

Resolution No. 504 NewReport: N/A Date Submitted: 04/04/2025Submitted By: Dr. Spencer Bloom, delegate, IllinoisReference Committee: D (Legislative, Governance and Related Matters)Total Net Financial Implication: [Total Net Financial Impl.] Net Dues Impact: \_\_\_\_\_

Amount One-time: \_\_\_\_\_ Amount On-going: \_\_\_\_\_

ADA Strategic Forecast Outcome: Tripartite: Promote Tripartite stability, success, and future growth.

**REINFORCING EDITORIAL INTEGRITY AND TRANSPARENCY BY EMPOWERING THE COUNCIL  
ON COMMUNICATIONS**

**Background:** This resolution requires an amendment to the *ADA Constitution and Bylaws* to ensure that editorial governance is vested in the Council on Communications, as the official member-led body charged with ensuring that ADA public-facing communications reflect adopted policy, professional ethics, and transparency standards.

This resolution does not restrict individual speech or scientific discourse. It ensures that official ADA communications—including journals, news publications, emails, and social media—reflect the adopted policies and values of the membership. Staff, including dentists employed in staff roles, retain the right to express themselves personally. However, if their statements on personal social media or public platforms may reasonably be perceived as representing the ADA—especially when professional titles or affiliations are used—those statements must meet the same standard of professionalism, neutrality, and policy alignment expected of official communications. This is a matter of transparency, accountability, and professional ethics—not censorship, consistent with the ADA Code of Professional Conduct, which states that “professionals have a duty to make known their policies and practices to the public in a manner that is truthful, responsible and consistent with the values of the profession”. (*ADA Principles of Ethics and Code of Professional Conduct*, 2025, Section 5.F.7, p. 16)

In recent years, members have raised growing concerns that ADA communication channels are not operating in alignment with adopted policy or representative member values. Instead, editorial space in flagship publications has been used to promote controversial positions without counterpoint or approval by member-led councils. For example, [a 2023 JADA editorial authored by senior ADA staff—including the ADA's Chief Economist—promoted value-based care as an emerging and desirable trend in dentistry](#). While a rebuttal was later published, no opportunity was provided for a counterpoint to appear at the same time, despite widespread member concern that such models increase commodification of care, reduce the doctor-patient relationship to a transactional business model, and accelerate the commoditization of dentistry, where clinical services become indistinguishable and primarily priced for volume. This signals a breakdown in oversight.

Member concerns have also been raised regarding content that promotes or appears to normalize models of dental care that prioritize business metrics over clinical judgment—such as value-based contracting, volume-driven incentives, or third-party ownership models. These trends contribute to the commodification and commoditization of dentistry, where professional care is reduced to a transactional service and patient relationships are devalued. Similar effects have been documented in other areas of

1 health care: private-equity ownership of U.S. hospitals has been linked to worsened patient-reported care  
2 experience, with a 2.1–5.2 percentage-point decline in “would you recommend” scores over three years  
3 post-acquisition, and an increase in hospital-acquired complications including infections and falls (See:  
4 Singh Y, Papanicolaos I, Saini V, Jena AB. “Changes in Hospital Adverse Events and Patient Outcomes  
5 Associated With Private Equity Acquisition.” *JAMA*, 2024;331(6):508–517. doi:10.1001/jama.2024.0461.  
6 Available at: <https://pubmed.ncbi.nlm.nih.gov/38147093/>).

7 Value-based care models have also faced criticism for misaligning financial incentives with clinical  
8 autonomy, complicating quality measurement, and imposing administrative burdens—challenges that, if  
9 echoed in dentistry, risk reshaping patient care into a consumer transactional model (See: Moses H,  
10 Matheson DHM. “Value-Based Payment Models for Networks of Care.” *Health Affairs Blog*, 2023.  
11 Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10119264/>).

12 While the ADA has not formally defined “commodification” or “commoditization” in policy, members have  
13 expressed concern that these trends erode public trust, compromise autonomy, and undercut the  
14 profession’s ethical foundation (*ADA Principles of Ethics and Code of Professional Conduct*,  
15 Section 3.B.). For this reason, ADA-branded communications should avoid content that could reasonably  
16 be perceived as endorsing such frameworks unless explicitly supported by House-adopted policy.

17 Further concerns have been raised over ADA News and ADA social media accounts publishing content  
18 that appears to highlight corporate-affiliated models—such as DSOs—without offering counterpoint or  
19 oversight by the Council on Communications [More Dentists Affiliating with DSOs – ADA News, June](#)  
20 [2023](#). For instance, an August 2023 ADA News article [showcased a periodontist’s decision to sell their](#)  
21 [practice and transition into a DSO-affiliated model](#), presented positively and without alternative  
22 viewpoints. These actions undermine the perception of neutrality and pose reputational risks. They also  
23 conflict with professional obligations outlined in the *ADA Code of Professional Conduct*, which states that  
24 “every profession owes society the responsibility to regulate itself,” and requires dentists to observe the  
25 rules of their professional societies [ADA Code of Professional Conduct \(2025\), Section 3.B —](#)  
26 [Governance of a Profession, p. 8](#). Additionally, the ADA Constitution and Bylaws establish the House of  
27 Delegates as the Association’s legislative and governing body, the supreme authority for setting official  
28 policy positions. This underscores the importance of ensuring that ADA-branded communications remain  
29 aligned with policies adopted by the membership.

30 The following documents make clear who holds the authority to set official ADA policy, and what  
31 expectations apply to any platform carrying the ADA name.

32 The *Manual of the House of Delegates and Supplemental Information, 2024* reinforces the exclusive  
33 authority of the House by stating that “the powers and duties of the House of Delegates, as defined in  
34 Chapter III, Sections 40 and 50, of the Bylaws, make it the supreme authoritative body of the Association”  
35 (page 8). This authority includes the power to enact legislation, determine policies, and establish the  
36 mission and vision of the American Dental Association.

37 In addition, the ADA policy *Standards for Dental Society Publications* (adopted Trans.1997:303, 660;  
38 reaffirmed 2010:602; amended 2023) establishes that official society publications must inform members  
39 on issues of concern, communicate policies and actions, report professional developments, and maintain  
40 balanced, relevant, and accurate content (Current Policies of the American Dental Association, 2024,  
41 Communications section, p. 59–61). While directed primarily at society-published materials, these  
42 standards underscore that all ADA-branded communications should uphold accuracy, fairness, and  
43 alignment with policies adopted by the membership.

It is important to recognize that ADA communications reach not only current members, but also prospective members, the broader dental community, and the general public. The ADA's Strategic Plan 2020–2025 identifies expanding membership—particularly among underrepresented demographics—as a core organizational objective. Because communications are central to this effort, content directed at non-members through ADA.org, social media, and public campaigns should be held to the same standards of professionalism, accuracy, and alignment with adopted policy as internal member communications.

Likewise, editorial content that is primarily dentist-facing—including commentary in ADA News and JADA—should be reviewed by member dentists to ensure that it reflects the values and voice of the profession. To support this standard while avoiding operational overload on the Council on Communications, a standing subcommittee composed of volunteer member dentists should be established. This subcommittee would serve in an advisory role, assisting with the review of non-scientific public-facing and dentist-facing content and providing feedback to the Council on Communications. This model aligns with ADA precedent, where volunteer panels and task forces have historically provided input on continuing education, public campaigns, and other communication initiatives.

While scientific content in JADA is managed by the Editor, other content—such as editorials, commentaries, and news—currently lacks structured member oversight. ADA News, digital content, email campaigns, and social media are produced by staff. This resolution strives to find a balance between professional communication standards and member-driven oversight. It is consistent with the ADA's core values of integrity, evidence-based action, and commitment to members as outlined in the ADA Strategic Plan.

To protect the ADA's reputation, rebuild trust among members, and ensure that all communications reflect the values and directives of the membership, oversight must be formalized. This resolution seeks to ensure that content disseminated under the ADA name is consistent with adopted policy, accurately reflects the Association's positions, and avoids messaging that could contribute to the commoditization of the profession.

### Resolution

**Resolved**, that Chapter V. BOARD OF TRUSTEES, Section 70. POWERS, of the ADA *Bylaws* be amended as follows (additional underlined, deletions stricken through):

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E. Cause *The Journal of the American Dental Association* to be published as the official publication of the Association, including appointment of an editor and an editorial board nominated by the editor.

F. Cause to be published such other publications as may be deemed advisable.

G. ~~Cause to be published in or omitted from any official publication of the Association any article relating to ADA policies, advocacy efforts or legislative agendas.~~

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and be it further

**Resolved**, that Chapter XIX. PUBLICATIONS, Section A., of the ADA *Governance and Organizational Manual*, be amended as follows (additions underlined, deletions stricken through):

A. *The Journal of the American Dental Association*. *The Journal of the American Dental Association*, hereinafter referred to as *The Journal*, shall be published with a frequency and at a subscription rate that shall be determined by the Board of Trustees. The object of *The Journal* shall be to report, chronicle and evaluate activities of scientific and professional interest to members of the dental profession. The Editor of *The Journal* shall retain full responsibility for peer-reviewed scientific content. Oversight of all non-scientific editorial content—including editorials, commentaries, and other opinion-based material—shall fall under the authority of the ADA Council on Communications. The Council may carry out this responsibility directly or through a designated subcommittee of member dentists, consistent with policies adopted by the House of Delegates. Except as otherwise provided in the powers of the Board of Trustees in the ADA Bylaws, the editor of *The Journal* shall have the authority to determine its editorial content, including scientific-based content, and shall, with the assistance of an editorial board, establish and maintain a written editorial policy for *The Journal*.

and be it further

**Resolved**, that Chapter XIX. PUBLICATIONS, Section B., of the ADA *Governance and Organizational Manual* be amended as follows (additions underlined, deletions ~~stricken through~~):

B. Other Journals. ~~The Association may publish or cause to be published other journals in the field of dentistry subject to the direction and regulations of the Board of Trustees.~~ The Association may publish such other journals or periodicals as may be authorized by the Board of Trustees. Editorial oversight of all non-scientific content in such publications shall be provided by the Council on Communications or its designated subcommittee, to ensure consistency with adopted ADA policy and editorial standards.

and be it further

**Resolved**, that Chapter VIII. COUNCILS, Section K.2., of the ADA *Governance and Organizational Manual* be amended as follows (additions underlined, deletions ~~stricken through~~):

K. Areas of Responsibility.

\* \* \*

2. Council on Communications. The areas of subject matter responsibility of the Council shall be:

- a. Advise on the management of the Association's reputation;
- b. Develop, recommend and maintain ADA strategic communications plans;
- c. Advise ADA agencies on branding;
- d. Advise on prioritization and allocation of communications resources; and
- e. Advise on communications and marketing for constituents and components, upon request;
- f. Serve as the editorial oversight authority for all ADA public-facing and member-facing non-scientific content, including but not limited to JADA, ADA News, ADA.org, email newsletters, social media, and other communications platforms. The Council shall ensure such content reflects House-adopted policy and adheres to established standards of editorial integrity. The Council shall also ensure that ADA communication platforms allow for the timely publication of dissenting or alternate

1 viewpoints in response to editorial or opinion-based content and may establish  
2 standards for how such counterpoints are solicited, selected, and displayed. The  
3 Council may delegate review responsibilities to a standing subcommittee composed  
4 of member dentists, appointed to advise on editorial consistency and fairness; and  
5 g. Include, in its annual report to the House of Delegates reporting on the following:  
6

- 7 i. An overview of ADA communications channels, including both public-  
8 facing and member-facing platforms;  
9 ii. A summary of current editorial standards and any updates adopted by  
10 the Council;  
11 iii. Aggregated member feedback on communications content or  
12 messaging;  
13 iv. A summary of compliance with House-adopted editorial policy across  
14 platforms; and  
15 v. Any instances of unreviewed non-scientific content found to conflict with  
16 ADA policy and any corrective recommendations made by the Council.

17 and be it further

18 **Resolved**, that ADA staff—including dentists employed in staff roles—shall not use official ADA  
19 communication platforms, including publications, email communications, websites, or social media  
20 accounts, to publish or promote content that conflicts with policy adopted by the House of Delegates  
21 or may reasonably be perceived as undermining the independence of the dental profession or  
22 reducing it to a transactional model of care, and be it further

23 **Resolved**, that when non-scientific content is disseminated without appropriate editorial oversight  
24 and is found to conflict with House-adopted policy or established editorial standards, the Council on  
25 Communications may recommend correction or clarification in consultation with the Executive  
26 Director, and be it further

27 **Resolved**, that if the ADA engages external marketing, media, public relations, or research  
28 consultants to support messaging that may affect public- or dentist-facing editorial content—such as  
29 ADA-branded publications, email communications, or digital platforms—the Council on  
30 Communications shall be notified of the engagement and provided an informational summary of its  
31 scope and purpose, to ensure alignment with adopted editorial policy and the Council's subject  
32 matter responsibilities.