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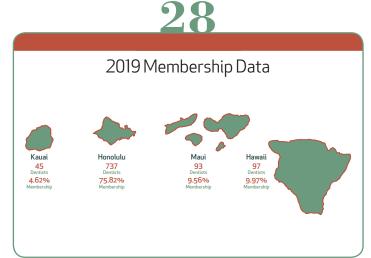


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Hawaii Dental Association

Summer 2019

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HDA President Dayton Lum, DDS

CCDD

...These are the challenges of our HDA, having a professional membership organization that serves the professional and business lives of dentist...

Letter from the President

A loha fellow dentists, and thank you for being a member of the Hawaii Dental Association. The year is busily churning along, and it feels so positive to have a high level of activity in the programs and task forces set forth by our 2017 Strategic Plan. This year has been going by very quickly for me, and I've found myself needing to be extra organized, and actually having to learn more about technology than I ever wanted to. Keeping things moving forward was a goal of mine and changing the Culture of HDA is certainly where we continue to head.

Speaking of culture, these are the challenges of our HDA, having a professional membership organization that serves the professional and business lives of dentist and balancing it in such a way that it allows us to live comfortably. We really need the support to be a dentist. The only ones who relate to this conversation are us, just ask your spouse!

I thought it would be a good time to discuss some common terms that we at HDA hear a lot, and go over the perspectives that go into dealing with each. Disruption, policy position, community, self-serving, and Turf war.

Disruption is defined as: to break apart, to throw into disorder. This "disruption" to many dentists can range in many ways from personal, to business, to societal. Examples of this would be, if a family member gets very sick, your lead assistant decides to move to Las Vegas, or our state government decides that we no longer need a Department of Health Dental Division. Although we may not recognize it as such, disruption is thrown at us every day. It's how we deal with disruption that means the most, as weathering the storm allows us to move on. This year's legislative session brought some potential disruption to our dental practices, as our dental assistants' vocation was under fire when HB 221 and SB 774 were introduced and debated. The HDA Legislative Program and our lobbyists, the Hawaii Public Policy Advocates, were very busy tracking these bills and helped to manage the ebbs and flows as many legislators grappled with the vocation of dental assistants and their existence in our offices. The year ended with the bill's deferment to future sessions, but HDA remains proactive for our practices as we have been asked to meet with the bill's authors to help with the development of bills for next year. If you feel that you would like to contribute to this conversation, the Legislative Program is always interested in your support and participation.

That brings up the topic of "Policy Positions," as the disruptions that HDA experiences encourage us to develop policy positions, as we represent our membership while facing outside interests. Policy position development takes program and task force members examining the issues at hand, collecting the information needed for the subject, meeting to discuss strategies, meeting with players well versed in that subject matter and, ultimately, collaborating with one another. A policy position becomes our guideline when dealing with legislation, the Board of Dentistry, and outside disruptive interests to dental practice.

2019's hot topic is the disruptive matter of direct to consumer orthodontics. A task group was ordered by the HDA Board of Trustees. Following the fine work of this task group a policy, following the ADA lead in dealing with the Direct to Consumer

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LETTER FROM THE PRESIDENT

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Laboratory Services, and Do-it-yourself Teeth Straightening, was established for HDA. Interestingly enough, this subject is still very actively being dealt with nationally, by states and the ADA.

Community: A group of people living in the same place or having a particular characteristic in common, e.g. Dentists, your patients who see you as their dentist. A feeling of fellowship with others, as a result of sharing common attitudes, interests and goals, e.g. a sense of community when we all work together for a common goal. This definition of community in its two-fold meaning is being currently discussed in our HDA Community and Public Health Program (CPHP), as we attempt to develop ways to help the needy populations through our members, and to encourage state and national policy makers to properly fund systems to handle that need. These are two parties that evoke both meanings of Community as the community of dentistry attempts to build a community with policy makers to deal with a common goal of caring for more at risk and needy populations. The CPHP is currently looking at the introduction of a bill for Adult Dental Medicaid funding for an at risk group—pregnant women on Medicaid and collaborating with the Lieutenant Governor's Homeless H4 project.

I mention the self-explanatory concepts of "self-serving" and turf war," as these are two concepts that have been thrown out during our discussions at the HDA Dental Benefits Providers Task Force. This subject is a mine field to negotiate. There are limitations set by antitrust rules, in discussing the number one



topic of stagnant reimbursements by members. Recent wins for states who have taken this on have been in patient dental plan coverage assurances, lack of transparency with member dentists, and disallowed vs. not a benefit issues. The commonality in these is the focus on patients and patient care. They all need legislation and they cannot be presented under the concepts of "selfserving" (only benefiting one profession) or a "turf war" (an argument of opposing views). We need to remember the term "dental benefit" and not "dental insurance" (a misnomer) when discussing treatments plans with your patients. I think if we clear that misnomer from our offices you will see the reality that Dental Benefit is an arrangement between HR purchasers and benefit company sales people, not dentistry and not patient care. The Dental Benefits Task Force work is just beginning and if you have an interest in this, we could use your help!

We have been going through Vision Statement exercises for the HDA at our Board meeting, and hopefully we will soon have a new Vision Statement that we can all get behind. The energy in your HDA is at a high level. For this to continue, we must work together as the dental community, always stay vigilant and progressive in our communication with one another, and please contribute your time and energy to HDA where you see you may fit. Your voice in our organization is more important today than ever.

Once again, thank you for being a member! $\widehat{\nabla}$



HDA Executive Director Kim Nguyen, MSW

CCNN

And therein lies your tripartite: the national, the state, and the local entities working together for one common goal—to constantly support our members.

What's Ahead?

I'm writing this on my way home from the annual ADA Management Conference, where my head is full of updated and helpful information to take back and implement at HDA. While we all know how tiring being away from the office can be—what with the stacks of paperwork lining our desks; the emails that were there when we left plus the new incoming ones, and that red blinking light to indicate voice mails—we also know how being away can be rejuvenating (even if I was sitting in back to back sessions for three days straight with no windows to see out).

I've passed my two years here with HDA, but this is my third Management Conference, and each time I visit with the ADA staff and my fellow Executive Directors from around the nation

-I am more and more appreciative of the wealth of knowledge that we all have available to us. Whether a newbie or not, I have and continue to rely on ADA and its staff, to listen to some of the interesting scenarios HDA faces and to seek guidance and possible remedies. I reach out to ADA constantly ... and I hope you do too! Did you know that they have a manual titled FAQ of 225 Legal Things a Dentist Should Know? (I have too many dog ears in mine ... does that tell you something!) Or that if you are considering signing into a contract with a dental benefits provider, that you could access their Contract Analysis service? Or that you can download templates of office forms (for your patients and staff)? Or that you can find a ton of resources about joining or starting a new practice, from the Center for Professional Success?

Don't let the time zone deter you. I've received responses from ADA in less than 36 hours after leaving a message. And if it takes them a bit longer, they'll let me know so I'm not left hanging. You may not know which department to first contact, but that's OK—just contact the ADA operator and they'll guide you to the right department.

Now sure, they don't know state specific laws and what's going on here all the time, but that's where we (your HDA) come in. We may not know the answers immediately, but you can bet that we will research the best we can. And even though we are the state association, we are only a state because we are made up of local counties. And therein lies your tripartite: the national, the state, and the local entities working together for one common goal—to constantly support our members who will in turn, enhance the art and science of dentistry. So, I cannot stress enough that your tripartite is here ... because of you, and for you!

But I am anxious to get home. (I need to ask for forgiveness from my cat for being away.) There's been a hubbub of activities since our last *Journal*—just some important stuff to know:

- Shout out to Honolulu County Dental Society for hosting three BLS courses (the third being a last-minute addition due to an overwhelming response) and a packed HIOSH course (again!), and for setting up a couple of CE courses/ County business meetings for August 14 and December 5.
- Speaking of CEs, our office continues to receive inquiries about, and copies of, your CE certificates, as you prepare for the end of the 2018–19 licensing year. Keep those coming if you would like us to house these hard copies here. But a friendly reminder—HDA cannot assess whether the state Board of Dentistry will or will not accept your CE courses for license renewal. We can only be responsible for the courses that HDA and Honolulu County host.

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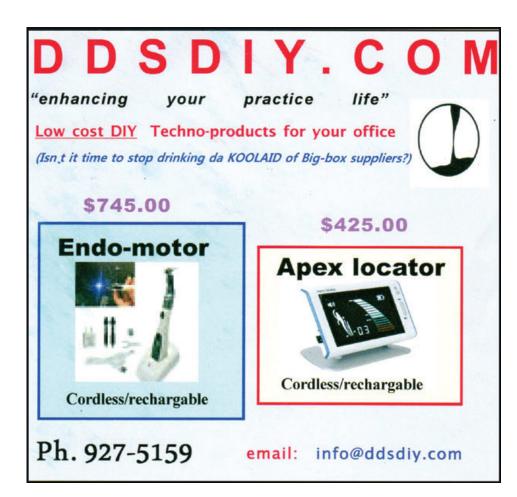
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LETTER FROM THE EXECUTIVE DIRECTOR

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- The HDA Foundation is inviting all of you to join them and other dental supporters at its GALAxy on Sat, Sept. 28 to fundraise for Give Kids a Smile Hawaii and other oral health projects.
- We are busily planning for our Nov. 17, 2019 House of Delegates. Mark your calendars!
- And, we just opened up our Call for Exhibitors for our 2020 HDA Convention (Jan. 23–24) where we will return to our full-scale schedule—at the time of this write up, we have close to half of the available exhibits sold! We now turn our attention to the registration process, which we will open in the fall.
- Internally—all of our task forces (Building Task Force, Dental Benefits Providers, and Direct to Consumer) and programs (Community and Public Health, Dental Education, Financial, Membership Engagement, and Young Dentist) have been meeting regularly to carve and push out their respective work. And, we are in full annual audit mode; making preparations for the 2020 budget and hiring for a Projects Coordinator; and working with a new property management company.

Whew! No offense to any body of work that I may have missed, but it's safe to say that life at HDA sure isn't dull. Whether it's seeing members at local county meetings, addressing state regulations, or relaying ADA services ... the work of the tripartite keeps moving to support you—our valued member. \widehat{W}

2019 Upcoming HDA Events

All HDA Members Welcome at All HDA Meetings



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





Patrick D Crowe, DDS

Shinso Kagawa, DDS



E Komo Mai! New Members

Simone Downs, DDS Peter Lee, DMD Mitchell Loo, DMD Travis Nishioka, DMD Camden Tokunaga, DDS

FOLLOW YOUR FOUNDATION

Greetings from Your Foundation

By Dr. Gary Yonemoto, HDA Foundation President

I am pleased to report that your Hawaii Dental Association Foundation is continuing to grow and mature in 2019. As the community arm of the Hawaii Dental Association, it is imperative that all of our members continue our efforts to make the HDAF a complete success. We are beginning our 3rd year and all of us are very excited about our progress. Let me share this excitement.

First, we just completed a successful Give Kids a Smile event in February. (Read about it in our last *Journal*.) The Foundation is now attempting to develop GKAS events on our neighbor islands. Maui is set to go for August and should be completed by the time you read this article. These are great events since the children are so fun and eager to learn and participate! Please consider volunteering to help out.

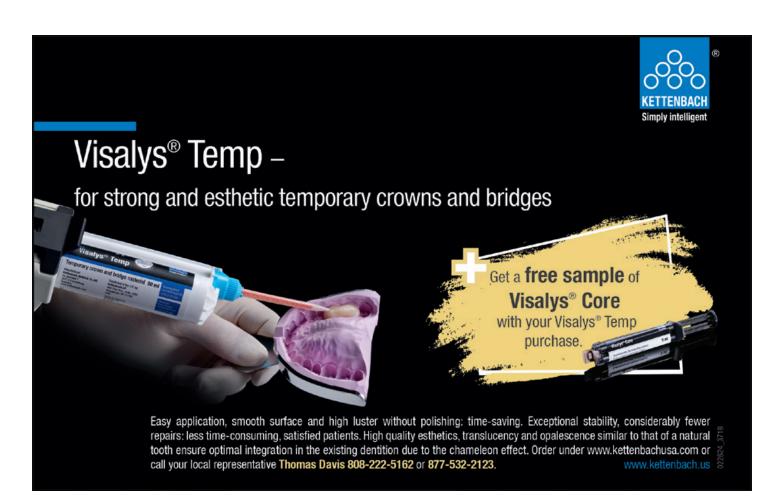
Our grant-giving process is fully functional and we expect grants will continue to grow as the Foundation grows.

Our very first annual report is set to come out this summer. It covers our activities in 2017–18. Watch for it in the mail soon.

This summer, I will be visiting the neighbor islands' County Dental Society meetings. It is very important that we make the Foundation a Statewide effort.

Please attend our Gala fundraiser in September. If the previous Gala is any indication, we will have FUN along with raising funds for the Foundation.

Thank you to all of you who have donated your time or monies to the Foundation. Our strength is in your donations. Please consider a pledge in the near future. We have various giving levels. Additional information can be found on our website: www.hawaiidentalfoundation.org or contact our office for more information.



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GOVERNMENT RELATIONS

Legislative Report

By Danny Cup Choy and Melissa Pavlicek, HDA Legislative Liaisons

he legislature has adjourned for 2019 and it was another positive session for the Hawaii Dental Association. Our big issue this year dealt with a proposed regulatory structure for dental assistants. There were multiple versions of the bill being vetted throughout the session and each had varying ideas of how rigorous the regulations should be. Both versions of the bill made it to the closing days of the legislative session, but with Senate and House subject-matter leaders unable to reach an agreement on the finalized language, the bill died. For HDA, this was a win because no bill is better than an onerous bill that would have caused a sharp decline in the dental assistant workforce which ultimately would impact dental practices and patients.

The HDA legislative committee leadership and member dentists were instrumental in advocating on behalf of the association by submitting testimony and working the Capitol halls. In addition, HDA members reached out to their area legislator to express concern with certain aspects of the legislation and explained the possible unintended consequences of approving overly stringent regulations on dental assistants. These connections are invaluable and effective since we know that legislators take their constituents opinions seriously. In the off-session, HDA will continue meeting with legislators to strengthen existing relationships, build new relationships, and discuss policy ideas to support the oral health of our community.

Beyond dental-specific legislation, there was no shortage of major public policy issues being debated during the 2019 legislative session. Two bills that passed after numerous years of advocacy efforts at the Capitol and in the community were decriminalizing marijuana to a small monetary fine and shifting our elections to all-mail in voting. While there still doesn't appear to be widespread support for full legalization of marijuana, criminal and social justice advocates viewed decriminalization as a win for our overcrowded prison problem. And we are all anxious to see how



It is a good reminder that public policy and advocacy is a marathon and not a sprint. HDA and its partners will continue to balance the desire to make quick meaningful oral health policy change...



Danny Cup Choy



Melissa Pavicek

switching to all-mail in voting impacts our state's civic engagement for the 2020 election and beyond.

In terms of bills that continue to be pushed but have not been able to cross the finish line, increasing the minimum wage, creating universal pre-kindergarten, and banning plastics and polystyrene all failed to become law in 2019. And while we see varying degrees of momentum behind these policies, bold initiatives like this often take many years to pass. We expect all of these efforts to continue next year.

It is a good reminder that public policy and advocacy is a marathon and not a sprint. HDA and its partners will continue to balance the desire to make quick meaningful oral health policy change with the reality that these are important issues that have real life consequences and must be done carefully and through consensus. \widehat{w}

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Getting to Know Dr Chris Young, HDA Treasurer

By Dr. Candace Wada, HDA Member

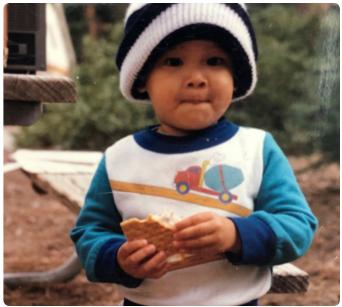
To tell you a little about who Chris Young is, he said, "I love HDA so much that I decided to stay on for a second term as treasurer." What a guy!

Chris was born in California and grew up in Aina Haina. He attended Mid-Pacific Institute. After graduating from Mid Pac, he spent one year at UH-Manoa and then transferred to Creighton University where he finished his undergraduate and DDS degrees. Before moving back to Hawaii, he completed a one year AEGD at UCLA School of Dentistry. In 2014, Chris decided to finally head back home to Oahu to practice.

Chris said, "People ask me why I wanted to become a dentist; I've never even had a cavity before. After finishing my orthodontic treatment I had a strange fascination with people's smiles. I knew that I would be happy to look at smiles and fix teeth for a living. In high school I began volunteering at local dental offices and specialist offices to get a better sense of what dentistry is like. I learned that being a dentist not only meant making patients' smiles look great, but that it also involved saving people from infections, alleviating pain, helping to improve oral hygiene for fresher breath and preventing gum disease, and most importantly, making sure each patient experience is their best one so that they would love going to the dentist."

Although Chris has only been out of dental school for five years, he has learned a tremendous amount. He said, "I am grateful for all of the offices I have had the opportunity to work in because it prepared me for private practice on my own." In January 2019, Chris purchased an office in Kaneohe and has been loving ownership. Since graduating he has seen a lot of changes in dentistry. Most have been very good changes, especially in regard to technology. He said, "There are many things that have made our career easier and more efficient, which I believe is in favor of the patients. Patient treatment has become more predictable and of higher quality. Patients can finally have what they want: quick and comfortable treatment that is convenient and affordable. In dental school, we were trained in techniques that were tried and true. I believe that serves as a solid foundation for good dentistry and the advancements in technique/material make it possible to become an extraordinary dentist."

When asked what advice he would you give to colleagues, Chris said, "My advice to other dentists (both young and seasoned) is to always put the patients first. This island is so small, each patient should be considered a family member or a good friend. It is imperative that the perception of dentists in the public eye be a positive one. We must be known as professionals who care, clinicians that provide the best quality, and locals that take care of our ohana."



Chris Young then



Chris Young now

VOLUNTEER SPOTLIGHT

Volunteer Spotlight

By Dr. Carla Fukumoto, HDA Secretary

The HDA seeks to spotlight and thank a dedicated volunteer who has given his/her time to the HDA work. In this Journal, we asked Dr. Gerry Adachi the following:

Q: How do you donate your time to HDA and why do you volunteer?

A: I have had the pleasure of volunteering on the Dental Education program for 32 years on various other committees and programs, and as a delegate to the House during my time as a member of the HDA. I have also served on the Board of Dentistry. My primary role for the HDA has been to scout different meetings for speakers to bring to our convention. Dr. Deron Ohtani brought me in to scout 28 years ago, and I have been doing it ever since.

It's been a wonderful opportunity to meet and get to know the best dentists

in the world. Volunteering has allowed me to form friendships with speakers and meeting planners, and I have benefited from the knowledge they shared to make me a better dentist. *Mahalo Nui Loa, Dr. Adachi!* $\widehat{\mbox{W}}$

All members are welcome to serve in some way to benefit the Hawaii Dental Association and our profession. Please consider it! Contact the HDA office for more information and opportunities.



Dr. Gerry Adachi scouting for HDA in California.

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Avoid Medication-Related Tragedies with Comprehensive Health History Forms

By TDIC Risk Management

Take two of these and call me in the morning. That may have been sage advice a generation ago, but today, dispensing medication requires much more scrutiny. Americans are taking more prescription drugs than ever before, meaning health professionals, including dentists, must use extra precaution when dispensing and prescribing routine medications as part of an overall treatment plan.

The Dentists Insurance Company reminds dentists that the greatest ally in preventing negative drug interactions, allergic reactions or other adverse effects is a patient's health history form. An accurate, up-to-date, comprehensive health history gives dental practitioners the data they need to make informed treatment recommendations—including those that incorporate medication or prescription-strength dental products.

Unfortunately, incomplete, outdated or missing health history forms can lead to tragedy. In one case reported to TDIC's Risk Management Advice Line, an 11-year-old patient died after suffering an allergic reaction to a prescription-only toothpaste dispensed by the dentist. The patient had come in for a routine exam and teeth cleaning. The dentist noticed the presence of extensive decay throughout her mouth, so he dispensed a prescriptionstrength toothpaste to use at home. Two days later, the dentist learned the patient had suffered from anaphylactic shock and died.

The patient's medical doctor alleged that the milk-based proteins in the

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The Dentists Insurance Company reminds dentists that the greatest ally in preventing negative drug interactions, allergic reactions, or other adverse effects is a patient's health history form. An accurate, up-to-date, comprehensive health history gives dental practitioners the data they need to make

informed treatment recommendations

toothpaste contributed to the patient's death, as she had a lactose allergy. However, her parents had not disclosed the lactose allergy to the dentist at the time of the appointment. The patient had not been seen in five years and her previous health history could not be located after the practice transitioned to a digital record-keeping system.

Senior Risk Management Analyst Taiba Solaiman said this tragic case is a reminder that a patient (or a patient's parent, if the patient is a minor) should review, update and sign a health history form at every appointment. Dentists should then review the form prior to treatment. If the form is missing, a new form should be filled out and signed prior to initiating treatment.

"The patient's signature serves as evidence that the information is current and the patient's health was discussed," Solaiman said.

Health history forms should contain questions about over-the-counter medications, prescribed medications and supplements, among others. TDIC provides sample health history forms in English and Spanish at tdicinsurance.com/sampleforms.

Dentists should verify the information in the patient's chart by speaking to the patient directly. Often, patients don't recognize the link between overall health and oral health nor do they

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RISK MANAGEMENT

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recall every medication they take, especially if they haven't been seen recently. The following questions should be asked when updating a patient's health history form:

- Have you sought care from other health care providers since our last visit?
- Have you visited the emergency room or been hospitalized since our last visit?
- Have you begun, discontinued or changed the dosage of medications (prescribed or over-the-counter)?

A complete health history reveals crucial information about health conditions and medications that could affect dental treatment. It could also alert a dentist that dental treatment could affect a patient's health condition.

Additionally, staff should immediately inform the dentist of any changes to a patient's health. Attention to a patient's medical and dental condition shows concern for their well-being and thus strengthens patient confidence in a dental practice's treatment ability.

If dentists are dispensing medication, it's essential they are familiar with the medications (and products) they are dispensing and know the interactions, side effects and contraindications of each. Patients may not always be aware of the ingredients contained in dental products (such as milk proteins in a toothpaste), so the onus is on the dentist to educate them. For example, some dental products, such as prophy paste and fluoride gel, contain gluten and may cause a reaction to glutensensitive patients. "Dentists should take dispensing and prescribing medication seriously," Solaiman said. "Adverse reactions can and do occur and even something as seemingly benign as toothpaste can have a devastating outcome."

Typically, pharmacists advise patients of the possible side effects and contraindication of medications. In-office dispensing takes the pharmacist out of the review process. Before prescribing or dispensing any medication, dentists should review a patient's current medications and existing medical conditions. They should review health history along with the patient to identify known allergies and to avoid contraindications. This review process and discussion should then be documented and included in the patient's record. Dentists should not rely on patients to determine whether they are allergic to a drug or a derivative of a drug. Rather, they should refer to the Prescribers' Digital References at pdr.net or consult with the patient's treating physician to ensure appropriate medications are prescribed.

"The more time you take to research medication, the less likely you will be called upon to defend your prescribing decisions and protect yourself from allegations of negligence," Solaiman said.

Clear guidelines on dispensing should be established and staff should be educated on these guidelines. Dentists should also use caution not to dispense or prescribe medications beyond their scope of practice and instead consult with the patient's physician. In addition, TDIC recommends adhering to the following health history guidelines:

- If a patient is not certain about his or her medications, ask the patient to bring all medications to the dental appointment. Document all medications, including dosage and associated health conditions.
- Ensure that the form is legible and writing is not crowding into the margins. Attach an additional form if necessary.
- If it has been two to three years since treatment, consider asking the patient to complete a new health history.
- Obtain a new health history on minor patients once they turn 18.
- Attach new forms to the old health history. Do not discard the previous health history.
- Every two years, check with your local dental society or professional liability carrier for any required changes to the form.

Although adverse reactions to medication and dental products can and do happen, there are preventative measures to take to limit their occurrence. The most effective way to keep patients safe is by keeping thorough health history forms and holding open, face-to-face conversations with patients. Doing so gives dental practitioners the information they need to make the right treatment decision based on individual need. $\widehat{\nabla}$

TDIC's Risk Management Advice Line is a benefit of HDA membership. If you need to schedule a confidential consultation with an experienced risk management analyst, visit tdicinsurance.com/RMconsult or call (800) 733-0633.

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5 SEO Tips to Help Your Practice Shine

By Wendy O'Donovan Phillips, CEO, Big Buzz Marketing

🗋 y now you're likely aware of search Dengine optimization (SEO) and its importance in standing out among your competition online. SEO uses established systems and structures to generate organic traffic to a website by helping position it higher on search engine results pages (SERPs). Even if the concept isn't new to you per se, it's important to note that best practices for SEO are not static, and tactics that once worked can become ineffective or even harmful to your website. These tips, tricks and things to know can help your website shine in search engine results by driving more traffic and ultimately leading to new patients.

1. Look at the Big Picture

While SEO is always important in the current digital climate, if your practice is facing an immediate and dire need for new patients there may be better options. Consider setting up Google AdWords or executing a direct mail campaign to instantly get eyes on your practice and patients in the door. The reason for this is that effective, correctly implemented SEO tactics take time to start driving worthwhile results—sometimes up to a year. Be wary of a vendor or agency who claims that their SEO tactics can provide immediate results. This can often be a sign that they use Black Hat SEO tactics.

2. Beware of Black Hat SEO

According to the 2019 Periodic Table of SEO Success Factors [https://bit. ly/2NIkzTX], Black Hat SEO/SEO toxins are unethical approaches that may result in a temporary uptick in traffic but can have perilous results for a website, including costly penalties. Black Hat tactics can include measures like keyword stuffing, or overloading a page with keywords that may lead a

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It's important to note that best practices for SEO are not static, and tactics that once worked can become ineffective or even harmful to your website. These tips, tricks and things to know can help your website shine in search engine results by driving more traffic and ultimately leading to new patients. user to the site without adding any worthwhile content to the page (or in most cases diminishing the quality). This was once an acceptable SEO practice, but major search engines have begun to punish the offending websites by lowering their rankings or completely removing them from results. Other Black Hat tactics include cloaking (displaying one set of content to search engines while displaying another to site visitors) and link farming (one or more dummy sites made with the sole purpose of linking to the primary site).

3. Embrace White Hat SEO

White Hat SEO tactics are those that align with the rules, conditions and terms of the major search engines. These are the tactics that will help your website prosper, and they include such measures as a mobile-friendly website, descriptive and detailed meta-tags and an easy navigation. These tactics generally take longer to generate positive results but will set up a website for long-term success without posing the risk of penalties like lowered rankings or banishment. Take this 2019 SEO Rankings Quiz [https://bit.ly/2XXo24J] to see how you stack up!

4. Design a Mobile Friendly Website Now more than ever people are favoring mobile devices over desktops to perform searches for local business including dentists! Not only will a high-functioning mobile site improve user experience and increase the chances of a conversion, but it can improve SEO rankings as well. For the

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MARKETING

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past few years, Google has been experimenting with mobile-first indexing, meaning that it takes into account mobile usability before desktop usability. Open up your practice's website on your mobile device and take into account the following:

- Do the pages load quickly?
- Is the entire menu bar visible?
- Is the site usable in both portrait and landscape modes?
- Are all the images loading?

• Are buttons easy to click/tap? If you answered "no" to any of these questions, you may have some work to do before your site is mobile friendly. You can always use Google's mobile

Sources

1) https://blog.hubspot.com/marketing/black-hat-seo 2) https://www.wordstream.com/white-hat-seo friendliness tool (https://bit.ly/2rQpFRl) to check if your website is mobile friendly.

5. Use Strong Content

A strong content strategy will not only help frame your practice as a thought leader in the field of dentistry, but it can also help boost its search rankings. The longer a visitor stays on the site, the more trustworthy it becomes in the eyes of a search engine. Try evaluating the fears, concerns and obstacles facing the types of patients you'd like to attract, then write content that assuages them. How-tos, product reviews and videos are other great ideas for content. Not only is the content helpful to have on your website, but it can also be leveraged to help link back to your website externally. For example, you can link to the content through posts on your various social media channels. This will both drive additional traffic to the site and create authentic links which are viewed favorably by search engine algorithms. Learn more about the pros and cons of content marketing here: https://bit. ly/2XGZIKN. \widehat{v}

Wendy O'Donovan Phillips is CEO of Big Buzz, the nation's third-largest dental marketing agency and the only full-service firm. Big Buzz offers more than 50 different marketing tactics, all backed by research. She is the author of KABOOM! The Method Used by Top Dentists for Explosive Marketing Results, which is on the Amazon Top 100 List for Dental Office Practice books. She has been honored by the American Marketing Association for excellence in her field, and she has been hired by the American Dental Association as an expert consultant in marketing.

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Honolulu County Calls for Peer Review Volunteers

The Honolulu County Dental Society (HCDS) is forming a Peer Review Committee and is seeking members to join. The Committee will consist of 8–10 members and will function to mediate disputes between member dentists and patients in order to prevent cases from proceeding to litigation. Committee members will receive training before they will take on cases. If you are interested in joining the Peer Review Committee, please contact Dr. Ivan Colon via email at ivancolondds@gmail.com.



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Hawaii Convention Center

Registration opens in the fall 2019 at www.hawaiidentalassociation.net

HDA MEMBERSHIP DATA

2019 Membership Data

Current as of June 1, 2019 Membership by Specialty

ecialty Oral Maxillofacial Radiologist: 1 (.1%) Public Health: 1 (.1%) Prosthodontists: 20 (2%) Periodontists: 30 (3%)

Pediatric: 60 (6.1%)

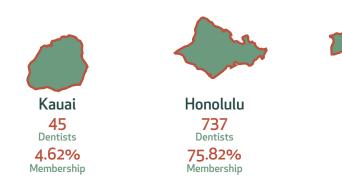
Orthodontists: 51 (5.2%)

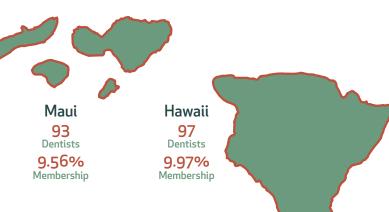
Oral Maxillofacial Surgeons: 28 (2.8%)

Endodontists: 31 (3.1%)

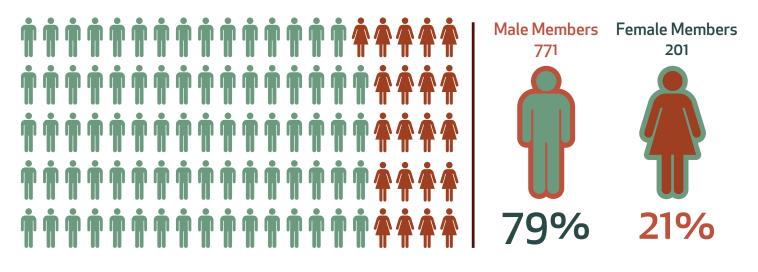
General Practice: 750 (77.1%)

Membership by Component

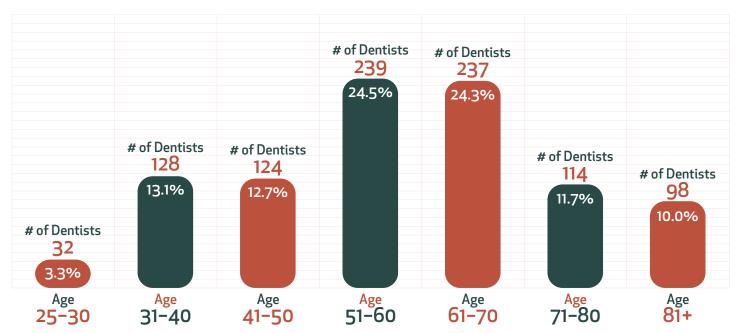




Membership by Gender



Membership by Age



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