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Letter to the Editor of JADA Inviting translational consideration of the MIH literacy dilemma

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Letter to the Editor (with Title Page)

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TITLE

Letter to the Editor of JADA:
Inviting translational consideration of the MIH literacy dilemma

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KEY WORDS

Molar hypomineralization, translational science, health literacy, health education, health communication

Letter to the Editor of JADA:

Inviting translational consideration of the MIH literacy dilemma

The recent investigation, '*Global survey of dentists' knowledge, diagnostic confidence, and management of molar incisor hypomineralization*' (Baraka et al; ref 1) is praiseworthy for its strong attention to standardization and social good. We write to applaud all concerned in the preparation and publication of this timely article, recognizing that the literacy dilemma surrounding MIH impacts healthcare professionals, educators and affected families everywhere. All of us agree with the authors' clinically grounded conclusion – essentially, that socially aware, global education is much needed – and respectfully wish to overlay our complementary translational perspective.

Baraka's report adds socially aware icing to the well-baked cake of MIH-awareness surveys. At least 65 reports have detailed substantial MIH-literacy gaps – including knowledge, confidence and training needs – across the dental profession and other stakeholders worldwide [2]. Translationally however, a recurrent limitation has been MIH-centred "tunnel vision", with hypomineralization affecting primary and later-erupting permanent teeth largely neglected [3]. This fragmentation into numerous clinical entities, rather than considering molar hypomineralization (MH) a spectrum disorder, has complicated education and terminological modernization [4]. The literacy needs of non-clinical stakeholders – including scientists, policymakers, industry and the at-risk public – also warrant attention because these groups ultimately shape prevention through research, education, policy reform, product development and advocacy. Additionally, the surveys have overlooked intercommunication needs, despite scientific- and public-friendly dialogue being instrumental to strong education and social good. That these knowledge gaps have persisted for more than two decades suggests traditional, discipline-based approaches to education and training have fallen short.

Given such holistic considerations, a robust solution to this broader educational challenge requires our whole field to work towards adopting a cross-sector, translational approach at worldwide level. The past decade has seen strong progress made by The D3 Group (D3G), a science-informed international network aiming to improve understanding and care of people with MH and chalky teeth. D3G's online educational materials are designed to cohesively serve affected families, the public-health sector, dental and medical practitioners, researchers, educators and self-learners. These resources – currently available only in English – embrace a "translational lingo" that harmoniously links the public square ("chalky

teeth") with diverse clinical settings and precise laboratory science. Serving a preventive mission, the learning portal also explains how MH has been reconceptualized around a modern "MH lifecourse" approach, fine-tuned for early detection and medical-prevention research [5]. Accordingly, it seems wise to follow a translational path towards stronger science, better education and social good. The pressing question is: how do we resolve the "MIH literacy dilemma" and get all parties pulling in the same direction?

We invite stakeholders across this global health matter to collaborate in a translational attack on the broader educational issues raised by Baraka and colleagues. Together, we can seek universal understanding and equitable access to best-practice care for people with MH and chalky teeth, wherever and however they may live.

Sincerely,

Janet Southerland, Morenike Folayan, Vidal Perez, Ben Ganss, Michael Casas, Katia Jedeon, Rami Farah, Robert Schroth

On behalf of The D3 Group

References

1. Baraka M, Sabbagh H, Al-Batayneh O, Fernández-Grisales R, Khan MA, Yousaf MA, Chompu-Inwai P, Kazandag MK, Kuvvetli SS, Arcari S, Caruso S, Al-Rai S, Sennain S, Sugumaran S, Ramlan NA, Subhi Dama MA, Alqadi A, Barry MJ, Fontana M, Moursi A, Taha N. Global survey of dentists' knowledge, diagnostic confidence, and management of molar incisor hypomineralization. J Am Dent Assoc. Published online June 24, 2026. https://pubmed.ncbi.nlm.nih.gov/42340279/

2. The D3 Group. Molar Hypomin Awareness. Accessed September 19, 2026. https://www.thed3group.org/mh-awareness.html

3. The D3 Group. D3G's "MH lifecourse concept" and "D3-chalky teeth lingo." Accessed September 19, 2026. https://www.thed3group.org/molar-hypomin-terminology.html

4. The D3 Group. The Make it happen @D3G Campaign. Accessed September 19, 2026. https://www.thed3group.org/mih-at-d3g

5. Childers NK, Hubbard MJ. Adopting The D3 Group's translational paradigm for molar hypomineralization and chalky teeth. Pediatr Dent. 2024;46(5):302-304. PMID: 39420495. https://pubmed.ncbi.nlm.nih.gov/39420495/