

Resolution No. [Resolution Number] [Type]

Report: [Report] Date Submitted: 07/18/2025

Submitted By: Dr. Steve Saxe, Delegate, Nevada

Reference Committee: [Reference Committee for Worksheet]

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.

1 [ESTABLISHMENT OF THE COMMITTEE ON BRAND INTEGRITY, THE PROFESSION'S
2 REPUTATION, AND PUBLIC TRUST]

3 **Background:**

4 Across industries, successful nonprofit and for-profit organizations dedicate entire divisions to safeguard
5 brand integrity, uphold public trust, and respond to negative publicity swiftly. For the American Dental
6 Association (ADA), the stakes are even higher: as a professional organization in healthcare, reputational
7 harm can directly erode member trust, compromise public confidence, and diminish the influence of
8 organized dentistry.

9 In recent years, members have raised serious concerns about how the ADA's name and platforms have
10 been used to promote or affiliate with non-CERP-recognized continuing education (CE) providers. ADA
11 members rely on CERP approval to ensure the continuing education courses they take are accurate,
12 evidence-based, and meet professional standards. This helps dentists maintain their licenses and stay
13 current without worrying about misinformation or low-quality content. It is inappropriate for any of our
14 media outlets or publications to advertise or promote any continuing education that has not gone through
15 the rigorous vetting processes. Members also count on CERP to make sure courses don't blur the lines
16 between general education and the specialized training required in ADA-recognized specialties like oral
17 surgery, dental anesthesiology, or GPR programs. Without that clarity, both patients and doctors can be
18 misled, and the value of ADA-recognized specialty training may be undermined (*2024 Current Policies*,
19 pages 127–128, "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students").

20 **Member complaints about vendor affiliations have already resulted in distrust**, with documented
21 instances where dentists expressed financial harm after engaging with ADA-endorsed vendors. One
22 vendor partnership terminated in 2024 followed multiple reports of widespread issues (*2024 Annual*
23 *Reports*, page 30). An earlier and more severe vendor-related issue was handled under sealed executive
24 session proceedings in 2008, and while the specifics remain confidential, its inclusion on the House
25 agenda underscores the reputational damage that had occurred (*2024 Manual of the House of Delegates*
26 *and Supplemental Information*, page 8, "Reference Committee Report 3").

27 The ADA CERP Annual Report notes that as of June 2024, there were 482 ADA CERP-recognized
28 providers, including 34 outside the U.S. and Canada, and 40 approved through Joint Accreditation for
29 Interprofessional Continuing Education. In 2022 alone, these providers offered over 42,700 unique CE
30 activities (*2024 Annual Reports*, page 3). However, that same report acknowledges delays in ADA's
31 planned migration to a new CERP platform, citing lack of staff capacity and the absence of an
32 implementation timeline.

1 Meanwhile, ADA-controlled media such as *Morning Huddle*, *ADA News*, and ADA-sponsored events
2 continue to feature CE programs and practice management vendors without consistent enforcement of
3 vetting protocols. Some of these promoted courses offer short-format training in moderate sedation or
4 surgical procedures without meeting ADA policy, which mandates a minimum of 60 didactic hours and
5 clinical experience in managing 20 patients for moderate sedation training (*2024 Current Policies*, page
6 127).

7 Dentist-facing editorials and internal content published under the ADA name have also become
8 flashpoints for concern. Members have pointed to content promoting controversial business models (e.g.,
9 corporate ownership, value-based care, or alternative licensure structures) that did not reflect balanced
10 perspectives or clearly reference adopted ADA policy. Recent concerns also arose following a guest
11 editorial in *JADA*, authored by a senior ADA staff member, which was published without a review
12 mechanism to evaluate alignment with House policy or member perspectives. While peer-reviewed
13 scientific content must remain independent, non-research opinion pieces—including those by ADA-
14 affiliated authors—can carry significant reputational impact and should be subject to oversight when
15 published under the ADA brand.

16 Further, with the explosion of short-form misinformation across social media and online channels, the
17 ADA must be equipped to respond quickly, credibly, and strategically. Health organizations and Fortune
18 500 companies now operate dedicated divisions to monitor and address reputational threats. These are
19 not luxuries. They are essential infrastructure.

20 Creating a committee capable of reviewing content, clarifying misinformation, and defending the integrity
21 of the ADA brand would allow the Association to meet this challenge directly and transparently. It also
22 opens the door to public-facing initiatives—such as a science-vs-misinformation site—that could restore
23 trust and reengage both members and nonmembers.

24 To accomplish this with speed and cost-efficiency, this resolution proposes forming a **standing**
25 **committee**, rather than a council. Standing committees are member-led, virtual-first, and can be
26 operationalized quickly with limited staff burden. Unlike councils, which are larger and focused on broad
27 policy development, standing committees are structured to act. This format aligns with the scope,
28 urgency, and operational nature of the challenge at hand.

29 **This resolution explicitly excludes peer-reviewed scientific research, clinical practice guidelines,**
30 **or independently reviewed scientific articles published in ADA journals. Its scope is limited to**
31 **non-scientific communications, branding, advertising, and opinion-based content.**

32 **A suggested implementation framework for this committee is included as an appendix to this**
33 **resolution. It outlines strategies to reduce cost, limit staff burden, and ensure the committee**
34 **operates efficiently and transparently. While nonbinding, the appendix is intended to support**
35 **internal planning and execution should the House adopt this resolution.**

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1 **Resolved**, that the American Dental Association establish a standing committee titled the **Committee on**
2 **Brand Integrity, the Profession’s Reputation, and Public Trust**, charged with reviewing all ADA-
3 controlled materials, including CE advertising, vendor promotions, dentist-facing editorial content, and
4 other internal or external communications that carry the ADA name or appear on ADA platforms; and be it
5 further

6 **Resolved**, that the **Committee on Brand Integrity, the Profession’s Reputation, and Public Trust**
7 shall have the authority to review all **non-scientific** material published by the ADA or its affiliated entities,
8 including but not limited to ADA News, *JADA* opinion content and guest editorials, Morning Huddle
9 articles, social media posts, digital campaigns, and member-facing communications, to ensure
10 consistency with House-adopted policy, ADA ethical standards, and member values; and be it further

11 **Resolved**, that the **Committee on Brand Integrity, the Profession’s Reputation, and Public Trust**
12 shall monitor reputational risk arising from third-party communications, vendor affiliations, public media, or
13 misinformation and shall recommend timely corrective responses, clarifications, or strategic interventions
14 to preserve ADA credibility and the reputation of the profession of dentistry; and be it further

15 **Resolved**, that the **Committee on Brand Integrity, the Profession’s Reputation, and Public Trust**
16 shall be empowered to evaluate CE promotions for alignment with ADA Continuing Education
17 Recognition Program (CERP) standards and ADA policy, including those involving high-risk procedures
18 such as sedation or specialty-level training, and shall recommend immediate removal or revision of any
19 advertisements or content that violate established ADA criteria; and be it further

20 **Resolved**, that Chapter X of the ADA Bylaws be amended to add the **Committee on Brand Integrity,**
21 **the Profession’s Reputation, and Public Trust** as a standing committee, with duties and structure as
22 outlined below.

23 **Underline indicates addition; strike out indicates deletion.**

24 **Amend Chapter X. COMMITTEES, Section B. STANDING COMMITTEES, by inserting a new**
25 **subsection as follows:**

26 **Section B. . Committee on Brand Integrity, the Profession’s Reputation, and Public Trust**

27 **The Committee on Brand Integrity, the Profession’s Reputation, and Public Trust shall:**

28 **a. Review ADA-controlled content including CE advertisements, vendor promotions, editorials,**
29 **and dentist-facing communications to ensure compliance with ADA policy, ethics, and**
30 **reputational standards;**

31 **b. Monitor public narratives and third-party communications that may impact the credibility of the**
32 **ADA or the profession of dentistry;**

33 **c. Recommend timely responses or clarifications when misinformation or reputational threats**
34 **arise;**

35 **d. Operate primarily through virtual meetings and collaborative tools to reduce cost and increase**
36 **accessibility;**

37 **e. Provide an annual report to the House of Delegates summarizing its findings,**
38 **recommendations, and actions taken;**

39 **f. Include seven member dentists with relevant expertise in communications, continuing**
40 **education, editorial oversight, ethics, or risk management, appointed in accordance with**
41 **Governance Manual procedures.**

1 **Appendix: Implementation White Paper**

2 **Committee on Brand Integrity, the Profession’s Reputation, and Public Trust**

4 **Purpose and Scope**

5 This appendix outlines the implementation strategy for the Committee on Brand Integrity, the
6 Profession’s Reputation, and Public Trust.

7 It addresses cost, structure, appointment process, meeting operations, oversight procedures, and
8 benchmarking against peer organizations in healthcare and business.

10 **Cost Management**

- 11 • The committee shall operate primarily via Zoom or other virtual platforms.
 - 12 • No physical office space, staff travel, or in-person meetings are anticipated.
 - 13 • Administrative and coordination support may be provided by existing ADA
14 communications, public affairs, or governance staff.
 - 15 • Based on comparable committee structures, a budget allocation not to exceed **\$50,000**
16 **annually** is estimated, subject to Board review.
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18 **Membership and Expertise**

- 19 • The committee shall consist of **seven ADA member dentists**, appointed in accordance
20 with the ADA Governance Manual.
- 21 • Terms shall be staggered and last three years each.
- 22 • Appointees should possess experience in one or more of the following:
 - 23 • Dental communications or media oversight
 - 24 • Continuing education regulation (e.g., CERP familiarity)
 - 25 • Ethics or professionalism in healthcare
 - 26 • Public relations or brand risk assessment
 - 27 • Editorial governance or clinical messaging
- 28 • Members must be in good standing with the Association and uphold ADA ethical
29 standards.

1 Meeting Schedule and Operations

- 2 • The committee shall convene **monthly** via virtual meeting, with emergency sessions
3 permitted as needed.
 - 4 • Internal working groups may be established to review:
 - 5 • CE advertisements and promotions
 - 6 • Member-facing editorial and commentary content
 - 7 • Social media and digital brand messaging
 - 8 • Third-party reputational risk items
 - 9 • Minutes and internal summaries will be documented and shared with the Board and staff
10 liaisons.
 - 11 • The committee shall prepare and submit an **annual report** to the House of Delegates.
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13 Review Authority and Procedures

- 14 • The committee shall review all **non-scientific** ADA-controlled materials that carry
15 reputational impact, including:
 - 16 • CE promotions and vendor advertisements
 - 17 • Dentist-facing content such as opinion articles, newsletters, and *JADA* guest editorials
 - 18 • ADA social media content and digital brand initiatives
 - 19 • Scientific research (peer-reviewed), clinical practice guidelines, and content governed by
20 existing editorial boards are **excluded**.
 - 21 • Review items may be flagged by:
 - 22 • Committee members
 - 23 • The Board of Trustees
 - 24 • ADA councils or editorial staff
 - 25 • Delegates or component societies
 - 26 • Outcomes may include:
 - 27 • Recommendations for removal, correction, or clarification
 - 28 • Formal responses to public misinformation
 - 29 • Strategic content guidance aligned with ADA House policy
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31 Benchmarking from Leading Models

32 To ensure credibility and operational rigor, this committee draws inspiration from successful
33 reputation and ethics structures in both nonprofit and corporate sectors:

- 34 • **American Medical Association – Council on Ethical and Judicial Affairs (CEJA)** and
35 Editorial Oversight Committees
- 36 • **Mayo Clinic – Center for Social Media**

- 1 • **Johnson & Johnson – Office of Corporate Equity**
2 These bodies are recognized for integrating brand governance with rapid public response,
3 transparent oversight, and internal ethical review.
4 The ADA committee may consult external PR or ethics experts during times of high-
5 stakes reputational risk.

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7 **Sample Rollout Timeline**

- 8 • **Months 1–2:** Board of Trustees appoints members, finalizes charter, and establishes
9 committee operations
- 10 • **Month 3:** First meeting held; content backlog or high-priority items identified
- 11 • **Months 4–6:** Review processes piloted; initial recommendations issued
- 12 • **Months 6–12:** Optional launch of a “Science vs. Misinformation” public resource site
- 13 • **Month 12:** Committee submits first annual report to the House of Delegates

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15 **Final Statement**

16 This standing committee is designed to reinforce the ADA’s credibility, protect its reputation,
17 and respond to public and member concerns with transparency and professionalism.
18 It fills a structural gap between communications, ethics, and policy enforcement—without
19 duplicating existing councils or interfering with scientific independence.
20 Built on principles from respected nonprofit and Fortune 500 governance models, this
21 implementation strategy ensures long-term viability, cost efficiency, and public trust in
22 organized dentistry.

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