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AMERICAN DENTAL ASSOCIATION
News®
ADA

FEBRUARY 17, 2003

www.ada.org

VOLUME 34, NO. 4

Fluoridation win

California vote will benefit 17 million

BY JOE HOYLE

In a major victory for community water fluoridation, California's largest water agency approved a measure Feb. 11 to add fluoride to the 1.7 billion gallons of water it supplies daily to nearly 17 million people in southern California.

"I'm proud of [our] dentists and our supporters for what we have accomplished," said Dr. Eugene

AT PRESSTIME

Sekiguchi, ADA president-elect, who spoke on behalf of a broad-based coalition of public and private health organizations supporting community water fluoridation attending the Metropolitan Water District of Southern California's monthly board of directors meeting. "This truly was

an uphill fight. Doing what's right prevailed."

The MWD, a consortium of 26 cities and water districts comprising a 5,200 square mile service area, said it will take about 30 months to raise fluoride levels in source waters from the Colorado River and northern California to optimal levels at an initial cost of \$5 million. The California Dental Association Foundation, in

cooperation with a statewide fluoridation task force, has offered to pay for construction and installation of fluoridation equipment at district treatment plants, the MWD said.

"Fluoridation is a community health measure that benefits children and adults," ADA President T. Howard Jones said. "Simply by drinking optimally fluoridated water, See *FLUORIDATION*, page 10

BRIEFS

Income survey: The latest report on dentists' incomes is now available from the ADA Survey Center's 2001 Survey of Dental Practice.



Income from the Private Practice of Dentistry reports dentists' gross billings and practice expenses, as well as regional income statistics.

Survey findings show general practitioners' income up 5.3 percent from 1999 to 2000 and specialists' income up 8.6 percent.

The report can be ordered directly from the ADA Survey Center by calling toll-free, Ext. 2568. Or, call 1-312-440-2568.

The cost is \$50 for ADA members, \$75 for nonmembers and \$150 for commercial firms.

AAOMS in Toronto:

The American Association of Oral and Maxillofacial Surgeons will host its 85th annual meeting Sept. 10-13 in Toronto.

Held in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons' 50th annual meeting, the schedule includes 13 symposia, over 100 surgical and practice-management sessions, abstract and poster sessions, programs for OMS staff and a product exhibition. For more information, call 1-800-822-6637 or visit "www.aaoms.org". ■

INSIDE



Presidents-elect

News from conference. Story, page 20.

Gaining Ground

Membership numbers up

Leaders credit grassroots initiative, responsiveness for major boost in 2002

BY JAMES BERRY

The Association gained nearly 4,000 active licensed member dentists last year—a clear sign, say ADA officials, that a grassroots membership initiative launched in March is getting results. The gains also suggest that increasing numbers of dentists are pleased by what they see taking place at a revitalized ADA.

The number of active licensed ADA members rose from 117,278 at year-end 2001 to 121,106 by the end of 2002, a one-year increase of 3,828 active, dues-paying members.

The figures are contained in a just-released National Recruitment and Retention Report for year-end 2002, prepared by the Division of Membership and Dental Society Services.

"We are making progress and gaining ground," ADA President T. Howard Jones said in response to what he called "the very good,

'We will succeed,' says Council Chair Brattesani, page 18

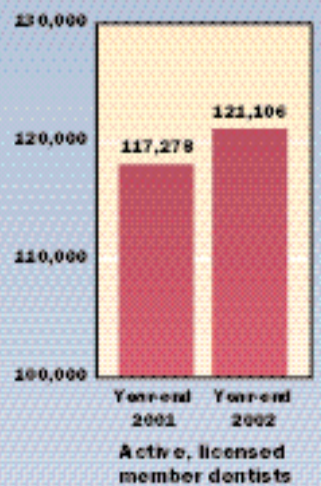
encouraging news" in this latest report on ADA membership.

Association officials credit the Tripartite Grassroots Membership Initiative as well as a multifaceted campaign to boost Association responsiveness for recent gains.

Launched officially at the ADA's annual Membership Recruitment and Retention Conference in March 2002, the Grassroots Membership Initiative involves all levels of the tripartite—national, state and local dental organizations—as well as the American Student Dental Association. The Board of Trustees and House of Delegates approved the plan in late 2001.

Strength in numbers

The ADA gained 3,828 active, licensed member dentists in 2002.



Source: ADA Department of Membership Information

"With the Association providing resources and training, the state and local dental societies have responded by establishing their See *NUMBERS*, page 19

Give Kids a Smile Could top one million treated free

BY KAREN FOX

As many as one million underprivileged children will receive free dental care in dental offices and clinics across the country on Feb. 21, marking the inaugural celebration of Give Kids a Smile.

At press time, more than 4,350 programs were signed up to participate in nationwide activities. Dental industry sponsors distributed the donated supplies earlier this month. A look at the facts of GKAS shows that:

- 41 clinics across the country received free supplies from Sullivan-Schein Dental, the exclusive distributor of professional products for Give Kids a Smile. Each clinic plans to treat 200 to 300 children on Feb. 21. Also, 43 Sullivan-Schein vendors donated professional products to Give Kids a Smile.

See *SMILE*, page 22

Historic honor: Dr. Rafael L. Bowen, distinguished scientist and director emeritus of the ADA Foundation's Paffenbarger Research Center, receives the Alpha Omega 2002 Achievement Medal during a special presentation Dec. 30 in Washington. Dr. Bowen's inventions, including tooth-colored dental composite restorative material, have resulted in more than 20 patents to the ADA Foundation. He is co-author of more than 200 scientific publications and recipient of many dental research awards.



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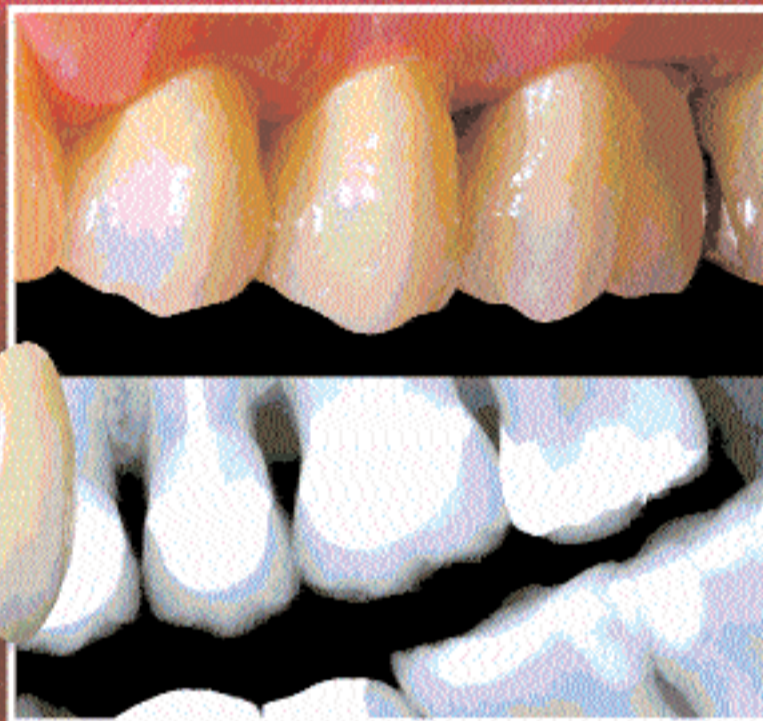
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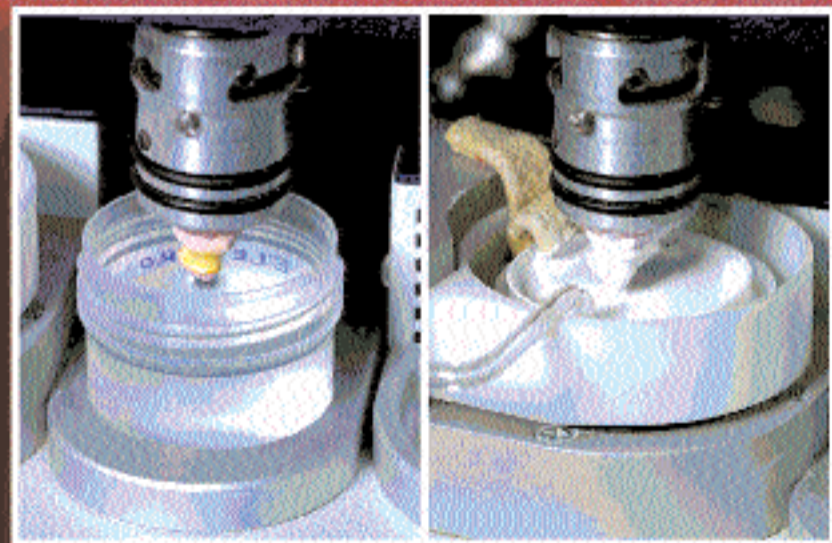
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Government

Infection control procedures

CDC drafts revised guidelines for dentistry

BY CRAIG PALMER

Atlanta—The Centers for Disease Control and Prevention Feb. 7 announced the first major revision since 1993 of CDC-recommended infection control procedures for dentistry.

"The guideline has been developed for practitioners who provide care for patients and who are responsible for monitoring and preventing infections and occupational health and safety in dental healthcare settings," the CDC said in

announcing the proposed changes. The draft-recommended infection control practices for dentistry are intended to replace 1993 recommendations covering all aspects of infection control procedures in dentistry.

The announcement did not include the draft recommendations but said they are posted at ("www.cdc.gov/OralHealth/infection_control/guidelines/comments.htm").

The new recommendations, in two parts, will consolidate current recommendations for the prevention and control of infectious diseases and management of occupational health and safety issues. They are issued as draft recommendations for public comment through March 17.

The American Dental Association will review and comment on the proposed guidelines. The ADA Council on Scientific Affairs has appointed a subcommittee to review the document and relevant ADA policies. "There definitely will be a response," said Dr. Daniel Meyer, associate executive director, ADA Division of Science.

The draft includes a review of the scientific data regarding dental infection control issues and consensus evidence-based recommendations by the CDC Division of Oral Health, other CDC agencies and a national panel of dental infection control experts.

Recommendations will cover employee health programs, personal protective equipment and procedures, preventing exposures to bloodborne pathogens, hand hygiene, sterilization or disinfection of patient-care items, the office environment, dental unit waterlines and water quality, special dental equipment and procedures and program evaluation, the CDC said.

The draft revisions of current guidelines were announced in the Federal Register ("edocket.access.gpo.gov/2003/03-3026.htm"), official record of government regulatory activity.

Comments on the draft recommendations will be accepted in writing through March 17 at CDC addresses cited in the announcement. ■

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Fluoridation

Continued from page one

members of a community benefit, regardless of income, education or ethnicity—not just those with access to dental care."

Approximately two-thirds of Americans who get their water from public water systems receive optimally fluoridated water, according to a report released in February 2002 by the U.S. Centers for Disease Control and Prevention.

"The council hopes this victory will encourage other communities which do not enjoy the benefits of water fluoridation to consider taking action," said Dr. Michael D. Cerveris, chair, ADA Council on Access, Prevention and Interprofessional Relations. "CAPIR has developed numerous resources to assist dentists and dental societies in fluoridation efforts."

For more information on fluoride and fluoridation, log on to the ADA Web site at "www.ada.org/goto/fluoride".

Information on community water fluoridation campaigns and ADA resources is available by contacting Nicole Stoufflet, CAPIR, at "stouffletn@ada.org". Or, call the ADA toll-free, Ext. 2858. ■

Thalidomide

NIDCR to study topical formula for oral lesions in HIV patients

BY CRAIG PALMER

Bethesda, Md.—Government and private sector scientists soon will launch a multi-site clinical trial testing the effectiveness of thalidomide in treating oral lesions of HIV-AIDS patients, the National Institute of Dental and Craniofacial Research announced Feb. 4.

“Clinical studies have established that thalidomide, when taken orally, is effective in treating aphthous ulcers in AIDS patients,” said the dental research institute, one of the National Institutes of Health. “However, because orally administered thalidomide accumulates in the bloodstream and causes unwanted side effects elsewhere in the body, patients often have difficulty tolerating the drug over time.”

The drug gained international notoriety in the late 1950s-1960s for the wave of “thalidomide babies” born with severe deformities to women who used it during pregnancy as a treatment for morning sickness.

However, interest in the drug’s therapeutic potential “never completely vanished” after its

Government

early ‘60s removal from the market, and scientists have reported its effectiveness in treating infectious diseases and inflammatory and autoimmune disorders. (A background briefing on thalidomide is available on the American

Medical Association Web site: go to “www.ama-assn.org/special/hiv/newsline/briefing/thalido.htm”.)

The National Institutes of Health and the Food and Drug Administration, which once dragged its regulatory heels in approving thalidomide’s use in the United States, are among U.S. government health agencies showing renewed interest in “the drug that wouldn’t go away.”

The Bush administration announced the NIDCR research initiative in budget documents submitted to Congress with the president’s spending requests for fiscal year 2004.

“NIDCR scientists and collaborators will soon launch a multi-site clinical trial to test the effectiveness of a topically applied formulation of the drug,” said NIH budget documents. “The researchers predict that the topical

thalidomide, when applied in a dosage of 20 milligrams, will effectively heal and reduce the pain associated with aphthous ulcers, without causing the side effects of a systemic dose of the drug.”

The NIDCR said topical thalidomide research is one of several research initiatives to be funded under the administration’s proposed budget.

President Bush asked Congress to approve a \$382.4 million budget for the NIDCR for 2004, a \$13 million increase over the amount the administration requested for the current fiscal year. (See story, page 10.) Congress has not yet approved a current-year budget for the National Institutes of Health.

The NIDCR is the only oral health research agency among the 27 biomedical research institutes and agencies comprising the NIH. ■

Correctional health group issues call for abstracts

Do you have innovative developments, treatment practices and case studies in the field of correctional health care that you’d like to share with others at the National Conference on Correctional Health Care in Austin, Texas, in October?

If so, you need to hurry. The deadline for submitting abstracts is March 3.

Abstract proposals should be submitted for consideration in one area of interest, including dental health care, infectious diseases, juvenile health care, legal and ethical issues, medical issues, nursing issues, research and development or other topics.

For more details on the selection process and requirements for speakers or poster presenters, or for more information on the meeting, call Deborah Ross, director of meetings, at 1-773-880-1460, go to “www.ncchc.org” or e-mail “deborahr@ncchc.org”. ■

Dr. Polverini new Michigan dental dean

Ann Arbor, Mich.—The University of Michigan Jan. 17 named Dr. Peter Polverini dean of its School of Dentistry.

The former chair of Michigan’s Department of Oral Medicine, Pathology and Oncology, Dr. Polverini returns to Michigan from the University of Minnesota School of Dentistry, where he currently serves as dean. His tenure at Michigan begins July 1. ■

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Mass disaster training

BY ARLENE FURLONG

"Our nation's response to terrorism needs much greater attention."

That's Dr. Morlang's assessment. And when the forensic odontologist and consultant at the Armed Forces Institute of Pathology says, "times are changing," he doesn't mean for the better.

"We lived in a very comfortable climate in this country for many years," says Dr. Morlang. "But that has changed—here in the U.S., and all over the world."

Such sentiments are behind the ADA's "2003 Dental Mass Disaster Training and Workshop," scheduled for July 18-19 at ADA Headquarters in Chicago.

Sponsored by the Council on Dental Practice and presented by Dr. Morlang, a disaster management consultant, the aim of the program is to train dental response personnel in basic techniques to identify mass disaster victims.

"Identifying and returning loved ones to their families is paramount in helping living relatives to get on with their lives," says Dr. Morlang. "Without a death certificate, it can be

very difficult for families to get their legal affairs in order to get through the grieving process."

The 2003 conference will incorporate lessons learned after the Sept. 11 tragedies, he says, including the WinID com-



Dr. Morlang: "Times are changing."

puter-assisted identification program used at Dover Air Force Base in Washington, D.C., and most importantly—team effort.

"Everything we saw in 2001 accentuated the importance of working together, hanging political agendas at the door," he says.

The first of the two-day program is an all-day seminar focusing on topics including:

- disaster assistance;
- disaster site management;
- disaster management;
- forensic identification center organization;
- general medical considerations;

• forensic dentistry considerations.

Day two will feature a mock disaster workshop and critique.

A registration packet, including information on lodging and travel, will be sent to members this spring.

Look for online registration soon at ADA.org.

For further information, or to be placed on the mailing list for a registration packet, contact the ADA Council on Dental Practice, toll-free, Ext. 2895. Or, e-mail Laretta Allen at "allenl@ada.org". ■

ADA action on anesthesia guidelines

The House of Delegates-approved revisions to the ADA anesthesia guidelines have generated a considerable response from dentists who use oral conscious sedation.

To determine what, if any, further steps should be taken to address members' concerns, the Council on Dental Education and Licensure's Committee on Anesthesiology met via conference call Feb. 4 and discussed several options.

Due to the depth of the issues, an in-person meeting has been proposed—pending approval at the Council on Dental Education and Licensure's and Board of Trustees' meetings in April.

Any action taken on the anesthesia guidelines will be circulated to the communities of interest for comment and reported on in the ADA News prior to being considered by the House of Delegates. Members will have an opportunity to provide additional feedback at that time.

In addition, the ADA News will publish an article to clarify the intent of the anesthesia guidelines in a future issue. ■

Correction

The correct e-mail address for the Pierre Fauchard Academy Foundation is "fpfa2@aol.com".

Any group or individual seeking funds for volunteer projects that provide dental care for underserved patients or dental school scholarships for students in need are encouraged to apply for Pierre Fauchard Academy Foundation grants.

Contact Dr. Shig Kishi at the address above. ■

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Presidents-elect committed to addressing dental issues

Dr. Sekiguchi welcomes state society leaders to annual conference

By Karen Fox

Drawing on the tripartite's strength as a collaborative unit, ADA President-Elect Eugene Sekiguchi welcomed 50 constituent society presidents-elect to ADA headquarters Jan. 26-28.

The occasion was the President-Elect's Conference, an annual forum and idea exchange for those in the top leadership roles in ADA constituent societies.

"This day will assure successes for your leadership year," Dr. Sekiguchi told the presidents-elect in opening remarks. "During the next two years, your members will rely on you. You are here so you can do your job well."

More than ever, "our tripartite is getting closer and closer," added Executive Director James Bramson.

"We clearly work our best when we reach consensus," said Dr. Bramson. "The exciting thing about this conference is that it brings everyone together at the front end of your leadership term."

The conference agenda covered topics currently at the forefront of the dental profession, including the use of restoratives, dental amalgam and regulatory issues; education and licensure; insurance and third-party issues; legal affairs; membership and the ADA Tripartite Grassroots Membership Initiative; Give Kids a Smile and more.

But it was the question-and-answer sessions that spurred perhaps the most lively discussion. Such information exchanges are crucial to finding solutions to issues that plague the dental profession, said Dr. Sekiguchi.

"I had to get people back in the room after break sessions," he said. "They were not socializing but continuing their conversations from earlier. I believe it shows there is truly a commitment by our leaders throughout the country."



Packed house: Fifty state society presidents-to-be attended the conference Jan. 26-28. Pictured (above), presidents-elect hear remarks from the restorative materials panel; (top center) Drs. Ronald Lemmo and Ray Gist discuss legislative issues with Dorothy Moss, associate executive director, ADA Washington Office; (at right) ADA President-Elect Eugene Sekiguchi moderates discussion.

For Dr. Sekiguchi, the California dentist named ADA president-elect in October 2002, the lasting relationships formed at the conference lay the foundation for a successful leadership year.

"The conference bonds leaders to one another,



er, which ties the tripartite together," he said. "When the presidents-elect hear something directly from a source, they know they aren't alone, and they have an immediate resource to tap into when they are confronted by the same issue."

A leadership listserv, an electronic communications tool utilized by constituent presidents and presidents-elect, is another way that the ADA fosters communication among tripartite leaders.

"One of the benefits is that everyone feels connected," said Dr. Sekiguchi.

Networking with other state leaders was the main benefit of the conference for Dr. Ronald P. Lemmo, who takes over as president of the Ohio Dental Association in September.

"I found it extremely helpful to be able to meet the state presidents-elect and find issues that were common and different and how we are all dealing with them," he said.

Armed with information from states that are dealing with regulatory issues related to the use of dental amalgam, Dr. Kathryn A. Kell said she is better prepared to serve as president of the Iowa Dental Association.

"There are issues that maybe we don't have right now, but it certainly gives you an idea of what's going on out there," she said. "Then there are the good programs, like Give Kids a Smile. We are always trying to come up with new ideas for access programs, and it's helpful to hear what other states are doing."

This year, Dr. Kell will become the Iowa Dental Association's first female president. Dr. Sekiguchi was pleased to see more women among the leadership ranks this year.

"The fact that we have more women in leadership is fantastic," he said. "It's not truly representative of our membership when you look at the demographics, but we are moving in the right direction."

"I think it's important, particularly in a mentoring-type of capacity," added Dr. Kell. "I know when I started out, I had mentors in many aspects of dental practice, but there weren't really any women around to look up to."

As more women graduate from dental schools and become active with their dental societies, it's natural to see them in state leadership.

"People sometimes ask, 'What issues do women dentists have?'" said Dr. Kell. "It's not that we have different issues, but everyone wants to be a part of leadership. Sometimes you wonder if it will ever happen, but at conferences like this, you see it is happening." ■

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Four companies sponsor Institute for Diversity in Leadership

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Show of support: GlaxoSmithKline presented ADA Executive Director James Bramson with a \$15,000 check supporting the ADA Institute for Diversity in Leadership. Shown are (from left) Chris Noe, director, Dental Marketing, GSK; Pat Newton, ADA associate executive director, Membership and Dental Society Services; Dr. David Alexander, director, Medical Communications and Professional Relations, GSK; Dr. Bramson; Dr. Ronald Rupp, director, Professional Relations, GSK; and Alan Schaefer, vice-president, Medical Marketing and Professional Sales, GSK.

BY KAREN FOX

The ADA welcomes four corporate sponsors to the ADA Institute for Diversity in Leadership. Procter & Gamble, Colgate, GlaxoSmithKline and Sullivan-Schein Dental, a Henry Schein Co., have signed on to support the Institute, which seeks to develop leadership potential among dentists who belong to ethnic and gender groups that have been traditionally less visible in major leadership roles within the dental community.

"The ADA appreciates the shared commitment of our corporate sponsors to support the professional development of these emerging leaders," said Dr. T. Howard Jones, ADA president.

In September, the Institute's first class of participants will convene at ADA headquarters for the first of three leadership development training sessions. The Association will issue a call for applications to participate in the Institute in March. For more information, contact the ADA at Ext. 4699. ■

NYU-Tuskegee partnership aims to boost African-American dental school enrollment

BY KAREN FOX

New York City—In a landmark agreement that seeks to increase the number of African-American dentists in the United States, one of the nation's dental schools has entered into an agreement with a member of the nation's Historically Black Colleges and Universities to conduct a combined B.A.-D.D.S. program.

The New York University College of Dentistry announced its union with Tuskegee University Feb. 3. This is the first such agreement NYU dental school has forged with an Historically Black University.

An NYU news release states that "African Americans represent almost 13 percent of the U.S. population today, but only 3.5 percent of the dentists.

"The agreement gives strongly motivated Tuskegee students whose primary goal is dentistry a virtual guarantee that, if they maintain an honors grade point average at Tuskegee and fulfill NYUCD's admission requirements, they will be accepted," the news release reads.

Once accepted by the NYU dental school, the Tuskegee students become eligible for financial assistance for students from underrepresented minority groups.

NYU and Tuskegee officials are now discussing the feasibility of a "grandfathering" mechanism that could result in the first combined degree/program student entering the dental school as early as fall 2003. ■

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Smile

Continued from page one

- Crest Healthy Smiles 2010 has shipped 467,236 take-home kits for children to a variety of Give Kids a Smile programs. Each kit contains a toothbrush, toothpaste and educational materials.

- 50 programs received digital radiography systems donated by DEXIS Digital X-Ray. The company is also sending a staff member to each program to operate the DEXIS systems on Feb. 21.

- 5,000 Ivoclar Vivadent Inc. prevention and restoration kits have been distributed, each including products that will treat 10 to 20 children.

Culminating the 16-month effort to make the ADA's first nationwide access-to-care initiative a reality, ADA officials said they are simply overwhelmed by the outpouring of support.

"As we move toward Feb. 21, the events have been both reassuring and revealing," said ADA President T. Howard Jones. "Reassuring to wit-

ness the charitable nature of our members and revealing in that these are activities that have been occurring prior to our national focus."

Added Executive Director James Bramson: "Our communications head, Clay Mickel, says, 'We went fishing for a trout and caught a whale.' We planned for something much smaller, but found out along the way that we were tapping into a great wealth of charitableness among our members."

Give Kids a Smile will focus national attention on access to oral health care for children from low-income families and highlight the important role of dentists in delivering that care.

"Give Kids a Smile provides the ADA a great forum for one of our strongest values, and that is advocacy for the profession and the public," said Dr. Jones, adding that the oral health care for children in underserved communities "will be our most significant accomplishment of the day."

It's worthwhile to note that dental professionals donate their dental services on a regular basis, added Dr. Bramson. (See story on donated services, page 16.) But the impact of a national access day will provide added exposure to the



Ready to go: Sullivan-Schein Dental staff prepare comprehensive product supply kits contributed by 43 of its vendor partners. Clinics around the country participating in Give Kids a Smile are using the supplies to provide a full spectrum of care for children on Feb. 21.

generosity of dentists.

"Give Kids a Smile gives members an organized way to do it and get some recognition in the process," said the executive director.

The spirit of giving among dentists is rivaled only by that of the dental industry. Give Kids a Smile would not be possible without the support of its primary industry sponsors: Crest Healthy Smiles 2010, Sullivan-Schein Dental, DEXIS Digital X-Ray and Ivoclar Vivadent Inc.

Crest Healthy Smiles 2010

With the goal of improving the state of oral health in America by providing education, oral care tools and increased access to dental professionals for underserved children and families, Crest Healthy Smiles 2010 was a good fit for Give Kids a Smile.

Crest's involvement also gave ADA programs easy access to needy children through the Boys & Girls Clubs of America.

"Crest Healthy Smiles 2010 is pleased to partner with the ADA to try to raise the level of awareness of oral health while at the same time connecting more of the dental professional community to the Boys and Girls Clubs," said Mike Sudzina, director of professional and scientific relations for Procter and Gamble. "Not only to help provide oral health services, but to educate children about good oral health and careers in dentistry."

To date, Crest has distributed almost half a million kits to Give Kids a Smile programs. Forty percent of the kits went to state and local society programs.

Sullivan-Schein Dental

For many in the dental industry, the intention to provide treatment for needy children was key to their support.

"Give Kids a Smile is different from other outreach programs because it goes beyond screenings," said Stanley M. Bergman, chair, CEO and president of Henry Schein. "The program will ensure that underserved children receive proper treatment."

Serving more than 75 percent of dental practices in the United States, Sullivan-Schein Dental (a Henry Schein Co.) is the exclusive distributor of professional products for Give Kids a Smile.

Forty-three Sullivan-Schein vendors donated professional products to Give Kids a Smile. The vendors will be honored at a March 1 reception and their names will appear in an upcoming issue of the ADA News.

"This unique community service initiative taps

into the true spirit of caregiving, and is no doubt responsible for the tremendous outpouring of volunteers from dentists and dental auxiliaries, as well as the dental industry," noted Mr. Bergman. "We look forward to continuing our involvement with the program in years ahead."

DEXIS Digital X-Ray

DEXIS Digital X-Ray will improve the efficiency of Give Kids a Smile programs.

"Our function was to be on board the day of treatment to be able to take X-rays so we could expedite the whole process of diagnosis and allow the site to see more children," said Candy Ross, director of clinical affairs.

The DEXIS systems will enable dentists to view a digital image in two to three seconds.

To coordinate the use of the system on site, DEXIS is dispatching staff to 50 Give Kids a Smile programs.

Working with Give Kids a Smile has been gratifying for the 7-year-old company.

"This was a unique opportunity for us to give back to the community the success that we are experiencing," said Ms. Ross. "It just goes to show that if everybody gives a little, we can do some magnificent things."

Ivoclar Vivadent Inc.

Ivoclar Vivadent Inc. distributed 5,000 prevention and restoration kits that will treat 10 to 20 children.

John Isherwood, a spokesperson for Ivoclar Vivadent, said the company will be involved with 800 Give Kids a Smile programs.

"We have been very inspired by the industry involvement in Give Kids a Smile, from the corporate level to the professional level to the kids who will receive the care," said Mr. Isherwood.

The Buffalo, N.Y.-based company has partnered with the State University of New York at Buffalo School of Dental Medicine for Give Kids a Smile activities. Through that relationship, Ivoclar Vivadent received a glimpse into the work of those dental professionals who provide care like this every day.

"Here we are planning Give Kids a Smile, then I find out the dental school is doing this on a daily basis through their many outreach programs," said Mr. Isherwood. "So many dental professionals dedicate themselves to the same ideals set forth by Give Kids a Smile."

Watch for coverage of Give Kids a Smile activities on ADA News Today ("www.ada.org/prof/pubs/daily/index.asp") and in the March 3 ADA News. ■

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