADENCOM). As an educator, his most interesting positions were as Chief, Dental Science Division, Army Medical Department Center and School, Fort Sam Houston, Texas, and Dean of the Howard University College of Dentistry. He earned his dental degree from the Howard University College of Dentistry in 1973 and received specialty training in Comprehensive Dentistry (2 Years) at Walson Army Hospital, Fort Dix, New Jersey in 1978.

He and his spouse, Yvonne, live in Bowie, Maryland. They have one son, Leo, Jr., a fantastic daughter-in-law, Julie, and two lovely granddaughters, Knylah and McKinzie.



Stephen M. Pachuta, DDS, MSHS

At Large Regent

Dr. Pachuta is the dean at West Virginia University School of Dentistry. An alumnus of WVU School of Dentistry, he completed residency training in Comprehensive Dentistry at the Naval Postgraduate Dental School and earned a Master of Sciences in Health Sciences from George Washington University. He has a Master of Arts in Bioethics and Health Policy from the Neiswanger Institute for Bioethics at Loyola University, Chicago and is the course director for Ethics and Law in Dentistry at WVU. He is board certified by the American Board of General Dentistry and a Professor of Restorative Dentistry.

A retired United States Navy Rear Admiral, he enjoys distance running. His wife, Rene, is also a retired Naval officer.



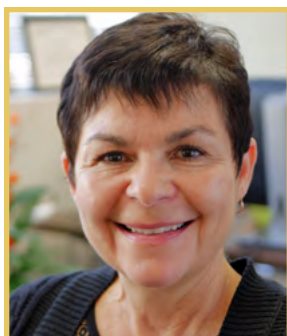
Paula K. Friedman, DDS

Regent, Regency 1

Dr. Friedman served as a senior regent on the executive committee of the board, as the chair of the finance committee, and as chair of the Annual Meeting Task Force. Her prior experience includes the positions of President, American Dental Education Association (ADEA); President, Massachusetts Dental Society; President, American Society of Geriatric Dentistry; and Associate Dean for Strategic Initiatives, Boston University Goldman School of Dental Medicine. She is also a Town Representative in Brookline, MA; Co-chair of the Brookline Neighborhood Alliance; and member of the Council on Aging.

Paula was born in Wildwood, New Jersey. She earned a dental degree from Columbia University School of Dental and Oral Surgery (now Columbia College of Dental Medicine), and additional degrees in Dental Public Health (MSD) and Public Health (MPH in Health Services Administration) from Boston University.

She and her husband, Emanuel, live in Brookline, Massachusetts and enjoy travel, classical music, and being with friends. Their three sons reside in Shanghai, Zurich, and Boston.



Toni M. Roucka, DDS, RN, MA

ASDE Liaison

Dr. Roucka is Professor and Associate Dean for Academic Affairs at the University of Illinois Chicago College Of Dentistry (UIC COD). Her undergraduate degree is in nursing, and she still maintains an active RN license. She received her DDS from the UIC COD and an MA in Bioethics from the Medical College of Wisconsin.

Immediately upon graduation from UIC, Dr. Roucka served as a Naval Dental Officer during Operation Desert Storm. Following her naval career, Dr. Roucka was the first dentist to staff the Spang Center for Oral Health, a clinic dedicated exclusively to the treatment of HIV+ / AIDS patients in Chicago.

In her leisure time, Toni enjoys family, the outdoors, playing her flute with the Milwaukee American Legion Band, and creative writing.

Editorial Board

Nanette Elster, JD, MPH

Editor

Glenview, Illinois

Ms. Elster is the Editor of the eJACD. She is an associate professor at the Neiswanger Institute for Bioethics and Health Policy, Loyola University Chicago Stritch School of Medicine. She is an active educator in the graduate program, teaching a variety of courses in areas related to law, pediatrics, oral health, genetics, and professionalism. She also supervises the graduate program's writing courses, master's capstone course, and doctoral capstone courses.

Guenter Jonke, DMD, MS

East Setauket, New York

Dr. Jonke is Board Certified in Oral and Maxillofacial Surgery and has been in private practice since 1991. He enjoys teaching and is a clinical assistant instructor at the Stony Brook School of Dental Medicine.

He is a past President of the Suffolk County Dental Society and is the Ethics Chair, representing Suffolk County at the New York State level.

Erik Klintmalm, DMD, MS

Austin, Texas

Dr. Klintmalm is the National Director of the Student Professionalism and Ethics Association. He is a general dentist in private practice in Austin, Texas, and a former contributing editor to the American Student Dental Association.

Ethan Pansick, DDS, MS

Delray Beach, Florida

Dr. Pansick has been in private practice in Delray Beach, Florida since 1995. He was a member of the ADA Council on Ethics, Bylaws, and Judicial Affairs and has served as Peer Review Chair for South Palm Beach County Dental Association for over 10 years.

Vishruti Patel, DDS

Plainfield, Illinois

Dr. Vishruti Patel is a general dentist practicing dentist. She is a Board Trustee for the Illinois State Dental Society. She is a voting member on the Council on Dental Benefit Programs (CDBP) of the American Dental Association. Dr. Patel practices with her husband and partner, Dr. Dilip Patel and loves to cook and travel with her two teenage children.

Elizabeth Shick, DDS, MPH

Aurora, Colorado

Dr. Shick is a clinical associate professor at the Center for Global Health, School of Dental Medicine Administration (SDM), Colorado School of Public Health. Her research focuses on oral health of perinatal women and children in underserved regions in the US and developing countries and global health education in the dental school curriculum.

Earl Sewell, MA

Chicago, Illinois

Mr. Sewell holds a master's degree in writing and literature and is widely published. He is also the host and producer of dental-related podcasts and narrates educational, scientific animations for medical procedures.

Carlos Smith, DDS, MDiv

Midlothian, Virginia

Dr. Smith is the inaugural Director of Diversity, Equity, and Inclusion and the Director of Ethics Curriculum and Associate Professor in the Department of General Practice at Virginia Commonwealth University School of Dentistry.

Kristi M. Soileau, DDS, MEd, MSHCE

New Orleans, Louisiana

Dr. Soileau is the ACD Regent for Regency 6. She is a practicing periodontist and has been Editor for the New Orleans Dental Association since 1988.

Cathleen Taylor-Osborne, DDS, MA

De Soto, Kansas

Dr. Taylor-Osborne is a public health practitioner who holds a DDS from University of Missouri, Kansas City, School of Dentistry and a Masters in Bioethics and Health Policy from Loyola, Chicago.

Cathleen retired as KS State Dental Director from the KS Department of Health & Environment and has recently (Jan. 2022) moved to Myrtle Beach, SC with husband, Jim Osborne, DDS.

Pamela Zarkowski

Detroit, Michigan

Prof. Pamela Zarkowski, JD, MPH is Provost and Vice President for Academic Affairs at the University of Detroit Mercy. In addition to serving as an administrator, she continues to teach legal, ethical, and professional issues to dental, dental hygiene and resident students and licensed oral health professionals.



INTERACTIVE FEATURE

*Watch Dr. Larry Garetto's
Convocation Address*

COMMENCEMENT ADDRESS

Colleagues, Calling, and Care

– Dr. Lawrence Garetto, PhD, FACD



Fellows of the College, Members of the Board of Regents, honored guests and families, I feel honored to be asked to share a few thoughts with you this afternoon at this meeting of an organization that I believe is tremendously important.

Once again, CONGRATULATIONS to the NEW FELLOWS who have just been inducted into the American College of Dentists. This ritual of induction is one that represents, in a symbolic manner, a BINDING together of those of you present today, as well as those across time, as a unique group of colleagues. It is an acknowledgement for some of you of your many accomplishments across years of service to the profession and for a SOME of you who are closer to the beginning of your professional life than the end the recognition of the POTENTIAL you

have already shown for continued contribution in this esteemed and respected healthcare profession.

If you were able to attend the presentations this morning at the business meeting, you heard that the College was founded 102 years ago. This induction ceremony, in which you have just participated is a tradition that goes back 101 years even to the point of having similar academic garb to that you are wearing now. You are part of a long tradition here today.

Rituals and symbols are important in professions. Ceremonies like this, bind us TO each other and serve as tangible reminders that you are not just individuals, but part of a collective...COLLEAGUES who share esoteric knowledge, specialized skills and, especially in this ceremony, important values, at the top of which is the calling to provide care for a fellow human being whose health may be compromised in some way, sometimes very significantly. And, you are expected do so prior to any consideration of self-interest.

Colleagues, Calling, and Care

You were nominated for Fellowship by two colleagues who were already fellows of the College and in doing so, they had to describe very specifically how you met the four principles of Fellowship: Excellence, Ethics, Professionalism and Leadership. And meet them you did, or you wouldn't be sitting here today.

Now, I'd like to take us back for a minute, to another ceremony that routinely occurs at the beginning of professional life... a ceremony that many of you may have participated in especially if you graduated from dental school in the past 20 years or so...the white coat ceremony. It too is a "binding" ceremony, like this one you have just experienced. But of course, it's different as well because it can be viewed as the induction of lay people into a profession.

Why do we do such a ritual at a school? And, a white coat? Certainly in this day and age, white coats are not typically worn during patient care. Why not just pull a scrub top over their heads and call it a day? Well, we're back to that concept of a ritual that is symbolic. The white coat is symbolic of the long history of care providers who have come before you, who have built the profession into one that is trusted and valued by society.

Think about it...WHY in the world would a patient, a person whose oral health is compromised in some way, perhaps significantly, and who may be in pain, someone who may not know you at all....why would they trust you to invade their physical space, literally get in their face to invade their privacy by asking them questions about very personal details of their life and health, WHY would they allow you, someone they may not know well at all, to put sharp pointy instruments into their mouths and move about???...WHY?

Well, I believe it is because of the trust that has been developed by those of you sitting in this room today being honored not just for who you are, but for what you have demonstrated in your commitment to service to other human beings who are in

need, as well as to the long line of clinicians who have come before you. You benefited from them, you stood on their shoulders as our current students and new colleagues now benefit from you. It is because of the institution to which you belong, and the trust and respect that has already accrued and is acknowledged by the society. But, it's so important to recognize that you not only benefited from this initially when you began your life in the profession, but that you have become the next generation of "those who came before us" to subsequent cohorts of Fellows who have not yet been nominated or inducted. I have to also say, I am so happy today to see among your ranks some of my own students... students whom I have always viewed as colleagues. While it some respects, it makes me feel my age, I could not be prouder of you than to see you sitting here among finest clinicians and scholars that dentistry has produced.

Well today, you're not wearing a white coat, rather you're wearing an academic gown that represents the mantle of Fellowship recognizing you for your accomplishments. But this honor comes with some STRINGS attached. Certainly, you have the continued responsibility of upholding the principles of the College, in clinical excellence, in the ethical and professional nature of your practice and in the leadership you demonstrate by being an empathetic, compassionate health care provider for all who are in need. But even more so, you must recognize your responsibility to actively model of the principles of Fellowship to all colleagues, including our students and our young practitioners.

Now, this word and concept of "colleague" is an interesting one. As an ethicist, and at this stage of my life as a "seasoned" educator (I'm old), it may surprise you to know that I do NOT believe students become our colleagues upon graduation from dental education programs...and...I will respectfully but strongly argue that point with anyone who does think it. I believe they became our colleagues the

moment they crossed the threshold into dental school to BEGIN their studies.

Why do I think that? Because beginning at that moment and going forward until the end of their careers as healthcare providers... when they are recognized for doing good works at school or in the community, they are not just recognized by society as an individual, but as a member of a community of practitioners, and because of that, the entire profession is honored.

But there's even a more powerful reason...when it comes to light that a student as an individual, or indeed a class of students were to behave in a manner that is dishonorable, even at the very earliest stage of their education, the entire profession is

“Therefore, if one’s actions positively or negatively affect the view society has of the entire profession, then by default, they are our colleagues...and we must work to make it for the better, not for the worse.”

detrimentally affected. Therefore, if one’s actions positively or negatively affect the view society has of the entire profession, then by default, they are our colleagues...and we must work to make it for the better, not for the worse.

Why do I spend the limited time we have together today speaking about this. Because an important component of your leadership in the profession, your leadership as a Fellow, involves modeling and mentorship...about the role one has in a profession.

Professionalism is not innate to the person, it has to be learned and internalized, accepted and acted on. Frankly, I believe it to be a skill, not much different in character than the esoteric technical skills you all learned. And like those technical skills, one continues to learn them...to do them better as time goes on. As well, at this meeting, we have heard about the challenges that the profession must face regarding the justice of care and about disparity of care...our voices, your voices, have to be heard on these challenges. Ignoring the ethical dimension of professional life, and even not adequately paying attention to it, results in a downward path away from that of a profession and it has the potential to harm patients.

I would like you to consider this mentorship and modeling as an essential component of what we term “self-regulation” and “peer review” and I view these as something we do FOR someone not TOO someone, FOR the profession.

Peer review. Hold your schools accountable as well. Disagreement is normal and reasonable, and reasoning individuals may certainly hold different views. Intolerance is anathema to life as a professional and should be called out. Otherwise, that we espouse tolerance and respect as virtues of professionalism is contradicted and overwhelmed by our acceptance of such behavior. One has to ask the question as to whether these students will do that to patients who do not share their views, or look like them, or value the same things they value? Which by the way, was the very topic of that physician’s address to them that day.

I would like to close by asking you to reflect that the academic robe you wear today, much like the white coat we invest our students with, represents a symbolic mantle of professional life as a health care provider, and more importantly, that it represents a promise that each of you have made and continue to make to each other, in front of colleagues and

Colleagues, Calling, and Care

very importantly in front of your family and friends,... that you will continue to do the work you did that allowed you to develop into a skilled practitioner and leader, who every day demonstrates your calling to care for fellow human beings in need.

I believe it is an awesome responsibility to hold the profession to these ideals...to hold our young colleagues to these ideals...and I challenge each and every one of you to view this recognition you have received today as emblematic of an obligation to hold each other to that promise. They are you, as they go, so go you. You are not just individuals, but a community of practitioners...you are colleagues whose integrity and reputation are integrally bound to each other. What you permit, you promote.

The greatness of a profession, does not consist of having great wealth, or in the high intelligence of its members...or in power over other people, or in high status or fame. Its greatness consists of the spirit of service and servant-leadership seeking always the well-being of those people for whom you care.

You have achieved an honor today, but you are honored every day when you care well for another

“The greatness of a profession, does not consist of having great wealth, or in the high intelligence of its members...or in power over other people, or in high status or fame. Its greatness consists of the spirit of service and servant-leadership seeking always the well-being of those people for whom you care.”

human being. Let's keep things in perspective and remember, that is greatest of your honors.

It has been my honor to be with you today to celebrate this wonderful occasion and once again, I congratulate you.

Thank you.

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Welcome New Fellows

New Fellows by Regency



New Fellows by Regency

REGENCY 1

Western New York

Erin Bates
Stacy L. Hoffman
Helmy Y. Mostafa

Hudson Mohawk

Bert Goldfinger

New York

James R. Keenan
Amrita R. Patel
Eugene G. Porcelli
George Raymond
Richard B. Serchuk
Caryn M. Siegel
Analia Veitz-Keenan

New England

Abdulibrahim Abdulwaheed
Albert Abena
Chiho Ahn
Elinor Alon
Erin L. Breen
Michael J. Chung
Monica H. Cipes
Joseph W. Costa, Jr.
Mary C. DeMello
Dayana I. Escobar
Yael Frydman
Miriam H. Gale
Hatice Hastruk
Ana M. Keohane
Rachel L. King
Jessica Lau
Matthew D. Mara
Mary E. McCabe
Mayumi O. Miyamoto

Hesham M. Nouh
Pinelopi Pani
Christina D. Pastan
Loren T. Peck
Rashmi Shah
Jiangyun Sheng
Earle Simpson
Thomas P. Suranyi
Tina L. Wang
Ana M. Zea
Andre A. Zelikov
Samuel R. Zwetchkenbaum

REGENCY 2

Federal Services

George J. Holzer
Sean C. Meehan
Herminio Perez
David I. Tucker
James P. Wilson

Maryland

Fotini V. Anagnostopoulos-King
Jeffrey M. Behar
Vineet Dhar
Sheldon R. Seidel
Robert Windsor
Mary Ann Sampaio de Melo

Metro Washington

Robert Gamble
Cheryl T. Lee-Butler
Sheila M. Samaddar
Samantha Siranli

New Jersey

Rosa Chaviano-Moran
Debra Ferraiolo
Craig S. Hirschberg

Dennis A. Mitchell
Thomas J. Sniscak
Richard P. Szumita
Robert T. Wong

Virginia

Toni A. Bowden
Paula L. Coates
Timothy J. Golian
Parthasarathy Madurantakam
Zachary A. Paukert
Christopher R. Spagna
Scott B. Wolpin

Philadelphia-Delaware Valley

Belinda Brown-Joseph
Bryan J. Frantz
Joseph P. Mulligan

REGENCY 3

Carolinas

Tameko D. Alford
Edward Clemons, Jr.
Edna L. Giles-Williams
Louis A. Hassell
Anna L. Hicklin
David G. MacPherson
Julia K. Mikell
Matthew J. Olmsted
Ricardo J. Padilla
Harold M. Rhodes
Eric J. Sadler
Cleveland T. Smith
Tina R. Woods

Florida

Thanhphuong N. Dinh
Douglas R. Fabiani
Naved Fatmi

Andrea Fenton
Craig Kara
Melvin L. Kessler
Lisa A. Klein
Mark McCawley
Merlin P. Ohmer
Matthew T. Waite

Georgia

Martha G. Brackett
Jacqueline Delash
Dylan S. Hamilton
Melissa Hunt
Abu Nazmul-Hossain
James Paschal
Brent C. Stiehl

Puerto Rico

Luis Toro-Lloveras
Juanita E. Villamil-Silvey

REGENCY 4

Indiana

Joshua Bussard
Molly E. Dwenger
Paul Glass
Heather Hradek
Luke M. Keusch
Amanda Miller
Catherine E. Murphy
Valerie M. Seifert
Jill S. Torkeo

Kentucky

Greg L. Adams
Rachel H. Davis
Brian A. Marrillia
Zindell Richardson
Brandon Stapleton

Michelle E. Story
Jeri L. Stull
Breacya Washington

Michigan

Genrundyne C. Algenio
Jeffrey L. Ash
Tenzin Dadul
Derek P. DeConinck
Todd V. Ester
Carlos Gonzalez-Cabezas
Gabriel Holdwick
Ghabi Kaspo
Melanie E. Mayberry
Ramesh P. Nalliah
Robert C. Niskar
Ashish G. Patel
Susan B. Paurazas
Donald B. Sherman
Rachel Sinacola
Lauryne Vanderhoof-Begrow
Michael Zuroff

Ohio

Raweya Y. Mostafa

Ontario

Chandan G. Advani
Dimple Bhatia
Diana Boodram
Aaron G. Burry
Edward A. Busvek
XueEr Hong
Ira Marder
Richard Schmidt
Navreet Sidhu
Tamara Sosath-Schmidt
Naveen Verma

West Virginia

Lauren Y. Godwin
Arif Salman
Kerri Simpson

REGENCY 5

Illinois

Vishruti Patel
William Simon
Rick Workman

Iowa

Christopher A. Barwacz
Satheesh Elangovan

Kansas

Susan K. Evans
John M. Lewis
Daniel C. Nielson
Jeffrey J. Thompson

Missouri

Nancy Addy
Aaron M. Bumann
Sarah Cimino
Amanda Fitzpatrick
Emily Mattingly
Dean F. Telthorst

Upper Midwest

Mark Essner
Woojin Kwon
Takanari Miyamoto
Jon G. Nelson

Wisconsin

Joseph Best
Joseph D. De Guzman
Jeremy M. Hoffman
Derek Schmidt

New Fellows by Regency

REGENCY 6

Arkansas

John K. Jones
Kim Kosmitis

Louisiana

Peter J. Dupree

Oklahoma

Kristen R. Campbell
Bobby Carmen
Melanie D. Emerson
Mary A. Hamburg
Shannon Lewis
Daulton Roberts
Troy A. Schmitz
Bryan E. Sorgen
Ryan J. Theobald
Paul S. Wood
Carla W. Yeates

Tennessee

Ryan G. Bowles
Benjamin D. Scott

Texas

Vanessa G. Carpenter
Gabrielle Dizon
Sara Ehsani
Stephanie Ganter
Anne Lyon
Luis E. Ortiz-Quiles
Patrick M. Ralph
Michael J. Reed
Jennifer M. Roe
Katie E. Stuchlik
Kayleigh E. Temple

REGENCY 7

Arizona

Jeanette MacLean
Maureen M. Perry
Marc Shlossman
Azfar Siddiqui
Terrence T. Yu

Hawaii

George Chan

Nevada

Christine C. Ancajas
Hassan M. Ziada
Georgia Dounis

Northern California

Jacob S. Barber
Sampada J. Deshpande
Laila B. Hishaw
Christine Hong
Daniel Mendoza
Nick M. Nguyen
Brandon Zeidler

Southern California

Ryan Grier
E. Bernard Gross
Amir E. Kazim
Andrew S. Levin
Gregg A. Tartakow

REGENCY 8

British Columbia

Kristy Chu
Saida Rasul
Guessy Wang
Robert Wolanski

Colorado

Jon Boynton
Brian J. Cotant
Britton M. Marsh
Robert D. Meyer

International

Dean Licenblat
Paul O'Dwyer
Nadeem A. Rana
Amal M. Sindi

Oregon

Ravi S. Sinha

Utah

John W. Graham

Washington

Herbert Edwards
Lauren Hagel
Emily D. Hobart
Aaron J. Lemperes
Rochelle Nguyen
Mostafa Norooz
Sonia Pal
Alan A. Yassin

2022 Awardees



Honorary Fellows

Honorary Fellowship is a means to bestow Fellowship on deserving non-dentists. This status is awarded to individuals who would otherwise be candidates for Fellowship by virtue of demonstrated leadership and achievements in dentistry or the community except that they are not dentists. Honorary Fellows have all the rights and privileges of Fellowship except they cannot vote or hold elected office.



Subrata Saha

Dr. Subrata Saha has shown great energy and initiation throughout his career in the biomedical engineering field and in his interest in medical and dental ethics, professional and social responsibility, and humanism. Dr. Saha has served on numerous journal editorial boards and is Editor-in-Chief of Ethics in Biology, Engineering and Medicine and the Journal of Long-Term Effects of Medical Implants. Dr. Saha received the C. William Hall Research Award in Biomedical Engineering and was recognized as the Distinguished Alumnus of the Bengal Engineering and Science University and this award was presented by the President of India.



Sonya Guyjean Smith

Dr. Smith served on the American Dental Education Association's Diversity and Inclusive Advisory Group, now a fully-fledged committee. She implemented recruitment and retention for under-represented students and developed outreach programs to improve academic readiness at the University of Nebraska Medical Center. Her research is in the areas of public health law and the linkages among social policies, educational inequities, poverty, residential segregation, and law and policies impacting health disparities. Dr. Smith co-authored the ADEA Faculty Diversity Toolkit. She has been recognized for her contributions and has received the ADEA Supervisor Change Agent Award and the National Diversity Council Influencer Award in 2021.



Henri M. Treadwell

Dr. Henri Treadwell co-authored *Oral Health in America Removing the Stain of Disparity*. She was the Program Director of Health at the W. K. Kellogg Foundation for 17 years.

Dr. Treadwell is the Founder of the Freedom's Voice Symposium and the Soledad O'Brien Freedom Voice Award, given to recognize mid-career individuals doing significant work to improve global society. She is the National Director for the childhood obesity prevention program for the Links, Inc., an organization of over 12,000 African American women across America.

Dr. Treadwell is the Principal Investigator for "Save Our Sons," a weight management, obesity reduction, and diabetes control program of the National Urban League. Dr. Treadwell received the "Order of the Palmetto," South Carolina's highest civilian award, from Governor Nikki Haley for her work in social and health justice.



Carol Yakiwchuk

Ms. Yakiwchuk has devoted much of her career to promoting oral health wellness for vulnerable populations. She served as Manager of Oral Health for the First Nations Peoples of British Columbia. Carol-Ann's leadership experience includes President of the Canadian Dental Hygienist Association and Governor of the National Dental Hygiene Certification Board.

Carol contributed her energy and enthusiasm to help pass The Dental Hygienist Act in Manitoba, Canada. Most recently, Carol was Canada's first ever winner of the Golisano Health Leadership Award, recognizing her dedicated volunteer work with the Special Olympics.

William John Gies Award

In 1939, the leaders of the American College of Dentists sought the means to recognize exceptional efforts and accomplishments by its Fellows. This recognition became the William John Gies Award, named in honor of the man who shaped the profession through his untiring efforts. The Board of Regents recognizes Fellows who have made truly unique and exceptional contributions to advancing the profession and its service to society. This is the highest honor of the American College of Dentists.

This year, the 2021 William John Gies Award is presented to **Dr. Kathleen O'Loughlin**.



Dr. Kathleen T. O'Loughlin is a most deserving and highly qualified individual who has served the College, our community, and our profession with distinction for over five decades. She is the first woman to have served as the Executive Director of the American Dental Association. She has been a strong advocate of oral healthcare to disenfranchised populations while promoting outcomes-based healthcare delivery. Additionally, she is a leadership role model for women dental professionals.

After earning her dental degree from Tufts University School of Dental Medicine where she was the first female class president and valedictorian, she earned a master's degree in public health and health care management from Harvard School of Public Health. Early in her career, she established and maintained a private dental practice, following the example of her late father, Dr. John Treanor. She simultaneously served as an assistant clinical professor at Tufts and continues to serve as faculty as well as a member of the Tufts University Board of Trustees.

She served in public health dentistry for 20 years, and became president and CEO of what is now known as Delta Dental of Massachusetts. Dr. O'Loughlin was chief dental officer for United Healthcare.

As a national and internationally renowned dental educator, administrator, researcher, and clinician, Dr. O'Loughlin has recently been awarded The American Dental Association's Distinguished Service Award. In 2021, she was the recipient of the Samuel B. Shapiro Award for Chief Staff Executive Achievement from the Association Forum Foundation. It is the highest honor the organization bestows on an association professional and is presented for outstanding service and accomplishments in association or nonprofit management. She also has received the Forsyth Institute's Icon in Oral Health Award, the Association Forum's

2019 Woman of Influence Award, and the Lucy Hobbs Taylor Award from the American Association of Women Dentists.

Ethics and Professionalism Award

Since its founding in 1920 the American College of Dentists has championed ethics, ethical behavior, and professionalism in dentistry. In keeping with its historical mission and its longstanding role as the “conscience of dentistry,” the Board of Regents desired a tangible means of recognizing exceptional contributions by individuals or organizations for the promotion of ethics and professionalism. This effort became the Ethics and Professionalism Award of the American College of Dentists and is supported by the Jerome B. Miller Family Foundation.

The 2022 recipient of the Ethics and Professionalism Award is the American Society for Bioethics and Humanities, **Kayhan Parsi, JD, PHD, HEC-C**, President of the ASBH accepted the award on behalf of the organization.



The purpose of the American Society of Bioethics and Humanities is to promote the exchange of ideas and foster multi-disciplinary, and inter-professional scholarship, research, teaching, policy development, professional development, and collegiality among people engaged in all the endeavors related to clinical and academic bioethics and health-related humanities.

Founded in 1997 by the consolidation of three existing like-minded organizations, the American Association for Bioethics, the Society for Bioethics Consultation, and the Society for Health and Human Values, ASBH awards the HEC-C credential, a first of its kind, to both practicing healthcare ethics consultants and those serving in leadership roles within their institutions' healthcare ethics initiatives. The program evaluates an individual knowledge and skills in areas of medical ethics, resolving conflicts using processes that adhere to healthcare ethics competencies. The Society contends the humanities are interdisciplinary by nature and enhance interprofessional and interdisciplinary

awareness. Additionally, the humanities support a holistic and person-centered approach to care. Through its many and multi-faceted approaches, the American Society for Bioethics and Humanities has endeavored to level the playing field with a simple and tacit understanding that ethics in healthcare is a public health and public policy mandate and the patient/client safety imperative.

Outstanding Service Award

The Outstanding Service Award, given since 1995, recognizes Fellows for specific, outstanding service to dentistry, the community, or humanity. This award is presented through a special recommendation of the Board of Regents.

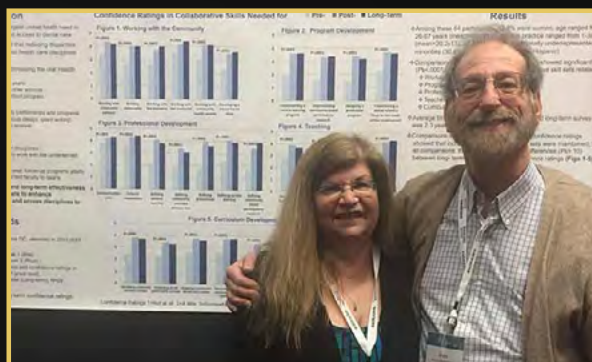
The 2021 recipient is **Dr. Irvin B. Silverstein, DDS.**



Dr. Irvin B. Silverstein was the heart, soul, and driving force for the University of California, San Diego Pre-Dental Society and Student-Run Free Dental Clinic Project. In partnership with the community, the mission of this program is to provide accessible, quality healthcare for the underserved in a respectful environment in which students, health professionals, patients, and community members learn from one another. Please recognize that the students spoken of in this mission statement are PRE-DENTAL. Over its 20-plus year history, this incredibly special environment has produced hundreds of dental school applicants, whose primary motivation for entering the profession of dentistry, is service to the underserved. Irv's vision, leadership, mentorship and his incredible persistence has impacted on so many. Nothing

even remotely similar to the UCSD Pre-Dental Society comes close to providing the kind of preparation and real-world experience that Irv and his team provide.

Dr. Silverstein, a noted humanitarian and educator, died after a long battle with pancreatic cancer shortly after the award was presented at the 2022 Annual Meeting and Convocation in Houston. His loss is tremendous, but his legacy equally so.



“Without Irv, there is no PDS, and there would be no UCSD Student Run Free Dental Clinics and tens of thousands of patients who have received care there would not have received care. This is a legacy that is almost impossible to describe let alone accept. Irv has been the heart, soul and driving force for this incredibly special environment that produces applicants to schools of dentistry whose primary motivation for entering the profession of dentistry is service to the underserved. There is no one else besides Irv who has had the impact on so many, and there is nothing even remotely like the UCSD Pre-Dental Society that comes close to providing the kind of real-world experience of Irv’s group. While Irv and the Society have received many accolades over the years from numerous sources, to my mind there is no one more deserving of recognition for outstanding service by the ACD, the “conscience of dentistry,” than Dr. Irv Silverstein.”

— Larry Garetto, PhD, FACD



Section Newsletter Award

Effective communication is a prerequisite for a healthy Section. The Section Newsletter Award is presented to an ACD Section in recognition of outstanding achievement in the publication of a Section newsletter. The award is based on overall quality, design, content, and technical excellence of the newsletter.

The Section Newsletter Award for 2022 was awarded to the **Ontario Section**.

Model Section Designation

The purpose of the program is to encourage Section improvement by recognizing Sections that meet standards of performance in four areas: Membership, Section Projects, ACD Foundation Support, and Commitment and Communication.

This year the following sections earned the coveted Model Section designation.

Indiana

Metro Washington

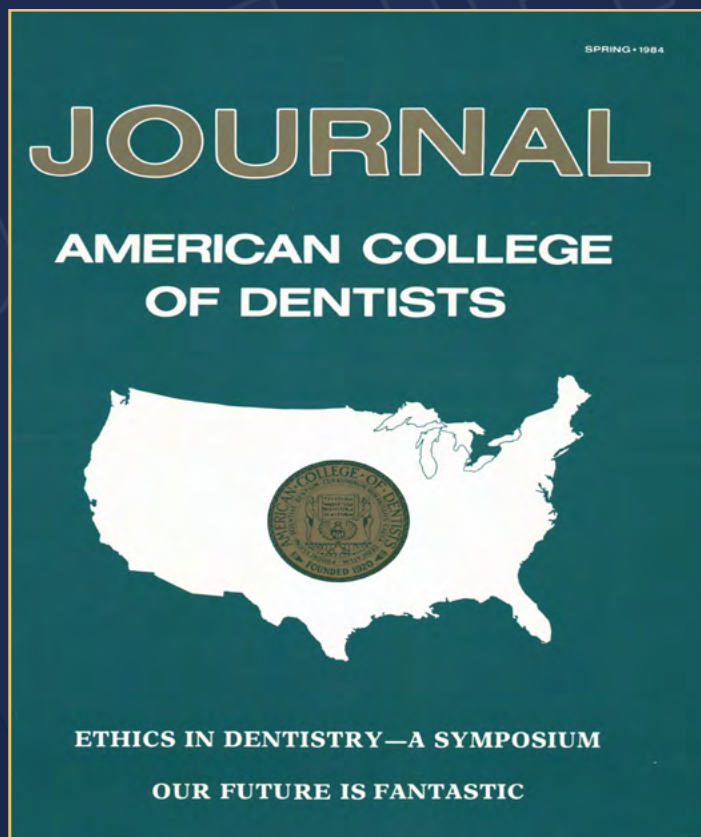
Michigan

Southern California

West Virginia

Western Pennsylvania

Western New York



Our Future is Fantastic*

Arthur A Dugoni, D.D.S., M.S.D.**

Ask anyone who lives back east—east of Kansas—what California conjures up and the answers are predictable. Good times. Party state. Nobody really works that hard. They just “do their thing”. In at ten, out at noon, for chilled Chardonnay and cold lobster, and back at two, or thereabouts—who punches in? Finally, out at four thirty for tennis or jogging.

Media hype has hoodwinked Middle America and the Eastern Establishment. All those prime time fantasies and full length features written in Malibu and filmed at Marina Del Rey and Mann County, have convinced them that California is just one big spa with twenty-four million people splashing around in it.

But it seems that even we believe our own publicity and are seduced by our snake-oil salesmen. As recently as two years ago, we thought the party would never end. California was recession-proof, insisted some of the state’s brightest minds. In truth, howev-

er, interest rates had started their stratospheric rise in 1979, money was drying up and the California economy started to sputter.

It was a gross error to think that California could escape either inflation or a recession, and it was certainly a mistake to think that our profession could either. We just weren’t monitoring the *vital signs*.

If the profession is to continue to grow it needs to attract the very best dental students and provide the facilities and the faculty for innovative and progressive research.

The challenge to the dental profession was and is equally clear. Can we afford to do things as we have always done them? Can we maintain the status quo? Or do we need to find a better way?

As I have travelled across the country, whether it be in the dental constituent, component, or meetings of educators or deans, the often repeated theme is that these are days of crisis, retrenchment, recession,

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“It is a gloomy moment in the history of our country. Not in the lifetime of most men has there been so much grave and deep apprehension—never has the future seemed so doubtful as at this time. The domestic economic situation is in chaos. Our dollar is weak throughout the world. Prices are so high as to be utterly impossible. The political cauldron seethes and bubbles with uncertainty. Russia hangs like a cloud, dark and silent upon the horizon—it is a solemn moment. Of our troubles, no man can see the end.” Then Mr. Cronkite added, “this was published over 122 years ago in Harpers Weekly Magazine, October 1857 and with all that trouble and doom and gloom that sounds so familiar to the 1980’s our nation survived and prospered and there is no reason why we should be of faint heart today.” – **Walter Cronkite**, 1983

and gloom and doom. The decade of the eighties will test our mettle – and, yes, our very souls. But, I would like to take this opportunity to quote from Walter Cronkite, during one of his broadcasts:

In John Naisbitt’s book, *Megatrends—Ten New Directions Transforming Our Lives*, he states: “We are living in the time of the parenthesis, the time between eras. It is as though we have bracketed off the present from both the past and the future, for we are neither here nor there. We have not quite left the either/or America of the past-centralized, industrialized and economically self contained—but we have not embraced the future, either. We have done the human thing: we are clinging to the *known* past in fear of the unknown future—but do we have the courage to abandon our traditional industries, industries that other countries can now do better? Do we have the innovative ability to venture forward into the future? We are *beginning* to abandon the hierarchies that worked well in the centralized, industrial era. The computer will smash the pyramid; we created the hierarchical, pyramidal, managerial system because we needed it to keep track of people and things people did; with the computer to keep track, we can restructure our institutions horizontally—this new openness enriches us all!

Such is the time of the parenthesis, its challenges, its possibilities and its questions. Although the time between eras is uncertain, it is a great and yeasty time filled with opportunity. If we can learn to make uncertainty our friend, we can achieve much more

than in stable eras. In stable eras, everything has a name, and everything knows its place, and we can leverage very little.

But in the time of the parenthesis we have extraordinary leverage and influence – individually, professionally and institutionally – if we can only get a clear sense, a clear conception, a clear vision of the road ahead. My God, what a fantastic time to be alive!” – and so it is for dentistry.

Never in the history of our profession has there been such a real need for dynamic, effective and innovative solutions. But, in a time of awesome challenges to our country, our profession, our educational institutions and our research capabilities it might be valuable to *reflect* on where we came from and who we are.

Let’s review some of the accomplishments of the last forty years. Educational standards were first developed in 1940 but not implemented until 1942.

We need to assess, design and be in the avant garde of alternate delivery modes. We cannot let others do it for us.

Would you believe that the Commission on Accreditation of Dental Schools was only established in 1978? Or that the American Board of Orthodontics was not recognized until 1950 by the Council on

Dental Education? Or, that the Northeast Regional Board was first developed in 1967 and now 32 states participate in regional examinations.

Before 1950 there were only minimal research dollars spent in any dental school in the United States. In the year 1950 there was \$300,000.00 expended for dental research: this compares to over \$80 million spent in dental research in 1982. There is a disparity, however, because 10% of the schools receive 50% of the research dollars. Currently, there are over 350 Ph.D.'s on the faculty of dental schools, approximately 1 out of every 25 faculty members. There were 100 papers presented in 1950, before the American Association of Dental Research, compared to over 1400 papers presented in 1982.

We have gone from ignorance to understanding in a short 40 years. In 1982 we can look at significant curriculum changes that have resulted from outstanding research results that have occurred since 1966. In the previous era practitioners primarily influenced the curriculum along basic clinical guidelines. Today the scientific method is a vital partner in the curriculum with intellectually vibrant teachers and clinically competent clinicians. We have had thirty to forty years of a knowledge explosion and progress in such areas as: craniofacial disease, pain control, prevention and recognition of oral cancer and the marvelous advances in the behavioral sciences.

In twenty years we doubled the dental manpower. With the help of \$247 million from the federal government over 14 years, we remodeled thirteen dental schools and built 13 new dental schools. Over 60,000 dental students received federal loans and completed their education. We saw the growth of general practice residencies, TEAM Programs, dental auxiliary utilization programs and extramural sites to improve access to care for the aged, disadvantaged, homebound, and poor and the elderly. There have been dramatic breakthroughs in prevention. There is now agreement that dental decay is an infectious disease and that the cariogenic bacteria, as part of their energy metabolism, are capable of fermenting sugars and thereby producing organic acids, which in turn dissolve the tooth enamel. Animal experimentation continues

to explore the possibility of developing a vaccine against dental caries. Dramatic scientific contributions to dental medicine during the last 30 years have increased our understanding of the cause of pathology of periodontal diseases. The realization that the active pathogenic agent is bacterial in nature and that the control of these micro-organisms can be established through mechanical and/or chemical means opened the way to treatment methodologies that clearly established that periodontal disease is preventable and controllable.

We need to provide our dentists with the capability to compete ethically and with quality care in the marketplace.

The decay preventive effect of fluorides has produced statistical data demonstrating that optimal treatment with fluoride will reduce the prevalence of dental decay by 40% to 60%, however, the cumulative systemic and local effects of fluoride indicate a reduction close to 75%. Rampant decay is now rare in communities with water fluoridation, or in children who are the beneficiaries of systematized topical application of fluorides. Truly we have matured as a profession. Dental decay and periodontal disease, man's major dental diseases are now clearly controllable and essentially preventable. This fact, alone, will affect dental education enormously, as well as dental practice and the needs for specialties. The declining incidence of dental decay in children, for example, will reduce the need for pediatric dentistry as we know it today.

Changes for the Future—What Are They? Will They Help Us Find a Better Way? Doom and Gloom? No Way!

Biological research on new agents to control caries and periodontal disease will continue. The possibility of a caries vaccine is real. There will be wider application and implementation of fluoridation program and the control of plaque through the use of mouth rinses, lozenges, fluoride tablets, and sealants. Genetic

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engineering, as well as increased scientific knowledge will allow us to modify, and perhaps ultimately control some of the craniofacial diseases.

Improved methodologies and techniques, including psychiatric, behavioral and drug research, will continue to provide better methods of pain control. The recognition and treatment of oral cancers, coupled with early diagnosis and prevention will alter the course of these dreaded diseases. In the field of radiology, exposure to ionizing radiation will be reduced by technical improvements in x-rays and the development of alternative diagnostic techniques.

More attention will be paid to periodontal disease in the next two decades. People will become more aware of its importance and will learn more about the consequences of their daily oral hygiene practices. This will be necessary because the average life span will be longer, the birthrate will fall, and a greater proportion of the world population will be older individuals with periodontal needs. *These increased demands will add to the busyness of the profession and the health of the public.* There will be a change in the nature of operative procedures as improvements in composite filling materials continues. Increases in the use of enamel bonding and the real possibility of direct bonding to dentin will clearly have an impact on operative dentistry. Less time will be spent in drilling and more time in restoring. Reduced time devoted to operative dentistry procedures will allow the general practitioner to devote more time to periodontal disease. There is no doubt that the general practitioner will be doing more periodontal treatment and with less referral to specialists. This will be true, as well, for endodontic treatment, minor oral surgery and the simpler orthodontic problems. Educational institutions will have to concentrate more doctoral education in these disciplines and more continuing education programs for the profession.

Research will develop a more effective means of intercepting the periodontal disease process. Treatment will concentrate on the control of the causative organisms instead of surgical intervention and consequently it will be more successful, and acceptable.

The character of a dental practice in the 1980's and the 1990's will change as a result of many internal and external stimuli. Shifts in the age structure, location and socioeconomic characteristics of the American population will influence the practice of dentistry. The *aging* American population and its progressively slower rate of growth are important considerations. During the 1950's the population grew 18.5%, but because of a declining birthrate only 13.4% during the 1960's, and 11.4% during

Our profession has gone back into the people business, being visible, being available, sharing themselves and their knowledge with the community.

the 1970's. It is projected to increase only 10% in the 1980's and 7% in the 1990's. The mean age of the population changed from 28 years in 1970 to 30 years in 1980 and is projected to reach 35 years by the year 2000. Society's emphasis within the next 20 years will shift from the needs of the young to the concerns and the demands of Americans in the middle years and to the elderly. Because of improved health care and increased longevity the number of retirement age individuals doubled between 1950 and 1980. The over 65 population is projected to expand from 25 million in 1980 to 30 million in 1990, an increase of over 20%.

By 1990 virtually all of the baby boom children will be between 25 and 40 years old. This age group, traditionally the most productive, will increase from 58 million in 1980 to 78 million in 1990 and constitute over 30% of the population. The need for restorative care will shift from children to adults, as the incidence of caries will continue to decrease among children. Management of secondary caries and root caries will become increasingly important.

The thirty to forty year olds have the greatest number of decayed and filled teeth, and as this group continues to mature in the decade of the 1980's and 1990's they should constitute the largest market for replacement restorations, endodontics, periodontics and the orthodontics they avoided as teenagers.

These are exciting and monumental possibilities for adult and surgical orthodontics. Will we be prepared for it? Sustained use of multiple fluorides and increased application of sealants will further reduce the current caries rate. Reduction in complex restorations should result in fewer tooth fractures. However, as people retain more teeth, the older adults will experience a greater number of tooth fractures and will need more replacement restorations, more endodontics, periodontics and orthodontic care.

Recent third party publications have revealed that orthodontics is the fastest growing benefit requested by employees and implemented by employers, service corporations and insurance companies. The orthodontist of the next decade will be challenged and stimulated by more innovation and change than in the entire previous history of orthodontics. It will demand an orthodontist who is more occlusally sophisticated, and who has an increasing awareness of the periodontal implications of adult therapy. Orthodontics will be heavily involved in joint clinical treatment plans with oral surgeons, fixed prosthodontists and restorative dentists. Increases in mixed dentition treatment and even earlier treatment, with the advent of functional appliances will continue to increase the busyness of orthodontists.

Dental schools will increase their participation in multi-disciplinary treatment methodologies and expand training in oral medicine, enhancing the dentist's ability to diagnose a wider range of oral disorders. There will be redirection of the educational experience with greater emphasis on the education of a broadly competent general practitioner. The profession needs to phase out, merge, or redefine selected specialty areas, and decreases in dental specialty programs need to be implemented.

As the cost of a dental education continues to rise, students will be expected to bear a higher proportion of these costs. The current cost to educate one dental student for one year is \$24,500.00. These costs are absorbed by the institution and paid for either by University or State support, tuitions, endowments, gifts, or from clinic income. The total undergraduate educational costs to the individual who earns a D.D.S. Degree in 1982 ranged from

\$11,039.00 to \$98,836.00. The graduating debt level of students in 1981 was \$17,000.00 in the public schools and \$29,800.00 in private schools. Total scholarship funds awarded in 1981/ 82 were only \$167,424.00. Total loan funds awarded in 1981/82 was \$1,121,836.00.

Dental schools will seek alternate sources of financial support for teaching, research and scholarly activities because of the loss of federal and state support. Schools will reduce expenses by hiring more part time faculty and implementing more efficient use of faculty, facilities and staff thus reducing overhead costs. Dental school enrollments will decline and decrease in the 1980's. The future of our profession demands that constituent and component dental societies take an active role in assisting students in the decision making process. Students need the profession's input to be able to make decisions in the following areas: professionalism, marketing and alternate delivery systems.

There needs to be a joint effort between the organized profession and the dental schools in career counselling. Bright young students need to be identified and motivated to seek dentistry as a career. It is in our interest to recommend to our best and most talented young students that dentistry is an outstanding career and offers great opportunity for service to mankind and personal happiness. The dental office is the front line of recruitment. The profession must take an active role in career counselling; by participating in career days, role modeling in dental offices and by identifying and motivating bright young high school students to seek dentistry as a career.

The recruitment of qualified students to the dental profession has to be the concern of the entire profession, not just the educational community. The current interest of high school students is being directed toward computer science, engineering and business administration. The high cost of dental education and the more immediate return on the educational investment in these fields has continued to reduce the applicant pool for dentistry. From 1975 to 1983 there has been a 54% decrease in the applicant pool. There were 15,000 applicants for

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dental schools in 1975 and only 7,000 in 1983. The recruitment of quality students must involve the entire profession.

It should also be noted that there will be a decrease in graduates from dental schools in the near future as we examine first year class enrollments. In 1978/79 there were 6,301 first year students enrolled in the nation's dental schools, but in 1983 there were 5,257 first year students enrolled in dental schools. It is interesting to note that the 1983 first year class of 5,257 compares to the 5,337 students enrolled in first year classes in 1972/73.

The American Dental Association and constituent and component dental societies need to be visible at dental schools; facilitate an identity between the dental student and the organized profession and involve students in organized dentistry's activities. If the profession is to continue to grow it needs to attract the very best dental students and provide the facilities and the faculty for innovative and progressive research.

Too often the profession has looked for someone else to do the job. We need to "light the fire" under every dentist in this country that they need to support scholarship and endowment programs for dental schools. Alumni must be made to realize that they paid only a small portion of the costs of their education. Alumni support will be the keystone for survival or continued excellence of many dental schools. A dentist is a dental student for four years, but an alumnus for the rest of his or her life.

The profession must take an active role in placement programs for young graduates. Our professional colleagues must provide associateship programs so that opportunities can be developed for young practitioners to earn a living and continue to grow professionally. Our young practitioners need an alternative within the private practice system to the entrepreneurial activities that they are currently being offered.

Intensive and organized recruitment programs are essential to convince young graduates that they must be members of organized dentistry.

Compared with real growth in the economy, the average dentist's net income will experience only a modest rate of growth through the end of the century. Advertising will continue to influence the public's perception. Changes in the modes and settings of practice will require adjustment by dentists and professional dental organizations. The majority of care will continue to be provided through the traditional private practice mode, but alternative delivery modes and settings will increase. General practitioners will expand their practices to include procedures previously performed by specialists. Group practices will continue to flourish and more independent groups of two or more separate practices sharing the same facilities will develop. However, in my opinion, solo fee for service private practice has a promising future and will continue to be the *cornerstone* of the private practice system.

The future of IPA's, preferred provider and exclusive provider organizations will remain unclear as their ability to compete remains untested. Corporations will continue to experiment with providing care directly to their employees. Retail store dentistry will grow slowly, but their future will depend upon their productivity. We need to assess, design and be in the avant garde of alternate delivery modes. We cannot let others do it for us. It is not in the public interest. Preferred providers, exclusive providers, individual practice associations, and service corporations need our priority attention – we need to provide our dentists with the capability to compete ethically and with quality care in the marketplace.

Significant issues that will need our dynamic energies include freedom of choice legislation, waiver of copayment, preferred provider and exclusive provider organizations, procompetition, tax cap, or tax on health insurance premium type legislation, FTC power, experimental programs and inadequate health care funding, especially for state programs. We need to strengthen our contact alliance for initiative and referendum legislation that is not in the profession's or the public's interest. We need to maintain our legislative initiative and strategic planning to alter, modify or develop legislation on those significant issues that could destroy or reduce the quality of health care. We need to maintain our

formidable and successful contacts with legislators, legislatures and legislative committees, but, we cannot rest on our laurels – we need to continue to monitor the vital signs.

Demands for independent practice by hygienists and denturists will increase. In response to decreasing net income and attempts by dentists to reduce their overhead, the traditional role of auxiliaries will expand. New specialty areas will not be recognized or developed. The behavioral and psychological aspects of dental treatment will play an increasingly important role in patient management and motivation, and there will be an increased emphasis on the training of dentists and dental students to develop strong interpersonal skills.

The challenge for our profession in the 1980's and the 1990's will be to find a better way.

Oral health will be considered a part of overall general health. Dentistry will slowly evolve toward medicine with a heavier emphasis on prevention and the use of auxiliaries.

The need to market the profession to reduce the barriers to care will increase. California has set the example for the rest of the country. California's marketing and institutional advertising programs has helped turn the corner of last year's busyness problem. The impact of the marketing program goes far beyond paid advertising. The true impact is on the dentist and his or her staff and their own potential for marketing their services. Our profession has gone back into the people business, being visible, being available, sharing themselves and their knowledge with the community. The television, the billboards, the public service announcements, the health fairs, the school screenings, the communication marketing seminars, all renewed and rekindled our enthusiasm for our practices and our profession. We need to continue to influence the marketplace. If I had my way, we would allocate \$1,000.00 per year, per member, for marketing. We must increase

need to demand – provide access to care for the handicapped, the aged and the disadvantaged – we need to influence all aspects of the prepayment market, especially demand.

More than 5,000 years ago a Sumerian found a better way. He invented the wheel, perhaps the world's greatest single technological achievement. Since then, millions of individuals – some celebrated and some unknown, some by design and some by accident have found a better way. Thomas Edison found a better way: the incandescent lamp. Henry Ford: the mass produced automobile. Alexander Graham Bell: the telephone. Elisha Otis: the power elevator.

The desire and the motivation to find a better way are an integral part of human nature. We Americans are especially known for our Yankee ingenuity. We are a nation constantly striving to find – and sometimes obsessed with finding a better way to do our jobs – to teach our children – to refine our goods – to sell our products – to interact with people – to maintain our health – to sell our skills and to stretch our endurance. The challenge for our profession in the 1980's and the 1990's will be to find a better way. A better way to market our profession, a better way to reduce barriers to care, a better way to fund education, student aid, and research, a better way to increase dental health care awareness and the dental health of all of our citizens. We need to continue to reach out for high technology and quality education and research – for innovation which has been the source of our wealth and for standards and quality of care which have made our profession the envy of the rest of the world. Our profession will not restrict tomorrow's range of choices and will not dilute its capacity to solve tomorrow's problems. I am convinced we will pay the price in dollars, time and leadership and we will find a better way.

But, first we need to renew our faith in ourselves and in our profession. Walter Cronkite appeared in San Francisco, before the Commonwealth Club, several months ago, and stated: "More than a century ago Walt Whitman wrote a poem about his country that began – I hear America singing – it has been a long while since any one claimed to hear America singing. There is a noise in the land, but it is made,

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mainly, by Americans blaming each other for the mess we are in. As the decibel level rises, our confidence in ourselves and in our institutions falter. But, what I want to say is – *shut up for a minute*. Listen carefully and quietly for a while; you can still make out America singing, although the sound may be a little faint. The tune is there, and the spirit and the purpose are still there. This nation, groaning economically with unemployment, in a monstrous unprecedented deficit, nevertheless, puts out an annual product worth almost three trillion dollars. The gross national product of the next greatest economy is only 55% of that. Our national image has, indeed, been tarnished in recent years, but nobody is trying to crash the gates of the third world these days. A barbed wire around the Warsaw Pact is not there to keep immigrants out. America remains the beacon of liberty, the hope and model for most of those able to exercise any choice, at all. About half of the world's people enjoy no freedom at all; no political and civil rights, nor economic freedom. During the lifetime of most of us, we have been swept in four simultaneous eras, any one of which could be enough to reshape our world. We have been present at the birth of the nuclear age, the computer age, the space age, and the petro-chemical age. It is a great plunging river of change, unlike anything that we have encountered before. We are living today, through a technological revolution, potentially more profound, socially, politically and economically than the industrial revolution. We have scarcely begun to identify its implications and adapt our institutions to cope. We can get this country moving with a full head of steam again, if we junk the partisan distinctions of the past, and look at our problems with a kind of principle pragmatism that this nation's founders had to employ. We have the wherewithal, all we need is the will. It has been a while since anyone has claimed to hear American singing, but they knew something that we seemed to have forgotten: to hear the music, you also have to sing along." During the last forty years we have seen great advances in our profession. We have been "singing along" – listen to the tune! Through scientific research, we have been able to realize how to care for and essentially prevent man's major dental diseases. We have gone from ignorance to understanding in

periodontal disease and dental decay and we have advanced dramatically in terms of the comprehensive care we are now able to offer each patient. Although the 1980's will undoubtedly bring periods of retrenchment, this decade also promises the opportunity to use our knowledge, experience, and understanding in new and innovative ways, but we need to "sing along". Perhaps one of the greatest things that will happen to our profession will be the reduction of the restorative needs of our patients, by fluoridation and preventive dentistry techniques. Dentistry's future will be in periodontics, functional occlusion, oral pathology, chronic pain modalities, temporomandibular joint dysfunction, implantology, oral medicine, genetic engineering, behavioral sciences, care for the handicapped, care for the aged and disadvantaged, and preventive, functional and adult orthodontics. When these eventualities fully hit the profession, the horizons for service to mankind will be opened remarkably, and the opportunities for personal satisfaction and a sense of accomplishment will truly reflect what it means to be part of a learned profession – a doctor. This is an exciting time for our profession – it is a time of change and challenges. We should welcome change and savor the challenges, because they open up opportunities to shape the future of a great profession. Dentistry's future is brighter than ever, and in another 40 years we will look back and reflect that the decades of the 1980's and 1990's were unsurpassed in the development of the dental professor.

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What do you see on the horizon for the ACD and the profession?

Our Board, Section Leaders, and Fellows are represented below, but what do you think?

“As we look beyond 2023, the College and Foundation are financially stable with ample reserves, weathering well the current market’s volatility. Our former office in Gaithersburg was sold last fall in a real estate market that was not favorable for office space. Our existing projects continue to be fully funded, and new ones have been taken on such as an update of the Ethics Handbook and planning for an ethics summit on interprofessionalism.

The ACD and ACDF voluntarily undergo an audit each year, and the 2022 audit is underway. We have strengthened our internal controls and adopted updated accounting best practices, with our accounting now performed by an external organization. We have also started the strategic planning process, with Fellows both on and off the Board dreaming big and looking to the future of the profession and the College. This process will help us create a profile for our next Executive Director and aid the search committee, chaired by Dr. Bob Faiella, in selecting a new Executive Director. Although these are activities and projects happening now, led by current Fellows, they are bigger than any one person or group of people—together we are laying the foundation for advancing our mission well into the future.”

– **Robert M. Lamb**
ACD President

What do you see on the horizon for the ACD and the profession?

“What an exciting time for dentistry, dental professionals, and the patients we serve! We are emerging from the pandemic with a deeper appreciation for the importance of oral health to overall health and wellness. Emerging technologies including Augmented Intelligence will continue to help dentists and team members deliver more precise and consistent care to their patients. And the definition of medically necessary services has been broadened and Medicare can pay for dental services under various clinical scenarios including surgical procedures like cardiac valve replacement, organ transplants and cancer treatments. This is a vital step toward integrating oral health into whole-body health.”

– **Terri Dolan**

ACD President-elect

“As we look forward to 2023, we are still experiencing effects from the pandemic. We will carry on to manage inflation, dwindling insurance reimbursements, supply chain delays, and staffing difficulties.

It is critical we continue to instill ethics and professionalism especially in our younger, newer colleagues. Much too often I find that they have not been exposed to such high ideals as those of the College.

The ACD will model leadership behaviors to inspire them to navigate thru these challenging times.”

– **George Stratigopoulos**

Past Regent, Regency 7

“Staying relevant and influential in the world of dentistry today is important. The ACD continues to do its due diligence, and has renewed efforts to keep ethics and leadership as a critical part of the entire dental profession.”

– **Joseph Crowley**

At Large Regent,
Past President of the American Dental Association

“The profession of dentistry is at a critical juncture (technological advancements, varying practice modalities, continual opening of new dental schools, nearly overwhelming escalating cost of dental education, Medicare and Medicaid dental benefit inclusion and/or expansion, acknowledgment of systemic racism in health care, etc). ACD has a true and rare opportunity to serve as a guiding light for not only dentistry, but for many of our colleagues and sister organizations healthcare professions wide. My hope is that we continue to answer the higher call of ethically leading the way, and being at the forefront of practice centering patient wellbeing and community trust.”

– **Carlos Smith**

President-Elect American Society of Dental Ethics,
Associate Professor, Department of Dental Public Health
and Policy & Director Diversity, Equity and Inclusion,
Director of Ethics Curriculum, VCU School of Dentistry,
Member of the eJACD Editorial Board

What do you see on the horizon for the ACD and the profession?

“The National Dental Care Plan’s implementation in Canada coincides with major international healthcare reforms that seek to have Oral Health services (especially Tele Dental Medicine), integrate Universal Health Programs for greater accessibility by healthcare providers and patients alike. Its beneficial outcome, among others, is its potential to connect worldwide open-source multi-disciplinary healthcare AI driven Practice Based Research/Learning platforms, thereby proactively supporting the evolution of Dentistry in the digital era. Regulatory licensing bodies, Dental Orders and Colleges, ought to lead the profession in this direction by working in synergy with all e-Health contributors, including the industry. To this end, ACD is encouraged to continue to lead by prioritizing its ongoing consultations with all Oral Health stakeholders, including Patient Advocacy Groups.”

– **Hubert Gaucher**

ACD Quebec Section Chair

“It is always a good thing to pause and reflect.
Please excuse us while we pause and reflect.”

– **L. Frank Baum**, *The Marvelous Land of Oz*

“We cannot be so self-important to think it’s about what we see out there, what does the audience see out there.”

– **Steven Chan**

Past President of the College

CALL FOR PAPERS

Ethical and Professionalism Issues in Augmented/Artificial Intelligence in Dentistry and Related Professions



Submission deadline: September 1, 2023

Expected publication: November/December 2023

Guest Editor

Michael McCarthy, PhD, HEC-C

BACKGROUND

The Journal of the American College of Dentists is a scholarly publication presenting proactive and informative perspectives on issues affecting the dental profession and society. The Journal has been published since 1934, and its first editor was Dr. William John Gies. We invite submissions for this issue of the journal focused on issues of ethics and professionalism in the development and use of AU/AI in dentistry and related professions.

SUBMISSION DETAILS

Submissions to this call should address ethical and professionalism issues raised by the development and/or use of AU/AI in dentistry and related health professions. Potential topics of interest include, but are not limited to: Research ethics questions related to the development of AU/AI tools for diagnostics; the potential for bias in the development and use of AU/AI tools; how or whether to integrate AU/AI into dental education; ethical best practices for integrating AU/AI into practice; and health literacy of patients the value of interprofessionalism in developing and applying AU/AI.

Only full-length manuscripts will be considered. All submissions will be peer-reviewed and therefore, not all submissions will be accepted.

Papers should be submitted to suzan@acd.org.

Please put "Ethics & Professionalism in AU/AI" in the subject line.



ACD

American College of Dentists