

American Dental Association

ADACommons

[ADA News](#)

[ADA Products and Publications](#)

1-19-2004

ADA News - 01/19/2004

American Dental Association, Publishing Division

Follow this and additional works at: <https://commons.ada.org/adanews>



Part of the [Business and Corporate Communications Commons](#), [Dentistry Commons](#), and the [History of Science, Technology, and Medicine Commons](#)

Recommended Citation

American Dental Association, Publishing Division, "ADA News - 01/19/2004" (2004). *ADA News*. 124.
<https://commons.ada.org/adanews/124>

This News Article is brought to you for free and open access by the ADA Products and Publications at ADACommons. It has been accepted for inclusion in ADA News by an authorized administrator of ADACommons. For more information, please contact commons@ada.org.

AMERICAN DENTAL ASSOCIATION

ADA News®

JANUARY 19, 2004

www.ada.org

VOLUME 35, NO. 2

Dental tab rises

Spending outpaces economic growth, continuing a trend

BY CRAIG PALMER

Washington—Americans spent a record \$70.3 billion for dental care in 2002, the Bush administration said Jan. 8 in the annual government report on National Health Expenditures.

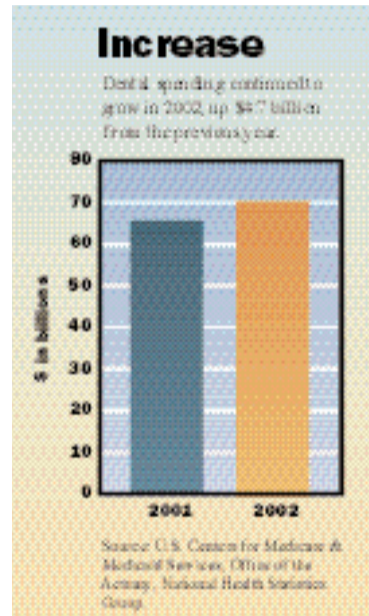
The rate of growth in dental spending continues to outpace total

ADA online CE for CDC guidelines, page nine

economic growth, according to Department of Health and Human Services actuaries tracking trends in the health economy. Increases in

dental spending match trends in total health spending although the pace of dental spending growth is slower than for hospital care, physician and many other health care services.

Still, the sustained rate of growth in dental spending over the last
See SPENDING, page 18



BRIEFS

Closing in on Feb. 6: At press time, 29,000 dentists and dental team members had registered for Give Kids A Smile (scheduled for Feb. 6).

Give Kids A Smile programs that requested free supplies from either Sullivan-Schein Dental or Ivoclar Vivadent Inc.,

should have received notification by e-mail. If you applied and have not been notified, check ADA.org ("www.ada.org/goto/gkas").



G K A S programs are invited to send photographs from local events to the ADA. Photos will be used for archival purposes and some may appear in the ADA News, online on ADA.org or in other ADA publications.

Digital photos are preferred (e-mail to "adanews@ada.org"). Please identify the individuals in the photo and indicate where and when it was taken.

If you send prints of photographs, please indicate if you want them to be returned. Send prints to ADA News, 211 E. Chicago Ave., Chicago 60611. Call Ext. 2794 on the ADA toll-free number if you have questions. ■

INSIDE



Headed for Orlando

Bill Cosby stars at the ADA annual session. **Story, page 17.**

Beating the odds

NJ dentist achieves dream, shares it

BY KAREN FOX

Newark, N.J.—Dr. George Jenkins doesn't know what was so special about him.

The lifelong Newark resident lived in a housing project until age 7, in a neighborhood where too many boys carried guns, stole cars and sold drugs to get by.

Beating the odds, Dr. Jenkins stuck to his childhood dream of becoming a dentist and in 1999 graduated from the University of Medicine and Dentistry of New Jersey, New Jersey Dental School.

Dr. Jenkins had a mother who encouraged her son to perform well
See DREAM, page 10



Photo courtesy Riverhead Books

Friends and co-authors: Dr. George Jenkins (from left), Rameck Hunt, M.D., and Sampson Davis, M.D., in a publicity photo for their bestselling book, "The Pact: Three Young Men Make a Promise and Fulfill a Dream."

2004 ADA Research Agenda set

BY MARK BERTHOLD

Keeping the dental profession abreast of scientific and technological advancements is one of the most vital roles and responsibilities of the American Dental Association.

That's the consensus of the ADA Council on Scientific Affairs, which collaborated with other councils,



Dr. Jeske

interagency committees and experts to develop the latest "Research of Importance to the Practicing Dentist."

The new 2004 Research Agenda, which the Board approved Dec. 9, 2003, is posted on ADA.org at "www.ada.org/goto/research".

The investigative recommendations contained inside are "an up-to-date affirmation of the importance of a variety of dental research targets, basic and clinical," says Dr. Art Jeske, council chair.

"Of particular significance," he adds, "is the fact that the Research

Pediatric group on soda in schools, page six

Agenda not only represents the input of council members, but also includes collaborative input from the National Institute of Dental and Craniofacial Research, the International and American Associations for Dental Research, the Centers for Disease Control and Prevention, the Canadian Dental Association and other professional groups through their representa-

tion at council meetings."

The result is an official Association document that informs the dental research community of critical oral
See RESEARCH, page 15

IHS offers dental student externships

BY KAREN FOX

The Indian Health Service Division of Oral Health is offering 2004 externships, and now is the time to sign up for these unique practice opportunities.

Best experienced between a dental student's third and fourth year, IHS externships generally last a minimum of one week. Year after year, dental students sign on for rewarding experiences with the IHS.

Eric Lamont Mack, a fourth-year student from the University of Texas, Houston Dental Branch, completed a two-week IHS program in St. Mary's, Alaska.

"I was able to do different procedures that I wouldn't have been able to do in dental school,"

said Mr. Mack. "The St. Mary's patients have limited opportunities to travel to Anchorage or Bethel to see a surgeon when, for instance, they have to have their wisdom teeth pulled. They rely so much on someone being there."

Mr. Mack is now enrolled in the "Sr. Co-Step" program as a commissioned officer. The IHS finances his senior year of dental school, books and tuition, and pays him as an O1 officer with full military benefits, medical benefits, travel and vacation.

"I have learned more stuff during the five weeks that I was there than I probably did dur-



ing a semester in dental school," added Kevin Chin, a fourth-year student from the State University of New York-Buffalo dental school who completed an IHS externship in Shiprock, N.M.

"You have to be willing to go out and do things. It's very hands-on [clinical work]," said Mr. Chin. "These areas you go into are pretty remote, but I enjoy hiking, mountain biking and camping, so in addition to the clinical experience, the area was perfect for me."

For more information, contact Dr. Timothy L. Lozon at 1-800-447-3368 or "tlozon@hqe.ihs.gov". ■

AMERICAN DENTAL ASSOCIATION
ADA News[®]

(ISSN 0895-2930)

JANUARY 19, 2004 VOLUME 35, NUMBER 2

Published semi-monthly except for monthly in July and December by the American Dental Association, ADA Publishing Division at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANews@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.

POSTMASTER: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, Ill. 60611. © 2004 American Dental Association. All rights reserved.

ADA
American Dental Association
www.ada.org

PUBLISHER: Laura A. Kosden
EDITOR: Dr. Marjorie K. Jeffcoat
ASSOCIATE PUBLISHER: James H. Berry
NEWS EDITOR: Judy Jakush
ASSISTANT NEWS EDITOR: Arlene Furlong
WASHINGTON EDITOR: Craig Palmer
SENIOR EDITORS: Karen Fox, Mark Berthold, Stacie Crozier
ELECTRONIC MEDIA EDITOR: Joe Hoyle
EDITORIAL ASSISTANT: Chrestine Johnson
CREATIVE DIRECTOR: Peter Solarz
TECHNOLOGY MANAGER: Paul Gorski
PRODUCTION: Susan Chauvet, Angie R. Miller, Jeanie Yu
NATIONAL SALES MANAGER: Bud McKeon
DIRECTOR OF PRODUCTION: Elizabeth Cox
PRODUCTION ASSISTANT: Katrina Collins
ADVERTISING SALES MANAGER: Carol J. Krause
MARKETING MANAGER: Jill Philbin
CIRCULATION CUSTOMER SERVICE REP: Wanda Welch, Gwen Johnson

ADVERTISING POLICY: All advertising appearing in this publication must comply with official published advertising standards of the American Dental Association. The publication of an advertisement is not to be construed as an endorsement or approval by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. A copy of the advertising standards of the American Dental Association is available upon request.

ADVERTISING OFFICES: 211 E. Chicago Ave., Chicago, Ill. 60611. Phone 1-312-440-2740. Eastern representative: Vince Lagana, PO Box 6, Pocono Pines, PA, 18350; phone 1-570-646-7861. Central representative: Robert J. Greco, Hilltop Executive Center, 1580 S. Milwaukee Avenue, Suite 404, Libertyville, Ill. 60048; phone 1-847-522-7560. Western representative: Audrey Jehorek, 8 Hexham, Irvine, Calif. 92612; phone 1-949-854-8022.

SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2867. Rates—for members \$8 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$61; institution \$90 per year. Foreign individual, \$84; institution \$113 per year. Canada individual, \$73; institution \$102 per year. Single copy U.S. \$9, outside U.S. \$11. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, Suite 2010, 211 E. Chicago Ave., Chicago, Ill. 60611.

ADA HEADQUARTERS: The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the back of your membership card.



Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.

Ad 246044M036to be placed at Quad!!

Dr. Jacob Freedland, endodontics pioneer, dies

BY STACIE CROZIER

Charlotte, N.C.—A pioneer in endodontics, a noted figure in dentistry worldwide and a “Renaissance man” to his associates, colleagues and friends, Dr. Jacob Berke Freedland died Jan. 1 at the age of 90.

“Jake was a colleague, a mentor and a friend,” said Dr. Greg Chadwick, former ADA president (2001-2002) and endodontist in Charlotte. “His passing caught us all by surprise. He was sharp, articulate and concerned about dentistry to the end.”

Dr. Freedland was an accomplished endodontist and teacher who lectured internationally, served as a lecturer and consultant in dentistry for the U.S. Army and the U.S. Navy, a clinical professor at the University of North Carolina School of Dentistry and president of the Dental Foundation of North Carolina Inc., which supports the dental school.

UNC School of Dentistry’s Jacob Berke Freedland Chair in Endodontics, the Freedland Scholarships in Endodontics and the Freedland Advanced Dental Education Fellowships were endowed in his name.

One of the nation’s first endodontists, Dr. Freedland was the American Association of Endodontics’ 22nd president in 1964-1965—a year after the organization gained specialty recognition from the ADA. He was the founder of the AAE Foundation in the 1960s.

“He really had a way of making people feel he had a special relationship with them,” remembered Dr. Chadwick. “His patients, colleagues, associates and friends were touched by this. They always had something nice to say about Jake. I knew him for 30 years. He always had a twinkle in his eye and a special smile and he showed constant concern for humanity.”

Dr. Freedland, who counted poet Carl Sandburg and the poet’s biographer Harry Golden as patients, was also well known as a thoughtful, thought-provoking dining companion. A voracious reader, he enjoyed discussing literature, current events, ethics and world issues over lunch. Dr. Chadwick was among Dr. Freedland’s lunch companions.

“I enjoyed having lunch with him,” added Dr. Chadwick. “We discussed dentistry and how it interacted with the world around it. But he didn’t talk much about himself. He liked to keep things low-key and he didn’t like to be in the spotlight.”

Despite Dr. Freedland’s attempts to remain out of the limelight, his many accomplishments and honors still shine through. He

received distinguished service awards from the DFNC, the Pierre Fauchard Academy and the North Carolina chapter of the Academy of General Dentistry; the Thomas P. Hinman Medallion of Meritorious Service; and a Distinguished Alumnus Award from the University of North Carolina, Chapel Hill.

He was an honorary member of Omicron Kappa Upsilon and a fellow of the American



Dr. Freedland

College of Dentists and the International College of Dentists, a member of the American Academy of Oral Pathology and the International Association of Dental Research.

He served as president of the American Institute of Oral Sciences, director of the American Board of Endodontics, a member of the ADA’s Commission on Dental Accreditation Appeal Board, consultant to the ADA Council on Dental Education and chair of the ADA Council on International Relations.

Dr. Freedland was involved in organized dentistry at the local, state and international levels, from president of the Charlotte Dental Society and the North Carolina Second District Dental

Society to president of the AAE Endowment and Memorial Foundation to member of dental organizations in 16 nations from Argentina to Thailand.

He was preceded in death by his wife of 58 years, Charlotte. He is survived by a son, a daughter, three grandchildren and a great-granddaughter.

A graveside service was held Jan. 2 in Charlotte. In lieu of flowers, donations may be made to Hospice at Charlotte, 1420 E. Seventh St., Charlotte, N.C. 28204 or the Jacob Freedland Term Professorship, DFNC, UNC School of Dentistry, Dean’s Office, CB#7450, Chapel Hill, N.C. 27599. ■

Ad 246044M041 To be placed at Quad.

Program seeks volunteers, airline miles

Corvallis, Ore.—A program that has established two dental clinics in the West Indies is looking for dentists, hygienists and assistants to donate one week of volunteer time on Union Island and Canouan.

Rotary Clubs in Oregon and St. Vincent established the Caribbean clinics through the efforts of Dr. Lon Jensen, a Corvallis dentist.

The volunteer program is also accepting donations of airline frequent flier miles to help defray travel costs for dental hygienists and assistants. Dentists and their families must pay for their own travel expenses.

For more information, call 1-541-754-6226 or e-mail “mjensen@actionnet.net”. ■

VIEWPOINT

Snapshots OF AMERICAN DENTISTRY

LAURA A. KOSDEN, *Publisher* DR. MARJORIE K. JEFFCOAT, *Editor*

JAMES H. BERRY, *Associate Publisher* JUDY JAKUSH, *ADA News Editor*

MYVIEW

'It's a root canal' is good news

Although I had never met the new patient, his family members had been patients of mine for many years. As his adult children helped him into the office for an emergency dental consultation, I noted that the patient's head was completely bald, his gait slow and uncertain, his posture stooped, and his skin gray and sickly.

The patient was very weak and fatigued, but his mind was sharp and clear. He explained that what had started as prostate cancer had spread throughout his body, that he had endured multiple surgeries, chemotherapy and radiation therapy, but that he wasn't doing well and that his prognosis was extremely guarded.

The reason for today's visit was not for a toothache, but for a persistent paresthesia in the right mandible. The oncologist feared that the patient's numbness might be the result of cancer metastasis to the head and neck region, and advised a dental consultation.



Jeffrey Galler, D.D.S.

A clinical and radiographic exam revealed a non-vital premolar with many large fillings, an obvious apical radiolucency and swelling in the muco-buccal fold. I concluded that the tooth needed root canal therapy and that the pressure of the endodontic infection on the mental foramen might very well be causing the jaw numbness.

I went out to the waiting room, where I found the patient's children pacing back and forth nervously, obviously deeply concerned about their father.

"I know that your dad is very tired and exhausted, and has been through a lot lately," I began, "but I'm

sorry to report that the only way he'll be able to get rid of that numbness is by having root canal therapy."

The children looked at me and exclaimed, "Thank God, it's a root canal!"

I realized that to the patient's family, his needing root canal therapy was extremely good news, since they had feared much worse news. Although it was unfortunate that the patient would have to undergo endodontic treatment, it was fortunate that the carcinoma had not metastasized to the head and neck region.

I learned a valuable lesson that day, about not losing sight of the big picture and not ignoring the proverbial forest for the trees. Now, whenever patients complain about needing a root canal, a crown, an extraction or a bridge, I relate this story. I tell them that we should be very grateful for problems that are repairable or replaceable and that we, too, should be exclaiming, "Thank God, it's a root canal!"

Dr. Galler is a contributor to the New York State Dental Journal. His comments, reprinted here with permission, originally appeared in the September 2003 issue of that publication.

LETTERS POLICY

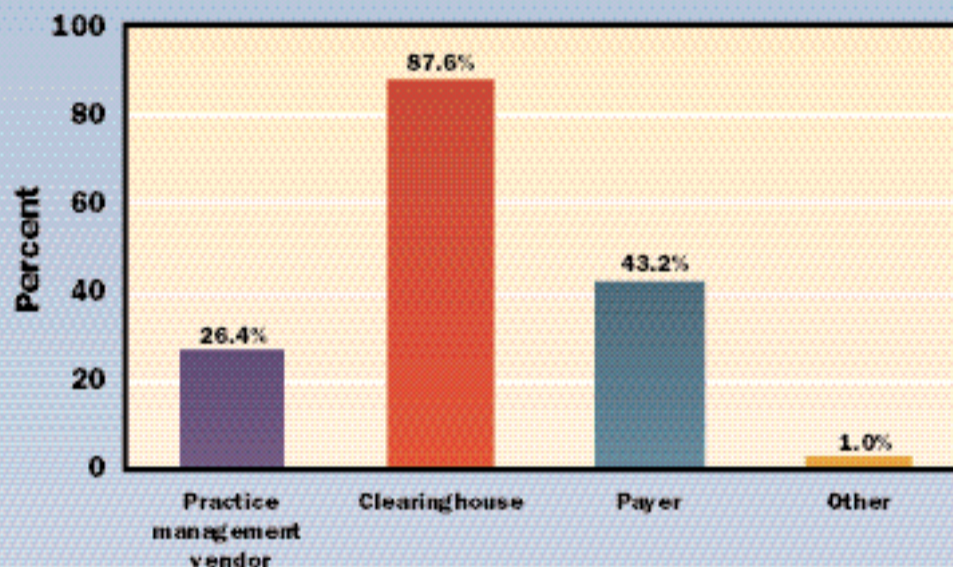
ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated.

For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

Dental reimbursement

More dentists report that claims for their private practice are submitted directly to clearinghouses than directly to payers or practice management vendors. (Dentists were allowed to select more than one answer.)

Electronic claims submission sites



Source: American Dental Association, Survey Center, 2000 Survey of Current Events in Dentistry.

LETTERS

Bottled water woes

I share the concern of many dentists recently expressed about soft drinks and resulting decay. However, we have found another more seemingly innocent culprit in the recent explosion of interproximal caries: bottled water.

Many people, thinking it is a healthier option, have jumped on the bottled water bandwagon to the extent that many adults and children no longer drink any of the fluoridated water we worked so hard to get into our municipal water systems. Most bottled water contains little if any mineral or fluoride content. When it is the primary water source, minerals are actually leached out of teeth by simple osmosis.

We have seen many adults and teens in the last five years, who, in spite of avoiding soft drinks, still have a sudden increase in caries activity. When questioned, the common denominator is bottled water.

Luckily, some bottled waters are now available with 1 ppm fluoride. I try to get people back to good old tap water, but failing this, I recommend fluoride tablets or rinses to both adults and children.

The ADA should take a position on bottled water. Let's not let all of our years of prevention advocacy with fluoride literally go down the drain.

Robert J. Gherardi, D.M.D.
Albuquerque, N.M.

Editor's note: In 2002, the ADA adopted policy that supports the

Catalog (Item W295) at 1-800-947-4746 or "www.adacatalog.org".

Getting the word out

I keep reading about lack of insurance and the poor seniors in your publication. How would it be if your organization put in the newspapers, TV and radio an effort to educate all people that insurance keeps the costs down in dentistry when you see the dentist regularly, that all decay starts out small and that only when it is let go it is really costly?

It should be your job to educate the people, not necessarily get into the politics of health care. You need to spell out good nutrition and staying away from refined sugar. Is refined sugar too political to mention when we know this is the main cause of decay?

I am looking forward to seeing public health announcements on educational TV at least. Let's teach people good health habits so they can prevent dental problems. For those people that smoke, if they would stop smoking, that money would pay for their dental work as well as help their health.

See LETTERS, page five



labeling of bottled water with the fluoride concentration of the product and urges members to educate their patients regarding the level of fluoride in bottled water and the possible removal of fluoride by some home water treatment systems.

Information on bottled water, home water treatment systems and fluoride exposure can be found on the ADA Web site at "www.ada.org/goto/bottledwater". Additionally, the new patient brochure, "Bottled Water: Get the Facts," is available through the ADA

Technology for dental practice

ADA members use a variety of technologies to enhance the efficiency of their dental practices—such as e-mail to communicate with patients, Web sites that promote the practice, accounting software and submitting electronic insurance claims.

If you've resolved to increase your practice's efficiency, here are a few ways to accomplish that with the help of ADA Member Advantage-endorsed products:

- **Streamline insurance processes through the Internet.**

With a few clicks, your dental staff has instant access to patient eligibility verification, benefit information and, in some cases, details such as the amount of the deductible and the services for which the patient is covered. Using the Internet allows the front office staff to submit claims status inquiries to multiple insurance



carriers all at once, in just seconds.

WebMD Dental offers a web-based product, WebMD Office, that interfaces with multiple insurance carriers. The system includes features designed specifically for dental practices. ADA members are eligible for a free 90-day trial.

- **Process payroll online.**

SurePayroll provides dentists with a cost-effective, full-service approach to payroll that allows

dentists to process payroll online at anytime, from anywhere, and on the dentist's schedule.

The system files all federal, state and local taxes automatically, without any fees. There are options to print checks in the office. SurePayroll does not charge extra fees for payroll reports, direct deposit, pay stubs, access to historical data or other features. ADA members are eligible for a six-month trial period with a money back guarantee.

- **Upgrade your message-on-hold system.**

Research suggests that 88 percent of customers exposed to on-hold messaging inquire

about the services they just heard about. Tel-A-Patient has worked with more than 10,000 dental practices. Messages are customized, or you can choose from a library of ADA-reviewed scripts.

Next month, the ADA begins offering PowerCalls, Tel-A-Patient's appointment reminder system. The automated system reads information from the appointment schedule and uses the data to build custom reminder messages using your computer and telephone line.

To learn more about how these services can enhance your practice's efficiency, contact ADA Member Advantage at 1-800-ADA-2308. ■

LETTERS

Continued from page four

I am in my 52nd year of dental practice and when I started, no one had insurance and seemed to get their dentistry done.

*Ernest L. Kostlan, D.D.S.
Costa Mesa, Calif.*

Editor's note: Through the Council on Communications, the ADA uses a variety of media to bring preventive oral health messages to the public. In fact, some of the most recent ADA public service announcements, video news releases and press kits cover topics such as community water fluoridation, smokeless tobacco, smoking cessation, keeping teeth for a lifetime, nutrition, dental insurance, diabetes and more. (Go to "www.ada.org/public/media/videos/index.asp" to view topics.)

The ADA also sponsors Adult Oral Health Awareness (in September) for the promotion of oral health for older adults. Topics in last year's promotion included periodontal disease, oral cancer and dry mouth. Dental societies and dental schools are invited to conduct local activities using ADA-developed materials.

Through the annual catalog, the ADA also offers patient education materials on the topics above and more. (Call 1-800-947-4746 for an ADA Catalog, or go to "www.adacatalog.org".)

Finally, through its Council on Dental Benefit Programs, the ADA works to educate employers and consumers on the benefits of properly designed dental benefit programs, particularly direct reimbursement. (See "www.ada.org/goto/dr".) With the Council on Access, Prevention and Interprofessional Relations, the ADA spreads the word on the benefits of community water fluoridation and offers a variety of resources to educate the public, health professionals and government agencies about the benefits of fluoride. (See "www.ada.org/goto/fluoride".) CAPIR also provides resources to members and education to the public on tobacco use and nutrition. ■

Ad 246044m035 to be placed at Quad!!

Correction

The Snapshots of American Dentistry on page four of the January 5 ADA News should read, "The average total debt of the dental school graduating class of 2000 was up some 18 percent from the average total debt of the class of 1998." ■

AAP: restrict soda in schools

Pediatric group policy urges schools to protect kids' oral, overall health

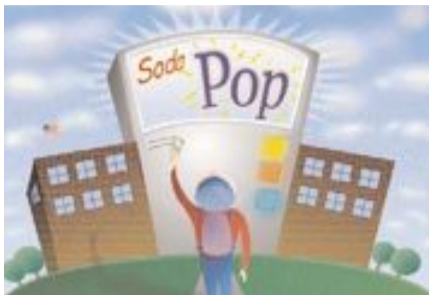
BY STACIE CROZIER

Elk Grove Village, Ill.—The American Academy of Pediatrics has issued a policy statement designed to flatten the bubbles of soft drink consumption in schools by restricting sales to protect children's health.

The new AAP policy, published in the January issue of the organization's scientific journal, *Pediatrics*, recommends that school districts consider restricting the sale of sweetened drinks to help protect children from health problems including being overweight, obesity, cavi-

ties and dental enamel erosion.

The policy statement notes that sweetened drinks are the primary source of added sugar in children's diets and between 56 and 85 percent of school-age children drink at least one soft drink every day. Compounding the issue, AAP says, is that soft drinks are readily avail-



able in vending machines, school stores and at school events, decreasing children's access to more nutritious alternatives like water, pure fruit juices and milk.

AAP urges pediatricians to work to eliminate soft drinks in schools by educating school administrators, parents and patients about the health issues related to drink-

ing sweetened soft drinks. It also urges them to advocate for creation of a school nutrition advisory council, including dentists and other professionals, to help protect the health and nutritional interests of students.

The policy statement calls for school districts to invite public discussion before entering into a vended food or drink contract or, if a contract already exists, to ensure that children's health and nutrition take precedence over soft drink sales. The policy also urges that consumption or advertising of soft drinks in the classroom be eliminated and that soft drinks should not be sold as part or in competition with the school lunch program.

The AAP policy notes that schools can preserve the revenues they receive from vending machines by stocking them with healthier alternatives.

The AAP represents about 57,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists.

To view the complete policy statement, log on to "www.aap.org".

The ADA House of Delegates also addressed the issue of marketing soft drinks in schools during the 2003 annual session last October.

Res. 1H renames ADA policy titled "Marketing of Soft Drinks in Schools" to "Pouring Rights Contracts and Marketing of Soft Drinks to Children." The resolution adds that "appropriate ADA agencies continue to gather scientific data on the oral health effects of the increasing consumption of beverages containing sugars, carbonation or acidic components" ... "including but not limited to juice drinks, sports drinks and soda pop," and that the ADA opposes pouring rights contracts that influence consumption patterns that promote increased access to soft drinks for children. ■

Now save 10% on disability income premiums

Gravity doesn't take a day off.

Accidents happen. Fortunately, this member has two types of ADA-sponsored disability insurance to cushion his fall—ADA Income Protection to help replace his income, and ADA Office Overhead Expense to help reimburse his practice expenses. Both policies feature "own occupation" coverage, meaning you're covered if you can't practice dentistry (or your dental specialty) due to a disability. So if you became disabled, you could focus on the important things—like getting better—without worrying about your personal finances or the future of your practice.

Premiums for the ADA disability plans can be significantly less—in fact, even as much as 50% less*—than other disability policies. Partial disabilities are covered too, and flexible options allow you to customize your coverage to best suit your risk tolerance and budget. Get the insurance for dentists that's backed by dentists. Call 888-463-4545 for a free quote without any obligation.

© 2004 Great-West Life & Annuity Insurance Company. This is an online only and not a contract. Benefits are provided under group policies 1103CDH and 1106CDH issued to the American Dental Association and underwritten and administered by Great-West Life and Annuity Insurance Company. Benefits are provided through group policies. Died in the special benefit, and eligible ADA members residing in the U.S. ADA or license may apply for coverage. Policies are subject to, governed by, and shall be construed in accordance with state law. Each approved plan participant will receive a Certificate of Insurance explaining the terms and conditions of the appropriate policy. *Potential savings will vary by age and Plan. Rate comparisons are based on independent research conducted by Great-West in 2002. GWJ 2002.

888-463-4545

ada@gwl.com

www.ada.org



PROTECTING YOUR FAMILY, YOUR INCOME, YOUR PRACTICE

Term Life • Term Plus® Universal Life • Income Protection • Office Overhead Expense • MedCASH™

ED Syndromes book available

Mascoutah, Ill.—Are you treating a patient with a diagnosed ectodermal dysplasia syndrome or an individual with a number of undeveloped teeth?

If so, you will want to order a new booklet produced by the National Foundation for Ectodermal Dysplasias: "Parameters of Oral Health for Individuals Affected by ED Syndromes."

This 32-page guide offers a definition of ED syndromes, an outline of oral manifestations associated with these health conditions, treatment guidelines and much more.

The ED syndromes are a group of genetic disorders with absence or deficient function of teeth, hair, nails or glands. There are more than 150 different ED syndromes. The NFED estimates that ED syndromes affect as many as seven in 10,000 births.

Individuals with ED have abnormalities of sweat glands, tooth buds, hair follicles and nail development. Some types of ED are mild while others are devastating.

Copies of the oral health care guide are available for \$5 each to cover the cost of the publication and shipping and handling fees. To order, contact the NFED at 410 East Main, P.O. Box 114, Mascoutah, Ill. 62258-0114; 1-618-566-2020. You can also e-mail "info@nfed.org" or visit the Web site: "www.nfed.org". ■

Military medical museum receives WWII memorabilia

BY CRAIG PALMER

Washington—The National Museum of Health and Medicine, dating from the Civil War and emphasizing U.S. military medicine, has accepted from his estate donation of an ADA dentist's World War II artifacts for the museum's "extensive dental collections" that include Paul Revere's dental tools and Gen. John Pershing's dentures.

Maj. John J. Lucas, a private practice dentist in Pennsylvania, was a dental officer aboard the *Shamrock*, a U.S. Army hospital ship which entered service Sept. 4, 1943, for military campaigns in Naples, Rome and the south of France. As a dental officer he was responsible for examining, diagnosing and treating diseases, abnormalities, injuries and defects of the teeth and per-

forming oral surgery as required, according to the museum announcement. Discharged from the military in 1946 with two campaign ribbons and three service stars, Dr. Lucas died in 1993 after 59 years of dental practice at the age of 82.

The museum accepting the donated dental memorabilia is five miles north of the White House on the campus of Walter Reed Army Medical Center.



World War II: Dr. Lucas served as a dental officer aboard the *Shamrock*.



Medical ship: The *Shamrock*, a U.S. Army hospital ship, saw service off the coast of Italy and France during World War II.

Established during the Civil War as the Army Medical Museum and undergoing numerous metamorphoses, location and name changes over the next century, the NMHM is a unit of the Armed Forces Institute of Pathology and a National Historic Landmark operating with funds from the Department of Defense, grants, contributions, donations and in-kind gifts.

The slides, photographs and military records donated by Dr. Lucas' family are part of the museum's Otis Historical Archives. Dental items comprise about 5 percent of the museum's historical collection. The museum is open to the public and the collections are available to qualified researchers. Among artifacts on exhibit are the dental tools of Revolutionary War hero Paul Revere. The dentures of World War I Gen. John Pershing are among "the more interesting artifacts" not currently on display.

Announcement of the donation is posted online at the National Museum of Health and Medicine Web site ("nmhm.washingtondc.museum/news/dentist_slides.html").

A description of the dental collections says the museum curator at the time, John Shaw Billings, persuaded the American Dental Association in 1895 to adopt the Army Medical Museum as the repository for study materials related to the field of dentistry.

The District of Columbia National Museum of Health and Medicine is unrelated to the Dr. Samuel D. Harris National Museum of Dentistry ("www.dentalmuseum.org") in nearby Baltimore, Md., the nation's official dental museum (designated as such in November 2003). The NMHM is not connected with the Smithsonian Institution nor is it part of the U.S. Army Museum System. ■

Ad 246044M037 to be placed at Quad!!!

Now at ADA.org:

Online CE designed to help dentists with new CDC infection control guidelines

BY MARK BERTHOLD

It's comprehensive, it's updated and it's free. You heard right: the ADA is offering to dentists an online continuing education course, based on the 2004 U.S. Centers for Disease Control and Prevention Guidelines for Infection Control Practices in Dental Health Care Settings.

Visit ADA.org at "www.ada.org/goto/cdc" for the self-study course, as well as to download the new CDC Guidelines in PDF format. Also check out the ADA Roadmap, a quick overview of the guidelines contents, with practical "how-to" advice that covers key changes in the guidelines.

For more in-depth coverage, read the Special Report on the guidelines featured in the January issue of The Journal of the American Dental Association.

The CDC posted the guidelines Dec. 19, 2003, in its online Morbidity and Mortality Weekly Report; go to "www.cdc.gov" and click on Dental Infection Control.

"The new infection-control guidelines are the first comprehensive update by the CDC in 10 years," says ADA President Eugene Sekiguchi. "It's important for dentists to familiarize themselves with the changes—plus, keeping current with infection control issues is an important aspect of any dental practice. That's why we're offering this continuing education online at no charge."

The course is designed to enable dentists to do the following:

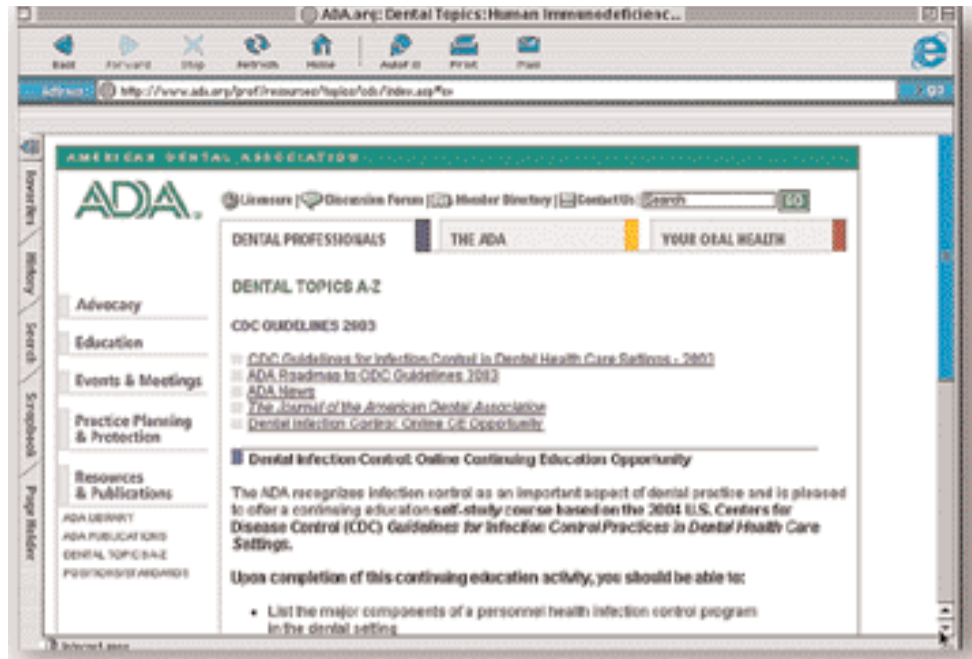
- list the major components of a personnel health infection control program in the dental setting;
- list the key measures for preventing transmission of bloodborne pathogens;
- describe the key elements of instrument processing and sterilization monitoring;
- understand dental water quality concepts;
- understand the importance of developing and maintaining an infection control program evaluation.

Dentists who complete the online course and correctly answer the related exam questions will earn two hours of continuing education credit.

The ADA is an ADA CERP recognized

provider and approved PACE Program provider by the Academy of General Dentistry.

The course is open to member and nonmember dentists. If you have questions regarding course content, call Ext. 2878. ■



STABIDENT

intraosseous anesthesia delivery system

NEW CD-ROM

- Fully interactive selection of contents.
- Extensive video footage of numerous clinical cases gives detailed instruction on the use of the Regular Stabident and the Alternative Stabident.
- Regular Stabident is fully explained and why the Alternative Stabident is the best of the guide sleeve systems is demonstrated.

SEND FOR FREE CD-ROM

at fairfax@stabident.com or call 1-800-233-2305

- Deepest pulpal anesthesia
- Instant effect
- Minimal sensation of swelling and numbness

NEW UPDATED WEBSITE

- Clinical case video clips from the CD-ROM demonstrate how to use the Regular Stabident and the Alternative Stabident.
- Compares and contrasts the Regular Stabident with systems which utilize a guide-sleeve.

www.stabident.com



"Stabident Alternative Stabident is designed as an effective intraosseous injection device for providing pulpal anesthesia when used with most anesthetic solutions. It also allows for easy backflow of anesthetic pulpitis. It is clinically also superior to other available systems."
 Listed on Intraosseous Anesthesia, American Dental Association.

REGULAR STABIDENT

* the classic way of delivering intraosseous anesthesia

\$27.00 Standard Pack
20 perforators, 20 needles

\$105.00 Economy Pack
100 perforators, 100 needles

ALTERNATIVE STABIDENT

- * hassle-free manual insertion of the guide-sleeve
- * avoids the problem of accidental detachment of a perforator inserted sleeve
- * easy removal of guide-sleeve from the bone without the need of another instrument
- * smallest diameter hole in the bone of any guide-sleeve system
- * safety-cert on the guide-sleeve for full security

\$50.00 Standard Pack
20 perforators, 20 guide sleeves, 20 needles

STARTER KIT

Why not try 5 Alternative Stabident and 5 Regular Stabident!

\$19.00 5 Alternative perforators, 5 guide-sleeves, 5 Alternative needles
5 Regular perforators, 5 Regular needles

Visit www.stabident.com for the Alternative Stabident and the Alternative Stabident with components of the Regular Stabident

To place an order please call 1-800-233-2305 or e-mail fairfax@stabident.com

Fairfax Dental Inc. 2601 S. Bayshore Drive, Suite 875, Miami, FL 33133

Denver program earns award

Denver—The Metro Denver Dental Society received the American Society of Association Executives' Associations Advance America 2004 Award of Excellence for its Domestic Violence Dental Care Program.

Since the program was founded in 2002, more than 70 Denver-area dentists have provided \$30,000 in free dental care to disadvantaged survivors of domestic violence to help restore victims' oral health and self-esteem.

Research shows that Denver-area shelters serve more than 2,000 residents a year. Most residents (89 percent) are considered low income and half are in need of immediate dental care. ■

Dream

Continued from page one

in school and stay out of trouble, teachers and friends who believed in him, and was lucky enough to find support through programs designed to help students from diverse backgrounds achieve their goals.

"The little things that I had are things that so many people take for granted," said Dr. Jenkins, now instructor in the Department of Community



Dr. Jenkins

Health at New Jersey Dental School. "The people who didn't make it are missing one or a combination of those things. All I had was a lot of well-placed intentions."

With two childhood friends and co-authors, Sampson Davis, M.D., and Rameck Hunt, M.D., Dr. Jenkins maps the route he took to a dental career in "The Pact: Three Young Men Make a Promise and Fulfill a Dream" (Riverhead Books), a New York Times best-seller after its 2002 release.

Dr. Jenkins' career took shape during a childhood dental visit to the UMDNJ. Impressed by 11-year-old George's questions about the dental instruments arranged in front of him, the dentist took some time to talk about the instruments and how they were used. By quizzing the youngster on what he'd learned, the dentist made a lasting impression.

"I don't remember the dentist's name, but I never forgot what he did for me. He gave me a dream," Dr. Jenkins writes in his book. "And there was no greater gift for a smart kid growing up in a place where dreams were snatched away all the time."

He still recalls the encouragement he got from his third-grade teacher, Mrs. Johnson, who told him that he could go to college and have a career one day if he stayed out of trouble.

"I wasn't any smarter or more special than the guys around me," he writes. "For some reason, throughout my life I was blessed with people who told me positive things, and I believed them."

His mother sought a better life for her two sons, and with a job in customer service for an insurance company, she was able to save

enough money to move the family to an apartment complex. For the remainder of Dr. Jenkins' childhood, his family lived in a building in clear sight of the housing projects they left behind.

Dr. Jenkins earned high marks in school, and his grades gained him entrance to University High School, one of Newark's magnet schools that accepted seventh- and eighth-graders to ready the students for a college preparatory curriculum.

It was there that he met and began a friendship with Drs. Davis and Hunt—now New Jersey physicians. At school, the three future doctors attended a career guidance presentation from a Seton Hall University recruiter that would change the course of their lives.

With funding from the state of New Jersey, Seton Hall offered the "Pre-Medical/Pre-Dental Plus Program" to help students who have the ability to succeed in college but are undereducated. Often these students were eliminated during the normal college-admissions process.

The state funded the program to train medical professionals who would staff hospitals

■ "When you come from an environment of rampant hopelessness and despair, it's hard to escape that. We want young people to know that it's not such a bad idea to focus on school because that's what really matters to improve your quality of life."

and clinics in urban areas. Under the Pre-Medical/Pre-Dental Plus Program, Drs. Jenkins, Davis and Hunt entered Seton Hall University with scholarships, tutoring, counseling and other guidance to help them succeed.

"A lot of people never even have the chance to go to college because of their circumstances," said Dr. Jenkins. "Myself and my friends, we were lucky to have these opportunities."

He is frequently asked for his advice on how organizations and institutions of higher learning can tap into urban areas and cultivate tomorrow's health professionals and community leaders.

Steps are being taken to accomplish this, he said, citing "Pipeline, Profession and Practice: Community Based Dental Education."

The Pipeline program is an infusion of grant monies from the Robert Wood Johnson Foundation and California Dental Foundation that links 15 dental schools to communities in need of dental care and seeks to increase the schools' underrepresented multicultural and low-income student numbers. Dr. Jenkins serves on the program's advisory committee.

"The people involved in implementing the Pipeline program are people who are in positions to do something about health disparities as they relate to urban areas," said Dr. Jenkins. "They are asking for advice from a member of the community, like me. They're not just saying it anymore."

Dr. Jenkins' voice quickens when he speaks of children who grow up the way he did. He has a clear vision of what's needed to help them achieve, and changing their mindset is critical.

Try it First™
FREE SAMPLE
With package of six**
1-800-432-4487

Still not doing socket grafting? Let's look at the end result.

No Socket Grafting	With Bioplant Socket Grafting
 Pre-op	 Pre-op
 Post-op one year	 Post-op one year Dense lamina bone

It's a No-Membraner.

- Synthetic boneTMalloplast
- No barrier membrane required*
- Risk of infection less than 1%*
- Does not migrate—easy to use
- Hydrophilic & Hemostatic
- Synthetic resorbable scaffold for proven new bone regeneration*
- Outstanding for esthetic enhancement
- No risk of disease transmission*
- Revenue enhancer

* Proven successful in over 200 published studies†

Bioplant[®]

Making good dentistry better™

For literature, more information, or to order call 1-800-432-4487, click www.bioplantlltr.com or e-mail bioplant@bioplantlltr.com
* See references www.bioplantlltr.com

**If not satisfied, return unopened package for refund. Limited time offer. Call 1-800-432-4487. CE Approved ISO 13067

ADA Institute for Diversity in Leadership

Program to enhance leadership skills seeks participants

BY KAREN FOX

Recognizing the many roles that dentists fulfill in the profession and their communities, the American Dental Association in 2003 launched the ADA Institute for Diversity in Leadership.

The personal leadership training program is designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditional-

February is Dental Careers Month, page 19

ly underrepresented in leadership roles. The Institute helps participating dentists enhance skills needed to successfully make a difference in their communities, organizations and the dental profession.

The ADA Institute for Diversity in Leadership is now accepting applications for its

ADA INSTITUTE
for Diversity
in LEADERSHIP

second class of participants. The 2003 House of Delegates expanded the Institute from eight participants to 12 for 2004.

Application materials for the 2004 Institute are now online. Go to "www.ADA.org/prof/events/featured/diversity.asp" for downloadable applications, reference forms and a text version of the brochure. For more information, contact the ADA at Ext. 4699 or "starsiaks@ada.org". ■

"When you come from an environment of rampant hopelessness and despair, it's hard to escape that, especially when you're a young kid and that's all you see and it's all you know," he explains. "We want young people to know that it's not such a bad idea to focus on school because that's what really matters to improve your quality of life."

At the dental school, Dr. Jenkins is engaged in research, instruction and oral health promotion programs with children, the homeless, senior citizens and local schools and community organizations.

Two NJDS programs, Decisions for Dentistry and Gateway for Dentistry, help youth of all ages become acquainted with the practice of dentistry through hands-on exercises. It's no surprise that Dr. Jenkins cites them as some of his most rewarding experiences as a faculty member.

A 1999 local newspaper article announcing the three doctors' graduation from dental and medical school paved the way for Dr. Jenkins to take on a new ambition: philanthropy.

"We were asked to give some speeches to local community groups, and we managed to earn \$3,000," said Dr. Jenkins. "We just decided that instead of spending it, we should put it toward a scholarship to help a needy student go to college."

They did better than that.

Drs. Jenkins, Davis and Hunt launched the Three Doctors Foundation ("www.threedoctorsfoundation.org"), a nonprofit organization designed to inspire and create opportunities for inner city communities through education, mentoring and health awareness.

With one full-time staff member and a for-profit business venture on the horizon, the Three Doctors Foundation is now working toward the construction of a designated center in Newark.

"We want it to be a place where students can come and study, work on computers and learn to be healthy and become leaders, community activists and mentors to people behind them," said Dr. Jenkins.

By his estimate, the Three Doctors Foundation has performed 30 to 40 speaking engagements in the past three years to schools, families, educators, business groups, local and state government agencies.

Dr. Jenkins was also a speaker at the American Dental Education Association's 2002 Minority Recruitment and Retention Conference. The national publicity from their book has garnered the trio guest spots on the "Oprah Winfrey Show" and "CBS News Sunday Morning," a feature in People Magazine and an Essence Lifetime Achievement Award.

Dr. Jenkins' dental career and philanthropy combine to form the "weirdest sort of dentistry you can imagine," he said. "I am able to do a lot of things, expose young people to the dental profession and meaningful projects in the community. I have to do a number of things to feel whole, and I am able to do that." ■

Ad 246044M042 to be placed at Quad!!!

THE HealthFirst LINE OF MEDICAL EMERGENCY PRODUCTS

emergent-ez "e-cart" system

OPTIONAL AUTOMATIC DRUG REFILL SERVICE AVAILABLE

CART SYSTEM 4000 with..... **SM10 KIT** ...OR.... **HM1010 KIT**



The HealthFirst emergent-ez "e-cart" system is a mobile oxygen supply unit complete with a demand and resuscitation valve. The "e-cart" system, when combined with a basic emergency kit, prepares your office for common emergencies.

The oxygen supply, on a wheeled cart, can be quickly moved to an emergency.

The demand and resuscitation valve will provide either positive pressure or demand oxygen applications (pictured lower left.)

The basic color-coded emergency kit, either model SM10 or model HM1010 (pictured above) is accessible in the easy-to-reach bracket on the cart.

PROTECT YOURSELF... BE PREPARED!



DEMAND VALVE (LEFT) Patient activates valve with breathing. **RESUSCITATOR (rt.)** The non-rebreathing valve permits it to be used as a resuscitator in combination with a manually operated button easily located on top of the valve.



HealthFirst Corp.

22316 70th Ave. W., #A
Mountlake Terrace, WA 98043

1-800-331-1984

website: www.healthfirstcorp.com

WARNINGS Dental practitioners who employ local anesthetics should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen and other resuscitative drugs should be available for immediate use.

Dental research issues eyed

The ADA Council on Scientific Affairs acknowledges the following list of critical research issues is not exhaustive, and will continue to review suggested changes annually. The items listed below are considered to have the greatest urgency. Is an important topic missing? Forward your suggestion to the council at Ext. 2878 or "science@ada.org".

Mission statement

A major objective of the Association is to promote a good quality of life by improving the oral health of the public and encouraging optimal health behaviors. To achieve this objective, it is imperative that the Association take a lead-

Health & Science

ing role in promoting, conducting and critically reviewing research on topics related to dentistry and its relationship to the overall health of the individual. The Association should serve as a facilitator of the national dental research effort, help determine the priority of topics for research and ensure the timely dissemination of information to the profession.

Oral disease

- Expand research on the transmission, early

detection and management of caries, including root surface caries.

- Promote research on the early detection, diagnosis, prevention and treatment of oral and pharyngeal cancer.
- Promote research for the prevention and management of oral mucosal viral disorders, such as recurrent herpetic infections.
- Promote research on the transmission and detection of periodontal disease.

Oral care management

- Study the use of antibiotics, the development of antibiotic resistance and promote the development of guidelines for the use of antibi-

otics in dentistry, including identification of appropriate and inappropriate drug regimens and indications for antibiotic prophylaxis.

- Promote research into the causes and management of xerostomia, especially regarding autoimmune disease and medications that induce hyposalivation.
 - Continue research on the mechanisms of action of fluorides, the pre- and post-eruptive effects of fluoride on caries, and total fluoride exposure including dietary and environmental sources.
 - Study the effectiveness of fluoride varnish for caries prevention in preschool-age children and the effect of fluoride varnish on the development of enamel fluorosis.
 - Promote research on dental demineralization and remineralization.
- Dental biomaterials**
- Promote clinical evaluation of restorative materials.
 - Promote research and development on sealants, adhesives and effective biocompatible dental materials for restorations.
 - Promote research on biomimetic materials and other novel materials that minimize tooth loss or replace missing tissues.
- Technology**
- Promote research on saliva diagnostics and other oral fluids.
 - Promote research on diagnostic devices

*Has been shown to cause patients to brush longer.†

Crest WHITENING EXPRESSIONS™

Healthy, Beautiful Smiles For Life

To order, visit dentalcare.com and reference promotion code: news.

†In a study of Crest Whitening Expressions toothpaste, Crest Whitening Expressions toothpaste caused patients to brush longer than Crest Whitening Expressions toothpaste. The study was conducted by Crest Whitening Expressions. Crest Whitening Expressions is a registered trademark of Crest Whitening Expressions, Inc. © 2003 P&G.

Reference: 1. Crest Whitening Expressions
 © 2003 P&G P&G 1078 CWN030314



- and methods (emerging technologies).
- Patient and provider safety**
- Study the long-term safety of tooth bleaching procedures.
 - Promote studies on ergonomics as it relates to dental instruments, products, materials and dental procedures to help ensure the health of practitioners and allied dental personnel.
 - Promote research on the health implications from exposure to aerosols generated during dental procedures.
 - Promote research on the health implications from exposure to dental materials such as dental amalgam, resins, latex and other chemicals in the dental workplace.
- Systemic health considerations**
- Promote research on the interrelationship between oral and systemic health and on clinical management as it relates to the genetic profiles of different ethnic groups, to specific patient groups (acutely ill, chronically ill, cancer, female, pediatric and geriatric) and to dental care as part of prenatal or perinatal care.
 - Promote such research as it relates to cardiovascular disease, preterm low birthweight babies, osteoporosis, diabetes and obesity.
- Access barriers**
- Promote research on the socioeconomic,
- See ISSUES, page 15

Research

Continued from page one
health needs and priorities, and guides funding agencies in the appropriate allocation of scarce research and training funds.

And what better way to have short- and long-term impact on the quality of patient care, “best practice” guidelines and the continuing development of dental practice than to include a call for up-to-date systematic reviews?

“Systematic reviews are the backbone of evidence-based dentistry,” explains Dr. Jeske, “because they determine whether the scientific evidence supports an intervention and its effectiveness—which is why the council has placed priority emphasis on evidence-based dentistry in several key areas of investigation.”

To promote the concept of evidence-based research models, the new Research Agenda “supports the dissemination of evidence-based protocols for the diagnosis, treatment and prevention of oral diseases,” he says, “and development of evidence-based indications for the placement, replacement or repair of dental restorations.”

Other primary themes verified by the Council on Scientific Affairs to accurately reflect current research issues impacting the dental profession are as follows:

- tooth bleaching procedures and their long-term safety;
- fluoride varnish, its effectiveness for caries prevention in preschool-age children and effect on development of enamel fluorosis; and
- ethnic and gender differences in oral and craniofacial disease processes and treatments, and genetic profiles of different ethnic groups in studying the interrelationship between oral and systemic health.

“The ADA is dedicated to improving access to quality dental care,” Dr. James B. Bramson, ADA executive director, notes. “To provide such care for all patient populations, the profession needs research that addresses ethnic and gender differences in oral and craniofacial disease processes and treatments. The ADA recognizes this need and made it a priority topic high-



lighted in the Research Agenda.”

The ADA is distributing the 2004 Research Agenda to the NIDCR, IADR, AADR, CDC, Agency for Healthcare Research and Quality and other government agencies, as well as U.S. and Canadian dental schools, professional specialty groups and other organizations that share interests with the Association.

Does the Research Agenda omit an important topic? Practitioners are encouraged to forward their suggestions to the Council on Scientific Affairs at Ext. 2878 or “science@ada.org”. ■

Articulating needs: Dr. Teri Barichello of the Committee on the New Dentist talks about research objectives with Drs. Mahvash Navazesh (right) and Carol Anne Murdoch-Kinch (left) of the Council on Scientific Affairs.

Issues

Continued from page 14
geographic and cultural barriers to oral health care, as well as barriers within the dental profession, and develop strategies for extending quality care to all Americans.

- Address ethnic/gender differences in oral and craniofacial disease processes and treatments.

Environmental issues

- Develop protocols for evaluating technologies and systems designed to reduce amalgam waste and mercury in dental wastewater.
- Promote studies aimed at determining the effect of the release of dental office waste on the environment, and the need for and cost-effectiveness of chemical collection devices (such as amalgam separators) and other aspects of waste management in dental practice.

Interprofessional transfer

- Develop effective methods to disseminate current evidence-based protocols for the diagnosis, treatment and prevention of oral diseases.
- Develop and evaluate the impact of a national practice-based dental research network.

Public transfer

- Develop methods to disseminate pertinent information on dental issues to the public.

Research models

- Promote the concept of evidence-based research models.
- Support the continued need for animal-based research models. ■



Unexpected surprises are the last thing you want from your impression material. Remakes, lost time and patient dissatisfaction can be very costly. For over 30 years, dentists have depended on 3M ESPE brands to provide the highest quality impression materials and delivery systems. We introduced the first cartridge dispensed vinyl polysiloxane impression material and revolutionized impressioning with the introduction of Impregum™ Polyether Impression Material and the Pentamix™ Mixing Unit. Before you place your next impression material order, be sure the brand you select has undergone thorough research and extensive clinical testing.



To order, contact a 3M ESPE authorized distributor. For more information, visit our web site at www.3MESPE.com or call 800-634-2249.

Impregum™
Polyether Impression Materials

Imprint™
Vinyl Polysiloxane Impression Materials

Pentamix™
Mixing Unit



Ad 264044p031 to be placed at Quad!!

Annual Session

Orlando's many attractions: fun for everyone

Orlando, Fla.—Your favorite cartoon character legends are just the tip of the orange grove here in one of the nation's premier vacation spots.

Dentists, team members, families and friends attending the 145th Annual Session of the American Dental Association Sept. 30-Oct. 3 will be able to choose from an amazing array of Orlando attractions and pastimes, while enjoying the warm, sunny central Florida climate.

Families can visit the area's many theme parks and attractions, including Walt Disney World, Universal Studios, Sea World, Busch Gardens, Cypress Gardens, Cocoa Beach and the Kennedy Space Center. Those registered for annual session can also receive discounted admission at many local attractions.

Orlando also boasts a variety of resort hotels for visitors who'd like to enjoy some rejuvenation time, plus more than 150 golf courses and 800 tennis courts for those who prefer more active relaxation.

Dining enthusiasts will be able to choose from some 4,500 Orlando eateries, including

more than 50 upscale dining spots within a 10-mile radius of the Orange County Convention Center.

Orlando has nearly 52 million square feet of retail shopping space that offers everything from Versace, Gucci and Tiffany to outlet center bargains and flea market finds. Browse through nine regional malls, five outlet malls, upscale boutiques, antique markets, farmers' markets and flea markets for treasures, trinkets and souvenirs.

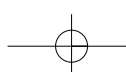
In addition to Orlando's many leisure activities, those attending can also enjoy four full days of continuing education that include more than 165 programs; the new ADA Marketplace featuring over 700 exhibitors; special events at Orlando theme parks; an evening of comedy featuring the legendary Bill Cosby; the ADA/Sonicare Distinguished Speaker Series featuring some of the world's most compelling speakers; ADA-sponsored tours; and much more. Orlando is bursting with opportunities for you and your family.

Watch the ADA News and ADA.org for more information about annual session 2004. ■



Photo courtesy of Orlando/Orange County Convention & Visitors Bureau Inc.

Shop for fun: Pointe*Orlando on International Drive offers an array of shopping, dining and nightlife.



Bill Cosby set to tickle funny bones at annual session

Orlando, Fla.—Bill Cosby—renowned comedian, actor, writer, television host, producer, composer and father, will grace the stage at the ADA annual session here this fall.

One of the nation's best-loved stars will perform a special evening of comedy Saturday, Oct. 2, at the Orange County Convention Center.

Mr. Cosby's humorous stand-up comedy observations about life as a kid growing up in Philadelphia, a son, brother, friend, husband and father have packed venues from small nightclubs to a record-attendance event at New York City's Radio City Music Hall, earned him eight Grammy awards, 10 gold and five platinum records.

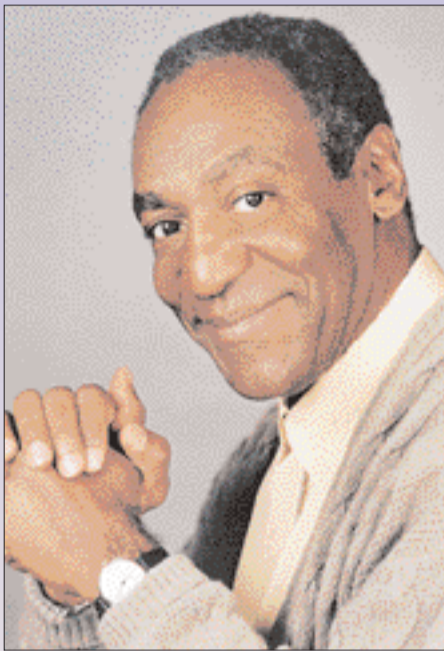
His notable tenure as one of American television's icons began with his Emmy-award-winning role as the spy Alexander Scott in the 1960s TV series "I Spy." Mr. Cosby was the first African-American to star in a television series. "I Spy" gave him the vehicle to earn three Emmys while breaking racial barriers in the television industry.

From 1984-92, he starred in "The Cosby Show." His television and comedy work has also netted three Golden Globe Awards and 16 People's Choice Awards, including all-time favorite performer in 1999. Mr. Cosby's work was also honored with the NAACP Image Award in 1991 and the Kennedy Center Honors Lifetime Achievement Award in 1998.

Mr. Cosby has penned eight books, including his latest, "I Am What I Ate ... and I'm Frightened," a humorous look at the changes he's made to control his cholesterol and live a healthier lifestyle.

Younger generations have come to know him from the TV series "Little Bill," "Cosby" and "Kids Say the Darndest Things," and as the commercial spokesperson for Jell-O.

Born of humble beginnings in the Philadelphia housing projects in 1937, he left school after 10th grade to join the Navy. He



Funny man: Bill Cosby will share his hallmark humor at an annual session special event Oct. 2.

finished high school through a correspondence course and, following his discharge from the Navy, attended Temple University.

Also a noted film star, producer and jazz composer, Mr. Cosby is well known for his dedication to philanthropy, education and creating positive role models for African-Americans.

Perhaps one of his better-known roles is that as husband and father. The dedicated family man and funny man was honored last July with the nation's highest civilian honor—the Presidential Medal of Freedom—for his contributions to American culture.

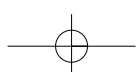
Watch for the ADA Preview to Annual Session coming in May for information on how to order tickets for this ADA-exclusive event. ■

Ad 246044p039 to be placed at Quad!!!



Photo courtesy of Orlando/Orange County Convention & Visitors Bureau Inc.

Relax Orlando-style: A combination of shops and entertainment establishments, Festival Bay at International Drive offers a spot for visitors to relax, shop and have fun.



Compare
Our rates, our benefits and our service to your current professional liability coverage!

Assuming you're fully covered by your current malpractice insurance could jeopardize your financial security and your career. Protect yourself now because ... Inadequate coverage can leave you responsible for unexpected expenses!

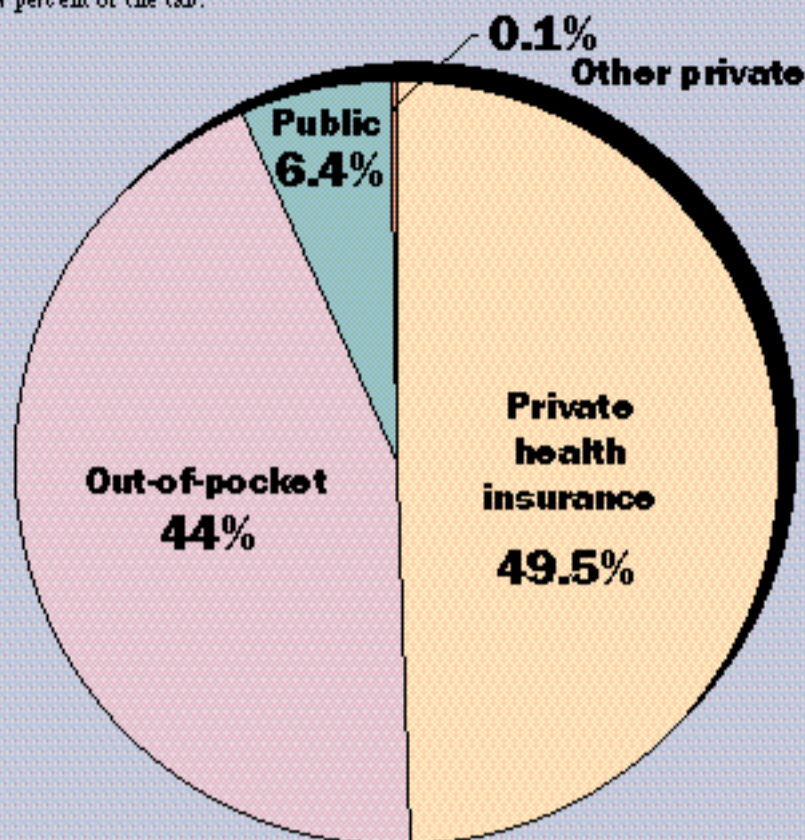
Call today for a quick rate quote
Call **1-888-778-3981**
or visit us on-line
at **www.dentists-advantage.com/ada1**

Dentist's Advantage
Professional Liability Insurance

This material is for informational purposes only. All coverages are subject to terms and conditions described in the policy. Not all coverages may be available. Dentist's Advantage is a division of Allstate Insurance Services, Inc., in NY and PA, Allstate Insurance Agency, in MN and OK, Allstate Insurance Agency, Inc., and in CA, Allstate Insurance Agency, Inc. See your Division Administrator License #030420. ©2003 Allstate Insurance Company. 1/03-CBT

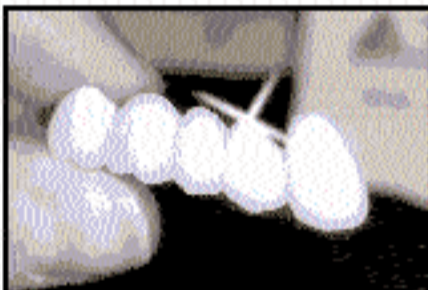
Dental spending

Private health insurance paid \$34.8 billion for dental care in 2002, the biggest source of dental spending in 2002. Patients paid \$30.9 billion, 44 percent of the tab.



Source: U.S. Census for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group

You Can Have Beautiful Restorations Back in Your Office in 3 Days!



- One Certified Dental Technician Completes Your Casework In Two Days...
**No Interruptions
No Delays
No Assembly Line**

- Your Finished Restorations Are Back In Your Office On The Third Day

Call Aaron Or Sandy At
800-252-0232

Porcelain-Fused-to	
Base Alloy	\$79
Noble Alloy	\$95
High Noble White	\$105
High Noble Yellow	\$110
"Pinnacle/Captick"	\$105
All-Ceramic Frame	\$115
Gold Inlays/Crowns	
Porcelain Veneers	\$90
Porcelain Inlays/Crowns	\$99
Nano-Hybrid Composites	\$75
"Shine-Temp" Provisionals	\$25

Fees include All Alloys

Aaron A. Anderson, CDE
President/General Manager

Sandy Lammach, CDE
Regional Sales Consultant



Baypointe Business Center,
6600-1 Montgomery Circle
Jacksonville, FL 32214
(904) 771-1664

Spending

Continued from page one
decade stands out against various economic measures.

Dental spending in 2002 increased by 7.2 percent and total health care spending by 9.3 percent over the previous year. By contrast, the Gross Domestic Product, one prominent measure of economic growth, increased by 3.6 percent from 2001 to 2002.

Patients directly pay nearly half the costs of dental care, spending \$30.9 billion-out-of-pocket for dental services or 44 percent of all dental spending. Private insurance covered \$34.8 billion of the cost and public funds, primarily Medicaid, which paid \$4.5 billion. Americans pay just 13.6 percent out-of-pocket for all health care, but the report's authors say recent increases in total out-of-pocket spending "could reflect a rising uninsured population as well as rising co-payments

and deductibles paid by the privately insured."

Americans spent \$65.6 billion for dental care in 2001.

The authors of the new NHE report suggest that the disparity between the rate of growth of the health sector of the economy and overall economic growth "will have ramifications for both public and private sectors of the U.S. economy."

"Businesses faced with increased health insurance costs will confront tough choices to cut expenses, possibly prompting smaller wage gains, reductions in health benefits, or greater cost-shifting to employees," says the HHS summary of the 2002 report. "State and federal governments also are faced with costs rising more rapidly than their revenues, leading every state to scrutinize discretionary Medicaid benefits as the number of eligible for coverage continue[d] to grow."

The authors also report on health spending trends in the January/February 2004 health policy journal Health Affairs. ■

ADEA annual session meets in March in Seattle

Seattle—The American Dental Education Association will hold its 81st Annual Session and Exposition March 6-9 at the Washington State Convention Center.

The development of leadership skills is the focus of this year's session, themed "Mentoring: Leadership, Learning, Legacy."

Special programs will cover ethics, recruitment and retention and faculty development, while a half-day workshop will address how to conceptualize and write scholarly papers. A technology fair will feature lecture-style pre-

sentations and the latest in software and technology as it applies to instruction, clinical and administrative information systems and other topics in dental education.

An exposition March 8-9 will include exhibitors from 100 dental education institutions and corporate product suppliers.

The preregistration deadline for the ADEA annual session is Feb. 18. Registration and additional information about the meeting are available at "www.adea.org" or by calling 1-202-667-9433. ■



If it's February, it's Dental Careers Month

BY KAREN FOX

In 2003, the ADA House of Delegates approved a resolution setting aside February as a month to promote career opportunities in dentistry and the awareness of dental and allied dental careers. The celebration kicks off with the Annual National Groundhog Job Shadow Day beginning Feb. 2 and continuing through the spring of 2004.

Coordinated by Junior Achievement, America's Promise: The Alliance for Youth and the U.S. Department of Labor, the event promotes the value of job shadowing, which enables young people to follow a workplace mentor as he or she goes through a day on the job. Job shadowing is an opportunity to expose students first-hand to dental careers, specifically dentistry, dental assisting, dental hygiene and dental laboratory technology careers.

Information on job shadowing can be found at "www.ada.org/prof/ed/careers/jobshadow.asp" and at "www.jobshadow.org".

There's even more good news on dental careers: the ADA is preparing to launch a new mentoring initiative designed to reach out to school-age children (K-16) and share the world of dentistry to get students thinking about dental careers from an early age.

The mentoring initiative pairs practicing dentists with students who have expressed an interest in dentistry and gives students a glimpse into the profession from a practitioner's perspective—perhaps even an opportunity to observe first-hand the practice of dentistry.

In October 2003, the ADA distributed the mentoring initiative how-to guide to a group of 19 dental societies and schools that participate in a pilot program.

The North Dakota Dental Association is one of the societies in the pilot program. Currently in the early planning stages of the mentoring initiative, the NDDA has set an objective of exposing more students to dental practice to alleviate the maldistribution of dentists in that state.

"We feel that by increasing the awareness of dental careers and offering dentistry as a career choice, it might help ease some of the shortages we have in our rural areas," said Kala Bollwitt, NDDA assistant to the executive director.

Once mentor dentists are recruited, the NDDA plans on working with area schools to identify students with an interest in dentistry.

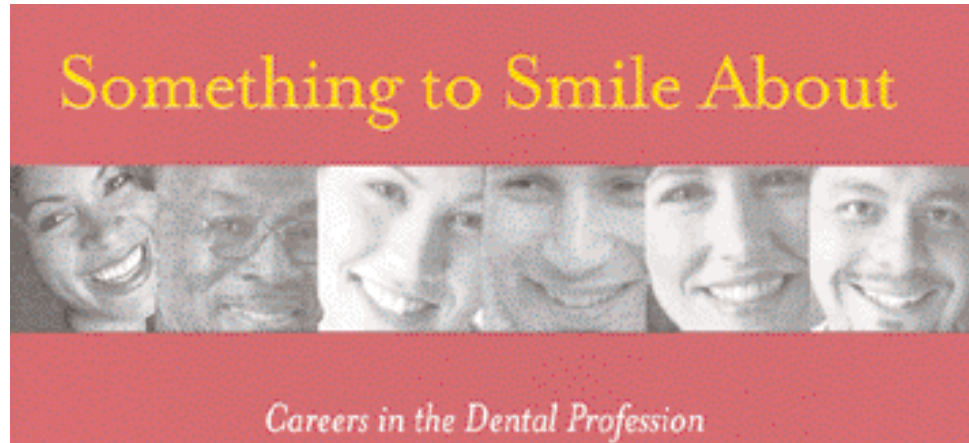
"It could be any age," added Ms. Bollwitt. "Sometimes students in junior high or high school already know what they want to do, so we want these age groups to start considering dentistry."

Materials supporting the program are being distributed and will be available on ADA.org soon.

The mentoring and job shadow programs are part of the ADA's stepped-up efforts to promote careers in the dental profession. Feedback from advisors for careers in the health professions indicates that school-age students with an interest in health careers are often encouraged to pursue medicine. Dentistry is seldom "on the radar."

The ADA plans to change that way of thinking through the "Something to Smile About: Careers in the Dental Profession" materials that are designed to help dentists, teachers and guidance counselors communicate the vitality of

careers in dentistry, with an emphasis on materials that are sensitive to population groups traditionally underrepresented in dentistry. All materials were developed in collaboration with the Hispanic Dental Association, the National



Dental Association and the Society of American-Indian Dentists in order to appeal to groups traditionally underrepresented in dentistry.

Something to Smile About materials supporting the Campaign for Dentistry include resources on careers in dentistry, dental assisting, dental hygiene and dental laboratory technology. They include a CD-ROM, tabletop

exhibit, a career brochure, a one-page ad slick and a poster. A video showing the variety of career options in dentistry is currently in production and will be available soon.

For more information on job shadowing, or if you're interested in mentoring or Something to Smile About resources, contact Beverly Skoog, coordinator, Career Guidance, at Ext. 2390 or "skoogb@ada.org". ■

Ad 246044M034 to be placed at Quad!!!

Ultra
Improved

DENTSPLY
CAULK

With Aquasil's new Ultra improvements, the impression material that's gained the most "impression-to-placement" confidence of dentists is now better than ever!

Relax.

You're on your way to an Ultra Restoration.

Aquasil Ultra

Impression Material captures a level of detail far beyond the leading polyether or any VPS.¹

This SEM photo of an in-vitro Aquasil Ultra impression demonstrates its extraordinary ability to capture and retain even the finest detail in a wet field. Notice how the material's ideal combination of wettability and strength allows it to flow into the dentinal tubules and remain intact during removal.

• Ultra Wettable

Aquasil Ultra Impression Material is **8 times more wettable than Impregum[®]**, and is designed to *minimize voids and bubbles*.

• Ultra Strong

Aquasil Ultra's wash material is at least **40% stronger than 23 other leading wash materials tested¹**, and was designed to help *minimize tearing and distortion*.

• Ultra Forgiving

Aquasil Ultra Impression Material is designed to *minimize pulls and drags*.



The first
VPS Impression
Material rated **5-Stars**
by **REALITY.**

Aquasil Ultra
SMART WETTING[®] IMPRESSION MATERIAL

Take it easy... Aquasil Ultra Impression Material has got it under control. To learn more about the complete line of Aquasil Ultra Smart Wetting[®] Impression Materials, call 1-800-LD-CAULK ext. 794

For more information contact DENTSPLY Caulk: 1-800-LD-CAULK (532-2365) ext. 791, 1-800-253-1437 (Canada), www.dentsply.com

To order, contact your authorized dealer.

1. Data on file.

Impression courtesy of Dr. Alan Baghrosian, DDS, Hamberg School of Medicine, Northwestern University. Impregum is not a registered trademark of DENTSPLY International.

U.S. Patent Nos.: 5,661,222, 5,483,885, and Patents Pending.
©2001 DENTSPLY International. All Rights Reserved.