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Membership Matters

A publication of the Oregon Dental Association • March 2025

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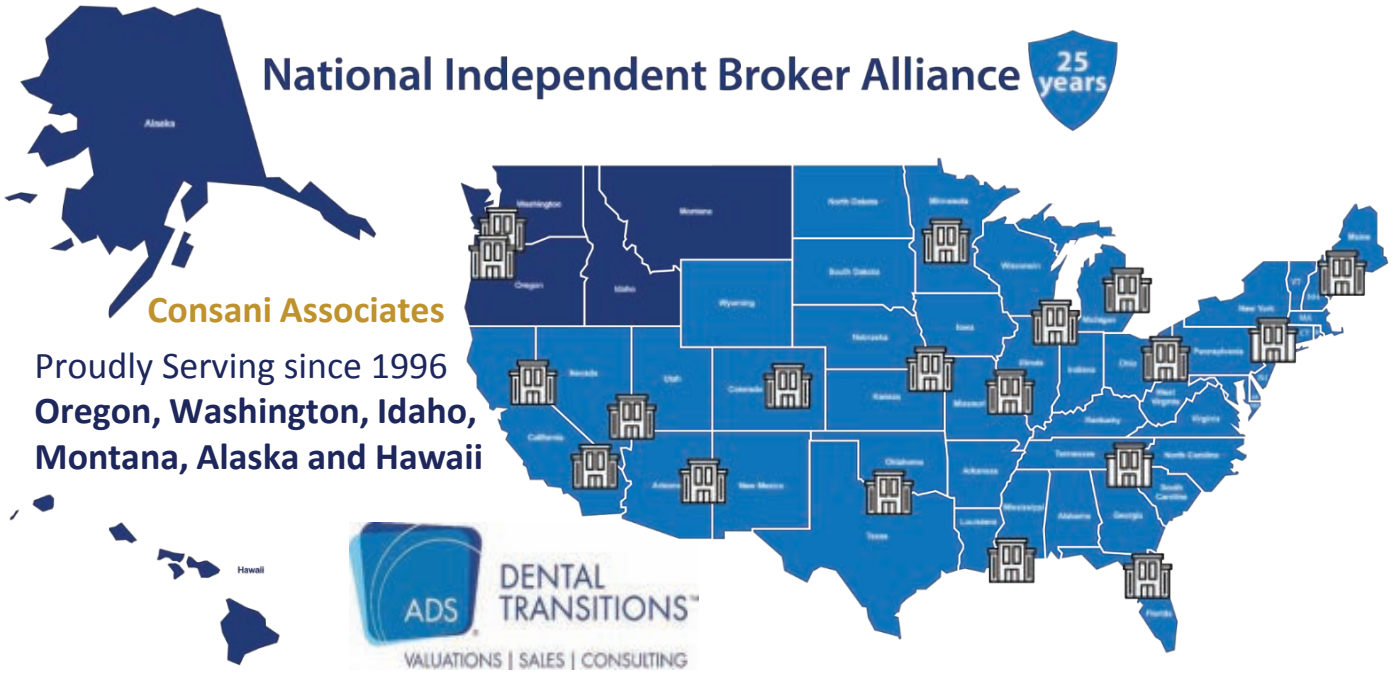

Volume 30, Issue 3 | March 2025

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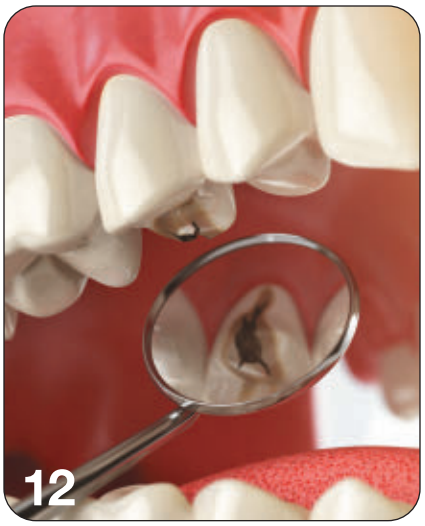

FEATURES

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AADE Member Publication American Association of Dental Editors

PUBLISHED FEBRUARY 2025/ODA-K0325 ***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.

Advertising. The acceptance of advertising for publication in ***Membership Matters*** should not be construed as endorsement by ODA of the advertiser or of the product or service being advertised. For advertising rates and information, contact Robyn Mourant at 1-800-796-2638, ext. 4324, or rmourant@naylor.com.

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 NAYLOR Association Solutions 550 SW 2nd Avenue, Suite 200, Gainesville, FL 32601, Tel: 800-369-6220 www.naylor.com, **Publisher** Kimberly Hough **Editor** Russell Underwood
Layout and Design Manish Dutt Sharma

COVER IMAGE: ISTOCK.COM/KOUSHIK CHATTERJEE

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FROM THE EDITOR

We're in This Together

By Alayna Schoblaske

AS I WRITE THIS, IT IS LATE

January, and earlier this month, news headlines were inundated with updates from wildfires that raged in multiple neighborhoods around Los Angeles. We likely all heard of friends, colleagues, or family members who had to evacuate or, even worse, whose homes or dental practices burned down.

Personally, the headlines were an all-too-familiar reminder of a similar fire that raged through my community in September 2020. The Almeda Fire started on September 8th in Ashland and quickly spread through Phoenix and Talent, burning 2,800 homes and businesses. Thousands more people were evacuated. My home was about two miles from the evacuation zone, and I will always remember packing up my essentials and sentimental items as the fire progressed and I prepared to be evacuated, too. I called my mom that night, and her words still ring in my head: "You need to prepare for the possibility that you will drive away from your home, and it won't be there when you come back."

Firefighters and brave landowners were able to get the fire under control overnight, so I was never evacuated. (Although I kept my car packed for two weeks out of fear that new fires would ignite.) The next day, dozens of local organizations – mutual aid groups, places of worship, schools, and yes, the dental society, too – sprang into action to assess who had been impacted and what they needed. Community members gathered in parking lots and school gyms and church cafeterias to sort clothes, make care packages, and grieve together. With N95 masks on our faces (there was still smoke in the air, and we were in the throes of the COVID pandemic to boot), we were determined to come together as a community and support each other. As the smoke cleared, our dental society also stepped in to help support dentists whose practices had burned or had smoke damage. We connected our members so that patients could be seen in other offices and equipment and materials could be shared so impacted offices could re-open sooner.

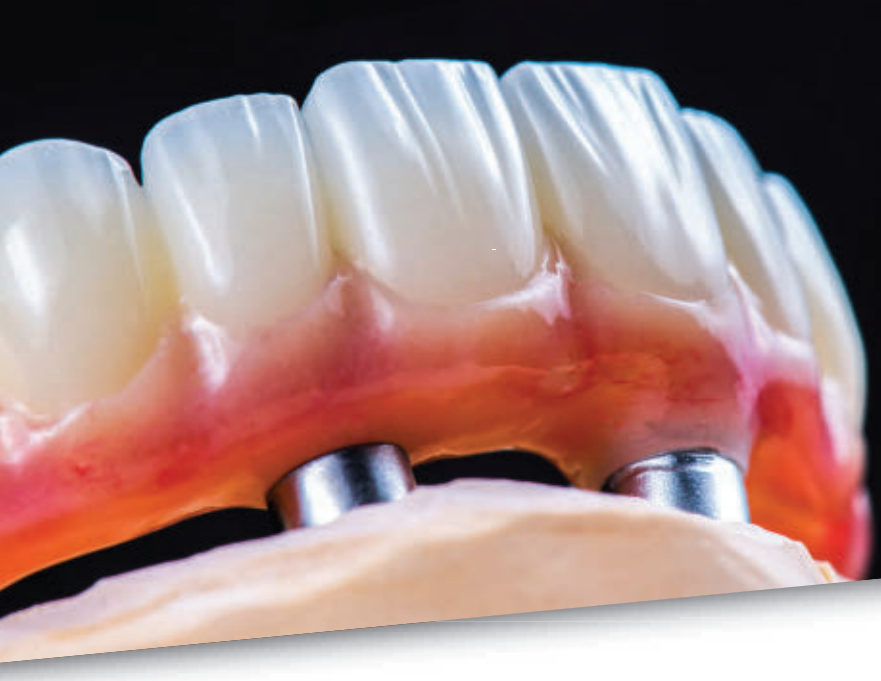
I was heartened to see the California Dental Association spring similarly into action during the Los Angeles fires. Within days, the CDA Foundation had set up a relief fund for impacted dentists. (You can still donate at **www.cda.org/about/cda-foundation**, and dentists impacted by the fire can apply for relief through April 7th.) They also donated dental kits to four community service organizations so that people who were evacuated could get access to oral hygiene supplies.

That is the real power of organized dentistry. When we need it most – whether that is a natural disaster or just a tough root canal – the ADA, ODA, and our local societies create pathways for dentists to connect with each other. The CE and the advocacy and the member discounts are nice, sure, but when I know that I can count on my community of dentists to be my mentors and cheerleaders, that is priceless. When I know that that community extends across the state and country, I feel even more supported. I know that I am part of something bigger than myself, and that my profession has my back.

So, as you read this editorial, please think about ways that you can connect with your fellow dentists. Consider donating to the CDA relief fund. Reach out to a colleague or classmate that you haven't talked to in a while. Register for the Oregon Dental Conference, even if you don't normally go. Attend your local society's meeting and meet someone new. And if you are the one who needs support, please ask for help. The ODA's Wellness Ambassadors are a great place to start, and you can learn more at **www.oregondental.org/member-center/benefits-of-membership/wellness-initiative**.

We're in this together to take care of our patients, ourselves, and each other. I can't imagine any other way of practicing dentistry.

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.



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Events & Education Component CE Calendar

Calendar provided by Mehdi Salari, DMD

This calendar is current as of February 19, 2025

Please visit the host dental society website for the most up-to-date information.

Date	Dental Society	Course or Event Title	Speaker	CE	Location	More Information
03/14/25	Coastal Cascades	Oral Ulcerations: What is Eating You?	Dr. Bryan Trump	2	Corvallis Elks Lodge	Register: www.bit.ly/LCDSEVENTBRITE
03/15/25	Coastal Cascades	Hands-on Biopsy Principles	Dr. Bryan Trump	3	Eugene (Lane Community College)	Register: www.bit.ly/LCDSEVENTBRITE
03/15/25	Coastal Cascades	Spring Dentist Social	-	-	Eugene – 255 Madison The Tasting Room	Register: www.bit.ly/LCDSEVENTBRITE
03/18/25	Clackamas County	Cultural Competency	Jeff Kerssen-Griep	2	Oregon City (PWFCC)	RSVP to executivedirector@clackamasdental.com
03/20/25	Southern Oregon	The Future of AI in Dentistry	Sara Bayer – Nobel Biocare	2	West Ortho Medford	sodentalsociety@gmail.com
04/17/25	Southern Oregon	NSK handpiece repair, maintenance and DIY (1 CE) & Medit Intraoral Scanners (1-1.5 CE)	Mike Langvin	2	West Ortho Medford	sodentalsociety@gmail.com
04/21/25	Clackamas County	Botox	Dr. Olesya Salathe	2	Oregon City (PWFCC)	RSVP to executivedirector@clackamasdental.com
05/01/25	Multnomah & Washington	Large Group Practice Social Event	-	-	TBD	Info/Register: www.multnomahdental.org
05/01/25	Coastal Cascades	The Latest & Greatest in Pediatric Dentistry	Dr. Greg Psaltis	2	Corvallis (Community Center – Willow Room)	Register: www.bit.ly/LCDSEVENTBRITE
05/02/25	Coastal Cascades	The Latest & Greatest in Pediatric Dentistry (3 CEs AM) & Isn't it Just Baby Teeth? (3 CEs PM)	Dr. Greg Psaltis	6	Eugene (Lane Community College)	Register: www.bit.ly/LCDSEVENTBRITE
05/15/25	Southern Oregon	Here's a Cool Thing I've Been Doing Lately	Various Speakers	2	West Ortho Medford	sodentalsociety@gmail.com
05/22/25	Coastal Cascades	Goat Happy Hour for Dentists	-	-	Monroe – Original Goat Yoga	Register: www.bit.ly/LCDSEVENTBRITE
05/21/25	Multnomah	Annual Meeting/Table Clinics	TBA	2	Kennedy School	Info/Register: www.multnomahdental.org
05/27/25	Clackamas County	Annual Meeting/ Election of Officers	TBD	-	Oregon City (PWFCC)	RSVP to executivedirector@clackamasdental.com
06/10/25	Coastal Cascades	Retiree Luncheon	-	-	Eugene – Roaring Rapids Pizza	Register: www.bit.ly/LCDSEVENTBRITE
07/08/25	Coastal Cascades	The Top 10 Financial Planning Strategies for Dentists	Loyd Burleson III - Financial Freedom for Dentists	2	Eugene (Lane Community College)	Register: www.bit.ly/LCDSEVENTBRITE
8/1/2025 & 8/2/2025	Coastal Cascades	Friday CE and Saturday Social with Family Activities	Dr. Timothy Bizga	6	Newport – TBD	Register: www.bit.ly/LCDSEVENTBRITE
09/12/25	Coastal Cascades	The Esthetic & Long Term Considerations of Cementation & Material Choice	Dr. An		Eugene – Valley River Inn	Register: www.bit.ly/LCDSEVENTBRITE
09/18/25	Southern Oregon	Advanced Techniques for Full Arch Cases	Nobel Biocare	2	Margaritaville – Medford	sodentalsociety@gmail.com
09/18/25	Multi-Component	Fall Kick-Off Tailgater	-	-	Wilsonville – ODA Office Parking Lot	Info/Register: www.multnomahdental.org
09/23/25	Coastal Cascades	Fall Dentist Social	-	-	Eugene - TBD	Register: www.bit.ly/LCDSEVENTBRITE
10/09/25	Coastal Cascades	Contemporary Approach to Dental Implant Maintenance for Long-term Success	Lynn Peneck, RDH, MS	-	Eugene - Lane Community College	Register: www.bit.ly/LCDSEVENTBRITE

Find this calendar online at **www.oregondental.org**. Click “Meetings & Events” > “Calendar of Events”.

Looking for additional ways to get CE? The American Dental Association has a large collection of webinars and on-demand video learning opportunities available, many of which are free to members. Visit **adaceonline.org** to catch up on the latest offerings on your own schedule.

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FEATURE

Current Developments in Cariology

By Susmitha Koti, DDS

TEETH ARE DESIGNED TO BE INDESTRUCTIBLE DUE to the lack of metabolic turnover after they are formed. However, mankind has been plagued by tooth decay as early as 5000 B.C., as evidenced by Sumerian texts that describe "tooth worms" as a cause of dental decay. The 1700s saw dentistry arise and establish itself as a profession.[1] Three hundred years later, dentistry seems to be at its peak. We have access to a state of the art collection of materials, treatment options, equipment, and training that only seems to get better every year. Widespread use of community water fluoridation and the addition of fluoride to oral hygiene products was started about 75 years ago. This has been recognized as one of the most effective public health achievements of our country in the 20th century. It's an inexpensive, safe, and efficient way to prevent tooth decay, especially in underserved communities. Despite all these developments, and the fact that it is a preventable disease, dental caries has continued to be a major global epidemic.[2]

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Dental caries is a complex multifactorial disease that involves microbial, behavioral, genetic, and environmental factors.[3] A century after Koch postulated that most human ailments can be attributed to a single-celled microscopic organism, there has been a renewed interest in the oral biome. The bacteria which are most frequently associated with dental caries are *Streptococcus mutans, Lactobacillus* and *Actinomycetes*. These are gram positive bacteria which are acidogenic (acid-producing) and aciduric (tolerant of acid). *Lactobacillus* plays a major role in caries progression because it is an excellent acid-tolerant bacteria and can survive below pH 4.5.[4]

When fermentable foods are eaten frequently, the low pH in the plaque is sustained and a net loss of mineral from the tooth occurs. The low pH selects for aciduric organisms, such as *S. mutans* and *Lactobacilli*, which store polysaccharides and continue to secrete acid long after the food has been swallowed. The process is accelerated in dentin, due to the very low pH that can arise in this semi-closed environment. It denatures the collagen scaffold that holds the hydroxyapatite salts in place and rapidly solubilizes them, resulting in cavitation.[4]

We know that restoring the form and function of a broken tooth is not the end of the disease process in the individual. Caries risk assessments and management of caries based on that assessment have been available for the last 30 years. However, these tools have been severely underutilized and widely ignored in dental practices. This has prompted the ADA to update its practice guidelines for caries classification (**https://jada.ada.org/article/S0002-8177(14)00029-4/fulltext**) and restorative

treatment (**https://www.ada.org/resources/research/science-and-research-institute/evidence-based-dental-research/caries-management-clinical-practice-guidelines/evidence-based-clinical-practice-guideline-on-restorative-treatments-for-caries-lesions**) based on the most recent evidence-based findings.[5]

These newer guidelines discuss periodicity and intensity of diagnostic, preventive, and restorative interventions. Care pathways, based on a child's age and caries risk, provide health providers with criteria and protocols for determining the types and frequency of patient-specific management of dental caries. The previous system was not built to recognize the early signs of caries and therefore underestimates the prevalence and severity of it. As this approach only describes the lesions after they are cavitated, it limits the effectiveness for prevention. The new update includes criteria for detecting early lesions and monitoring the status of these early lesions efficiently.[6]

The recommendations of the restorative guidelines highlight the prioritization of more conservative carious tissue removal (CTR) to treat advanced caries lesions on primary and permanent teeth over non-conservative CTR. To restore moderate and advanced caries lesions on vital, non-endodontically treated primary and permanent teeth, the panel suggests the use of more conservative, single-visit CTR approaches. This guideline is consistent with earlier guidance and consensus documents developed by the American Academy of Pediatric Dentistry and the International Caries Consensus Collaboration, suggesting more conservative approaches to treat moderate and advanced lesions. A paradigm shift in the last 20 years to preserve healthy tooth structure has changed how clinicians should treat advanced caries lesions. Although the panel acknowledges decisions regarding CTR approaches may be based on early clinical education, learned behaviors, and preferences, they suggest placing a greater emphasis on the evidence of increased risk of unideal outcomes such as pulp exposure when all carious tissues are removed. The panel urges clinicians to use more conservative CTR approaches that align with restorative dentistry's two main aims: preserving healthy tooth structure and protecting the pulp-dentin complex.[2]

As health care providers, a paradigm shift from treatment to prevention seems to be the answer to the caries epidemic. Fluoride, silver diamine fluoride, xylitol, and sealants are not the only options available in the market anymore. Sucrose-free polyol chewing gums, chlorhexidine, chlorhexidine in combination with thymol, calcium-containing agents, phosphate-containing agents, casein derivatives, sialogogues, iodine, Curodont and triclosan are readily available.[7] Newer options include nano-hydroxyapatite and arginine that are showing promise in current research. As AI is added into the mix and helps us make more sense of all of this emerging data, I look forward to improvements in caries prevention as well.

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6. **https://www.ada.org/resources/research/science-and-research-institute/evidence-based-dental-research/non-fluoride-caries-preventive-agents-guideline**
7. **https://pages.ada.org/jadaplus_arginine/caries-an-ongoing-public-health-crisis**

ADA Clinical Practice Guidelines

As clinicians, we know that half of the process of treating caries is understanding the disease process and diagnosing carious lesions appropriately. The other half, of course, is treating them. The ADA convenes expert panels to ensure that dentists have the most up-to-date information on clinical practice. These clinical practice guidelines summarize high-quality evidence into a clinically relevant format, and are always available online. Of particular interest may be the Nonrestorative Caries Treatment guideline published in 2018 and the Restorative Caries Treatment guideline published in 2023:

www.ada.org/resources/research/science-and-research-institute/evidence-based-dental-research/caries-management-clinical-practice-guidelines/evidence-based-clinical-practice-guideline-on-nonrestorative-treatments-for-caries-lesions

www.ada.org/resources/research/science-and-research-institute/evidence-based-dental-research/caries-management-clinical-practice-guidelines/evidence-based-clinical-practice-guideline-on-restorative-treatments-for-caries-lesions

FEATURE

Anti-Fluoride Movement Gains Traction in Oregon, Nationally

FOR 75 YEARS, COMMUNITY WATER FLUORIDATION HAS been one of the most effective and least expensive public health tools for preventing tooth decay and improving oral health. In recent months, however, that standard has been called into question at the national level and in various communities throughout Oregon.

Misinformation about the health benefits and safety of water fluoridation is spreading in communities throughout the country, and while dentists are at the forefront of pushing back on this misinformation, those opposed to fluoride have found new tools and voices to amplify their message on a bigger stage.

Advocates Push Back on Fluoride Nationally

At the federal level, anti-fluoride advocates have seen limited traction in the past year in their effort to push back on water fluoridation.

In August 2024, a National Toxicology Program (NTP) review concluded that "higher levels" of fluoride are linked to lowered IQ in children. While that conclusion taken out of context successfully found its way into news headlines, it is important to note that the NTP report did not find harm associated with the current optimally fluoridated water level of 0.7 parts fluoride per million. The

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"Today, Oregon is the third-least-fluoridated state in the country, and only 26% of Oregonians using community water systems drink fluoridated water, compared to 72% of Americans overall. Portland remains the country's largest city without a fluoridated water system and has repeatedly rejected efforts to add fluoride to the city's water."

studies in the review were conducted outside of the U.S. in areas with high levels of naturally occurring fluoride in water. The NTP acknowledged that studies of fluoride exposure at recommended levels have not reliably demonstrated effects on cognitive development. Further, despite its discussion of the alleged impact of fluoride on IQ, the NTP monograph itself acknowledges the weakness of evidence in its studies and cannot establish fluoride as the cause of affecting IQ. Given the scope of the review, the NTP does not provide any new or conclusive evidence that should compel any changes in current U.S. community water fluoridation practices, despite what anti-fluoride advocates have said.

In September 2024, those opposed to fluoride highlighted what they considered another "win" when a federal court ruled against the U.S. Environmental Protection Agency (EPA) for denying a petition by anti-fluoride groups to ban water fluoridation. The September 2024 ruling ordered the EPA to take action to further evaluate potential health risks from currently recommended fluoride levels in the U.S. water drinking supply. The judge in the case said his ruling does not conclude with certainty that fluoridated water is injurious to public health, but that the evidence of its potential risk is enough to force the EPA to act and reexamine if fluoride is hazardous at the therapeutic level of 0.7 parts fluoride per million parts water.

These national conversations about water fluoridation were exacerbated and emphasized on an even greater level in November 2024 when Robert F. Kennedy Jr., President Trump's choice to be his Health and Human Services secretary, came out vehemently against water fluoridation. Kennedy has claimed that "fluoride is an industrial waste associated with arthritis, bone fractures, bone cancer, IQ loss, neurodevelopmental disorders, and thyroid disease" and that the Trump White House will advise all U.S. water systems to remove fluoride from public water. Despite 75 years of science showing both the safety and the efficacy of community water fluoridation, Kennedy, a longtime anti-vaccine advocate, and Trump have continued to spread misinformation about fluoride.

Decades of Anti-Fluoride Advocacy in Oregon

Misconceptions and anti-fluoride advocacy are familiar to many Oregonians. For decades, a small but growing number of Oregonians on both sides of the political spectrum have been pushing back on efforts to expand water fluoridation and, in some cases, advocating for the removal of fluoride from community water supplies.

ADA Resources

Here are helpful, science-based ADA resources regarding the benefits of fluoridation as a proven way to prevent tooth decay:

- Fluoridation at ADA.org (**https://www.ada.org/resources/community-initiatives/fluoride-in-water**): Facts, resources, and advocacy for fluoridation.
- Fluoridation Facts (**https://ebooks.ada.org/fluoridationfacts/**): This premier ADA guide to fluoridation includes the newest research on the topic, helping keep policymakers and the general public in the know.
- Fluoridation FAQs (**https://www.ada.org/resources/community-initiatives/fluoride-in-water/fluoridation-faqs**): Science-based answers to questions you may have.
- Clinical Guidelines (**https://www.ada.org/resources/community-initiatives/fluoride-in-water/fluoride-clinical-guidelines**): Recommendations for the effective use of fluoride products with your patients.
- Recent Fluoridation Issues (**https://www.ada.org/resources/community-initiatives/fluoride-in-water/recent-fluoridation-issues**): Addresses emerging issues related to fluoridation, such as neurotoxicity/IQ and infant formula.
- ADA Press Statements (**https://www.ada.org/press-releases-search-results#q=fluoridation&sort=%40publicationz32xdate%20descending**): Read more about ADA's stance on fluoridation and its response to recent criticisms.

Today, Oregon is the third-least-fluoridated state in the country, and only 26% of Oregonians using community water systems drink fluoridated water, compared to 72% of Americans overall. Portland remains the country's largest city without a fluoridated water system and has repeatedly rejected efforts to add fluoride to the city's water.

In November 2024, ballot measures to fluoridate water supplies in both Hillsboro and Lebanon failed, despite the efforts of pro-fluoride advocates including local dentists and health care providers.

Dr. Kurt Ferre, a longtime advocate for community water fluoridation throughout the Pacific Northwest and the United States more broadly, has been fighting misinformation about fluoride for decades. He recognizes that it is an uphill battle to educate the public about the benefits of fluoridation, particularly with the rampant spread of misinformation and scare tactics from the opposition.

"It's easier to scare the public than to 'non-scare' them," said Dr. Ferre. "I've also found that when it comes to

Community Water Fluoridation
Key Messages & Resources

From Elizabeth C. Lense, DDS, MSHA, FAAOMP, Senior Scientist for the Population Health Programs, Council on Advocacy for Access and Prevention, ADA

In Summary

Over 100 health organizations, including the American Dental Association (ADA), Centers for Disease Control and Prevention (CDC), the American Medical Association (AMA), the World Health Organization (WHO), and the American Academy of Pediatrics (AAP), support the safety and effectiveness of low-level fluoride in preventing cavities, backed by decades of research and practical experience.

About the Effectiveness of Community Water Fluoridation

- Over 75 years of scientific evidence show that community water fluoridation at the optimal amount is a safe and effective way to prevent tooth decay and has played a major role in improving the public's oral health.
- Fluoride is nature's cavity fighter! When naturally occurring fluoride levels in water are too low to prevent decay, communities can adjust the level to 0.7 mg/L, as recommended by the CDC. This is known as community water fluoridation.
- How much is 0.7 mg/L? It's so small, it's comparable to 1 minute in 1,000 days! The recommended amount of fluoride in water is very small, but the oral health benefits are huge!
- Even with the widespread availability of fluoride toothpaste, studies show community water fluoridation continues to be effective in reducing tooth decay by about 25% in children and adults.
- Community water fluoridation has been hailed by the CDC as one of 10 great public health achievements of the 20th century.
- Organizations like the ADA, AAP, and the CDC state that water fluoridation and fluoride toothpaste work together to help prevent tooth decay and offer more protection against decay than using either one alone.
- According to the CDC, fluoridated water keeps a low level of fluoride in the mouth throughout the day, while fluoride toothpaste delivers higher concentrations at important times of the day, such as bedtime.
- When communities add fluoride to the optimal level, it democratizes oral health and benefits everyone – regardless of age, income, or geographic location.
- The average lifetime cost per person to fluoridate a water supply is less than the cost of just one dental filling. For most municipalities, every $1 invested in water fluoridation saves $38 in dental treatment costs.
- The ADA will continue to actively advocate for the fluoridation of public water supplies as an effective way to prevent tooth decay and promote oral health.
- The ADA is committed to the overall health of the public in addition to its oral health and will continue evaluating the validity of emerging evidence and research to support public health advances.
- As a dentist, I see firsthand the benefits of fluoride – both in drinking water and topically in products like fluoride toothpaste.
- For reliable information about the safety, benefits, and effectiveness of fluoride in promoting oral health, I encourage you to visit **ADA.org/fluoride**.

support for fluoridation, the passion is an inch deep. With the opposition, it's an inch wide, but the passion is so strong."

Fighting Misconceptions About Fluoride

As the anti-fluoride narrative continues to gain traction both at the national level and in Oregon, dentists have an opportunity to be leaders in their communities when it comes to educating the public and their patients about the safety and benefits of fluoride.

With more and more patients asking their dentists about fluoride, science and fact-based education will remain a key tool for oral health advocates. The ADA and ODA encourage dentists to proactively explain the benefits of fluoride to patients and encourage them to use fluoride toothpaste alongside any fluoride in their water supply.

Below are some talking points provided by the ADA on the effectiveness of community water fluoridation:

- Even with the widespread availability of fluoride toothpaste, studies show community water fluoridation continues to be effective in reducing tooth decay by about 25% in children and adults.
- Community water fluoridation has been hailed by the Centers for Disease Control and Prevention as one of 10 great public health achievements of the 20th century.
- Critics of fluoride in drinking water routinely cite the adoption of fluoride toothpaste and other dental products as evidence that it no longer needs to be added. However, organizations like the CDC state that water fluoridation and fluoride toothpaste work together to help prevent tooth decay and offer more protection against decay than using either one alone.
- Fluoridated water keeps a low level of fluoride in the mouth throughout the day, while fluoride toothpaste delivers higher concentrations at important times of the day, such as bedtime.

Additional information about fluoride, fact sheets, and frequently asked questions can be found at **ADA.org/fluoride**.

While Oregon may have been at the forefront of anti-fluoride advocacy for many years, many believe that the push at the national level to ban water fluoridation is only just beginning. As these conversations continue, the ODA urges its members to continue to educate your patients and your community about the benefits and safety of water fluoridation.

If you're interested in learning more about the ODA's fluoridation education efforts, please contact Brett Hamilton at **bhamilton@oregondental.org**.

Dr. Kurt Ferre Leads Community Water Fluoridation Efforts in Oregon

DR. KURT FERRE HAS NEVER BEEN ONE to let "the way things are done" get in the way of his passions. After three years at the University of Oregon, he knew he wanted to be a dentist, and with three dental schools accepting students without an undergraduate degree in 1972, he said, "What am I waiting for?" and applied to Northwestern University in Chicago.

"One night, I was studying for a physics exam with a fellow classmate and my mom called me and said I got a letter accepting me to dental school," said Dr. Ferre. "I closed my book and told my classmate I was done for the evening. My life had basically changed overnight."

Today, he jokes that he's the only one in his family who doesn't have an undergraduate degree.

After graduating dental school, he did a general practice residency in St. Luke's Hospital, followed by three additional years in Chicago working in different modalities, including private practice, public health clinics treating low-income patients, and hospital dentistry.

Soon after, Dr. Ferre and his wife Barb decided to move home to Oregon, where Dr. Ferre joined Kaiser's dental program, Permanente Dental. Thanks to his experience in Chicago working in hospital dentistry and with children, he became the go-to dentist for any behavioral management problems for children through Permanente Dental.

"I was working with children who had rampant cavities," said Dr. Ferre. "We would take them to the operating room for outpatient surgery, put them under anesthesia, and fix all their cavities at once. I was going to the OR twice a month and still had my adult patients for general dentistry."

Dr. Ferre says he always had a soft spot for treating children, especially those with the most need, so he started working with Northwest Medical Teams, the predecessor to Medical Teams International, in 2002 at their mobile dental clinic at an elementary school in Newberg. The clinic primarily served Latino,

Dr. Kurt Ferre

PROVIDED BY DR. KURT FERRE

elementary-aged students who were attending summer school.

"The second patient I saw that day was a nine-year-old boy with a severe dental abscess on a six-year permanent polar," said Dr. Ferre. "When I tried to palpate it, he jerked his head away in pain and I asked him how long it had been hurting. He said he couldn't remember. I had to extract the tooth, and I vividly remember pus pouring out of the infected tooth socket."

"In my almost 50 years of being a dentist, I've never seen that severe of an abscess in a child. I have no doubt that his parents loved him, but they lacked the capacity, education, or knowledge of where to take their child for care. That nine-year-old boy changed my life professionally and began my first true lesson of what public health is about."

Dr. Ferre soon focused that passion for public health on an issue that had bothered him since his first day as a dentist in Oregon: a lack of community water fluoridation.

"I had an epiphany on day one when I started seeing more native-born Oregon mouths," said Dr. Ferre. "They all had more fillings, more cavities, and more root surface cavities. I saw a much higher rate of rampant cavities in young children than I had seen in Illinois."

After his experience volunteering with Northwest Medical Teams, Dr. Ferre began advocating for water fluoridation.

"I got connected with like-minded people in Beaverton, including three other dentists, four dental hygienists, angry soccer moms, and others, and we helped pass water fluoridation in Beaverton," said Dr. Ferre. "Today, there are nearly 100,000 people living in Beaverton who have access to fluoridated water thanks to our work on that campaign."

Dr. Ferre dipped his toes next into the community water fluoridation conversation in Hood River, where he worked with retired doctor Chuck Haynie. Dr. Haynie's interest in fluoridation stemmed from his work at the hospital in Hood River and treating youth along the I-84 corridor, where he continually saw children from across the region who needed general anesthesia to treat rampant cavities.

Dr. Ferre and Dr. Haynie faced an uphill battle to convince the Hood River community of the benefits of water fluoridation. The effort eventually failed.

"After the Hood River defeat, Chuck and I became fast friends," said Dr. Ferre. "Over the years, since 2010, we've worked together on many water fluoridation efforts."

While the duo hasn't had much success with expanding community water fluoridation, they have been successful in fighting rollback attempts in over 20 communities throughout Oregon and Southwest Washington.

In addition to his work throughout the Pacific Northwest, Dr. Ferre has become a national leader in fluoridation advocacy. In 2014 he helped found the American Fluoridation Society, a group that seeks to expand water fluoridation throughout the country and prevent rollback attempts of fluoridation.

With Oregon still ranking 48th out of 50 states for community water fluoridation, Dr. Ferre recognizes that it is an uphill battle to educate the public about the benefits of fluoridation, particularly with the rampant spread of misinformation and scare tactics from the opposition.

"It's easier to scare the public than to 'non-scare' them," said Dr. Ferre. "I've also found that when it comes to support for fluoridation, the passion is an inch deep. With the opposition, it's an inch wide, but the passion is so strong."

Even with the ongoing and increasing opposition to community water fluoridation, Dr. Ferre has not backed down and believes that his efforts are more important today than ever before. With recent fluoridation measures failing in Hillsboro and Lebanon, and increased scare-tactics and misinformation being spread at the national level, Dr. Ferre remains committed to continuing his advocacy work for fluoridation however and wherever he can.

COUNCIL/
COMMITTEE
SPOTLIGHT

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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REGISTRATION IS NOW OPEN!

THE DENTAL FOUNDATION OF OREGON

REGISTRATION CLOSES MAY 1, 2025

THE DENTAL FOUNDATION OF OREGON IS THE 501C3 CHARITY TO THE OREGON DENTAL ASSOCIATION.
OUR MISSION IS TO ADVANCE ORAL HEALTH EDUCATION, PROVIDE CHARITABLE CARE, AND COORDINATING RESOURCES FOR OREGON'S CHILDREN AND VULNERABLE COMMUNITIES.

oregon dental ASSOCIATION

The Dental Foundation of Oregon

19th Annual
Chip! For Teeth Golf Tournament
Thursday, May 29, 2025

Rock Creek Country Club
5100 NW Neakahnie Avenue
Portland, OR 97229
rockcreekcountryclub.com

Scramble Format
7:45 am Shotgun Start
Awards Luncheon Immediately Follows Play

USE YOUR PHONE TO REGISTER VIA THE QR CODE!

ODC SPEAKER HIGHLIGHT

The State of the Profession of Myofunctional Therapy 2024: Where Have We Been, Where Are We Going, and Why?

By Joy L. Moeller, RDH, BS, AOMT-C, COM®

MYOFUNCTIONAL THERAPY IN THE UNITED STATES HAS been around since the early 1900s. Most orthodontists have used structural approaches to developing stable occlusion. Alfred Rogers, who was the president of the American Orthodontic Association in 1918, wrote papers on "The Living Orthodontic Appliances," being the facial muscles and the tongue.[1] However, most orthodontists were against the myofunctional profession until recently. Currently, as more and more meta-analysis and research published in top journals become common, many of my referrals are coming from the medical profession and not just the dental profession. This, I feel, is one way of "bridging the gap" between medicine and dentistry. Many medical doctors or their families have sleep issues, digestive problems, headaches, and persistent neck, jaw, and back pain, which have been helped by treating myofunctional disorders and now want their patients to seek this modality, which involves, many times, multi-disciplinary treatment with dentistry.

Myofunctional therapy is a treatment in which the muscles of the orofacial and pharyngeal complex are optimized in terms of strength, accuracy of motion, range of motion, rest position, coordination with all the other head and neck muscles to perform or inhibit a function. Treatment of myofunctional disorders is not just the tongue, but instead the coordination of the lips, tongue, and all head and neck muscles, which influence many different functions of the head and neck. Breathing, chewing and swallowing correctly, and eliminating harmful habits which may cause myofunctional disorders, are the treatment plans of most myofunctional therapists.

The complexity of orofacial muscles reflects their involvement in multiple functions, daytime and nighttime. In the graphic that follows, there is an example of the functions of just two paired muscles: the genioglossus and the orbicularis oris.

The movement of the genioglossus to optimize airflow can be problematic for orthodontists who see the bite change, the mandible or maxilla not in an optimal physiological position, and the development of an anterior or posterior open bite or crossbite in children. In the past, and in some areas still today, devices such as tongue rakes[1,2] or tongue spurs are used to push the tongue back from the front teeth, which can be effective in moving teeth, but they are not addressing what we consider to be a primary physiological cause of the tongue thrust: the lack of comfortable nasal breathing daytime and nighttime.

Orthodontists can be invaluable in restoring nasal breathing, by widening and/or adjusting anterior/posterior plane of space in the palate, which is the floor of the nose.[3] This addresses the structure of mouth but not the continuing long-term use of the muscles. Orthodontists refer to ENT doctors for tonsils and/or adenoid evaluation and/or allergists, which may help, but unless the muscles and habits are not retrained, there may be a relapse of the structure.

Many orthodontists feel that once the structure is corrected, the function of the muscles will automatically adapt and re-train themselves, which may work for a short time, especially with long-term retainers. However, orthodontic relapse[4] is common, and if the function is not retrained, other issues such as obstructive sleep apnea, oral facial pain, esthetic changes, periodontal disease, digestive disorders, and head and neck posture disorders may prevail.

Many myofunctional therapists utilize neuroplasticity to aid in better retention of habituation of myofunctional health. Neuroplasticity is the ability of neural networks in the brain to change through guiding proper growth, repetition, and reorganization.[5] One product I have found to be very helpful is the Froggy Mouth, which is a passive appliance that allows better retention and function of the genioglossus muscle to rest in the palate. It was invented by a French orthodontist, Dr. Patrick Fellus, and it enables the brain to develop a new neuropathway, combined with active myofunctional therapeutic techniques.

The loss of chewing correctly may cause digestive disorders and lead to many myofunctional disorders. With the advent of processed baby food in pouches or jars, many

The complexity of orofacial muscles reflects their involvement in multiple functions, daytime and nighttime. Here is an example of the functions of just two paired muscles: the genioglossus and the orbicularis oris. Myofunctional Therapy in Pediatric Sleep Disorders, a chapter in Aktuelle Kinderschlafmedizin 2020, Coceani Paskay, Spruyt, Moeller

children reject chewing hard foods. Early intervention with orthodontic appliances may come loose with chewing hard foods, so patients are being advised to eat only soft foods. Even after the appliance has completed what was intended, the patient still rejects hard foods; hence, chewing is considered negative and is avoided.

Many adults may develop jaw pain and are sometimes taught not to chew hard foods to avoid irritating their jaw. This lack of normal functioning of the facial muscles, as well as chewing on one side,[6] may lead to clenching or grinding. Once the tongue rests correctly and normal bilateral chewing is encouraged, many times the clenching or grinding subsides.

Also, chewing correctly stimulates the parotid gland to secrete enzymes to begin proper digestion (stage one digestion) in the mouth. Patients experience endorphins from chewing, and their ability to determine a sense of satiety is fulfilled, which may help with eating disorders. Myofunctional therapists also teach patients to chew their food a minimum of 20 times,

which slows down eating and helps to exercise the facial muscles.

The newly re-emerging profession of orofacial myofunctional therapy has been a post-graduate course for speech language pathologists and dental hygienists since the 1970s. With the advent of sleep apnea research showing that myofunctional therapy is now an important adjunctive treatment for both prevention and treatment of sleep disorders, the field is also extended to physical therapy and occupational therapy as well as allied health care professionals. Many dentists are now training in this field to discover answers to help their patients with occlusal stability and sleep issues.

Ankyloglossia, commonly known as tongue-tie, is restricted tissue under the tongue. The prevalence has increased in the last few decades. Is it that we are looking more, or is it really increasing? New techniques of diagnosis and screening have developed recently to enable more accuracy. Myofunctional therapy is essential both before the surgery and after to ensure success.[7] Also, lip ties are important to treat to assure better lip seal, thus encouraging nasal breathing.

What does the future hold for this profession? My speculation is that myofunctional therapy will be a masters' program with independent licensure and a specialty in medicine/dentistry dealing with disorders of the tongue.

2025 Oregon Dental Conference Know Before You Go

The 2025 Oregon Dental Conference is right around the corner, starting on Thursday, April 3! This is a great opportunity for everyone to connect, learn, and grow. Below are some reminders and information to make your time at the ODC successful.

Entering the Oregon Convention Center

There are **TWO** entrances to access the Oregon Convention Center (OCC).

- If you are parking in the OCC parking garage – once inside the OCC, follow signage to find the Oregon Dental Conference registration area in the A Pre-Function Area.
- If you are walking from a hotel, the MAX, or parking elsewhere, you will enter through the OCC's main entrance on MLK Jr. Blvd. There will be signs directing you to the Oregon Dental Conference when entering the main entrance.

TRIMET Passes

TriMet transportation passes will be available for attendees to pick up onsite, first come, first served at the attendee registration area in Pre-function A. They are good for the days of the ODC only.

Tote Bags

Tote bags will be available onsite first come, first served. You will find them in the registration area and at the entrance to the Exhibit Hall.

No Mailed Registration Materials

No physical registration materials were mailed to attendees for this year's conference. All badges will be printed onsite. **Because of onsite badge printing, please arrive at the convention center early as badge printing may take a little extra time.** Parking in the convention center garage may take longer than normal, especially on Thursday and Friday mornings, so we recommend showing up to the convention center an hour before your first class starts. You won't want to be late to your first class!

Check your email inbox for an email from **odc@prereg.net** that contains your individual QR code. Keep this QR code email accessible on your smartphone or print it out for easy badge printing onsite. Badge printing will be in Pre-Function A of the Oregon Convention Center.

Download the ODC Mobile App

Downloading the ODC mobile app will help you navigate the 2025 ODC! The app will contain classroom locations, speaker and course information, and event details! You can also enter course completions codes into the app to download and save your 2025 ODC CE certificate!

Search "Oregon Dental" in your device's app store. The app will go live mid-March.

Exhibit Hall

Don't forget to visit the Exhibit Hall to connect with your favorite exhibitors, make connections with new dental partners, and shop all things dental! Be sure to visit the Wellness Hub. We also have an attendee lunch seating area so you can grab your lunch onsite from an OCC food vendor or one of two food trucks located inside the Exhibit Hall! Or walk to a nearby restaurant and bring it back to share the break with your fellow attendees together in the exhibit hall.

Join in these fun events to be held in the Exhibit Hall:

- **Grand Opening Reception** sponsored in part by Willamette Dental, will be held from 4:30-6:30 p.m. on Thursday, April 3. Join exhibitors and friends at this fun reception and enjoy appetizers and a free drink! Enter our raffle

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for the opportunity to win prizes. Dillon the Pickle of the Portland Pickles baseball team will be there! And don't forget to get your picture taken with your team at the 360-photobooth sponsored in part by Willamette Dental.

- **Complimentary Professional Headshots:** Thursday 11:30 a.m.-6:30 p.m. and Friday 9 a.m.-5 p.m., first come, first served. Stark Photography will be onsite providing professional headshots. Select the images you want and receive the images via email or text the same day.
- **Wellness Hub:** Come by on Thursday or Friday to take a small break from all the excitement and relax in one of our massage chairs and chat with an ODA Wellness Ambassador. Be Kind to Your Mind!
- **Superhero Day:** Help us celebrate our superheroes (that's you!) on Friday April 4th from 11:00 a.m.-1:30 p.m. with a special superhero themed afternoon treat. You can be a superhero when you sign up to partake in the blood drive, hosted by The Red Cross. And you can get your picture taken with a superhero when Spider-Man and Wonder Woman stop by with their photobooth!

ODC Party: Casino Royale

We look forward to seeing our registered ODC Party attendees at this Friday night event!

When: Friday, April 4, 6:00 p.m.-10:00 p.m.

Where: Hyatt Regency Portland *(across the street from the Convention Center)*

This event is sponsored, in part, by Delta Dental of Oregon.

ODC Reminders

- **Bring your reusable water containers to fill:** There are water refill stations all around the Oregon Convention Center, so we encourage you to bring your refillable water container and stay hydrated while you are at the ODC.
- **Registration only accepting credit cards for payment:** If you are registering onsite or adding on a workshop, you will need to pay via credit card. No cash payments accepted.
- **Lunch is not part of your ODC registration:** Travel Portland will have a visitor information booth at the ODC to help you with nearby restaurant suggestions and things to do locally in your free time. You can also look for the ODC sign with the OCC food vendors that are open this week and nearby restaurants you can walk to. Please join fellow attendees in the exhibit hall where we have an attendee seating area and food trucks.

Medical Emergencies and Infection Control Continuing Education Presented by Multnomah Dental Society and Washington County Dental Society

By Lora Mattsen, Multnomah Dental Society Executive Director

MDS AND WCDS COLLABORATED ON JANUARY 17 to provide a day of continuing education for their members. Two required courses were presented to provide 6 CE hours in one day.

The morning session was medical emergencies, presented by one of our favorite members, Dr. Steve Beadnell. He always makes the medical emergency course interesting and fun.

Following lunch, a two-hour course on infection control was presented by Monica Emmons, BSDH, EPDH. Both courses were presented in a beautiful room overlooking the golf course at the Portland Golf Club.

Being able to have both components coordinate this required CE for their membership is beneficial for everyone. It saves time and resources. Our sponsors are important to the success of our meetings, and being able to combine component events helps them as well. It also allows members from multiple components to come together and enjoy social interaction. We look forward to providing additional meetings and events together with other components. Everyone enjoyed the day.

LORA MATTSEN

COMPONENT HIGHLIGHT

Clackamas County Dental Society – January Meeting Highlights Medical Emergency Preparedness

By Dr. Fred Bremner, Executive Director, Clackamas County Dental Society

ON JANUARY 28, 2025, DR. STEVE BEADNELL, DMD, delivered an engaging four-hour presentation on medical emergencies and nitrous oxide administration, marking his third lecture on this vital topic within the past month. The 64 attending members enjoyed convenient box dinners during the interactive session.

Attendees particularly noted that this year's presentation focused on practical emergency response techniques, offering valuable hands-on guidance compared to the more theoretical approaches of previous years. This practical emphasis better equipped participants to handle real-world medical emergencies in their practices.

The society was pleased to welcome new sponsor Jenner Bisenius from US Bank, who specializes in providing tailored business banking solutions for health care professionals. Additional table sponsors for the evening included Artisan Dental Lab, Assured Dental Lab, and Columbia Bank.

The evening was made even more welcoming by Friendship Ambassador Dr. Don Sirianni, who assisted Dr. Emily Crosby at the registration table.

Dr. Steve Beadnell engages members during his presentation on medical emergencies and nitrous oxide administration.

Dr. Mark Mutschler collects his box dinner, for partaking during Steve's presentation.

CCDS President Geoff Clive welcomes Jenner Biesenius to his first meeting representing US Bank.

DR. FRED BREMNER

From left to right: Representatives from Columbia Bank, US Bank, and Artisan Dental Lab, showcase their services for CCDS members.

Friendship Ambassador Dr. Don Sirianni warmly welcomes Dr. Emily Crosby at the registration desk.

OHSU

Teaching Dental Students About Professionalism and Ethics

By Dr. Barry Taylor, ODA Executive Director

EVERY YEAR I HAVE THE PRIVILEGE of giving a lecture to the second-year dental students at OHSU School of Dentistry regarding ethics and professionalism. Dental ethics and professionalism are topics that unite all dentists. Regardless of one's practice modality, we all strive to be ethical and to present ourselves as a professional.

So how does one go about teaching ethics and professionalism, and can it be taught? I first give recognition to Dr. Phyllis Beemsterboer, a hygienist and educator who, with Dr. Gary Chido, developed a very strong ethics and professionalism course at the school. The basis of my lecture is work they had done, and many of my statements in this article originated with them. They were my instructors, and I had the honor of being the course director when I was at the school after Dr. Beemsterboer left. Secondly, I make the point that this is not a lecture to make the students moral or ethical. The dental school admissions process has vetted all student candidates, and I remind the students that we hope they are entering the school as ethical and moral students. This leads to a good discussion of the difference in morals based on one's multifactorial cultural background, which gives us many definitions of what is moral, versus ethics, which are commonly accepted principles that we can all agree upon.

I also remind the students that from day one of their enrollment, they have signed both the OHSU Code of Ethics and the School of Dentistry Code of Ethics and Professional Behavior. The OHSU Code of Ethics emphasizes the "core values of quality, transparency, service excellence and diversity." The School of Dentistry Code states in the first paragraph for students to "maintain the highest standards of moral and ethical behavior and to conduct themselves in a professional manner at all times." So even though the lecture is in their second year, they do begin school with a high expectation to maintain ethical, moral, and professional behavior. I can vouch that those codes are enforced at the dental school.

We then spend time on professionalism: What is the definition of professionalism, and what does professionalism look like in our profession? A common theme in the discussion of professionalism and the discussion of ethics is that the primary goal is what is of benefit to the patient. In 1866, the first code of dental ethics stated, "The dentist should be ever ready to respond to the *wants of his patients* and should fully recognize the obligations involved in the discharge of his duties toward them."

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The ADA Principles of Ethics and Code of Professional Conduct is an underutilized strength of the ADA. It is a living document that is maintained by the ADA's Council of Ethics, Bylaws and Judicial Affairs. Currently, ODA member **Dr. Scott Hansen** serves on this council, and recent past chairs have included ODA members **Dr. Bruce Burton** and **Dr. Jim Smith**. The document consists of the aspirational goals of the Principles of Ethics, the Code of Professional Conduct that addresses conduct that is required or prohibited, and the Advisory Opinions, which are interpretations that are applied to specific situations. For example, during the pandemic in 2020, Advisory Opinions were issued regarding what constitutes emergency dental care.

After reviewing and discussing the five Principles of Ethics – Patient Autonomy ("self-governance"), Nonmaleficence ("do no harm"), Beneficence ("do good"), Justice ("fairness") and Veracity ("truthfulness") – we move on to the more engaging part of the morning. Drs. Atchison and Beemsterboer developed an "ethical decision-making model." It is a simple six-step process to incorporate the ethical principles into the professional's decision-making process.

After going through the process with a hypothetical case, the students break into small groups to review and go through a few more hypothetical ethical cases. When back as a group, we go through each of the six steps. In discussion, the students **identify the ethical decision that needs to be made, or what is the problem**. Next, the students identify what **information to collect** so they can make an informed decision. With the information, we **state the options** for solving the situation. At this point, there is discussion about how to **apply the ethical principles**, and what principles are important in the situation. Next, there is a consensus to **make a decision** and to **implement the decision.** The exercise demonstrates to the students that, like a patient's treatment plan, there can sometimes be several options and that there is not always agreement on what is the right decision to implement.

A three-hour morning is not enough to "teach" dental students ethics and professionalism. I have confidence that the vast majority of the dental students, if not all, are entering dental school with an established base of morals, ethics, and professionalism. I think of this course of a way to introduce them to how to apply those ethics to their practice, and a reminder that we are fortunate to work in a profession to which the public has granted us respect and self-governance because of our acquired knowledge, highly specialized skills, and our adherence to ethical principles.

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