

March/April 2025

the Nugget

History of Dentistry

Inside: 2024 SDDS Annual Report

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY



Get Ready For Our UPCOMING EVENTS

March 6, 2025

Dentists Do Broadway - Tina Turner

7:30pm show

March 11, 2025

General Membership CE Meeting

Tuesday • 5:45pm Social & Exhibitors • 6:45pm Dinner & Program
Hilton Sacramento Arden West

Member Price: \$89 early (ends 2/25)

\$99 regular (begins 2/26) / \$99 late (begins 3/9)

Non-Member Price: \$218

Goodbye GV Black! Embracing Contemporary

Composites in the Modern Era (3 CEU, Core)

Presented by Joel Whiteman, DDS

March 13, 2025

SDDS Member Mixer - Centro Cocina Mexicana

Thursday 6–7:30pm

Sponsored by Columbia Healthcare Banking

March 14, 2025

Continuing Education

Friday • 8:30am–12:00pm • SDDS Classroom

Member Price: \$325 early (ends 2/21) / \$345 regular (begins 2/22)

Non-Member Price: \$690

Write the Rules: Creating an Employee Handbook Made Easy

(3.5 CEU, 20%)

Presented by Mari Bradford, PHR; California Employers Association (CEA)
(SDDS Vendor Member)

March 18, 2025

Continuing Education Webinar*

Tuesday • 12:00–1:30pm

Member Price: \$59 early (ends 2/25) / \$79 regular (begins 2/26)

Non-Member Price: \$158

Leaves, Weeks, Hours and Wages...Oh My! (1.5 CEU, 20%)

Presented by Mari Bradford, PHR; California Employers Association (CEA)
(SDDS Vendor Member)

March 20, 2025

Business Forum Webinar*

Thursday • 5:30–7:00pm

Member Price: \$59 early (ends 2/27) / \$79 regular (begins 2/28)

Non-Member Price: \$158

New Pathway to RDA Licensure – Dental Assisting

Preceptorship: The DDS As Preceptor (1.5 CEU, 20%)

Presented by LaDonna Drury–Klein, RDA, CDA, BS;
The Foundation for Allied Dental Education (SDDS Vendor Member)

March 27, 2025

Member Event - Sacramento Kings Game

Thursday • 7–10:30pm

April 8, 2025

General Membership CE Meeting

Tuesday • 5:45pm Social & Exhibitors • 6:45pm Dinner & Program
Hilton Sacramento Arden West

Member Price: \$89 early (ends 3/25)

\$99 regular (begins 3/26) / \$99 late (begins 4/6)

Non-Member Price: \$218

Effective Techniques on How to Work with Special Needs Patients

(3 CEU, Core)

Presented by Wade Banner, DMD

Sponsored by Health Net of California

April 15, 2025

Licensure Renewal Webinar*

Tuesday • 5:30–7:30pm

Member Price: \$95 early (ends 3/25) / \$115 regular (begins 3/26)

Non-Member Price: \$230

California Dental Practice Act (2 CEU, Core)

Presented by Joy Brack, RDA

April 22, 2025

Licensure Renewal Webinar*

Tuesday • 5:30–7:30pm

Member Price: \$95 early (ends 4/1) / \$115 regular (begins 4/2)

Non-Member Price: \$230

Infection Control (2 CEU, Core)

Presented by Joy Brack, RDA

April 25, 2025

Continuing Education

Friday • 8:30am–4:00pm • SDDS Classroom

Member Price: \$625 early (ends 4/4) / \$650 regular (begins 4/5)

Non-Member Price: \$1300

Adult Oral Conscious Sedation Recertification (7 CEU, Core)

Presented by Anthony S. Feck, DMD: DOCS Education

April 30, 2025

Continuing Education Webinar*

Wednesday • 12:00pm–1:00pm

Member Price: \$45 early (ends 4/9) / \$65 regular (begins 4/10)

Non-Member Price: \$130

Your OSHA Compliance Manual: The Only Tool You Need (1 CEU, 20%)

Presented by LaDonna Drury–Klein, RDA, CDA, BS; The Foundation for Allied
Dental Education (SDDS Vendor Member)



View all CE Courses & Events
online with this QR code.

** Does not qualify for AGD credit*

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Carl Hillendahl, DDS; *Editor-in-Chief*
 Amanda Chen, DDS • Bryan Judd, DDS
 Ramsen Warda, DDS • Peter Yanni, DMD
 Ranna Alrabadi; Student Representative

Editors Emeritus

James Musser, DDS
 William Parker, DMD, MS, PhD
 Bevan Richardson, DDS

Awards

International College of Dentists (ICD)

2024 • Special Citation Award
 2023 • Special Citation Award
 2022 • Humanitarian Service Award
 2022 • Special Citation Award
 2022 • Overall Newsletter, honorable mention
 2021 • Platinum Pencil, *honorable mention*
 Outstanding use of graphics
 2021 • Special Citation Award
 2020 • Platinum Pencil
 2020 • Golden Pen, *honorable mention*
 Article / series of articles of interest to the profession
 2020 • Special Citation Award
 2019 • Special Citation Award
 2019 • Golden Pen, *honorable mention*
 2018 • Humanitarian Service Award
 2017 • Special Citation Award

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Pearls in Our Backyard

Friday, September 26, 2025 • 8:30am–3:00pm

Presented by Devan Dalla, DDS; Nisha Manila, BDS, MS, PhD, FACD; Brandon Martin, DDS, MS; Sarmad Paydar, DDS AND Tim Mickiewicz, DDS

From all aspects of dentistry, this CE course gathers together SDDS member dentists who will present pearls for the general practitioner as well as specialists. Speakers listed in order of presentation.

Tim Mickiewicz, DDS

Consilience: How Does it Relate to Medicine and Dentistry?

The power of why is the answer. Whether it's dental, systemic, metabolic and/or skeletal, the everyday patient may have manifestations or disorders that are your responsibility to co-discover with the patient. What appears to be a "common dental issue" may be masking significant problems such as TMD, sleep, pain and other physiological disorders.

Are you prepared to handle the consequences of your treatment decisions? Always aim for perfection; settle for excellence!



Nisha Manila, BDS, MS, PhD, FACD

Artificial Intelligence in Dentistry

Explore the application of artificial intelligence (AI) in dentistry, including fundamental concepts, potential benefits and limitations.



Brandon Martin, DDS, MS

Phase I or Phase Wait: Why would you put braces on an 8-year old?

Are you noticing more third graders with braces or clear aligners? Do these young patients who still have more than half their baby teeth actually need early orthodontic treatment? Sometimes they do, and sometimes they don't. This presentation will explore the rationale, timing and latest treatment options available for early interceptive orthodontics.



Sarmad Paydar, DDS

Considerations in Treating Mucogingival Defects

The Comprehensive Oral Examination encompasses a thorough evaluation of intraoral hard and soft tissues. With respect to the soft tissue evaluation and identifying at-risk sites, clinicians often struggle with a choice between which exposed root surfaces need treatment (with soft tissue augmentation) and which do not. A "decision tree" to aid in diagnosis and subsequent recommendations will yield to early care and the best outcomes. This lecture will provide you with criterions to assess soft tissue deformities in a predictable form to deliver the very best patient outcomes.



Devan Dalla, DDS

Develop a Practical and Predictable Workflow Using Your Digital Technologies for Fixed Implant ALL-On-X Cases

Are you tired of doing verification jigs for full mouth implant cases? How can you predictably finish these complex cases in less appointments and use digital technology? Various methods will be shown that will simplify All-on-X from planning to executing with the digital tools available today.



6 CEU, Core • \$179

Registration – 8:00am

Class held in the SDDS Classroom
2035 Hurley Way, Ste 200 Sacramento



Register online today
with this QR code.



By **Nima Aflatoon, DDS**
2025 SDDS President

To Know Your Future You Must Know Your Past

As I read through these wonderful articles on the History of Dentistry, I am reminded by a quote from George Santayana, the Spanish American philosopher,

"To know your future you must know your past."

We are part of a profession with a storied past and a bright future. Our shared history as healers, leaders and entrepreneurs serves as the foundation for our continued prosperity.

At SDDS, our history is one of incredible success. With over 80% market share, an array of continuing education and member engagement opportunities, as well as a thriving Sacramento District Dental Foundation that serves our community, we move forward into the future of our profession knowing our members are supported.

I hope many of you were able to network with colleagues and learn new skills at another successful SDDS MidWinter. There

continues to be more opportunities to learn and engage your colleagues this month: on March 13 we have the SDDS Member Mixer at Centro and on March 27 SDDS is going to a King's game! From our General Meetings to our business forums, we have plenty of opportunities over the next couple of months to enhance your business and clinical skills. I invite you to look at the calendar and look at the wide range of offerings SDDS is providing our membership.

As I look forward to this year, I am incredibly privileged to work with a Board comprised of some of the most dedicated and talented people I have ever worked with. From the Executive Committee, the SDDS Board, and the Committees and their chairs, we are truly represented well. The success of the leadership is directly tied to the solid organizational structure that underlies SDDS. We are here to serve our members and advocate for our profession, and to have

such a strong organizational foundation that allows us to do just that.

The growth of SDDS and SDDF and the strong organizations they have become is no small part due to the tireless efforts and leadership of Cathy Levering, our Executive Director. After 24 years of passionate and dedicated service to SDDS and the dental profession, Cathy will be retiring this June. Her accomplishments at SDDS and SDDF are extraordinary and respected widely throughout organized dentistry. As we look to the future for a new Executive Director, we do so with confidence. Our future at SDDS is bright, but only so with the support of members like you. Please continue to be engaged and continue to be involved. ■



Join us for
Dental Day
with the **River Cats!**

.....
THURSDAY, JUNE 26, 2025

Bring your staff, family, and friends to enjoy a fun night out of baseball at our own Sutter Health Park.

Tickets available at sdds.org!



Be the Best!

By **Cathy B. Levering**
SDDS Executive Director

In this issue of *the Nugget*, you will see that we have a lot of member benefits and events happening. Having just come off one of the best MidWinter Conventions in our history, we are springing (LOL) into March with the continuance of plenty of CE and special programs and events – hoping that one or two or a “few” will be something that our members will be part of.

Not only will the March GM be a great meeting with our own Dr. Joel Whiteman as the speaker, we also will be presenting programs throughout the month that are geared toward the dentist employer and HR topics. Thus, we have themed March as BE THE BEST BOSS month! This month includes an office handbook course (back by popular demand), HR topic webinar about leaves, hours and wages, the new RDA pathway class that will teach dentist employers all the facets of helping their unlicensed dental assistants to be licensed. Many fun events will be happening this month so please watch your weekly Sunday e-blasts for special “perks.”

March 13 will be our first (in a long time) Member Mixer, hosted by our Membership Committee. Join us at Centro (Midtown) for apps and libations. All SDDS members are welcome. More info included in this issue of *the Nugget*. And if you can't make this one, two more will happen in May and October in Roseville and Folsom.

And now, the sentimental section....

I'm excited to share that, after 24 years, I will be retiring as your Executive Director of both the Dental Society as well as the Foundation. It has been an amazing honor to serve in this position and to be able to work with so many wonderful dentists, dental team members, colleagues and our wonderful SDDS Team (past and present) along the way. We have accomplished so much together: we've streamlined our leadership and committee structure, encouraged more pathways for volunteers to be involved, increased our membership and market share every year, been successful in our financial planning, budgeting and execution (see the SDDS annual report on page 9) and so much more. And our Foundation has grown enormously, both financially as well as SDDF membership (voluntary), opportunities, programs and scholarships. I'm so very proud of what we've done together. And thank you to all of you who have been so positive and involved – especially our leaders and Board members through the years – you all have been amazing!

My first day at SDDS was April 1, 2001 (not fooling!) and our goal is to have my successor hired by that date this year so that we will have two months together. And it's not good-bye yet, it's not until June. See you at upcoming General Meetings and events!

Cathy

LEADERSHIP

President: Nima Aflatooni, DDS
President Elect/Treasurer: Jeffrey Sue, DDS
Secretary: Craig Alpha, DDS
SDDS BCR Rep: Volki Felahy, DDS
Editor-in-Chief: Carl Hillendahl, DDS
Executive Director: Cathy Levering

EXECUTIVE COMMITTEE

Andrea Cervantes, DDS
Lisa Dobak, DDS
Diana Fat, DDS
Eric Grove, DDS
Michael Payne, DDS, MSD
Kart Raghuraman, DDS
Cherag Sarkari, DDS
Chirag Vaid, DDS
Guest of the Board: Rosemary Wu, DMD, MS
CNU Student Representative: Jasraj Sandhu
UOP Student Representative: Resha Shah

BOARD OF DIRECTORS

CPR: Margaret Delmore, MD, DDS/ Brad Archibald, DDS
Membership/Engagement:
Jeffrey Delgadillo, DDS/Aneel Nath, DDS
Nominating/Leadership Development:
Ash Vasanthan, DDS, MS

COMMITTEES STANDING

CSUS Pre-Dental:
Brian Orcutt, DDS/Jeremy A. Salvatierra, DMD
Budget & Finance Advisory: Jeffrey Sue, DDS
Bylaws Advisory: Ash Vasanthan, DDS, MS
CE Advisory: Ryan Wilgus, DDS
Strategic Planning Advisory:
Jeffrey Sue, DDS/Craig Alpha, DDS

TASK FORCES ADVISORY COMMITTEES

Foundation: Carl Hillendahl, DDS
SacPAC: Gary Ackerman, DDS

SPECIAL EVENTS OTHER

Cathy Levering | Executive Director
Della Yee | Director of Operations
Sofia Gutierrez | Foundation Projects/CPR
Anne Rogerson | Office Manager
Jessica Luther | Graphic Designer
Jen Jackson | Member Liaison

SDDS STAFF

The Nugget is an opinion and discussion magazine for SDDS membership. Opinions expressed by authors are their own, and not necessarily those of SDDS or *The Nugget* Editorial Board. SDDS reserves the right to edit all contributions for clarity and length, as well as reject any material submitted. *The Nugget* is published bimonthly by the SDDS, 2035 Hurley Way, Ste 200, Sacramento, CA 95825 (916) 446-1211. Acceptance of advertising in *The Nugget* in no way constitutes approval or endorsement by Sacramento District Dental Society of products or services advertised. SDDS reserves the right to reject any advertisement.

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HISTORY OF DENTISTRY



By **Brian Ralli, DDS**
Associate Editor

Dentistry may very well be in a golden age of technological innovation. Since I was in dental school, digital x-rays have now become ubiquitous. More and more offices have transitioned to digital scans replacing clunky impressions. We're finally able to utilize cosmetic dental materials that mimic the function and wear of natural teeth. CT Scan technology has opened the door to incredibly reliable implant placement and endodontic treatment. More and more orthodontists have embraced a clear aligner system. Anesthesia is safe and reliable. AI may very well soon become a standard tool for diagnosis and treatment planning.

As we marvel at these innovations, one must step back and appreciate all the hard work and trials of our predecessors, who for hundreds if not thousands of years

have struggled to treat the same diseases as we do lacking even the most basic dental technologies that we all take for granted. Even something as basic as a high-speed dental handpiece wasn't even widely available until the 1960's where anesthetic was offered as an "option" at an extra charge. You probably have a lot of elderly patients who describe getting dental work done with no anesthesia and belt driven slow speed handpieces. Imagine what it was like a hundred years before that. How about a thousand?

To document some of this evolution, I enlisted the help of several of our youngest colleagues, dental students at our newest Sacramento dental school, California Northstate University, down in Elk Grove and new facility in Midtown. These students are the future of our profession

and hopefully will assume future roles as leaders and innovators in their own right. They will offer brief histories of the development of dental public health, endodontics, anesthesia and orthodontics. As we appreciate these advances that we take for granted and recognize those names that brought them into being, we can also look ahead to the future as our youngest members assume the mantle and usher in new eras of dental technology. ■

SAVE THE DATE!

May 1, 2025

On May 1 donate to the
**Sacramento District
Dental Foundation**

**Big
Day of
Giving**



From Your 2024 SDDS President

A Year in Review of the Sacramento District Dental Society



By **Ash Vasanthan, DDS, MS**
2024 SDDS President

As I reflect on the past year as your President, it gives me a sense of immense gratitude and pride for what we have accomplished together. It has truly been a remarkable year for SDDS as I look at some of the milestones of the past year which deserve recognition and celebration for what we have achieved together.

We began the year on January 17, 2024, with an incredible group of leaders coming together for our first board meeting. Over the course of the year, we held six more meetings where we tackled significant issues impacting our profession and navigated some challenging local political landscapes. It was inspiring to witness the dedication and teamwork of our board as we worked through several issues impacting our profession.

One of the standout events of the year was our MidWinter Convention. For the first time since the pandemic, we saw more members returning in person, creating a sense of normalcy and connection that we all have missed. It was a great reminder of how people enjoy seeing one another in person and how vibrant our SDDS is, in putting together the largest dental convention of the year in Northern California.

A particularly memorable and impactful moment was our collaboration with the Medical Society in the city and state along with CDA to defeat Measure C – a last-minute proposal that would have increased city business taxes by an astonishing 800%. This experience was eye-opening for me, as I had zero political experience going into it, but together, we successfully ensured that Measure C was defeated at the ballot. It was a true testament to the power of teamwork and the importance of advocacy in protecting our profession and the businesses in our community.

On a lighter note, we had one Board meeting in March without Cathy, our mama bear

who has rarely ever missed one. Let's just say, without her guidance, things went a little off the rails, but it was certainly a meeting to remember! See photo below.

We also hosted some fun and engaging events this year. The annual golf tournament was a hit, and for the first time ever, we organized an ice cream social. It was wonderful to see so many students from California Northstate University and the UOP International Dentist Program join us. These moments reminded us that we're not just a professional society – we're a community. We also had the Gala which is an event held once in 5 years to raise funds for our Foundation and this Gala had a huge outpouring of support helping SDDS raise \$75,000.

Financially, SDDS is stronger than it has ever been, thanks to Cathy's innovative ideas and the team at SDDS and their efforts, we continued to stay strong with 81.2% membership and 75% of our members participating in at least one or more events which shows the strength of our community. The outstanding fiscal responsibility along with ways to keep revenue streams good has kept membership dues below 40% of our

revenue which is a sign that the leadership is taking steps to ensure the dues don't go up for our members.

It's an exciting time to be a dentist in Sacramento with two dental schools now in our city. CNU is getting ready to graduate its first-ever class of dentists in 2025. In August, I had the rare and humbling opportunity to give the keynote address at the "White Coat Ceremony" at CNU. It was an honor to represent SDDS, and I was grateful to have our Executive Board there too.

I want to thank each of you for your support, dedication and passion for our profession. It has been an absolute privilege to serve as your President the past year. With the incredible leadership and community we have, I'm confident SDDS will continue to thrive and accomplish greater things in the years to come. ■

Ash Vasanthan

Ash Vasanthan, DDS, MS



2024 MEMBERSHIP

BY THE NUMBERS

79%
ENGAGEMENT RATE

300 VOLUNTEERS
38 MEMBERS RETIRED

295 CALLS TO THE
SDDS HR HOTLINE

106
NEW MEMBERS

94%
RETENTION RATE

2967 TOTAL ATTENDANCE FOR
47 COURSES & EVENTS **2024**
2958 TOTAL ATTENDANCE FOR 39 COURSES & EVENTS IN 2023

81.2%
MARKET SHARE

MEMBERSHIP
GROWTH

2000**1085** 2010**1522**

2005**1334** 2015**1591**

2023**1774**

2024**1784**

2024 FINAL MEMBERSHIP (as of 12.31.2024)

DENTIST MEMBERS

ACTIVE: 1,416

RETIRED: 355

TOTAL DENTIST MEMBERS: 1,771

AUXILIARY MEMBERS

DHP (Dental Health Professionals): 62

STUDENTS: 199

TOTAL ALL MEMBERS: 2,032

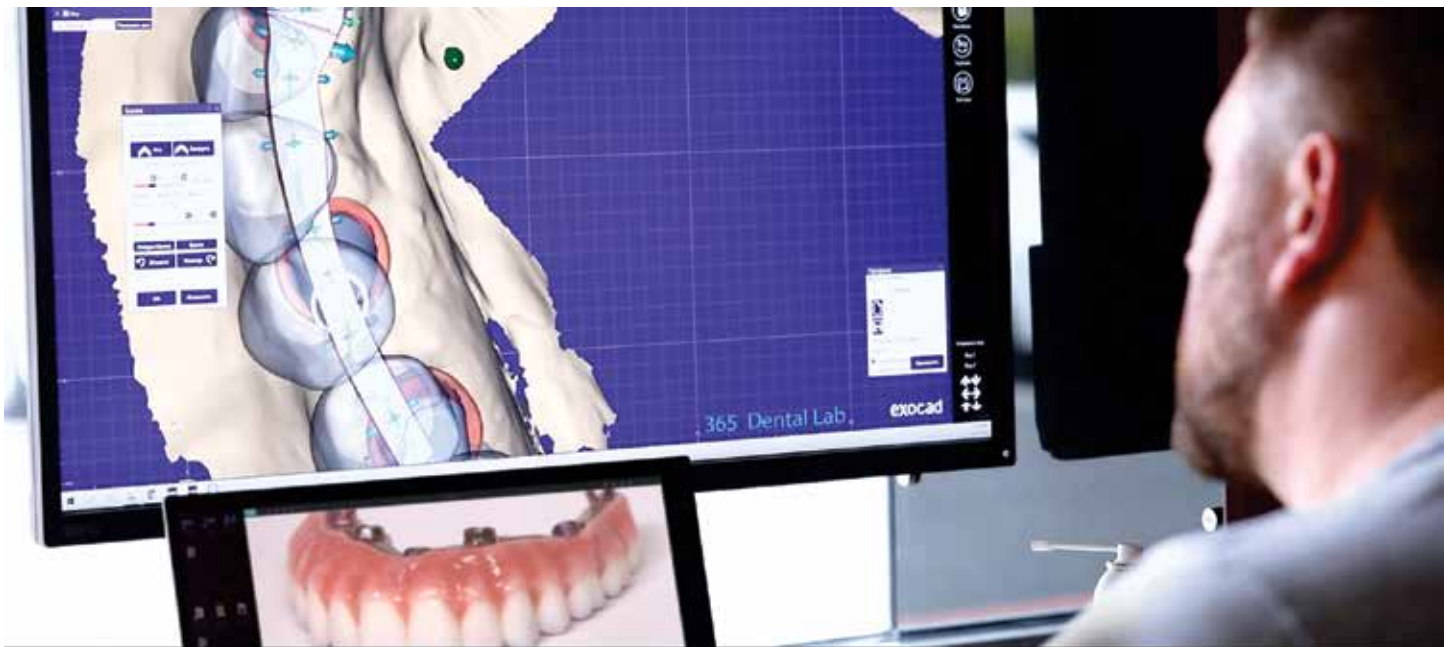
2024 FISCAL YEAR END

CURRENT ASSETS

Cash	\$360,129
Building Reserves	\$1,247,457
Operating Reserves	\$798,977
Accounts Receivable	\$44,992
Prepaid Expenses	\$52,249
TOTAL CURRENT ASSETS:	\$2,503,805
TOTAL FIXED ASSETS:	\$1,930
OTHER ASSETS/DEPOSITS:	\$7,907
TOTAL ASSETS:	\$2,513,642

LIABILITIES & EQUITY

Current Liabilities	
Accounts Payable	\$61,468
Deferred Revenue	\$485,322
TOTAL CURRENT LIABILITIES:	\$546,790
Equity	
Retained Earnings	\$1,883,258
Net Income	\$83,594
TOTAL EQUITY:	\$1,966,852
TOTAL LIABILITIES & EQUITY:	\$2,513,642



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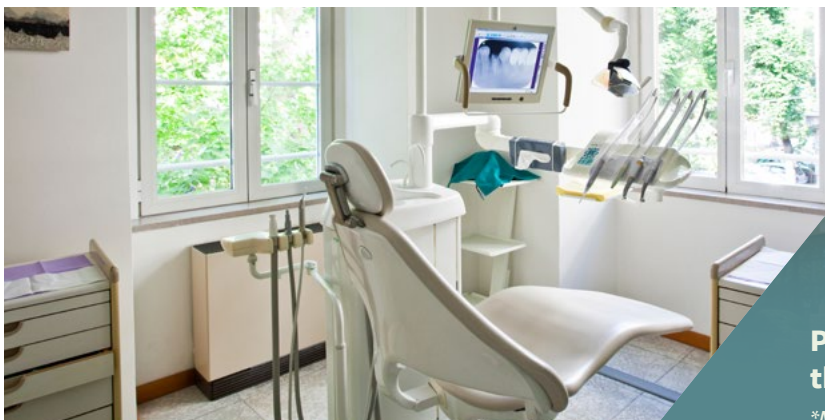


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CBRE

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YOU SHOULD KNOW

ATTENTION SDDS MEMBERS: HERE IS A GREAT OPPORTUNITY TO HAVE FUN WHILE HELPING DENTAL STUDENTS REFINE THEIR CHAIRSIDE COMMUNICATION SKILLS

As the Course Director for Foundations in Ethics and Professionalism at California Northstate University, College of Dental Medicine, I'm looking for approximately eight dentists who are willing to volunteer as "standardized patients" for the purpose of providing dental students with more realistic experiences in practicing their patient communication and interaction skills.

Standardized patients use a scripted and practiced persona to provide simulated patient experiences for health care providers in training and have been used effectively in medical education for decades. More recently, several dental schools have begun implementing this valuable practice. Participating dentist volunteers will be provided appropriate training and have choices in which scripts they would like to "act out."

The location will be the same for all sessions:

**North Hall, Rm. 150. CNU College of Dental Medicine, 2200 X St., Sacramento.
Choose Day 1, 2, 3 or all sessions!**

The time commitment will be as follows:

- In advance of sessions: 30 minute preparation in reading at your convenience (required)
- Day 1: **90-minute** classroom session, presentations and discussion (optional)
May 16, 1:00-2:30pm
- Day 2: a **90-minute** classroom practice session with feedback (required)
May 23, 1:00-2:30pm
- Day 3 a **90-minute** classroom practicum test session May 30 (required)
May 30, 1:00-2:30pm

We will be focusing on skills to provide clearly communicated, doctor/patient interactions in diagnosis, treatment planning, patient consent and post operative instructions. We will have some fun too! We will also practice skills in handling common difficult conversations with patients and team members in general. Student resources will include reviewing the basics of Crucial Conversations training, an overview of the principles of motivational interviewing, teach back, active listening and using clear language to explain complex dental procedures.

Skills required for volunteers include a willing spirit to play the role of a "difficult to deal with patient or staff member" and other interesting personalities we frequently encounter in our daily practices. Volunteers also must be able to commit to the times and location of the training.

Thank you so much for partnering with CNU CDM to help create enhanced communication practice sessions for our dental students!

If you are interested please contact Jean Creasey, DDS at Jean.Creasey@cnsu.edu.

CNU INVITES SDDS MEMBERS...

Celebrate Milestones: Tour CNU's New Dental School and Meet the First Graduating Class!

April 10, 2025 5:30–8:00pm

CNU College of Dental Medicine invites SDDS members to meet our first graduating class of students and tour California's newest dental school. Join us Thursday, April 10, from 5:30–8:00pm to learn about our innovative program and connect with our graduates.

To plan for light refreshments, please RSVP by Wednesday, April 9 to:
shagufta.ali@cnsu.edu

Date: April 10 from 5:30–8:00pm

Location: 2200 X Street, Sacramento, CA 95818

MEMBER BENEFIT - HR HOTLINE AVAILABLE FOR SDDS MEMBERS

The SDDS HR Hotline is an exclusive benefit to SDDS Members. It's powered by the California Employers Association and they are ready for your call.

**SDDS HR HOTLINE
FREE TO SDDS MEMBERS!
888.784.4031**

PAST WEBINARS AVAILABLE AS RECORDINGS

Email sdds@sdds.org to find out which courses are available as recordings.

2025 Calendar of Events

Get your CE units
THROUGH SDDS!
VISIT SDDS.ORG FOR FULL PROGRAM



By Boh Kyeong Suh
SDDS Student Member

Boh Kyeong Suh is a fourth-year dental student of California Northstate University College of Dental Medicine's inaugural class. He is excited to graduate and become a positive part of people's lives as a dental professional. Outside of school, Boh enjoys spending time with family, friends and his pet bunny. His hobbies include cooking, playing basketball and volleyball as well as playing fantasy sports.

HISTORY OF DENTAL PUBLIC HEALTH

History was one of my favorite subjects growing up. History provides valuable lessons to present by showing what happened in the past and offers the guidelines to people in the present time for the future. What I like the most about history is the story of the people in the past. How did something like that get invented? How is it affecting the present society? I spent a good amount of time reading random history stories right before the exams in dental school and after hours of reading random facts, I told myself that I need to study oral pathology now! I promise that those stories are so much more fun to read right before midterms and finals. So, when I had an opportunity to write about history in *the Nugget* for the Sacramento District Dental Society, I was excited. But what kind of history? After going through several brainstorming ideas, I decided to write about the history of dental public health.

Out of all the dental specialties, dental public health caught my eye. I studied public health at the University of Wisconsin. Even though I did not study specifically dental public health, I learned about policy, planning, and various aspects of public health. What fascinated me about dental public health is that it is a unique specialty of dentistry that approaches oral health in a broad way. As the word, "public" is in the name of dental public health indicates, this specialty focuses on community health rather than individual health. One of the well-known examples of dental public health is fluoridated water in the community to prevent the tooth decay in the population. I learned that this change has helped with the reduction of tooth decay. Furthermore, teaching how to brush teeth and other oral health

education to prevent decay are all part of dental public health. This brought me wondering. When did dental public health start? I started digging on the internet.

Shockingly, dental public health started

The use of toothpaste actually predates the toothbrush with Ancient Egyptians using various concoctions of ash, pumice and egg shells.

much earlier than I expected. My guess was around 300 years ago, so I needed an extra "0" on my guess. Over 3,000 years ago, Aesculapius, the Roman god of health, is written to have promoted the cleaning of one's teeth and mouth to promote good health. The use of toothpaste actually predates the toothbrush with Ancient Egyptians using various concoctions of ash, pumice and egg shells. At the time, the Arabian surgeon, Albucasis, described tartar formation and even designed a set of tools to scrape teeth clean. Even in ancient times, materials were used to prevent teeth from moving.

There is little evidence of actual restorative dentistry commonly performed in the B.C. era. Before all the fillings, crowns and dentures were options in dentistry, extractions were the way to go. Even in modern times, extraction of teeth is most likely the top dental procedure. I remember someone told me that it is more difficult to save a tooth than extracting it

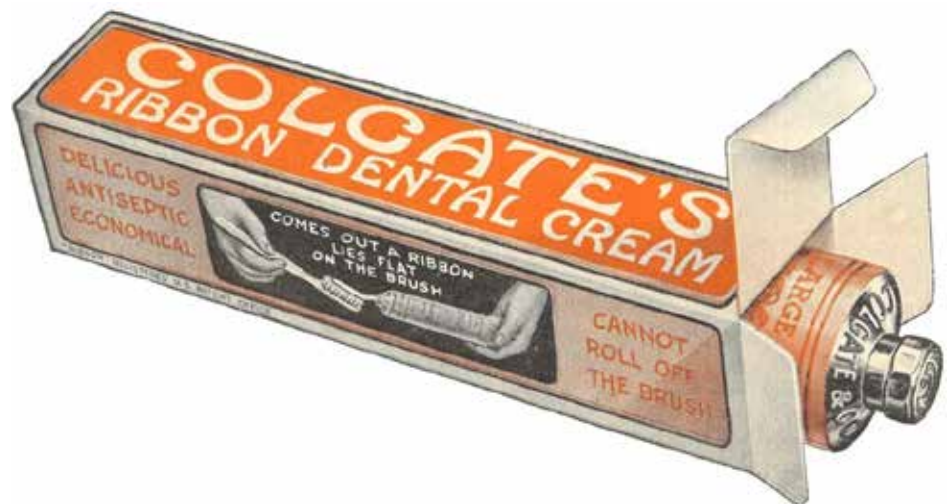
and that would be all the more the case in a world lacking instruments, handpieces, and dental materials. When a person had tooth pain, it had to be extracted to relieve the pain. However, the tools would have been limited. Imagine lacking modern luxators, elevators and forceps; not to mention, ANESTHESIA.

The toothbrush didn't come around until approximately 500 A.D during the Tang Dynasty in China. The handle of the toothbrush was made with bone or bamboo, and the brush part was made with boar hair. Boar's hair toothbrushes are even available to this day as an environmentally friendly alternative to plastic brushes. Prior to the toothbrush, people used tree twigs, bird feathers, animal bones and various materials to try to clean their teeth usually by chewing on them to remove food debris from their mouth. Clearly, even the public in ancient times felt the need for good oral hygiene.

Modern implementation of public oral hygiene didn't really ramp up until the 1800's. H. N. Wadsworth, an American dentist, received the first toothbrush patent in 1857 but nylon bristles would not be developed for nearly a hundred years. The electric toothbrush wasn't popularized

until the 1950's. While toothpastes and powders went back to ancient times, the invention of the toothpaste tube in the 1880's by the dentist, Wentworth Sheffield, allowed toothpaste to be mass produced in factories making it a public household staple. Dental floss was developed by an

approved the first community fluoridation effort in 1945, in Grand Rapids, Michigan. 11 years later, that community saw over a 60 percent reduction in the rate of children's caries in a well documented study involving thousands of participants. Water fluoridation has proven to be one of



American dentist, Levi Spear Parmly, whose waxed silk based floss became popular as early as the 1820's.

While the existence of fluoride as a vital component of our teeth was known for hundreds of years, the use of fluoride as a supplement didn't happen until the 20th century. Early studies at the time noted how certain communities suffered from extremely brown teeth (what we would now know to be fluorosis). Despite their appearance, these teeth were also extremely resistant to tooth decay. Further investigation showed a very high level of fluoride in the water supply of those communities. The correlation between fluoride and tooth decay was scientifically proven to the point where the government

the most effective public health programs of all time. In 1960, over half of all Americans would have expected to lose all of their teeth during their lifetime. By 2010, despite an over 10 year increase in life expectancy, that number had dropped to 13 percent.

Reading about the history of dental public health made me appreciate the technology that we have to date. And I also wonder what kind of technology will be there in dentistry 100 years from now. Will robots do our root canals and crown preps, or will the very idea of dental decay be something as antiquated as polio? Regardless, the need for public health programs and public health education will likely always be a major part of modern society. ■





By Ali Shahcheraghi
SDDS Student Member

Ali Shahcheraghi is a fourth-year dental student at California Northstate University College of Dental Medicine in Elk Grove, California. He holds a B.S. degree from the University of California, Davis. Ali is a student member of the Sacramento District Dental Society and serves as the president of the Endodontics Club.

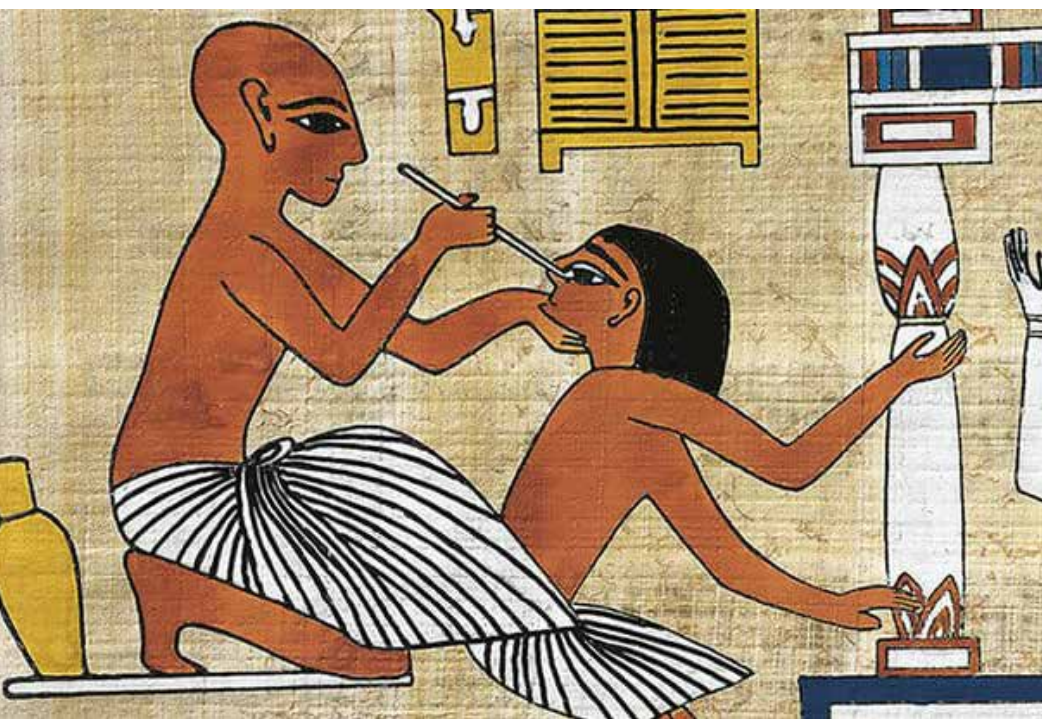
HISTORY OF ENDODONTICS

Endodontics, the branch of dentistry that focuses on the diagnosis, prevention, and treatment of diseases of the dental pulp and surrounding tissues, has a rich and transformative history. Its foundation is built upon the contributions of generations of practitioners and researchers who have advanced the field through innovative techniques, materials, and technologies. As we explore the history of endodontics, it is evident that the specialty has evolved remarkably, driven by the dual goals of improving patient outcomes and addressing clinical challenges.

The origins of endodontics can be traced back to ancient civilizations, where early dental practices emerged as rudimentary attempts to address tooth pain and oral health issues. Ancient Egyptian texts, such as the Ebers Papyrus, describe methods for treating dental infections, including the use of herbs and antiseptics. Similarly, ancient Chinese medicine incorporated acupuncture and herbal remedies to alleviate dental discomfort. The Greeks and Romans

contributed significantly, with Hippocrates and Galen documenting techniques for treating oral diseases and promoting oral hygiene. The Persian Empire also played a crucial role in the early practices of endodontics. Persian scholars and physicians, such as Avicenna (Ibn Sina), detailed advanced approaches to dental treatments in their medical texts, including methods for managing toothaches and infections. Avicenna's "Canon of Medicine" outlined the use of medicinal herbs and precise techniques for addressing oral diseases, emphasizing the importance of oral health in overall well-being. These early contributions laid the groundwork for the evolution of dental care and highlight the diverse cultural approaches to managing oral health in antiquity. Early dental practitioners attempted to alleviate tooth pain through rudimentary methods, including trepanation (drilling a hole in the tooth) and the use of herbal remedies. During the Middle Ages, the field stagnated, as dental knowledge was limited, and practices were often based on superstition rather than scientific understanding.

It was not until the 18th and 19th centuries that dentistry began to emerge as a distinct scientific discipline, laying the groundwork for the development of endodontics. One notable milestone in the history of endodontics was the introduction of arsenic as a means to devitalize the pulp in the 19th century. This method was initially welcomed as a breakthrough for its ability to effectively eliminate pulp tissue and alleviate pain. However, its use was not without significant drawbacks. Arsenic is highly toxic, and improper application often led to severe damage to surrounding tissues, including necrosis of the periodontal ligament and alveolar bone. The controversial reception of this practice underscored the pressing need for safer alternatives. As awareness of these consequences grew, it prompted the search for more precise and less harmful devitalizing agents, driving innovation and fostering advancements in the field of endodontics.



The early 20th century marked the beginning of modern endodontics, characterized by significant innovations that transformed the practice. The introduction of gutta-percha as a filling material provided a reliable, bio-compatible option for sealing root canals, drastically improving treatment success rates. Alongside this, the development of standardized endodontic instruments revolutionized procedural efficiency and accuracy, enabling practitioners to perform root canal therapies with greater precision. These advancements not only streamlined clinical workflows but also elevated the overall quality of care, setting the stage for endodontics to emerge as a vital dental specialty. Dr. Louis Grossman, often regarded as the father of modern endodontics, played a pivotal role during this period by emphasizing the importance of evidence-based practices and clinical precision. His work laid the foundation for the establishment of endodontics as a recognized dental specialty in the United States in 1963. The integration of radiography into endodontic practice represented another significant advancement, enabling practitioners to visualize the internal structure of teeth and assess the extent of disease. By the mid-20th century, techniques such as root canal therapy had become more refined, offering patients a viable alternative to tooth extraction.

In recent decades, endodontics has undergone a remarkable transformation, fueled by advancements in technology and materials. The transition from hand files to motor-driven files has enhanced the efficiency and precision of root canal therapy, while the adoption of sodium hypochlorite as an irrigant has improved the ability to disinfect root canals effectively. The advent of cone-beam computed tomography (CBCT) has revolutionized diagnostic capabilities by surpassing traditional two-dimensional radiography in accuracy and detail. Unlike earlier methods, CBCT provides three-dimensional imaging, allowing practitioners to identify complex

anatomical structures, assess periapical lesions, and plan treatments with a level of precision previously unattainable. This innovation has significantly impacted the practice of endodontics by enhancing diagnostic accuracy and optimizing treatment outcomes.

The foundation of the specialty of endodontics is a gift from the generations of great endodontists and researchers before us. They guided us with the goals of treatment, the benefits of their advancements, and the frailties of their deficiencies. From volumes of research, we have collectively built a virtual library of knowledge that leads us to the

The early 20th century marked the beginning of modern endodontics, characterized by significant innovations that transformed the practice.

evidence we need for mastering our clinical procedures and benefiting our patients. As we look into our future, we should be directed toward developing the necessary tools for maximizing our outcomes with consistency, longevity, and, above all, patient well-being. (Stephen Cohen. Pathways of the Pulp)

The future of endodontics is poised to bring even greater advancements, particularly in addressing current limitations and unmet clinical needs. For example, ongoing research into regenerative endodontics aims to overcome the challenges associated with traditional root canal therapy, such as tooth fragility and incomplete healing. Innovations like digital microscopes and augmented reality may also tackle the limitations of visibility and precision during complex procedures. Additionally,



artificial intelligence is being developed to provide real-time diagnostic support and predictive models, potentially revolutionizing treatment planning and patient outcomes. By targeting these specific challenges, future advancements promise to elevate the field to unprecedented levels of effectiveness and patient care. Moreover, interdisciplinary collaborations with physicists, chemists and engineers are expected to drive the development of innovative materials and techniques that will further enhance patient care.

The history of endodontics is a testament to the enduring pursuit of excellence in dental care. From its humble beginnings to the sophisticated practices of today, the specialty has continually evolved to meet the needs of patients and address the complexities of dental diseases. As we move forward, the focus remains on achieving greater predictability, consistency and patient-centered outcomes. Through ongoing innovation and collaboration, the future of endodontics holds immense potential for improving the quality of care and advancing the field to new heights. ■



By Emma Foy
SDDS Student Member

Emma is a third-year dental student at California Northstate University from Flint, Michigan. With a deep passion for pediatric and special needs dentistry, she is part of the team working to establish the special needs clinic at CNU. She has been interested in dentistry from a young age and enjoys helping others strive for a lifetime of oral health. Outside of school, her cat is her most loyal companion and most difficult hygiene patient.

HISTORY OF MODERN ANESTHESIA

Anesthesia is a vital practice in medicine, ensuring both patient comfort and safety. Whether we are aiming for an oblivious or genuinely non-responsive patient, managing the sensation of pain is a necessary hurdle for medical procedures. So, who takes credit for this revolutionary discovery?

Ancient societies found creative methods of pain relief long before medical and dental schools arose. In ancient Egypt and Assyria, a rather endearing carotid compression technique was performed to induce unconsciousness; essentially “choking out” the patient. No wonder patient anxiety is so prevalent to this very day. As early as the 1600s, goose quills were used to administer IV drugs on animals, but roadblocks such as cryptosporidium infections would stall this technology for nearly two hundred years.

Anesthesia would become practical in the 1800s as doctors began to experiment with a drug named after Morpheus, the god of dreams. While Morphine was a somewhat effective analgesic agent, distracting but not blocking pain reception, it was the development of ether, another recreational drug, that became a favored anesthetic of the century. Dr. Crawford W. Long was recognized for etherizing a patient in 1842 for the removal of neck cysts. Despite being later honored with his face on a postage stamp, his discovery was never published and did not make an impact. A Boston dentist, William Morton, introduced ether as an anesthetic to a room of medical doctors, yet was met with derisive laughter due to his patient clearly being in distress during a wisdom tooth extraction. Despite this initial failure, Morton persisted promoting ether and eventually it became a mainstay anesthetic at the time. Making a modern dentist proud, Morton tried to trademark and cash in on his discovery to no avail, with ether being a common substance known since antiquity.

While Joseph Priestly had discovered nitrous oxide as early as the 1700’s it wasn’t for nearly a hundred years before it was

re-popularized and used in medicine. The advent of combining it with oxygen to fully oxygenate the blood, dramatically increased its safety and efficacy. It was the combination of both nitrous oxide and diethyl ether that finally allowed for painless surgical procedures by the close of the 19th century. Dr. Dennis Jackson later developed the first carbon dioxide scrubbing system, allowing

Anesthesia would become practical in the 1800s as doctors began to experiment with a drug named after Morpheus, the god of dreams.

the patient to re-breathe the recycled gas dramatically making nitrous oxide a cost effective means of delivering analgesia.

A newer anesthetic became popular for childbirth, surgery, and dental procedures... Was it Novocaine? No, we are still in the 1800’s, so it was Chloroform. Because it was so unpredictable, some patients would wake up behaving wildly and incoherently. One woman even thought her surgeon was her long-lost husband. Despite risks, Chloroform was very popular even used on Queen Victoria for the birth of her two children.

The advent of the hollow hypodermic needle by Dr. Charles Pravaz in the 19th century opened the door to intravenous anesthesia, “blowing in” the era of Cocaine. Again, dentists were forerunners of anesthetic development with the first documented IV nerve block being that of the mandibular nerve for a dental procedure. Cocaine would later develop into a less recreational and more effective form by 1905, that of Novocain by German chemist Alfred Einhorn.

Despite advancements, general anesthesia was still a risky proposition, with many patients still dying on the operating table. At the beginning of the 20th century, a pair of medical students developed a rudimentary stethoscope and sphygmomanometer allowing physicians to finally monitor a patient's pulse and blood pressure during procedures.

It was at this time that anesthesiology began to really take a professional change. First, emphasis was put on the difference between an anesthetist, a technician, and an anesthesiologist, a scientific authority. Dr. Frederick Erdmann founded the first anesthesia society in the United States. Beginning with nine physicians, the Long Island Society of Anesthesiologists would grow to become the American Society of Anesthesia (ASA) with around 57,000 current members.

With advances in anesthesia, discoveries and the evolution of safety precautions continued. While working on the future King Edward VII, Dr. Frederic Hewitt pulled on the obese prince's beard to order to keep the airway open. This "beard pulling" technique inspired the doctor to develop the first open airway device, a crucial prototype for modern surgeries.

Developments from the mid-twentieth century continued to guide healthcare providers from all over the world. Concern for ethics, patient consent, placebo effects, brain death, and clinical trials were introduced by Dr. Henry Beecher. In 1953, Dr. Virginia Apgar, developed a systematic score to assess the health of newborns. This "Apgar Score" is still used in modern day and earned Dr. Apgar a face on a postage stamp; seemingly the ultimate achievement for would be medical achievers. The American Society of Anesthesiologists later developed a classification system for the general physical health of patients. The "ASA Classification System" guides many of our invasive treatments to this day. Dr. Antonio Aldrete would later publish the Post Anesthetic Recovery Score, allowing for a safe and systematic way to discharge patients after general anesthesia.

Even modern anesthesia is not without its mysteries. Whether during or after anesthesia delivery, patients have experienced mysterious events. One case in 2020, dubbed Foreign Language Syndrome (FLS), involved a 17-year-old Dutch male who was unable to recognize his native language upon awakening from anesthesia. Instead, he spoke only in fluent English and insisted he was from Utah, having never been to the United States. There are multiple reported cases of FLS, and it is not completely understood why this occurs and why it only occurs in males.

The final story to discuss is of the snoring patient. After awakening a male patient from general anesthesia, he fell into a deep stupor producing a deep snore that lasted for hours. The doctors were concerned about overdose or allergic reaction, and scrambled to find a diagnosis. As the doctors contemplated further medical intervention, the patient woke up. The man did not experience any issues with anesthesia. Rather, he was just genuinely exhausted and needed a few hours of sleep! Perhaps this is a reminder to stay humble and perhaps enjoy a nap when the opportunity arises. ■

APGAR SCORING SYSTEM

	0 Points	1 Point	2 Points	Points totaled
Activity (muscle tone)	Absent	Arms and legs flexed	Active movement	
Pulse	Absent	Below 100 bpm	Over 100 bpm	
Grimace (reflex irritability)	Flaccid	Some flexion of Extremities	Active motion (sneeze, cough, pull away)	
Appearance (skin color)	Blue, pale	Body pink, Extremities blue	Completely pink	
Respiration	Absent	Slow, irregular	Vigorous cry	
				↓
				Severely depressed 0-3
				Moderately depressed 4-6
				Excellent condition 7-10





By Ariga Sarkissian
SDDS Student Member

Ariga Sarkissian is a third-year dental student at California Northstate University College of Dental Medicine in Elk Grove, California. She holds a B.S. in Biological Sciences, graduating Summa Cum Laude from California State University, Los Angeles. Ariga is a student member of the Sacramento District Dental Society and serves as the president of the Orthodontics Club.

HISTORY OF ORTHODONTICS

Orthodontics, a branch of dentistry dedicated to diagnosing, preventing and treating malpositioned teeth and jaws, has a rich and evolving history. From ancient civilizations' rudimentary techniques to today's cutting-edge technologies, orthodontics has undergone remarkable transformation, reflecting both advances in dental science and shifts in cultural, medical and technological perspectives.

The desire for dental alignment began as early as 4000 BCE in ancient Egypt. Archaeological evidence shows that mummified remains from this era had metal bands wrapped around the teeth, likely used to maintain alignment after death, a practice tied to spiritual beliefs about the afterlife. Egyptians also used materials like catgut, a cord made from animal intestines, to apply tension to teeth, marking one of the earliest attempts at dental alignment. The Etruscans, between 700 and 400 BCE, also crafted dental appliances to maintain tooth position, especially for the deceased, underlining the cultural significance of teeth beyond their functional role. Similarly, in ancient Rome, scholars like Celsus recommended using finger pressure to realign teeth. During this period, rudimentary dental tools resembling early braces began to emerge, indicating an increasing awareness of the need for dental correction.

Philosophers like Hippocrates and Aristotle commented on dental health and misalignment, laying the groundwork for future innovations. However, scientific progress stagnated during the Middle Ages, and it wasn't until the Renaissance, from the 14th to 17th centuries, that advancements in dental care resumed. Figures such as Ambroise Paré, known as the "father of modern surgery," experimented with dental procedures, including tooth extraction and alignment, which contributed to shaping the field's development. The breakthrough

in orthodontics came in 1728 when Pierre Fauchard, often called the "father of modern dentistry," published *Le Chirurgien Dentiste*. In this work, Fauchard introduced the "bandeau," a horseshoe-shaped device designed to expand the dental arch and correct tooth alignment. This device laid the foundation for the modern palatal expander, an important orthodontic tool.

In the 18th and 19th centuries, several innovations advanced orthodontics further. In 1819, Christophe-François Delabarre

From ancient Egyptian metal bands to today's AI-driven aligners, orthodontics has undergone an extraordinary transformation.

introduced the wire crib, a precursor to modern braces. In 1843, Dr. Edward Maynard developed the first orthodontic elastics, creating a system for applying controlled, consistent force to move teeth. Dr. John Nutting Farrar also advanced the concept of continuous gentle force, a principle that remains a cornerstone of orthodontic treatment today. During this period, gold, platinum, and silver were commonly used for braces due to their malleability, although their high cost limited their accessibility. The early 20th century marked a turning point, largely due to the work of Dr. Edward H. Angle, who is often regarded as the "father of modern orthodontics." In the early 1900s, Angle classified malocclusions (misalignments of teeth) into three categories: Class I, II and III, a system still widely used by orthodontists today. Angle also founded the American Association of Orthodontists (AAO) and established the first school of

orthodontics, which helped professionalize the field. By the 1930s, stainless steel replaced gold as the primary material for braces, making orthodontic treatment more affordable and durable. By the 1970s, orthodontics had evolved further with the introduction of lingual braces, which are placed behind the teeth. These provided a discreet option for patients who wanted to avoid the appearance of traditional metal braces, particularly adults seeking orthodontic care.

The late 20th and early 21st centuries saw the rise of digital technologies that transformed orthodontics. In 1997, Align Technology introduced Invisalign, a system of clear, removable aligners that offered an aesthetic alternative to metal braces. Invisalign's popularity soared, particularly among adults and teenagers, due to its comfort and visual appeal. The introduction of 3D imaging and digital scanning further enhanced the precision of orthodontic treatment, allowing orthodontists to create highly customized care plans for patients. The development of nickel-titanium wires in the late 20th century revolutionized

orthodontic care. These wires are flexible and apply consistent force over time, reducing the need for frequent adjustments. Ceramic braces, which blend with the natural color of the teeth, became a popular alternative to traditional metal braces for those seeking a more discreet treatment option.



Looking toward the future, orthodontics is expected to continue evolving with the integration of advanced technologies. Artificial intelligence (AI) and machine learning are being used to optimize treatment planning, allowing for more precise and tailored care. Temporary

anchorage devices (TADs) are enhancing the ability to move teeth in more complex ways, expanding treatment possibilities. Additionally, collaboration between orthodontists and other dental specialists ensures that patients receive comprehensive care. Emerging technologies like robotic assistance and nanotechnology also promise to further advance orthodontics. Robotics could automate certain aspects of treatment, improving both precision and efficiency, while nanotechnology could lead to the development of lighter, stronger materials for braces and aligners, making treatment even more comfortable and durable.

From ancient Egyptian metal bands to today's AI-driven aligners, orthodontics has undergone an extraordinary transformation. The ongoing integration of science, art and technology continues to shape the way we achieve healthy, beautiful smiles. As the field advances, orthodontics will undoubtedly continue to offer more effective and accessible solutions for dental alignment, ensuring that future generations benefit from even greater progress. ■



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LOVE IS A DISRUPTER: Navigating Workplace Romance

By Astrid Servin; California Employers Association (SDDS Vendor Member)

Project deadlines, work responsibilities, and commitments are all part of our daily jobs, but office romance can sometimes disrupt the focus needed to meet those expectations. Given how much time we spend at work, it's no surprise that office romances happen. Knowing how to navigate these situations and being prepared when Cupid strikes can help prevent unnecessary heartaches and workplace challenges.

Compliant Policies

CEA recommends having a Dating in the Workplace policy which directs employees to notify their supervisor when a relationship begins and reminds them to conduct themselves in a professional manner during and after a relationship. Should the consensual relationship end, it directs employees on how to behave and where to report incidents that make them uncomfortable.

Did you know that the Civil Rights Department (CRD) requires employers to have a compliant harassment prevention policy? This policy reviews many important areas such as unacceptable behavior, gives examples of abusive conduct, addresses protected classes, and directs employees on how to report incidents that make them uncomfortable.

Poster Requirement

The CRD also publishes and requires employers to post an anti-harassment poster in a conspicuous place where employees gather. The poster includes websites and phone numbers to report harassment outside of your company. Visit sdds.org to purchase one for your office.

Training Requirement

In California, the Fair Employment Housing Act (FEHA) requires employers to provide one (1) hour training for employees and two (2) hour training for managers every two years. New employees should receive their training within six months of being hired. Having this compliance requirement in check will remind employees about acceptable behavior both in and out of work. It will also help train your managers on spotting problems or concerns and addressing them timely.

Prevention

As required by law, employers must take steps to prevent harassment from occurring in the workplace and to take immediate action to correct it when it occurs. Training, policies, posters, and open door policies are all great ways to show prevention. In addition, to CEA

recommends frequently checking in with employees, having an anonymous Employee Action Hotline, and having conduct policies in place.

While we all hope for workplace romances to remain positive and drama-free, it's always a good idea to be prepared. If you need assistance with employee surveys, an Employee Action Hotline, crafting a policy, or even a comprehensive CA complaint handbook template, don't hesitate to reach out to CEA. ■

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By **Idean Rezaei**
CNU Dental Student

Three Years After One of the Biggest Forks in My Life

It has been nearly three years since I made the decision to commit to a dental career by a four-year DMD program on the other side of the country. Reflecting on this is even more interesting, considering that I was contemplating a future career in remote marketing if my applications had been rejected, especially since it would have been my second cycle of applying to dental schools.

During the time I spent after undergrad working and bolstering my application which amounted to five “gap years” left me with much time to think about how many different directions my life and career can take. This was compounded by the fact that the COVID pandemic happened during this time which really made me think if a career that directly deals with the public is something that I truly wanted, especially given how contentious society seemed to become during this time. Most of my friends were into computer science and had jobs in tech so that naturally seemed like an attractive option at the time.

Ironically enough, however, it was the prospect of in-person interaction that kept me interested

in this career pathway. Although there are difficulties when it comes to dealing with different kinds of people in society, especially with something sensitive like dental care, there is great reward in this kind of work, being exposed to different people from different walks of life has helped me gain a more balanced perspective on the world as well as empathy for my fellow neighbors. As comfortable as remote work would have been for me, I would have missed out on much of the personal and professional development that my live patient interactions have fostered. This development mainly came in the form of understanding different perspectives and approaches to one's own personal healthcare and helping the patient bridge that gap based on what they expect versus what is realistically achievable.

Going a step further, I found myself active in my school's ADEA chapter which has me considering adding an academic aspect to my career where I had not considered it before. I have had much insight into the perspectives of my faculty last year through my participation in the ADEA Academic Dental Careers Fellowship Program. This program provided

me with more opportunities to interact with faculty beyond didactics. I got more insight into their pathway of becoming dental school faculty as well as how it fit into what they wanted to accomplish in their careers. My research topic was Trigeminal Neuralgia and its effects on oral health, so I was able to discuss my topic with faculty that specialized in Orofacial Pain and Oral Medicine. These are relatively new specialties so being able to see different directions dentistry can take was exciting.

Much of my experience in dental school has led to development in ways I did not even imagine myself experiencing. From providing care to the population, to my interactions, with colleagues and faculty has taught me much about myself and others. There are times I still catch myself wondering how my future will look after school, as much is still up in the air. But upon truly realizing the wide depth of dentistry, from its impacts on my patients to the many different career paths I can pursue, I know that I have made the right decision three years ago when I came to one of the biggest forks of my life. ■



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Visit cda.org/Wellness-Program to learn more.

Call or text for 24/7 confidential assistance.

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YOU

THE DENTIST, THE BUSINESS OWNER

Is Your Website ADA Compliant?

Why Website Accessibility Matters

Inaccessible web content means that people with disabilities are denied equal access to information. An inaccessible website can exclude people just as much as steps at an entrance to a physical location. Ensuring web accessibility for people with disabilities is a priority for the Department of Justice. In recent years, a multitude of services have moved online and people rely on websites like never before for all aspects of daily living. For example, accessing voting information, finding up-to-date health and safety resources, and looking up mass transit schedules and fare information increasingly depend on having access to websites.

People with disabilities navigate the web in a variety of ways. People who are blind may use screen readers, which are devices that speak the text that appears on a screen. People who are deaf or hard of hearing may use captioning. And people whose disabilities affect their ability to grasp and use a mouse may use voice recognition software to control

their computers and other devices with verbal commands.

The ways that websites are designed and set up can create unnecessary barriers that make it difficult or impossible for people with disabilities to use websites, just as physical barriers like steps can prevent some people with disabilities from entering a building. These barriers on the web keep people with disabilities from accessing information and programs that businesses and state and local governments make available to the public online. But these barriers can be prevented or removed so that websites are accessible to people with disabilities.

Examples of Website Accessibility Barriers

- **Poor color contrast.** People with limited vision or color blindness cannot read text if there is not enough contrast between the text and background (for example, light gray text on a light-colored background).

- **Use of color alone to give information.** People who are color-blind may not have access to information when that information is conveyed using only color cues because they cannot distinguish certain colors from others. Also, screen readers do not tell the user the color of text on a screen, so a person who is blind would not be able to know that color is meant to convey certain information (for example, using red text alone to show which fields are required on a form).
- **Lack of text alternatives (“alt text”) on images.** People who are blind will not be able to understand the content and purpose of images, such as pictures, illustrations, and charts, when no text alternative is provided. Text alternatives convey the purpose of an image, including pictures, illustrations, charts, etc.
- **No captions on videos.** People with hearing disabilities may not be able to

YOU ARE A DENTIST. You’ve been to school, taken your Boards and settled into practice. End of story?

Not quite. Are you up to speed on tax laws, potential deductions and other important business issues?

In this monthly column, we will offer information pertinent to you, the dentist as the business owner.

MEMBER
BENEFIT!

From the
US Dept. of Justice website

Looking for a colleague or need to make a referral?

The SDDS Membership Directory is Online
Visit www.sdds.org/current-members/

understand information communicated in a video if the video does not have captions.

- Inaccessible online forms. People with disabilities may not be able to fill out, understand, and accurately submit forms without things like:
 - **Labels that screen readers can convey to their users** (such as text that reads “credit card number” where that number should be entered);
 - **Clear instructions**; and
 - **Error indicators** (such as alerts telling the user a form field is missing or incorrect).
- **Mouse-only navigation** (lack of keyboard navigation). People with disabilities who cannot use a mouse or trackpad will not be able to access web content if they cannot navigate a website using a keyboard.

When the ADA Requires Web Content to be Accessible

The Americans with Disabilities Act applies to state and local governments (Title II) and businesses that are open to the public (Title III).

State and local governments (Title II)

Title II of the ADA prohibits discrimination against people with disabilities in all services, programs, and activities of state and local governments. State and local governments must take steps to ensure that their communications with people with disabilities are as effective as their communications with others. Many state and local government services, programs, and activities are now being offered on the web. These include, for example, things like:

- Applying for an absentee ballot;
- Paying tickets or fees;
- Filing a police report;
- Attending a virtual town meeting;
- Filing tax documents;
- Registering for school or school programs; and
- Applying for state benefits programs.

A website with inaccessible features can limit the ability of people with disabilities to access a public entity’s programs, services and activities available through that website—for example, online registration for classes at a community college.

For these reasons, the Department has consistently taken the position that the ADA’s requirements apply to all the services, programs, or activities of state and local governments, including those offered on the web. ■

Volunteer OPPORTUNITIES

Ways to volunteer and support the SDDS Foundation:

Become a member of the Foundation – it’s only \$75 per year

Donate to the programs of the Foundation – donations help provide screening supplies, toothbrushes and fund the puppet shows

Smiles for Kids Day was February 1, 2025 – there’s still ways to volunteer.

Opportunities include:

- Adopt a child, post SFK Day
- Volunteer to be a specialty provider for adopt-a-child
- Volunteer to screen kids at schools

To volunteer, Contact: SDDS office 916.446.1227
smilesforkids@sdds.org

Smiles for Big Kids is ongoing all year long – we need volunteers to adopt the BIG kids too (especially vets and the elderly)

Volunteers Needed: Dentists willing to “adopt” patients for immediate/emergency needs in their office.
To volunteer, Contact: SDDS office 916.446.1227
sdds@sdds.org

Willow Dental Clinic

One Saturday every other month
Contact dental@willowclinic.org for more information. You can check out their website here: www.willowclinic.org/services/dental

CCMP (Coalition for Concerned Medical Professionals)

Volunteers needed: General Dentists, Specialists, Dental Assistants and Hygienists.
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Everyone for Veterans

To volunteer, Contact: SDDS office 916.446.1227
sdds@sdds.org
everyoneforveterans.org/for-dentists.html

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DIXON: *New Listing!* 5 Ops+RE, 3.5 days/wk. Hygiene, Eaglesoft PMS, 2,100 Sq. Ft., 2023 GR \$915K.

FRESNO METRO/CENTRAL CA VALLEY AREA: 6 Ops, 5 Hygiene Days, RE Available. 2023 GR \$883K. #CA3930

GREATER SACRAMENTO METRO/ELK GROVE AREA: High-end GP Practice+RE, 14 Ops, 12 Hygiene Days, 65 New Patients per Month, Denticon PMS, Large Patient Base! 2023 GR \$2.35M. #CA4248

GREATER LAKE TAHOE & TRUCKEE AREA: 4 Ops, 17+Yrs. Goodwill, Dentrix PMS, Digital, Dexis, Seller to Work Back Up to 5 Years! 2022 GR \$1M. #CA3629

GREATER SACRAMENTO METRO AREA: Ortho, 7 Ops, 60+ Yrs. Goodwill, Highly Desirable Socio-Economic Community, 2022 GR \$927K. #CA3450

GREATER SACRAMENTO METRO/ELK GROVE AREA:

New Listing! High-End GP Practice, 14 Ops+RE, 12 days/wk. Hygiene, 4,447 Sq. Ft., 2024 GR \$2.5M. #CA4248

MODESTO: *New Listing!* 5 Ops, 14+ Yrs. Goodwill, 1,950 Sq. Ft., 1.25 days/wk. Hygiene, Dentrix PMS. 2023 GR \$405K. #CA4340

REDDING/RED BLUFF AREA: *New Listing!* 4 Ops, 22+ Yrs. Goodwill, Dentrix PMS, 2,100 Sq. Ft., Paperless, Desirable Location! 2023 GR \$649K. #CA4266

VALLEY SPRINGS/SAN ANDREAS/SONORA AREA: *New Listing!* 4 Ops, GP, Paperless, Digital, 5 days/wk. Hygiene, 20+ Yrs. Goodwill, 2023 GR \$805K. #CA4335

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WordPress and HIPAA:

What Dentists Need to Know About Patient Data



By Bethany Wilk, Corporate Marketing Manager
Roya.com

Did you know that not every website platform is ready to handle sensitive patient information or meet accessibility standards? If you're using an open-source platform for your healthcare practice's site, you might assume it's secure enough—but HIPAA compliance and ADA accessibility aren't automatic. Ignoring these could put your practice at risk. Some examples of open-source platforms include Drupal, Joomla, and WordPress.

When you build a website with an open-source platform such as WordPress that is not set up to meet HIPAA standards out of the box, you need to invest a significant amount of system administration time to ensure secure transmission of all data between users and databases. The vast majority of WordPress deployments chose the open-source platform to save on cost, therefore, such investments into hardening of these open-source platforms are often not prioritized, potentially exposing sensitive patient information such as protected health information (PHI).

What are PHI and ePHI?

To better understand why this matters, let's look at what counts as sensitive patient information. Here's a quick breakdown:

Protected Health Information (PHI): PHI is any health-related information that can identify a patient. This includes medical records, diagnoses, treatment plans, and even things like appointment dates. If it's related to a patient's health, it's considered PHI.

Electronic Protected Health Information (ePHI): ePHI is the electronic version of PHI. If your website collects, stores, or shares patient data digitally—like through contact forms or appointment booking—that data is considered ePHI and must be protected under HIPAA standards.

If your website collects or stores any of this data, it's important to ensure it's protected, because it's all considered ePHI under HIPAA.

Why WordPress Falls Short for Healthcare

WordPress is a powerful and flexible platform, it started as a blogging platform and has morphed

into a website platform over the years. It wasn't designed with the unique needs of healthcare providers in mind. For example, WordPress uses the MySQL database by default.

While MySQL is a powerful open-source database, it requires special configuration for encrypted housing of the data which is not bundled into the WordPress installation. Here's why that matters for dentists:

Not Designed for Healthcare: WordPress is a general-purpose content management system, not built specifically for industries like healthcare that require strict data protection measures.

No Built-In Encryption: Off the shelf, WordPress doesn't encrypt user data—a critical component of protecting patient information under HIPAA.

Plugin Dependence: To make a WordPress site more secure, you need plugins designed for data protection. Even then, you must ensure these plugins themselves comply with HIPAA regulations.

How to Protect Your Website and Practice

No matter which platform you use, whether it's a custom-built website or a free open-source platform like WordPress, your site must conform to HIPAA security standards. These standards are there to protect patient data, and it's your responsibility to ensure that your site is up to the task.

The HIPAA Security Rule sets national standards to safeguard electronic health information. It requires that your site take reasonable and appropriate steps to protect the security, integrity, and confidentiality of patient data (also known as ePHI or electronic protected health information).

To meet these requirements, you need to make sure your website has the right safeguards in place. The easiest way to implement safeguards for ePHI is to partner with a website provider experienced in meeting HIPAA security standards. Working with a provider familiar with HIPAA standards helps you avoid common mistakes, simplify the process, and ensure your site is ready to handle sensitive data.

Keep Accessibility in Mind

Another key factor to consider when building your website is ADA accessibility. Despite your first thought, we're not talking about the American Dental Association. The Americans with Disabilities Act (ADA) is about making your website accessible to people with disabilities, including those with visual, auditory, or mobility challenges.

By meeting ADA standards, you guarantee that all your patients can easily navigate your site and connect with your practice—because everyone deserves access to your care.

Key Features of ADA Compliance for Your Website

Here's a quick checklist to make sure your website is accessible:

Alt Text: Add descriptions to all images to help visually impaired users and improve SEO.

Accessible Fonts: Use easy-to-read fonts like Calibri, Times New Roman, Verdana, or Arial.

Accessible Contrasts: Provide strong contrast between text and background for visually impaired users.

Unsure if your website is ADA-compliant? It's easy to conduct an audit using tools like UserWay or Wave, which will help you spot accessibility issues and show you exactly where improvements are needed.

A Secure and Accessible Website for Your Dental Practice

When it comes to your dental practice's website, security and accessibility are non-negotiable. If you'd rather focus on caring for your patients than constantly worry about whether their data is secure on your site, a custom solution may offer better protection than WordPress. ■

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By Margaret Delmore, MD, DDS
CPR Committee Chair

CPR: Safeguarding Lives and Your Dental License

Picture this: You are in the middle of a dental appointment when suddenly, the unexpected happens. A patient loses consciousness, or maybe there is a choking episode. What now? You do not have to panic. With CPR training, you have the skills to act fast and save a life.

Maintaining current Basic Life Support (BLS) 'certification', commonly referred to as CPR, is essential for dental professionals to ensure patient safety and comply with state regulations. The California Dental Board mandates that dental professionals maintain current BLS 'certification' as a condition of licensure and license renewal. Dental professionals must complete a BLS Course provided by the American Heart Association (AHA), American Red Cross (ARC), or a provider approved by the American Safety and Health Institute (ASHI), American Dental Association's Continuing Education Recognition Program (CERP), or the Academy of General Dentistry's Program Approval for Continuing Education (PACE). The BLS course must include a live in-person skills practice session and a skills test including the instruction in all of the following: both adult and pediatric CPR, including 2-rescuer scenarios; foreign body airway obstruction; relief of choking for adults, child, and infant; and instruction in the use of the automated external defibrillator (AED). Of note the American Heart Association HeartCode (Blended Learning) course offered by the Sacramento District Dental Society (SDDS) satisfies these requirements. Blended learning is a combination of eLearning, in which a student completes part of the course in a self-directed manner followed by skills testing. The students follow a continuously adapting learning pathway that is personalized by their own inputs: their performance and their self-reported confidence level related to each probe in the form of self-directed learning content and cognitive assessment activities. After successfully completing the eLearning portion of the course a certificate must be generated. The student is then directed to complete an in-person hands-on skills session with an

AHA instructor focusing on meaningful skills practice, team scenarios, and skills testing. After completing both portions of the course, a BLS card can be obtained.

AHA HeartCode (Blended) Learning courses (hands-on portion) are offered at the SDDS office on the following dates:

April 2, 2025: Wednesday (evening)
6:00pm–9:00pm

August 9, 2025: Saturday (morning)
8:00am–11:00pm

November 07, 2025: Friday (morning)
8:00am–11:00pm

Blended learning is perfect for busy dental professionals who need a flexible way to learn but do not want to compromise on quality. Think of it this way: you can start the CPR course from the comfort of your couch, sipping your coffee, and learning the basics. Then you get to apply what you have learned in a hands-on non-threatening environment with feedback manikins, guided by a skilled instructor. It is the best of both worlds: efficient, convenient, and engaging. And here is where it gets fun: when you are practicing chest compressions during CPR, the rhythm of those lifesaving beats is actually the same as two famous songs – *Stayin' Alive* by the Bee Gees and *Another One Bites the Dust* by Queen. Both tracks clock in at 100-120 beats per minute, the perfect tempo for effective chest compressions.

But wait there is more. SDDS can bring CPR training to the privacy of your own office. Imagine gathering your team for a quick, fun, and informative CPR session that could literally save lives. Contact the SDDS office (916) 446-1211 for further details.

Want to take your game to the next level and become a CPR rockstar? Consider becoming a CPR Instructor! Remember the old adage of "see one, do one, teach one." Becoming a CPR instructor is a great way to enhance your skills and make an even bigger impact. Not only will you be ready to help in emergencies,

but you will also be able to educate others – whether it is your staff, patients, or even fellow dental professionals. Becoming an instructor allows you to create a culture of safety and preparedness in your practice that can extend to your entire community. A full BLS Instructor Course will be offered in the summer of 2025 (date to be determined).

So, whether you are starting your CPR training, renewing your CPR skills, or thinking about becoming an instructor in the future, remember it is not just about saving lives – it is about creating a safer, more confident environment for you, your team, and your patients. You never know when that extra skill will come in handy. CPR is not just a box to check – it is an investment in your practice and your team's safety. Whether it is in the office or out in the community you will be prepared. It is a win for everyone. Whether it is a heart attack or a fainting episode in the chair you want to be the one who stays calm, cool, and collected. With CPR training, you will have the confidence to manage these emergencies - and keep the smiles coming. ■

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SacPAC

SDDS Political Action Committee



By **Gary Ackerman, DDS**
Chair, SacPAC

WHAT IS SACPAC?

We need your support in making a political difference in our Sacramento community! In 2001, the SacPAC was founded by the Sacramento District Dental Society.

WHAT IS THE PURPOSE OF SACPAC?

It was created to establish a fund to make contributions to candidates for local and state offices in the SDDS component area. SacPAC contributes to those candidates and incumbents who support the concern, beliefs and issues of Sacramento District Dental Society and its members. This is important so that we can get our concerns

to the local political leaders that represent us. Without the SacPAC we have no voice and we are easily forgotten or passed over. If SDDS is not at the table our voice will not be heard. By making contributions, being present and engaging in local issues, this will remind local representation that organized dentistry is a small business and we play a vital part in the community. Our vote and opinion do matter.

HOW CAN YOU PARTICIPATE?

It's only \$99 a year and we need more members to participate so that our voice can be heard. Please consider joining this year and sign up to be a PAC supporter/member.

Thank you for helping us advance our political goals focusing on small business in our own community and for helping with advocacy.

SDDS hopes that when you renewed your membership that you checked off the line to contribute and belong to SacPac.

If you did not sign up then it is not to late! SacPAC will be at the March and April General Meetings and SDDS can bill you for your contribution to SacPAC - \$99

*Thank you
to those who support!
It's only \$99*

Thank you to the following members who have contributed in 2024-25:

Dr. Gary Ackerman
Dr. Guy Acheson
Dr. Greg Adams
Dr. Nima Aflatooni
Dr. Craig Alpha
Dr. Jessica Alt
Dr. Jenny Apekian
Dr. Nancy Archbald
Dr. Ron Ask
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2025 SDDS Committees Schedule

Standing Committees

Membership/Engagement

Jan 21 • Mar 24 • May 19
Sept 24 • Nov 18

CPR Committee

Jan 8

Nominating/Leadership Development

Jan 27 • Mar TBA

Advisory Committees

CSUS Pre-Dental Advisory

Jan 28

Continuing Education Advisory

Feb 3 • May 6 • Sept 15

Nugget Editorial Advisory

Jan 27 • Sept 15

Strategic Plan Advisory

TBA

Budget and Finance Advisory

TBA

Bylaws Advisory

TBA

Legislative Advisory

TBA

Other

SacPAC

Sept TBD

CDA House of Delegates

Nov 21-22

Leadership

Board of Directors

Jan 7 • Mar 4 • May 6 • Sept 2 • Nov 4

Executive Committee

Feb 14 • Apr 11 • Aug 1 • Oct 17 • Dec 5

Foundation

Foundation Board

Jan 20 • Sept 23

Check Out Our RECENT EVENTS

CPR at the SDDS Office

SDDS offers at least four opportunities each year for our members to take their CPR BLS Renewal training. The CPR instructors are our very own SDDS member volunteers and the skills test portion of the course is held at the SDDS office. CPR BLS is a member taught, member benefit!



January General Meeting

We are so pleased these four wonderful dentist members were available to speak at our January General Meeting. The format was 15 on 15: **Multi-Topic Pearls... Insights Across Specialties**. Thank you Drs. Amanda Chen, Jeffrey Delgadillo, Estella Kim and Richard Knight for sharing your expertise.



2025 Smiles for Kids Day - Our Cups Runneth Over with Smiles!

We want to extend a huge thank you to our Smiles for Kids Day sites this year. These doctors and team members opened up their offices on a Saturday to help dozens of children in need in our community. Look for a full report on the details and numbers from this year's SFK Day in the May/June *Nugget*.



Preparing for MidWinter

The SDDS office was extremely busy the entire month of February. Thank you to CSUS pre-dental club and Cosumnes students for stuffing 800 convention bags - all in preparation for MidWinter Convention & Expo.





By **Craig Alpha, DDS**
2025 Secretary

January 7, 2025

Highlights of the Board Meeting

President's Report

Dr. Aflatooni called the meeting to order at 6:02pm and welcomed everyone – we're excited for this year! He announced that Cathy will be retiring this summer and discussed the upcoming search for a new Executive Director, stressing the importance of Cathy's influence and impact for our Society and highlighted how she has set our Society on a stable course. Dr. Aflatooni challenged the Board Members to know as much as possible about our Society in order to maintain our strong position and maintain our history. The Board then discussed desired attributes, talents and expectations for the new Executive Director.

Secretary's Report

We finished the year with 81.2% market share. Great job SDDS! Cathy discussed how SDDS tracks nonmembers and the recruitment efforts to have them join. She also discussed engagement of members.

Engagement tools:

- "Get Off The List" list was distributed. Our engagement rate is 79%. You are off the list if you attend anything, use member benefits, sign up, call and/or complain or give us information, etc. (280 dentists left on the list for 2024)
- HR Hotline Callers – we average about 300 calls a year; discussion regarding it being a good member benefit but an expensive one for SDDS (Average \$53 a call) – more members should use this benefit. For the legal fees saved for members who call, the Board feels this benefit is definitely worth it!

- Total attendance – for 47 programs and fun events, etc. 3000 attendees in 2024

Treasurer's Report

The tentative FYE was reviewed, discussed balance sheet and profit/loss for 2024. The final report and details will be presented at the March Board meeting, but the end of the year projections will show a small surplus to rollover to 2025. Our reserves are stable and the conservative investment policy has proven to be successful this year, with interest and equity positive. The Board approved the following:

- \$25,000 contribution to the SDDS Foundation
- A 4% match contribution for the employee's 401K plan
- Approved check signers for 2025 for checks over \$1000
- Approved the applications for two new SDDS and SDDF credit cards sponsored by Umpqua Bank, our SDDS banking partner.

Board Documents, Duties, Obligations & Assignments

The Board received all governance documents including: strategic plan, bylaws and policy document. Also distributed were the following: vendor members listings 2025 calendar, committees schedule and committee members, other reports. Our SDDS legal counsel, John Lemmon Esq., was introduced and spoke about the duties and responsibilities of the board members - Fiduciary Duty, Duty of Care and Duty of Loyalty.

Old Business

- Leadership development / nominating committee: the committee members were approved by the Board and the LDC will meet in Q1 to prepare a slate of candidates for 2026.
- The Committee Chair training in December went well and all chairs are ready to go!

New Business... New Ideas... Actions To Approve

- Executive Director Search Committee (EDSC) members and process were discussed and approved. The goal is to have a replacement by May; Cathy will be retiring in June.
- Asian Dentist of the Year Dinner and Awardee: Dr. Rosemary Wu congratulated Dr. Diana Fat for being this year's winner. The dinner will be held in February.

Executive Director's Report

- Nonmembers – the Board discussed recruitment for 2025.
- Program hosts – all board members signed up to host 2 programs and will be assigned at least one throughout the year – thank you Board for your participation!

Adjournment

The meeting was adjourned at 8:50pm.

Next Board meeting:
March 4, 2025

"It is the mission of the Sacramento District Dental Society to be the recognized source for serving its members and for enhancing the oral health of the community."

CORE VALUES: Community, Integrity, Service, Engagement

Member MIXERS

Join your fellow SDDS Members for a fantastic evening of networking, laughter, and great company at SDDS' Member Mixer! Whether you're looking to make new connections or catch up with familiar faces, this is the perfect opportunity to relax and enjoy a casual NON-CE atmosphere. Don't miss out!

MARCH 13
Midtown Sacramento

MAY 21
Roseville

OCTOBER 16
Elk Grove or Folsom

Visit [sdds.org](https://www.sdds.org)
for more details



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TOTAL MEMBERSHIP

(as of 2/6/25)

2,018

MARKET SHARE:

81.2%

RETENTION RATE: 94%
ENGAGEMENT RATE:
79% active / 58% retired

TOTAL ACTIVE MEMBERS:
1,381

TOTAL RETIRED
MEMBERS: 360

TOTAL DUAL
MEMBERS: 10

TOTAL AFFILIATE
MEMBERS: 3

TOTAL STUDENT
MEMBERS: 199

TOTAL CURRENT
APPLICANTS: 2

TOTAL DHP
MEMBERS: 63

TOTAL NEW
MEMBERS FOR 2025: 6

Mar/Apr
2025

New Members

MOHAMMED ALSAADI, DDS

General Practice

Transferred!

Dr. Alsaadi earned his dental degree from Universidad De La Salle in 2024. He currently practices at Western Dental in Roseville.

HUDA FATLAWI, DDS

General Practice

Dr. Fatlawi earned her dental degree from Universidad De La Salle in 2024. Her practice location is currently pending.

MAYA GIANNETTI, DDS

General Practice

Dr. Giannetti earned her dental degree from UCLA School of Dentistry in 2022. She currently is finishing up her Orthodontic residency and will be moving to Sacramento in June. She will be joining her mom, Dr. Kelly Giannetti and Dr. Thais Boom's practice in Sacramento.

KWANG HYEON KIM, DDS

General Practice

Dr. Kim earned his dental degree from UOP Author A. Dugoni School of Dentistry in 2021. His practice location is currently pending.

KRISTIN KILARSKI, DDS

General Practice

Dr. Kilarski earned her dental degree from UCSF School of Dentistry in 2023. Her practice location is currently pending.

FADI MATTI, DDS

General Practice

Dr. Matti earned his dental degree from International School in 2022. He currently practices at Western Dental in Elk Grove.

Congratulations

to Our New Retired Members!

Christopher Choo, DDS
William Bachicha, DDS, MS
Wade Tambara, DDS
Nicholas Stubbs, DDS
Benton Runquist, DDS
Gordan Douglass, DDS
Teje Ellis, DDS
Jeffrey McClure, DDS
Sonny Lim, DDS
Dean Sands, DMD

IMPORTANT NUMBERS

SDDS (doctor's line) (916) 446-1227
ADA (800) 621-8099
CDA (800) 736-8702

TDIC (800) 733-0633
Central California
Well Being Committee . . . (916) 947-5676

SAVE THE DATE FOR MEMBER MIXERS

Member Mixers | 6:00–7:30pm

Thursday, March 13 | **Centro (Midtown Sacramento)**

Sponsored by Columbia Healthcare Banking

Wednesday, May 21 | **Zocalo (Roseville)**

Sponsored by Bank of America

Thursday, October 16 | **Elk Grove or Folsom | Location TBD**

Visit sdds.org for more details.

Planning to Retire?

Planning to retire this year? Let the SDDS know about your upcoming retirement, and we'll provide the necessary forms to help you save on future dues.

Call (916) 446-1227 or email sdds@sdds.org and we can help with the membership transition.

KEEP UP TO DATE...

on all of our upcoming events
by liking us on Facebook!
facebook.com/sddsandf/



For a full calendar of all of the SDDS events head to sdds.org, to the Continuing Education tab and select the Calendar dropdown!

.....



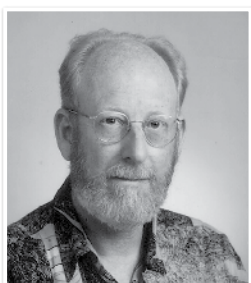
Make sure to follow the SDDS Instagram as well
[@sddsandsddf](https://www.instagram.com/sddsandsddf/)! See event photos, member happenings and more!

In Memoriam



Dr. Sonney Chong

Dr. Sonney Chong passed away in December, 2024. He graduated from Dental School in 1977 from Washington University and practiced in Sacramento for 45 years. In 2018, SDDS recognized Dr. Chong with the Harry Wong DDS Community Service Award for his “outstanding achievement in community service.” He served on the California State Fair Board as well as numerous other commissions, local boards and Asian American community organizations and projects. He was known for his kindness and dedication to uplifting those around him; “he got along with everyone, had a magnetic personality and was very compassionate in whatever he pursued.” We will miss seeing him at our CE classes and Broadway shows.



Dr. Paul Simon

Dr. Paul Simon passed away on January 28, 2025. He graduated from dental school in 1970 from Philippines-Northwestern University. He was a member for more than 40 years.

We're Blowing your horn!



Congratulations to...

Dr. Jayson Chalmers for not only being the team DDS for the Sacramento Kings, but now the A's! **(1)**

Dr. Diana Fat for being awarded Asian Dentist of the Year! A big night at the annual Asian Dentist Dinner - congratulations Dr. Diana Fat for this wonderful honor! (Pictured with Drs. Jeff Sue, Carl Hillendahl, Nima Aflatooni, Craig Alpha, husband - Dr. Cy Carpenter and Drs. Rosemary Wu and Lisa Dobak.) **(2)**



LET US KNOW YOUR NEWS!

Send us your news to sdds@sdds.org to let everyone know about the great things that are happening!

Vendor Member SPOTLIGHT

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our Vendor Members!



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Dave Nelson

dave.nelson@usbank.com



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jordyn@torchdental.com

Elizabeth Hansen

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elizabeth.hansen@torchdental.com



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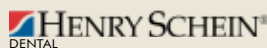
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Job Bank

The SDDS Job Bank is a service offered only to SDDS Members. It is for job seekers to reach other Society members who are looking for dentists to round out their practice, and vice versa. If you are a job seeker or associate seeker contact SDDS at (916) 446-1227, we can also provide contact information for the members listed below.

ASSOCIATE POSITIONS AVAILABLE

Peter Kim, DDS • Sacramento • PT • GP
 Hossein Kazemi, DDS • Roseville • PT/FT • GP/Perio
 Arash Aghakhani, DDS • Sacramento • FT/PT • GP
 Peter Kim, DDS • Sacramento • PT • GP
 Darryl Azouz, DDS • Lake Tahoe • FT/PT • GP
 Oleg Oliferuk, DDS • Folsom • PT • GP
 Siamak Okhovat, DDS • Roseville • PT/FT • GP
 Monica Tavallaei, DDS • Sacramento • PT/FT • GP/PEDO
 Sabrina Jang, DDS • Sacramento • PT/FT • GP
 Albert Lee, DDS • Sacramento • PT • GP
 Amandeep Behniwal, DDS • Roseville • PT/FT • GP
 Elizabeth Johnson, DDS • WellSpace - various locations • FT/PT/Fill-In • GP
 Amy Woo, DDS • Sacramento • PT 1 Day • Endo
 David Park, DDS • several/multiple positions • FT/PT • GP

DOCS SEEKING EMPLOYMENT

Andrew Le, DDS • FT • GP
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WELLSPACE HEALTH ORGANIZATION (an FQHC) is taking applications for fill-in/part-time/full-time dentists. Send your resume/CV to eljohnson@wellspacehealth.org. 1/15

Kids Care Dental & Orthodontics seeks orthodontists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us... come find out why! Send your CV to drtalent@kidscaredental.com. 6-7/17

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Priced to Sell! Elk Grove practice with a great reputation, 4 fully equipped ops in a highly desirable medical building. Solid accounts receivable, over \$800k in annual collections and growing. Strong customer base. Contact Chris Barbour (#2135925) - chris@omni-pg.com, (916) 792-5038. (CAD124) 9-10/24

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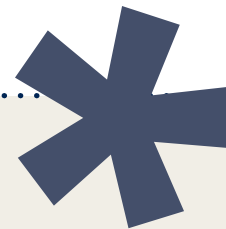
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ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS



MARCH

- 11 General Membership CE Meeting
Goodbye GV Black! Embracing Contemporary Composites in the Modern Era
Joel Whiteman, DDS
- 13 Member Mixer
Centro - Midtown Sacramento
6:00–7:30pm
Sponsored by Columbia Healthcare Banking
- 14 Write the Rules: Creating an Employee Handbook Made Easy
Mari Bradford, PHR, California Employers Association (CEA) SDDS Vendor Member
8:30am–12:00pm • SDDS Classroom
3.5 CEU, 20%

For full details and to sign up for courses online, visit: www.sdds.org

- 18 Leaves, Weeks, Hours and Wages... Oh My!
Mari Bradford, PHR, California Employers Association (CEA) SDDS Vendor Member
12:00–1:30pm • Webinar
• 1.5 CEU, 20%
- 20 New Pathway to RDA Licensure – Preceptorship
LaDonna Drury-Klein, RDA, CDA, BS; FADE - SDDS Vendor Member
5:30–7:00pm • Webinar • 1.5 CEU, 20%

APRIL

- 2 CPR–AHA BLS Blended Learning–Online and Skills Testing, 3 Time Sessions
Wednesday • 6:00–6:45pm;
7:00–7:45pm; 8:00–8:45pm
3 CEU, Core • SDDS Classroom

- 8 General Membership CE Meeting
Effective Techniques on How to Work with Special Needs Patients
Wade Banner, DMD
Sponsored by Health Net of California
- 15 California Dental Practice Act
Joy Brack, RDA
5:30–7:30pm • Webinar • 2 CEU, Core
- 22 Infection Control
Joy Brack, RDA
5:30–7:30pm • Webinar • 2 CEU, Core
- 25 Adult Oral Conscious Sedation Recertification
Anthony S. Feck, DMD; DOCS Education
8:30am–4:00pm • SDDS Classroom
7 CEU, Core
- 30 Your OSHA Compliance Manual: The Only Tool You Need
LaDonna Drury-Klein, RDA, CDA, BS; FADE - SDDS Vendor Member
12:00–1:00pm • Webinar • 1 CEU, Core



Swing for Smiles 2025 – Register Today!

Come support the Foundation at the annual Golf Tournament on May 9 at Teal Bend Golf Club!



Upcoming GENERAL MEETINGS

MAR 11 Goodbye GV Black! Embracing Contemporary Composites in the Modern Era

Tuesday • 3 CEU, Core • \$89 early price thru 2/25
Presented by Joel Whiteman, DDS

Dentistry has been using composite resin as a restorative material for the past 50 years but are we maximizing the success of our restorations. When we are taught in school to prepare a tooth, we use the principles set down by GV Black. These principles are based on a completely different material. We will discuss an approach that is designed for composite.

5:45pm: Social & Table Clinics | **6:45pm:** Dinner & Program
Hilton Sacramento Arden West (2200 Harvard Street, Sac)

APR 8 Effective Techniques on How to Work with Special Needs Patients

Tuesday • 3 CEU, Core • \$89 early price thru 3/25
Presented by Wade Banner, DMD
Sponsored by Health Net of California

Have you ever felt like a fish out of water not knowing what to do when a patient that has special healthcare needs comes to your office? Do you wish you had some introductory training on best practices for making these visits successful? Working with those with special healthcare needs can come with added challenges until you learn the basics of what it takes to have a successful and positive experience for the patient, you and your TEAM. Walk away with a ground level understanding of how to make working with the special need population the best part of your day.