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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.

 8699 SW Sun Pl, Wilsonville, OR 97070, 503-218-2010 | 800-452-5628, info@oregondental.org, www.oregondental.org.



PUBLISHED AUGUST 2022/ODA-K0722/9647 *Membership Matters* (ISSN 1082-4111) (USPS-905060) is published monthly (except January, July and October) by the Oregon Dental Association, 8699 SW Sun Pl, Wilsonville, OR 97070. All statements of opinion and of alleged fact are published on the authority of the writer under whose name they appear and are not to be regarded as the views of the ODA or its subsidiaries or affiliates. Subscription to *Membership Matters* is a member benefit of the Oregon Dental Association. The annual subscription rate for nonmembers is \$40. Single copies may be purchased for \$5 each.

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Periodicals postage paid at Wilsonville, Oregon, and at additional mailing offices. POSTMASTER: Send address changes and all correspondence to: 8699 SW Sun Pl, Wilsonville, OR 97070; 503-218-2010 or 800-452-5628 (toll-free in Oregon).

Published by  550 SW 2nd Avenue, Gainesville, FL 32601, Tel: 800-369-6220 www.naylor.com, **Account Manager** David Freeman **Editor** Russell Underwood **Marketing Associate** Larissa Flores **Book Leader** Robyn Mourant **Sales Representatives** Brian Agnes, Jason Currie **Project Administrator** Alexandra Lewis **Layout and Design** Manish Dutt Sharma

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Gratitude for You, Our Patients



By Alayna Schoblaske

PATIENTS—THIS ISSUE OF MEMBERSHIP MATTERS

is for you! If you are reading this, it means that your dentist is a member of the Oregon Dental Association, which is an organization that supports dentists and promotes good oral health for all people throughout Oregon. We publish nine issues of this member magazine each year, and this month, we are dedicating the entire issue to you, our patients. We hope that the pages of this magazine serve to educate and entertain you (or maybe just pass the time before you get called back for your appointment).

Let me start by saying thank you! Thank you for trusting your dentist and your entire dental care team with your smile. And thank you, especially, for trusting us throughout the ongoing pandemic. If it's been awhile since you have been to the dentist, you may notice a couple of extra precautions that your dentist is taking to keep you safe—masks, air filters, screening questions, etc. The great news is that these precautions are working! According to our professional research journal, “US dentists continue to show a high level of adherence to enhanced infection control procedures in response to the ongoing pandemic, resulting in low rates of cumulative prevalence of COVID-19. [These procedures] should help protect their patients, their dental team members, and themselves.”¹

And thank you for valuing your oral health enough to come and see us. As ODA members, we truly believe that the health of your teeth and gums is a critical part of the health of your overall body, and we recognize all that you did to be here today. You may have waited some time for your appointment, arranged childcare, or taken time off work. You may have summoned bravery and courage as you made room for your dental anxiety. Your dentist recognizes all that you did to be here today, and they want to take care of you and your smile. If you are feeling nervous, there may be steps your dentist or hygienist can take to make you more comfortable—be sure to ask what might be available to help make your appointment today as positive as possible!

And, finally, thank you for being the reason we continue to come to work each day. As it turns out, dentistry would be really boring without our patients! I practice in southern Oregon (Medford), and my own patients frequently ask, “Why did you want to be a dentist, anyway?” I tell them how I enjoy working with my hands (I come from a family of civil engineers, so maybe the desire to tinker is genetic), how I enjoy the focus on *preventing* cavities and gum disease instead of just treating it, and I tell them how I appreciate the work-life balance. At the heart of my passion for dentistry, though, is how love weaves in and out of every

aspect of dentistry. I love my patients. Every day, my team and I get to be in service to our patients. In a world that is so focused on digital connection, efficiency, and “likes,” we get to be near to our patients, hear their stories, and share their humanity. Is there anything more meaningful?

Your dentist likely has their own story of why they wanted to become a dentist. (I'd encourage you to ask them!) For so many of us, though, the relationships that we build with you, our patients, are central to our job satisfaction. We couldn't do what we do without you, and we are so grateful that you continue to come to see us. Thank you!

The ODA supports the dentist that you will see today, and the ODA is also here to support you. On our website—www.oregondental.org—you will find a section titled “For The Public” where you can find information on finding a dentist, how to care for your teeth and gums, and even how to become a dentist (or dental assistant or dental hygienist) if you or someone you know wants to join the fun. Have a great appointment, and enjoy the rest of this issue made just for you. 🍷

Reference

- 1 Araujo, MWB, Estrich, CG, Mikkelsen, M, et al. “COVID-19 among dentists in the United States: A 6-month longitudinal report of accumulative prevalence and incidence.” *Journal of the American Dental Association*, Jun. 2021. doi: <https://doi.org/10.1016/j.adaj.2021.03.021>

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Meet the ODA Board of Trustees

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. Meet our board of trustees below!



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Oregon Board of Dentistry, ODA Work Together to Support Practitioners, Patients

By Melody Finnemore

THE OREGON BOARD OF DENTISTRY WAS ESTABLISHED by the state Legislature in 1887, making it the oldest health regulatory licensing board in Oregon.

While the dental profession has evolved significantly since then, as well as advancements in the practice, the OBD's duty has remained steadfast: to regulate the practice of dentistry, dental therapy and dental hygiene by enforcing the standards of practice established in statute and rule.

With eight full-time staff members and 10 volunteer board members, the OBD carries out its mission to promote quality oral health care and protect all communities in the state by equitably and ethically regulating dental professionals.

Oregon has about 3,800 dentists, 4,200 dental hygienists, and the first

dental therapy licenses are expected to be issued this summer. The OBD does not license dental assistants but certifies them for specific functions, and they work under the supervision of dentists.

Executive Director Stephen Prisby noted that the OBD works collaboratively with other entities and groups, including the Oregon Dental Association, and that the ODA recognizes that the OBD's primary goal is the protection of the public.

"Both work together to communicate important dental practice updates and relevant news as needed," he said. "It is in everyone's best interests to have the dental profession and the regulating body engaged and working transparently to ensure that Oregonians' safety and health are a top priority."

Aligned communication about changing rules, continuing education requirements, updates that impact the profession such as the COVID-19 pandemic and other health emergencies helps licensees understand what is going on amid ever-changing circumstances.

Prisby, who has been on the OBD since 2012 and became executive director in 2015, added that the longevity of the relationships between the OBD's and ODA's leadership further enhances the collaboration.

"The association and the board are here for that common good and also for our stakeholders and our licensees. I think it's important that everyone is focused on patient safety and health above everything else," he said.



Todd Beck, DMD, a current ODA board member and former member and past president of the OBD, described the two organizations as having a long history of a very collegial working relationship. “The ODA has always had a seat at the table with the OBD, and we always listen to what the ODA has to say on important issues.”

Dr. Beck pointed out that the two organizations work hand in hand because when the Legislature enacts new statutes that govern the practice of dentistry, the OBD interprets those rules and the ODA shares the information with members. “The way dentists, in general, have input about how those rules are implemented is through the ODA.”

Hai Pham, DMD, a former member of the OBD and the ODA board, said he believes open communication is key to the successful relationship between the two organizations. “I think this transparency during the rulemaking process is key because the OBD advocates for good quality care for patients and dentists’ rights,” he said.

As an example, Dr. Pham said, the ODA introduced and passed House Bill 2220 in 2019, allowing dentists to administer vaccines with no age limit on age of the patient or type of vaccine. The law requires providers to take an OBD-approved course prior to administering vaccines and follow storage and reporting requirements as defined by the Oregon Health Authority. The bill was the first of its kind in the U.S., according to Dr. Pham.

“At the end of the day, that strong relationship and advocacy is definitely a win-win for the profession, organized dentistry and the patients,” he said.

FAQs at the Board of Dentistry

Can I get my dental records from a dentist?

Board regulations require that a licensee provide **copies** of a patient’s records, including X-rays, within 14 days of written request made by the patient or patient’s guardian. (OAR 818-012-0030(9)(a) & OAR 818-012-0032).

What should I expect when the dentist proposes treatment?

If the dentist makes recommendations for treatment, don’t be afraid to ask for more information.

- Are other treatment options available? How do the options differ in cost? Which solutions will last the longest? Do all the options solve the problem?
- Among the dentist’s recommendations, which treatments are necessary? Which are elective? Which are cosmetic? Which procedures are urgently needed and which ones are less urgent?
- Ask for a written treatment plan before you agree to treatment. Most treatment plans should suggest alternative treatment options. When extensive or major dental work is proposed, such as implants, crowns, or bridges, seeking a second or even a third opinion may be appropriate.
- How much will the proposed treatment cost? What method of payment does the dentist accept?

Check with your insurance company or managed care plan about the services covered and the amount reimbursed for the treatment. Your dentist can submit a “Preauthorization Plan” for the insurer’s review. The insurer will inform you of the costs that will be reimbursed under your particular plan.

What can I do if I have a problem with my dentist?

We always encourage patients to speak directly with their dentist (to mutually resolve problems), not the office manager or other staff members. Some issues not within the jurisdiction of the board can be resolved through the peer review process facilitated by the Oregon Dental Association. While peer review proceedings are not intended to be solely to dispute resolution services, professional review often can resolve some types of disputes between patients and dentists. The process is confidential, and is available provided the complaint falls within the peer review guidelines. For more information about this process and its guidelines, contact the peer review director of the Oregon Dental Association at 1-800-452-5628, or visit the ODA web site at www.oregondental.org.

If you feel that the issue involves unacceptable patient care or other issues under the jurisdiction of the Board of Dentistry, you have the right to file a complaint with the board. All written complaints filed, that are within the board’s jurisdiction, are investigated.

How do I know if a dentist has been disciplined?

On the OBD website (www.oregon.gov/dentistry) we have a license verification feature. Board actions taken against the licensee will be posted, or in certain cases, a note will ask you to contact the board office for more information. Complaints are not public information; Oregon statute dictates that we keep that information confidential. If you cannot find a licensee on our license verification system, and you believe they should be listed, please contact us. This information is updated constantly, and every effort is made to assure that it is accurate.

The OBD's work is broken down into three main functions

Administration

Administrative activities include support of board and committee meetings, implementation of board policy, assuring that agency operations are conducted in compliance with all state laws and regulations, program evaluation, coordination and supervision of agency operations, and personnel recruitment and supervision. It also includes coordination with the Department of Justice on various board legal issues, development and implementation of administrative rules, policies and procedures; development of legislative concepts, tracking of legislation that impacts agency operations and preparation and presentation of testimony at legislative hearings. Administrative staff are responsible for budget planning, development, and monitoring; management of agency equipment, supplies and information systems. On behalf of the board, the executive director provides public information, outreach and education (production of the newsletter, maintenance of website, public appearances and presentations,

etc.); responds to inquiries by the media, represents the board on various statewide task forces. The executive director acts as liaison for the board and maintains effective relationships with all communities of interest whether local, statewide or national. Customers are the board, the dental community, the Legislature, and the public.

Licensing and Examination

This activity includes licensure of dentists, dental specialists, dental instructors, dental therapists and dental hygienists, biennial renewal of licenses, and issuance and renewal of various permits and certificates (anesthesia permits, dental hygiene permits, and certification of dental assistants to take radiographs and to perform expanded functions).

The board receives and reviews license applications to assure that applicants have the required education, have passed the National Board written examinations and have passed a clinical examination recognized by the board. A thorough background check is conducted on each applicant for a new license and, where a past history is revealed, an investigation is conducted and results are presented to the board

for determination. Staff also administer a jurisprudence examination for each new applicant and conduct random audits of 15% of license renewals annually for compliance with continuing education requirements.

Enforcement and Monitoring

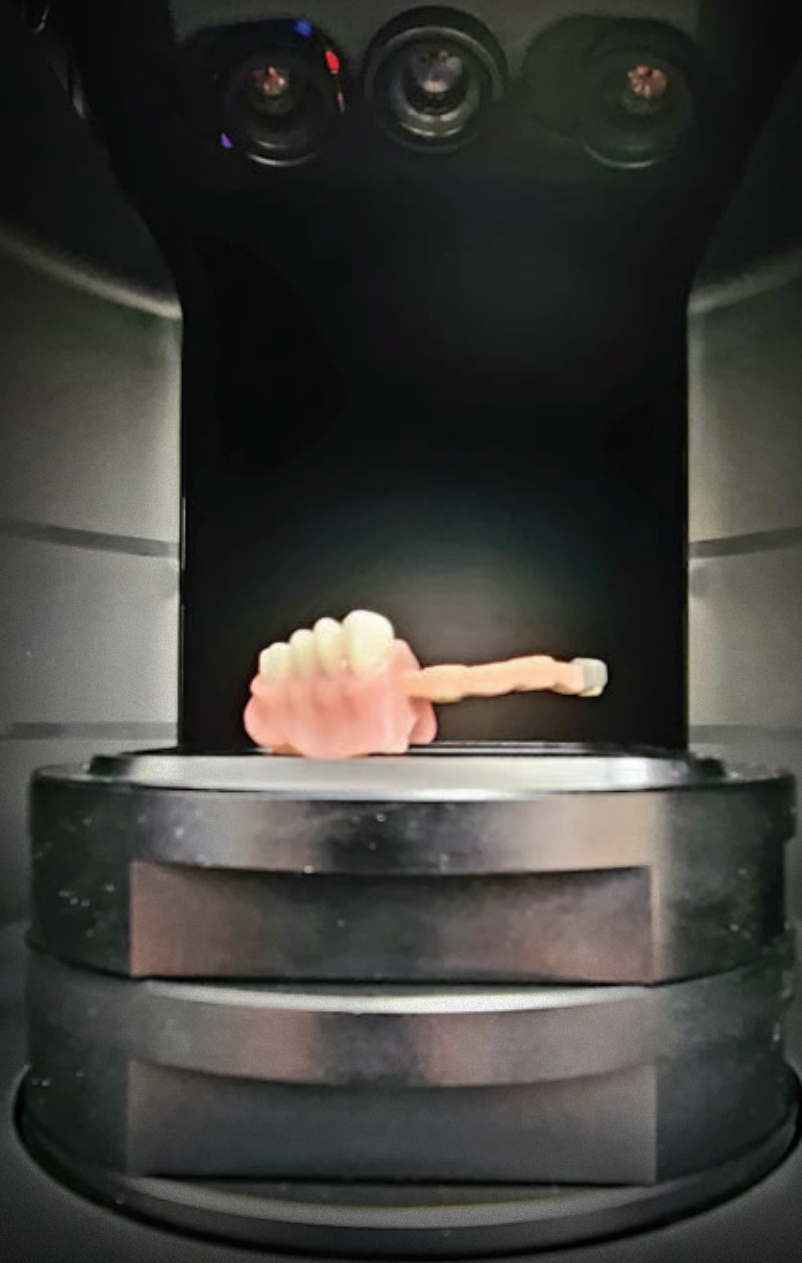
The Dental Practice Act (ORS 679 and 680.010 through 680.205) and the board's administrative rules (OAR 818) establish the grounds and methods of discipline that may be imposed on licensees who violate the act. The statutes and rules of the board define unprofessional conduct, unacceptable patient care, establish standards for record keeping and infection control guidelines, and define appropriate management and record keeping for controlled substances. The board is required by ORS 676.165 to conduct investigations of any complaint received regarding licensees or applicants. In addition, the Dental Practice Act allows the board to open investigations on its own motion. Cases opened by the board might be based on information the board receives ancillary to another case, from reports submitted by insurance companies regarding malpractice claims, criminal convictions, or based on disciplinary actions taken by other state dental boards or by other licensing boards since several of the board's licensees have dual licenses, i.e., physician/dentist or dental hygienist/denturist. ●



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Oral Hygiene

By Dr. Mark Mutschler, DDS, MS

ORAL HYGIENE IS JUST MOUTH CLEANING; CLEANING the microscopic life that grows in our mouths off of our teeth and gums.

Why is oral hygiene important? Oral hygiene keeps us healthy. It is common knowledge that germs cause disease and are contagious, but I want to discuss this further from a dental perspective.

The most common mouth diseases are gum disease and tooth decay. Both of

these diseases are caused by bacteria. Cleaning the germs off our gums keeps our teeth roots strong, and cleaning our teeth prevents cavities.

Did you know that sugar does NOT cause tooth decay? Are you surprised? Brushing and flossing teeth is not intended to remove food from teeth—it is to remove the germs from teeth because cavities are not caused by sugar or candy **alone**; they are caused by germs eating those sweets!



Bacteria eat the same food you eat and poop out a sticky acidic substance we call plaque. If acidic plaque stays on your teeth very long, the enamel surface of your teeth will start to dissolve into a hole that is hard to clean the plaque out of. Once there is a cavity in your tooth, it is hard to clean, so the plaque bacteria safely grow, making more and more acidic plaque that makes the cavity larger and larger until you get a toothache or get the cavity filled by a dentist. Knowing this, you may want to eat a candy bar **after** brushing and flossing your teeth because all the bacteria that could turn the sugar into acid will be gone and the chocolate will remove the nasty toothpaste taste!

We live surrounded by microscopic germs of all kinds such as fungus, yeast, viruses, protozoa, and bacteria. We try to keep away from sick people because we know that germs are contagious and we don't want to get sick too.

There are bad germs that make us ill and there are good germs that help us. Bad bacteria infect us and cause problems like pimples on our skin or ulcers inside our stomach or cavities on our teeth or abscesses on our gums. We do our best to remove bad bacteria by washing our bodies with soap and water and brushing/flossing our teeth and gums. Our gut germs (called microbiota) provide us with benefits like digesting some foods for us and making vitamins we need to be healthy and, very importantly, preventing bad germs from growing there. In fact, we now know that antibiotics can make us ill by killing all the good germs in our guts and allowing bad germs to take over.

Because mouths are the gateway to our digestive system, they are the first stop in growing our gut microbiota. We try to replace the bad bacteria with good bacteria by eating foods like yogurt or other "live culture" foods with probiotic bacteria that are beneficial to our health.

Thinking about good and bad germs, we don't often think about how we got our very first germs. Mostly, you can thank your mom. When you are born, you move from a sterile womb into a world teeming with life. The birth

canal is a baby's first introduction to bacteria, and babies also get infected with bacteria from nursing, sharing food, hugging and kissing—all of which largely come from mothers.

Some patients tell me that bad teeth run in the family. That may be true but not in the way they think. As you now know, our germs come from our mothers, and our mothers got their germs from their mothers. So, if your grandmother had lots of cavities, she had the aggressive type of bacteria that are really good at turning food, and especially carbohydrates, into acidic germ poop called plaque that dissolves tooth enamel into holes we call cavities. It is very likely that she passed those bad bacteria on to your mom, who then passed them on to you.

This is important because you may be able to break the mother-to-child spread of those bad bacteria by working especially hard at brushing and flossing your teeth to remove as many bad bacteria as possible and then re-infecting your mouth with good probiotic bacteria that are not as good at making acidic plaque as the old type of bacteria you got from your mom. In fact, dental probiotic supplements are now being sold to people who want to change their bad germs for better ones.

Oral hygiene is important for your health and happiness, and there are effective steps you can take keep your mouth clean:

- Brush and floss your teeth and gums a couple of times each day, taking the time to do a thorough job cleaning all the hard-to-reach nooks and crannies.
- Visit your dentist for checkups to see how good your brushing technique is and for any pointers to do better.
- Floss your teeth.
- Use fluoride supplements for kids in areas without enough natural fluoride in the water.
- Use fluoride-containing toothpaste.
- Avoid frequent sweet drinks and starchy snacks because it is hard to clean ALL the germs off ALL your teeth ALL the time!
- Even if cavities run in your family, you can overcome aggressive germs with excellent brushing and flossing and consider using probiotic supplements.
- Did I mention flossing your teeth? 🍷



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Dear Friends:

On behalf of the Tooth Taxi team, DFO staff, and our board of directors, we send each of you our very best for good health and cheer as we enter these beautiful and dog days of summer, and I am pleased to share with you a brief update on a variety of activities related to The Dental Foundation of Oregon along with the status of the Tooth Taxi 2.0.

Tooth Taxi 2.0

The “shell” of our new Tooth Taxi 2.0 has arrived in Oregon, and, although still faced with challenges due to global supply chain issues, work continues in fits and starts on the build out of our new vehicle as equipment and parts become available. We had originally anticipated a soft launch of the vehicle toward October of this year; however, we are now forecasting for late Q1 or early Q2 of 2023.

We remain enthusiastic about our ability to provide critical oral health care services to our patient guests with our current Tooth Taxi, even though she is carrying high mileage and has experienced some wear and tear since hitting the road in late 2008!

As a brief reminder, the Tooth Taxi, Oregon’s only mobile dental clinic solely devoted to delivering pediatric dental care, partners with public schools and nonprofits to provide comprehensive oral health education and free, high-quality, compassionate dental services to vulnerable children across the state. Since its launch in 2008, 25,930 patients have been screened, with 25,655 students having received oral hygiene education in the classroom for a value of services exceeding \$8,704,672!

The signature program of The Dental Foundation of Oregon, the Tooth Taxi serves a diverse and economically disadvantaged community of children, ages 5-18. Students of color represent a disproportionate number of our patients, as compared to Oregon’s census data: 36% Latino, 11% African American, 4% Asian, 2% Native American, and 45% white. In addition, based on enrollment demographics from our partner schools, a sizable portion of the students we serve are from immigrant and/or refugee families. The dire economic reality of our patients is reflected in the especially low annual income reported by their families. Sixty percent have household incomes below \$30,000, and 43% of those families make less than \$20,000 a year. And, while the Tooth Taxi serves the entire state, 30-40% of its services are delivered in the Portland Metropolitan Area where extreme poverty pockets have led to numerous federal designations of Dental Provider Shortage Areas, specifically as it relates to low-income communities.

In closing, there will be more fun, challenging, and exciting updates to share with each of you in the coming months about *your* Dental Foundation of Oregon, including our participation in this year’s Willamette Week Give Guide end-of-year fundraiser, along with stories about the individuals we serve, organizations with whom we collaborate, and Tooth Taxi 2.0!

May each day continue to be filled with joy, happiness, and gratitude.

Warmly,

Amber Fowler, Executive Director | The Dental Foundation of Oregon



TOOTH TAXI TEAM

2022 Chip for Teeth Golf Event

With just over one hundred golfers registered for this year's event, we appreciate Mother Nature for giving us relatively dry playing conditions at Langdon Farms Golf Course in Aurora, Oregon on Friday, June 11th.

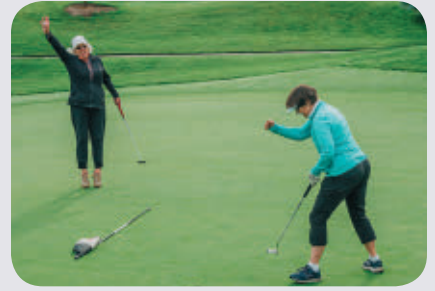
Joining us for the event was Poison Waters, an Oregon icon who served as our post-play emcee and all-around host who also greeted players and sponsors on the golf course. Thank you to Leslie McCabe, event volunteer and former DFO board member, for helping coordinate Poison's visit and serving as her concierge during the event. As you can see from the photos, everyone had a fun time despite the weather challenges.

The annual golf event cannot take place without the support and assistance of so many individuals, community partners, and sponsors. A special nod to Presenting Sponsors Mr. Robin and Mrs. Janine Richardson along with their very generous donation of wines from their private cellar.

The Dental Foundation of Oregon is grateful to the many businesses, community partners, and volunteers for their support including Wayne Barichello, DMD, Steven Doane, The Dental Foundation Board of Directors, Oregon Dental Association staff and board member leadership, our Tooth Taxi team, Erin Kane | EEK Photography, GIS Marketing Group, *Wilsonville Living Magazine*, Arrow Dental, Astra Practice Partners; Delta Dental of Oregon, Columbia Bank, Portland Embroidery, The Dentists Insurance Company (TDIC), Dixon Golf, OR Academy of General Dentistry, A Smile for Kids, Emmett Phair Construction, and West Bearing Investments. 📸

LESLIE MCCABE





ALL PHOTOS ERIN E. KANE | EKKI PHOTOGRAPHY

Tooth Taxi Stats (September 2008 to June 17th, 2022)

25,390

Patients screened

15,260

Number of
appointments on the van

25,655

Students received oral hygiene
education in the classroom

\$8,704,672

Value of services

Artisan's



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Ethics in Dentistry

ETHICS

By Bruce Burton, DMD, vice chair, CEBJA

WHY IS THE PLATINUM RULE BETTER

than the golden rule?

The golden rule tells us to treat people as we would like to be treated. Those words echo in my mind, hearing my mother reminding me of this whenever she felt I was demonstrating a double standard toward others. The platinum rule says treat people the way *they* want to be treated. An example of the difference between these two rules: Just because I am comfortable being called by my first name, I would assume according to the golden rule I could call my patient by their first name. However, the platinum rule would tell me to ask the patient how they like to be addressed and then honor that.

The American Dental Association has a way to help dentists stay true to their North Star by having its members voluntarily agree to abide by the ADA Principles of Ethics and Code of Professional Conduct (the ADA Code). It is important for the dental

profession because of its special position of trust within society. It is this social contract that is embodied in the ADA Code. According to the preamble, "The ADA Code is, in effect, a written expression of the obligation arising from the implied contract between the dental profession and society." In fulfilling their role in the contract, the ADA believes that the dentists:

should possess not only knowledge, skill and technical competence but also those traits of character that foster adherence to ethical principles. Qualities of honesty, compassion, kindness, integrity, fairness and charity are part of the ethical education of a dentist and the practice of dentistry and help to define the true professional. As such, each dentist should share in providing advocacy to and care of the underserved. It is urged that the dentist meet this goal, subject to individual circumstances.



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These qualities are the hallmarks of both professionalism and, in acting ethically, dentists will strive to do what is right and good. “The ADA Code is an instrument to help the dentist in this quest.”

There are five ethical principles of the code, excerpted from the *American Dental Association Principles of Ethics & Code of Professional Conduct*, which can be accessed at <https://www.ada.org/about/principles/code-of-ethics>:

First is the principle of a patient autonomy (“self-governance”). The dentist has “a duty to treat the patient according to the patient’s desires, within the bounds of accepted treatment, and to protect the patient’s confidentiality. Under this principle, the dentist’s primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient’s needs, desires and abilities, and safeguarding the patient’s privacy.”

Second is the principle of nonmaleficence (“do no harm”). “This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist’s primary obligation includes keeping knowledge and skills current, knowing one’s own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.”

Third is the principle of beneficence (“do good”). “This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist’s primary obligation is service to the patient and public at large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of the clinical circumstances presented by the patient, with due consideration being given to the needs, desires, and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care, or some other practice arrangement.

Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put patients’ welfare first.”

Fourth is the principle of justice (“fairness”). “This principle expresses the concept that professionals have a duty to be fair in their dealing with patients, colleagues, and society. Under this principle, the dentist’s primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all.”

Fifth is the principle of veracity (“truthfulness”). “This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.”

As you face the many challenges of providing healthcare to your patients, using the Principles of Ethics and Code of Professional Conduct of the ADA will help you apply the platinum rule. The ADA Council on Ethics, Bylaws and Judicial Affairs (CEBJA) has, over the last 20 years, published articles in *The Journal of the American Dental Association* entitled Ethical Moments. Ethical Moments articles take ethical dilemmas that dentists face and apply the code to offer suggestions of ideas on how to approach such dilemmas. Also, CEBJA just launched a podcast named “Tooth Be Told” that will tackle ethical dilemmas in an audio format. So, keep your eye out for it, or I should say your ears. There are a lot of gray areas in ethics, and it is healthy to see how others have approached what you are trying to do your best with. Keep finding joy in what you do to improve the lives of others. ●

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has many patient resources on our website. Access the below resources and more at [OregonDental.org/For-The-Public](https://www.oregondental.org/For-The-Public)

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Need help finding a new dentist? ADA's Find A Dentist tool can help! Enter your address or zip code for a list of ADA member dentists near you.

Low Cost Dental Care

Learn more about the Oregon Health Plan and find resources across the state for low and no cost dental care.

Peer Review

Peer review is a process by which the dental profession reviews and resolves problems or misunderstandings regarding dental treatment. Peer review exists for the benefit of both the patient and the dentist.

Learn more about the program online at <https://www.oregondental.org/member-center/benefits-of-membership/peer-review>

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Fluoride: Nature's Cavity Fighter

ORAL HEALTH

By Kurt Ferré, DDS

FLUORIDE IS THE 13TH MOST COMMON ELEMENT

in the Earth's crust. Its beneficial quality in preventing cavities was discovered in the early 20th century, when young dentist Frederick McKay relocated his practice from the East Coast to Colorado Springs, Colorado. Upon opening his dental practice, he noticed two peculiar things in his new patients: an unsightly staining of their teeth and that these same patients had virtually no cavities.

Many years later it was discovered that the very high concentration of fluoride in the water was responsible for both observations. Eventually, a sweet spot at a far lower concentration of fluoride in the water would eliminate the staining of the teeth, while still providing the protective benefit of fluoride.

Sadly, Oregon ranks 48th out of 50 states in percentage of its residents on public water systems with access to fluoridated water. Consider yourself lucky if you are one of the 900,000 Oregonians whose water system is fluoridated.

Fluoride is available in many dental products that will help us maintain good oral health: in toothpaste, mouthwash, and fluoride varnish treatments at the dental office.

So, how does fluoride work? Two ways: 1) It has a pre-eruptive or systemic effect; and 2) a post-eruptive or topical benefit. During the tooth-forming years from birth to age 8, fluoride is incorporated into our tooth enamel. After teeth erupt into the mouth, fluoride works topically as it fights the sugar-acid challenges from food.

Our mouths are not sterile, and everyone has acid-producing bacteria or germs. Think of it as, "When we

eat, these germs eat, too." They take sugars or fermentable carbohydrates and produce acid within 20 minutes of eating a meal. None of us are aware of this microscopic war going on at the enamel surfaces of our teeth.

The acids cause a micro demineralization of our surface enamel, but here is where fluoride comes to the rescue!

Like a child collecting shells on a beach, fluoride gathers the demineralized calcium and phosphorus and reattaches itself to the enamel surface. This process is called remineralization. This fluoride-containing barrier acts like a bulletproof vest and gives the tooth added protection from future acid attacks. Yet, if a person's diet includes too much sugar-containing food and beverages, this extra protection will eventually break down and a cavity will form.

Practicing good oral hygiene on a regular basis is important to maintain good oral health. Keeping sugary drinks and snacks to a minimum, especially between meals, helps reduce the number of acid-producing germs. Our saliva is an important ally in that it contains compounds that help neutralize the acids. Plus, we swallow an average of 500-700 times a day! And every time we swallow, we swallow food debris, acids, and plaque, the soft film that other germs produce.

Yet, when we sleep, our saliva flow reduces upward of 70% as swallowing decreases from an average of 2-3 times a minute when we are awake to an average of 3 times per hour while we sleep. Yet, plaque continues to form on our teeth 24/7. When we brush in the evening before we go to bed, it's important to NOT rinse one's mouth with water afterward. Why? We want the fluoride in the toothpaste, which will stick to the forming plaque and, therefore, stay in close approximation to our enamel throughout the night.

Lastly, it's important to understand that one cannot have good health without good ORAL health. A professor in my first-year of dental school told me that dentists are not dealing with "heads on sticks." It's a lesson that I have never forgotten.

Thank you for scheduling regular dental visits for yourself and your family. Cavities are a preventable disease, and your dental team members will give you the knowledge and care to maintain good oral health throughout your lifetime. ●



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How About a Vaccine with Your Dental Check-Up?

VACCINATION

By Virginia Garcia Memorial Health Center

ONCE UPON A TIME, GETTING PREVENTIVE MEDICAL care at the same time as your dental check-up may have seemed too efficient to be possible, but at Virginia Garcia Memorial Health Center, that's exactly what they are trying to do. In a few short months, Virginia Garcia, a Federally Qualified Health Center (FQHC) serving Washington and Yamhill counties in Oregon, will begin offering the human papilloma virus (HPV) vaccine to patients as part of

their dental visit. The pilot program will initially be offered at two of their six clinics and is part of a grant from the Knight Cancer Institute.

Giving vaccines isn't new to the dental teams at Virginia Garcia. When COVID-19 vaccines were on the horizon in late 2020, they had a lofty organizational goal to vaccinate 30,000 individuals and knew that would require an all-hands-on-deck effort to reach this goal. Dentists, and later dental hygienists, were a

big part of the vaccination efforts, ultimately delivering nearly 6,000 doses of vaccine on the way to reaching 30,000 vaccinated community members. The organization reached that goal at the end of 2021, and the success of the program led to training dental providers on delivering flu vaccines and assisting with flu vaccine clinics.

Many states currently allow limited vaccine types to be administered by dental providers, like COVID-19 and



ALL PHOTOS LISA BOZZETTI, DDS



“The integration of vaccinations into the dental clinic workflow at Virginia Garcia was a critical element to ensuring medical and dental services worked together for the total health of the patient.”

*Lisa Bozzetti, DDS,
Dental Director
Virginia Garcia Memorial
Health Center*

flu vaccines. Oregon, however, took it one step further. In 2019 House Bill 2220 was introduced by the Oregon Dental Association (ODA). The bill allowed dentists to provide any vaccine to any age after taking an Oregon Board of Dentistry-approved vaccine course. HB2220 had strong

support from the only dental school in Oregon, Oregon Health & Science University (OHSU), and it was a natural progression for the dental community. Dentists, who are already adept at giving injections in a very small and difficult space and trained to handle medical emergencies,

found the transition to administering a vaccine a natural next step. This new role helped increase access to necessary vaccines, while creating more points of integration between medical and dental services.

Josh Kim, DDS, a vaccine-trained dentist at Virginia Garcia and private practitioner, invested in equipment to be able to provide COVID-19 vaccines in his office. “Mirroring the amazing systems and training from Virginia Garcia made it easy for me to adapt a vaccine program for the community... it was a great community effort where every piece moved together very efficiently and served the patients in the community who were asking for vaccines,” Kim said.

Once Virginia Garcia had completed training with their dentists, they began looking to their dental hygienist team. Hygienists could join the vaccinating teams by being delegated the task from a physician. Hygienists were ready to meet the need.

Dental hygienist Rachel Patrick, RDH, EPP, shared her experience working in the vaccine clinics. “It was such an incredible experience. One of my favorite things was running into our dental patients and having them make the connection that I am their hygienist also. I would encourage those patients I hadn’t seen in a while

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to make a cleaning appointment. It was great to see that integrated care in reality,” she said.

Virginia Garcia has found great success by including dental providers in the delivery of vaccines. The new process not only expands the services of the dental clinics, but also ensures patients stay healthy by recommending, and administering, overdue vaccines as part of the dental visit.

The past year has seen great strides in the integration of medical and dental care. Looking forward, Virginia Garcia hopes to continue this work by not only increasing the services provided inside the clinic, but also offering skills development and career advancement to those already working at the clinics. They are also looking for ways to bring in new talent through workforce development programs, offering individuals that have an interest in a dental career, but lack the necessary education, the opportunity to learn on the job.

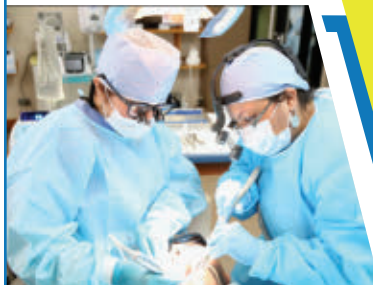
“I am excited about what the future of dentistry holds,” said Bozzetti. “Integrated care means a healthier community and more ways for medical and dental communities to work together, innovating new ideas that address the whole person.”

Virginia Garcia Memorial Health Center is currently hiring. If you have an interest in learning more about career opportunities in health care, go to virginigarcia.org/careers 📍

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The Tom Tucker Humanitarian Award

THE TOM TUCKER HUMANITARIAN AWARD was established in 2017. It was named after Dr. Tom Tucker, a previous ODA leader and all-around wonderful person. He contributed so much to organized dentistry, the dental profession as a whole, and his community. He was an incredibly gifted and talented individual, and we were devastated to lose him far earlier than we ever expected. As a way to honor his legacy, the Tom Tucker Humanitarian Award was created and is the highest humanitarian and service award for the dentists of Oregon. The award is presented annually at the ODA House of Delegates to an individual who mirrors the image of Dr. Tom Tucker with a can-do attitude and a genuine desire to serve the common good.

Award Criteria:

- A significant number of years as an ODA member.
- Active in leadership roles within the ODA and their local component society.
- Demonstrated commitment to being an active member in their local communities.
- Demonstrated to their communities and the ODA a unique attitude and a willingness to serve.
- Mirror the image of Dr. Tom Tucker with a can-do attitude and a genuine desire to serve the common good.

Tom Tucker Humanitarian Award Recipients



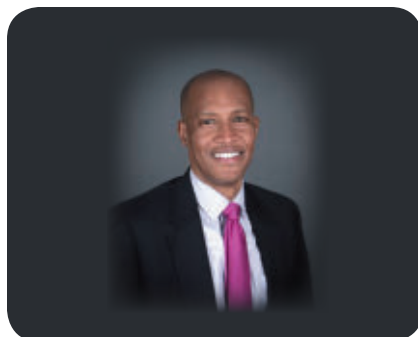
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2018: Dr. Tom Pollard



2019: Dr. Connie Masuoka



2020: Dr. Jim Smith



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