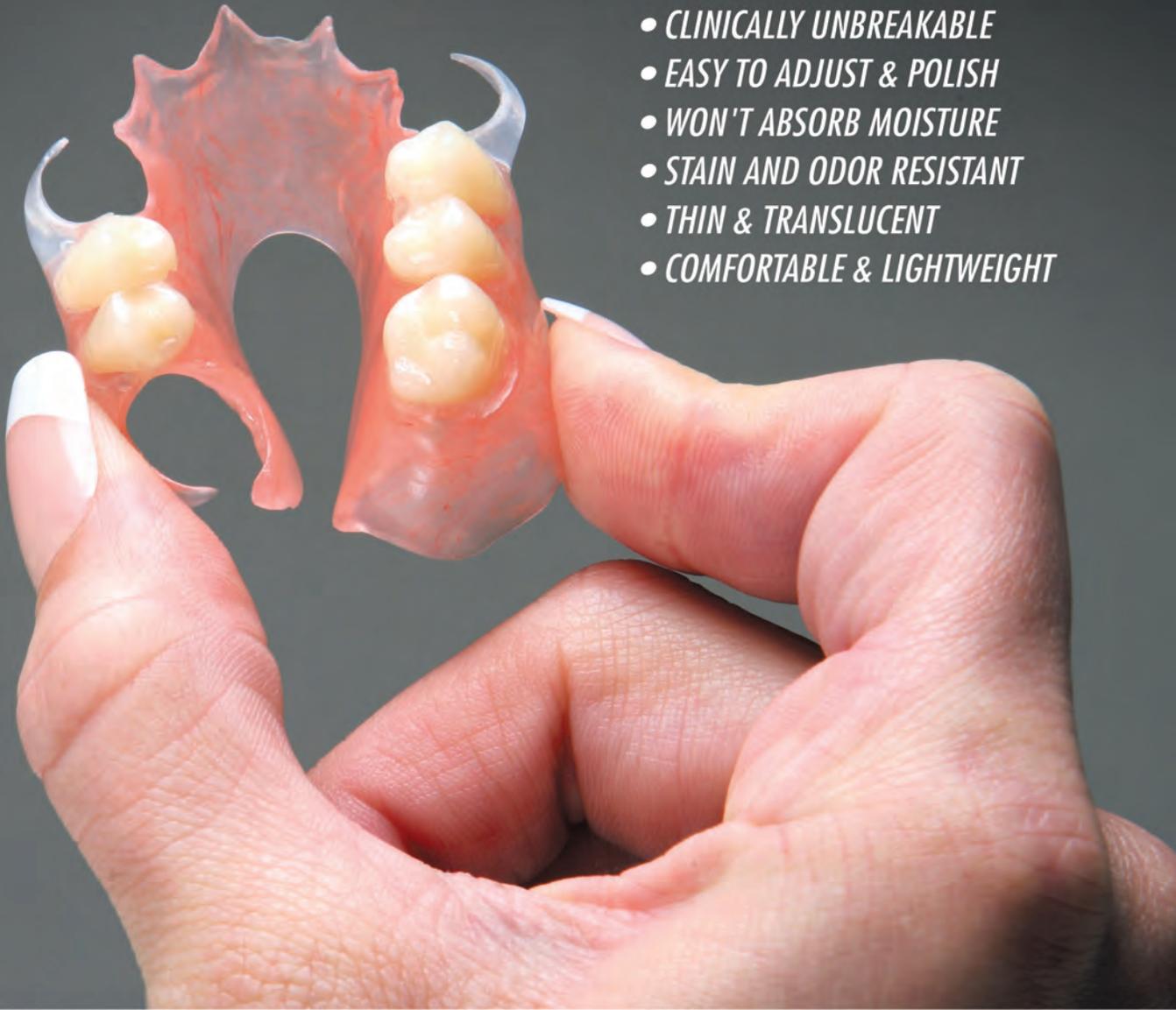


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Membership Matters

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Membership Matters is an official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.



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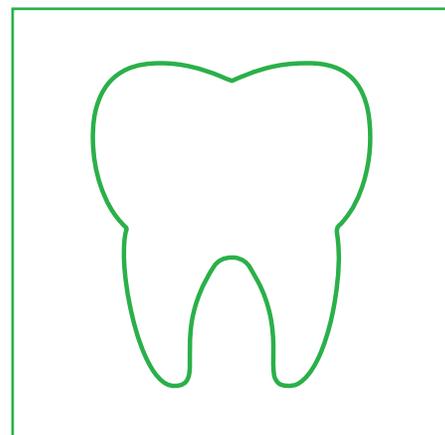
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Really Does Matter**

**Membership in
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New Members *Apply Here*



By Barry J. Taylor,
DMD, FAGD,
FACD, CDE

Editor,
Membership Matters

barrytaylor1016@
gmail.com

OUR OREGON DENTAL ASSOCIATION IS NOT MUCH DIFFERENT than our dental office seeking new patients when it comes to recruiting new members. Just as our practices need a constant flow of new patients to sustain our practice, the ODA needs new members every year to maintain our market share of dentists who are tripartite members. Why is this important? Because one of the greatest strengths our Association has is the advocacy we do in Salem and beyond. It is commonly stated because it is true—it looks better to go to

Salem representing 70% of the dentists in Oregon versus representing less than 50%. As ODA President-Elect Dr. Bruce Burton states, “If you believe that the dental profession is better served by having one united voice, then you want your friends to be part of Team ODA. The ODA is working hard to be the voice that represents all types of dentists and that can only happen when we listen to all the players. Help us be the strongest team possible by encouraging membership.”

Last year, the ODA was one of only a handful of states that saw an increase in market share. So in addition to the one-to-one contact from members to recruit new doctors, the ODA has also made a significant year-end effort for recruitment.

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Just like our office, the best source of new members is personal referrals. Every year in November a great friend, and colleague, makes the same statement and asks me the same question, “I don’t think I am going to renew my ODA membership this year. Why should I?” Every year, I give him the same response, “Well, in addition to an amazing monthly magazine, the ODA also does so much advocacy for us in Salem.” The key point here isn’t the reason that I gave him to join, but that the best recruitment is that one-to-one personal contact with a friend and colleague.

As important as the ODA’s advocacy is, there are many other reasons to join—education, practice support, endorsed programs, and more. Sometimes I need to reflect on the benefits of membership (writing monthly an editorial is not a “benefit”). There is the JADA journal which provides you with a good barometer of the current standard of care. There is the ADA’s evidence based dentistry website (ebd.ada.org) which I occasionally visit to find articles and search their database of systemic reviews. There is, of course, the Oregon Dental Conference which is discounted significantly if you are a member. The ODA has also made a significant effort in developing new, member-only benefits and programs designed to support you, your patients and your practice setting, wherever that may be. You can find more details on these programs in our Membership Feature—“Membership Really Does Matter” on page 18 of this issue. Personally, the main reason I have stayed involved in the Association is for the collegiality.

Over the past few years, the ODA has seen an increase in membership. Last year, the ODA was one of only

a handful of states that saw an increase in market share. I asked Kristen Andrews, ODA’s Membership Manager, what membership recruitment programs the ODA has established to educate non-members on the benefits of membership. She shared with me the multipronged approach of the most recent membership recruitment program.

It will take the effort and work of both the ODA staff and us members to continue to engage our colleagues and bring others into the fold. It is for the benefit of all of us. As most of the advocacy in Salem is done on behalf of our patients, it is of benefit to our patients to be a strong Association. Advocacy for our patients is also something that every dentist, no matter what their practice model is, should care about. ODA President Dr. Gregg Jones remarks, “We are the human connection who gives service, advocacy, and benefits to all levels of our proud profession.” ●

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Board Highlights

Saturday, November 5, 2016

- ▶ Mr. Ken Allen, Ms. Jill Eberwein, and Dr. Jay Lamb were appointed to a four-year term on the Moda Board of Directors.
- ▶ The Board designated fund policy was updated with a target of 50% of the annual operating budget.
- ▶ Dr. Ilkyu Lee was appointed at the ODA Speaker of the House.
- ▶ ADABEI AHI Travel and ADABEI Lenovo Computers were approved as ODA endorsed programs.
- ▶ ODA's 2017 House of Delegates will be held November 10–11, at the DoubleTree in Portland.

Welcome *New ODA Members!*

Benjamin Bogdan, DMD
Washington County Dental Society

Todd C. Carris, DMD
Multnomah Dental Society

Jev Clark, DMD, MD
Marion and Polk Dental Society

Katherine Cook, DDS
Clackamas County Dental Society

Kyle Crawshaw, DMD
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Colin Graser, DMD
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Bradley Hagedorn, DMD
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Min Han, DDS
Lane County Dental Society

Cheryl Hansen, DDS
Washington County Dental Society

Seth Hinckley, DMD
Southwestern Oregon Dental Society

Ryan Hunt, DMD
Yamhill County Dental Society

Dieu Hien Huynh, DMD
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Hyo Lee, DMD
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Susan Park, DDS
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Robin R. Piatt, DMD
Mid-Columbia Dental Society

Michael Plunkett, DDS
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Jessica Ross, DMD
Clatsop County Dental Society

Seth V. Senestraro, DDS
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Events & Education

Provided by Mehdi Salari, DMD

JANUARY 2017

18	Continuing Ed., 2 Hours	"Nerve Damage Following Extractions" Presented by Dr. Daniel Petrisor	@ Portland (OHSU SOD)	www.multnomahdental.org or lora@multnomahdental.org
19	Continuing Ed., 1.5 Hrs	"CT Imaging" Presented by Shawneen Gonzalez, DDS, MS	@ Bend (Riverhouse)	www.centraloregondental society.org
24	Continuing Ed., 1.5 Hours	"Oral Cancer" Presented by Dr. Daniel Petrisor	Oregon City @ (Providence Willamette Fall Comm. Center)	executivedirector@ clackamasdental.com
27	Continuing Ed., 4 Hours	"Hot Topics in Emergency Medicine (Medical Emergencies)" Presented by Mary Ann Vaughan Kent Wadsworth	@ Eugene (Lane Community College)	www.lanedentalsociety.org office@lanedentalsociety.org

FEBRUARY 2017

14	Continuing Ed., 1.5 Hours	Periodontics: Soft Tissue Grafts & Frenectomies Presented by Dr. Mahdad Nasirri	@ West Salem (Roth's)	Contact Sabrina H. mpdentalce@qwestoffice.net
16	Continuing Ed., 2 Hours	New Dentist Symposium Presented by Dr. John Rosenthal, Chris Verbiest, Jess Bogumil, CPA	@ Milwaukie (Moda Plaza)	www.multnomahdental.org or lora@multnomahdental.org
22	Continuing Ed., 2 Hours	TMD From a Physical Therapist's POV Presented by Sarah Stuhr, RPT	@ Milwaukie (Moda Plaza)	www.multnomahdental.org or lora@multnomahdental.org
28	Continuing Ed., 3 Hours	Medical Emergencies & Nitrous Oxide Presented by Dr. Brian Humble	@ Oregon City (Providence Willamette Fall Comm. Center)	executivedirector@ clackamasdental.com

MARCH 2017

10	Board of Trustees Meeting		@ Wilsonville , Oregon	
14	Dental Day		@ Oregon State Capitol (900 Court St NE, Salem)	
14	Continuing Ed., 1.5 Hours	Obstructive Sleep Apnea: Recognition & Treatment Algorithms for Dental and Surgical Teams Presented by Pamela Huges, DDS (OHSU)	@ West Salem (Roth's)	Contact Sabrina H. mpdentalce@qwestoffice.net
15	Continuing Ed., 2 Hours	Sleep Apnea Presented by Dr. Patrick Hagerty & Dr Pamela Huges	@ Portland (OHSU SOD)	www.multnomahdental.org or lora@multnomahdental.org
21	Continuing Ed., 1.5 Hours	Practice Transition Presented by CJ Williams	@ Oregon City (Providence Willamette Fall Comm. Center)	executivedirector@ clackamasdental.com

APRIL 2017

6-8	Oregon Dental Conference		@ Oregon Convention Center (Portland, Oregon)	www.oregondental conference.org
25	Continuing Ed., 1.5 Hours	Ceramics Presented by Derrick Luksch	@ Oregon City (Providence Willamette Fall Comm. Center)	executivedirector@ clackamasdental.com

Events are subject to change. Please consult the sponsoring group to confirm details. To add your component's continuing education event, please email bendsalari@gmail.com. Please send all other events to Cassie, cleone@oregondental.org.



Join the Molar Movement

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*ODA Member and Trustee
Kenneth L. Chung, DDS,
MPH brings the Molar
Movement to San Francisco.*

For more information, or to email your photo to us, contact ODA Membership Manager Kristen Andrews at 503-218-2010 x110 or kandrews@oregondental.org.



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There are far more endorsed programs than what can be listed on this page. Moda Health offerings (BenefitHelp Solutions, DMC/DAISY, DBIC), OHSU Sterilizer Monitoring Service, additional co-endorsed offerings through the ADA, such as CareCredit, Mercedes-Benz, SurePayroll, UPS, and Whirlpool to name a few, can be found on the ODA website. 📍

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Marijuana *Its Effects on Anesthesia*

Lori Lambright, Coordinator, Member Compliance reached out to Marcus Watt, Executive Director with the Oregon Board of Pharmacy, with a question from an ODA member:

Q With the legalized use of marijuana in Oregon, do we know the affects this drug might have on anesthesia?

A It's kind of difficult to answer this as there has been very limited research into the drug interactions of marijuana because of its Schedule 1 controlled substance status with the DEA.

From those I've spoken to, it doesn't appear marijuana would interact with the typical local anesthetic used to numb the surgical area. But it could have a significant impact if they are administering nitrous oxide, benzodiazepines, or prescribing opioid or other drugs to manage pain (post-surgical hydrocodone or oxycodone). Marijuana affects the central nervous system, respiratory system, and the cardiovascular system and should be avoided at least 72 hours prior to having anesthesia administered. 🗣️

The views and opinions expressed in this article are those of Marcus Watt and do not necessarily reflect official policy. For more information, contact the Oregon Board of Pharmacy at 971-673-0001 or www.oregon.gov/pharmacy/Pages/index.aspx.



By Lori Lambright

ODA Member
Compliance Coordinator

503-218-2010, x104
llambright@oregondental.org

This column is intended to help you to be better informed of the **rules** and **regulations** that are required of running a dental practice in Oregon.



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Dr. Daniel Saucy Epitomizes ODA Advocacy in Action

AFTER SERVING TWO TERMS as chair of the ODA Government Relations Council (GRC), and as an ex officio member of the Dentists of Oregon Political Action Committee (DOPAC), Dr. Daniel Saucy's term concluded in December. For many more years than that, Dr. Saucy, who practices in Salem, has been a tireless advocate for Oregon dentists, dental students, and patients.

Recently Saucy has been honored for his many contributions as a volunteer leader, including at the 2016 ODA House of Delegates, and at his last meeting as chair of the ODA GRC. His efforts to build legislative relationships and voice on oral health issues have benefited all ODA members. 🍷



Dr. Daniel Saucy receives ODA Life Membership from the Marion-Polk Dental Society Vice-President Kaitelyn Nichols, Fall 2016.

Save the Date!

ODA House of Delegates

Nov. 10–11, 2017
Double Tree
by Hilton Hotel,
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The Oregon Dental Association benefits from a robust and dedicated volunteer infrastructure that sustains the activities of the organization. As ambassadors for the Association, our volunteer leaders are essential to our sustainability and growth.

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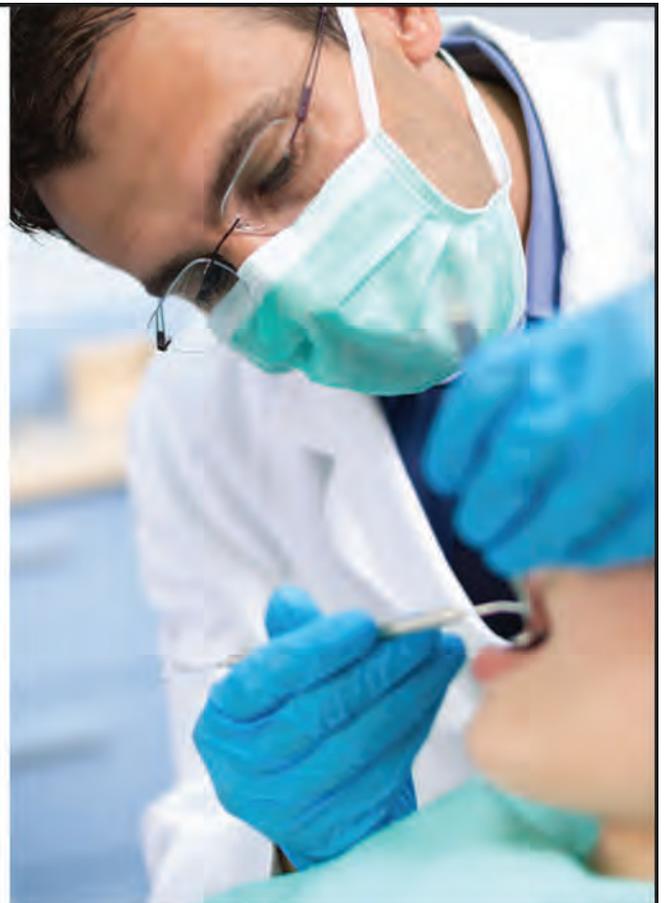
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THROUGH THE LOUPES



ODA volunteers give countless hours, contributing their expertise to help better the ODA, the community, and the profession of dentistry.

Eric Dierks, MD, DMD



ORMOM Volunteer



Specialist



Educator

What three accomplishments, personal and/or professional, are you most proud of?

I have two wonderful grown children: Louise, a successful realtor in southern New Jersey, and Gregor who is currently in grad school preparing to apply to medical school, so these are numbers one and two. Despite the fact that the practice of medicine has defined the majority of my career, my third greatest accomplishment has to be my 2014 Award of Fellowship in the American College of Dentists (FACD). To be so recognized by my dental colleagues is an estimable honor—one that I greatly appreciate and never expected.

From your perspective, what have been the Association's great achievements during your membership?

The ODA achievement that stands out in my mind was the Mission of Mercy. This was a huge undertaking for the ODA, especially the first MOM in 2010, and the ODA staff members worked both tirelessly and from their hearts. What a great experience that was for each and every dentist that gave their time and their skills to help the dentally underserved members of our community! I served as the "Lead" for oral surgery in the first and second MOMs that were held in Portland, and later shared that role with Erik Richmond and with Allen Cheng in subsequent MOMs. As the "Lead," we were there from pre-dawn to after the close of the clinic for each day of the program. It was exhausting yet exhilarating and was a life experience not to be forgotten. The collegiality with other dedicated ODA members and staff was priceless.

What do you foresee for the profession of dentistry in the next 10 years?

The explosion of technology into all aspects of the human experience has certainly not missed dentistry. The technological aspects of dentistry will expand exponentially in the next ten years and will become an even greater component of dental education and practice. As doctors of Dental Medicine/Surgery, we must guard against allowing the exciting technology itself to define the dental care of the living, breathing patients who seek our care. As doctors of our field, it is up to us to establish a diagnosis and then put all the pieces of the treatment plan puzzle together on behalf of the patient. We must use technology just as we would a #15 scalpel, a Wedelstaedt chisel, or any other instrument and resist the temptation to relegate our roles to that of technicians.

What would your colleagues be surprised to learn about you?

During dental school, I placed third (in the money!) in the first—and last—automobile race of my career. As I recall, I won \$45.

What drew you to the profession of dentistry? Did you pursue another avenue prior?

Since high school, I have always been interested in automotive technology. By my sophomore year in college I was working as a mechanic in a mostly German car shop in Louisville, Kentucky and took classes in the night school program at that university. In the back of my mind I always thought I would eventually end

up in a technical career with one of the German automotive companies. That year I narrowly avoided being drafted into the Army right out of my college classroom during the height of the Vietnam War. I recognized the need to sharpen my career focus or I would again be draft-eligible upon college graduation. It's hard for today's generation to understand what a profound effect the military draft had on young males during that era. My beloved grandfather had been a dentist in rural Ohio so I set my sights on dentistry, which also provided me a draft deferment.

What is the most valuable thing you did to enhance your career?

I made the conscious decision early in my career to pursue interesting and challenging areas of surgery rather than those that were more highly remunerative. My decision to return to the University of Louisville to attend medical school after my oral-maxillofacial residency was the first of those choices. Following medical school graduation, my decision to obtain full training in ENT/head and neck surgery at Parkland Hospital in Texas was the second. There have been many more such choices since then and ironically, the compensation aspect of my career seems to have taken care of itself. Throughout my career I have awakened early each morning without an alarm clock, eager to face the challenges of the day. If you follow your passion, you will be rewarded at multiple levels. 🎯



Marijuana Usage and Oral Health

By Barry J. Taylor, DMD, FAGD, FACD, CDE

YOUR OPINION AND KNOWLEDGE OF MARIJUANA (CANNABIS) USAGE

is most likely based on anecdotal stories and personal observation. In good part, this was due to the fact that it was an illegal drug until recently and it still remains a Schedule I drug as categorized by the FDA. Despite it being the number one used recreation drug in the United States,¹ there is limited evidence and studies in regards to marijuana usage and oral health.

Recreational use of marijuana is now legal in eight states, Washington DC, and another 21 states have approved the legal use of medical marijuana. In addition to these 29 states, there are 15 states that allow the medical use of marijuana which has a high concentration of cannabidiols (CBD) which are not psychoactive and low in tetrahydrocannabinol (THC) which is psychoactive and gives the user the high. A recent Gallop poll indicated that 60% of the public supported legalizing marijuana although the poll did not stipulate between recreational or medical use. The trend of usage is also increasing. In the past three years, the number of adults who use marijuana has nearly doubled from 7% to 13%. In the age cohort younger than 25, the usage rate is closer to 20%.

There is extensive research on tobacco usage and alcohol usage in regards to how it affects our patients' oral health. With marijuana usage, much of our evidence-based knowledge has to be extrapolated from the limited published studies that there are. A search on Medline reveals only 214 papers for

“marijuana and oral health;” less than 60 address caries or periodontal disease. Confounding the difficulty is finding a population that only uses marijuana and does not use alcohol or tobacco so that the direct effect of marijuana is able to be studied. Also complicating matters is finding a population that uses it on a daily basis and not just occasionally.

When we discuss marijuana, it should also be noted that some effects caused by cannabis are from the non-psychoactive CBDs of which there are 104 identified. In addition there are flavonoids, terpenes, fatty acids, and other chemicals which have potential medicinal use.² We do have two endogenous receptors in our own bodies for CBDs. So what does the evidence tell us about how marijuana use effects oral health?

As one would suspect, the caries rate in marijuana users does appear to be higher in people that use the drug. This appears to be due to the fact that marijuana users have poor oral healthcare, have a higher plaque score, and have greater inflammation of gingival tissue.^{3,4} This likely can also be attributed to short term hyposalivation due to the fact that marijuana does cause xerostomia. Some evidence suggests that this hyposalivation decreases over time as an individual builds up tolerance for the drug. Marijuana is also an appetite stimulant and users have shown to have a much higher rate of sugar consumption via food and beverage after smoking marijuana.⁵

For periodontal disease, the story is a bit more complicated because there is evidence that maybe some CBDs have the potential to be anti-inflammatory⁶ and may help limit bone resorption.⁷ THC on the other hand may be pro-inflammatory.⁸ There is not a consensus as to what is the direct effect that marijuana has on periodontal disease. More recent studies have shown that users do have a higher incidence of periodontal disease when compared to non-users. A large study from New Zealand monitoring many health issues was recently published. The study followed a cohort over a 20 year span measuring many common general health issues. Participants were observed at age 18, 21, 26, 32, and 38 years. Of the 11 health issues monitored, only periodontal disease was the health issue that had a statistical difference in marijuana users. Unlike the incidence of caries in marijuana users which is attributed to poor diet and a lack of good oral health care, the case for periodontal disease is more complex.

1. National Institute on Drug Abuse
2. Gould, Julie, *Nature* 525;S2-S3 (24 Sept. 2015)
3. Ditmyer M; Demopoulos C; McClain M; Dounis G; Mobley C., The effect of tobacco and marijuana use on dental health status in Nevada adolescents: a trend analysis. *J Adolesc Health.* 52(5):641-8, 2013 May.
4. Darling MR, Arendorf TM. Review of the effects of cannabis smoking on oral health. *Int Dent J* 1992;42:19-22.
5. Schulz-Katterbach M1, Imfeld T, Imfeld C., Cannabis and caries—does regular cannabis use increase the risk of caries in cigarette smokers?, *Schweiz Monatsschr Zahnmed.* 2009;119(6):576-83. (abstract)
6. Liu WM, Fowler DW, Dalgleish AG. *Curr Clin Pharmacol.* 2010 Nov;5(4):281-7. Review
7. Napimoga et al, Cannabidiol decreases bone resorption by inhibiting RANK/RANKL expression and pro-inflammatory cytokines during experimental periodontitis in rats. *Int Immunopharmacol.* 2009 Feb;9(2):216-22.
8. Sacerdote 2015, Freidman 2013, Versteeg 2008, Meier 2016

Recreational use of marijuana is now legal in eight states, Washington DC, and another 21 states have approved the legal use of medical marijuana.

One concern in regards to marijuana use and oral soft tissue is that “cannabis has a higher combustion temperature than tobacco and therefore, one would expect that a user is at greater risk of thermal injuries to the oral soft tissues.”¹²

As dentists, we are of course concerned if marijuana smokers have a higher rate of oral cancer or damage to the oral soft tissue. Marijuana does contain many of the same carcinogens as cigarettes such as hydrocarbons, benzopyrene, and nitrosamines.¹⁰ There is also evidence that the quantity of tar inhaled is greater than in cigarettes. However, the evidence appears to be that when tobacco is accounted for in studies there is not any increase in the incidence of oral cancer in regular users.¹¹ There is however a higher incidence of leukoedema and candida amongst regular users of marijuana. As with all oral health issues discussed, there are other factors as well such as genetics, tobacco, and alcohol use among regular users. One concern in regards to marijuana use and oral soft tissue is that “cannabis has a higher combustion temperature than tobacco and therefore, one would expect that a user is at greater risk of thermal injuries to the oral soft tissues.”¹²

Recently, I was approached by a colleague who was curious if marijuana was a contraindication for placement of implants. I was curious as well because I had recently overheard another colleague commenting that he had recently been in a course in which it was stated that it was a contraindication. A literature search reveals just one published article on cannabis use and dental implants, and this was a study completed in mice. The conclusion was: “Considering the limitations of the present study, the deleterious impact of

cannabis sativa smoke on bone healing may represent a new concern for implant success/failure.”¹³ So as with much of our curiosity about oral health and marijuana use, there is a lack of evidence and not a clear answer. Clearly, more research needs to be done.

There are of course several other issues that dentists are concerned about in regards to our patients and their marijuana usage such as how does marijuana interact with other medications that our patients are taking. It is again the recurring theme—there is not enough evidence. Some medications may be inhibited and some may be potentiated. As one well respected pharmacy newsletter stated, “We can make some predictions of potential interactions based on the known pharmacology of marijuana.” In addition to drugs that may affect the metabolism of THC, we can expect marijuana to have interactions with sympathomimetic activity, central nervous system depressants, and anticholinergic effects.¹⁴ There are no documented cases of medical emergencies in the dental office attributed to marijuana usage although there is a risk of impact on opioids and muscle relaxants. Dr. Rob Hendrickson, associate medical director of the Oregon Poison Center also notes in an article that marijuana paired with sedatives and hypnotics can have an additive affect.

With what we do know about marijuana, it is best to treat regular users with the same care that we treat patients who regularly use alcohol and tobacco. Educate your patients about homecare, a proper diet, and inform them that marijuana does have many of the same carcinogens as cigarettes. For the patient that only uses it occasionally and does not smoke tobacco, there does not appear to be much evidence that occasional use has any effect on oral health ●

9. Meier et al, Associations between cannabis use and physical health problems in early midlife. *JAMA Psychiatry*, published online June 1, 2016.
10. Cho CM, Hirsch R, S Johnstone, General and oral health implications of cannabis use, *Australian Dental Journal* 2005; 50:2.
11. de Carvalho et al, Head and neck cancer among marijuana users: a meta-analysis of matched case-control studies.
12. S. Joshi and M. Ashley, Cannabis: A joint problem for patients and the dental profession, *British Dental Journal* 2016; 220:597-601.
13. Nogueira-Filho Gda R, Cannabis sativa smoke inhalation decreases bone filling around titanium implants: a histomorphometric study in rats., *Implant Dent.* 2008 Dec;17(4):461-70.
14. John R. Horn, Phillip D. Hansten, Drug Interactions with Marijuana, *Pharmacy Times*, and personal correspondence.

Dr. Taylor is presenting with Dr. DeVincenzi on **Thursday, April 6** at the 2017 Oregon Dental Conference.®

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MEMBERSHIP

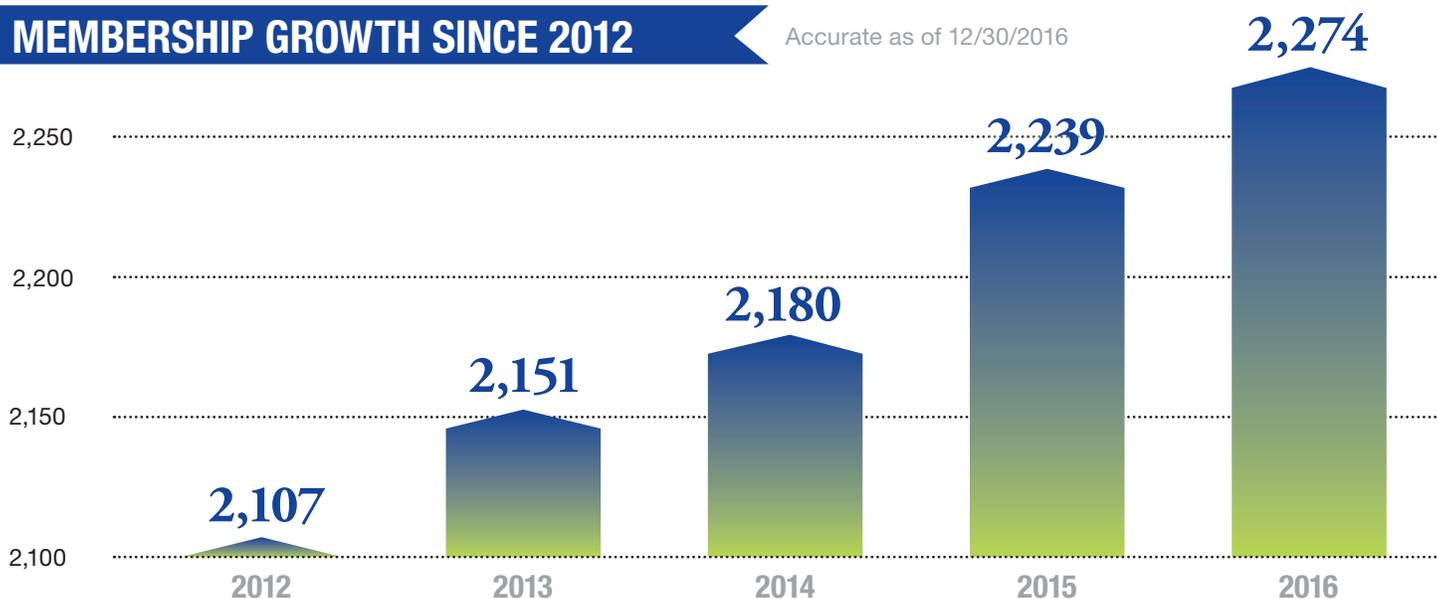
Really Does Matter

In January of 2016, the ADA reported a decrease in the market share, of active licensed dentists, from 64.5% in 2014 to 63.6% in 2015. In the same time period, the **ODA increased its market share and surpassed ADA's market share percentage**, increasing from 63.3% to a 63.9% market share. Additionally, the ODA saw an **increase in all three of the ADA identified key member segments for growth—women, minorities, and new dentists**. At the 2016 ADA Annual Recruitment & Retention Conference, the **ODA was awarded greatest net gain in new dentists and greatest net gain in membership** for a state constituent with 1001–2000 licensed dentists.

The ODA is pleased to show a growth in membership for the fourth straight year. Forecasting another year of membership growth for 2017, the ODA will continue to provide a wide array of membership programs and benefits designed and implemented to support members, their practice, and their patients.

MEMBERSHIP GROWTH SINCE 2012

Accurate as of 12/30/2016





Digital Badging In January of 2015, the Oregon Dental Association launched the Digital Badging Program. Digital badging is an assessment and credentialing system created to reward and recognize members for their contributions to the Oregon Dental Association and the dental community in Oregon. Receiving recognition across the nation and in a variety of industries, digital badges are promotional currency and awareness members can use to boost their online profile and promote their community involvement and leadership credentials. Under the direction and support of the Board of Trustees and Membership Engagement Task Force, the ODA staff developed 25 digital badges. The ODA badging database reports that members who have displayed their badges on Facebook, LinkedIn, and Twitter have a received a combined 191,500 views of their badges. Each month, the ODA distributes a digital badge to members and with each year, all members who renew receive a member badge for promotional currency.

Molar Movement In addition to the efforts of the Membership Engagement Task Force, the New Dentist Committee supported the creation and development of the Molar Movement. The Molar Movement is an awareness program to foster unity of the dental profession, voice, and action in the Oregon Dental Community. This awareness began in 2015 through the creation of a scarf with the slogan “Fight Enamel Cruelty.” Designed to generate conversation and bring awareness, over 1,000 scarves are now in circulation from California to Florida. A new scarf design will launch early 2017.



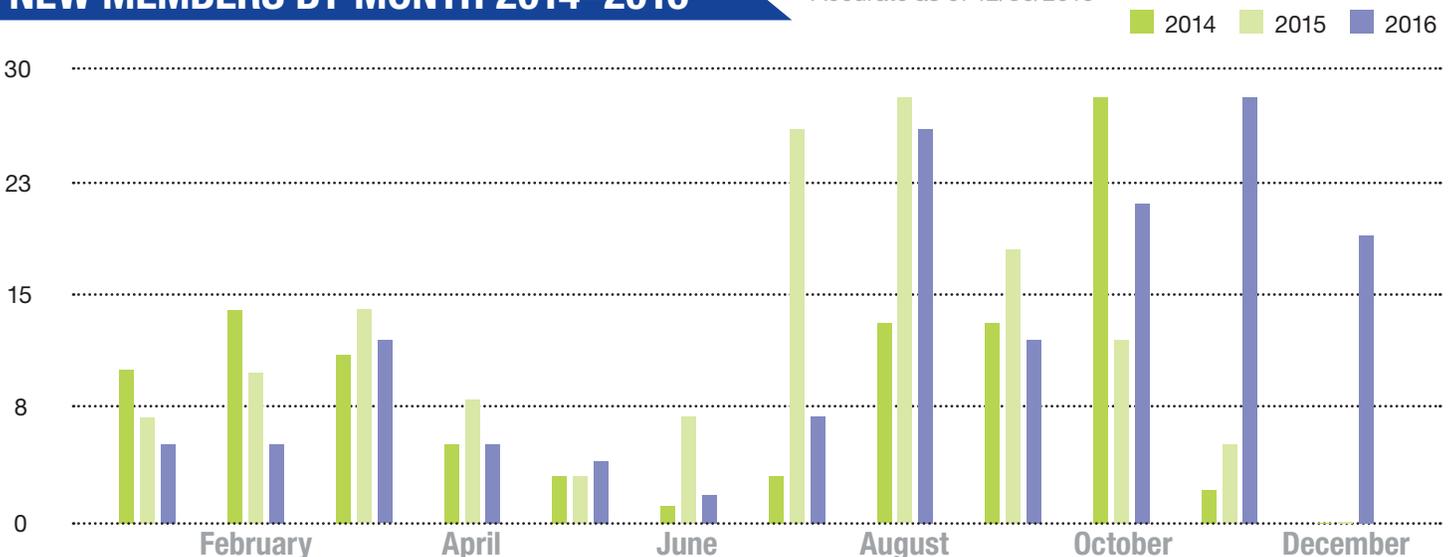
Component Support Since October of 2014, ODA staff has conducted over 30 component visits throughout the state. The ODA has partnered with local components to provide component support in a variety of formats including event management and member communications to bylaws review and local officer on-boarding.

Three new component support programs have been deployed in 2016. First, the ODA has developed a communication designed to inform local dental society volunteer leaders of key national and state industry news to share with their members. Second, the ODA staff has developed a component Dropbox with resources on bylaws, administrative hiring, meeting facilitation, and more. Thirdly, the ODA staff has launched an online form for component volunteers to request ODA support. The ODA will continue to offer component support and generate tools and best practices to support components.

18 Month Communication System In late 2014, the ODA staff under the direction of the Board of Trustees developed an 18 month communication system for new members. The system was designed to distribute new member information in digestible bite-size pieces over a span of 18 months rather than in one new member packet. Each communication was designed to highlight the ODA pillars of membership benefits—advocacy, education, protection and support, and community and networking. Since the launch of the program in January 2015, over 266 new members have been included in the communication drip system.

NEW MEMBERS BY MONTH 2014–2016

Accurate as of 12/30/2016



ODA Membership in Numbers, cont.

GEOGRAPHIC MARKET SHARE*

DENTAL SOCIETY	NON-MEMBERS	MEMBERS	TOTAL	MARKET SHARE %
Central Oregon	48	101	149	67.8%
Clackamas County	127	167	294	56.8%
Clatsop County	4	24	28	85.7%
Eastern Oregon	31	55	86	64.0%
Klamath County	10	27	37	73.0%
Lane County	50	170	220	77.3%
Marion and Polk	86	159	245	64.9%
Mid-Columbia	17	22	39	56.4%
Multnomah	294	398	692	57.5%
Rogue Valley	14	38	52	73.1%
Southern Oregon	49	95	144	66.0%
Southern Willamette	38	81	119	68.1%
Southwestern Oregon	13	38	51	74.5%
Umpqua	15	34	49	69.4%
Washington County	184	277	461	60.1%
Yamhill County	22	26	48	54.2%

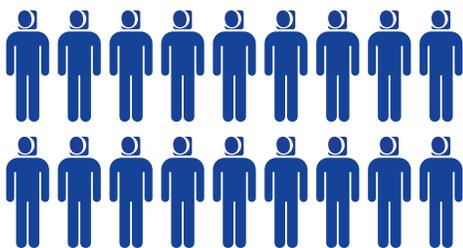
*Provided by the American Dental Association on 12/7/2016. ADA EOY 2016 Report has not yet been published.

Accurate as of 12/30/2016

MEMBERSHIP TYPE

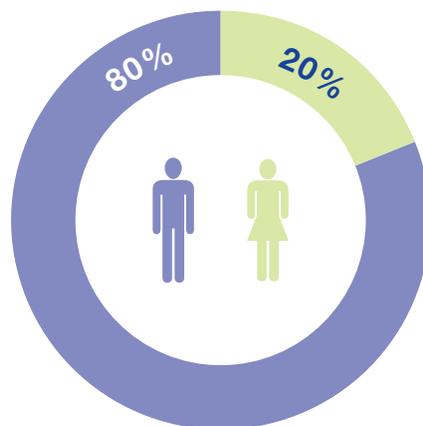
Active Dentists **1,763**

Retired Dentists **511**

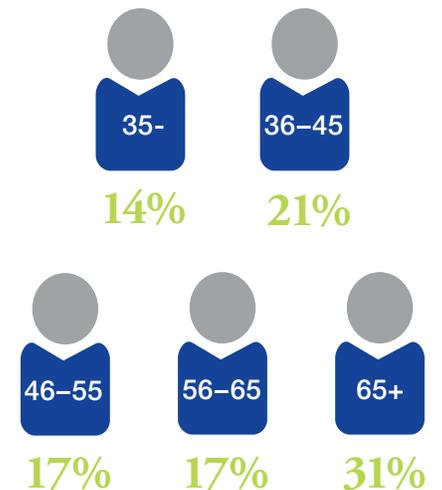


Total Member Dentists 2,274

GENDER RATIO

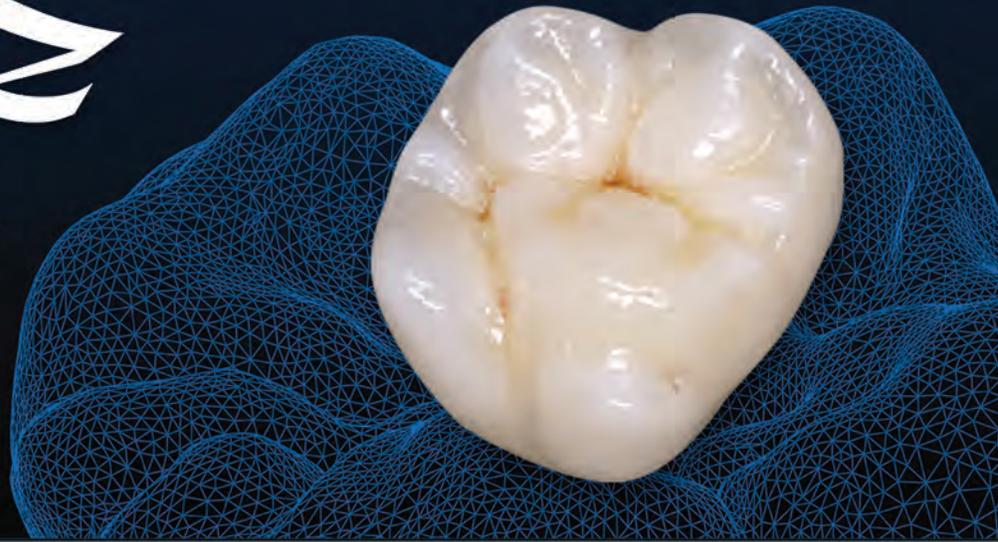


AGE BREAKDOWN



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National Political Landscape

IN WHAT WILL MOST LIKELY GO DOWN AS ONE OF THE MOST DIVISIVE ELECTIONS in modern history, the 2016 election ended last November as voters across the country took to the voting booths. Republican businessman Donald Trump beat out Democrat Secretary Hillary Clinton to become the 45th President of the United States. Among his top priorities include repealing and replacing the Affordable Care Act, renegotiating the North American Free Trade Agreement (NAFTA), imposing tariffs on companies that move abroad, enact a new tax plan, and building a wall between Mexico and the United States. At this point it is still unclear about whether he will or will not get his priorities accomplished, but one thing is certain: change is coming. How this impacts dentistry is also unclear, but the American Dental Association is cautiously optimistic. Given

ADA's strong presence in D.C. over the last decade, combined with its ADPAC strategy, dentistry is well positioned to make a positive impact with the new administration. It was noted at the ADA Lobbyist Conference last month that ADA has an excellent relationship with Congressman Tom Price (R-Ga), who was recently selected to be Trump's choice for the next Secretary of Health and Human Services.

Compared to the rest of the country, Oregon's election was rather status quo. Oregon stayed a solid blue state with Democrats maintaining control of the Governor's office, the Senate and House of Representatives. We are now one of only two states (other being California) to have Democrats control all three offices.



OREGON SENATE

There were only two competitive Oregon Senate races this year, and Democrats and Republicans split these seats 1-1, shrinking the Democrat advantage in the Senate to 17-13. East Multnomah County Senator Monnes-Anderson (Chair of the Senate Health Committee) beat challenger Tamie Tlustos-Arnold to hold on to her seat. Republican Alan DeBoer also overcame Tonia Moro to win the Ashland/Medford Senate seat vacated by the late Sen. Alan Bates. Sen. Alan Bates (a strong dental advocate) died unexpectedly in August setting up a last-minute race between Mr. DeBoer and Ms. Moro. Sen. Peter Courtney will be Senate President (now the longest serving legislator in the building, as well as elected Senate President), with Senator Ginny Burdick, Portland, remaining Democratic Caucus Leader and Senator Ted Ferrioli, Pendleton, as Republican Leader.

OREGON HOUSE

Despite millions of dollars spent on both sides of the aisle, Democrats in the House maintained the exact same margin, 35-25, as they did in 2014. Although Democrats remain in control, their inability to pick up a seat prevents them from reaching the three-fifths majority vote required to raise revenue. Given the budget reality next session, this dynamic sets up an interesting arena for Democrats to depend upon Republican votes for any revenue measures. Expect Rep. Tina Kotek of North Portland to remain as Speaker, followed by Rep. Jennifer Williamson as Democratic Leader and Rep. Mike McLane as Republican Leader.

OREGON STATEWIDE

Oregon Governor Kate Brown fended off a tough challenge from Dr. Bud Pierce to serve out the remainder (two years) of former Governor John Kitzhaber's term. Governor Brown will again be on the ballot in 2018 if she chooses to serve a full four-year term. Dr. Pierce, a newcomer to Oregon politics, surprised many insiders, by making the race more competitive than people thought.

One of the biggest upsets of the election night involved former Rep. Dennis Richardson beating Labor Commissioner Brad Avakian for Secretary of State. This marks the first time since 2004 (Sen. Gordon Smith), that a Republican has won a statewide office. Finally, Rep. Tobias Read narrowly beat Jeff Gudman to become State Treasurer and Attorney General handedly beat Daniel Zene Crowe to remain as Oregon's Attorney General.

OREGON BALLOT MEASURES

Measure 96 passed overwhelmingly by voter 83% to 16%. This measure dedicates 1.5% of lottery proceeds to fund support services for Oregon veterans. Supporters argued that this money was needed to treat returning Oregon vets, as well as helping to identify current vets who are living in Oregon but who have not sought assistance.

Measure 97 increased the corporate minimum tax by 2.5% when sales exceeded \$25 million. It failed with a 40% to 60% vote. This measure proposed to backfill a \$1.3 billion deficit in Oregon's budget caused by an increase in PERS costs, state services, and Medicaid expansion. Arguably the most controversial issue on the ballot, the measure broke a campaign record in spending in Oregon, with both sides combined in spending over \$40 million.

Measure 98 required the state to distribute at least \$800 per high school student each year for establishing or expanding career and technical education programs, college-level educational opportunities, and dropout-prevention strategies. Oregon has some of the lowest public school graduation rates in the country. The measure passed 65% to 34%, with no group coming forward to formally oppose it.

Measure 99 created an Outdoor School Education Fund with 4% of revenue coming from the Oregon State Lottery Fund. This money will be used to support school districts with outdoor school programs, a week-long field science curriculum focusing on the environment, natural resources, and economic development. Voters strongly supported the measure with it passing by 67% to 32%.

Finally, **Measure 100** banned the sale of products and parts of 12 types of animals in Oregon: elephant, rhinoceros, whale, tiger, lion, leopard, cheetah, jaguar, pangolin, sea turtle, ray, and shark. The measure included certain exceptions for science and educational purposes, musical instruments and those used for ceremonial purposes by Indian tribes. Oregon, known for some of the strongest animal laws in the country, overwhelmingly supported the measure 70% to 30%. ●

DOPAC Update

Dentists of Oregon Political Action Committee

IN THE RECENT ELECTION, DOPAC contributed to candidates on a bi-partisan basis. In fact, all decisions were based on supporting a “tooth party majority”—a majority in both legislative chambers, and in statewide office, regardless of party. The prime criteria in all contribution decisions was whether the candidates were willing to engage constructively with dentists regarding healthy outcomes for dental patients.

Also important were the relationships built and strengthened between ODA members and successful candidates during the election cycle. Key meetings between dentists and candidates included Governor Kate Brown; House Speaker Tina Kotek; House Majority Leader Jennifer Williamson; and many others. Special thanks go to DOPAC members throughout Oregon who took the time to meet with candidates throughout the year. 🗨️

Oregon DOPAC was a big winner in the 2016 election cycle:

- 🗨️ Contributed \$250,000 to statewide and legislative candidates
- 🗨️ Supported five statewide candidates, three of whom won (Governor Kate Brown; Tobias Read for Treasurer; and Attorney General Ellen Rosenblum)
- 🗨️ Supported 55 candidates for the state legislature, all of whom won except two

DOPAC wins broken out by legislative chamber and party:

- ▶ Supported eleven Senate Democrats *All won*
- ▶ Supported seven Senate Republicans *All won*
- ▶ Supported 25 House Democrats *All won except one*
- ▶ Supported eleven House Republicans *All won*
- ▶ Supported one House Independent who lost

Professionals helping other professionals...



If you are struggling with addiction or facing a crisis, confidential help is just a phone call away, please contact the Dentist Health & Wellness Hotline. ODA volunteers are on call, 24 hours a day to provide confidential, caring assistance for help in dealing with substance abuse and addiction, disability, litigation stress, and mental health challenges. ODA member dentists recognize the essential human dignity of all those who suffer from chemical dependency or mental disorders.

24-HOUR SUPPORT: 503.550.0190

Our services are available to all Oregon dentists and OHSU dental students in need of help, regardless of their affiliation with the ODA.

ODA Members at the Table

Time to Educate, Engage, & Empower Legislators on Oral Health

THE 2017 LEGISLATIVE ASSEMBLY

PROMISES TO BE CHALLENGING for health care, including dentistry. It's vitally important ODA members take time to educate, engage, and empower legislators to support and lead on oral healthcare issues. Consider 2017's challenges:

- ▶ Filling \$1 billion shortfall in the Oregon Health Authority budget alone, mostly in the Medicaid/Oregon Health Plan. This has major ramifications for coverage and reimbursement of dental services.
- ▶ Integrating oral healthcare into Oregon's coordinated health care Medicaid system. **Policy decisions in this area will set important precedents for private insurance.**
- ▶ Extending and expanding the rural health provider's tax credit so dentists are incentivized to practice in underserved areas of the state.
- ▶ Funding of Healthy Scholars and Medicaid Primary Care Repayment programs so new dental graduates can afford to practice in underserved urban and rural Oregon.
- ▶ Strengthening data reporting provisions of the oral health care screenings law so we know what is happening in children's mouths.
- ▶ Enacting 90-day public notice of changes to fluoridation of municipal water supplies. This is a good government-transparency measure.
- ▶ Raising to age 21 the requirement for the sale, possession, and use of tobacco products. **Tobacco related deaths outnumber those related to alcohol and drug abuse, car accidents, murder, and suicide combined.** ●

WHAT YOU CAN DO

1. BE INFORMED

Read ODA information regarding the issues.

2. STAY CONNECTED

Keep in touch with your state senator and representative.

3. ACT WHEN ASKED

Contact your state legislators when you receive a "Call to Action." Your voice will be heard more than anyone else's.

DENTAL DAY AT THE CAPITOL TUESDAY, MARCH 14, 2017

ODA staff are working hard to organize a large group of dentists and dental students. We'll be matching you to your local state representatives and senators and briefing you on the major issues for maximum impact. Legislators know you're taking a valuable day from your practices or studies to be there. As citizen legislators, they appreciate the sacrifice you're making to engage in the process because they're doing the same thing.

Please contact Ken Yates, ODA Director of Government Affairs, at 503-218-2010 or at kyates@oregondental.org for further information.

Oregon State Capitol | Tuesday, March 14, 2017
Dental Day 2017



Please hold March 14 and register online at <http://bit.ly/dentalday2017>.



The Dental Foundation of Oregon is the charitable arm of the Oregon Dental Association.

For more information, visit www.SmileOnOregon.org.

Dental Anxiety

By Dr. Amanda Rice

GOING TO THE DENTIST can be scary. We've all experienced at some point in our life the nauseating, gut wrenching, butterflies in stomach feeling as we sat in the waiting room of the dental office. It's human nature to fear the unexpected. In fact, 80% of Americans experience some form of dental anxiety.¹ Even after years of routine check-ups and six-month hygiene recalls, we dread the mailed notices: "It's that time! Let's make your dental appointment with Dr. Sharp!" Sigh...

The prevalence of dental related fear has proven the importance of acclimating patients at an early age to routine dental visits. The American Academy of Pediatric Dentistry recommends a child's first visit be at first tooth eruption or no later than his/her first birthday. Many can't remember their first dental visit, as an infant or young toddler. We just know every year like Christmas, the season of probing dental instruments and bright lights in our mouth comes shockingly upon us.

On the Tooth Taxi, it's common occurrence for the child to come onboard without any prior dental experience. The mobile clinic is frequently the patient's first introduction to the dental equipment to include the dental injection (Mr. Paint Brush), hand pieces (Mrs. Bumpy and Mr. Whistle) and rubber dam (the Raincoat). Imagine at six or seven years old, not having any personal acquaintance or baseline with dental providers. Therefore, one's expectation will be based on stories from friends who dramatize experiences of horrific teeth pulling or an uncle who describes his three-hour long root canal procedure as "absolute torture." Reasonably, children without prior exposure or positive reinforcement end up prolonging dental procedures, even when emergent care is needed. A child in pain will ultimately start envisioning the worst.

Our team is therefore given a difficult task of acclimating the child in the dental chair, which we take seriously and with open arms. On the Tooth

1. Scott DS, Hirschman R. Psychological aspects of dental anxiety in adults. J Am Dent Assoc. 1982;104:27-31



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The best compliment is having a child stand up after the dental appointment with a sigh of relief exclaiming, “Well, that was much better than I expected!”

Taxi, our staff can provide the apprehensive child with a better experience than initially perceived. The best compliment is having a child stand up after the dental appointment with a sigh of relief exclaiming, “Well, that was much better than I expected!” Although we have a limited number of visitations with each child, we take each golden opportunity to soften their fears and reverse what was a dislike of the dentist to an enjoyment in taking care of their dental needs. There is no better feeling then to have a child leave the Tooth Taxi feeling more comfortable about taking care of their oral health.

Again, thank you to the sponsors and donors who help ensure the Tooth Taxi program continues to serve its mission and for the parent volunteers and school staff who provide us with the warmest of welcomes. The team is happy to return to Portland after successful site visits in the Willamette Valley region to include Jefferson, Oakridge, and Veneta. Come visit us while we are in town or volunteer on our next journey. 🌍



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ODA & ASDA Lunch and Learn Series

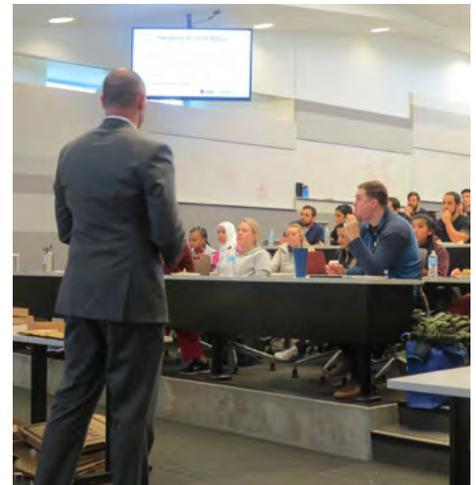


The OHSU School of Dentistry can be found online at www.ohsu.edu/sod.

OHSU ASDA is on Facebook: www.facebook.com/ohsuasda



THE OREGON DENTAL ASSOCIATION PARTNERED WITH THE OHSU ASDA LEADERSHIP to develop a recurrent Lunch and Learn Series at the OHSU School of Dentistry. The second installment of the Lunch and Learn Series was on Wednesday, December 7. ODA Executive Director, Conor McNulty, CAE, and Director of Government Affairs, Ken Yates, spoke with over 90 of OHSU's School of Dentistry students about the future of Oregon's healthcare workforce and ODA's 2017 legislative session agenda. 📍




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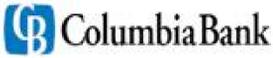
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Tuesday, March 7, 2017

5:30– 8:30 p.m.

2 CE credits

Center for Meeting & Learning
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Program topics will include: History of state public health initiative ~ Opioid epidemic: nationally and locally ~ Data on local rates of risky prescribing practices ~ Oregon Opioid Prescribing Guidelines Task Force ~ Why this matters to dentists ~ Dental pain: acute vs chronic ~ Evidence base for analgesic use in dental pain ~ Oregon Prescription Drug Monitoring System ~ Using PDMP in your practice ~ Recommendations for prescribing practices.

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