Need for oral health recognizes no borders
An interview with ADA President Raymond Gist

By Javier Martinez de Pison
Dental Tribune Hispanic & Latin America Edition

The first African-American dentist in history elected as president of the American Dental Association (ADA) started his mandate in a decisive way. Less than a month after assuming the presidency in October, the ADA issued an official apology for “not taking a stronger stand against discriminatory membership practices during the pre-civil rights era.”

The measure is symbolic, but it signals that the ADA under Dr. Raymond Gist is changing, that it is capable of learning from its mistakes or, as he put it, that “in looking forward, we also must look back.”

The actions of the ADA, one of the largest dental institutions in the world with 157,000 members and a 2011 budget of $116 million, have an impact in the United States and sometimes within foreign dentistry as well.

Right now, its commitment to ethnic diversity among its members, cooperation agreements with foreign organizations and its campaign to help Haitian colleagues after the earthquake, suggests that it is looking to an inclusive future.

A native of Grand Blanc, Mich., Gist assumed office as the 147th president on Oct. 15 before the ADA House of Delegates in Orlando, Fla. In the following interview, Gist discusses the programs that the ADA intends to implement and advocates for oral health for underserved populations.

What is your political agenda as ADA president?
My primary objective is to help unite and amplify the voice of dental professionals in advocating for the delivery of quality oral health care to those that are underprivileged in the United States and abroad.

What is your health agenda as ADA president?
To deliver a loud, consistent message to the public and all concerned stakeholders that oral health is a

Dental world comes to New York

Dentcubator hatches new dental technology

By Fred Michmershuijen, Online Editor

Historically, the very best advances in dental technology have sprung not from geeks in corporate R&D departments but rather from regular dentists working in their practices. That’s perhaps because most dentists are thinkers and tinkerers. They are constantly coming up with innovative ways of improving upon procedures, increasing efficiency or doing something in a manner that hasn’t been tried before.

Until now, one obstacle many dentists-who-would-be-entrepreneurs have encountered, once they have built their better mousetrap, is coming up with the necessary
From left to right, FDI President Roberto Vianna, past ADA president Ronald Tunkersley, IFP Global Professional and Scientific Relations P&G Professional Health Care Paul Warren, and ADA President Raymond Gist greeting FDI guests at the ADA dinner in Salvador, Brazil (Photo/Jan Agostano, Dental Tribune Hispanic & Latin America Edition)

Tribune Hispanic & Latin America Edition

From left to right, FDI President Roberto Vianna, past ADA president Ronald Tunkersley, IFP Global Professional and Scientific Relations P&G Professional Health Care Paul Warren, and ADA President Raymond Gist greeting FDI guests at the ADA dinner in Salvador, Brazil (Photo/Jan Agostano, Dental Tribune Hispanic & Latin America Edition)

priority! Oral health is essential to overall health, which is why I want to bring increased national and global attention to the need for providing and sustaining good dental health.

Would you provide an overview of the ADA sessions in Orlando?

Our 2010 annual session in Orlando was a great success. There were nearly 26,000 dental professionals in attendance; including approximately 7,700 dentists and 5,300 dental team members.

Additionally, we were also pleased to welcome 1,000 international attendees from 90 different countries who were able to experience our World Marketplace Exhibition and participate in our scientific sessions.

The Opening General Session and Distinguished Speaker Series were very popular with approximately 5,000 in attendance. The 2010 Distinction program, our online practice enhancement tools and our legislative advocacy efforts at both state and federal levels. In 2009, more than 1,300 pieces of legislation directly affected the oral health industry.

Our members can also take advantage of products offered at a discount through the ADA Catalog, and free reports from our Survey Center for continuing education courses offered at the annual session and online. In leveraging the collective buying power of our membership, our members have access to competitively priced ADA insurance and financial and retirement programs.

Additionally, we are helping people with programs that really make a difference in their lives, such as our Give Kids A Smile for children and Oral Longevity for older adults.

Overall, I believe the programs and support we enjoy as ADA members are unmatched for their depth and comprehensiveness. I invite readers to visit www.ada.org for additional information about the ADA and its various offerings.

What are the main problems for dentists practicing in the United States?

The United States offers tremendous opportunities for those wanting to practice dentistry. The U.S. economy has affected some dental practices more than others, but the economy is getting better as we slowly emerge from our recession.

As for our new dentists, many of them are facing tremendous debt obligations from dental school and we must look for ways to assist them in reducing debt and in establishing their own private practices if they choose to do so.

How is dental tourism affecting U.S. professionals?

Dental tourism has not had a major impact on the United States as a whole. Survey results indicate that 2.76 percent of U.S. dental patients have had some dental tourism experience. Since cost is the significant incentive and most dental treatment does not reach cost levels that make dental tourism attractive, three trends emerge from discussions with promoters and providers of foreign dental services.

Border areas immediately adjacent to available lower-cost care continue to be the most common examples of dental tourism. Additionally, expatriates living in the U.S. that visit their home countries regularly may access less costly dental care when they are home for a regularly scheduled visit.

Lastly, some treatment plans at the highest end of dental cost may prompt a look at less costly alternatives in a foreign country. However, the procedures involved in these treatment plans are commonly the most technical and often have long periods of treatment for completion, both of which are disincentives for dental tourism out of the U.S.

What's the ADA doing in terms of ethnic diversity?

The ADA’s recent public apology reinforces its commitment to a diverse membership. The ADA officers and board of trustees felt compelled to act after the striking and deeply personal testimony presented during the June 2010 National Sum-
mit on Diversity in Dentistry on the history of exclusion in organized dentistry.

The summit was jointly planned and convened by the National Dental Association (NDA), Hispanic Dental Association (HDA), Society of American Indian Dentists and the ADA. In July and September, the ADA Board developed and approved resolutions that were designed to strengthen diversity and inclusion in the profession.

As an African-American, do you feel a special pressure? I don’t feel a special pressure to perform because of my race, but I do pressure myself to deliver because I know my capabilities. I want the dental profession to realize its potential, and I want to deliver that message effectively and consistently.

Is there a way to increase the low number of Hispanic dentists in the U.S., which causes cultural and language barriers to treatment? Doors have opened, but more can be done to encourage careers in dentistry because enrollment in U.S. dental schools is not keeping pace with the growth of underrepresented minorities in the U.S. population.

For example, U.S. Census Bureau data for 2009 reveal that the Hispanic American population totaled 16 percent of the U.S. population. Yet, ADA survey information for the 2008/2009 school year indicate only about six percent of students were Hispanic American.

The ADA believes in guiding young people from diverse backgrounds toward the dental profession and is committed to increasing diversity, including through its outreach programs, such as the Institute for Diversity in Leadership, which provides a diverse group of dentists with education and experience to set new leadership paths within the profession and their communities; the Student Ambassador Program; and the Council on Dental Education and Licensure’s Career Guidance and Diversity Activities Committee (Committee D).

Committee D is composed of 14 members, including representatives of the NDA, HDA and the Society of American Indian Dentists.

We also believe that options for the repayment of dental school loans are very important to increasing diversity in dental schools.

For example, community service options should be available to dental students that would ease the financial burden of their dental school education and, at the same time, make a positive contribution to the public’s oral health.

Why do you offer Spanish-language courses at ADA sessions? In recognition of the prominence of the Spanish language in the United States and the notable presence of annual session visitors from Spanish-speaking countries, the ADA, in its commitment to hosting a world-class meeting, decided to offer select continuing education courses in the Spanish language.

Allowing Spanish-speaking attendees to learn in their native language enhances the learning experience and the caliber of the annual session event.

What’s the ADA doing with foreign dental associations? Engaging the international dental community and maintaining positive rapport with dental organizations around the world is a priority for the ADA, especially given that oral health recognizes no borders.

The ADA continues to seek collaborations with national dental associations and other organizations in Latin America through the FDI World Dental Federation, through ADA participation at international dental conventions, through collaborations with the Pan American Health Organization and through collaborative agreements with international dental organizations in Latin America.

For example, the ADA recently collaborated with the Mexican Dental Association on identifying prominent Spanish-speaking experts in Mexico to present their courses in Spanish at the ADA annual session in Orlando.

The ADA is also working with the Haitian Dental Association to raise funds to help rebuild and restore the dental offices in Port au Prince that were destroyed by the earthquake in January through the Adopt-a-Practice: Rebuilding Dental Offices in Haiti campaign.

What was your experience at the 2010 FDI World Dental Congress in Brazil? The annual FDI World Dental Congress offers the ADA a unique opportunity to connect with dental organizations from around the world, forming new relationships and nurturing existing ones.

The 2010 FDI World Dental Congress in Salvador allowed the association to gain visibility among Brazilian and other Latin American dental professionals.

Being that the 2011 congress will be held in Mexico City, the ADA will have a second opportunity to heighten its awareness in Latin America while identifying new projects and programs that could deliver value to dental professionals in this region of the world.