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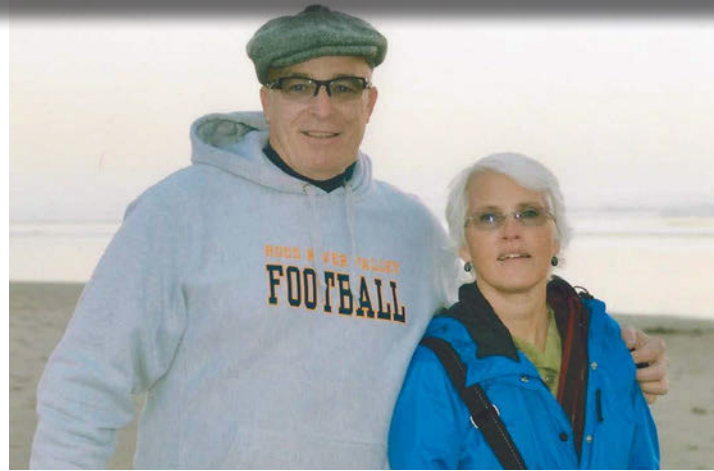
2017 —HOUSE OF— DELEGATES

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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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Vote ‘Yes’ on Ballot Measure 101 on January 23



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

Editor,
Membership Matters

barrytaylor1016@
gmail.com

THE OREGON DENTAL ASSOCIATION'S BOARD OF TRUSTEES has decided to support Oregon Ballot Measure 101. Support stems from the fact that the ODA, as a healthcare association, has an obligation to advocate for ensuring healthcare coverage for all Oregonians.

Passage of Measure 101 — which is descriptively titled, “Approves temporary assessments to fund health care for low-income individuals and families, and to stabilize health insurance premiums. Temporary assessments on insurance companies, some hospitals, and other providers of insurance or health care coverage. Insurers may not increase rates on health insurance premiums by more than 1.5 percent as a result of these assessments” — will protect medical and dental coverage for 1 in 4 Oregonians, including the 400,000 children who depend on the Oregon Health Plan. By funding the Oregon Reinsurance Fund, the measure also lowers and maintains healthcare premiums for about 200,000 people who purchase insurance in the individual market.

Measure 101 is a referendum (or a political check) on work from the 2017 legislative session. It was brought forward by legislators concerned with HB 2391. In 2017, the Legislature approved HB 2391 as a means of funding the budget shortfall for Medicaid. As had been done in previous years, HB 2391, according to information from the ODA, “reinstated a 1.5 percent assessment on premiums, PEBB, and managed care organizations for the next two years. An additional 0.7 percent assessment will be taxed on hospitals (the rate was raised from 5 percent to 6 percent with all but 0.7 percent returning to the insurer through federal Medicaid match).” Opponents of the bill were concerned that this assessment was nothing

more than a sales tax on health insurance. The opponents state that the funds could be raised via other means such as a cigarette tax and/or a smaller provider tax. They also suggest that much of the funds could be found via eliminating fraud and mismanagement.

The funds produced by HB 2391 were built into the budget passed in 2017. Legislators passed a different bill in 2017 requiring a special election if this issue were referred to the voters. If the assessment is removed by voters, the budget would have to be adjusted in 2018. If HB 2391 is repealed by voters, it is estimated that legislators in 2018 will have to find a way to fill a gap of between \$210 million and \$320 million, resulting in the additional loss of potentially \$5 billion in federal matching funds. Without the funding, the options to balance the budget would be to decrease the number of enrollees on Medicaid and/or decrease reimbursement rates to providers or services covered.

The ODA’s Board of Trustees heard from legislators representing both sides of the ballot measure and decided to vote “yes” because the possibility of so many Oregonians losing healthcare coverage was not worth the risk of repealing the assessment and having to find funding through other means. The risk of finding other ways to make up the budget shortfall is not worth the possibility of losing the federal matching funds.

The Oregon Dental Association serves our member dentists and is also an advocate for ensuring all Oregonians have access to health care. By encouraging a “yes” vote, we are joining with groups such as the Oregon Medical Association, MODA, Kaiser, Community Care Organizations, and many others that understand this is the best way to protect critical healthcare coverage for our friends, neighbors, and patients. ●

The opinions expressed in this editorial are solely the author's own and do not reflect the views of the Oregon Dental Association or its affiliated organizations.

Welcome New ODA Members!

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Multnomah Dental Society

Brad Anderson, DMD
Umpqua Dental Society

Robert Andreotti, DMD
Washington County Dental Society

Taylor Bennion, DMD
Marion & Polk Dental Society

Richard Bradshaw, DDS
Southern Oregon Dental Society

Melissa Brady, DMD
Multnomah Dental Society

Aaron Bynum, DMD
Multnomah Dental Society

Jun Hyug Choi, DDS
Washington County Dental Society

Paul Choi, DMD
Umpqua Dental Society

Amberena Fairlee, DMD
Central Oregon Dental Society

Trevor Frideres, DMD
Central Oregon Dental Society

Mikhail Garibov, DDS
Marion & Polk Dental Society

Ronald Haider, DMD
Marion & Polk Dental Society

Allison Hallin, DMD
Southern Oregon Dental Society

Sean Hanson, DMD
Marion & Polk Dental Society

Keith Herkert, DMD
Multnomah Dental Society

Kara Hobson, DMD
Mid-Columbia Dental Society

Georgana Jamison, DDS
Clackamas County Dental Society

Julie Hughes, DMD
Marion & Polk Dental Society

Jason Kim, DDS
Multnomah Dental Society

Seong Kim, DMD
Multnomah Dental Society

Douglas Knecht, DMD
Lane County Dental Society

John Park, DDS
Lane County Dental Society

Chris Primley, DMD
Multnomah Dental Society

Jonathan Roxas, DDS
Multnomah Dental Society

Rachel Schultz, DMD
Southern Oregon Dental Society

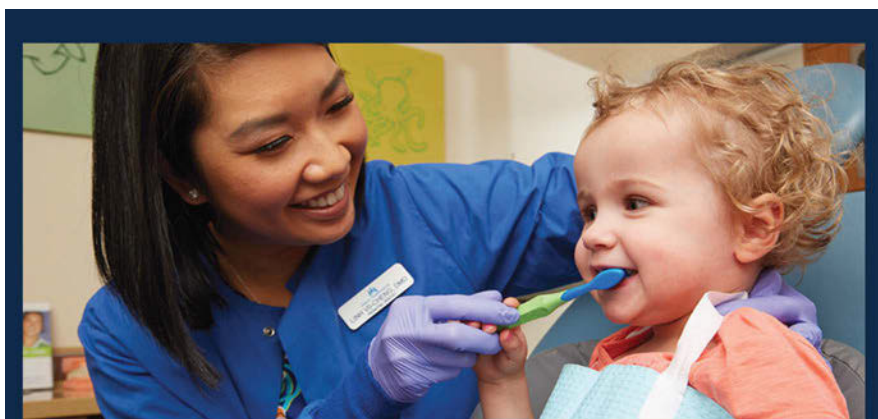
Colin Taggart, DMD
Mid-Columbia Dental Society

Nicholas Tapp, DMD
Washington County Dental Society

Joseph Tran, DM
Multnomah Dental Society

Thasnavadee Phromcotikul, DMD
Washington County Dental Society

Anita Trieu, DMD
Multnomah Dental Society



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Events & Education

Component CE Calendar



CONTINUING
EDUCATION

Calendar provided by Mehdi Salari, DMD

Date	Host Dental Society	Course Title	Speaker	Hours CE	Location	More Information
01/09/18	Marion & Polk	Interdisciplinary Orthodontics: The Reward of Dental Teamwork	Reid Amborn, DMD, MS	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentalce@qwestoffice.net
01/09/18	Washington	Infection Control	Phil Porer	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx - contact@wacountydental.org
01/17/18	Multnomah	Practice Management Course	Brad Larsen, DMD	2	Milwaukie (Moda Plaza)	multdental@aol.com or lora@multnomahdental.org
01/23/18	Clackamas	Endodontics	Dr. Tselnik	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
01/25/18	Southern Oregon	Dental Unit Water Lines Update	John Neilsen (Neilsen Research)	1	Medford (Los Arcos)	Contact Jana - sodentalsociety@gmail.com
01/26/18	Lane County	Risk Management	Chris Verbiest	3	Eugene, Center for Meeting & Learning	lanedentalsociety.org
02/13/18	Marion & Polk	Prosthodontic Principles to Maximize Results in the Esthetic Zone	Lauren Manning, DDS, DMSc	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentalce@qwestoffice.net
02/21/18	Multnomah	Cannabis and Oral Health	Barry Taylor, DMD & Dr. DeVencenzi	2	TBD	www.multnomahdental.org or lora@multnomahdental.org
02/27/18	Clackamas	ODA Update	Conor McNulty	1	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
03/13/18	Marion & Polk	Getting to & Through Your Retirement	Larry Hanslits, CFP	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentalce@qwestoffice.net
03/13/18	Washington	You, the Law and the Board	Grant Stockton, JD	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx - contact@wacountydental.org
03/16/18	Southern Oregon	Early Detection of Oral Cancer	Dr. Cindy Klienegger	2	Medford (TBD)	Contact Jana - sodentalsociety@gmail.com
03/21/18	Multnomah	Search Engine Optimization	Scott Hendison	2	Moda Plaza, Milwaukie	multdental@aol.com or lora@multnomahdental.org
03/20/18	Clackamas	Oral Surgery	Dr. Brett Sullivan	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
04/24/18	Clackamas	Tooth Wear: Diagnosis & Treatment	Dr. Silvia Amaya Pajares	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
05/08/18	Marion & Polk	TADs & Mini Implants	David Swiderski, DDS, MD	1.5	Salem (West Salem Roth's)	Contact Sabrina - mpdentalce@qwestoffice.net
05/08/18	Washington	TBA	David Petrisor, DMD, MD	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx - contact@wacountydental.org
05/10/18	Southern Oregon	Are You Prepared for Retirement?	Shannon York (Edward Jones)	1	Medford (Los Arcos)	Contact Jana - sodentalsociety@gmail.com
05/21/18	Multnomah	Annual Awards Dinner/Table Clinics	Multiple	2	Multnomah Athletic Club	multdental@aol.com or lora@multnomahdental.org
05/22/18	Clackamas	Pedo/Ortho Panel	TBD	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
12/11/18	Marion & Polk	Risk Management	Chris Verbiest	3	Salem (West Salem Roth's)	Contact Sabrina H. - mpdentalce@qwestoffice.net

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DR. THERESA TUCKER'S TWIN SISTER, BECKY SCHMITZ, is shown wearing Dr. Tucker's ODA scarf during a trip to Antarctica and the South Pole. Ms. Schmitz loves to travel and has performed seasonal work fueling ships and airplanes in Antarctica for the past three years. The ship shown behind her is the research vessel Nathaniel B. Palmer, which she refueled. She is also shown with Dr. Tucker.

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





Mimi Whittemore, DMD, Managing Dentist



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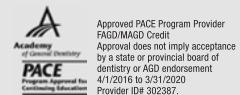
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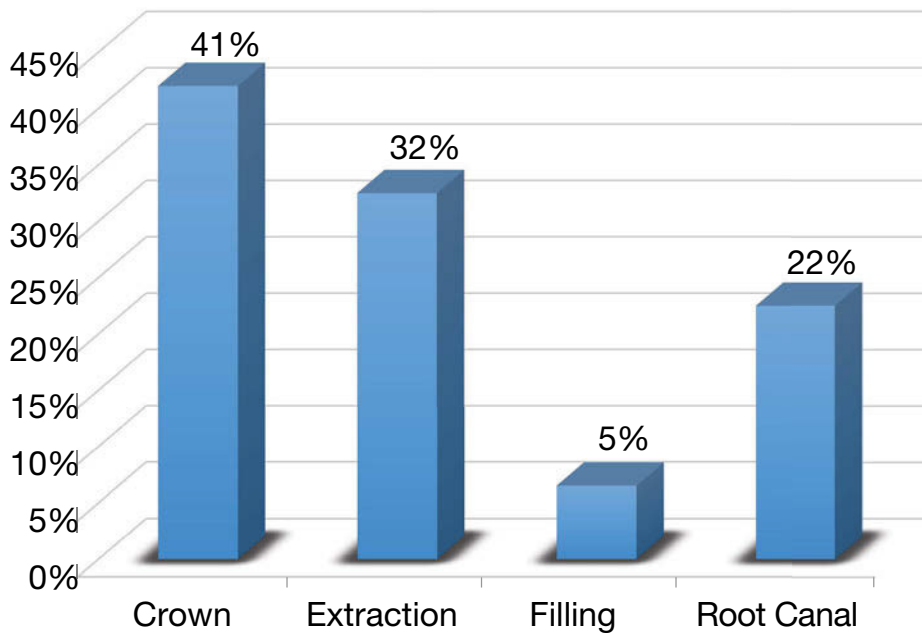
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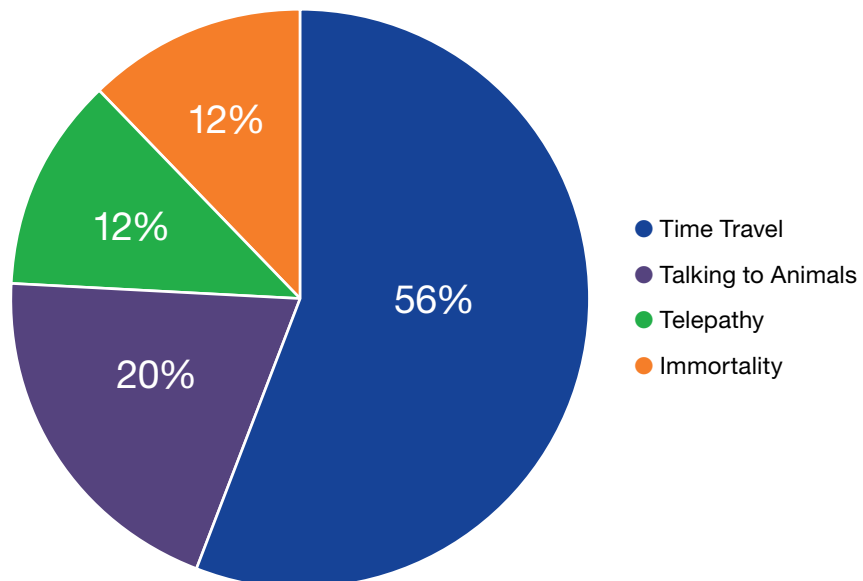
Membership Poll Results!

IN AN EFFORT TO LEARN MORE ABOUT our members, we've started to include a poll question in each issue of the ODA Insider e-newsletter. Below are September and October's results. Please keep an eye out for future questions and be sure to participate!

What is your favorite dental procedure?



In the spirit of Halloween, if you could choose one of the following superpowers, what would it be?



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THROUGH THE LOUPES



Get to know the ODA volunteers working on your behalf. This month we focus on an at-large member of the ODA Board of Trustees.

Sarah P. Post, DMD Central Oregon Dental Society



Dr. Sarah Post

Q. What do you do outside the office to stay balanced/for fun?

A. Well, I'm pretty bad at sitting still in the office or outside the office! I love to run — be it adventuring in the mountains, roads, trails or just about anywhere! I love being outside and exploring. I also enjoy playing the piano, traveling, skiing, and spending time with my wonderful friends and family.

Q. Why do you love dentistry?

A. First of all, I feel so lucky to be a pediatric dentist. I truly do love working with and being surrounded by kids all day. It is the most rewarding feeling in the world to help children gain confidence in the dental clinic setting — not just for the hour, or the day, but for life. I love their curiosity for all things in the office, overcoming their fears, and developing a trusting relationship with them. In my clinic, I see quite a few youngsters with toothaches, and being able to help them is the greatest feeling in the world. Stories of how they are “raking in the big bucks now” because they got \$2 from the tooth fairy, or are



Dr. Sarah Post, right, and Dr. Brittany Fox providing free dental care in Antigua, Guatemala.

jumping around the operatories showing me their new light-up shoes doesn't and never will get old.

Q. If you could impart any wisdom to new dentists (pre-doctoral students, or pre-dental students, depending on the member), what would it be?

A. It would be to have fun, be a lifelong learner and to be an active member of organized dentistry.

Q. How has the ODA contributed to your leadership skills?

A. Being a member of the ODA and on the Board of Trustees has brought me into a beautiful network of smart, motivated, caring and truly inspiring people. It has given me a unique networking opportunity to interact with colleagues with whom I may not otherwise connect. It is a group of people who work hard, work collaboratively and communicate well. Being a leader isn't something you learn in dental school or



PHOTO BY BLAKE LUNDSTROM

Dr. Sarah Post running Green Lakes Trail, Three Sisters Wilderness.



Dr. Sarah Post at the Brandenburg Gate — The finish line of the 2017 Berlin Marathon.

overnight — it takes skill development, time, encouragement and practice. Having the ODA to help support me and guide me in developing leadership skills is something I will always cherish and strive to continue enhancing and help others with.

Continued on page 34

DOPAC Engagement at the House of Delegates

THE DENTISTS OF OREGON POLITICAL ACTION COMMITTEE

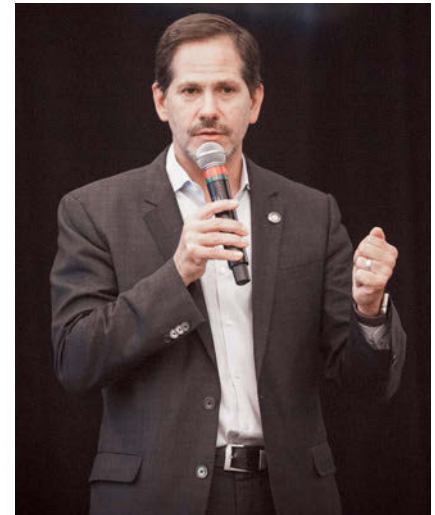
is a proud member of the “tooth party,” supporting candidates from both political parties who will advance oral health issues in the state. When delivering checks to candidates, the DOPAC Board seeks out ODA members to participate. Connecting ODA members directly with candidates builds relationships and furthers ODA’s advocacy efforts.

One of these opportunities to connect to a candidate arose at this year’s ODA House of Delegates, when ODA members met directly with gubernatorial candidate State Rep. Knute Buehler (R-Bend). Buehler is an orthopedic surgeon who currently

serves on the House Health Care and Revenue committees as well as the Joint Committee on Tax Credits and the Joint Ways and Means Subcommittee on Human Services.

DOPAC Chair Dr. Tom Pollard delivered DOPAC’s campaign contribution, and everyone in the room had the opportunity to meet Buehler and ask him questions.

A special thank you to all ODA members who participated in the Buehler event and other campaign events in 2017! There will be plenty of additional opportunities to attend campaign activities across the state in 2018. ODA welcomes member engagement in this important part of the political process. 📍



State Rep. Knute Buehler, Republican candidate for governor of Oregon, speaks to ODA members during a DOPAC-sponsored lunch at the ODA House of Delegates.



OHSU students with State Rep. Knute Buehler.



From left, State Rep. Knute Buehler, Dr. Fred Bremner, Dr. Ken Chung and Dr. Dan Miller.



From left, Drs. Bruce Burton and Brad Hester with State Rep. Knute Buehler.

Dr. Weston Heringer, Jr., Receives First Tom Tucker Humanitarian Award

By Barry Finnemore

IN OCTOBER 1999, WESTON HERINGER, JR., DMD, was on his second visit to Romania, providing free dental care at an orphanage. At one point during the trip, he was called downstairs under the pretense that someone wanted to talk with him on the telephone.

To his surprise, when he walked into the orphanage's dining room, scores of boys and girls began singing "Happy Birthday," then presented him with a birthday cake topped with two candles.

Dr. Heringer is hard-pressed to name just one experience emblematic of his decades of pro bono service, but he cites that outreach trip among several that underscore how appreciative people are who receive the gift of a bright, healthy smile.

"They were giving me what they could of themselves for me being there to serve them," he said. "It's probably the most memorable birthday I've ever had."

Dr. Heringer, who retired from dental practice in 2010 after a 39-year career — many of those providing charitable care, serving in leadership positions with the Oregon Dental Association and its Missions of Mercy, as well as working for

"Most of us go into health care because we want to help people and go beyond ourselves a little bit. In helping other people, I found out how much I improved."



Dr. Weston Heringer, Jr., and his family at the November 2017 ODA House of Delegates, where he received the inaugural Tom Tucker Humanitarian Award.

two years on the Dental Foundation of Oregon's Tooth Taxi — received the inaugural Tom Tucker Humanitarian Award in November 2017. The award was presented at the ODA House of Delegates.

Dr. Heringer said he was honored to receive the award but emphasized that he simply was fortunate to have found a fulfilling career that he enjoyed. His service was a product of wanting to give back and get outside his comfort zone.

"I never thought of myself as anything special," he said. "Most of us go into health care because we want to help people and go beyond ourselves a little bit. In helping other people, I found out how much I improved. I got a lot of personal satisfaction from having gone outside myself and pushed my limits."

Dr. Heringer graduated from what is now the Oregon Health & Science

University School of Dentistry in 1971, then was in active-duty service with the Army for four years. His stint in the military first exposed him to volunteer dentistry. While stationed in Panama, he traveled by dugout canoe and single-engine airplanes to remote villages, where he would extract teeth and give oral hygiene instruction, sometimes inside school buildings and with his patients sitting in kitchen chairs during exams.

After his active-duty service (he also was in the Army Reserve for 19 years), Dr. Heringer completed his residency in pediatric dentistry in Ohio, then returned to Oregon in 1977, taking over a small practice in Salem and opening a satellite office in Lincoln City. In 2004, he shifted gears, restarting the pediatric residency program at OHSU and working for a time with his son, Weston Heringer III, DMD. In 2008, he joined the Tooth



Dr. Weston Heringer at the 2014 Mission of Mercy clinic in Salem.

Taxi as its staff dentist, leaving OHSU and private practice. Before he committed to the Tooth Taxi, he talked with his wife about the opportunity, as the mobile dental unit is on the road for weeks at a time across Oregon.

Dr. Heringer said he was drawn to the Tooth Taxi by the opportunity to help underserved children and families and that his work on the mobile clinic was very efficient, enabling him to meet as many dental needs as possible for each youngster — from X-rays and cleanings to extractions and sealants. He recalled one boy who had a permanent molar that bothered him so much he had tried to pull it himself using pliers. During a Tooth Taxi visit, Dr. Heringer removed the tooth — a straightforward procedure but one that had a huge impact. “It was the first time in a couple of years,” Dr. Heringer said, “that he was out of pain.”

He also treated a boy with impacted central incisors, a couple of missing teeth and other needs, consulted an oral surgeon about the boy’s care, then connected him to an orthodontist so he could get braces.

“He goes back to school and is a totally different kid,” Dr. Heringer recalled. “He got his smile back. I was just one player in that scenario.”

Dr. Heringer’s service on the Tooth Taxi was impactful. During his time, he screened thousands of young patients and provided hundreds of thousands of dollars in care. He also



From left, Dr. Steven Timm, Chris Tucker, Dr. Weston Heringer, and Dr. Gregg Jones at the 2017 House of Delegates.

served as DFO board president and continues to serve the organization as a board member.

William Ten Pas, DMD, president of DFO’s Board of Directors, described Dr. Heringer — and his approach to service — as “remarkable.”

“The depth of his energy and enthusiasm is only surpassed by the size of his giving heart,” Dr. Ten Pas said. “He’s very quiet about [his service to others]. He just does it, and it’s really remarkable.”

Born in Portland and raised in McMinnville, Dr. Heringer recalled his family thought he ought to be a physician like his father. Well-liked and respected, the elder Dr. Heringer passed away from a heart attack, his third, during a meeting of the local school board, of which he was chair. Dr. Heringer was just 12 when his father died. He said he suspects stress contributed to his father’s passing. In thinking about a career back then, Dr. Heringer, who had an uncle who was a dentist and several relatives who were tradespeople, realized the more hands-on nature of dentistry appealed to him.

“You’re still helping people, but you’re not dealing with life and death,” he said.

Throughout his career, Dr. Heringer focused on volunteerism. In all, he made 19 trips overseas providing charitable care, many with Medical Teams International. He also was involved in ODA’s five Missions



Dr. Heringer with a patient and volunteer at the 2013 Mission of Mercy.

of Mercy, chairing the last two in Portland and Salem and also serving in lead positions at the other events. In all, Dr. Heringer provided dental care in seven countries and nine states during his lengthy career, touching countless lives.

Dr. Heringer’s main takeaway from his extensive volunteerism is “how positive people are. Our society is so wrapped up in the news and materialism. You go to places where people have nothing, and they are so happy. Money is a nice thing, but the reality is, you have to have contentment, and that comes from yourself. Dentistry is a gift you can share with people, and you can do it anywhere in the world — Salem, Portland, the coast, Panama, Romania, Cambodia. People had a need for what I could provide them.”

Do you have a colleague deserving of the 2018 Tom Tucker Humanitarian Award? Submit your nomination to the Leadership Development Committee at leadership@oregondental.org by July 1, 2018. ●

Actions of the 2017 House

THE 2017 ODA HOUSE OF DELEGATES TOOK PLACE

November 10-11 at the DoubleTree Hotel in Portland.

Following is a summary of actions:

Election Results

- Andrea Beltzner, DMD, Leadership Development Committee, three-year term
- Sean Benson, DDS, Leadership Development Committee, three-year term
- David Dowsett, DMD, Leadership Development Committee, three-year term
- Scott Hansen, DMD, Secretary-Treasurer, three-year term
- Greggery Jones, DMD, MAGD, Leadership Development Committee, three-year term
- Mark Miller, DMD, At-Large Trustee, four-year term
- Hai Pham, DMD, ADA Delegate at Large, three-year term
- Kevin Prates, DDS, At Large Trustee, four-year term
- Jossi Stokes, DDS, Leadership Development Committee, three-year term

2017-2018 Board

- Bruce Burton, DMD: President, Mid-Columbia
- James McMahan, DMD: President-Elect, Eastern Oregon
- Scott Hansen, DMD: Secretary-Treasurer, Multnomah
- Jason Bajuscak, DMD: At-Large Trustee, Multnomah
- Matthew Biermann, DMD: At-Large Trustee, Washington County
- Kenneth Chung, DDS, MPH: At-Large Trustee, Clackamas County
- Brad Hester, DMD: At-Large Trustee, Central Oregon
- Mark Miller, DMD: At-Large Trustee, Yamhill County
- Mark Mutschler, DDS, MS: At-Large Trustee, Multnomah
- Sarah Post, DMD: At-Large Trustee, Central Oregon
- Kevin Prates, DDS: At-Large Trustee, Mid-Columbia
- Deborah Struckmeier, DMD: At-Large Trustee, Multnomah
- Frances Sunseri, DMD: At-Large Trustee, Clackamas County
- Paul Lamoreau: OHSU-ASDA Representative
- Francis Allen, DMD: ADA Delegate at Large, Marion and Polk
- Ilkyu Lee, DMD: Speaker of the House, Multnomah
- Hai Pham, DMD: ADA Delegate at Large, Washington County
- Barry Taylor, DMD: Editor, Multnomah

Awards

Presidential Citations were presented to the following individuals for significant contributions to the ODA and the dental community.

- Kurt Ferre, DDS
- Fred Bremner, DMD
- Robert Gootee
- Teri Barichello, DMD

The inaugural Tom Tucker Humanitarian Award was awarded to:

- Weston Heringer, Jr., DMD

Leadership Pins: *(completing term as council/committee chair, officer or trustee)*

- Fred Bremner, DMD, Secretary-Treasurer
- Greggery Jones, DMD, MAGD, President
- Steven Knapp, Board of Trustees
- Mark Miller, DMD, Board of Trustees
- Hai Pham, DMD, ADA Delegate at Large

Service Pins: *(completing term as council/committee member)*

- Kurt Ferre, DDS, Government Relations Council
- Tom Pollard, DMD, Leadership Development Committee
- Bill Warren, DDS, Leadership Development Committee

HOD Resolutions Report

BOT-1-17: PASSED

At its July 28, 2012, meeting, the ODA Board of Trustees decided that, as the cost of living continues to increase and in order to provide the same level of valuable programs, an annual dues increase should be instituted. At this meeting, the Board moved that the ODA would annually increase dues by the Portland Consumer Price Index (CPI) as of the end of the previous year. The 2016 End of Year CPI is 2.6 percent, which translates to a \$16 dues increase.

BOT-2-17: PASSED

For several years, the Leadership Development Committee and Board of Trustees have discussed concerns and conceptual solutions to ensure basic core services are available and sustained for members, regardless of which component society their membership is based in. The ongoing challenge is addressing the individual society capacity, knowledge, leadership development, continuity,



funding and access to quality education programs and speakers.

To generate as much input from society leadership as possible, a mega-issue discussion will be facilitated at the 2017 ODA House of Delegates. The ODA will then create a task force, appointed by the Board of Trustees, to explore component education and support, including governance implications, and report its findings and recommendations back to the 2018 House of Delegates.

BOT-3-17: PASSED

The 2016 American Dental Association’s House of Delegates adopted an amendment of Chapter I of the ADA Bylaws by passage of resolution 79H-2016. Resolution 79H-2016 states that individuals are eligible for membership in the ADA if, among other criteria, they hold a DDS, DMD or equivalent degree without any requirement for licensure.

Thus, for an alignment of the ODA bylaws with the ADA passage of resolution 79H-2016, the ODA would remove the requirement of licensure from the active membership

category and would assume membership approval based on all applicants having a DDS, DMD or completion of a predoctoral dental education program of not less than two years accredited by the ADA.

BOT-4-17: PASSED

At its September 15, 2017, meeting, the Board of Trustees discussed the ODA House of Delegates and its location moving forward. The Board recommends a meeting rotation be established, alternating between Portland and Central Oregon, to ease planning and hopefully increase delegate participation. The rotation will begin in 2018 with the House being held in Central Oregon.

LDC-1-17: PASSED

Currently, both the Government Relations Council and the Board of Trustees focus a great deal of energy on strategic legislation related to dentistry, while neither group has a primary focus and adequate representation on regulations related to dentistry. The association has repeatedly had difficulty obtaining necessary input from a representative

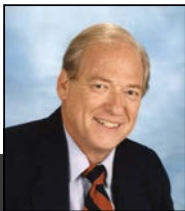
TRANSITION POINTER

RECENT PRACTICE TRANSITIONS

- **Stephen Hough DDS & Jeremy Haider DMD** – Salem
- **Dennis Clark DMD (OMS) & Tyler Clark DDS** - Tigard
- **Sue-Chin Liu DMD (Ortho) & Vanessa Peterson DDS (Ortho)** – Lake Oswego
- **David Renton DMD & Mazyar Afshar DMD** – West Linn
- **Glen Shimshak DMD & Jason Bajuscak DMD** – Portland
- **Linda Bullock DMD & Ben Naylor DDS** – Springfield
- **Ronald Nielsen DMD (Deceased) & Brett Johnson DDS** – Anchorage
- **Keith Doty DDS & Raoul Calderon DMD** – Tigard
- **Kenneth Hawk DMD & Jeff Mulford DDS** – Eugene
- **Todd Holton DMD & Dimitri Varelzdis DDS** – Medford
- **Keith Berg DMD & Jed Taucher DMD** – Medford

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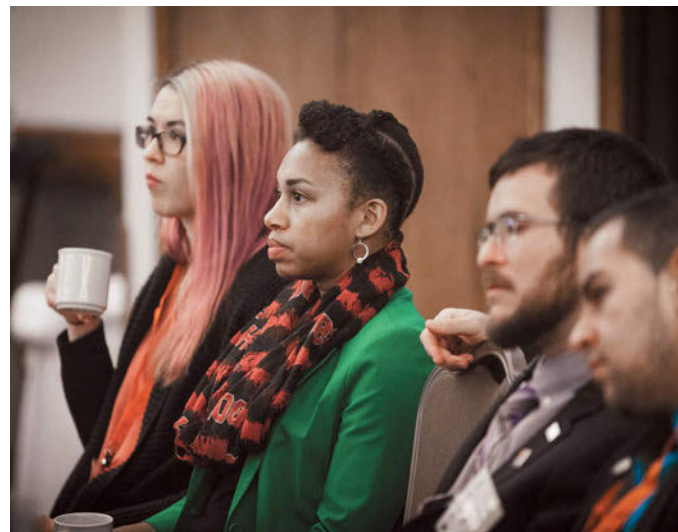


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sample of membership on pending regulatory matters before the Oregon Board of Dentistry and other state agencies. Additionally, very few association members attend Board of Dentistry public meetings, with the exception of assigned liaisons from the ODA Board of Trustees. ODA has made concerted efforts to increase member involvement in the legislative process. A similar effort is needed to get focused member involvement in the regulatory process.

With input from ODA officers and staff, the Leadership Development Committee proposes that the Board of Trustees create a “Legislative Session Task Force” each year in order to best prepare for the changing legislative issues. The Board would be given flexibility to determine the size and scope of the task force each year based on anticipated legislative issues. As task force members, these content experts should be prepared to participate in regularly scheduled meetings or conference calls, potentially testify at hearings and perform other

tasks as necessary to implement the association’s legislative agenda. While ODA has reached out and identified additional members to participate, testify and engage on topics each legislative session, this structure would formalize and better position the association and Board to be as proactive as possible in identifying and engaging members with subject expertise in specific areas of interest for the association and the profession.

The scope of work of the current Government Relations Council should be shifted to focus on regulatory issues handled by the Oregon Board of Dentistry and other government agencies handling regulatory issues relevant to dentistry. In addition, this council will filter requests and identify candidates to serve in an advisory capacity for affiliated organizations and association-supported efforts. With a refined scope, this council should be renamed the Regulatory Affairs Council and remain aligned with the Board of Trustees and ODA’s Strategic Plan and Objectives. ●

Outgoing President's Address

By Dr. Gregg Jones

GREETINGS, HOUSE OF DELEGATES AND GUESTS.

Here we are, some 13 months after the last meeting of this House of Delegates, and I have to report that being your President of the Oregon Dental Association has been a great fulfillment for me, both professionally and personally. You also have to know that serving for 13+ months makes me one of, if not the, longest standing ODA Presidents ever. Next year, Dr. Burton has a much shorter term, and I know he is dancing a jig in happiness.

You and I are well aware that it is all too easy to get caught up in the everyday challenges of our profession, and as I wind up this more-than-a-year as your President, I think it's important that we as an association take a breath, just for a moment, and look at ourselves — at *who we are*.

We are a serving profession. Each of us individually gives in a multitude of different ways. Not only to our patients, but also to our communities, our service groups, our legislatures, our churches, our hobbies and passions, and hopefully, to the most important base of all: our families. We are people who live to teach, serve and give. That is why we are in the healing arts, and we have every right to be proud of *who we are*.

And when we come together, wonderful things happen. The advantages we as dental professionals are privileged to have don't come easy. We enjoy excellence in education, innovations in health delivery, high esteem among the

general public, and support in acquiring and maintaining highly trained and well-honed skills. These privileges are a benefit from the work of many, many people, including our professors, fellow dentists, legislators and staff at the central association office. These people have, over the years, taken the extra steps to give, to formulate and to secure what we have now. That is the heart and soul of this association. That is *who we are*.

Members join the ODA for many reasons: advocacy, CDE, or perhaps just thinking it is the right thing to do; but well above any of these reasons is that people join for a sense of community, a place to belong. Although we have all this electronic communication, it often feels like we are more alone than ever. We can't take on this big, changing world by ourselves, spending our days just plodding through a mass of e-mails, living an insulated life in the lonely cocoon of the World Wide Web. There is simply too much going on to try flying solo while handling the demands of life, continuing to give our all to our patients, finding time for friends, and taking care of family. We need companions to join us along the path — colleagues who truly get what we face. We need to congregate in fellowship, to get each other's support and to enjoy each other as fellow travelers. The ODA provides opportunity for that essential fellowship. That's *who we are*.

In appreciation, I want us to take a moment together to give thanks and credit to those who so well deserve it.

There are some individuals here who give a lot of their time and deserve a round of thanks. I would like all members of the BOT, members of our standing councils, and past officers to stand and be recognized. Please join me in thanking them.

In addition, we all need to say "Thank you" to the unique, progressive and nonstop assistance from the central office of the Oregon Dental Association. We are indeed fortunate to have Conor McNulty and staff, for they are one of our greatest assets.

Many of you may not realize how many moving parts there are with this unique association. There is delicate coordination, countless meetings and many agendas that involve Conor, the central office, the dean of OHSU, MODA, our in-house legislative lobbyist, the Oregon Board of Dentistry and the Oregon Health Authority. All of this collaborative work directly affects dental health delivery here in Oregon. We stand shoulder to shoulder with all of these groups — and our ability to be nimble and ready with smart responses on short notice has been greatly to our benefit.

Sometimes organizations and associations are "dull, unresponsive, and not approachable." Well let me assure you, that is not the case with the ODA. The BOT has been united with me in seeking new and better ways to reach our goals. Our message is, "We are unique, and let us look forward instead of back." So, this is the time for us — the leaders of



“We are people who live to teach, serve and give. That is why we are in the healing arts, and we have every right to be proud of who we are.”

the ODA — to think strategically and challenge history and tradition.

I’d like to challenge us all to think about a few things:

1. What if we could guarantee consistent member service and a fantastic experience for all members around the state, regardless of your practice type or location?
2. What if the ODA expanded educational offerings beyond the ODC, partnering with component societies to provide high-quality, regional symposiums and unique educational experiences at minimal cost to the member and society?
3. What if we could better harness the input, participation and voices from volunteers across the state as part of our advocacy efforts and the Action for Dental Health?
4. What if these changes could be accomplished by exploring and piloting a different component structure for this unique and progressive state? Here in Oregon we have 16 components. Arizona, a close comparison in size and membership, effectively delivers services through only five components/districts.

5. What if we could enhance this House meeting to help educate members and leaders around the state on key issues and decisions and remove barriers to participation for delegates (i.e., time, cost, travel, etc.)?
6. What if we have a one-day House of Delegates meeting in 2018? It’s already in the works for next September in Bend.
7. What if this whole process starts this weekend? I encourage you all to take an active role in the caucus breakfast and component structure discussion tomorrow morning.

These are all innovative ideas, but they can happen. It is up to all of us to come together and decide how we can be more progressive and meet more of your needs going forward.

This is indeed a dynamic challenge. Remember, just as in your practice, you have to be constantly evolving to be unique, so too we must be within this association.

This past year has been so informative; I have learned so much, and I am grateful to have met many people who are totally focused on

dentistry. We’ve had lively and inspiring conversations about how we can make our associations more innovative and responsive. Your incoming president, Dr. Burton, is, as the saying goes, “champing at the bit” to get going. As a leader, you will find that his ideas are well-founded, he comes with a huge skill set, and I have all confidence that he will be a dynamic success.

I came into this office with the proposition that “we are unique, and we have every right to be proud of *who we are.*”

And as the BOT and the ODA office will tell you, I am a fired-up kind of guy with a huge passion about our profession. It has been my goal to effect change, bring forth new ideas, and challenge the status quo. And it has been with your help and support; I know that we have succeeded.

So remember, apathy will get you nowhere, and engagement makes us lead.

So, stand tall; be proactive, and be proud.

Thanks, to all of you for allowing me to serve. ●

Incoming President's Address

By Dr. Bruce Burton

GOOD MORNING, TEAM ODA.

First and foremost, please accept my thanks for the honor and privilege to serve you.

My comments today will involve some opportunities we have from current and future challenges that face our team.

Before I start, I want to share what our daughter Megan gave me as advice before we met her French in-laws for the first time. She said, "Dad just do NOT be yourself, and you will be fine."

Humor helps me deal with many situations. Sorry, I'm still going to be myself today. I will do my best to make this presentation worthy of your valuable time.

No one undertakes a journey alone. When you look at whether or not to take on a leadership role, you want to know who else will be on the bus with you. It would be impossible to find better people to be on this team bus than our second-to-none Executive Director, Conor McNulty, and our incredible outgoing President, Gregg Jones. Conor and Gregg both know leadership is all about relationships, and they fully demonstrate what the following short course on human relationships is all about.

Words have a value in building relationships and great teams.

- The least important word in team is "I."
- The most important word is "We."
- The next two most important words are "Thank you." You cannot say them too much.
- The next three words are "All is forgiven."

- The next four words are "What is your opinion?" These words are very empowering.
- The next five are "You did a good job."
- The last six most important words are "I want to understand you better."

These valuable words, used generously, will strengthen our relationships and make us a mighty powerful team.

Relationships are the glue that holds team members together. We cannot succeed without the help of others. We are blessed to be helped by an amazing staff that is made up of some of the hardest-working and most caring people you could ever meet. Executive directors of components and staff, please stand. Please join me in acknowledging and thanking them!

Why does the Oregon Dental Association exist?

The team's core purpose is "to advance the dental profession and to promote the highest standard of oral health and oral health care."

We aim to always demonstrate these core values:

- Integrity, honesty, ethics
- High standards and quality care based on scientific principles and clinical judgment
- Lead, represent and provide service to the profession and the public; patient advocacy; promote the value of health; and, not least
- Education.

The ODA Strategic Plan for 2016-2019 has four goal areas for our game plan:

1. Engagement — ODA member engagement adds valuable

support and enhanced experience for our community.

2. Awareness — ODA is the trusted leader in oral health.
3. Learning — ODA provides access to essential and emerging professional development experiences.
4. Organizational capacity and resources — ODA has the appropriate resources to support association programs and strategic initiatives.

We can be proud of how everything we do in the ODA is directed at making sure we are addressing these goals — from the budget to how all our meetings are structured. It is easy to put something on paper but much harder to try to live it.

It is extremely exciting to see us roll out the first year of the Leadership Academy. Finding a way to help and attract new leaders to come forward is a must. I am very passionate about our doing everything we can to help leaders develop skills to be effective and enjoy meeting the challenges that lie ahead.

We know there are a lot of talented dentists in Oregon with different skill sets that could help us be much more effective in fulfilling our mission. The challenge is finding out who they are and establishing a relationship with them to get them on our bus.

We face a major challenge with our fellow dentists today: apathy. The staff and leaders struggle to get a response even when we are offering to help. The best way to overcome this is one-on-one connection by you at the local level.



From left, Dr. Mark Mutschler, Dr. Sarah Post, incoming President Dr. Bruce Burton, Dr. Olesya Salathe and Dr. Fariba Mutschler at the 2017 ODA House of Delegates.

But we need to do more than contact them; we need to reach them — and how do we do that?

We know we can't move people to action unless we first move them emotionally. One of the most watched videos on the TED Talks site a couple of years ago was a presentation by Simon Sinek, author of *Start with Why*, who expressed what most of us innately know: People don't buy what you do; they buy why you do it. He argues that, because of the limbic — a nerve center buried deep within the pre-linguistic core of our brain — the way we feel about something is more important than what we think about it. In other words, when given the choice, we follow our gut.

I enjoy reading books on leadership and team building. I would like to share something from the book *Reinvention, Accelerating Results in the Age of Disruption* by Shane Cragun and Kate Sweetman. In their book, the authors talk about how more and more shoppers are opting for fresh, organic choices, and this is costing packaged food companies serious market share. In fact, the top 25 U.S. food and beverage companies have lost more than \$18 billion in

value since 2009. And that trend is picking up steam.

An Edward Jones analyst suggested that the major food labels' fundamental existence is being challenged. The big questions in the food industry are these: Can industry leaders reinvent fast enough to right the ship? And can they transition from being organizations that are decelerating to ones that are back on track?

Much of this depends on the eventual outcome of a powerful metaphor they discovered while researching this subject. A respected industry analyst offered this: "I would think of these big food companies like melting icebergs. Every year they become a little less relevant."

Wow. Melting icebergs.

This leads to four questions any organization should ask to confront the brutal facts:

1. Melt rate — Is your professional or organizational iceberg melting? If so, at what rate? And why?
2. Relevance trend — Are you and the organization you lead increasing in relevance in the eyes of customers and shareholders or decreasing in relevance? Why?

3. Adding value — Do you continually push yourself and your organization to add great value to customers and stakeholders? Why, or why not?

4. Internal vs. external changes — Is your current and projected rate of internal change greater than the current and projected speed of external change? Why, or why not?

When we work on our strategic plan, these should be questions we ask ourselves to make sure we are not melting and that we are taking advantage of opportunities that present themselves in a world of change.

To accomplish this, we must make sure we are keeping buoys in the water to help us see coming storms so we can adjust our course to take advantage.

Right now, this is what our buoys are indicating:

1. There is an increase in dentists practicing in settings other than solo practices. Over 25 percent of our dentists in Oregon work for large group practices.
2. There is pressure to add another level of care through dental therapists.

3. There is increased difficulty in finding qualified dental assistants.
4. There is difficulty in keeping a market share of dentists belonging to organized dentistry.
5. There is pressure to increase liability for non-economic damages from \$500,000 to \$10 million.
6. The increasing dental student debt load is affecting career options for new dentists.

There are other things we could add to what the dental health care buoys are showing. The important thing is that we continue to work hard for our patients' benefit and our profession. Our north star needs to always point to what is best for the public we are entrusted to serve.

This brings us back to the great value our teammates bring to building relationships with local peers. There are larger actions that only the

ODA and ADA can take, but it's so important to do everything we can to support and enhance the member experience at local levels.

We're doing that in a number of ways, such as listening and responding to the concerns voiced by our New Dentist Council. They feel the cost has been prohibitive for a young dentist to be part of our House of Delegates. In response, we have offered scholarships to help offset their cost of participating in governance — this makes sure their voices are heard in the House. We have also listened to their worry about giving up a day of work on a Friday for House business — so, next year there will be a social event Friday night, and the work of the House will be done on Saturday. The more inclusive we can be, the more we will all win.

My goal is try to live up to, and continue to build upon, the legacy of

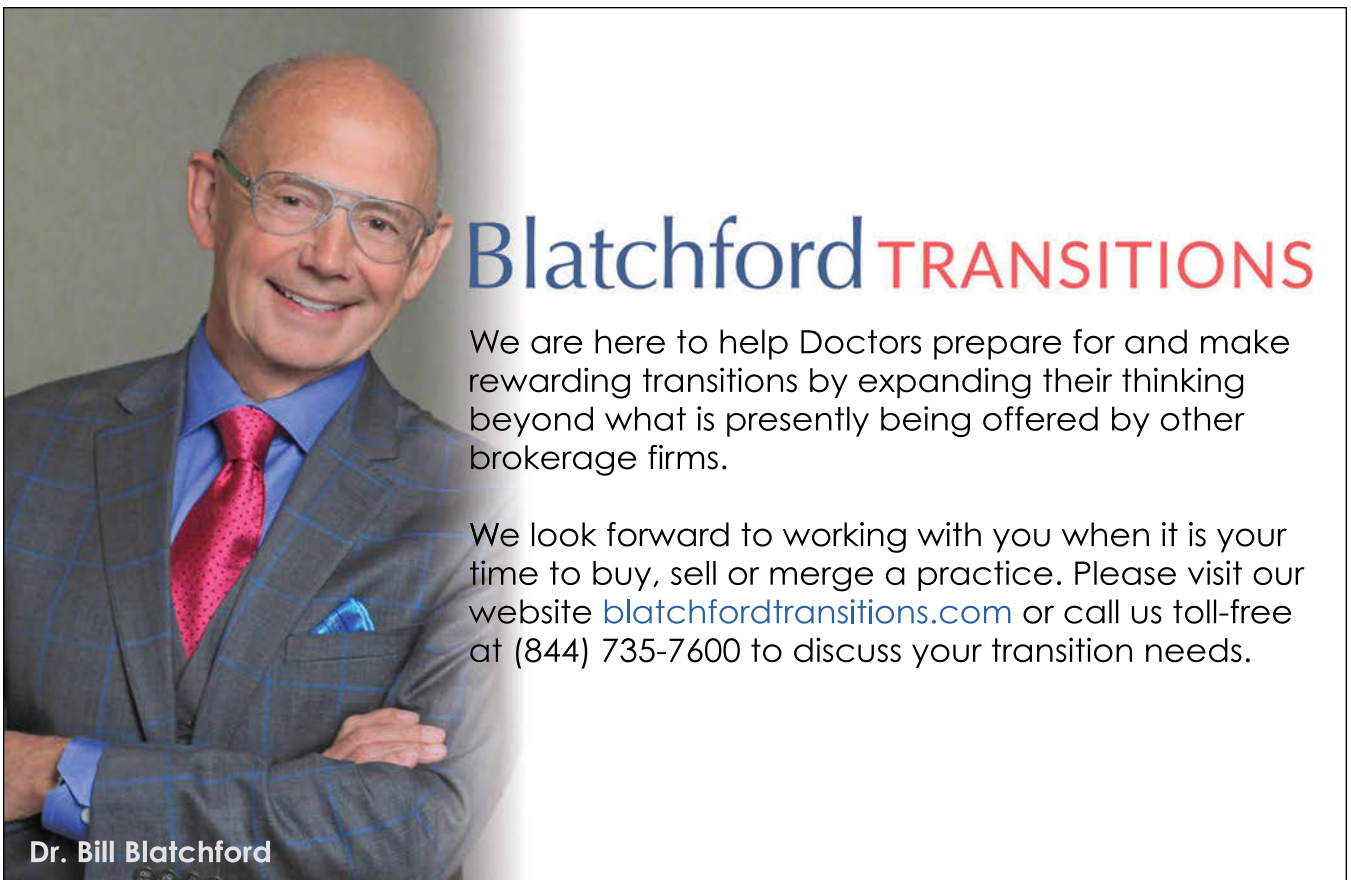
so many great leaders who have come before me. This should be easy to do with the fantastic leadership team of Jim McMahan, Scott Hansen and an extremely talented Board of Trustees.

Even more important to our team are the people who make our goals reality — Executive Director Conor McNulty and his amazing staff.

Again, my sincere thanks to you all for the privilege of your trust and confidence, dear colleagues, friends and the terrific staff at ODA.

We have much to be proud of, much still to accomplish, and I am totally committed to supporting our core values to fulfill our core purpose.

I only ask that you all help me, be active team players, and use the value of words to build relationships at your local level, so that ODA can continue to be the powerful and respected voice of our profession. Go Team! 🎯



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camaraderie

noun |/ca•ma•ra•de•riekam-ˈrā-d(ə-)rē/

The warm feelings of friendship, closeness and loyalty shared among a group or people or a team of people. 🍷

Please enjoy the below photos from recent Marion Polk Dental Society meetings. To highlight a component event in a future issue of *Membership Matters*, please contact ODA Membership & Communications Manager Kristen Andrews at kandrews@oregondental.org.



Q&A with Dr. George K. Merijohn

PERIO

Originally published in the Texas Dental Journal, December 2014. Reprinted with permission.



Dr. George K. Merijohn

Q. Dr. Merijohn, much of your passion in dentistry appears related to prevention and correction of gingival recession. Why is recession considered to be such a problem?

A. Gingival recession is highly prevalent worldwide. Depending on the population surveyed, the percentage of people affected ranges from 30 percent to 100 percent, with its prevalence and severity increasing with age. In the United States alone, the prevalence of ≥ 1 mm recession in people 30 years and older has been reported to be 58 percent, and averaged 22 percent teeth per person. What's more, it has been reported in the literature that gingival recession afflicts approximately 85 percent of dentists and dental students.

Dentists who treat the esthetic zone are especially frustrated with gingival recession returning after orthodontic tooth movement and/or after porcelain margins are perfectly placed. Clinicians invest substantial

time and effort in the esthetic zone both in our continuing education and practice. The seminar and workshop I will be presenting for the ODA are especially designed to enhance esthetic zone clinical outcomes.

Dental hygienists and clinical staff always want to know, "How does one avoid getting gingival recession in the first place, and then after it's treated, how do we keep it from coming back?" The "Management and Prevention of Gingival Recession" seminar addresses these issues and provides evidence-based, practical, and systematic approaches that attendees will be able to use in their practices the next day.

We are all familiar with patient-driven concerns about gingival recession, such as when it interferes with comfort, function and esthetics. Anecdotal evidence suggests that the main reason for gingival recession treatment is the patient raising the issue. Unfortunately, most often it is only the high-smile-line patients who are concerned, and their focus rarely goes beyond the facial aspect of the anterior teeth.

An unfavorable consequence of gingival recession is the exposure of root surfaces to a potentially cariogenic supragingival microbiota. In the United States, the prevalence of root caries experience has been reported to be 55.9 percent among those age 75+ years. Of great concern is that the group age 65 and older, which was 12 percent of the population in 2000, is expected to exceed 20 percent by 2030; and root

caries is expected to increase along with it.

Nobody likes to have or treat root caries. Yet root caries and gingival recession are on a collision course. Our profession needs to connect the dots and do so quickly. Prevention of gingival recession is an essential element in the primary prevention of root caries. This alone is reason to incorporate practical protocols for management and prevention of gingival recession into daily clinical practice.

Q. What are some of the modifiable conditions that increase the risk of gingival recession?

A. The published scientific evidence demonstrates that there are 14 core modifiable conditions associated with increased risk including damaging oral hygiene methods, damaging oral habits, oral appliances, certain common dental procedures and orthodontic tooth movement.

The key thing is that especially for the susceptible patient, decreasing exposure to modifiable conditions will decrease future risk for gingival recession and increase the likelihood of its long-term prevention. Attendees of the seminar will learn how to quickly spot who is susceptible to gingival recession and who is not so susceptible.

Q. What is the difference in a traditional gingival graft compared to your minimally invasive technique?



Case A. Before.



Case A. After.



Case B. Before.



Case B. After.

A. Conventional palatal tissue harvesting is often associated with notable disadvantages. Patients fear having tissue peeled off the roof of their mouths, there often is protracted pain at the palatal harvest site, people experience difficulty chewing and talking — with and without wound protection materials, and excessive postoperative bleeding and complications are not unusual. The minimally invasive techniques I teach in KIWImethod Workshops substantially reduce these disadvantages; and, as a result, the patient experience is more positive and appreciative. Additionally, the nonpalatal gingival harvesting method taught in the workshop often provides superior color and texture match because it is gingiva/gingival connective tissue rather than palatal mucosa/submucosal mixed tissue.

Q. What are some of the advantages of using autologous tissue compared to cadaveric dermal tissue?

A. There are three main advantages:

1. Compared with any other tissue source and/or regenerative materials, over the years our best systematic reviews have repeatedly demonstrated that autogenous tissue is the gold standard for root coverage, reducing recession, gaining clinical attachment and increasing keratinized tissue.
2. With autogenous tissue, there is zero risk of disease transmission, and there are no cadaver skin “yuck factor” objections from patients.
3. With autogenous tissue, the dentist does not have to buy expensive donor tissue or biomaterials.

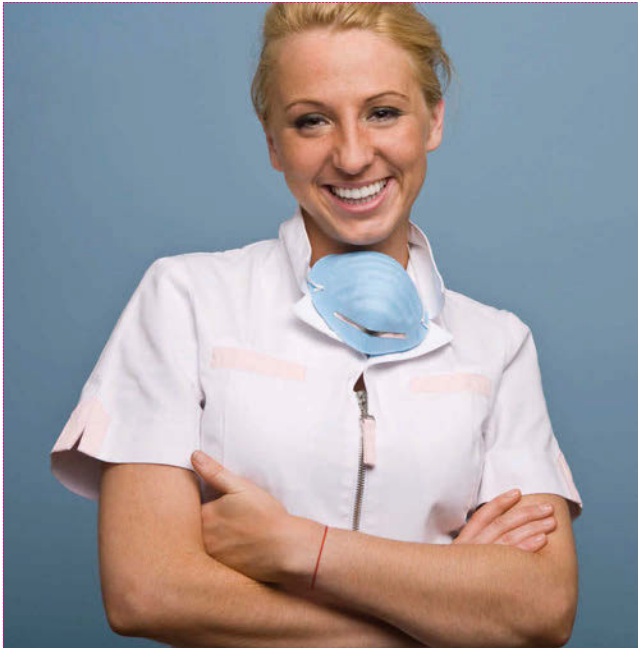
Q. What can the general dentists in your course take home for use when they get back to the office on Monday?

A. I strongly recommend that every dentist taking the “KIWImethod Minimally Invasive Gingival Grafting” hands-on workshop also take the interactive seminar, “Management and Prevention of Gingival Recession.”

The seminar “Management and Prevention of Gingival Recession” is an interactive, fun format for dentists, dental hygienists, all staff members and dental specialists alike.

Seminar

- Learn the three major factors associated with increased susceptibility to gingival recession.
- Take away practical concepts regarding the recognition and



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management of risk exposures that can be implemented in the busy clinical setting.

- Understand what essential data should be collected and recorded for monitoring patients.
- Practice with chairside clinical decision-support tools designed to help the clinician focus on triage, evaluation, planning and patient communication regarding the prevention and management of gingival recession.
- Discover clinical decision-making criteria for when and how to monitor gingival recession, when a patient is a candidate for surgical evaluation or referral to a periodontist, and, if surgery is the treatment of choice, what should be considered key surgical outcome objectives.

Workshop

- When to consider surgery.
- Surgical outcome objectives.
- Surgical procedure selection.
- Donor tissue options.
- Minimally invasive surgical procedures for root coverage and non-root coverage outcomes.
- Minimally invasive autogenous donor tissue harvesting.
- Postoperative instructions.
- Practical tips on post-operative phase patient management.
- When to treat, when to refer. 🎧

Dr. Merijohn has practiced for 28 years and is an associate clinical professor in postdoctoral periodontics at UCSF and the University of Washington. He is a leading clinician and educator in periodontics and an authority on gingival recession prevention, management and minimally invasive surgery. Dr. Merijohn serves on the editorial board of the Journal of Evidence-Based Dental Practice.

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CONFERENCE

Want to Learn More?

Dr. Merijohn is presenting on Friday, April 6, at the 2018 Oregon Dental Conference.

Life as the Tooth Taxi Dentist

By Dr. Sita Ping

WE'VE ALL HEARD IT BEFORE – “No offense, but I hate the dentist.” Being a dentist is one of the few professions where it seems it is acceptable for someone to introduce himself or herself with an added confession of how much they dislike you.

Working on the Tooth Taxi has its own set of challenges. Having a short window of usually five days and prioritizing treatment and patients makes a unique experience for the dentist. I try not to lose sight of the impact dentists can make in a patient's life. Though we try to do the best for our patients, a patient's bad experience can last a lifetime; on the flip side, small gestures can go a long way.

A 10-year-old girl named Noa came in on my first week of work. She was so anxious about dental treatment that she refused to wiggle any of her remaining primary, posterior teeth to the point where the primary teeth were literally just stacked on top of her visible premolars. She complained of not being able to eat well, and stated that she could only finish half her lunch during lunchtime.

With two weeks at this particular school, I was able to see Noa over three appointments. We spent a lot of time during the first appointment making her comfortable and doing really simple treatment. The second appointment, we were able to do more extractions and fillings, and by the third appointment she told me she didn't want us to leave the school.

It is times like these when I feel the luckiest to have gone into this profession. As much as eliminating disease in children is important, the best part of working on the Tooth Taxi is giving young patients with limited access to dental care a positive experience and oral health instruction to set



them up to be more motivated and involved patients in the future.

Please get involved with The Dental Foundation, and join us for our fun events:

- **BnK/DFO Texas Hold'em Annual Poker Tournament January 27, 2018** — Join us for a good old fashion Texas Hold'em Poker Tournament complete with dinner, drinks and prizes. Proceeds support The Dental Foundation of Oregon programs such as the Tooth Taxi. A \$25 buy-in gets you into the tournament, and a \$100 donation to the DFO is strongly suggested. Register for the tournament online at <http://bit.ly/2018BnKTexasHoldem>.
- **Motor Mouth Car Raffle** — Raffle sales have started, and tickets are \$45 a piece. The raffle winner will be chosen at the Oregon Dental Conference April 7, 2018, at 12:45 p.m. This year, we are raffling a 2018 Toyota Camry and a 2018 Toyota Rav4 AWD. Thank you to Gresham Toyota for providing the cars. Purchase tickets online at <http://bit.ly/2goq06Z>.
- **Save the date for Chip! For Teeth!** Langdon Farms Golf Course, Aurora, Oregon. Friday, June 15, 2018. 🍷

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Q. What is the most valuable thing you did early on to enhance your career?

A. When I was a second-year dental student, I was asked to participate in an annual dental trip through Newberg Rotary Club to Antigua, Guatemala. At that point, I could do a pretty good hour-long cleaning on a patient, and that was about it. On the trip, I got to assist other dentists and dental students one on one and learned so much about patient care that shaped how I practice today. I got early exposure to treating patients from another culture, another language and of any background. It really opened up my eyes to the respect and trust

patients give us as clinicians and to the idea that we need to always treat every patient with the best we've got.

Q. How has membership in the ODA been of value to you and your practice?

A. I like knowing that I am part of a bigger entity. I have endless resources, contacts and means of assistance should I need it. Feeling like my opinions and ideas can be brought to the table as well as everyone else's means a lot to me. It is cohesiveness that allows us to learn more, pass resistance, and go further. I have loved every part of being an ODA member and encourage everyone to join! 🌟

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