5-21-2007

ADA News - 05/21/2007

American Dental Association, Publishing Division

YOUR DENTAL ADVOCATE

PROOF

Your Dental Advocate, inside between pages 12-13

AMERICAN DENTAL ASSOCIATION

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ADA NEWS®

MAY 21, 2007

VOLUME 38 NO. 10

State dental leaders share progress on public affairs

Photos by Bill Geiger

From the states: (Above) Dr. Anita Elliott, president of the Arizona Dental Association, and Rick Murray, executive director, talk about community dental health coordinators May 1 at the Washington Leadership Conference. (Left) Bill Zepp, Oregon Dental Association executive director, lauded the flexibility of the public affairs initiative. "It's been a tremendous support for us."

BY CRAIG PALMER

Washington—State dental leaders speak to the promise and challenge of the ADA's budding public affairs initiative.

We appreciate the help we're getting, they said in Washington Leadership Conference reports describing early progress with the public affairs strategy approved by the 2006 ADA House of Delegates and just coming into bloom.

The House directed the Association to "initiate a nationally coordinated, state-targeted, integrated public affairs plan" by partnering with selected state dental associations facing significant advocacy issues.

In Arizona it was "access challenges in our rural and tribal areas" and in Maine, "a perfect storm" of legislation.

■ **Public affairs initiative explained, page 18**

In Oregon, "we were back into our fluoride battle." WLC reports from the profession's tripartite leadership and the private sector firm managing the initiative, Chlopak, Leonard, Schechter, offered the first project update for a national dental audience.

The WLC attracted more than 600 dental leaders, including nearly 400 dentists and state constituent officers, executives and lobbyists, from around the country.

Dr. Anita Elliott, president of the Arizona Dental Association, and Rick Murray, executive director, see the partnership introducing a community dental health coordinator to the dental team to increase access to care in rural and tribal areas. "Rick and I are presenting across the state to educate, inform and solicit support and feedback as the ADA develops the curriculum," she said. "We are working together to carry a consistent message about the CDHC to communities in

See AFFAIRS, page 18

BRIEFS

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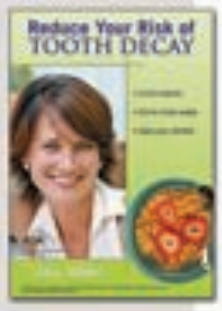

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FIRST IN A SERIES

Tracking malpractice stats

What's the real story among dentists on incidence, outcome of claims?

BY ARLENE FURLONG

Is the number of dental malpractice claims filed increasing or decreasing?

What treatments and adverse outcomes most frequently invoke malpractice allegations?

Of claims that are paid, what's the average cost to a dentist?

What do insurers view as a major cause of claim filings?

The ADA Council on Members Insurance and Retirement Programs conducted a survey to learn the answers to these and other questions about trends in dental malpractice claims.

During the first six months of 2005, 15 insurance companies insuring 104,557 dentists were surveyed on covered malpractice claims reported during the five-year period between 1999 and 2003.

■ **New Hillenbrand fellow named, page three**
■ **Science in the News, page 14**

The council had two primary goals in designing the 2005 Professional Liability Survey:

• showing where risk management educational efforts can be most effectively directed to improve the quality of patient care;

• increasing the ADA's ability to respond to members and the various researchers who look to the Association for data on the frequency and cost of dental malpractice claims.

The council also considered a collateral benefit—as the quality of care improves, the cost of dental professional liability insurance should decline.

"Prior to these findings, we were never able to get more than just a snapshot of a particular company's experience," said Dr. Sandy Bocks, CMIRP's chair. "This survey, by including a large number of companies, is more of a group photo of the dental profession."

Statistics on the frequency, cost and causes of dental malpractice claims have long been available only from the insurance companies that underwrite dental professional liability insurance. National Practitioner Data Bank data does not include information on

See MALPRACTICE, page 10

Panel to study Commission on Dental Accreditation

BY KAREN FOX

Taking action to address concerns over the Commission on Dental Accreditation raised to the ADA Board of Trustees in recent years, the Board in April called for a task force that will examine CODA's structure, governance, policies, operating procedures and functionality.

"The concerns have been

See CODA, page 12

JUST THE FACTS

Dental visits

Average number of annual visits to independent dentists, 2004.

Source: ADA Survey Center "survey@ada.org", Ext. 2568

Alpha Omega centennial celebration continues

Tel Aviv, Israel—The Alpha Omega International Dental Fraternity will conclude its 100th anniversary celebration here Dec. 25-Jan. 1 at the 2007 Annual International Convention.

The yearlong celebration began at the organization's 2006 meeting in Las Vegas and will culminate with the dedication of a permanent historical exhibit at Hebrew University, Hadassah School of Dental Medicine in Jerusalem, which Alpha Omega founded in 1953. Alpha Omega is also responsible for forming Israel's other dental school, Tel Aviv University, Maurice and Gabriela Goldschleger School of Dental Medicine.

Alpha Omega, which is one of the first international dental organizations, boasts more than 6,000 members worldwide. It was founded in 1907 in Baltimore by a group of dental students determined to fight discrimination in dental schools. Today's headquarters are in Princeton Junction, N.J.

For more information about the Tel Aviv meeting, visit the AO Web site at "www.ao.org" or call 1-877-677-8468. ■

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG
ADANEWS
(ISSN 0895-2930)

MAY 21, 2007 VOLUME 38, NUMBER 10

Published semi-monthly except for monthly in July and December by the American Dental Association, 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.

ADA
American Dental Association
www.ada.org

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SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-7735. Rates—for members $8 (dues allocation); for nonmembers-United States, U.S. possessions and Mexico, individual $67; institution $100 per year. Foreign individual, $92; institution $125 per year. Canada individual, $81; institution $112 per year. Single copy U.S. $11, foreign U.S. $13. 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, 211 E. Chicago Ave., Chicago, Ill. 60611.

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'The opportunity of a lifetime'

Dr. Quinn Dufurrena named ADAF Hillenbrand Fellow

BY STACIE CROZIER

The ADA's newest Hillenbrand Fellow knows there are challenging issues facing dentistry now and in the future—and he has the background and experience to examine them from multiple points of view.

Dr. Richard Quinn Dufurrena (call him Quinn) practices general dentistry in rural Spring Creek, Nev., a practice setting, he says, that has kept him busy.

"I was right out of dental school and the only dentist in town," says Dr. Dufurrena. "There was literally a line waiting outside the first day I opened my door."

Practicing in rural areas, he emphasizes, can offer big opportunities for dentists and other health care professionals.

"If you didn't grow up in a small town, you might miss the shopping, the theater, the restaurants," he says, "but you learn to compensate."

Living three hours drive away from a city in a ranching and mining region in northeastern Nevada, Dr. Dufurrena—a licensed pilot—bought a plane. "That got me to within 45 minutes of city life."

But two years ago, not one, but three near misses because of aircraft mechanical problems prompted him to stay on the ground, content with his three-hour drives.

"My wife and I are really looking forward to a year in Chicago. We're looking forward to trying the restaurants."

Active in organized dentistry and community-based projects, Dr. Dufurrena is also busy finishing up a law degree. He has a special interest in health law and bioethics, two areas he says "are huge now and will be in the future—they are very exciting, In the future I hope I can be working to develop health policy."

His legal background, he adds, strengthens his knowledge in areas that affect dental practice, including antitrust, risk management, contracts and employment law.

"Sometimes there don't seem to be enough hours in the day, but I seem to get it all done," he says.

His background also includes four years in the U.S. Navy Dental Corps. He served as diplomat to Venezuela, Colombia, Panama, Ecuador, Peru, Chile, Uruguay and Brazil in 1986 and was the U.S./British liaison dental officer in Scotland from 1987-1990.

He also volunteered as associate professor at Oregon Health and Science University School of Dentistry in 1998 when the school faced a shortage of instructors.

After seeing a call for applications for the fellowship in the Dec. 11, 2006, ADA News, Dr. Dufurrena says he thought, "This is the opportunity I've been waiting for.

"I want to concentrate on learning leadership skills and I'm really looking forward to taking courses at the [Northwestern University] Kellogg School of Management—it's a world-class program."

Although his official start date at ADA Headquarters is Sept. 4, Dr. Dufurrena says he will start reading and researching well beforehand.

"I'd like to do something great with this opportunity," he says. "It's the opportunity of a lifetime and I don't intend to waste a minute of it." ■

—croziers@ada.org

Coming to Chicago: Dr. Quinn Dufurrena looks forward to learning leadership skills as the ADA Foundation's Hillenbrand Fellow.

What is the Hillenbrand Fellowship?

Awarded every two years, the ADA Foundation Hillenbrand Fellowship is a program designed to introduce practicing dentists to national career paths in health policy leadership and management.

The 12-month internship focuses on non-clinical organizational experience and education and gives fellows intensive orientation to all ADA agencies and departments, orientation to other organizations serving oral health, a basic orientation to federal and state government agencies playing key roles in oral health, academic courses and project experience.

For details, log on to "www.ada.org/goto/Hillenbrand". ■

ViewPoint

MyView

Taking time for you and dentistry

Kelly Barnett, D.D.S.

Hello, my fellow dentists. How are you and how was your day? I can be relatively sure that most of you had a day very similar to mine. We woke up early, we got home late, and in that middle portion we ran like crazy taking care of other people.

Throughout our day, we all wore and juggled many different "hats." Today I was dentist, mom, wife, small business owner, boss, volunteer, component society president, daughter, taxi driver, errand runner, philanthropist, manager, sister, cook, equipment repairman, teacher, counselor and friend. Think about all the hats that you wore today. No wonder we're so tired.

Dentistry is a very demanding profession. As health professionals we must always concentrate on the health of others. But tell me, when was the last time that you really thought about your own personal health, the health of your practice and the health of our profession?

We must all learn to take care of ourselves, our practices and the issues that affect the profession of dentistry so that we are better able to care for our patients, employees and community. When all these things are in balance, we are able to give so much more.

When was the last time that you really thought about your own personal health, the health of your practice and the health of our profession?

The life of a dentist is a juggling act. If we try to juggle too many hats at one time, our view will become obstructed and we risk dropping them all. It's best to try to only wear one or two hats at a time so we can fully concentrate on our act.

First, put on your "me" hat. We must start with ourselves. Get some sleep, eat right, get healthy and build a strong emotional support system. If we aren't feeling well, how can we possibly take care of others?

Second, put on your "business owner" hat. We must take care of our practices. If we are worried about making payroll or having employee woes, we will be personally stressed and our patients will suffer.

Next, put on your "dentist" hat. We must continue to learn and grow to provide the best quality dentistry that our patients deserve.

Lastly, put on your "volunteer" hat. We must take care of our profession. Get

See MY VIEW, page six

LettersPolicy

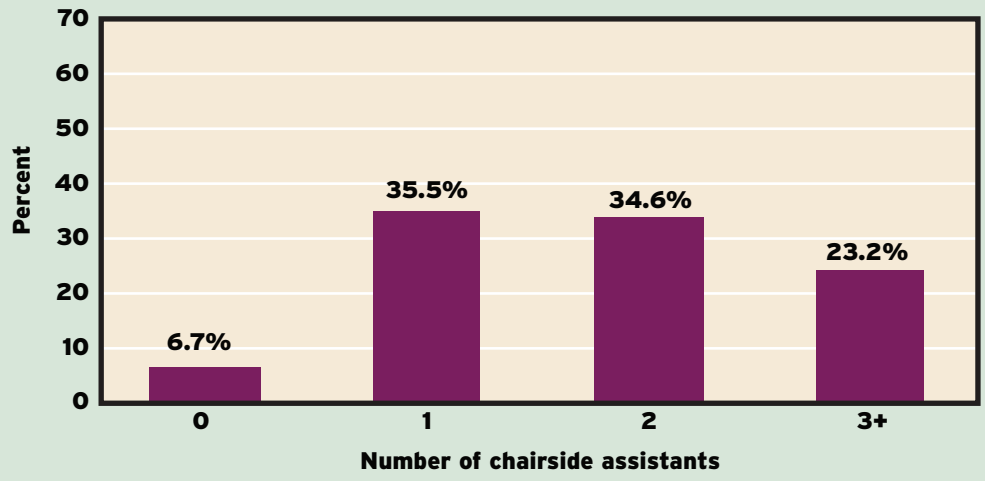
ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views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

SNAPSHOTS OF AMERICAN DENTISTRY

Dental assistants

Independent dentists who employ chairside assistants are most likely to employ one or two. Less than one-quarter of independent dentists employ three or more chairside assistants.

Percentage of independent dentists employing both full-time and part-time chairside assistants, 2004



Source: American Dental Association, Survey Center, 2005 *Survey of Dental Practice.*

Letters

Deamonte Driver

Regarding "No More Needless Deaths" (April 2 ADA News), if access to care is the real problem then let's get to the root of the problem. Dentists decline to treat Medicaid patients because reimbursements are poor.

Medicaid needs to be revamped. No longer should it provide comprehensive care but should limit care to procedures that keep the patient pain-free utilizing universal access to all practitioners with reimbursements that are commensurate with the paying population.

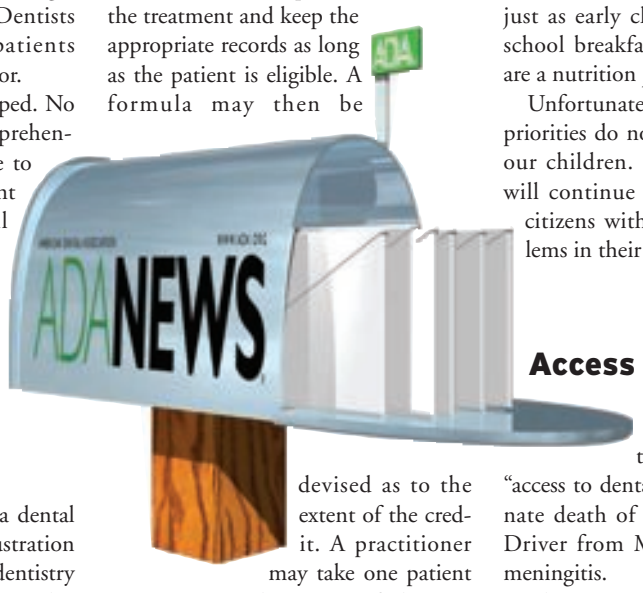
Michael D. Switkes, D.D.S.
Jacksonville, Fla.

Medicaid

The tragedy of death from a dental infection invokes rage and frustration from those of us in pediatric dentistry ("No More Needless Deaths," April 2 ADA News). It is quite clear that the current system is in shambles and our government continues to try to patch it.

Let us get down to facts. The reimbursement rate from governmental programs (Medicaid) is at a level that does not allow those of us in private practice to even consider caring for these patients. The state of Colorado ranks 47th out of 50 in reimbursement. As a health professional and taxpayer, I find this unacceptable.

I have long been an advocate of tax credits for those who would like to treat the Medicaid patient. We do all the treatment and keep the appropriate records as long as the patient is eligible. A formula may then be devised as to the extent of the credit. A practitioner may take one patient or as many as the practice feels comfortable.



Imagine, no claims need to be processed and claims are not rejected because one digit is misplaced. I would hope that administrative costs would be drastically reduced because our offices already have the record-keeping systems in place.

Our profession has done a poor job in promoting early childhood dental care. Most pediatricians still believe that a child's first dental visit should not occur until 3 years of age. Outrageous! The diets of our young generation are terrible. Childhood obesity is on the rise and is totally preventable just as early childhood caries. Public school breakfast and lunch programs are a nutrition joke.

Unfortunately, our elected officials' priorities do not lie with the health of our children. Until this changes, we will continue to have generations of citizens with multiple health problems in their later years.

Allen H. Vean, D.M.D.
Denver

Access issue?

Let's not be to quick to blame a lack of "access to dental care" for the unfortunate death of 12-year-old Deamonte Driver from Maryland, who died of meningitis.

About 11 years ago I received an emergency telephone call from our daughter, Kristine, that our 3-year-old granddaughter, Anna, had fallen forward on her tricycle, hitting her front tooth and pushing it up into her gum.

I immediately drove to her house and moved the intruded tooth back into a normal position. A few weeks later the tooth became infected and was removed by an oral surgeon friend.

See LETTERS, page six

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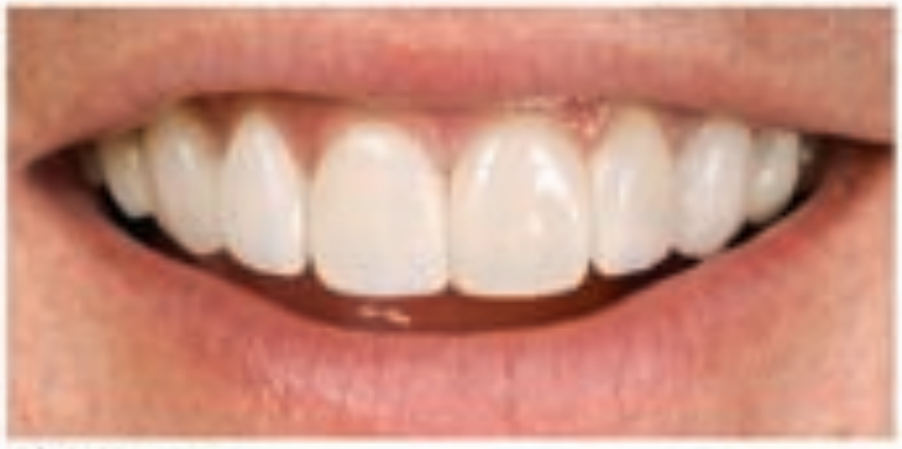

After No-prep

After Minimal-prep

"I jumped at the opportunity to see the difference between minimal-prep and no-prep veneers on the same patient. In this study, we first placed no-prep veneers on the patient and left them on for six months.

I then removed these veneers with my laser and used polishing cups to return his teeth to their pre-operative state. Using a reduction study model from the technician, I prepared his teeth for minimal-prep veneers, keeping the preparation strictly in enamel.

Two weeks later we placed the minimal-prep veneers, and were then able to compare the results with those of the no-prep veneers. I was fascinated to see the subtle differences between the two sets of veneers and you will be too."

Michael DiTolla, DDS, FAGD

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Letters

Continued from page four

Anna then began running a very high fever and was admitted to Children's Hospital, where her condition worsened.

Following many inconclusive medical tests, we asked that a spinal tap be done to check for meningitis. The spinal tap was denied because Anna did not demonstrate any symptoms of compromised motor skills that were characteristic of meningitis.

Kristine told the doctors that we wanted the test and would pay for the spinal tap ourselves. The results revealed Anna did have meningitis that was very likely a direct result of her abscessed tooth. Anna was immediately treated with the proper antibiotics, and is a healthy 14-year-old today.

I write to you this story because I do not think it's fair to let the world think little Deamonte died because he, allegedly, did not have "access to dental care." In my granddaughter's case, an accurate and timely medical diagnosis and treatment saved her life, not her access to dental care.

Lloyd A. Wallin, D.D.S.
Burnsville, Minn.

Dentistry on CNN

Yesterday was a typical busy day in my practice. During the course of the seven-hour day, 16 dental prophys and exams were completed, 11 amalgam restorations, 2 composite restorations, 1 crown prep, 3 full bony and 2 partial bony impacted wisdom teeth removed, 2 surgical extractions and 1 routine extraction. Along with the treatment, consultations with patients were held regarding Invisalign treatment, endodontic therapy and implant dentistry. At the end of the day, I was tired but filled with the satisfaction a man has when he has helped his patients.

Taking a few minutes to relax, I picked up the March 19 ADA News. I was intrigued to see that the ADA has the opportunity for three one-minute spots on CNN to tell the world about dentistry ("Dentistry Slated for CNN Focus in April on 'Health Minute' ").

However, I was shocked at the choices for topics. If I had just three one-minute spots to say anything about my profession that I could, I would come up with something more relevant than "dental spas" and "tooth whitening."

Somehow, reducing dentistry to dental spas and tooth whitening takes a profession that is an integral part of the health care system and diminishes it to something similar to a fitness gym or beauty parlor. In my practice, we mainly diagnose and treat oral disease. The salving of the narcissist's ego with cosmetic primping is not our priority, and I hope that, for the sake of our profession, is not the prime thrust of the majority of dental practices.

Now, the reason I voice this opinion is not because I have a certain bias as to which procedures are important in the dental office. The ADA has research information stating that over 90 percent of America's population has some form of periodontal disease.

Wouldn't that be a good subject to talk about? Many Americans are missing some or all of their teeth. Wouldn't it make sense to talk about options available for replacing missing teeth? Many patients today are being misled by those that claim that amalgam restorations are toxic to the human body. Wouldn't it be helpful to talk about the wonders of amalgam, longevity, cost effectiveness, ability to place in subgingival and moist, hard to isolate areas?

Giving the ADA the benefit of a doubt, I will assume that CNN gave you the topics to discuss. If that is the case, I would encourage the ADA to make a stand and declare that we have much more important and pertinent topics to relay to the American public.

Alan Friz, D.D.S.
Huntingburg, Ind.

Editor's note: Although an ADA spokesperson participated in the CNN Health Minutes, CNN news staff selected the topics for each of the dental segments. However, we believe the ADA spokesperson very capably brought balance to each segment, refocusing the viewing audience from the "bells and whistles" of a dental office or a "popular dental procedure" to the dentist and his/her primary role as an oral health provider and the importance of good oral health.

MyView

Continued from page four

involved in your society. We need you! There are so many ways that you can give back. Let me count some ways:

(1) Get involved in the legislative issues and laws that affect our profession and our future. Let your voice be heard and talk to your local legislators. Are they compassionate about the issues that affect dentistry? Do you agree with them? Then donate to their campaigns.

(2) Come to your state and local dental society's annual continuing education and charity programs.

In Springfield, we have the annual "Smiles from the Heart" Dental Auction. The proceeds from these events go directly to our foundation to fund local dental charities like the Tooth Truck, the Children's Smile Center in Ozark, the Grin Iron Classic, scholarships for local dental and hygiene students, and staffing and supplies for Give Kids A Smile programs.

(3) Participate in the National Children's Dental Health Month school screenings or volunteer your services for Give Kids A Smile and/or the emergency dental care program for the Springfield school system.

(4) Talk to your dental society leaders if you'd like to get involved on the society board. We are always looking for new people with fresh ideas. We will put you to work as little or as much as you desire. By giving back to your society, I promise that you will receive so much more in return.

Dr. Barnett is the president of the Greater Springfield Dental Society (Missouri). Her comments, reprinted here with permission, originally appeared in the October/November 2006 issue of Greater Ozarks Dental Health Newsletter.

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Volunteer opportunities in the Caribbean await dentists

BY STACIE CROZIER

Whether you're a seasoned international volunteer or you'd like to try a brief volunteer experience outside the U.S., there are opportunities to give back this year while exploring the Caribbean region.

The Belize Mission Project is looking for volunteers to fill a third clinic week Oct. 5-13 by signing on for a weeklong trip to Central America.

The goals of the project are to introduce volunteers to mission work, to practice dentistry and medicine in a Christian manner and to help individuals take an introspective look at their own lives and priorities.

Established in 1991 primarily as a portable dental clinic ministry to rural Northern Belize, the clinic has grown steadily in size and scope since its inception.

In 2006, the Belize Mission Project's volunteers—more than 60 in all—treated some 3,000 patients in a two-week period, and this year the trip will expand to three weeks of clinic time.

In 2006, the Belize Mission Project was able to make a lasting impact by coordinating the donation of $400,000-500,000 worth of medical equipment and establishing a new medical clinic.

"If you would like to give back some of your talent and be rewarded in the process," said Dr. J. Franklin Whipps of Centralia, Ill., "we have a way for you to do that."

Caribbean scenes: Volunteers in Belize may encounter a toucan up close (left). Dr. Phil Eheret, above left, treats a child in the St. Damien Chateaublond Hospital dental clinic in Port-au-Prince, Haiti. Dr. William Shaw of Fond Du Lac, Wis. (above, right), pauses for a photo with some young patients during a 2004 mission trip to Belize.

For more information, visit the Web site: "www.belizemissionproject.com" or call Dr. Whipps at 1-618-532-1821.

Across the Caribbean from Belize, St. Damien Chateaublond Hospital in Port-au-Prince, Haiti, is seeking a long-term volunteer dentist to work in its brand new dental clinic. A one-year commitment is desirable but negotiable.

Dr. Whipps says the project is also in need of an individual with expertise in installing X-ray equipment.

Currently, several U.S. dentists volunteer several weeks a year with Nuestros Pequenos Hermanos-Haiti orphanage and clinic, but the area is in need of a full-time dentist.

The new, three-chair clinic serves children and adults, providing preventive procedures, restorations and extractions. Dental staff act as language interpreters and provide chairside assistance.

Volunteers pay their own travel expenses but room, board, Internet, and a small stipend are all provided. A new on-site volunteer/guest house provides a safe and comfortable environment.

"I've been doing dentistry for 26 years, but in Haiti it's brand new all over again," says Dr. Phil Ehret of Manchester, Vt. Dr. Ehret has been volunteering for the organization since 2004. "I get so much more than I give. I try to give more than I get, but it's just impossible. Two weeks of doing dentistry in Haiti is a vacation to me."

Log on to "www.nphhaiti.org" and click on "volunteers—opportunities" link for more information. ■

—croziers@ada.org

DENTAL EDUCATION
OUR LEGACY-OUR FUTURE

Coming soon:
Dental education Fundraising Academy

Dental Education: Our Legacy—Our Future will offer its partner organizations the chance to obtain hands-on training and resources for fundraising within the dental profession through its first Fundraising Academy for development officers, institutional leaders and volunteers Aug. 9-10 in Chicago.

Experts both within and outside the profession will conduct sessions on planned giving, solicitation techniques and communications during the 1-1/2-day seminar.

"Our partners have spoken, and we have heard," said Dr. Richard Haught, co-chair, Our Legacy—Our Future. "They told us they wanted additional resources to help raise more contributions, so we are providing this one-and-a-half day seminar to our partners without cost."

Together, Our Legacy—Our Future's 83 partners to date hope to collectively raise more than $500 million by 2014 to address the challenges facing dental education.

Log on to "www.ourlegacyourfuture.org" for more information. ■

EPA reports list benefits in your water

BY STACIE CROZIER

What's in your water?

The months of May and June are the best time for consumers and health care professionals to check out the quality and contents of their water, because water suppliers nationwide are required by the U.S. Environmental Protection Agency to issue annual Water Quality Reports or Consumer Confidence Reports to their customers by July 1.

These reports may be mailed to your home (often with your water bill), placed in the local newspaper or made available through the Internet.

In particular, dentists and consumers in fluoridated water systems should check to make sure their water continues to be optimally fluoridated, says Dr. Lisa Howard, chair of the National Fluoridation Advisory Committee. Dr. Howard is an orthodontist in Scarborough, Maine, and president of the Maine Dental Association.

"We really need ADA members to be vigilant, to be the eyes and the ears in the field, to be the watchdog to make sure that the water systems that are supposed to be optimally fluoridated, in fact are," says Dr. Howard.

"Many of our citizens have voted for this public health benefit and dentists make their daily recommendations for individual patients with knowledge pertaining to the daily fluoride sources they are exposed to. In fact, dentists have often been the ones to notice that a system just stopped adding fluoride. Without someone reading the CCR, it might have gone uncorrected for a really long time."

Dr. Howard

CCRs are simple easy to read and understand, adds Dr. Howard. Consumers and health care professionals can check their water's fluoride levels, which are specifically called out and highlighted by water systems that optimally fluoridate their water supply.

Dr. Howard says she began reading her water system's annual report faithfully after local voters passed an initiative to fluoridate water in 2002 and fluoridation was implemented the next year to make sure her area's fluoridation levels were optimal.

For more information and an opportunity to view selected Consumer Confidence Reports, log on to the EPA Web site: "www.epa.gov/safewater/ccr/index.html" or check out your water system's fluoridation status on the Centers for Disease Control and Prevention Web site, My Water's Fluoride: "http://apps.nccd.cdc.gov/MWF/Index.asp".

Or contact the local water supplier or the local, county or state health department for the fluoride content of local public or community water supplies.

The ADA offers information on fluoride and fluoridation online: "www.ada.org/goto/fluoride". ■

Still time to sign up for New Dentist Conference, ADA-Pankey Webcast

Portland, Ore.—The deadline for reduced-rate registration for the ADA 21st New Dentist Conference has been extended to May 30.

The conference takes place June 21-23 at the Hilton Portland. Attendees can earn up to 11 hours of CE credit in clinical and practice management topics.

For information and registration materials, visit "www.ada.org/goto/newdentconf", call Ext. 2779 or e-mail "newdentist@ada.org".

The ADA-Pankey Education Connection is featuring a live Webcast on June 23 during the conference. Pankey Institute speakers Drs. LeeAnn Brady, Gary DeWood and Steve Ratcliff will bring their expertise and clinical knowledge to attendees and off-site participants through live streaming video. Dentists across all occupations and locations can participate.

For more information or to register for the Webcast, go to "www.softconference.com/ada". ■

Free courses at ADA CE Online

BY ARLENE FURLONG

Three courses by the most requested speakers in dentistry will be available at ADA CE Online this year—with just one hitch.

They're free.

Renowned dental authors, Linda Miles, Drs. Larry Emmott and Paul Homoly are bringing their presentations to ADA CE Online, thanks to the generosity of CareCredit, exclusively endorsed by the ADA.

"ADA CE Online courses meet the highest standards of our profession," says Dr. Roger J. Adams, editor in chief, ADA CE Online. "Now, due to CareCredit's generosity, we can provide top-level courses for dentists and dental team members absolutely free."

The three free courses available at ADA CE Online at no charge during portions of 2007 are respectively as follows:

• "12 Necessities of an Exceptional Practice," featuring Linda Miles;

• "High Tech High Touch: Made Simple," featuring Dr. Emmott;

• "Making It Easy for Patients to Say 'Yes,' " featuring Dr. Homoly.

The ADA CE Online-CareCredit collaboration calls for each of the three CE courses to be offered at ADA CE Online free of charge, one at a time, during the remainder of the year. Each course will then be rotated into the ADA CE Online permanent library.

The first three free courses to debut are practice management courses—which might be a departure from what some dentists taking CE would expect, says Marsha Stiegel, director of the Center for Continuing Education and Lifelong Learning Division of Dental Practice.

"These courses were designed as interviews with dental management experts and selected to help dentists take their practices to the next level," says Ms. Stiegel. "And whether clinical or practice oriented, that's what CE is all about."

CareCredit has a long history of providing practice management education to dentistry (in the early days the format was an audio cassette) and is committed to its partnership with ADA CE Online in the future.

"When we learned about the great site the ADA developed, we decided it was time to talk to the ADA about the value of taking our audio CD content and adapting it for continuing education credit," says CareCredit's Cindy Hearn. "We view this partnering with the ADA as a contribution to CE and dentistry as a whole."

Such thinking falls right in line with Dr. Adams' vision for ADA CE Online.

"Education is a life-long pursuit towards excellence," says Dr. Adams, who completed a three-year master's degree program in oral pathology, a one-year fellowship in radiology and a four-year residency in oral and maxillofacial surgery, followed by 15 years in private practice before realizing he didn't understand the business side of dentistry.

He pursued and achieved a master of business degree without ever going to a classroom, through online education. The experience motivated him to form his own company, ProBusiness Online, to provide online education in dentistry.

The company acquired the online library of more than 200 courses for dentist and dental team members, making it the largest online CE library for the dental profession. When ProBusiness Online and the Association partnered to form ADA CE Online, that resource became available to the dental profession 24/7 virtually anywhere in the world.

For information on corporate sponsorship opportunities, contact Ms. Stiegel, Ext. 2830 or "stiegelm@ada.org".

To take ADA CE Online courses and learn about other special offerings go to "ada.org/goto/ceonline." Some 76 courses were featured at press time and more are added each week. This online CE program differs from most others online because each course is peer reviewed and approved by a minimum of three volunteer editorial board members appointed by the Association.

The Association is seeking volunteer dental professionals, scientists and specialists and dental team members to serve for three-year terms on the editorial review board to approve ADA CE Online courses.

The editorial board members will provide review, comments and approve or reject material for ADA CE Online. At the end of each course review, editorial board members can receive CE credit for the course by completing a post test.

Do you or someone you know have a quality course to offer the dental profession? ADA CE Online may be interested. Please refer to "www.ada.org/goto/adaceonline" for details on authoring a course. Contact Marcia McKinney at "mckinney@ada.org", or Ext. 2662 for more information. ■

What's free?

What do you need to know that you can learn free of charge at ADA CE Online?

For starters:

While the dominant point of view on the case acceptance process has always been to raise patients' dental education IQ, Dr. Paul Homoly will tell you why that's not always the best approach.

Dr. Larry Emmott, one of the leading dental high tech authorities in the country, will tell you how to save staff time and increase efficiency through technology.

Linda Miles will help frustrated dentists and dental team members learn how to be happier in their work. She's been doing it for 29 years.

To learn more from these presenters see this story (Free courses at ADA CE Online) on ADA News Today at ADA.org. ■

Health coalition reverses antifluoridation vote in Bangor

BY STACIE CROZIER

Bangor, Maine—After a two-hour debate during its March 26 meeting, the Bangor City Council decided to continue fluoridating the city's water supply.

A coalition of dentists, physicians, pediatricians, the Maine Center for Disease Control and Prevention and other community representatives worked together to achieve the victory, said Maine Dental Association Executive Director Frances Miliano, by providing the city council with overwhelming scientific evidence of fluoride's safety and effectiveness in preventing dental caries and support of community water fluoridation for the public health.

"It was a community effort and we were very pleased with the result," she said.

Last November, a local pediatrician asked the city council to discontinue fluoridating its water, prompting MDA and other concerned groups to work together to advocate for fluoridation. The Bangor Daily News ran op-ed pieces from a variety of individuals, both pro- and antifluoridation, before the city council decision.

Dr. Jonathan Shenkin, a Bangor pediatric dentist, was part of the coalition.

"You need people from a variety of disciplines to show policymakers that fluoridation is a well-accepted tool for whole health care in the community," Dr. Shenkin said.

"We recognize the need to be ever vigilant about fluoridation," added Ms. Miliano. "We'll watch for efforts in Bangor as well as activity in other towns."

On March 5, fluoridation in Maine took a small defeat, Ms. Miliano said, when citizens of Mount Desert, Maine, voted at a town meeting referendum to stop fluoridating its water supply. The vote, 229-42, included only about 15 percent of the town's 1,755 registered voters.

Local dentists, physicians and public health officials were unaware of the referendum until it had been passed, she said. "It was definitely under the radar."

Because of the outcome in Mount Desert, "Bangor had the support of the dentists, physicians, dental hygienists, the Maine CDC and the Maine Department of Oral Health," said Dr. Lisa Howard, MDA president and member of the ADA Council on Access, Prevention and Interprofessional Relations. "We have found that it has made the dental community aware that it is possible to go backwards in this arena. Not everyone outside the dental community understands how detrimental this can be to a community's oral health, especially when it comes to the neediest of those of our population." ■

—croziers@ada.org

Select findings from 2005 liability survey

The following selected findings are from a 2005 survey conducted by the ADA Council on Members Insurance and Retirement Programs on the frequency, severity and causes of dental malpractice claims reported between 1999 and 2003.

- The number and cost of dental malpractice claims is stable. Each year, between 3 to 4 percent of dentists report that a patient alleges malpractice.
- Of reported claims, two-thirds are closed without payment.
- One-tenth of 1 percent of the claims that are paid costs more than $1 million.
- The average claim, including both defense costs and payment to the patient, costs the dentist's insurer less than $18,000.
- Among general practitioners, more than 57 percent of paid claims costs less than $10,000.
- Failure to diagnose was the most frequently cited alleged error in paid claims. However, in many of these cases, poor documentation was the actual error. ■

Malpractice

Continued from page one

claims that were resolved in dentists' favor. For these reasons, the council was gratified that so many insurance companies were willing to participate. The council believes that much useful information has been gleaned.

Dr. Bocks

"This shows that many insurers are willing to partner with the Association to improve dental malpractice risk management," said Dr. Bocks. "That we had to ask for opinions rather than statistics in some cases does not reflect an unwillingness to share data, but, rather the fact that some of the information we were seeking was not collected in some of the companies' claims databases."

Future issues of ADA News will feature detailed reports on survey findings and perspectives from CMIRP members on topics including the significance of various record-keeping errors and communication problems, as well as the treatments and adverse outcomes most frequently cited in malpractice allegations.

The results of the CMIRP malpractice survey are now available at ADA.org by visiting "www.ada.org/goto/liability". Or, call toll-free, Ext. 2885 or e-mail "insurance@ada.org". ■

—furlonga@ada.org

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There's nothing unusual about the MetaSEAL technique.

Using a plastic spatula, mix 3 drops of liquid with one scoop of powder.

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A self-etch hybridized seal

Unlike epoxy, ZOE or $Ca(OH)_2$ sealers, MetaSEAL seals the canal with a 4-META hybrid layer.

Just shape the canal, treat it using sodium hypochlorite and EDTA and rinse and dry as usual. MetaSEAL's self-etching formula renders the sidewalls highly permeable to the 4-META resin. So the monomer penetrates down the tubules and into the intertubular and peritubular dentin.

Then its unique hydrophilic catalyst takes over.

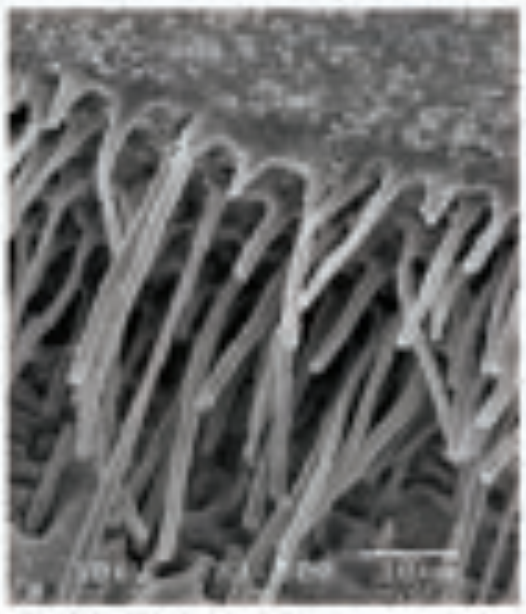
Traditional resin sealers cure poorly in the presence of moisture, and sodium hypochlorite can severely inhibit their polymerization. The result can be gapping at the sealer/tooth interface or a weak film that's inadequately polymerized.

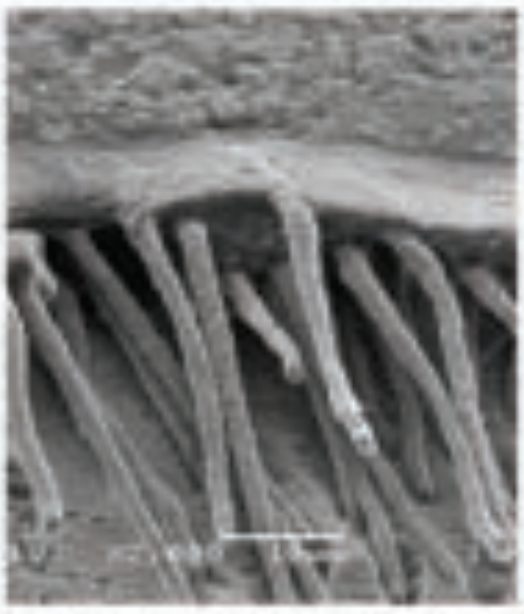
MetaSEAL is different. It loves moisture. In fact, it cures best in a damp environment.

The hydrophilic catalyst in its unique initiator system actually sucks out and concentrates at the moist dentin. So that's where polymerization initiates. As the sealer continues to cure, material is drawn toward the canal wall.

The resulting resin-reinforced layer is continuous ... highly polymerized ... and gap-free.

On a scanning electron microscope, MetaSEAL's hybrid layer in root dentin is virtually indistinguishable from C&B-Metabond's hybrid layer in coronal dentin.





Under a scanning electron microscope, *root dentin hybridized by MetaSEAL (left) shows a strong family resemblance to coronal dentin hybridized by C&B-Metabond (right). (Primary difference: Because MetaSEAL is a self-etcher and radicular dentin is more difficult to bond to, the MetaSEAL hybrid is slightly thinner.)*

Make any endodontic point an "adhesive" point

Like most resin sealers, MetaSEAL adheres to polymer points. So if you're a Resilon fan, don't worry - it's compatible.

However, MetaSEAL bonds even better to common gutta percha. Its functional monomers penetrate the point and then polymerize, creating a hybrid-bond very much like the one it forms in dentin.

So whether you use Resilon or conventional GP, MetaSEAL creates a continuous adhesive seal starting within canal wall ... and extending into the point.

ZAP the access cavity for instant coronal seal

MetaSEAL's unique dual-cure formula combines the best qualities of a slow self-cure system with those of a fast light-cure system.

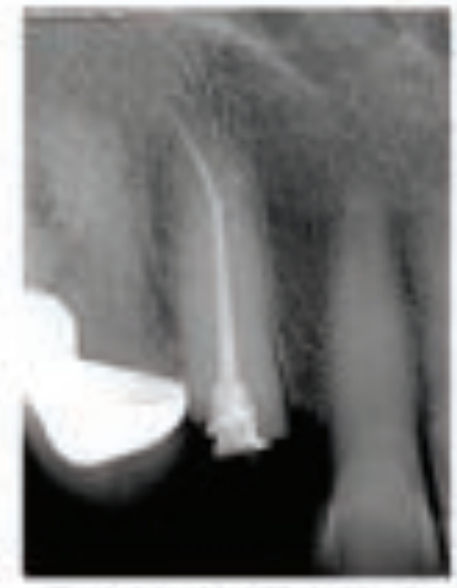
Within the canal it self-cures slowly. This allows excellent plastic flow during polymerization and avoids shrinkage stress and gapping.

But after you've completed your fill, you can hit the access prep with your curing light to create an instant coronal seal. This tough, light-cured scab resists leakage during the provisional period. (And if you're restoring immediately, it'll help assure you don't accidentally disrupt the seal during post preparation or composite build-up.)

Beautifully biocompatible

Like most 4-META-based resins, MetaSEAL is highly biocompatible. It shows low cytotoxicity, and zero detectable intradermal/dermal sensitivity. In tissue response tests it doesn't trigger acute inflammation like some other resin sealers. Not even on a microscopic level.

So if a little puff of MetaSEAL is extruded out the apex – either accidentally or intentionally – it won't impair periapical healing.



Tissue loves MetaSEAL. *If sealer is extruded during point placement, it won't affect periapical healing.*

From those friendly folks who brought you Brush&Bond

MetaSEAL is the brain-child of some of the most creative adhesive chemists in the world, the folks who developed 4-META-based Brush&Bond ... C&B-Metabond ... Amalgambond.

Bonds to common gutta percha. *In this micrograph of a cross-sectioned point, you can see where MetaSEAL penetrated the gutta percha to create a hybrid bond. The strength of this bond actually exceeds the cohesive strength of the point.*

And like all Parkell adhesives, MetaSEAL comes with a three-month risk-free trial. If you try it and decide you prefer your old sealer, just call us any time within 3 months. We'll have whatever remains of the kit picked up at our expense, and we'll give you all your money back – including shipping and taxes.

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Education

CODA

Continued from page one

growing from several communities of interest and the Board felt it was necessary to address the issue in a significant way," said ADA President Kathleen Roth.

"The Board held an in-depth, thoughtful discussion to gather information and an updated understanding from the commission and its leaders," Dr. Roth said. "We had an extensive exchange and resulting from that, felt the time was ripe to initiate a broad-based task force to look at the functionality of CODA, its relationships with ADA as well as the U.S. Department of Education."

As called for in Board Resolution B-21-2007, the Task Force on the Commission on Dental Accreditation is expected to address whether CODA is meeting dentistry's accreditation needs, whether CODA's affiliation with the USDE should continue and how CODA can be improved.

CODA's mission is to serve the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry.

"CODA and the ADA have distinctly different constituencies and missions," said Dr. James R. Cole II, chair of CODA. "The ADA's mission is that of a professional association, whose members expect it to put their interests first. And while the ADA has proved itself time and again as an effective advocate for the oral health of the public, a major reason for its existence is advocacy for the profession of dentistry.

"CODA's responsibility is to a much broader community," Dr. Cole said, adding that CODA is involved in the accreditation of more than 1,300 educational programs in the dental and dental-related disciplines.

"It must be responsive to many stakeholders—of which the ADA is an important one—and ultimately come to consensus on what is in the best interests of students, the public, educators and educational programs in all dental and allied dental health care fields, and to state boards of dentistry," he said.

Dr. Cole

Dr. Whiston

CODA's credibility, he continued, "derives from a process that allows it to employ best accreditation practices, and due process, that is free from the bias of any special interest."

Its 30 commissioners are selected by and represent broad communities of interest; if any communities perceive the ADA has too much control over the accreditation process, it could threaten withdrawal from the commission, and perhaps begin to offer alternative accreditation services.

Recurring concerns brought to the Board question whether the ADA is a stakeholder that should have more control over CODA activities, and whether U.S. Department of Education recognition that requires CODA to operate free from the influence or control of any single or special interest group—including the ADA—is necessary.

The ADA currently supports 60 percent of CODA's expenses, and CODA business functions are managed by ADA staff.

Dr. Cole called the ADA's financial support for CODA "a strategic decision on the ADA's part to support quality dental and allied dental education.

"By doing so," he continued, "no educational program is deferred from participation in the accreditation process."

The USDE recognizes CODA, which provides an independent, objective, external validation of CODA's accreditation process as meeting quality criteria. USDE recognition also enables education programs accredited by CODA to be eligible for federal funding programs, such as graduate medical education funding, funding to support residency programs in pediatric dentistry and advanced general dentistry, Ryan White HIV reimbursement and funding for diversity programs.

"CODA's credibility derives from a process that allows it to employ best accreditation practices, and due process, that is free from the bias of any special interest."

A question the task force will ponder is what happens if CODA no longer seeks recognition from the U.S. Department of Education?

Chaired by Dr. David A. Whiston, a former ADA president, the task force includes representatives from CODA, the Council on Dental Education and Licensure, American Dental Education Association, American Association of Dental Examiners and a representative of the public with accreditation expertise, as well as members of the ADA Board and House of Delegates who have no affiliation with ADEA or AADE.

An informal group of advisors will also be involved—made up of at least one person from each educational discipline accredited by CODA—for consulting and providing input on the task force's work.

"I am confident in Dr. Whiston's leadership skills to make this an efficient, quality workgroup to determine if the design and function of our commission still serves the profession in the best way possible," said Dr. Roth. "Or perhaps there are changes and improvements to be recommended to the system of accrediting our dental educational programs."

"This is an outstanding group of individuals," Dr. Whiston said of the 12-member task force.

"Everyone cares deeply about the future of the profession and understands that accreditation of dental education programs is critical to future success of the profession," he said. "I'm sure that CODA, like any organization, wants to continually improve, and will appreciate having some outside observers look at its processes.

"I would hope that at the end of our work, we have a number of recommendations to help CODA improve its processes, in the same way that we all try to improve our practices and any function that we perform for the profession," Dr. Whiston said.

The task force's first meeting is June 16, and a progress report will be made to the 2007 House of Delegates. A final report is expected at the 2008 House.

This is not the first time the ADA has taken a closer look at CODA's processes.

In 2003, an ADA presidential committee was appointed to study the ADA's relationship with CODA based on questions surrounding CODA's approval of education programs in new education tracks in advanced education/training areas in general dentistry that are not ADA-recognized specialties and CODA's accreditation of orthodontic programs involving new models of educational funding.

In the end, the committee made a number of recommendations, approved by the Board and House, including Resolution 40H-2004, which changed the ADA Bylaws on selection of ADA appointees to the commission to nominations open to all trustee districts rather than selection on a rotational basis. The Board also adopted a protocol for orientation of ADA appointees to the commission to improve the appointees' understanding of the commission and their roles as ADA appointees. ■

—foxk@ada.org

GKAS 2007 reaches nearly 759,000 children with care

The final numbers are in from this year's Give Kids A Smile, the national children's access-to-care day.

A total of 2,252 programs provided care to 758,954 children in 2007. There were 14,429 dentist volunteers, and 39,086 other participants.

Thanks to all 2007 Give Kids A Smile event participants who submitted program information on ADA.org and took the time to go online and enter post-event data.

Maintaining the statistics gives the ADA the ability to gauge national participation in Give Kids A Smile.

Congratulations to Carolina Children's Dentistry of Columbia, S.C., and the Sacramento District Dental Foundation of Sacramento, Calif.—each won $500 toward their 2008 GKAS programs. The winners were selected from a drawing of participants that updated their statistics online after GKAS. ■

CODA ready for international dental schools

BY KAREN FOX

The Commission on Dental Accreditation now has policies and procedures in place to provide fee-based consultation and accreditation to international schools, should they request it.

With the need for one standard of care for all dentists who practice in the United States as a driving force, the 2005 ADA House of Delegates called on the commission to develop the procedures.

The ADA maintains a strong voice in these activities through the Joint Advisory Committee on International Accreditation, which helps guide CODA in the program's selection, development and implementation.

"In the event that a foreign school requests accreditation, we now have a process that will serve that function in a fair method," said ADA 17th District Trustee Donald I. Cadle Jr., chair of the joint committee, which also includes two ADA and two CODA representatives. "It is completely left to the schools to initiate the process."

International programs may choose from two levels of consultation services and accreditation services: an independent, external review allowing them to benchmark with U.S.-based programs, or accreditation.

There are similarities between accreditation for international and domestic educational programs, but a few key differences. As a first step, all international programs requesting consultation or accreditation must first go through the Joint Advisory Committee.

The committee decides whether programs meet a set of broad eligibility criteria that considers, among other things, whether the international dental program is accepted in its country of origin and the safety of committee members visiting the program.

International programs must also undergo a comprehensive preliminary accreditation consultation visit to determine readiness for accreditation.

"The rationale is that accreditation of international programs should be at least as comprehensive as what is done for a U.S. school," said Dr. Cadle.

"A preliminary site visit would also allow the school to engage in consultative services in areas they feel they are deficient or need help to prepare for the site visit, and help the committee and CODA determine the level of preparedness without sending a full team and going through the full accreditation process," he said.

"Certainly with a preliminary site visit and consultative services," Dr. Cadle continued, "the process is longer and more comprehensive than what a U.S. dental school would expect."

Should an international program successfully complete the initial phases and choose to seek accreditation, the program must go through a comprehensive consultation site visit. For accreditation, international programs will be held to the same standards as U.S.-based educational programs.

Additional issues unique to international accreditation are addressed in CODA's International Policies and Procedures, such as fee structures related to doing business in foreign countries, international travel for site visitors and translation of documents. All international dental education programs are responsible for site visit expenses.

"The Commission is pleased and endorses the concept of the accreditation of international dental schools that the Joint Advisory Committee has developed," said Dr. James R. Cole II, chair of the Commission on Dental Accreditation.

Twelve dental schools—located in Australia, Colombia, India, Korea, Mexico, Peru, Saudi Arabia, South Africa, Sweden and Turkey—that in the past have expressed interest in these services were notified that the Joint Advisory Committee is ready to receive requests.

Information was also distributed in an ADA Center for International Development and Affairs mailing to foreign dental associations/organizations at the end of last year. To date, none have formally requested these services from CODA, although representatives from some schools have followed up with phone calls or scheduled meetings to learn more.

State dental boards continue to receive pressure from their legislatures to approve international dental schools that are not CODA-accredited, many times to address access to care issues.

Last month, the Maine Dental Association and the state's Board of Dental Examiners temporarily defeated a bill that would have expanded the requirements for receiving a license to practice dentistry to allow graduation from a foreign university considered satisfactory to the dental board. "An Act to Increase Access to Oral Health Care" would also have removed the requirement that applicants for licensure by endorsement that are licensed to practice in another state meet Maine's professional education requirements.

The bill was referred to a joint committee on business, research and economic development for further study to be completed in early 2008.

Dental boards in California, Minnesota and Florida have received similar directives.

"Throughout the development and implementation of an international program of consultation and accreditation, the Commission has always maintained that it was imperative that the accreditation services offered to international schools follow the same process and procedures of the accreditation programs provided to U.S.-based programs in predoctoral dental education," said Dr. Cole. "The result being that a singular accreditation standard now exists for all dental schools in the United States or internationally that are training students who seek licensure to practice in our country." ■

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ScienceWatch

Hepatitis B virus passed between dental patients

BY JENNIFER GARVIN

Researchers for the Centers for Disease Control and Prevention and the New Mexico Department of Health have discovered the first U.S. documented case of the hepatitis B virus transmitted between dental patients.

The CDC's John T. Redd, M.D., is the lead author of the report, "Patient-to-Patient Transmission of Hepatitis B Virus Associated With Oral Surgery," which appears in the March issue of the Journal of Infectious Diseases.

According to the article, a 60-year-old woman contracted HBV in October 2001 after having several of her teeth extracted on the same day that a 36-year-old woman with HBV had teeth extracted in the same operatory.

After an initial investigation proved that standard infection control procedures were followed and the dentist and staff were not infected, the New Mexico Department of Health searched the state's registry of HBV patients. The index patient posed no traditional risk factors—such as intravenous drug use or sexual activity—for HBV. Eventually investigators established that the 36-year-old was the source for the index patient's infection. In the article, the authors speculate that there might have been a lapse in clean-up procedures after the source patient, but could not say exactly how the transmission occurred.

Hepatitis B is a bloodborne pathogen and an occupational risk to individuals who have exposure to blood, blood products or other bodily fluids. Less than 1 percent of the U.S. population carries the hepatitis B virus, and the infection resolves in the majority of those infected.

"It's important to emphasize that the reported hepatitis B infection is the only documented case of patient-to-patient transmission of HBV in a dental setting," said Dr. Ronald Zentz, senior director, ADA Council on Scientific Affairs. "Standard precautions are designed to limit the risk of cross-contamination in every patient interaction, and consider any patient to be a potential source of infection."

An accompanying editorial written by Ban Mishu Allos, M.D., and William Schaffner, M.D., of the Vanderbilt University School of Medicine says a universal vaccination against the virus likely could have prevented both HBV cases.

"Although we also are strongly in favor of meticulous maintenance of bloodborne pathogen infection control standards in all medical settings, it is apparent that such practices were inadequate in blocking the movement of hepatitis B virus from the source to the index patient. … [I]f the oral surgeon could go back in time and reenact the day of transmission, one cannot make specific suggestions that anything should have been done differently because no infection control deviations were found," they wrote.

"Universal age-based recommendations might have prevented both the source patient's infection and subsequent transmission to the index patient in the oral surgeon's office," the editorial concluded.

To read more about the case on ADA.org, visit the Science in the News section at "www.ada.org/goto/sciencenews". Science in the News, which is written by ADA Division of Science staff, regularly covers the latest scientific topics of concern to the dental profession.

The ADA encourages all dental professionals to employ and closely adhere to standard infection control procedures for all patients. The 2003 CDC Guidelines for Infection Control in Dental Health Care Settings are posted at "www.ada.org/prof/resources/topics/cdc/guidelines_cdc_infection.pdf".

For additional information, visit "www.idsociety.org". ■

—garvinj@ada.org

Women in dentistry meet next month

Colorado Springs, Colo.—The American Association of Women Dentists will holds its 86th annual meeting here July 19-21 at the Cheyenne Mountain Resort.

The event will kick off with opening remarks by ADA President Kathleen Roth. Program highlights include an all-day course, "Secrets to Creating a Successful Esthetics Practice," taught by Dr. Cherilyn Sheets.

Dr. Denise Kassebaum, dean of the University of Colorado School of Dentistry, will also speak at the event.

For more information, contact the AAWD by phone at 1-800-920-2293 or visit "www.aawd.org". ■

What's new in prosthodontics?

Find out at ADA CELL Seminar Series program

BY ARLENE FURLONG

Any dentists, new or experienced, interested in refreshing or refining their skills in treating the edentulous patient, are candidates for Update in Contemporary Removable Prosthodontics, a new course offering in the ADA Cell Seminar Series Program.

"We'll see an increasing need for removable prosthodontics during the next 20 years," says Dr. Richard A. Williamson. "If a practitioner takes the time to perfect the necessary skills, he or she can have a nice little niche practice area in the community."

Dr. Williamson, a clinical assistant professor in the Department of Family Dentistry at the University of Iowa College of Dentistry, lectures to universities, study groups, societies and laboratory associations nationwide on complete denture, removable partial denture and implant prosthodontic care.

Dr. Williamson

He provides fixed, removable and implant prosthodontics in his University of Iowa-based dental practice.

"A lot of people don't think of esthetics as being a big part of prosthodontics," Dr. Williamson says. "Yet that's where much of the knowledge for what we do with veneers and crowns came from."

He says he finds it challenging to find different ways to work with the anatomy in patients' mouths and fulfill a pressing need among edentulous patients.

"Nowadays, if patients can afford implants they do. However, if you look at the literature you find that most people can't."

"Nowadays, if patients can afford implants they do. However, if you look at the literature you find that most people can't," says Dr. Williamson, who became interested in complete dentures during his 17 years in general practice.

His overview of complete and removable partial denture concepts is intended to increase outcome predictability and patient satisfaction. Traditional and contemporary removable partial denture principles and simplification in design will be discussed, as well as specific design scenarios. Among the skills participants will learn is how to give their patients a highly personalized complete denture with a stable occlusion.

Dental societies interested in hosting the seminar can contact Tina Martinez at Ext. 2908; by e-mail at "martinezt@ada.org"; or go to "ada.org/members/ed/seminar/index.asp".

The ADA CELL Seminar Series, produced by the Association, is partially underwritten by grants from Sullivan-Schein, a Henry Schein Co., and Patterson Dental Supply. Call the ADA toll-free, Ext. 2908, to schedule all programs. ■

ADA offers new advice on mouthrinses, toothpastes

BY JENNIFER GARVIN

The Council on Scientific Affairs at its April meeting recommended providing the public with some additional information on the oral health benefits of certain ADA Accepted mouthrinses and toothpastes.

ADA has always stressed the importance of good oral hygiene by advising consumers to:

• Brush your teeth twice a day with an ADA Accepted fluoride toothpaste.

• Clean between teeth daily with an ADA Accepted floss or an ADA Accepted interdental cleaner.

• Eat a balanced diet and limit between meal snacks.

• Visit your dentist regularly for professional cleanings and oral exams.

In addition to these basic oral hygiene recommendations, consumers should be aware of the oral health benefits of other ADA Accepted products, such as certain kinds of mouthrinses and toothpastes.

The council wants consumers to know that:

• Use of an ADA Accepted antimicrobial mouthrinse or toothpaste helps prevent and reduce plaque and gingivitis.

• Use of an ADA Accepted fluoride mouthrinse helps prevent and reduce tooth decay.

Consumers should look for the ADA Seal—their assurance that the ADA Council on Scientific Affairs has found that the product meets objective, scientific criteria for safety and effectiveness.

For a list of ADA Accepted Seal Products, visit "www.ada.org/goto/seal". ■

—garvinj@ada.org

Refine skills with advanced CE

AnnualSession

San Francisco—You asked for advanced education courses at annual session and the ADA has delivered.

The ADA's new Refinement Series educational track, developed in response to member demand, will make its debut at annual session Sept. 27-30.

The Refinement Series features advanced-level courses that focus on cutting edge techniques and advanced-level science in endodontics; aesthetic dentistry; periodontics; prosthodontics; oral implantology; and occlusion, TMD and orofacial pain.

"The Refinement Series provides dental professionals an advanced curriculum in both lecture and workshop formats," said Dr. Chad Leighty, Council on ADA Sessions 2007 educational program chair. "These advanced courses, taught by nationally recognized dental experts, will expand on previous learning experiences and give attendees advanced techniques based on the latest research."

The ADA developed the Refinement Series in response to member surveys at the 2006 annual session, said Dr. Leighty. "Nearly 80 percent of continuing education participants said they were interested in taking advanced level courses in select educational topics," said Dr. Leighty. "We listened to our members and developed these courses accordingly."

Leading off the track Sept. 27 are a pair of hands-on prosthodontics workshops, "Creating Exquisite Provisionals," conducted by three faculty members of the Pankey Institute for Advanced Dental Education: Drs. Lee Ann Brady, Gary DeWood and Steve Ratcliff. (Course 5201, 9-11:30 a.m.; Course 5209, 1:45-4:15 p.m.)

"As in 2006, the ADA and Pankey have partnered together to create learning opportunities for dentists that are timely, relevant and will help take their practices to the highest levels of success," said Dr. Ratcliff. "Workshop attendees will not only leave with advanced skills to use after annual session, but will also have the opportunity to meet the faculty first-hand and experience what Pankey learning is all about."

Other Refinement Series courses include:

- "To Save or Not To Save," endodontics lecture by Dr. John D. West, Sept. 27, 1:45 – 4:15 p.m., Course 5109.
- "TMD/Orofacial Pain Diagnosis and Management," occlusion, TMD and orofacial pain lecture by Dr. Henry A. Gremillion, Sept. 28, 10 a.m.-12:30 p.m., Course 6305.
- "Aesthetics Maxillary Anterior Implants," oral implantology lecture by: Dr. Carl E. Misch, Sept. 28, 2:30-5 p.m., Course 6102.
- "Perio Advances: Impact on Practice," periodontics lecture by Dr. Sebastian G. Ciancio, Sept. 29, 10:30 a.m.-1 p.m., Course 7101.
- "Treating Calcified Canals and Curved Roots," endodontics lecture by Dr. L. Stephen Buchanan, Sept. 29, 2:30-5 p.m., Course 7102.
- "Make a Dark Tooth Bright with Composite," aesthetic dentistry workshop by Dr. Corky Willhite, Sept. 30, 9-11:30 p.m., Course 8202.

Space is limited for these advanced-level courses. Register today to reserve your spot.

For more information, prices and to register online, log on to "www.ada.org/goto/session". You can also fill out the registration form found in the annual session Preliminary Program and fax or mail to: Experient/ADA Annual Session, P.O. Box 825, 108 Wilmot Rd., Deerfield, Ill. 60015-0825; Fax: 1-800-521-6017 (U.S.) or 1-847-940-2386. ■

Session star wins Mark Twain prize

San Francisco—ADA annual session headliner Billy Crystal is the 2007 recipient of the Kennedy Center Mark Twain Prize for American Humor.

As a Mark Twain Prize winner, Mr. Crystal will join the ranks of a handful of other notable comedy greats who have made significant contributions to American comedy, including Carl Reiner, Jonathan Winters, Whoopi Goldberg, Bob Newhart, Lily Tomlin, Lorne Michaels, Steve Martin and Neil Simon. He will receive his award Oct. 11 in Washington, D.C.

Mr. Crystal

Those attending annual session can enjoy an ADA-exclusive evening Sept. 29 with the renowned comedian, film star, philanthropist and seven-time Oscars host.

"An Evening with Billy Crystal" will be held at Moscone West, Level 1, beginning at 8:30 p.m. Tickets are $150 for premium seating; $125 for preferred seating; $100 for general seating; and $75 for value seating.

Tickets are available on a first-come, first-served basis. Multiple seats must be reserved at the same time to ensure that your party is seated together. To purchase tickets, and to register for annual session, log on to "www.ada.org/goto/session". ■

Schedule time for your health at annual session

San Francisco—It's easier than ever to protect your practice's greatest asset—your health—by participating in the ADA Foundation's 44th Health Screening Program Sept. 27-30 at annual session.

This year, dentists participating in the HSP can save valuable time for continuing education, shopping in the ADA World Marketplace, networking with colleagues and enjoying San Francisco by:

- booking a morning appointment in advance online;
- completing a health history/questionnaire online before annual session; and
- taking advantage of earlier morning start times.

One-hour appointments are available Sept. 27-29 starting at 7:30, 8:30, 9:30, 10:30 and 11:30 a.m. and Sept. 30 starting at 7:30 and 8:30 a.m.

Dentists who don't schedule an appointment in advance and hygienists, chairside assistants and dental students registered for annual session can participate as walk-ins from 12:30-3:30 p.m. Sept. 27-29 and 9:30 a.m.-noon Sept. 30.

Thousands of dentists have participated in the HSP since it began in 1964. The HSP provides occupational health research data used to develop clinical policies and recommendations that help make the dental office safer for the dental team and patients.

Participants receive state-of-the-art screenings for carpal tunnel syndrome, hepatitis B and C biomarkers and other occupational health concerns.

Make your appointment for the HSP when you register for annual session online at "www.ada.org/goto/session". Both those who have appointments and those who intend to participate in the afternoon as a walk-in are encouraged to complete an online questionnaire in advance by logging on to "https://www.directsurv.net/ada2007.asp". ■

Photo by Lagniappe Studio

HSP: Dr. Mary Conicella of Pittsburgh gets ready for a blood draw at the Health Screening Program at annual session in Las Vegas Oct. 17, 2006.

Register early and win

San Francisco—Take a few minutes now to register for the ADA annual session Sept. 27-30, and you could win great prizes.

Register at "www.ada.org/goto/session" by July 13 and you'll be entered into a drawing for:

- Two free round-trip airline tickets to anywhere in the continental U.S.;
- Tickets to "An Evening with Billy Crystal" Sept. 29 at the Moscone Center;
- One of two free dinners for two at one of San Francisco's Real restaurants—Betelnut, Bix or Fog City Diner.

See page 13 of the 2007 preliminary program or visit "www.ada.org/goto/session" for complete rules. ■

Don't belong to the ADA?

San Francisco—Experience some of the benefits of ADA membership that 155,000 ADA members already enjoy by attending the American Dental Association's 148th Annual Session and World Marketplace Exhibition Sept. 27-30.

The ADA is offering dentists who are not yet members of the ADA an opportunity to attend the annual session at a reduced rate of $75—and the opportunity to participate in continuing education programs, meet member dentists and see first-hand how membership in the premier organization representing the dental profession can enhance their professional and personal lives.

The regular nonmember registration rate is $750. Dentists can only take advantage of this offer one time, so those who attended the 2005 or 2006 annual session at the reduced rate are not eligible.

For more information or to register, log on to ADA.org or call the Council on ADA Sessions at 1-312-440-2388 to receive an Annual Session Preliminary Program, including registration materials. ■

Government

ADA public affairs initiative strengthens dentistry's voice

BY CRAIG PALMER

Washington—The state-based public affairs initiative strengthens the profession's public voice and adds value to Association membership, say the ADA's top elected leaders.

"As our public affairs activity has developed over these past months, we can see the common issues affecting our profession across the country," Dr. Kathleen Roth, Association president, told the ADA News. "This is an exciting time of significant work, with different phases of message development, engaging unique partnerships to deliver the core messaging. State by state we recognize a strong sense of new understanding about the importance of our public image."

Stronger interaction and improved communication within the tripartite profession and "direct open connection of states to the ADA prove to be an enormously positive result of building this program. I am looking forward to the months ahead as we create the toolbox (of public affairs resources), states begin their visible phase of public messaging and our members nationwide recognize the value of this additional energy dedicated to a public voice for the profession."

Dr. Mark J. Feldman, ADA president-elect, told dental leaders at the Washington Leadership Conference that the campaign in five months shows "some very significant impact in several states that had very severe challenges. It costs all our members $30 a year for this wonderful benefit. This has to be an ongoing project and you have to let all of them know what we are doing to represent them. We're being proactive. We're dealing with issues as they arise. And we have the availability to fight things as they come up unexpectedly."

Citing North Dakota dentists' support of a Medicaid fee boost that won legislative approval but without the money to support it, Dr. Feldman urged the dental leaders "to focus on how we're going to define success in this program. Do we call that a success? Well, when you take a look at the way that dental society is positioned, with the legislature and the public, for future activity, there was an overwhelming success even though it might not have gotten them the increase they sought.

"So I think it's very important that we understand that when we get done with this, we're going to have some successes that will be measurable, and there are going to be some successes that will enable us to say we've increased our 'go-to' position. Legislatures will be able to say, you can go to the dentists and you're going to get an honest message and one of collaboration and working together." ■

—palmerc@ada.org

Photos by Bill Geiger

Dr. Feldman: "We're being proactive. We're dealing with issues as they arise. And we have the availability to fight things as they come up unexpectedly."

Affairs

Continued from page one

Arizona and the rest of the country."

Thanks to the public affairs initiative, they will take their message to the nation's capital in a meeting with the Congressional Native American Caucus, Dr. Elliott said. "We have had a lot of positive comments and support from the ADA Board members and the ADA Council on Government Affairs for our willingness to take the initiative in the access to care issue and develop the CDHC model. Our goal is to help develop a program that is right for Arizona's communities but we hope our experience will help other states as they develop their own access issues."

In Maine, "the public affairs initiative stepped into our drama," said Dr. Joseph R. Kenneally, who serves on the Maine Dental Association executive board and council on governmental relations. "Maine is relieved and grateful to be part of the public affairs initiative as a tier 1 state."

Selected states receive tier 1 support for in-depth, targeted campaigns or tier 2 spot support for specific issues. Tier 3 development of public affairs toolkits will serve as resources for all states including states not otherwise participating in the public affairs initiative.

"We have yearly issues with our legislature but this year we are facing 'the perfect storm' of bad legislation," he said. Dr. Kenneally cited legislation that would expand dental hygienists' scope of practice and ban amalgam. "On the good side we did manage to make amalgam safe in Maine for yet another year although we seem to see the ban just about every year. Every legislature somebody brings it up."

■ **More on Washington Leadership Conference, pages 20, 22, 23**

The new public affairs emphasis "helped us keep Bangor's water system fluoridated" and "gives us political capital in cities and counties across the state," Dr. Kenneally said. "And we're teaching dentists how to talk to politicians and bureaucrats and build their skills locally. Why is Maine important? The MDA has a small staff, just two full-time and two part-time and a fairly small group of dedicated leaders.

"We are seen as vulnerable by groups that disagree with us, and we really do appreciate what we are getting for help here. We could easily be a pilot project and you could see how some of our solutions work in your states," he told the nation's dental leaders.

Oregon tested the flexibility of the public affairs initiative, said Bill Zepp, Oregon Dental Association executive director. "We received a very questionable promotion recently. We went from tier 2 to tier 1. When this program was rolled out there were several criteria for which states would be considered, several obstacles you were facing, and we were back into our fluoride battle" to increase access to fluoridated drinking water, in Portland especially.

"We fought that battle for going on 30 years, had a major campaign in 2005, came very close, didn't quite make it and renewed it again for 2007." When an amalgam separator bill, scope of practice and denturist questions were added to the mix, Oregon moved from tier 2 to tier 1. "I cite that promotion because one of the advantages I see to this program is that as soon as the ADA folks and CLS recognized the fact that our situation was changing, this program was flexible enough to change with it and they were able to move in and give Oregon some additional resources in the fight.

Through the initiative, with the help of a local public affairs firm, the ODA created a Healthy Smiles Coalition Web site ("www.oregondental.org", click on Public Resources, Consumer Education and Community Water Fluoridation) to advocate for fluoridation, said Mr. Zepp.

"So as far as Oregon is concerned, again despite the promotion, we're very satisfied, very happy to be involved in this program. It's been a tremendous support for us."

The Chlopak, Leonard, Schechter firm reports monthly to the Association on state activities under the public affairs initiative and will provide a comprehensive report to the 2007 ADA House of Delegates. ■

—palmerc@ada.org

Conferees: ADA President Kathleen Roth and Dr. Jeffrey Parrish, American Dental Political Action Committee chair, confers with Mike Graham (left) ADA senior congressional lobbyist, during a break May 1 at the Washington Leadership Conference.

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Association's advocacy, public affairs initiatives take spotlight in Washington

Government

BY CRAIG PALMER

Washington—It all came down to message at the 2007 Washington Leadership Conference, dentistry's message to policymakers, ADA member advocacy and state-based public affairs.

"If we don't stay on message, we're not going to be very effective," said Dr. Jerry Long, who chairs the ADA Council on Government Affairs. "All of our messages and talking points are consistent with ADA policy." Dr. Long initiated a discussion of legislative and policy issues for dental leaders headed to Capitol Hill for meetings with their representatives and senators.

Dr. James B. Bramson, ADA executive director, described the key issues for Congress as "patient-centered and access-directed. We are all excited about the potential here to create and manage a seamless approach to advocacy, whether that advocacy is aimed at the Congress, federal agencies, the media or other key audiences.

"We're also paying particular attention to keeping our members better informed about the public affairs work we do on their behalf," Dr. Bramson continued. "We've launched a greatly improved advocacy section on ADA.org ("www.ada.org/goto/advocacy") and another effort is 'Your Dental Advocate,' inserted in the ADA News. And these efforts will soon be followed by roll-out of a new, better-designed, more comprehensive weekly e-mail update of all our government and public affairs activities."

Dr. Mark J. Feldman, ADA president-elect, updated state and national dental leaders on the state-based public affairs project authorized by the 2006 ADA House of Delegates. "What it's really about is a method of learning how to deliver a new message," he said. "All of us here have done legislative activities, both at home and here in Washington. And we're pretty good at going to the Hill and talking about something we don't like in a bill or something that we want passed.

"In fact those are the messages you're going to deliver when you go speak to your representatives and senators.

"The area that we need some help on is how to take a bad situation and make it better and that's one of the main objectives of what this campaign is all about. A sidelight is that this campaign will enable us to share what is going on amongst all our states. So for example when we had a success in Maine in Bangor (See story, page 10.) as with fluoride, we're going to learn the messages that worked well for us up there. When Texas is studying for us what the total quantity of free dental care that we provide is worth, we're going to be able to share that message.

"When California is working on issues involving screening of children before they enter school or dental hygiene initiatives, we're going to learn the messages that work and we're going to be able to share."

The dental leaders carried messages to the Hill urging Congress to increase access to dental care for low-income children and Native Americans and support ADA-initiated legislation addressing the oral effects of methamphetamine abuse. ■

—palmerc@ada.org

Photos by Bill Geiger

Council chair: Dr. Long speaks of the importance of "staying on message."

Keeping members informed: Dr. Bramson tells the crowd that the ADA is stepping up communications on key initiatives.

Connecting People. Changing Lives.

Thank you to all of the individuals, companies, foundations and organizations that helped the ADA Foundation connect people and change lives through its research, education, access and charitable assistance programs in 2006.

The names of contributors who provided a donation of $250 or more from January 1, 2006 – December 31, 2006 are listed below in appreciation for their generous support. Due to limited space, a complete listing of all 2006 contributions to the ADA Foundation can be found at www.adafoundation.org.

To learn more about the ADA Foundation, please visit our website or call us at (312) 440-2547.

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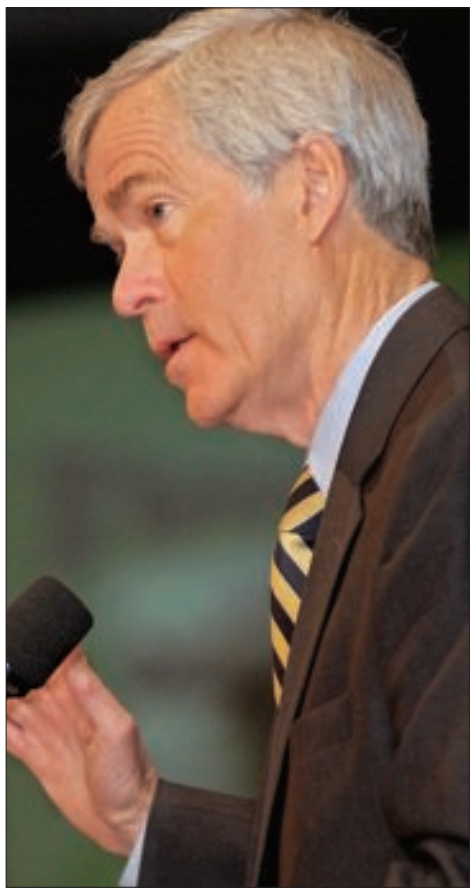
Please accept our apology for any inaccuracy in the listings. Please notify the ADA Foundation with corrections.

Collaboration cuts both ways at Washington Leadership Conference

Sen. Tom Coburn

Rep. Mike Simpson



Sen. Jeff Bingaman

Photos by Bill Geiger

Government

BY CRAIG PALMER

Washington—Lobbying works both ways at the Washington Leadership Conference. Members of Congress came to the 2007 WLC with their own "asks" of the nation's dental leaders in town to lobby Congress.

More than 600 dental leaders, including nearly 400 dentists and state constituent executives and lobbyists, took dentistry's message to Capitol Hill in meetings with their representatives, senators and congressional staff during the April 30-May 2 leadership conference. Members of Congress as invited speakers turned the tables at the WLC.

Sen. Jeff Bingaman (D-N.M.) urged support for the Children's Dental Health Improvement Act of 2007 he introduced with one Republican and six Democratic cosponsors.

"I hope in your travels around Capitol Hill you can help us in that regard," the senator said. "We need many more cosponsors." With additional support, he said, "we can go to hearings and move this legislation to the Senate floor." The bill has American Dental Association support and was one of ADA's "asks" of the dental leaders: "Please ask your representative to cosponsor HR 1781 (House version) and your senators to cosponsor S 739 to help improve dental services to low-income children and individuals living in medically underserved areas."

Sen. Tom Coburn (R-Okla.), a practicing physician, called for "courageous moral leadership" against fiscal profligacy. "We're on an absolutely unsustainable course. If we don't have change in leadership in this country we will not leave the heritage left to us for our children. And I'm convinced that the way to fix that is not up here. The way to fix that is out where you all come from by you becoming active, you becoming aggressive, you demanding accountability. It's one thing to practice. It's a whole different thing to create a future for those who come after us. I'm talking to some of the brightest people in America in this room," he said. "It's time you made a difference. It's time you ran for office."

"I would never hope to fill Charlie's shoes. They're too big. But with your permission and your support, I would like to be your go-to person in Congress."

—Dentist/Rep. Mike Simpson

Rep. Mike Simpson (R-Idaho), one of two dentists in Congress, praised the late Charlie Norwood in offering his advocacy on the Hill. "Dentistry needs an advocate in Congress, if you will, a go-to person," he told the dental leaders. "I would never hope to fill Charlie's shoes. They're too big. But with your permission and your support, I would like to be your go-to person in Congress."

Answered with applause, he added, "I'll listen to you and I'll hear you. I understand the issues that you confront every day and more importantly and maybe most importantly, I'll be honest with you and I will tell you what's possible and what's not possible and sometimes everything is not possible even if desirable." ■

—palmerc@ada.org

New Jersey dental delegation finds receptive audience in the capital

WLC smiles: Rep. Pallone (second from left) meets with New Jersey dental leaders (from left) Drs. Hersh, Shekitka and Chinoy during the Washington Leadership Conference.

BY CRAIG PALMER

Washington—New Jersey dental leaders took their Washington Leadership Conference message to Rep. Frank Pallone (D-N.J.) and found a receptive audience. Rep. Pallone chairs the important House Energy and Commerce health subcommittee, which invited ADA testimony on children's access to dental care.

More than 600 dental leaders from across the country, including nearly 400 dentists and state constituent executives and lobbyists, came to the April 30-May 2 WLC to take a "patient-centered and access-directed" message to Capitol Hill and to engage in dialogue with politicians and pundits. For Dr. Robert A. Shekitka, New Jersey Dental Association president; Dr. Robert A. Hersh, president-elect; and Dr. Walter Chinoy, speaker, NJDA House of Delegates; that meant a vote-delayed House coffee shop meeting with Rep. Pallone.

Rep. Pallone, delayed some 45 minutes by votes in the House of Representatives, shifted the early-evening meeting from his Capitol Hill office to the relaxed coffee shop setting where he engaged his home state dentists in a lively give and take on issues important to the profession, offering support and encouragement in several areas.

Would he take a look at legislation offered by Sen. John D. Rockefeller (D-W.Va.) and other senators to renew the State Children's Health Insurance Program, Dr. Shekitka asked. The SCHIP legislative authority expires Sept. 30. "We'll look at what he's doing," said Rep. Pallone, who is expected to sponsor similar House legislation. "All right, I hear you."

When the discussion turned to access to care for Native Americans, Rep. Pallone said, "My answer is that you've got to have Native American dentists. There's no way you're going to keep someone there on some of these remote reservations. They may stay for a year or so but unless they're a Native American, they're going to move on."

He said he believed that models of care using nondentists to provide specified dental services in certain remote areas of Alaska would not be extended to the lower 48 states. "Only a dentist can provide comprehensive dental care," said Dr. Shekitka. "My concern is that some of those models may extend to other areas of the country."

On other access issues, Rep. Pallone said his door is open. "Is there something you'd like me to do, to put in the bill?"

The New Jersey dental delegation said it was a constructive half hour with the chair of the Commerce health subcommittee, which continues hearings on children's dental health. ■

—palmerc@ada.org

National Museum of Dentistry launches Spanish version of MouthPower Web

BY CRAIG PALMER

Baltimore—What's wordless but speaks of oral health in any language? A healthy smile, of course.

Mouthie, chatterteeth guide and mascot for the Dr. Samuel D. Harris National Museum of Dentistry, speaks truth to the power of a healthy smile, now in English and starting this month in Spanish at the NMD MouthPower Web site ("www.mouthpower.org").

Visitors will have the option of exploring Mouthie's virtual laboratory in both languages thanks to a grant from the California Dental Association Foundation for a Spanish version of MouthPower Online.

Created by the museum in partnership with the American Dental Association, the MouthPower interactive and educational online program is geared to elementary-school age children. Mouthie escorts visitors through a whimsical laboratory of lessons and tests on brushing and flossing, healthy eating, tobacco use, tooth anatomy and dental history. The MouthPower Web site received 70,000 unique visitors and more than 4 million hits last year, said a museum spokesperson.

"Expanding our reach with preventive oral health messages is important to the CDA Foundation," said Dr. Bruce Toy, chair of the CDA Foundation board of directors. "We're glad to have the opportunity to partner with an established program like MouthPower to extend our reach." Jon Roth, foundation executive director, said the partnership for a Spanish language Web site extends "cultural and linguistic opportunities to educate children and families on the importance of oral health."

"We are excited that the important oral health messages found in MouthPower will now be able to reach into the Hispanic community," said Dr. Ernest L. Garcia Jr., Hispanic Dental Association board president. "This is an excellent program that will have a tremendous impact on the oral health of Hispanics with its translation into Spanish."

Additional support for MouthPower Online is provided by United HealthCare Dental. MouthPower and Mouthie are trademarks of the University of Maryland Baltimore. The MouthPower Online Web site was developed by Educational Web Adventures. ■

Photo by Dr. Terry Grubb

Smile recipes: ADA President Kathleen Roth accepts a copy of "Dishing Up Smiles" from Alliance to the ADA President Sharen Grubb at the April 30-May 2 Washington Leadership Conference.

Conference cooks up recipe for success

BY CRAIG PALMER

Washington—The 2007 Washington Leadership Conference was one for the books.

Bob Woodward of Watergate reporting fame signed his latest, "State of Denial: Bush at War, Part III," for ADPAC Capital Club members at an April 30 WLC reception. Woodward told the nation's dental leaders how he got that 3½ hour interview that Washington Post researchers believe to be "the longest interview a sitting president has ever given on a single subject going back to George Washington." Part IV is in the works.

The Alliance of the American Dental Association the next morning was "dishing up smiles, tooth-friendly recipes, table manners and tips for dental health" bright and early to WLCers on their way to breakfast. AADA's cookbook of toothsome tips, funded in part by an education grant from Pfizer Inc., makers of Listerine, was offered as a gift through a joint effort with the American Dental Political Action Committee.

For more information on purchasing copies, visit the Alliance of the American Dental Association Web site ("www.allianceada.org") or call the ADA toll-free number, Ext. 2865.

Cookbooks and politics, now there's a Washington Leadership Conference recipe. ■

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Dentistry courtesy of Frank J. Milnar, DDS