



**Eighth District
DENTAL SOCIETY**

**VOLUME 62
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www.8ddsnys.org

bulletin

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MEET THE TEAM

Volume 62, No 1, Spring 2026

8th DISTRICT BULLETIN



American Association of Dental Editors & Journalists



American Association of Dental Editors & Journalists

Eighth District Dental Society
of the State of New York

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The Eighth District Dental Society is organized for the purpose of encouraging improvement of the health of the public, to promote the art and science of dentistry, and to represent the interests of the members of the profession and the public which it serves.

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FROM THE EDITOR



Recently, I was out to dinner with a few friends and the subject of how satisfied we were with our career choices came up. The discussion ran the gamut from extremely satisfied to "I wish I had just pursued this" and that person would name whatever field they regretted not pursuing. I was definitely not in that last group. I identified with those who were extremely satisfied with their career choice. I wanted to be a dentist since I was junior in high school. As a senior, I dated a girl who was undergoing orthodontic treatment. That sparked my interest in orthodontics. So, I set my sights on dental school when I attended college and took all the relevant courses to allow me to apply to dental school. I applied to about ten dental schools and was lucky to be accepted to my first choice, the UB School of Dentistry. The name changed to the UB School of Dental Medicine after I graduated in 1978.

As we all know, dental school is a challenge. I learned there were many aspects of dentistry that intrigued me, and I began to question whether or not to pursue orthodontics as a specialty. One summer while in dental school, I had the opportunity to work in a dental lab. The owner asked me what I wanted to do after I graduated. I told him I was thinking about specializing in orthodontics, but I was having second thoughts because so many other aspects of dentistry intrigued me. I told him I might work as a general dentist and then pursue orthodontics at a later time. He gave me some very sage advice. He said of all the dentists he knew and dealt with, the happiest seemed to be the specialists who studied their specialty immediately after dental school. The ones who were not as satisfied were the ones who never pursued their specialty because they couldn't leave their practices to study for the specialty. I took his advice and went to the University of Connecticut to study orthodontics.

I taught at UCONN for three years after graduating from the program, and then practiced in an ortho-pedo group for three years. As things sometimes go, that didn't work out, and I returned to Buffalo and began to work with Dr. Gerry Gugino in his orthodontic practice. We became partners and then I bought Gerry out and the practice was mine. I enjoyed the management side of dentistry, but loved treating the patients, interacting with them and watching how making beautiful smiles changed those patients during treatment. That is what initially attracted me to orthodontics back in high school. I watched as my girlfriend's personality changed as her teeth became straighter and her smile more beautiful. I thought what a tremendous thing to be able to do. I continue to see that type of transformation every day. I see the changes occurring and how the patients respond to those changes.

My career in orthodontics has been incredible. I have had the highest highs and the lowest lows. I have experienced so many things because of dentistry which I would not have experienced. I look forward to going to work every day. It's what keeps me sane. Of course, not all days are nirvana, but the good ones far outweigh the bad ones. I love interacting with the patients, parents, and staff. I collaborate with tremendous people, and they all also help keep me sane.

Continued on Page 5

One day while I was in dental school, I was working at a summer job, and someone asked me what I was studying. I told him I was in dental school, studying to be a dentist. He said to me, "Don't take this personally, but I hate dentists." I did not take it personally. I realized he just didn't know the pleasure and fulfillment there is in dentistry, how you can change peoples' lives through your treatments and caring.

When I am in the office treating patients, I am happy and content. I love to joke with the patients and the staff. I like to tell jokes to keep the atmosphere positive. Of course, I do get the typical eyeroll response when I tell one of my "dad jokes", but I expect it and love it. Because I know I have been able to bring a smile to someone's face, if just for a little while. My career in dentistry has given me that, satisfaction in helping people improve their lives.

I have spoken to many of my friends about this, and most seem to agree dentistry is a terrific profession which offers many intangible rewards. Some weren't as enamored with their choice of career as I have been, but that is to be expected. Not everyone is happy with their ultimate career choice in any profession. That is the human condition. This is one reason why a career choice deserves very careful consideration. I knew what I wanted to do as my life's work back in high school. That doesn't mean I didn't consider other professions along the way. However, dentistry kept calling me, particularly orthodontics.

I now practice with a wonderful group of orthodontists. I look forward to work every day. It keeps my mind active and me out in society. This has been particularly important following the death of my beloved wife in September 2024. If I didn't have my work keeping me occupied, I don't know where I would be today. People ask me when I will retire. I always tell them, not until I can't do what I do now competently. I tell them I will be the orthodontist who will die at chairside, which, for the patient will probably be pretty traumatic, but, at that point, what do I care. It will mean I was able to finish my life doing what I love doing. It really doesn't get any better than that!

Dentistry is an impressive career. Of course, it's not for everyone, but for those who have the fortitude to pursue it, it is a very rewarding one.

Best Wishes,

Dr. Kevin Hanley

Disclaimer: The views expressed here are the author's own and do not necessarily represent the views of the Eighth District Dental Society.



Attention New Dentists! If you or someone you know in the dental field is a new dentist (working 10 years or less) and would like to be featured in our NEW DENTIST SPOTLIGHT in our quarterly Bulletin, please reach out to us! It's a great way to gain exposure and have other members learn about you and your accomplishments to date. Interested dentists can email admin@8ddsny.org.

FROM THE PRESIDENT



Colleagues and Friends,

Hello, 2026! What a great honor it is to assume the role of President of the Eighth District Dental Society! Congrats to Dr. Rumfola on a job well done last year. I am a 1985 graduate of UB and a GPR at Buffalo General Hospital in 1986. I have been in private practice for the last 40 years and currently work 3.5 days a week in Orchard Park, where I live with my wife Debbie.

In addition, I am a clinical associate professor at UB Dental School in the Department of Restorative Dentistry. I am a proud member of the UB Dental Alumni Association and was past president in 2000. I have served on various committees and councils within the Eighth District over the years. Currently, I am on the NYSDA Council on Governmental Affairs, and I am both a NYSDA and ADA Delegate. I look forward to working with President-Elect Dr. Jennifer Frustino, Vice President Dr. Liz Kapral, Secretary Dr. Nicole Hinchy, as well as immediate Past President Dr. Joe Rumfola. We are excited to serve the membership of the Eighth District.

It is my great pleasure to work with Dr. John Craig, our Executive Director, along with Dana and Kari on his team. What a tremendous job they all do running the day-to-day operations of our Society. We are truly blessed to have such a great team.

This year, our leadership council will continue to work on the water fluoridation issue, as well as the workforce issues. We do this through Advocacy, which is an important function of the ADA, NYSDA, and the Eighth District, working with our elected officials. We also will continue to expand our CE programs as we partner with UB to bring quality CE to our membership. I am pleased to announce the return of the Chataqua Dental Conference this year, which will take place on June 18-19th and promises to be an outstanding event.

Membership is a privilege and members are the life blood of any organization, and it is no different with the Eighth District. We value our membership as we look for ways to provide member benefits. I encourage our members to get involved; take advantage of the benefits we have and offer suggestions on how we can improve. Support the Eighth District Dental Foundation as they provide services for our community. I would like to encourage our members to bring new members to the organization to help us grow. Every organization needs a transfusion of younger members to keep it fresh and up to date.

Finally, I am humbled to be the President of an organization that has had so many great people come before me. So many great leaders that have given themselves to this organization for the betterment of all. So many to thank for being not only my friend, but my mentor as well. I look forward to a great year and moving our organization forward.

Cheers to a great year!

Dr. Michael Ehlers
President



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EXECUTIVE DIRECTOR'S REPORT



Welcome to another year in organized dentistry here in WNY. There are many things to be thankful for in the coming year, but I believe the most important one is unity and collegiality in our membership. I have seen countless efforts of support around so many issues and uncertainties, but people help each other. As we roll into a new year, that brings new leadership. Our new President is Dr. Michael D. Ehlers, who has practiced for 40 years and brings with him many fresh perspectives on membership, governance and continuing education impact. My staff and I are looking forward to a productive year in the 8th District under Dr. Ehler's vision for our community. Joining him are Dr. Jennifer Frustino, President-Elect, Dr. Elizabeth Kapral, Vice-President, Treasurer, Dr. Joseph Modica, and our newly appointed Secretary, Dr. Nicole Hinchy. This will be the final year of Dr. Modica's 5-year appointment as Treasurer, so our

society will be seeking a new officer to take the helm of our financial future. We thank them all for their service to the members.

There are updates to share with you, so I want to make sure all members know the details. This bulletin is now all digital. We will not be printing and mailing out the quarterly publication in 2026. Most publications in the tripartite are moving or have already moved in this direction. The costs to print, mail and perhaps limit content are not a concern when digital formats are used. In most cases, it's done as cost savings measure. The link to website page for access is [8th District Bulletin](#).

Secondly, the membership directory has been digital for the last two years and has been updated for 2026 and is available at our website. Here is the link to the page <https://www.8ddsn.org/member-center/member-profile>. You will have logged into the portal to access the directory. You can also download the PDF document for access without the process of going online to look up a member. However, please do not share the document with anyone outside of the membership. It is considered privileged information for members only.

On June 18-19 this year, we will be hosting the former Chautauqua Dental Congress with support from Dr. Sebastian Ciansio's wife, Marilyn, to use his name as part of our program. The dental meeting was not held last year, as the UBSDM Office of Continuing Education coordinated the event. We have decided to try and bring the event back and have partnered with the NYS Dental Hygienists Association to increase our enrollment potential. Most members recognize it is harder each year to attract professionals to in-person CE. We're hoping this program will entice people to attend and bring their staff. It will be held at the Harbor Hotel on Chautauqua Lake. More details will be shared in the Weekly Update and registration will begin in March.

The ADA is also beginning to release new Career Pathway resources for use by state and local societies. A resolution created by the Erie County Dental Society and carried forward by the 8th District to the state and national HOD and passed was able to allocate \$300K for the creation of new digital content. Resources can be found at the ADA website at [Career Pathways | American Dental Association](#).

We are also working to create a Dental Career Pathway Digital Toolkit for holding virtual sessions with schools and community groups to engage young people in learning more about the possible careers in dentistry across a wider spectrum of support. Dr. Kathryn Pawlak and I are members of the ADA Workforce Ambassador Committee, and we are lone representatives from NY.

As always, if you have a question, concern, or an issue to resolve we can help. We are here to assist you and your staff. Contact me at jcraig@8ddsn.org or call 716-995-6300. Have a great year!



Dental Advertising Can Be Risky Business

January 2026

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The dental marketplace in New York State is increasingly competitive, with many practices relying on websites, social media, and third-party marketing vendors to attract patients. While advertising can be an effective growth strategy, it also presents significant professional, statutory, and regulatory risks. Dentists in New York have a non-delegable duty to ensure compliant content in their advertising, including material published by marketing companies, website developers, and social media managers.

Professional Liability Risk: Words Can Hurt You

Statements made in advertisements, websites, and social media posts may be used by plaintiffs to establish an elevated standard of care. Superlative claims such as “*the highest quality dentistry*,” “*superior outcomes*,” or “*expert-level care*” may be construed as violating NYS Education Law and/or alleged to create enforceable expectations. If outcomes do not meet these claims, such statements may be cited in malpractice litigation or disciplinary proceedings.

Contractual Liability Risk: Guarantees and Warranties

Advertising language may also give rise to contractual or warranty-based claims. Allegations that advertising created a guarantee or promise of results may fall outside professional liability insurance coverage. Dentists should avoid language implying certainty of outcome and use clear disclaimers stating that results are not guaranteed.

Statutory and Regulatory Advertising Risks

Federal Trade Commission Act (15 U.S.C. § 45): The FTC regulates advertising across websites, search engine marketing, social media, print, and video platforms. Advertisements must not contain false or misleading statements, omit material facts, or make claims that cannot be substantiated.

New York Education Law § 6530(27): Dentist advertising may constitute professional misconduct if it is false, deceptive, misleading, sensational, guarantees services, uses testimonials, or includes claims that cannot be substantiated.

New York General Business Law §§ 349 and 350: These statutes prohibit deceptive acts and false advertising. Violations may result in enforcement actions by the New York State Attorney General, civil penalties, and use as evidence in malpractice litigation.

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Dental Advertising Can Be Risky Business

January 2026

HIPAA and New York Privacy Laws

The use of patient photographs, testimonials, or online reviews without valid written authorization may violate HIPAA and New York Public Health Law Article 27-F. Responding to online reviews, even positive ones, may improperly disclose protected health information. Dentists should adopt policies prohibiting individualized responses to patient reviews.

Best Practices for Compliance

- Review all advertising content prior to publication
- Avoid superlative or comparative claims
- Substantiate any factual claims with objective data
- Use disclaimers stating no guarantee of results
- Obtain written HIPAA-compliant authorizations for images or testimonials
- Train staff and marketing vendors on NYS compliance requirements
- Maintain records of all advertising materials along with publication dates and locations

Conclusion

Advertising offers substantial benefits but also carries legal risk. Dentists should ensure that all advertising complies with federal and New York law and does not unintentionally elevate the standard of care or create contractual liability. Periodic legal review of marketing materials is a best practice to mitigate exposure.

Feldman Kieffer, LLP has been representing dentists throughout New York and providing legal counsel on risk management questions and defending professional misconduct actions for over thirty years. Feel free to contact us at (716) 852-5875 with any questions.

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2025 BUFFALO BILLS COMMUNITY QB

Eighth District member Dr. Mark Mahaney was celebrated as the 2025 Buffalo Bills Community Quarterback, which recognizes a volunteer who exemplifies leadership, dedication, and commitment to giving back to the Western New York Community. Dr. Mahaney was nominated for his service as Good Neighbors Dental's Wednesday morning volunteer dental provider. We are so fortunate to have an incredible team of providers, but Dr. Mahaney is the only provider across both our Medical and Dental programs that is able to make a weekly commitment, making the drive each Wednesday from Lockport to Downtown Buffalo, rain, sleet, or snow! In 2025, Dr. Mark saw nearly 300 patients, all uninsured or underinsured, to provide 100% free dental care, with the invaluable support of the Eighth District Dental Society and our members.

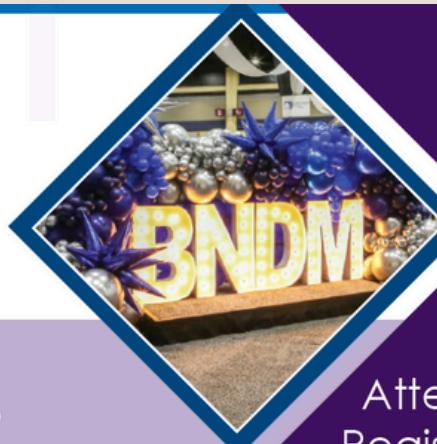
We are honored by Dr. Mahaney's dedication to the Western New York community, and indeed by the generosity of all of our volunteer providers. Support for their mission has made an incredible difference in the lives of thousands of Buffalonians. Should you be interested in getting involved with Good Neighbors Dental in anyway, please reach out to Kailey McDonald at Good Neighbors at 716.856.2400 x219.



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FOUNDATION CORNER

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Established in 1952, the EDDS Foundation has played an important role in the development of programs and services to not only our members, but to students, the community, and those in need to dental care and support. We are embarking on our 74th year of support and we need to continue to utilize this special entity status as we move into the future of organized dentistry.

This past year we instituted a Capital Campaign to increase our ability to support various outreach activities. Last year, the campaign raised close to \$13,000.00 to assist in program and support. We are continuing that effort into 2026 by seeking additional donations for programs and UB student services.

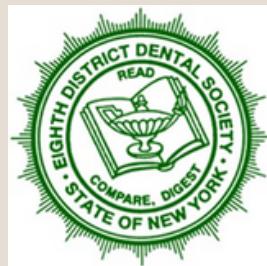
One of longest services of sponsorship has been to Harvest House and the Good Neighbor's Dental Clinic. For the past 15 years, the Foundation has awarded the clinic \$10,000.00 annually to support the services to the community, free of charge. Services are provided by volunteer members, UB students and clinic staff, in which the clinic is now coordinated by Ms. Kailey McDonald. Last year, the clinic provided over \$336K in free services to their patients!

Additionally, former CEO of Harvest House, Carol Murphy, has stepped down and has been replaced by Ms. Brandy Loveland, who was COO. Carol is staying part-time at Harvest House to support grant and fund development. Drs. Patricia Haberman, Mark Mahaney, Joe Craddock, and Nicole Hinchy are just a few of the forefront members who support the clinic. Perhaps you would consider offering a day to volunteer this year?

We hope this new page in the Bulletin, and as part of some Weekly Updates, will help inform the membership on the value of having a Foundation and what that allows our Society and membership to do for others.



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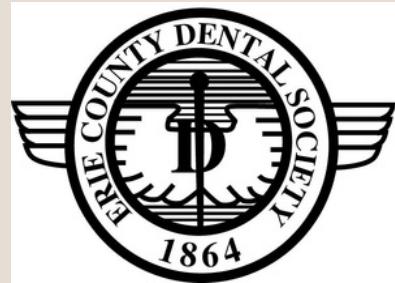
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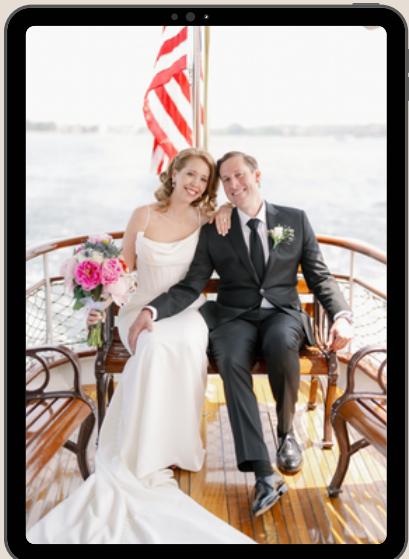
My name is Katherine (Kate) Pauly, and I am very honored and excited to serve as the 2026 Erie County Dental Society President. I am an Endodontist, and in July of 2023, I opened my own practice, Erie Canal Endodontics PLLC, in Williamsville. I absolutely love being an endodontist, and owning my own practice has brought me autonomy and many unexpected joys. I have found that the people of Western New York are exceptionally kind, sincere, humorous, and resilient. I have also found that Western New York is a friendlier area than many other parts of the country! I am originally from the Midwest, Illinois and Wisconsin, and I moved to Buffalo in 2020 to be with my Fiancé, Patrick Whistler. Patrick has MANY family members in the Buffalo area, and we are very happy to be so close to his family. Patrick and I tied the knot in June of 2025, and we are very ecstatic to start our next adventure. We are expecting our first child in April 2026.

Organized dentistry is a way to stay connected to your other fellow dentists, the community, and to your patients. I was involved in organized dentistry in the Midwest as a general dentist and endodontist, and I wanted to continue being active in organized dentistry here in Buffalo. Previous Erie County Dental Society President Dr. Kathleen McMahon-Wahler encouraged me to come to an Erie County Dental Society meeting and I had originally met Kathleen at a "Women in Dentistry" Event hosted by Beth Lopez from Patterson. Encouragement and interactions/events like this help keep dentists connected. I encourage all of those in dentistry to join organized dentistry and to gently nudge their peers to attend some of the ECDS and EDDS events. Being on the board of ECDS for the last three years has helped me stay connected and form new relationships with other dentists in the area. Organized dentistry allows us to have an active voice and work together towards a common goal.

In 2026, Erie County Dental Society is still hosting its annual "Ski Day at Holimont", planning an Erie County Dental Society Bandits game, a second annual social event on The Cotter Fire Boat, a "Rock-Paper-Scissors" tournament, and a BBQ Picnic in August for members and their families. I am wishing everyone a healthy and prosperous 2026. I am incredibly excited for the opportunities and successes this year has in store for us!

Sincerely,

Katherine (Kate) Pauly, DDS, MSD



Dr. Bryan St. Marie

Dr. St. Marie, a Buffalo native, earned his DDS from the University at Buffalo School of Dental Medicine in 2014, followed by an AEGD residency in 2016 and an endodontic residency in 2022.

He has served as both a general dentist and part-time faculty at UB, where his skill and patient-focused care stood out. A member of multiple professional associations, he is committed to delivering exceptional patient experiences. We are confident he will uphold our high standards of care and look forward to you meeting him.



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Closed Claim Summary



Aesthetic Dissatisfaction Alleged: Strong Communication and Documentation Supported Care

By: Elie M. Ferneini, DMD, MD, MHS, MBA, FACS, FACD – Fortress Patient Safety and Risk Management Committee Member

This Closed Claim Summary is based on an actual claim and has been adapted for educational purposes.

In the following Closed Claim Summary, strong examples of communication and documentation supported the defense of a case when a patient chose not to follow the insured's advice. This may help you notice current successes and challenges within your own communication and documentation practices.

A 67-year-old female patient presented to our insured after a three-year hiatus from dental treatment. During the initial exam, dental neglect and previous dental work were noted including severe caries, bone loss on the right side, extractions at #1-6, and an existing bridge at #12-14. Within the first month the patient had four treatment-planning appointments with our insured. During these appointments, our insured focused on patient education and managing expectations. The dentist shared three possible treatment plans and thoroughly documented them in the patient's chart.

During the discussion, our insured recommended the second option and provided numerous reasons for this opinion. While the third option, a three-unit implant-supported bridge, was presented, the insured discouraged this option noting it could lead to aesthetic dissatisfaction due to the likelihood of a slanted dentition. The future aesthetic concern was shared through lengthy explanation, physical comparisons, and illustrations created by the dentist. Despite this, the patient opted to proceed

1. Individual implant crown, #6, (for esthetics). Max partial denture with implant attachment using #4. Patient is missing #13 and has a fixed bridge with custom area for P/ attachment.
2. Max partial using locator attachments for #4 and #6.

STRONGLY RECOMMENDED THIS TREATMENT PLAN FOR THE FOLLOWING REASONS:

- a. Huge HEIGHT DIFFERENTIAL from resultant bone loss on right side. Used flat plane to demonstrate to patient that teeth on her Left were about 8mm tall and the right, (with the bone loss), would be about 15mm tall.
- b. Significantly less expensive
- c. Patient is a constant bruxer and I am concerned that she could torque out implant bridge.
- d. Due to position of bone and subsequent position of implants, I would not be able to make the right side look like the left side.
- e. This treatment results in the most number of posterior teeth for the patient. She would only have bicuspid occlusion with the 3 unit bridge and #13 would still be missing.

3. 3 unit implant supported bridge. NOTE: strongly DISCOURAGED this treatment plan! Told patient that I would only do this treatment plan if she agreed to wear a flat plane occlusal splint every single night for the rest of her life and that I would insist that she sign the chart indicating that she understands the occlusal risks.

with the three-unit implant supported bridge and signed the appropriate informed consent forms and the accompanying illustrations created during the treatment planning appointments.

A periodontist placed 3.5mm diameter implants at #4 and #6 with no complications. The small size of the implants was chosen due to the lack of adequate remaining bone in the buccal-lingual plane. After an appropriate period of healing, our insured completed the implant-supported bridge at #4-6. The patient had three more visits over the next two months. At the try-in, the insured documented in the chart that she was "ecstatic" about the outcome. The next day she called to complain to the insured's office after her friends told her the bridge looked terrible due to the slanted dentition. Our insured reminded her of their previous discussions and her positive feelings at the try-in. One week later the patient came in for a follow-up appointment and the insured listened while the patient explained the specifics of her dissatisfaction.

Closed Claim Summary



Aesthetic Dissatisfaction Alleged: Strong Communication and Documentation Supported Care

The insured offered adjustments and explained the logistics of implant placement. The insured made minor adjustments to #6 and recontoured a third of the incisal/occlusal of #5 and 6. The insured also offered to adjust #14 to help with the occlusion, but the patient refused stating the insured had not worked on that side and, therefore, the left side could not be the problem. The patient returned to the periodontist who placed the implants and shared their positive assessment of the bridge and associated work. At the third appointment post-bridge with our insured, the patient refused any adjustments and would not lie back in the treatment chair. She complained about poor aesthetics and a painful bite. Progressively, the patient became more upset and threatened to get a second opinion and a lawyer. Five weeks later, the patient filed a lawsuit alleging improper restorative work and poor aesthetic outcome. The patient represented herself and was unable to secure the necessary dental expert to support her claim. Ultimately, the judge dismissed the small claim lawsuit.

This Closed Claim Summary is an excellent example of thorough communication and documentation. The insured saw the patient for multiple consultation appointments, explained the treatment options, and was upfront about their concerns with the patient's chosen treatment plan. If this small claim lawsuit had made it further in the legal process, the in-depth chart notes about interactions with the patient would have provided a strong defense to refute the allegations.

Summary

Consistent, thoughtful communication and documentation can help you and your practice in many situations; comprehensive documentation is not just for defense during possible litigation but to help you memorialize the details of the care you provided.

Risk Management Mitigation Strategies

- This claim demonstrated that patient education is an essential part of the treatment process. Varied education modalities (discussion, drawings, additional planning sessions, previous documented patient cases, etc.) help to demonstrate your efforts to communicate with your patient.
- Documenting any patient communication throughout the treatment process and encouraging opinions from other providers help to show your genuine concern and willingness to support your patient and the treatment plan they chose.

Related Risk Resources

Fortress offers downloadable informed consent forms, clinical documents, and patient education materials. Two related resources include: "Crown and Bridge" Informed Consent Form and "Dental Implant" Patient Education.

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INSURANCE

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CHILDREN'S HOLIDAY PARTY



CHILDREN'S HOLIDAY PARTY



EVENTS

FEBRUARY

2nd - Basic Life Support, Society Office, 5-9pm
10th - Executive Council & Foundation Board Meeting, Society Office, 7pm
13th - ECDS Ski Day & CE, Holimont Ski Resort, 8am-4pm

MARCH

3rd - Infection Control, Zoom, 7-9pm
10th - Executive Council Board Meeting, Society Office, 7pm
19th - 20th - NYSDA Lobbying Day, Albany
24th - Erie County Board Meeting, Society Office, 7pm
27th - Dr. Marshall Fagin Spring Lecture, Salvatore's, 8am-4pm

APRIL

14th - Executive Council Board Meeting, Society Office, 7pm
16th - UB Residents "Risk Management" by Fortress, The Saturn Club, 5pm
24th - UB Signing Day 2026, The Steer, 4-6pm

MAY

4th - Basic Life Support, Society Office, 5-9pm
12th - Executive Council & Foundation Board Meeting, Society Office, 7pm
27th - Erie County Board Meeting, Society Office, 7pm

JUNE

1st - William J. Knauf Memorial Golf Outing & CE, Transit Valley CC, 8am-8pm
4th - 6th - NYSDA HOD, Atlantic City, NJ
13th - Shred Day, Society Office, 10am-1pm
18th - 19th - Chatauqua Dental Congress Meeting - Harbor Hotel, Celoron, NY, TBD

JULY

1No Events Scheduled

AUGUST

3rd - Basic Life Support, Society Office, 5-9pm

SEPTEMBER

2nd - Defensive Driving Class, Society Office, 5-9pm
8th - Executive Council & Foundation Board Meeting, Society Office, 7pm
22nd - Erie County Board Meeting, Society Office, 7pm

OCTOBER

13th - Executive Council Meeting, Society Office, 7pm
27th - Erie County Board Meeting, Society Office, 7pm

NOVEMBER

2nd - Basic Life Support, Society Office, 5-9pm
4th - 6th - Buffalo-Niagara Dental Meeting, Convention Center, 8am
10th - Executive Council Appreciation Dinner & Meeting, The Saturn Club, 6pm

DECEMBER

4th - Dr. Richard Fink Memorial CE Seminar, Salvatore's, 8am-4pm
5th - Children's Holiday Party, Transit Valley CC, 10am-12pm

CURRENT STATE OF MEMBERSHIP

The Current State of Membership Association Business across the Country

The changing face of Association Membership nationally is shifting in terms of the types of models and outreach efforts organizations are employing. In many cases, they are breaking down, but they can be repaired. Here's what The Center for Association Leadership (ASAE) is suggesting in a recent publication and what organized dentistry can learn from the group.

We all recognize that our collective membership across the country, state, and even in our local community is slipping. In the past five years, we have lost approximately 240 members (20%). While there are many reasons for this to include: retirement, moving out of the area, death, and non-renewals, the notion that we can continue to perform the same functions and supports will continue to drive interest or at least maintain our current level of support. More recently, I hear people questioning the value-added features of dues payment versus actual tangible benefits. This is common occurrence, and younger audiences are finding it is harder to pay for memberships when they cannot realize the equal or greater value in return.

Here are six facets of engagement that the ASAE recommends associations take greater interest in:

1. Show members the results that matter -create "on demand" interest in milestones and tailor digital communications that support professional growth and accomplishment.
2. Keep Members engaged between Big Moments -share online experiences through information sharing hubs or portals for reflection and collaboration after engagement programs & activities.
3. Move AI from a Pilot Phase to a Practice Mode – while this remains a larger association effort, local groups can effectively implement some ideas that may work based on the national office supports.
4. Build Revenue that does not depend on events – some associations are developing microlearning subscriptions on topics of interest and innovation.
5. Make renewal Effortless – like online subscriptions to Netflix and Apple Music, renewal should be seamless and offer value and less intrusive natures of invoice mailings and emails. Convenience is key and important.
6. Turn Data into a Shared Asset – dashboards, trending data silos, member direct feedback and timely staff engagement can have an influence.

While all these ideas make common sense in many ways, it requires an organization like the ADA, NYSDA and local components to collectively support a common and cohesive process. Many times, over the past 10-15 years there has been a competitive mentality when we all should be pulling from the same rope and in the same direction. The past membership software update, while necessary, was a huge problem at every level of organized dentistry. We need more keen support and vision on what can be possible, not another missed opportunity.

