

JOURNAL

Summer 2021

Hawaii Dental
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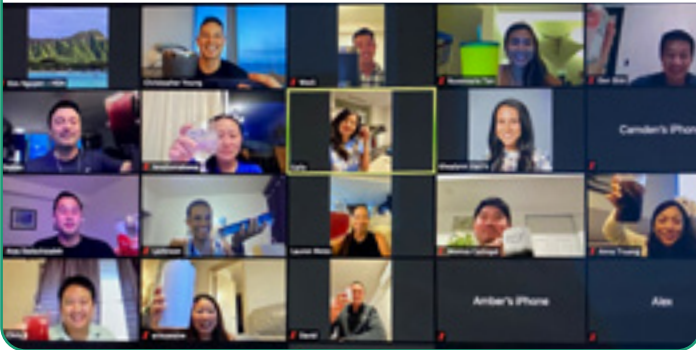
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Hawaii Dental Association JOURNAL

Summer 2021

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HDA President
Patsy Fujimoto, DDS

Membership is a Personal Thing

I would say that being a member of the ADA was in the genes. My father was a general dentist, and from the time I can remember, he was a member of the HDA. I can't honestly say what he got out of his membership, but he was a member, even becoming President of the HDA in the 1960's. So, there was no argument—philosophical or otherwise—about joining right after graduating from dental school.

To be fair, there had been some indoctrination in dental school. My dean was the famous Dr. Art Dugoni. He made sure that every student at UOP was a member of ASDA. I believe UOP was one of, if not, the first dental school to mandate ASDA membership. He led by example—being very active in the California Dental Association and the ADA, eventually becoming the President of the ADA. Years later, if you met him at a dental meeting, he would always comment on your participation in organized dentistry. You could tell it made him happy and proud which in turn made you happy and proud!

My first experience with organized dentistry was in the legislative arena. The HDA was fighting several issues with dental hygienists, all of whom were women. It sounds wildly sexist today, but female dentists were brought in to show the legislators that women could be dentists and were supportive of the association on these specific issues. It has been said that Dr. Mark Tajima, our unpaid lobbyist, hatched this idea. However, I owe a huge debt of gratitude to Mark for what he taught me about lobbying and legislation. He also passed along to me a penchant for legislative issues.

Working on legislative issues also made it very clear to me that the HDA was best positioned to support and defend dentistry. There are so many forces, some well-meaning, that wish to shape how we practice and relate to our patients.

But was this the only reason for being a member? There must be something more. If I am not part of the solution, then I must be part of the problem? My generation (the infamous Baby Boomers) believed in action to correct perceived problems and issues. The HDA gave me the chance to be part of the solution, be it legislative or organizational. I felt at home working on issues, trying to make the association (hopefully) a better place. This was my sense of belonging. In the process I have made life-long friends (and no doubt enemies!) and have priceless relationships. This was my journey to belonging—somewhat straightforward, sometimes winding.

So, I would pose the issue of belonging once again. The spectrum of belonging is very vast, but I would venture to guess that many of our members have it in them to enhance that sense of belonging. Belonging is also intensely personal. The board of trustees (BOT) recently completed their second strategic planning session last month. One of the crucial issues that the BOT felt needed to be addressed is the leadership pipeline. Soon we will be seeking members to participate in all levels of the HDA. We will be looking for members with specific skills and talents and asking you to participate.

Where is your sense of belonging? 🦷



To be fair, there had been some indoctrination in dental school.

TMD vs TMJ

Temporomandibular Disorder (TMD) is caused by jaw, facial muscle, and joint problems. The joint responsible for chewing is called the temporomandibular joint (TMJ), and connects the temporal bone of the skull to the lower jaw.



SCIENCE behind TMD

The muscles and bones affected by TMD

- 1 TEMPORALIS MUSCLE**
closes and retracts the mandible (jaw bone)
- 2 TEMPOROMANDIBULAR JOINT**
connects the temporal bone of the skull to the mandible.
- 3 MASSETER MUSCLE**
closes the jaw for chewing.

TMD CAUSES



clenching or grinding teeth



day-to-day stress

FACT: many TMD/TMJ issues can trigger migraines and chronic headaches.

"As a 45 y.o. mother of 3 kids - I was having pain every day for the last 3 years. Finally - my dentist referred me for Botox and it's been incredible. My headaches are gone and my jaw feels so much better in the mornings. Wearing my night guard and using Botox for TMJ has improved the quality of my life. Thank you! - A.K."

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Dr. David Yew has over 14 years of experience using Botox to relieve TMJ symptoms while working together with dentists to protect their dental health. Botox is safely injected into symptomatic muscles (temporalis and masseter muscles) to relieve jaw pain from clenching and grinding (bruxism) while getting rid of migraines and tension headaches. Virtually painless injection with no downtime. Effects last between 4-6 months and can be repeated again safely until symptoms are gone. 100% of our patients treated have reported pain relief ranging from moderate to complete pain resolution. If they do not have any improvement - there will be no charge.



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HDA Executive Director
Kim Nguyen, MSW

A Different Kind of Summer

Just when we thought we were getting out from under COVID, the Delta variant threw all of us for a curveball. However, the ability to recover and get a handle of COVID is still within our own reach and control:

- A highly effective vaccine is widely available to those who are able to get it. True—not all vaccines are 100% effective, but I believe in the philosophy that some protection is better than none. (I am also one of those kids who unfortunately did not get the polio vaccine when I was younger and so have lived with polio my whole life. This was so avoidable; make sure you and yours are protected.)
- Follow CDC and public health practices: wash your hands regularly, wear your masks when around others and as required by law wherever you are, socially distance from folks (who doesn't like personal space), and sanitize your workspaces.

I know, I know—it's been more than a year. We're all tired and frustrated. But this will drag on if we each don't do our part.

But life continues on. HDA President Dr. Patsy Fujimoto and I have just returned from the Western States President's Conference in CA and wow—it was a bit surreal to be flying and to be around other people in a meeting setting. Surreal in a good way—we were all happy to be back in person, catching up, and holding robust conversations without those Zoom “Brady Bunch” squares. And this time, no one had to say, “You're on mute!” I know many of you have also been traveling—please remember to stay safe and research the

restrictions required at your destinations. I've instituted a return-to-office policy in which all staff (including me) must work remotely until five days have passed since landing on Oahu and then taking a COVID test (and hopefully the test is negative before setting foot back at the HDA office). I know many of you have set up something similar—if you're wondering or curious about this, give us a call if you'd like to talk this out.

You'll read about them later on in this *Journal*, but I want to thank Maui County and Kauai County Dental Societies for coordinating their island's PPE distributions to the dentists there. Not an easy feat to juggle these details, but they did it!

In the next *Journal*, I hope we'll be looking at much lower COVID numbers, but in the meantime, our office will continue to address your inquiries, issues, and concerns the best we can. But don't forget that there is life outside of COVID—be sure you have your required CE credits to turn in for license renewal at year's end, attend our “Practice Management” virtual CE course on September 16, and stay abreast of our House of Delegates meeting, the HDA Foundation activities, 2022 CE courses, and preparations for the 2022 legislative session.

On behalf of the HDA staff, I thank you for your dedicated membership. Take care of each other, and take care of yourself!

My best, 🍷

“”

I know, I know—
it's been more
than a year.
We're all tired
and frustrated.

PPE for our Members!

By the HDA Staff

We here at the HDA wish to thank HIEMA and the National Guard for their partnership in procuring, organizing, and distributing much-needed gloves, gowns, masks, and hand sanitizers to many of our members. Several non-members also participated in these events. Dentists from Oahu, Maui, and Kauai received their PPE through various PODs (points of distributions) these past few months. On Oahu, we were thankful the National Guard provided the legwork. On Kauai and Maui, we thank our local dental societies' presidents, Drs. Kanoe Baird and Heather Hearon (on the cover), and their teams of volunteers. All groups certainly had a field day playing Tetris with boxes and boxes of PPE!

Much appreciation to all for their efforts! 🍷



Above: Maui County Dental Society hosts PPE drive for its members.

Below: Hawaii's National Guard loads up PPE for Oahu members.



2021 HDA Meeting Calendar

All HDA Members Welcome at All HDA Meetings

Board of Trustees

8:30am-1pm

via Zoom (unless otherwise noted)

Thursday

September 30

Executive Council

6:30- approx 8:30pm

via Zoom (unless otherwise noted)

Wednesday

October 27

House of Delegates (HOD)

8:30am-COB

Ala Moana Hotel

Sunday, November 21

HOD Reference Task Force (RTF)

6:30pm, via Zoom

Wednesday, October 6



Conferences & Events

ADA "SmileCon" Annual Session & House of Delegates

October 10-16, Las Vegas

Dates/times subject to change. Please call to confirm attendance. If you would like to add your event, please contact the HDA office.



E Komo Mai! New Members

Christie L Dang, DDS

Angelyn de Guzman, DDS

Ameer Eghbarieh, DDS

Patrick Ferguson, DDS

Mari R Heslinga, DDS

Erica P Leone, DDS

William CW Li, DDS

Rodney N Nishimoto, DMD

Justin Sjulson, DDS

Stephen E Stanley, DDS

Max Uyeda, DDS



In Memoriam

Donald WT Fong, DDS

Patrick S Ohara, DDS

Your Foundation on the Move

By Dr. Gary Yonemoto, *Hawaii Dental Association Foundation President*

I want to start off by first thanking all who have supported the Hawaii Dental Association Foundation (HDAF) during these difficult 18 months; I know they have not been easy for our Hawaii dentists and their teams. The HDAF has remained viable and active throughout this time, but as expected our activity level was diminished, and our growth slowed as well. I am happy to report that we are ramping up our activities in 2021 and are planning for a “new normal” in 2022. Recently, we completed our first round of our Grant Giving cycle. The HDAF acted favorably on four grant requests. We awarded \$2,500 each to the Waikiki Community Health

Center and to the Shriners Hospital on Oahu. Our Give Hawaii A Smile program donated 600 oral health toothbrush kits to Ku Aloha Ola Mau, and 200 to Special Olympics Hawaii; both organizations also received oral health educational materials.

To enhance the HDA’s community presence, the HDAF started implementing a community oral health educational program with the help of our communications firm, the Hawaii Public Policy Advocates. This year, the HDAF delivered virtual oral health presentations to the fifth graders at Kuhio Elementary School and to the seniors at Lanakila Meals on Wheels.

For 2021, we are also developing a video to complement our Give Kids A Smile program that can be presented to all K-6 elementary school classes. If anyone is interested in becoming involved in this program, please contact our office.

In addition, the foundation is updating our internal organization. We are refreshing our strategic plan for 2022–24 and plan to expand our foundation board to include representation from our neighbor islands.

To maintain a strong and sustainable foundation, we need to build a stronger financial base. Our Fund Development Committee is developing mechanisms for all our members to contribute and help your foundation. Please consider using our website to gather more information and to make your donation.

Our planned activities for 2022—save the dates!

Our **Give Kids a Smile Clinic Day** is planned for Saturday, February 26, 2022, at Waikiki Health Center. We will be conducting presentations to the elementary schools in the weeks preceding February 26.

Our *super fun Give Kids a Smile GALA* is scheduled for October 1, 2022, at the Alohilani Hotel.

We’re looking forward to seeing our members there! 🦷



HDAF Board Member Dr. Rosemarie Tan presents oral health kits to staff at Ku Aloha Ola Mau.

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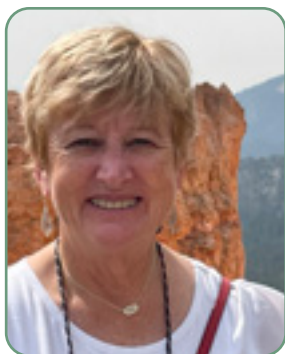


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Dr. Nora Harmsen

Go with the Flow

By Dr. Nora Harmsen, HDA Dental Education Program Member

I happened to read a newspaper article recently talking about what makes a marriage last. This particular couple had made it to over 70 years of marriage. The husband's sage advice to all was to, "Go with the flow." Great advice for marriage and even better advice for the HDA, the Dental Education Program (DEP), and the membership. This year has been full of "going with the flow" and learning to adapt to the ever-changing COVID-19 world of rules and restrictions.

The DEP and the HDA staff have been working behind the scenes to constantly check on what we can do for in-person meetings in the future and how we can address all our membership's CE needs. We are excited to continue to provide continuing education via Zoom this Summer and Fall with two meetings:

- On **August 12**, Dr. Ali Oromchian presented "**To Tweet or Not to Tweet.**" We hope you didn't miss the opportunity to catch this special course and update your knowledge of social media. As we all learned, we must know our online practice image and how to react to both the positive and negative of social media.
- Keep your schedule free for the **September 16** program on Practice Management by Ms. Cindy Ishimoto, "**Finishing the Year Strong.**" We can all use a little "cheerleading" for ourselves and staff to encourage us to end

2021 as optimistically as possible. Look for the sign-up information coming via e-mail in August. (If you don't seem to see emails from the HDA, check your spam and all other subfolders, make sure that all your contact information is up to date, and if other staff are checking your emails, remind them to keep you informed!)

The DEP is delighted to announce that we will have our first **in person meeting on January 27, 2022, at the Convention Center.** The HDA staff and DEP have been working hard to find a venue, visiting optional meeting spaces for social distancing and seeking to meet the existing Tier 5 regulations for indoor events for large business meetings. The city and state continue to update restrictions and requirements, but at some point, we had to move ahead and plan to have a one-day meeting with limited vendors. Because we are planning for more than 200 persons, we are required to submit a mitigation plan and members will need to provide proof of vaccination or a negative COVID test within 48 hours of our meeting. For those of you who have traveled lately, it's the same rules. Remember my opening comments, we will "go with the flow," should COVID changes arise later this year.

The meeting will include 6 CE credit hours, with one of the educational sessions to be ethics, in order to provide our mandatory in person credits for the course. We are holding off to

surprise all of you with our other meeting speakers and topics. Stayed tuned for our notices but mark your calendars now. Imagine seeing all your colleagues and favorite vendors in person again! We are planning a full room of vendors but scaled down to meet current guidelines. We are thankful to all the many dental supply companies and other previous vendors that continue to reach out to us and plan to support our “mini meeting.”

Because of space limitations, there will be no life member luncheon or ICD, ACD, or PFA meetings at the Convention Center at the meeting. Check with your organizations for their meeting schedules.

So many of you will say, “Why no full convention when the SmileCon is still on in Vegas in October?” Well, the answer is simply that Vegas has very different restrictions for their meetings. The HDA is held to the state and county’s current set of standards for large meetings at this time. I know this answer doesn’t make everyone happy, but it is the simple truth. Should things change, we will adapt and do what we can to make this meeting a great experience anyway.

For those of you who want to attend the in-person **ADA meeting in October in Las Vegas**, check out the ADA website and search for **SmileCon**. You can attend in person or via Zoom and some classes will also be available on demand. The dates for SmileCon 2021 are **October 11–13**. Early bird pricing is no longer available, however advanced registration is available for as low as \$199 for a virtual pass! Checkout what they are doing with this unique new format. Don’t delay, rates go up again September 30.

Q: What are we planning beyond January 2022?

A: Stay tuned for a variety of Zoom and in-person meetings in 2022. Many of you have expressed that the Zoom format allows you more time in the office and less time driving or flying from a neighbor island for CE classes. We are also planning for some half or one-day in-person meetings mixed into the 2022 schedule. We hope this satisfies most of you with a bit of both. We have all learned a lot this past year and a half with working to make our continuing education meetings safe, convenient, and worthy of your time. If you have ideas for topics or know a speaker, let the HDA staff or one of your DEP members

know. We are always open to new ideas and fun/educational speakers.

Good News to Report

The Board of Dentistry has granted a blanket waiver to accept all virtual continuing dental education for the 2020–2021 licensing year. This was a recent vote to change only for this time frame due to COVID-19 hardship. Please note:

- You are still responsible for your Basic Life Support (BLS) for Healthcare Providers course, and it must be authorized by the American Heart Association or the American Red Cross. Testing is required to be in person. *HDA is not providing BLS classes this year!*
- Remember you must complete 6 hours of Ethics credits per licensing cycle.

Looking forward to seeing you all at our next meeting, via Zoom or in person. Mark your calendars now to take advantage of these member benefits! 🍷



The poster features the HDA logo at the top, followed by the text "HDA 2022 CE SERIES" and "HONOLULU CONVENTION CENTER". The date and time are listed as "Jan 27, 2022" and "8am - 5pm". The main message is "SAVE THE DATE". Below this, it says "Join fellow dental colleagues at our first in-person CE event in 2022:". A decorative wavy line separates this from the next section: "Current 2022 members and their staff welcome (\$150 each)!". This is followed by "This is one of several CE courses HDA is bringing to members throughout 2022." and "More details, including online registration, forthcoming - watch your emails!". At the bottom, a note states: "Note that the HDA continues to monitor & adhere to changing governmental orders, for the health & safety of our members and Hawaii community. The information is subject to change."



Dr. Chris Young

Members Engage!

By Dr. Chris Young, *HDA Membership Engagement Program Co-Chair*

Recently there has been the big question from dentists: “Why should I be a member of the Hawaii Dental Association, and what value do I get as a member?” That is a great question that deserves attention. The Membership Engagement Program (MEP) and its volunteers seek to help HDA members get answers to these questions and more.

The HDA has always been the biggest resource for dentists practicing in the state of Hawaii and is at the forefront of staying up to date with important information imperative to keeping the dental profession safe for practitioners and patients. The hard work done by the HDA, which is in line with the ADA, is not always broadcasted out to membership. In the digital age where social media along with email and text make it way too easy to send out instant information, the HDA is faced with the dilemma of how much information is too much information before it becomes a nuisance rather than be

helpful. How often do people in general see an email or social media post and think it is not worth the few minutes it takes to read based just on the title or the subject header?

Our young dentists are often left feeling as if the information sent out to membership is only for practice owners and mid-career dentists. The actions and hard work done by the HDA and ADA do not just benefit practice owners but the profession as a whole. The majority of our younger dentists work for group and corporate practices but still are governed by the laws set by the government and the state which are dictated by our elected officials. It is just as important for our younger dentists practicing in Hawaii to be informed and feel engaged as the general members of the HDA.

On May 20, the MEP held a special virtual event for our young dentists with an emphasis on answering the question, “Why should I be a member of the HDA, and what value do I get as a member?”



Due to ongoing restrictions in consideration of the current pandemic, no in-person events were held by the HDA. To get creative, the MEP Zoomed with our young dentists throughout Hawaii state over a delicious meal/drink. In collaboration with Chef Reid Matsumura from Redfish Poke, a special curated bento and take-home cocktail kit were provided to participants to enjoy during our virtual event, which was sponsored by the ADA (Mahalo, ADA!). The delicious bentos included generous portions of Chicken Karaage, Shrimp Tempura and Ebi Fry, Wafu Hamburger Steak, rice with furikake, and homemade pickled vegetables. The special crafted cocktail was packaged as a take home kit for participants to make a Hibiscus (Moscow) Mule. For our neighbor island participants, they were also provided awesome meals to enjoy at home during the virtual event.

The consensus from our participating young dentists is that our members are unaware of the resources, benefits, and actions that protect our profession that HDA and ADA provide. It is not from lack of availability but more so a lack of personal engagement. Young dentists feel like they are out of the loop and uninformed, especially with the current pandemic putting a halt to in-person events where most young dentists had the opportunity to meet with other young dentists, discuss current topics, and get updated on a personal basis by the HDA. Most of the participants appreciated the explanation of how the HDA and ADA (as well as their respective counties) work year-round to protect the profession of dentistry by working with elected officials to create favorable laws as well as stop laws that hurt the way dentists practice. The

quick actions of organized dentistry allowed our profession to receive much needed PPE to adapt to working during a pandemic as well as expedite vaccine availability for all dental staff. Most of the participants did not realize the wide variety of benefits they are able to utilize as a member of the ADA and HDA including continuing education, discounted disability/life/malpractice insurance plans, programs that drastically lower student loan interest and payments, and all the finer things in life like discounts on travel, hotel, rental cars, and luxury vehicle purchases!

What was most imperative to understand is the non-tangible benefits that help our young dentists navigate professional careers and personal life paths. The HDA and county dental societies have members in all stages of their

careers and have the wisdom to help those following a step or two behind them. Our dentists working and living in Hawaii love to share what has been successful in their own journeys and that is the largest form of mentorship and networking. From young dentists looking at surviving practice right out of dental school or residency, to mid-career dentists taking over private practices and starting families, to our seasoned dentists with years of practicing dentistry ready to retire and still provide their patients with a great dentist to continue their oral care, all our members can share the Aloha spirit within the dental community by talking story. We are Hawaii's dentists, and this is our profession to maintain throughout our careers and smooth the path for those dentists in the generations after us. 🦷

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Dr. Carl Kobayashi

By Dr. Carla Fukumoto, HDA Secretary

In this *Journal*, we ask Dr. Carl Kobayashi, Chair of the Well-Being Committee: How do you volunteer for the HDA and why?

His answer:

I've been a member of the Maui County Dental Society, Hawaii Dental Association, and American Dental Association for several decades. The accompanying photo is about 20 years old. I thought those that know me would get a laugh.

In the mid-1990's, I was facing an enormous health challenge with accompanying emotional and family challenges.

The HDA Well-Being Committee, family and friends, guided me through these challenges and I was able to continue practicing dentistry and enjoy a successful life and career.

I volunteer for the HDA Well-Being Committee to say thank you to our profession, the HDA, and all my family and friends who have generously helped and guided me throughout my career. 🦷

If there are any members facing challenges that may be preventing them from practicing dentistry safely and want to talk confidentially or for more information about the Committee, please reach out by contacting the HDA office at hda@hawaiidentalassociation.net. All communications are confidential.





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Getting to Know Our Outgoing ADA Delegate

Dr. Edmund Cassella

By Dr. Candace Wada, HDA Member

In this issue, we are featuring our outgoing ADA Delegate, Dr. Edmund Cassella. We are veering from our usual format since Ed, himself, provided us with a wonderfully written autobiographical piece.

I was born and raised in New Castle, Pennsylvania, a small farming community 60 miles northwest of Pittsburgh. I attended the local township school system and then attended West Virginia University where I received BA and MA degrees before entering the Army as a 2nd Lieutenant in 1971. My goal at that time was to teach science and math, and coach baseball. Between degrees and joining the Army, in 1970, I married Rita, my high school sweetheart and wife of 51 years. After Officer Basic, I was assigned to Ft. Dix, New Jersey Medical Command as the Chief, Military Personnel Branch, where part of my job was to interview all incoming and outgoing medical and dental officers. This started my thoughts of dentistry as a career. Further nudging me toward dentistry was joining the hospital fastpitch softball team where our dentist centerfielder convinced me of the virtues of the dental profession while sitting in the dugout between innings. Next to marrying my high school sweetheart, the decision to play softball and apply to dental school had the most profound effect on my life.

I applied to the dental schools within driving distance to Ft. Dix and chose Fairleigh Dickinson over Georgetown and Temple because of location and parking, but mostly parking, a funny but true story I will have to leave for another time.



Dr. Edmund Cassella then

The summer between my junior and senior year in dental school, Rita planned a vacation to Hawaii against my wishes. Time was precious during dental school and Hawaii was six time zones away while beaches with palm trees and sunsets were in our same East Coast time zone. However, it was love at first sight. We returned to Hawaii for a three-year assignment after one year in Korea as the pediatric dentist at the 121 Evac Hospital. I was assigned to Schofield Barracks as a general dentist from 1980 to 1983, then reluctantly left Hawaii for Augusta, GA to attend specialty training in periodontics. In 1990, after five years as the perio mentor in a GPR program, I accepted a return assignment to Hawaii in lieu of retiring in



Dr. Edmund Cassella now

South Carolina. After abandoning several great job offers, we took a chance and returned to Hawaii because we wanted our two daughters to grow up here and we missed the culture.

My specialty of periodontics was not a consideration while in dental school. I was drawn to restorative dentistry, but mostly prosthodontics; however, during my senior year, I developed contact dermatitis to methyl methacrylate which limited making temporaries and acrylic appliances. The allergy became more severe while doing a GPR at Ft. Benning Georgia, so I limited my specialty choices to oral surgery and periodontics since I didn't seem to be allergic to blood. Selecting perio was a family decision for many reasons, and it was the right decision. >>

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Periodontics has changed significantly since I began dental school back in 1974. We used to refer to it as the perio penalty box that you had to get your patients out of before you could do dentistry on them. A lot began to change in the 80's through research proving that true periodontal regeneration was achievable while titanium implants were shown to undergo osseointegration, while some developed peri-implantitis. Another significant change has been the plethora of articles written about the "systemic link" between periodontal disease and major organ systems since first reported in the British Medical Journal in 1989. Most recently, Alzheimer's disease has been linked to periodontal disease joining with CVD, diabetes, respiratory diseases, and rheumatoid arthritis to name a few.

My involvement with HDA began even before I had a Hawaii license. While assigned to Tripler in 1991, I was asked to lecture and join the publication committee to review articles and write a few. I began a part-time private practice in Mililani and Pearl City in 1992, and then retired from the Army and did a build-out of a new office in the Ala Moana Building in 1994. I became Honolulu County Program Director in 1996, and then was elected Honolulu County President in 1998, and then President of HDA in 2003, the 100th year celebration of the Hawaii Dental Association.

HDA presidents are appointed to one of our three Alternate Delegate positions (one-year term) to the ADA and usually nominated and elected to that position for one to three years. During my tenure as an Alternate Delegate, one of our three Delegates (three-year term) became ill, and I was appointed

to replace him, and I have been elected as a Delegate ever since. While a 20-year member of the Hawaii Delegation, I have been appointed by two 14th District Trustees to two ADA Councils to represent our District. I was also appointed Chairman of the Licensure Committee for the ADA, 2018–2019, and last year I was personally called by the ADA President and asked to Chair the Reference Committee on Dental Education, Licensure and Scientific Affairs during the 2020 ADA HOD virtual meetings. My term ends this year, and I am not seeking another term as an ADA Delegate. I would encourage any member who can afford the commitment of time and energy to get involved. It all begins at the county, and progresses to the state, and then on to the national

level. The rewards are many, but mostly the relationships built over time with colleagues from across the nation, all with the purpose of improving our profession now and into the future for those who follow.

If I can impart one piece of advice, it would be to always put the patient first in every decision, and to do what is best for their healthcare needs. However, to do this you must keep up with advancements in technology, dental products, and treatment modalities and commit to lifelong learning through meaningful CE. The ADA and HDA and its leadership are here to help you achieve your goals.

Thank you, Ed for sharing your journey with us and for giving us insight into your career! 🦷



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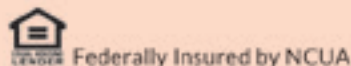
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Year-Round Legislative Efforts

By Dr. Norman Chun, *HDA Legislative Program Co-Chair*; Ms. Melissa Pavlicek and Mr. Danny Cup Choy, *HDA Legislative Consultants*



Ms. Melissa Pavlicek



Mr. Danny Cup Choy



Dr. Norman Chun

The HDA Legislative Program actively handles federal, state, and city issues that affect the practice of dentistry year-round. This is a very wide area to cover by a very small, dedicated committee on a very small budget.

At the Federal Level

Most recent news to report to our membership is the passage of the “Competitive Health Insurance Reform Act” which repeals the McCarran-Ferguson antitrust exemption for health insurance companies. The McCarran-Ferguson antitrust exemption allowed all insurance companies to communicate with each other without violating any antitrust issues. In plain language, they could collude on what they reimburse for dental procedures. Whereas the Sherman Antitrust Act prevents any dentist from asking another dentist what they charge and get reimbursed for a dental procedure. This prevents price fixing. The McCarran-Ferguson along with the Sherman Antitrust Act together gave insurance companies a huge controlling advantage over the practice of dentistry. The repeal of

this exemption removes some of the controlling levers the insurance companies have on healthcare in general. The Legislative Program spent many years testifying and lobbying our Congressional members to support the repeal.

At the State and City Levels

The Legislative Program testified and lobbied via Zoom and emails during session. But HDA advocacy continues in the “off session.” When the state legislature reconvenes in January, every oral health bill that didn’t pass in 2020 will be available for legislators to reconsider. About 2,000 new proposals to change state law will also be introduced. Whether the HDA is successful in advancing a policy agenda that improves oral health, increases patient safety, and promotes the profession of dentistry’s high standards largely depends on what HDA advocates do before the legislature starts.

Here are four actions that HDA’s Legislative Program and advocates are taking while the legislature is adjourned:

Strengthening Advocacy

Members of the HDA Legislative Program and the Community and Public Health Program are engaged and activated, meeting with legislators individually by phone, Zoom, and in-person. Through platforms like Voter Voice, advocates can engage in direct communication with their geographic-area legislator as a constituent, which is always an effective form of advocacy.



The HDA government affairs team will be engaging with policymakers during the interim to ensure that dentists’ voices are heard.

HDA representatives meet monthly with the ADA's State Public Affairs team to gain insights into legislative proposals and advocacy strategies from other states.

Growing the Number of Champions

Through advocacy and education, HDA seeks to increase the number of policy leaders who put oral health initiatives as priorities. Long-time state legislative champions like Senator Karl Rhoads and Representative John Mizuno consistently introduce legislation to promote oral health and enhance patient safety. A key to growing support for measures we believe are good oral health policy for the state is to increase the number of legislative champions. This past year, HDA has appreciated the work of Senate Health Chair Jarrett Keohokalole and House Health Chair Ryan Yamane, particularly in their willingness to engage with HDA and put patient safety first.

Building Public Will and Awareness

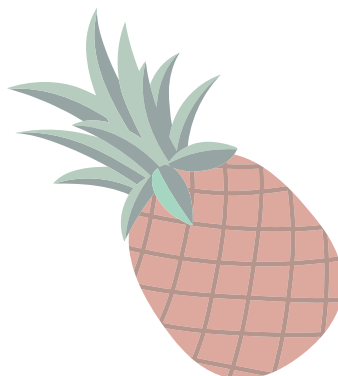
Often the first "touch" a member of the public may have with oral health policy issues is through the charitable and education work of the HDA and its Foundation. Dr. Rose Tan recently gave an educational presentation to senior citizens at the invitation of Lanakila Meals on Wheels. Dr. Dayton Lum adapted the Give Kids a Smile presentation to provide a well-received virtual experience for more than 60 fifth graders at Kuhio Elementary. These educational presentations build public knowledge, awareness, and hopefully the will to

advance oral health policies that benefit their communities.

Increasing the Salience of Oral Health

Legislators who must consider and evaluate proposals for every governmental topic from "A" (agriculture) to "Y" (youth) are more likely to promote initiatives that increase oral health if they prioritize and attach greater importance to them. The best way that HDA advocates can increase the salience of oral health issues is to tell the authentic and impactful stories about outcomes in the community. A long and dry analysis is less likely to be effective than the real-world story of an effective oral health policy campaign that touches the lives of a legislator's constituency. HDA advocates strive to draw attention to the oral health matters and "connect the dots" for legislators who juggle multiple important priorities.

Although legislative and advocacy work is led by the Legislative Program, the HDA is actively supported by the Hawaii Public Policy Advocates and you—our membership. All members are affected by decisions made by our elected officials; HDA welcomes all the support we can get. 🦷





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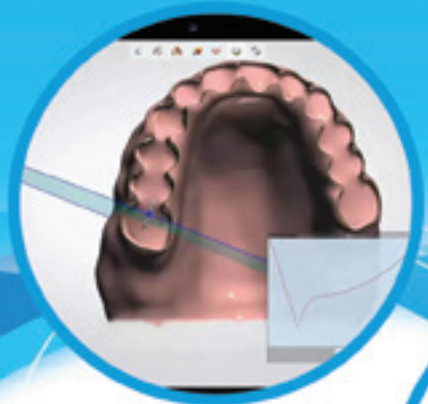


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Recommendations vs. Requirements: Managing Unvaccinated Employees

By TDIC Risk Management

Small businesses nationwide are navigating the challenges of unvaccinated staff members. Learn best practices for dental offices, what employers can require, and how to mitigate ethical and legal risks related to sharing vaccine status.

The analysts at The Dentists Insurance Company continue to answer countless COVID-19-related calls from practice owners. While TDIC's Advice Line provides guidance across diverse risk management topics, vaccine requirements continue to be a high source of concern and confusion. The following is guidance that analysts have provided to other dentists.

Can employees and new hires be required to get vaccinated?

The short answer is yes. Federal Equal Employment Opportunity laws do not prevent an employer from requiring all employees who enter the workplace to be vaccinated for COVID-19, as long as the employer allows for reasonable accommodations under EEO and the American with Disabilities Act.

And as new mandates roll out, health care workers in some regions will be required to show proof of COVID-19 vaccination or be tested weekly. Because weekly testing is likely to be more burdensome on the practice, employers should urge their employees to receive the COVID-19 vaccine by building vaccine confidence and

facilitating vaccination. If employers choose to require employees be vaccinated, they must consider the following:

- Potential vaccine complications or side effects.
- Reasonable accommodation for medical conditions, including pregnancy.
- Sincerely held religious objections.
- Exposure to legal risks, such as discrimination claims stemming from workplace disparities between vaccinated and unvaccinated employees.

Make an individualized assessment of each unvaccinated employee's ability to safely perform essential job functions, which may include certification from their health care provider. Even if your vaccination policy qualifies as a legitimate health and safety requirement, some employees

may be exempt from complying under certain circumstances.

For potential new hires, employers should ask applicants vaccination questions that only pertain to the job. If you do not require employees to be vaccinated, the question of vaccine status should not enter the interview discussion.

Can I ask for proof of vaccination?

Yes. To slow the spread of the highly infectious COVID-19 Delta variant, some states now require employers of health care workers, including dental staff, to verify that their workers are fully vaccinated against COVID-19. Health care workers who are not fully vaccinated are subject to weekly COVID-19 testing and will be required to wear surgical masks, at minimum.

According to the Equal Employment Opportunity Commission, employers



Balancing legal and ethical obligations with staff emotions and patient expectations can be challenging, and protecting your patients, your team and your practice should guide your decision-making.

RISK MANAGEMENT



may ask for proof of vaccination as it is not considered a disability-related inquiry. However, employers should ask to see a vaccination record card but request no more information than is necessary. Simply asking an employee the reason why they aren't vaccinated may trigger disability-related protections under the Americans with Disabilities Act. Acceptable forms of proof of vaccination are listed in each state or region's order, as applicable.

Can I terminate an employee who refuses to get vaccinated?

While every situation is unique, there are options to accommodate unvaccinated employees, such as requiring them to wear face masks, observe social distancing with co-workers, or work a modified shift. If these steps can be taken but you still feel strongly about requiring employees to be vaccinated, TDIC recommends speaking with an employment law attorney before implementing a mandatory policy.

Under the Americans with Disabilities Act (AwDA), employers are required to reasonably accommodate employees with a known disability or sincerely held religious belief or practice that

prevents them from being vaccinated against COVID-19. Employers are prohibited from retaliating against anyone for engaging in activity protected by the AwDA. There is a strong likelihood that an employee who experiences negative employment consequences for refusing the COVID-19 vaccines could pursue a discrimination claim.

Should an employee's vaccine status be shared with patients?

State and federal privacy laws prohibit employers from sharing employees' private medical information. Additionally, you are required to maintain COVID-19 vaccine documentation or status confirmation, as well as other medical or accommodation documents, in a way that is confidential and stored separately from the employee's personnel files. Access must be limited only to those with a legitimate business need to know.

In a recent TDIC Advice Line call, a dental team member had been affirming to patients that she was vaccinated when in fact she was not. Pressure to make patients feel comfortable may have led to this misrepresentation of her status, but the situation created

multiple ethical concerns. As with any confidential health or medical information, vaccine status should not be shared. Practice leadership should encourage staff members to be vaccinated and support their decisions, but never allow them to be pressured by other staff or patients to disclose confidential information.

Proactively establish and share office guidelines with staff on how they are expected to handle patients' inquiries about vaccination statuses so that messaging is consistent, prudent, and respects staff privacy.

Should a patient's request to be seen only by vaccinated staff be accommodated?

No. Disclosing vaccine statuses of individual staff members puts the practice at risk. Reassure patients that your office adheres to the required infection control protocols and employs the appropriate practices to ensure their ongoing safety. Walk the patient through the protections put in place to mitigate exposure: PPE protocols, staggering appointments, adhering to OSHA and Centers for Disease Control and Prevention (CDC) guidelines, and more.

Balancing legal and ethical obligations with staff emotions and patient expectations can be challenging, and protecting your patients, your team, and your practice should guide your decision-making. Stay connected to your local and state dental societies, the CDC, and state occupational safety divisions for the latest infectious disease regulations specific to your region.



Under the Americans with Disabilities Act, employers are required to reasonably accommodate employees with a known disability or sincerely held religious belief or practice that prevents them from being vaccinated against COVID-19.



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