

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](#). This was published without a rebuttal, despite widespread member concern that such models increase **commodification of care**, reducing the doctor-patient relationship to a transactional business model, and accelerate the **commodification 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 health care: private-equity ownership of U.S. hospitals has been linked to worsened patient-reported care experience, with a 2.1–5.2 percentage-point decline in “would you recommend” scores over three years post-acquisition, and an increase in hospital-acquired complications including infections and falls (See:

1 Singh Y, Papanicolas I, Saini V, Jena AB. "Changes in Hospital Adverse Events and Patient Outcomes  
2 Associated With Private Equity Acquisition." *JAMA*, 2024;331(6):508–517. doi:10.1001/jama.2024.0461.  
3 Available at: <https://pubmed.ncbi.nlm.nih.gov/38147093/>).

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

9 While the ADA has not formally defined "commodification" or "commoditization" in policy, members have  
10 expressed concern that these trends erode public trust, compromise autonomy, and undercut the  
11 profession's ethical foundation (*ADA Principles of Ethics and Code of Professional Conduct*, 2025 Edition,  
12 Section 3.B, page 8). For this reason, ADA-branded communications should avoid content that could  
13 reasonably be perceived as endorsing such frameworks unless explicitly supported by House-adopted  
14 policy.

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16 Further concerns have been raised over ADA News and ADA social media accounts publishing content  
17 that appears to highlight corporate-affiliated models—such as DSOs—without offering counterpoint or  
18 oversight by the Council on Communications [More Dentists Affiliating with DSOs – ADA News, June 2023](#). For instance, an August 2023 ADA News article [showcased a periodontist's decision to sell their practice and transition into a DSO-affiliated model](#), presented positively and without alternative viewpoints  
21 . These actions undermine the perception of neutrality and pose reputational risks. They also conflict with  
22 professional obligations outlined in the *ADA Code of Professional Conduct*, which states that "every  
23 profession owes society the responsibility to regulate itself," and requires dentists to observe the rules of  
24 their professional societies [ADA Code of Professional Conduct \(2025\), Section 3.B — Governance of a Profession, p. 8](#). Additionally, the *ADA Constitution and Bylaws* assign the responsibility for establishing  
26 official policy positions to the House of Delegates, and state that no advocacy or programmatic content  
27 should be published without authorization from the House or an authorized governing body (Chapter II,  
28 Authority to Represent the Profession) [https://www.ada.org/-/media/project/ada-organization/ada/ada-](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/about/governance/constitution_and_bylaws_ed_final.pdf)  
29 [org/files/about/governance/constitution\\_and\\_bylaws\\_ed\\_final.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/about/governance/constitution_and_bylaws_ed_final.pdf) . These concerns highlight the  
30 importance of aligning all ADA-branded communications with governance authority and professional  
31 standards adopted by the membership.

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

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

39 In addition, the *Standards for Dental Society Publications*, as adopted and reaffirmed by the House of  
40 Delegates in Transactions 1997:303, 660; 2010:602; and 2023:XXX, establish that all official ADA  
41 publications must "reflect adopted policy" and "adhere to standards of accuracy, fairness, and editorial  
42 integrity" (*Current Policies of the American Dental Association, 2024*, Communications section, page 59).  
43 These standards apply to all ADA-branded communication channels and reinforce that editorial content  
44 must align with policies approved by the membership through its governing bodies. While the *Standards*  
45 *for Dental Society Publications* are formally directed at society-published materials, the principle that

ADA-branded communications must reflect adopted policy and editorial integrity applies broadly to all platforms carrying the Association's name, including those managed by subsidiaries or staff under ADA oversight.

In support of these goals, 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. According to the ADA's Strategic Plan, expanding membership, particularly among lagging demographics—is a core organizational objective, and communications play a central role in achieving that growth. As such, content directed at non-members, including through ADA.org, social media, and public email campaigns, must meet the same standards of professionalism, accuracy, and policy alignment 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 independent Editor-in-Chief, 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 with limited governance involvement. This resolution restores 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 ensures that content disseminated under the ADA name does not violate policy, misrepresent positions, or promote ideologies that commodify the profession.

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## Resolution

### **Amendment to the ADA Constitution and Bylaws, Chapter XIX – Publications**

**Resolved**, that **Chapter XIX. PUBLICATIONS**, Section A of the *ADA Constitution and Bylaws* (2025 Edition, page 29) be amended as follows (additions underlined; deletions stricken through), to clarify editorial oversight authority for *The Journal of the American Dental Association*:

#### **Section A.**

~~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 and shall be responsible for its publication.~~

**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, and be it further

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**Resolved**, that **Chapter XIX. PUBLICATIONS**, Section B of the *ADA Constitution and Bylaws* (2025 Edition, page 29) be amended as follows (additions underlined; deletions stricken through), to address oversight of additional ADA publications:

**Section B.**

~~The Association may publish such other journals or periodicals as may be authorized by 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**

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**Amendment to the ADA Governance and Organizational Manual, Chapter VIII – Councils**

**Resolved**, that **Chapter VIII. COUNCILS**, Section K.4 – Council on Communications of the *ADA Governance and Organizational Manual* (2025 Edition, page 50) be amended as follows (additions underlined; deletions stricken through), to expand the Council’s subject matter responsibilities:

**K. Council on Communications.**

The Council shall:

~~1. Serve as an advisory body on Association communications, branding, media relations, and member engagement strategies, and provide feedback to the Executive Director on marketing performance.~~

**1. 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 viewpoints in response to editorial or opinion-based content and may establish standards for how such counterpoints are solicited, selected, and displayed. The Council may delegate review responsibilities to a standing subcommittee composed of member dentists, appointed to advise on editorial**

consistency and fairness. The Council shall submit an annual report to the House of Delegates that includes:

- An overview of ADA communications channels, including both public-facing and member-facing platforms
- A summary of current editorial standards and any updates adopted by the Council
- Aggregated member feedback on communications content or messaging
- A summary of compliance with House-adopted editorial policy across platforms
- Any instances of unreviewed non-scientific content found to conflict with ADA policy and any corrective recommendations made by the Council,

and be it further

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

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

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

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