Getting to Know You

Dr. Annie Jones, an endodontist in Nashville, attends a Chicago Cubs game at Wrigley Field with her boyfriend, Drew.

Why Dentistry? I have great role models in both of my parents, who are both general dentists. They did not put any pressure on me to become a dentist, but they definitely led by example. They loved practicing dentistry and also appreciated the freedom the profession gave them to raise a family and spend time with their three children.

Why are you an ADA member? My original intent was just to be a part of organized dentistry. However, I now realize the breadth and impact that the ADA has on legislation and issues that are not only beneficial to me, but also to my colleagues and, most importantly, to my patients.

What was your first job? I was a lifeguard. Being an endodontist is great...but, man, I loved getting paid while getting a nice tan!

What has been the best time of your career so far? I practiced general dentistry for four years before starting my endodontic residency, and I was nervous about making the jump. Would it be the right decision? Was I too old to go back to school? I’m thankful to say that it was the best decision I ever made.

When I’m not practicing, I’m: Running. It’s a great way to blow off steam and stay in shape.

One fun fact about me: I’m a HUGE music fan. The Nashville music scene never disappoints.

‘We need to remember why we came to this profession’

When Dr. Nayrika Salamati entered a makeshift dental clinic inside a church in Hanover Parish in northwestern Jamaica, it felt humid and dark. “We brought our own lights and our own fans,” she said. “It wasn’t ideal but it worked well enough.”

By 8:30 a.m., schoolchildren would arrive ready to receive free dental services from a small team, which included two general dentists, an oral surgeon, two Jamaican dental students, hygienists and dental assistants and Dr. Salamati, a pediatric dental resident.

By the end of the week, the team saw 721 patients, most of whom were children, and provided services ranging from restorations to extractions, cleanings and fluoride treatment. The volunteers also provided oral hygiene instructions and prevention education.

Two months later, Dr. Salamati would be doing the same thing — this time in the Village of Canaries in St. Lucia. For Dr. Salamati, a 2013 graduate of the University of Washington dental school, doing outreach, especially international volunteer work, has been a longtime goal.

“I believe that as dentists, we’re fortunate to provide needed care,” she said. “We need to remember why we came to this profession.”

For Dr. Salamati, who is currently completing her pediatric residency at Jacobi Medical Center in New York, passion for volunteer work began at a young age.

She was inspired by the poem “Bani Adam” by Iranian poet Sa’adi that is also inscribed on the United Nations building entrance. The poem calls for compassion, mercy and breaking down barriers between human beings.

“We’re all humans,” said Dr. Salamati, who is from Iran. “During my residency, everybody in the program was encouraged to do outreach.”

Last year, she contacted a coordinator who had given a presentation about international work while Dr. Salamati was in dental school. Dr. Salamati was then put in touch with the Tryall Foundation and Great Shape Inc., which has an international humanitarian dental project called 1000 Smiles.

Dr. Salamati volunteered in Jamaica from May 14–25, 2016. The volunteers were responsible for the cost of their own flight and were asked to bring their supplies. Dr. Salamati was fortunate that a grant through her residency program sponsored the trip. All other dental equipment and accommodations were provided by Great Shape. Dr. Salamati said that Jamaica has a one dentist per 100,000 patients ratio.

“The trip was intense because we all wanted to do as much as possible,” she said, adding that after a long day, they would come back to their resort to recharge.

“The dental team would have a nice dinner. There’s a pool and fresh coconut water,” she said. “You’ll get tired but it’ll be worth it. Jamaica is beautiful.”

After her return to the United States, Dr. Salamati said she decided to immediately do another volunteer trip. Working with the same organizations, she went to St. Lucia to volunteer from July 30–Aug. 7. This time, the trip was part of a larger, two-week project. It consisted of a bigger team — up to 50 providers, plus assistants.

However, the work was just as intense, if not more so, than her work in Jamaica.

Dr. Salamati worked on the second week of the project. It took over an hour in minibuses to reach the rural villages where they would set up shop. They saw over 900 patients. Despite the tough working conditions and hard work, Dr. Salamati said she probably got more out of the trips than what she provided.

“I came out of this a different person,” she said. “You become a more well-rounded health care provider. You get to meet beautiful people and work with a team who share your passion. Once you go, you’ll want to go again and again.”

For more information on international volunteer opportunities, visit the ADA Foundation’s International Volunteer website, internationalvolunteer.ADA.org. The website includes information on how to prepare for a trip, along with a directory of programs with a searchable database of over 125 organizations, including Great Shape Inc., offering volunteer opportunities for dental professionals around the world.
Why advocacy matters

Washington — From working with federal agencies to educating members of Congress on dental-related issues, advocacy has become an integral part of the dental profession's activities. But when you're a full-time practitioner with a full-time life outside of dentistry, who has time to monitor every single issue? Here are some of the key advocacy issues for new dentists to pay attention to in 2017:

Repeal and replace ACA

As the new Congress considers replacement legislation for the Affordable Care Act, the ADA is on record stating that any effort to replace the existing law should not result in Americans losing dental coverage gained under the ACA. The ADA has also told Congress that any new legislation should "emphasize value while supporting the doctor-patient relationship, ensure a competitive insurance marketplace, and safeguard the most vulnerable among us who rely on Medicaid for their health coverage."

Student debt

The ADA is working with lawmakers, education leaders, dental students and others to help mitigate the alarming levels of educational debt that new dentists face after graduating dental school. This includes reforming parts of the Higher Education Act of 1965, which provides the statutory authority for most federal student loan programs to operate, including those most widely used by dental students.

Antitrust Reform (McCarran-Ferguson)

During a February hearing, the ADA submitted testimony to the Senate Judiciary Committee urging committee members to reexamine the antitrust exemption enjoyed by health insurance companies as a result of the 1945 McCarran-Ferguson law, a federal law that exempts the business of insurance from most federal regulation. In its testimony the ADA said, "If insurance companies had to observe the antitrust laws when setting rates and designing coverage, they would have to compete more aggressively with each other for both individual customers and purchasers of large group policies by keeping premiums comparatively low and benefits comparatively high... This would include offering plans that the most qualified professionals would want to participate in, which in turn would help make such plans more attractive to consumers. The better plans that would result from insurance company competition would likely provide for a greater selection of dental treatment options and better coverage for them. These positive developments could result in new insurance companies, different pricing, different coverage options, and different contractual terms.

Wage and job-involved?

Sign up for ADA Engage, the American Dental Association's legislative action center.

Engage allows ADA members to contact their legislators and stay informed on critical public policy issues that affect dentistry. The ADA uses Engage to send out action alerts and to inform dentists about critical public policy issues that impact the dental profession. It also enables dentists to share their voice directly with legislators. Sign up at cqrcengage.com/dental/home.

Opioid primer

How to safely prescribe to patients

The abuse and misuse of opioid pain relievers has become an epidemic the government and medical professionals are paying close attention to. Since 1999, opioid prescriptions have quadrupled, and over 183,000 people have died from prescription opioids, according to the Centers for Disease Control. The federal government, organized dentistry and state agencies are trying to educate on the dangers of opioid abuse and what the prescribers of these medications can do to minimize the harm of the drugs.

Dentistry plays a big role in the education, since many people’s first experiences with an opioid is after an extraction or having their third molars removed, said Dr. Regina LaBelle, former chief of staff at the Office of National Drug Control Policy.

“The ADA has done a great job at talking to dentists about the important role they play,” Ms. LaBelle said. “When the opioid issue really came to the forefront, it was really stressed that dentists and medical practitioners had to be really careful how much they prescribe, to whom they prescribe and when they prescribe.”

The ADA House of Delegates passed, in October 2016, Resolution 64H—2016 Statement on the Use of Opioids in the Treatment of Dental Pain, which includes recommendations for dentists. Some highlights include:

- Conduct a medical and dental history to determine current medications, potential drug interactions and history of substance abuse.
- Register with and use the state prescription drug monitoring program.
- Consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
- Consider opioid addiction and opioid withdrawal treatment.
- Use other treatments, including pain specialists, when prescribing opioids for pain management.

For more information, visit ADA.org/opioids. To attend a webinar titled "How to Discuss Safe Use, Storage and Disposal of Medicines, Including Opioids With Your Dental Patients" on March 29 from 2–3 p.m. Central time, register at https://cc.readytalk.com/r/xlm7yplrd38&eom.
New dentists’ voices valuable in local fluoridation discussions

When public utility officials in Porter County, Indiana, were considering in 2014 whether to continue adding fluoride to its water supply to combat tooth decay, Dr. Isaac Zeckel stepped up to help them make the decision.

The dental director at the county’s public health center, Dr. Zeckel said he felt he was in a unique position to help educate the public officials.

“I observe the devastating effect dental decay has on patients during all phases of life, especially the younger ones,” said Dr. Zeckel, a 2011 graduate of Indiana University School of Dentistry. “Even though I was in practice only a few years then, I realized that I was well-suited to speak up on behalf of those in my community who needed a voice.”

Dr. Zeckel said he attended local fluoride commission meetings in Porter County and spoke to commission members about the need for what he called the “preventive treatments and proven benefits water fluoridation have shown.”

Dentists like Dr. Zeckel who want their patients and others to benefit from community water fluoridation should be aware of and engaged in fluoridation discussions in their communities, said Dr. Steven Levy, professor in the departments of preventive and community dentistry at the University of Iowa College of Dentistry and epidemiology at the University of Iowa College of Public Health. He is also a member of the ADA National Fluoridation Advisory Committee.

Fluoride occurs naturally in water, though frequently there’s not enough in it to adequately protect teeth. Many U.S. communities choose to add enough fluoride to meet the federal recommendation from the U.S. Department of Health and Human Services. Drinking optimally fluoridated water keeps teeth strong and reduces tooth decay by about 25 percent in children and adults, according to the Centers for Disease Control and Prevention.

And with the internet offering what Dr. Zeckel called “a tidal wave of conflicting information” about fluoridation, “providing accurate information to those impacted by health care discussions such as water fluoridation is one way I can make a positive contribution to my community,” he said.

Often due to misinterpreted scientific studies about fluoridation, spurious ideas about the safety and efficacy of water fluoridation have led to some heated discussions and debates in U.S. municipalities taking up the issue.

“Sometimes the prominence of opposition to fluoridation on the internet makes it very confusing for those who are unaware of the science and evidence behind it,” said Dr. Levy.

In fact, the research that supports the safety and efficacy of community water fluoridation is so convincing that most major health organizations, including the ADA, support it. The CDC named community water fluoridation one of 10 great public health achievements of the 20th century.

Dentists can be an asset to sharing with the public the scientific basis for community water fluoridation, said Dr. Angeles Martinez Mier, professor and chair, department of cariology, operative dentistry and dental public health at the Indiana University School of Dentistry.

“Dentists are trusted members of their communities and by supporting community water fluoridation they are helping ensure everybody receives its benefits,” said Dr. Martinez Mier, who is a member of the ADA National Fluoridation Advisory Committee. “They are contributing to the overall health of their community.”

For those interested in getting involved, awareness is key. Dentists can check to see if the communities where they live and practice receive fluoridated water by searching for their water systems in the CDC’s My Water’s Fluoride website at nccd.cdc.gov/DOH_MWF. Fluoridation status can also be reviewed in the annual Water Quality Reports made available to consumers each spring via water bills, local newspapers or community websites.

The CDC also says “the best way to find the fluoride level of your local public water system is to contact your water utility provider.”

For dentists just starting out and learning about their local community water fluoridation concerns, Dr. Levy suggests connecting with local agencies and groups. Get in touch with the local health department’s dental health program, a dental school in the state or the local/state dental association and find out what they know about the specifics of that community when it comes to water fluoridation, Dr. Levy said.

Talking with local medical and public health professionals and other community members, in addition to attending public meetings, are good ways to become informed and engaged, Dr. Levy said.

The ADA also offers resources for educating and for spreading the word about the benefits of community water fluoridation. Check out ADA.org/Fluoride for answers to frequently asked questions, fluoride clinical guidelines, medical testimonials and more. Dental professionals can refer their patients to ADA’s consumer-friendly website, MouthHealthy.org, for information about fluoride and community water fluoridation.

The ADA offers technical assistance and training to professionals who are interested in advocating for community water fluoridation. For more information on this, contact Jane McGinley, ADA manager of fluoridation outreach, Jane.McGinley@ada.org.

For Dr. Zeckel, engaging in his community’s discussion about public health helped him understand his potential to have influence in his community when it comes to good public health.

The Porter County officials who Dr. Zeckel addressed ended up voting to continue water fluoridation.

“Taking time to understand one’s community and its unique needs enables (dental professionals) to provide the highest quality of care,” he said.
Dr. Nieka Franklin shows it is never too early to Give Kids A Smile

Indianapolis — In April, Dr. Nieka Franklin will be the resident advisor at Indiana University’s Give Kids A Smile event.

It isn’t the first rodeo for the 2015 graduate of the Baylor College of Dentistry, scheduled to complete Indiana University’s pediatric dentistry residency later this year.

Dr. Franklin was the co-chair of Baylor College of Dentistry’s first Give Kids A Smile event in 2013.

And in 2016, she was accepted to attend the ADA Foundation’s Give Kids A Smile Community Leadership Development Institute in St. Louis, where she learned skills on organizing successful GKAS events from other advisors and Dr. Jeffrey Dalin, the co-founder of Give Kids A Smile.

“One of my absolute favorite things about working with children is the special opportunity we get to change a child’s future,” Dr. Franklin said.

The advocate for GKAS was born and raised in Oklahoma, and graduated from the University of Oklahoma in 2011. It was at Baylor when she first heard of GKAS.

“(I received) an email to volunteer at the North Texas Dental Society’s GKAS event while in dental school,” Dr. Franklin said. “I loved being around kids, but at the time I did not know that I wanted to specialize in pediatric dentistry. I was amazed by the organization, teamwork and compassion that went into making this event a success for more than 100 children.”

Inspired, Dr. Franklin decided to start a GKAS event at Baylor, confident that it would prove fruitful. “I have always been inspired by the willingness of dentists and dental students to come out and volunteer for a great cause,” she said. “While at Baylor, I knew GKAS was an amazing program that would thrive with a strong institution behind it.”

Her commitment to GKAS at Baylor continued when she went to Indiana for her residency. “After attending the GKAS Leadership Institute, I learned about the rich history of GKAS [in the state of] Indiana, especially considering that the founder of Give Kids A Smile, Dr. Jeff Dalin, was an Indiana University School of Dentistry alumnus,” she said. “After discussing it with Dr. Tawana Ware, who has participated in the St. Louis GKAS, and assembling a team of motivated dental students, it was a perfect opportunity.”

Dr. Franklin spreads the word whenever she can about helping out through GKAS. “You will be surprised how easy it is to get involved,” she said. “Even if you are just a first-year dental student with minimal experience, your efforts and enthusiasm are greatly appreciated. Do not be afraid to start small. Even if we only find one child with dental pain through a screening and help connect them to a provider, you will have done something that means so much to that child.”

The ADA Foundation, which oversees the national GKAS program, has a toll-free number for GKAS inquiries, 1-844-490-GKAS (4527). Callers can find out whether there is a GKAS program in their area, including parents and caregivers seeking oral health services for their children and dental team members and volunteers interested in volunteering can find out if there is a GKAS event taking place near them.

This year marks the 15th anniversary of GKAS. During GKAS’ first 14 years, more than 5 million underserved children have received free oral health services for their children and parents and caregivers seeking oral health services for their children and dental team members and volunteers interested in volunteering can find out if there is a GKAS event taking place near them.

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