

American Dental Association

ADACommons

[ADA News](#)

[ADA Products and Publications](#)

12-10-2007

ADA News - 12/10/2007

American Dental Association, Publishing Division

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



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

Recommended Citation

American Dental Association, Publishing Division, "ADA News - 12/10/2007" (2007). *ADA News*. 187. <https://commons.ada.org/adanews/187>

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

ADANA NEWS

DECEMBER 10, 2007

VOLUME 38 NO. 22



Volunteer: Dr. Robert Allen stands in Fort Mandan, near Washburn, N.D. The replica fort depicts the wintering post for the Lewis and Clark expedition on the Missouri River during 1804-05. Dr. Allen took the side-trip during his October stay in nearby Belcourt as a volunteer with the ADA's American Indian/Alaska Native Dental Placement Program. For more on his and other dentists' recent volunteer trips, turn to page 14.

Year in review Association records efforts for members, public

BY JUDY JAKUSH

The ADA has hit a home run this year in providing value to members and in serving the public, said ADA President Mark J. Feldman.

As 2007 comes to a close, ADA leaders are taking time to reflect on the year with the 2007 ADA Activities and Accomplishments, an annual summary of the Association's notable achievements.

"Our membership continues to grow with close to 1,500 new members joining this year alone as they see the benefits of using our expanding base of sound science to help navigate

See *REVIEW*, page 10

BRIEFS

NCDHM: February is the time dentists spread the importance of good oral health to children by celebrating National Children's Dental Health Month and reaching out to the community using the ADA's NCDHM kits.

This year, the kits feature the Tough Tooth Team and Dudley the Dinosaur to help educate while entertaining your young audience.

The 2008 NCDHM Kit includes the super trio, Brushetta, The Flossinator and Nutri-Boy in a new poster, 50 pre-K through 2nd grade activity books and 50 goody bags that can be personalized. It also includes 50



"Happiness is a Healthy Smile" brochures and a "Your Child's Smile" flip guide.

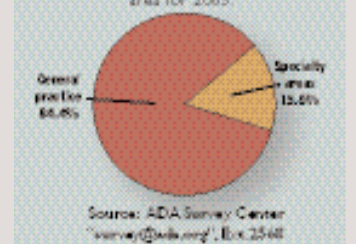
There is also the 2008 NCDHM DVD kit with the "Dudley Visits the Dentist" DVD and a teaching guide as well as the materials mentioned above.

The 2008 NCDHM Kit (W733) is available to members for \$79.95 and the 2008 NCDHM DVD Kit (W732) is \$99.95. Order both and save \$23. There is a \$15 discount on orders over \$75 (priority code 20805 for discount).

The kits are available through the ADA's catalog at "www.adacatalog" or by calling 1-800-947-4746. ■

JUST THE FACTS Practice

Among new active private practitioners, 84.4% report general practice as their practice, research or administration area for 2005.



Ohio governor delays restoring dental benefits

BY CRAIG PALMER

Martins Ferry, Ohio—For dentists it's "frustrating," but it's patients who will suffer, Dr. John N. Kramer said of the governor's decision to delay promised dental benefits in the face of escalating Medicaid caseloads.

Gov. Ted Strickland Nov. 19 said his administration would delay restoration of adult dental benefits eliminated in 2005 and would not implement fee increases promised for the dental Medicaid program. The governor introduced his budget proposal earlier this year with a pledge to restore coverage for dental services that were cut in a previous administration. The governor's proposal also

Wisconsin SCHIP, page seven

included a 3 percent increase in reimbursements for community providers including dentists, physicians and clinics.

Funding for the two plans was included in the two-year budget that took effect July 1 with the dental benefits set to begin Jan. 1, 2008, according to extensive media coverage of the governor's announcement. The governor's office blames "higher than expected (Medicaid) caseloads" for the drawing of the purse strings.

"We're in a rural, underserved area

of Southeast Ohio," Dr. Kramer said of the general practice his father started some 50 years ago. "Many patients have made the difficult choice to postpone root canals, oral surgery and other treatments until the first of the year so the services could be covered. It's just not the best situation for these people. Otherwise, they go to emergency rooms."

Medicaid will pay for the emergency room visit, pain medication and antibiotics, said David J. Owsiany, executive director of the Ohio Dental Association. But emergency care may prove more costly in the long run with little effect on the underlying oral health issues.

"While we understand the financial pressures facing the state Medicaid program, the governor's eleventh hour decision is penny-wise, pound foolish and will save the state very little money in the short term," he said in a statement on the ODA Web site.

See *OHIO*, page seven

IPS e.max[®]

IPS e.max[®]

all ceramic
all you need



IPS e.max delivers the ultimate in metal free esthetics and strength utilizing both pressable and CAD/CAM technologies.

IPS e.max offers:

- Outstanding esthetics
- Conventional cementation
- Choice of high strength materials including zirconia and high strength glass ceramic
- Press and CAD/CAM fabrication techniques optimizing both strength and fit
- Single overlay ceramic delivering one smile chemistry

100% CUSTOMER SATISFACTION
GUARANTEED

www.ivoclarvivadent.us Call us toll free at 1-800-555-4825 in the U.S., or 1-800-363-6192 in Canada.
© 2007 Ivoclar Vivadent, Inc. IPS e.max is a registered trademark of Ivoclar Vivadent, Inc.

ivoclar
vivadent
passion vision innovation

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG
ADANEWS

(ISSN 0895-2930)

DECEMBER 10, 2007 VOLUME 38, NUMBER 22

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. © 2007 American Dental Association. All rights reserved.



American Dental Association
 www.ada.org

PUBLISHER: Laura A. Kosden
EDITOR: Dr. Michael Glick
ASSOCIATE PUBLISHER: James H. Berry
NEWS EDITOR: Judy Jakush
ASSISTANT NEWS EDITOR: Arlene Furlong
WASHINGTON EDITOR: Craig Palmer
SENIOR EDITORS: Karen Fox, Stacie Crozier, Jennifer Garvin
ELECTRONIC MEDIA EDITOR: Joe Hoyle
EDITORIAL ASSISTANT: Chrestine Johnson
CREATIVE DIRECTOR: Peter Solarz
TECHNOLOGY MANAGER: Paul Gorski
SENIOR LAYOUT DESIGN COORDINATOR: Jeanie Yu
PRODUCTION: Susan Chauver
NATIONAL SALES MANAGER: Bud McKeon
DIRECTOR OF PRODUCTION: Gilbert Munoz
PRODUCTION COORDINATOR: Liz Grace
DIRECTOR, SALES & MARKETING: Carol J. Krause
ADVERTISING SALES MANAGER: Michelle Boyd
MARKETING MANAGER: Jill Philbin
CIRCULATION CUSTOMER SERVICE REP: Gwen Johnson

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

ADVERTISING OFFICES: 211 E. Chicago Ave., Chicago, Ill. 60611. Phone 1-312-440-2740. Eastern representative: Vince Lagana, PO Box 6, Pocono Pines, PA, 18350; phone 1-570-646-7861. Central representative: Robert J. Greco, Hilltop Executive Center, 1580 S. Milwaukee Avenue, Suite 404, Libertyville, Ill. 60048; phone 1-847-522-7560. Western representative: Audrey Jehorek, 8 Hexham, Irvine, Calif. 92603; phone 1-949-854-8022.

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.

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



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

Our Legacy—Our Future welcomes three new partners

The Dallas County Dental Society, Kansas Dental Association and Philadelphia County Dental Society are the latest organizations to join Dental Education: Our Legacy—Our Future.

That means that Our Legacy—Our Future ("www.ourlegacyourfuture.org"), an initiative created to raise awareness of the importance of dental education, has now enlisted 103 partners.

OLOF was designed to promote a culture of philanthropy within the dental profession and solicit a call to action to address the issues facing the future of dental education.

Dr. Michael Stuart, society president, said the DCDS Board of Directors "voted unanimously to support the initiative."

"The Dallas County Dental Society is dedicat-



DENTAL EDUCATION
 OUR LEGACY-OUR FUTURE

ed to quality dental education," Dr. Stuart said. "In fact, it is one of the goals of our strategic plan, 'to offer the highest quality education, delivered in a variety of formats.'"

Dr. Stuart added that his organization works closely with Baylor College of Dentistry and is involved in a mentoring program with students.

The Kansas Dental Association also voted unanimously to support the ADA Foundation endeavor.

Said Dr. Glenn Hemberger, KDA president, "We are honored to be part of this national effort to continue excellence in dental education."

Our Legacy—Our Future encourages interested donors to give directly to the partner institutions of their choice. The goal is to collectively raise more than \$500 million by the end of 2014.

"The Philadelphia County Dental Society is proud to be a partner in the Dental Education: Our Legacy—Our Future project," said Dr. Stanley W. Markiewicz, PCDS president. "The society has had a long commitment to supporting dental education and dental students. We are pleased to take an active part in the future success of our profession." ■

LEARN HOW YOU CAN
Do More With
LUMINEERS®
Than "Prepress"

LUMINEERS are made from our patented Cerinate® porcelain. They are used to cosmetically restore your patients' smiles without anesthetic or temporaries.

With LUMINEERS, difficult cases can be crafted without anesthetic.

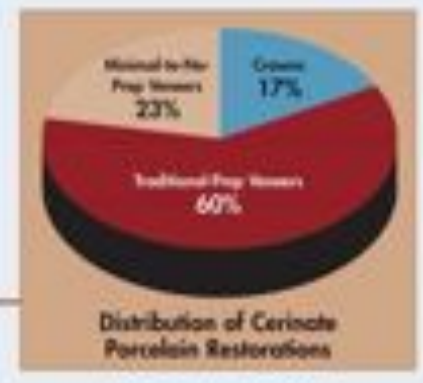


Cerinate porcelain is proven to be versatile and strong in all veneer applications. In fact, the 20 years of research behind this unique system is unmatched. Our patented formula combines beauty and strength for a natural smile you can trust—and your patients will love.

Our patented porcelain system is backed by 20 years of evidence-based research.



THE DENTAL ADVISOR
 Vol. 24, No. 3, 2007



Learn how to place LUMINEERS Smiles™ by attending a Cerinate Smile Design Workshop. Call 1-800-491-2339 today for a Complimentary DVD featuring technique, course information, great stories and the most comprehensive marketing referral program.

LUMINEERS
 BY CERINATE
 800-491-2339 - LUMINEERSDDS.COM

©2007 Cerinate Holdings LLC. All Rights Reserved. 0011000001 000 1x (1/07)

ViewPoint

MyView

Between a rock and a hard place



Michael Burstein, D.D.S.

It started like any other call to the office. “Steve won’t be keeping his appointment Thursday.”

“I’m sorry; can we reschedule it for him now?”

“Not really. You see I came home the other day and found Steve dead on the floor. The doctors say that he died of a drug overdose.”

We had been treating Steve for a few months. Besides a few minor dental problems he was complaining of a severe sinus infection from which he was having excruciating pain. This was corroborated by his constant sniffing in the chair. But he also frequently had a dazed look in the chair and reception area and also seemed very fidgety. He was unable to

drive and someone always drove him. His only request was for Vicodin. Any other pain medication was inadequate. He wasn’t even interested in clearing up his “sinus infection.”

Offers for referrals to general or ENT physicians went unheeded.

We are in the business to treat pain. We all recognize the detrimental effects of it. A body in pain produces high levels of hormones that cause stress to the heart and lungs. Pain could cause blood pressure to spike, leading to heart attacks and strokes. Pain can also consume so much of the body’s energy that the immune system degrades.

But as doctors we are often caught in the middle between the desire to please our patients and the fear of over prescribing narcotics. We have all taken an oath to “do no harm.” Many health care providers under prescribe opioid pain relievers, such as morphine and codeine, because they overestimate the potential for patients to become addicted. The fear of prescribing opioid pain medications is known as “opiophobia.” Although these drugs carry a risk for addiction and physicians and dentists should watch for signs of abuse and addiction in their patients, the likelihood of patients with chronic pain becoming addicted to opioids is low.

Screening for prescription drug abuse can be incorporated into routine visits by asking about substance abuse history, current prescription and OTC use, and reasons for use. Doctors should take note of rapid increases in the amount of medication needed, or frequent, unscheduled refill requests. Doctors should also be alert to the fact that those addicted to prescription drugs may engage in “prescription shopping”—moving from provider to provider—in an effort to obtain multiple prescriptions for the drugs they abuse.

Telling the difference between a legitimate patient seeking dental care and a drug abuser seeking drugs is not always easy, according to the Drug Enforcement Agency Web site on the abuse of prescription medications (“www.dea diversion.usdoj.gov”). The agency provides health care practitioners with helpful ways to identify potential abusers.

Drug-seeking patients exhibit certain behaviors that, when added up, can

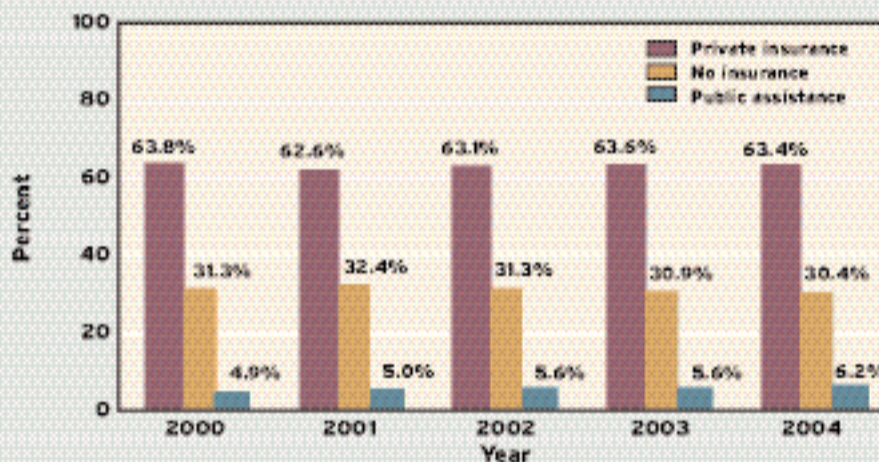
See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Patient insurance

The percentage of solo dentists’ patients covered by public assistance increased slightly from 4.9% in 2000 to 6.2% in 2004.

Patient insurance coverage among solo dentists, 2000-2004



Source: American Dental Association, Survey Cares, Surveys of Dental Practice.

Letters

Lawsuit

I am writing to address the issues raised in the two articles in the Nov. 15 edition of the ADA News related to a lawsuit brought against a number of universities and hospitals alleging that they are ineligible for federal graduate medical education (GME) funding for their advanced dental education programs (“Whistleblower Lawsuit Alleges Misuse of Dental Residency Funds”).

The American Dental Education Association has been working side-by-side with ADA and others for many years to enact the legislation that enabled dental school based residency programs to access more GME funding. The work that we have done together is critical to enhancing opportunities for postgraduate general dental education through general practice residencies and advanced education in general dentistry programs, many of which have been receiving GME funding for a number of years.

Not only do these postgraduate programs promote the skills of the dental residents, but nearly all of these programs operate clinics that serve patients who have difficulty finding access to dental care. This frivolous lawsuit was filed by Dr. Allen Hindin, a dentist who until recently served as a delegate to the ADA House. While Dr. Hindin

claims that he is a supporter of dental residency programs, the ultimate impact is the wasting of valuable time and scarce resources of the academic dental institutions named in this lawsuit. There can be no question that this action will result in a reduction of dental care provided by



these institutions to those who need it the most.

Dr. Hindin bases his lawsuit on the false premise that dental residency programs housed in nonhospital settings are ineligible for GME funding. He claims that his position as a member of the ADA House of Delegates has made him privy to “direct and personal knowledge” relating to GME funding and to each of the defendants he names. Yet, it is apparent that he clearly misunderstands the statutes related to GME funding. In addition, he has named defendants

without dental programs and/or that have never received GME funding. Any number of public policy and Medicare experts could have confirmed that these nonhospital based programs are eligible for GME funding and that the allegations in this lawsuit are just plain wrong as a matter of fact and law.

The ADA News has compounded the misinformation in the first article in the Nov. 15 issue by writing a second story stating how and why government intervention in this litigation is possible. It should be noted that Dr. Hindin originally filed his lawsuit as a “whistleblower” and “under seal” in 2000. In doing so, he was indicating that he believes that the federal government should join him in this lawsuit.

Of public record now is the fact that the government has annually asked for extensions from the court delaying the decision as to whether to intervene in this case. The court denied the government’s last extension request earlier this year and ordered the documents to be unsealed. Most legal experts would believe, therefore, that the government is unlikely to intervene in this case. However, no mention was made of this in the ADA News articles.

We understand the need for the membership of the ADA to be informed of key issues that arise and

See LETTERS, page five

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”.

Letters

Continued from page four
 affect our profession. However, the facts have been misconstrued in this case, and I believe that readers expect the ADA News to provide a more circumspect and informed report about an issue that is so critical to dental education and practice.

*James Q. Swift, D.D.S.
 President, American Dental Education Association
 Minneapolis*

Editor's note: The government can intervene at any time or file suit on its own. The government has not expressly intervened or declined to intervene. Dr. Swift makes excellent points regarding the potential impact of the litigation on dental education. The ADA News reports are based on allegations and language contained in the unsealed court documents.

Aetna

I would like to comment on an article that appeared in a recent ADA News ("Aetna Fined \$9 Million in New Jersey," Aug. 6 ADA News). In the interest of full disclosure, I am a member of the Aetna/ADA Advisory Committee that was formed as a result of the legal action between the ADA and Aetna. I am a pediatric dentist in private practice and am not employed by Aetna; I am an Aetna participating provider.

The article cited above, written by Arlene Furlong, while it may be factually correct, does not apply to Aetna dental plans or patients; rather it applies to patients in Aetna medical plans and reported on actions that primarily affected physicians practicing in hospital environments, such as anesthesiologists, radiologists and pathologists who were nonparticipating providers.

It did not pertain to dentists nor to the legal action that resulted in the formation of the committee on which I serve. To have it as a lead article on page one was misleading vis-à-vis Aetna dental plans and the effect on dentists. The

actions of Aetna that resulted in downcoding, bundling and unclear or misleading explanation of benefits to dentists have been and continue to be thoroughly addressed by Aetna/ADA Advisory Committee members.

All of the dentist members appointed either by the ADA or Aetna are practicing private dentists. We have brought many issues to the table and in every case, our voices were heard and changes were made to ease the dentist's relationship with patients. Many changes have resulted in compensation for procedures that were previously denied.

I personally have found the representatives from the Aetna insurance company to be sensitive to our comments and professional in every way. It is a shame that the editors of ADA News presented the article in such a way as to imply

that we as ADA members did not have our interests represented by our Association and the volunteers who sit on the committee.

*Warren A. Brill, D.M.D.
 Baltimore*

ECC, breastfeeding

In 1977, I wrote an article for the Journal of Dentistry for Children (American Society of Dentistry for Children 44(3):192-193, May-June), "Breast Feeding: A Cause of Dental Caries in Children."

This presented two cases of children developing a new pattern of caries who nursed at-will all night without the wiping of the upper anterior teeth. The decay pattern was different from what we then called milk bottle decay.

Today, we have a whole new diagnosis and description of caries on young children, called early infant decay. It is still, in most instances, primarily due to the improper use of either a baby bottle or sippy cup. The pattern of decay is easy to observe: caries beginning on the lingual surfaces of the upper anterior teeth followed by the destruction of the first molars. In most cases, the rapid decay then abates, since most children are off the bottle by age 14 months. If a young child continues to use the sippy cup as a pacifier after age 14 months, the damage may continue to include cuspids, second molars and eventually lower posterior teeth.

Children who nurse do indeed have a similar problem, yet a different pattern of decay. Decay with the child who nurses at-will begins on the

See LETTERS, page six

MyView

Continued from page four
 indicate their true motive in coming into a dental or other health care office:

- Must be seen right away;
- Wants an appointment near the end of business hours;
- Calls or comes in after regular hours;
- States he or she is traveling, perhaps visiting relatives or friends;
- Feigns physical or psychological problems;
- States that specific non-narcotic drugs do not work, or that he or she is allergic to them;
- Pretends to be a patient of a practitioner who is currently unavailable, or will not give the name of a primary or reference physician or dentist;
- States that a prescription has been lost or stolen and needs replacing; attempts to pressure the practitioner through sympathy, guilt or direct threats.

As doctors, we all face a dilemma. How do we accommodate these shopper patients without being rude and callous while knowing that we are trying to protect these patients from themselves?

I certainly wish that I could have done something more for Steve, but I know that I would certainly feel worse if the bottle of pills that lay by him had my name on it.

Dr. Burstein is the president of the Queens County Dental Society (New York) and editor of the QCDS Bulletin. His comments, reprinted here with permission, originally appeared in the September/October issue of that publication.

"My favorite crown is IPS e.max® CAD..."

-Michael C. DiTolla, D.D.S., FAGD





\$99
per unit
with incisal overlay \$118

- High strength conventional cementation
- Virtually perfect contacts and occlusion
- IPS Empress®-like esthetics
- No price variation, as with noble PFMs
- Less expensive than zirconia crowns

"Of all the restorations available in our laboratory, my favorite crown is IPS e.max CAD because of its precise fit and its uncanny ability to blend in with natural dentition. Cementable all-ceramic crowns have never looked so good or fit so well."

-Dr. Michael C. DiTolla
Director, Clinical Education & Research



Lithium Disilicate Ceramic has high strength for conventional cementation

| Crown Type | Strength (MPa) |
|----------------------|----------------|
| IPS e.max CAD | 360 |
| IPS Empress CAD | 160 |
| IPS Empress Esthetic | 160 |



Milled with the NEW Straub mLab™ MC AE and Enhanced CEREC 3D Software

800-854-7256
www.glidewell-lab.com



**GLIDEWELL
LABORATORIES**

IPS e.max and IPS Empress are registered trademarks of Ivoclar Vivadent. mLab is a registered trademark of Straub Dental Systems, Inc.

Rise in rate of type 2 diabetes calls dentists, health professionals to action

Dental professionals are in a unique position to make a difference in patients' overall health simply by talking to them about preventing type 2 diabetes.

A diabetes brochure suggests that dentists ask: "Has anyone ever told you that you are at risk for type 2 diabetes?" when talking to patients at risk. The Diabetes Prevention brochure was sponsored by the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, the National Institutes of Health and the National Diabetes Education Program.

NDEP estimates that nearly 21 million Americans have diabetes and some 7 million don't know they have it.

Forty percent of the U.S. population ages 40-74 have prediabetes—a condition that can be prevented with reduced fat and calorie intake, increased activity and by losing 7 percent of body weight.

For more information on how to get free resources on diabetes prevention and control, contact the National Diabetes Education Program by phone at 1-800-438-5383 or visit "www.ndep.nih.gov". ■

Letters

Continued from page five

facial or incisal edge of the upper anterior teeth and then if allowed to continue past a year, may also affect other teeth. The report that you cite ("Early Childhood Caries, Breastfeeding Unrelated," Oct. 15 ADA News) gives parents who nurse the wrong impression; that is, all nursing is fine and will cause no problem.

It also assumes that this is a problem only for Mexican-American children where lower incomes and smoking were present. The fact that the study did not include children under age 2 indicates to me that many children who may have had their teeth removed may indeed have had caries due to at-will nursing.

Unfortunately, I see children with this pattern of caries in all segments of the population, not just the poor or minority children. Nursing is not just for the poor; today almost all mothers want to nurse their children for many good reasons. Reports like this give them a false sense of security, and cause them to reject any recommendation to either curtail nursing or wipe the infant's teeth after feeding during the night.

I am saddened that the ADA would publish this information. I have been in practice for over 32 years and see at least 6 to 10 patients a year who present with no other source of nutrition other than nursing with this pattern of caries.

In many cases, infants who display nursing caries also have an abnormal maxillary frenum which inserts into the interproximal or palatal area which may contribute to the caries by retaining mother's milk on the facial surfaces.

In conclusion: much more study and a better population of infants under age 14 months need to be examined before a report like this becomes a rallying point for those who want to conclude it is not the nursing, but some other reason for their infants to develop dental decay.

*Lawrence Kotlow, D.D.S.
Albany, N.Y.*

AAPD policy

The Oct. 15 ADA News article, "Early Childhood Caries, Breastfeeding Unrelated," goes against everything I've been taught and have been preaching to my patients' parents for the past 19 years.

The American Academy of Pediatric Dentistry's "Policy on Early Childhood Caries (ECC): Classifications, Consequences, and Preventive Strategies" states: "The AAPD recognizes a distinctive pattern of caries, known as ECC, associated with frequent or prolonged consumption of liquids containing fermentable carbohydrates. To decrease the risks of this potentially devastating pattern of caries, the AAPD discourages inappropriate feeding practices of infants and toddlers and encourages appropriate preventive measures. These include: 1. Infants should not be put to sleep with a bottle containing fermentable carbohydrates. Ad libitum nocturnal breast-feeding should be avoided after the first primary tooth begins to erupt. If the infant falls asleep while feeding, the teeth should be cleaned before placing the child in bed."

*Christopher L. Maestrello, D.D.S.
Richmond, Va.*

Editor's note: The ADA Division of Science thanks Dr. Kotlow and Dr. Maestrello for expressing concerns about the October 2007 Pediatrics study on infant breastfeeding and early childhood caries.

As reported by "Science in the News" at ADA.org ("www.ada.org/goto/sciencenews"), the study looked at data from one reporting period (1999-2002) of the National Health and Nutrition Examination Survey—a cross-sectional public health survey—but did not evaluate at-will, unrestricted infant feeding.

The authors cited a range of study limitations—missing or limited data on fluoride exposure, nursing patterns and frequency, maternal oral health status and family oral hygiene practice—and that "the quality and quantity of supplemental feedings, the quantity of breastfeeding, and information about other factors, such as bedtime breastfeeding or bottle feeding, [were] not available from NHANES data."

Science in the News also emphasized that parents can help protect the dental health of young children by promoting a healthy diet, monitoring their intake of food and drink, and by not putting children to bed with a bottle.

The ADA policy statement on early childhood caries offers the following recommendation for ECC prevention: "Unrestricted, at-will nocturnal breastfeeding after eruption of the child's first tooth can lead to an increased risk of caries."

Before you start a nationwide search for a **good deal on life insurance**, call someone you know and trust.

Got ADA Insurance Plans on speed dial yet?

You should. That way, you can join about 100,000 dentists, dental students, and their families who already rely on ADA-sponsored group life insurance for quality protection at unbelievably low rates.

You're making a good call no matter which policy you choose: Term Life or Term Plus® Universal Life. With both, you get some of the lowest rates available for life insurance — along with the strength and reliability that come from a program that's protected ADA members for over 70 years.

With so many choices today for life insurance, it's hard to know where to get the best value. The ADA's done the homework for you...all you have to do is make the call.

Since 1934
ADA INSURANCE PLANS
from Great-West Life

Call today!
888-463-4545
www.insurance.ada.org

© 2007 Great West Life & Annuity Insurance Company. This is an outline only and not a contract. Rates, coverages, and terms are based on independent research conducted by Great West Life. Benefits are provided under Group Policy numbers 1047LP and 10470L, issued to the American Dental Association and administered by Great West Life. Benefits are provided through group policies filed in the state of Illinois, and all eligible ADA members residing in any U.S. state or territory may apply for coverage. Policies are subject to, governed by, and shall be construed in accordance with Illinois law.

PROTECTING YOUR FAMILY, YOUR INCOME, YOUR PRACTICE
Life • Disability • Business Overhead • Hospital & Critical Illness

Government

Wisconsin SCHIP income eligibility raised

BY CRAIG PALMER

Washington—As Congress considers the scope and direction of children's health insurance, the administration approved an increase in household income eligibility level for the State Children's Health Insurance Program in Wisconsin.

According to the federal Centers for Medicare & Medicaid Services, Wisconsin currently provides coverage to children in families with incomes up to 185 percent of the federal poverty level though children can remain in the program until their family income exceeds 200 percent of FPL. The approved increase to 250 percent of

FPL is enough to cover 7,600 more children in the state, the CMS said.

Wisconsin SCHIP coverage includes the dental benefits that are covered under Medicaid's Early Periodic Screening, Diagnosis and Treatment Program. The state reported enrolling 56,627 SCHIP children in 2006.

Wisconsin implemented mechanisms to address potential "crowd out" from the private market that are in line with recent directives from the administration to ensure that children with the most need are receiving services and are not forgoing private coverage for benefits provided by SCHIP. ■

DEA amends Schedule II rule

BY JENNIFER GARVIN

Washington—Beginning Dec. 19, the Drug Enforcement Administration will start allowing practitioners to provide patients with multiple prescriptions for specific Schedule II controlled substances written on the same date, to be filled sequentially.

This amends the previous DEA rule that required doctors to issue a new prescription each time they prescribed Schedule II controlled substances.

The rule was published Nov. 19 in the Federal Register and is titled "Issuance of Multiple Prescriptions for Schedule II Controlled Substances."

For more information, visit "www.DEAdiversion.usdoj.gov" and reference Federal Register Notices Rules 2007. ■

Sing or play in Washington

Washington—Attention, health care professional musicians and vocalists: the VA Medical Musical Group is planning its 2008 performance season, which will kick off with a concert in May in Washington.

The concert will be held during Internal Medicine 2008, the annual meeting of the American College of Physicians, May 17-19.

For details, call 1-202-797-0700; write to 1700 17th St. NW, Suite 508, Washington, D.C. 20009; e-mail "vanmmg@hotmail.com"; or log on to the Web site: "www.medicalmusical.com". ■

Ohio

Continued from page one

"We convinced the Ohio legislature this (dental Medicaid enhancements) was a good thing," said Dr. Kramer. "Then at the last minute, to have the rug pulled out, it's frustrating."

Ohio dentists are "disappointed" but "hopeful that we can work with the administration" to restore the benefits, said Mr. Owsiany. The ODA will update the situation at "www.oda.org". Dr. Kramer said he will be at a fundraiser where the governor is expected and will continue the dental Medicaid discussion when he has the governor's ear. ■

How do you protect teeth, muscles and joints?

NTI-tss Plus™

The NTI-tss Plus protects teeth muscles and joints by suppressing parafunctional muscle contraction intensity by almost 70%! Originally developed to prevent migraine pain, the NTI-tss Plus is proven to be a superior alternative to full-coverage bite guards.

Use NTI-tss Plus to Help Prevent:
 Head and Neck Pain, Broken Crowns,
 Sore Muscles, Worn Teeth and Other
 Signs of Nocturnal Parafunction.

To learn more, call
 (866) 535-5371

keller
 www.kellerlab.com

FDA approved for the prevention of medically diagnosed migraine pain, jaw disorders and bruxism through the reduction of trigeminal-mediated muscular activity.

Learn how to grow your practice

FREE WEBSITE OR LOGO!

Your choice with the purchase
of a 6 or 12 month Direct Mail
Campaign at regular price.
A \$2,500 Value!

Offer valid 11/1/10
12/31/10 only



Make the first name in dentistry your first choice for marketing your practice. Introducing ADA Intelligent Dental Marketing™, the only marketing company backed by the expertise of the ADA.

-  **Branding & Identity** - Improve your image with custom logo, identity package and content-rich website
-  **Internal Marketing** - Make your practice memorable with an affordable brochure and patient rewards
-  **External Marketing** - Increase patient flow with targeted direct mail and accurately track your marketing response
-  **Case Presentation** - Boost profitability with better case acceptance and a polished presentation

www.ADAidm.com • 877.942.8855

ADA Intelligent Dental Marketing™ is a service provided by ADA Business Solutions, Inc., a wholly owned subsidiary of the American Dental Association, and Intelligent Dental Marketing. The ADA Intelligent Dental Marketing logo is a trademark of ADA Intelligent Dental Marketing, LLC. ADA is a registered trademark of the American Dental Association.

Dental editors name board, Meskin winner

San Francisco—The American Association of Dental Editors elected Dr. Michael G. Maihofer of Roseville, Michigan as its 76th president.

Dr. Maihofer is the former editor in chief of the Journal of the Michigan Dental Association.

Joining Dr. Maihofer on the AADE's Board are Dr. John O'Keefe of Ottawa, Canada, past-president; Patty Reyes of California, president-elect; Dr. Christopher Anderson of Texas, vice president; and Dr. Fred Bremner, Oregon, secretary/treasurer. Detlef Moore of Wisconsin is executive director and Dr. Mike Nash of Mississippi is the AADE newsletter editor.

Also, at its October annual meeting, the AADE presented the 2007 Lawrence H. Meskin Excellence in Dental Student Publications award to Columbia University College of Dental Medicine's American Student Dental Association publication, the Columbia Dental Review. Dr. George Pliakas accepted the award on behalf of the publication.

The Meskin Journalism Award is presented annually by the AADE to a US or Canadian dental student publication in recognition of overall excellence in publishing, including editorial content and design. The recipient is awarded two inscribed plaques (one for the editor and one for the school) as well as a \$300 award for the school. It is named for Dr. Lawrence Meskin, 1990-2001 editor of The Journal of the American Dental Association. Dr. Meskin died in June.

Dr. James Fine, assistant dean for post-doctoral education at Columbia, accepted the second plaque and \$300 award on behalf of the school.

Editors of dental student publications are encouraged to enter their publication for the 2008 Meskin Journalism Award, which will be awarded next October in San Antonio.

The annual meeting also included the presenta-

tion of two Dental Editor Service Awards by the AADE in conjunction with the American Dental Association. These awards recognize 10 years of continuous service as a dental editor.

This year's recipients are Dr. Bremner, editor of Membership Matters, a publication of the Oregon Dental Association, and Robert Pugliese, production manager, Pennsylvania Dental Journal, a publication of the Pennsylvania Dental Association. ■



AADE Board: Shown (above, from left) are Dr. John O'Keefe, Dr. Fred Bremner, Patty Reyes, Detlef Moore, Dr. Michael Maihofer and Dr. Christopher Anderson. In inset are Dr. George Pliakas (left) and Dr. James Fine with their Meskin awards.

Delta Dental of California founder dies

BY JENNIFER GARVIN

San Mateo, Calif.—Dr. F. Gene Dixon, founder of Delta Dental of California, died on Oct. 26. He was 84.

Credited with helping found California Delta Dental and later the nationwide Delta Dental Plans, Dr. Dixon helped the company grow from 1,800 enrollees to more than 4.7 million enrollees by the time he retired in 1977. Today, more than 50 million people are enrolled in Delta Dental.

"Gene Dixon was an icon who never lost the common touch," said Dr. Arthur A. Dugoni, ADA Foundation president, a longtime friend. "He was a strong and inspirational leader, warm, generous, unassuming, charismatic and a great father, grandfather and husband. He will be greatly missed."

A 1947 graduate of the University of Nebraska College of Dentistry, Dr. Dixon in 1965 helped establish the National Association of Dental Service Plans, which later became the Delta Dental Plans Association, the national system of Delta Dental member companies.

Dr. Dixon was a retired-life member of San Mateo County Dental Society, CDA and ADA.

He is survived by his wife, Rosemary; five children, Donald, Alicia Dixon Docter, Barry, Sally White and Kathryn; five grandchildren; and his stepmother, Bobbie Dixon of San Mateo. ■

As Good as Nature —Only Faster!

We've followed nature's lead in developing Artiste® Nano-Composite so you get great results in less time.

SAVE

ON THE ALL NEW 5-SHADE
ARTISTE® TRIAL KITS —

Including a handy Quick Restorative Guide & comprehensive DVD

Single Dose Kit
\$129.95

Syringe Kit
\$199.95

Artiste® Nano Composite combines a revolutionary layering technique based on the tooth's natural anatomy and an intuitive shading system that eliminates wasted time and material.

The result is dependable highly esthetic results in minutes not hours. As every busy dental practitioner knows, time is money. So try Artiste Nano Composite today and put smiles on your patients and add profits to your practice.

ARTISTE®

Nano Composite

Call now or visit our website to get our new trial kit at a special introductory price!!

Pentron Clinical Technologies, LLC | 800.551.0283 | www.pentron.com

In Canada call SYNCA at 800.667.9622

*Offer expires January 31, 2008. Additional shipping charges may apply. Subject to change or cancellation without notice. Orders subject to credit approval. Copyright © 2007 Pentron Clinical Technologies, LLC. All rights reserved.

Review

Continued from page one
 their clinical decisions,” noted Dr. Feldman. “Last year we collaborated with the medical community to redefine the need for prophylactic antibiotics prior to dental treatment—saving our patients needless exposure to medication. In addition, we continue to expand our evidence-based approach to dentistry by providing our members research on specific topics. This information then allows them to make appropriate decisions based on their patients’ clinical needs.

Advocacy continued in the spotlight this year, and the State Public Affairs Initiative program is one that has proved itself a huge success, said Dr. Feldman. “We were able to provide guidance and assistance to our state societies as they advocated for their members on issues like preserving choice in restorative materials and fighting off attempts to ban fluoride,” he said.

The list offers perspective on what the ADA does, said Dr. James Bramson, ADA executive director. “Every year, we try to consolidate a listing of the significant initiatives for the Board, so they and others can help show the value of membership. All in all, it was a very busy year.”

Advocacy efforts have also targeted the oral health of the public through efforts to improve access to care, which Dr. Feldman regards as key to the future of the dental profession.

“This complex problem came to the forefront of the public in 2007 with much national news coverage over dental access-to-care-related issues,” he said. “We need to be proactive and provide answers and not just say ‘no.’ The ADA in 2007 has set the stage for our new prevention-oriented Community Dental Health Coordinator who will work with a dentist in underserved areas to both improve access to care and stop dental disease from occurring. In addition we have initiated much legislation to allow our members to provide more care to those in need.”

Another aspect of advocacy is the profession’s role in the national debate on universal health care. “As we move forward with our advocacy efforts our members can feel secure with the knowledge that we will be at the table when any discussions are held about universal health care or a national health record,” he said. “The ADA is currently hard at work developing a series of policies to present to the 2008 House of Delegates on just these issues.

The 2007 ADA Activities and Accomplishments document, which Dr. Bramson presented to the Board of Trustees last month, includes a list of nearly 200 items broken into categories starting with overall accomplishments and followed by more specific items organized under these headings: Operational; Finance; Legal; Science; Membership; Practice/Professional Affairs/Health Policy Resources Center; Governmental Affairs/Public Affairs; American Dental Political Action Committee; National Media; Education; Annual Session; Publishing; Office of Chief Policy Advisor; Information Technology, Standards and Salable Materials; Corporate Development; ADABEI (ADA Business Enterprises Inc.); and ADA Foundation.

Here are just some key highlights from the document:

- Membership market share at year-end 2006 was 71.8 percent.
- Membership non-renew rate was 2.8 percent.
- Increased net number of active licensed dentists as members by 1,458.
- Added \$629,200 in new programs in 2008 budget.
- Developed Community Dental Health Coordinator curriculum, selected pilot training sites and planned for an Oral Preventive Assistant committee.
- Settled Alaska litigation.
- Approved revisions to ADA Best Management Practices on Amalgam to add amalgam separators and the development of an amalgam brochure.
- Developed and distributed educational infor-

mation to all members through the OralLongevity program.

- Developed plans for ADA’s year-long sesquicentennial (2009) activities and events.

- Received approval for renovation of Washington, D.C., office spaces.

- Strategically repositioned ADA Research Agenda to heighten its effectiveness.

- Notable ADA Foundation Paffenbarger Research Center activities include having conducted research on 10 NIH grants totaling \$2,141,007.



Dr. Feldman



Dr. Bramson

- Expanded the Seal program to a new product category (chewing gum) and awarded first Seal in this category.

- Published updated Guidelines for Prevention of Infective Endocarditis in collaboration with American Heart Association.

- Developed a comprehensive, interagency business plan for ADA evidence-based dentistry activities, including objectives and resource recommendations for the next five years.

- Developed multiple programs to provide

information to members on EBD, including a \$450,000 grant over three years from the National Library of Medicine and the National Institute of Dental and Craniofacial Research to develop an EBD Web site.

- Completed a laboratory evaluation of the fluoride content of commercially available infant formulas for publication in 2008 and commissioned a systematic review of the evidence on the risks and benefits of fluoride in infant formula.

- Implemented the ADA-Pankey Education Connection for new dentists, with collaborative programming offered at the New Dentist Conference and the ADA annual session, plus articles, podcasts, and a live webcast.

- Enhanced leadership development for new dentists through Web seminars (“webinars”) on leadership and the implementation of an online leadership development program on ADA CE Online.

Opalescence[®] BOOST

ALL THE
POWER
 OF IN-OFFICE WHITENING

No plugs needed

- Matriculated the fifth class of the year-long ADA Institute for Diversity in Leadership, in collaboration with the Kellogg School of Management.

- With action by the 2007 House of Delegates, created a new category of membership for non-practicing dentists, allowing prominent dentists who are not licensed to belong to the ADA as dentist members.

- Developed new ADA Humanitarian Award to be presented at the ADA Annual Session in 2008.

- Give Kids a Smile conducted through over 52,000 dental team members who served more than 757,000 children resulting in \$72 million in care.

- Held American Indian/Alaska Native Oral Health Access Summit.

- Survey Center conducted nearly 60 different research projects in 2007, half on the Internet.

- Implemented the State Public Affairs Initiative program in such areas as scope of practice, financing public health dental programs such as Medicaid and SCHIP (State Children's Health Insurance Program), water fluoridation and choice of restorative options. More than 20 states have taken advantage of this resource in 2007.

- Successfully ensured that SCHIP reauthorization contains a guaranteed dental benefit.

- Successful Washington Leadership Conference with record attendance with over 600 attendees.

- Lobbied House and Senate on numerous bills, including: the Indian Health Care Improvement Act (to ensure that the IHCA does not allow Dental Health Aide Therapists in the Community Health Aide Program to operate beyond Alaska); anti-amalgam legislation; increased funding for NIDCR, Centers for Disease Control, and a variety of dental training programs; health

information technology legislation; and two ADA-initiated bills to improve access to dental care to establish pilot CDHC programs and increase capacity of CHCs.

- Developed meth mouth (methamphetamine) legislation (including a major press conference).

- Advocated for small business initiatives including small business loans for dental offices in underserved areas; expansion of Section 179 expensing provisions; opposition to Drug Enforcement Administration fee increases; prompt pay proposals; and deferrals of tamper proof prescriptions pad regulations.

- Placed ADA Consumer Advisors and/or leadership on The Today Show, CNN, ABC and NBC.

- Council on Dental Education and Licensure coordinated and co-hosted (with Council on Ethics, Bylaws and Judicial Affairs, the American

Dental Education Association and the American College of Dentists) the Symposium on Ethics and Integrity in Dental Education with 78 participating stakeholders and national experts to explore innovative approaches to furthering ethics and integrity in education.

- Updated ADA's Guidelines for the Use of Sedation and General Anesthesia by Dentists and the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

- The Commission on Dental Accreditation began accepting applications from international predoctoral dental education programs for consultation and accreditation services.

- Attracted 47,000 attendees to the annual session in San Francisco. This included 12,783 member dentists and 1,100 non-member dentists.

- Out of nearly 1,100 entries, ADA publications won three awards from the Society of National Association Publications: JADA received two Gold Excel Awards among scholarly journals for design excellence and for illustration; the ADA News received a Bronze Excel Award for feature writing.

- Maintained ADA News and JADA as the best-read publications in dentistry, according to an independent FOCUS study conducted annually by PERQ/HCI Corp.

- ADA.org received 4.5 million visits in the first three quarters of 2007, a 15 percent increase in traffic from 2006.

- JADA online readers will download more than 2 million articles in 2007, double that from 2006.

- Initiated standards processes for CAD/CAM systems and an in vitro standard for tooth bleaching materials and fluoride varnishes.

- ADA Intelligent Dental Marketing (ADAidm), a joint venture between ADABEI and Intelligent Dental Marketing, was created Feb. 1, 2007.

- ADA Foundation awarded \$35,000 to four Community Water Fluoridation Infrastructure programs and \$65,000 to three State Capacity Building and Oral Health Planning programs.

- ADAF approved the disbursement of \$300,000 in support of the Harris Fund for Children's Dental Health Grants program.

- ADAF approved the disbursement of \$155,000 in support of 80 scholarships to dental students (25), minority dental students (25), dental hygiene students (15), dental assisting students (10) and dental laboratory students (5).

- The ADA Foundation distributed \$245,858 (including constituent share) in Relief Fund grants as of Aug. 31.

- ADAF celebrated the one-year launch of Dental Education: Our Legacy—Our Future which has 103 partners. ■

—jakushj@ada.org

NO LIGHT NEEDED

IN-OFFICE CHEMICALLY ACTIVATED WHITENING.

Opalescence Boost isn't based on any marketing hype or gimmick. It is based on truth. Scientific studies¹ have proven that excellent in-office bleaching results do not require a light. That's why Opalescence Boost has always been chemically activated for the highest quality in-office whitening available.



BEFORE AFTER

- **38%** hydrogen peroxide
- **NOW INCLUDES PF** (Potassium Nitrate and Fluoride) for stronger enamel, decreased sensitivity, and caries prevention
- Syringe-to-syringe mixing ensures freshness and convenience
- Distinct red color aids in proper placement and ensures complete removal



800.552.5512 ULTRADENT.COM

ULTRADENT PRODUCTS, INC.

Report on dental workforce model available from ADA

The 2007 ADA Dental Workforce Model: 2005-2025 has recently been released by the ADA Health Policy Resources Center.

The Dental Workforce Model performs long-term projection of the U.S. dental workforce using statistical transition models for retirements, occupation change, location choice, specialty education and death. It provides national projections of the number of dentists (professionally active dentists and active private practitioners), applicants to dental school, first-year dental school enrollments and dental school graduates up to the year 2025.

This report is available in print (catalog #DWM-2007) by calling 1-800-947-4746 or downloadable (DWM-2007D) at "www.adacatalog.org." The cost is \$80 for ADA members, \$120 for nonmember dentists and \$240 for commercial firms, plus shipping and handling. ■

Dental Records at ADA.org

'Everyone has a need for a resource like this'

BY ARLENE FURLONG

Dentists and dental team members contact the ADA Council on Dental Practice about dental records more than they do about any other single topic.

That's why CDP, in cooperation with the Division of Legal Affairs, developed a new online publication, aptly called Dental Records.

Also referred to as the patient's chart, the dental record facilitates continuity of care for the patient and is critical in the event of a malpractice insurance claim.

Dental Records, available at ADA.org as a searchable PDF, includes a detailed table of contents to help users quickly locate the answers they're looking for.

"Ever have one of those moments when you need to review the HIPAA requirements or check how long you must save something?" asks Dr. Robert R. Shaw, CDP chair, referring to the fed-



Dr. Shaw

DentalPractice

eral Health Insurance Portability and Accountability Act. "What information does my office need to know about access, photocopying, updating, referrals and informed refusal? Here you will find the answers to all of these questions and many more, with links to many other sources of information. Everyone has a need for a resource like this."

Dental Records includes components of a dental record, ownership of the record, how to make entries, how to transfer records, how long records should be kept, how to dispose of records, as well as a table listing information on retention of business records.

The 37-page document is available online to ADA members free of charge at "www.ada.org/prof/resources/topics/dentalpractice_dental_records.pdf". Print copies are also available by calling the ADA toll-free, Ext. 2895; e-mailing "dentalpractice@ada.org"; or faxing the online downloadable order form to 1-312-440-2924. The nonmember price for a printed copy is \$15. ■



Looking ahead: "This is an important message to get out to the profession," says Dr. Jerome J. DeSnyder at the Nov. 15-17 Council on Dental Practice meeting as Dr. Jeffrey B. Sameroff listens. Council activities included a mega-issue discussion to investigate the concept of environmental sustainability as it relates to contemporary dental practice. The council directed staff to further its research and develop resource materials on "Going Green" in the dental office.

New fee report available from ADA Survey Center

The ADA Survey Center's 2007 Survey of Dental Fees has just been published.

The 240-plus-page report lists mean, median and percentile fees for nearly 200 different dental procedures as reported by private practicing dentists in the U.S.

Along with the fee information, each procedure includes a brief description as well as its corresponding CDT-2007/2008 code. Results are provided for nine regions of the country for gen-

eral practitioners and nationally for each of six specialties.

A PDF version of the 2007 Survey of Dental Fees can be downloaded electronically from "www.adacatalog.org". Or, call 1-800-947-4746 to order a hard copy of the report.

The cost (catalog code SDF-2007) is \$125 for ADA members, \$187.50 for nonmembers and \$375 for commercial firms, plus shipping and handling. ■



Communication: Dr. Ralph A. Cooley, far left, and Dr. Deborah Bishop, left, speak at the Nov. 9-10 Council on Dental Benefit Programs meeting at ADA Headquarters in Chicago. (Dr. Henrik E. Hansen is seated next to Dr. Bishop.) Among topics the council discussed were the strategic importance of the dental tourism issue, activities of the ADA electronic health record work group and potential recommendations to guide the Association in evaluating dental care in health care reform.



An Important Message to ADA Members From *Suzanne Somers!*
Act fast!

Attending the 2008 Western Regional Dental Convention may be the only way to get Phoenix Suns tickets! We have a limited number of tickets for Suns vs Timberwolves on April 4. Order them when you register for the convention at www.WesternRegional.org

Visit us online for our list of 40 speakers (including Dr. Damon Adams, Dr. George Bambara, Dr. Gerard Chiche, Dr. Harold Crossley, Dr. David Garber, Dr. Paul Homoly, Dr. Samuel Low, Dr. Joseph Massad and Dr. John Molinar), exhibits (more than 300 booths), fabulous social events and create your own personal day-timer!

Although she is best known for acting, Suzanne Somers is also a best-selling author, business executive, founder and director of the Suzanne Somers Institute for the Effects of Addiction on Families and has received the Humanitarian Award from the National Council on Alcoholism, the President's Award from the National Association of American Drug Counselors, Mother of the Year from the National Mother's Day Committee and the Patriotic Citizen Service Award in recognition of her USO tour performances for overseas U.S. troops.

Western Regional Dental Convention • April 3-5, 2008 • Phoenix Convention Center!
Opening Presentation by Suzanne Somers

2008
Western Regional Dental Convention
Phoenix, Arizona



Adventures Await You!
Sponsored by the Arizona Dental Association 1-800-866-2732

HARD OR SOFT RELINES IN MINUTES

Restore long-term comfort and stability in about 20-minutes.

SUPER-FAST HARD RELINES

MacroHARD[®] denture resin gives you instant hard relines without powder/liquid mixing ... without the pungent "smell of acrylic" associated with in-office relines ... and without the red-hot thermal reaction of traditional denture materials. The translucent pink polymer blends beautifully with any denture base shade.

It's useful for small jobs (quickly customizing a postdam or extending deficient borders) as well as relining an entire prosthesis while the patient sits in the chair.

Here's how ...

Using your handpiece, simply remove 1-2 mm of material from the areas to be modified. This eliminates the most-contaminated layer and roughens the surface. Apply the MacroHARD bonding agent, and let it dry.

Then express MacroHARD from your impression gun, seat the denture in the mouth and manipulate the lips and cheeks to mold the borders. MacroHARD's reinforced polymer formula is thixotropic like Blu-Mousse, so it doesn't flow as it comes out of the gun. It stays where you express it - until you seat it in the mouth. Then it spreads evenly over the tissue.

After 1½ minutes in the mouth, remove the prosthesis. At this point you have the option of either popping it into a pressure cooker - or letting it complete curing on the counter.

Then brush the appliance with mouthwash to remove any chemical taste, trim and polish as usual and deliver to the patient.

SUPER-FAST SOFT RELINES

Unlike acrylic-based soft relines, MacroSOFT's silicone elastomer won't stiffen with age, so the denture retains its cushioning resilience. Its hydrophobic formula reduces water absorption (less discoloration and odor) and includes special resin additives for tear-resistance.

The proprietary MacroSOFT[®] bonding agent is built around a molecule we synthesized in our laboratory. It chemically grafts the soft reline material to the old denture base to resist peeling and leakage.

Here's how ...

Relining a denture with MacroSOFT is almost as easy as taking an impression. After removing a couple millimeters of the denture base to create some room, apply the MacroSOFT bonding layer and let it dry.

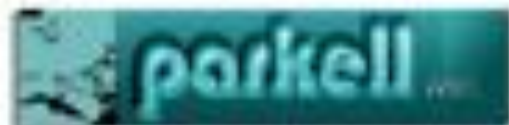
Using your impression gun, express MacroSOFT into the prosthesis and seat it in the mouth. After border-molding, have the patient hold center while the reline sets. There's no heat. No taste. And the reline is out of the mouth in just 5 minutes.

Then just trim the excess material. The brush-on glass included with the kit lets you seal the trimmed margins.

And a 3 month risk-free trial.

Though we ask you pay within a month, you have our word that if you decide MacroHARD or MacroSOFT isn't what you're looking for, you can 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 the original shipping charges.

MacroHARD and MacroSOFT are designed for acrylic dentures. They will not bond to nylon Flexite[®] or Valplast[®].



1.800.243.7446

Fax: 831.249.0242 • info@parkell.com • www.parkell.com

PRIORITY NO. 2577-D

Mail or fax coupon to:
Parkell, Inc., Box 900A, Edgewood, NY 11717 • Fax: 831-249-1042

Yes, please send me the following:

- MacroHARD reline kit and bill me \$119.99 plus shipping and handling. Includes 30ml cartridge of MacroHARD autopolymerizing resin, 15ml MacroHARD bonding liner, mixing tips, brushes.
- MacroSOFT reline kit and bill me \$124.99 plus shipping and handling. Includes 30ml cartridge of MacroSOFT reline silicone, 15ml MacroSOFT bonding liner, 12ml glass, mixing tips, brushes.

Name _____

Address _____

City _____ State _____

Zip _____ Telephone _____

Visit Parkell at major dental meetings:
Boston Yankee (Jan 31-Feb 2, Booth 417),
Chicago Midwinter (Feb 22-24, Booth 2113)

CE
#129



IHS volunteers share their stories

BY STACIE CROZIER

Even retired dentists enjoy a change of pace, a volunteer experience and a visit to a scenic destination.

Three retired ADA members—Drs. Robert Allen, Elaine Miginsky and Leo Miserendino—recently spent two weeks as volunteers for Indian Health Service/tribal dental clinics in North Dakota and Minnesota through the ADA's American Indian/Alaska Native Dental Placement Program.

All of the volunteers said an ADA News article in April describing Dr. David Wright's IHS volunteer experience sparked their interest.

"I read the ADA News article, and it sounded like it would be a nice experience. It was an opportunity to get back into the office for a couple of weeks, much like a practicing dentist who wants to get out of the office," said Dr. Allen of Hampton, Va.

At age 74, Dr. Allen says it's important for him to stay active in dentistry. Since his retirement three years ago, he has maintained his license and insurance and helped out local colleagues who go on vacation and need a dentist to fill in. Then he donates his salary to charity.

In October, Dr. Allen headed for Belcourt, N.D.—a community about 12 miles south of the Canadian border. He worked with the staff dentists and dental team members at the Turtle Mountain Comprehensive Healthcare Center, seeing patients in the mornings by appointment and treating dental emergencies in the afternoons.

Volunteering at the clinic was a very educational experience, Dr. Allen said. "The clinic was modern with up-to-date digital equipment; the staff was well-trained and followed strict hospital protocols. There was a mix of experienced dentists and young staff dentists right out of dental school."

Dr. Allen says the patients in North Dakota reminded him of his early years of dental practice in Newport News, Va., with high disease rate and limited access to dental care.

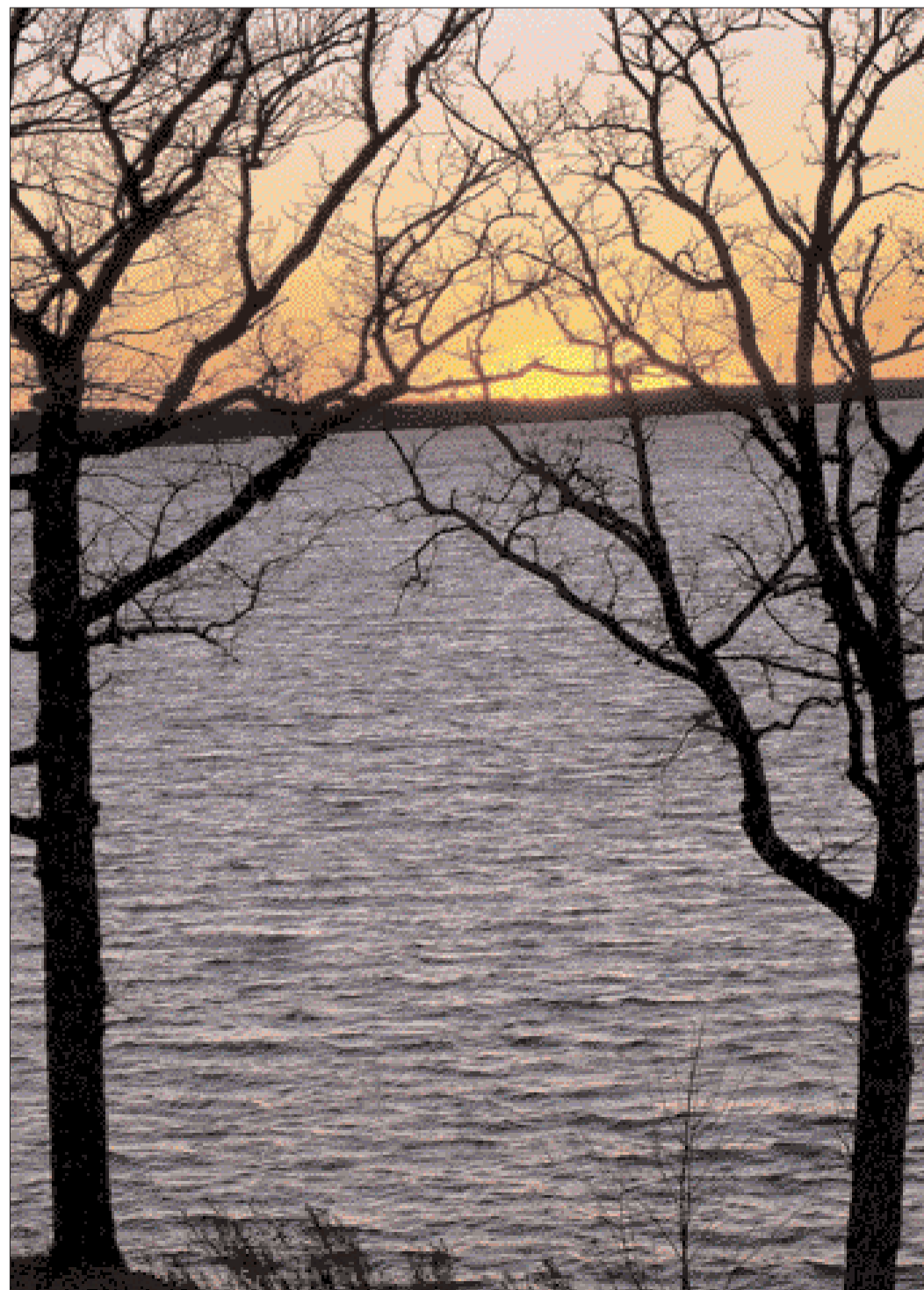
After clinic hours, Dr. Allen spent time exploring surrounding towns and attractions.

"I went to a rodeo," he said. "I traveled around a little bit and drove to a lot of little towns."

He visited Fort Mandan, near Washburn, N.D. The replica fort



Scenes from Minnesota: At top, the Caboose drive-through coffee shop in Detroit Lakes is decorated for Halloween. Above, the sign welcomes visitors to Ogema, where the White Earth Health Center is located. Right, a view of one of the local lakes.



No Additional Charge!

"Three-Day" Laboratory Services

CROWNS • VENEERS • IMPLANTS

At TRIPALAY Dental Laboratory
One Certified Dental Technician
 Accurately And Promptly Completes
 Your Casework In Three Days

- No Assembly Line
- No Interruptions
- No Delays

**Call Aaron
Or Sandy At
800-252-0232**



JACKSONVILLE, FLORIDA

Aaron A. Anderson
President/General Manager



Sandra Lautenschlager
Technical/Service Coordinator






Ready for work: IHS volunteer Dr. Robert Allen, left, and Dr. Joseph Collins, a staff dentist at the Turtle Mountain Comprehensive Healthcare Center in Belcourt, N.D., pause for a photo between patient visits.

depicts the wintering post for the Lewis and Clark expedition on the Missouri River during 1804-05. And he soaked up some Scandinavian culture in Minot at the Norsk Høstfest, North America's largest Scandinavian festival, showcasing contemporary and traditional Nordic arts and crafts, cuisine and jewelry.

Dr. Miserendino traveled from his suburban Chicago home in Lake Forest, Ill., to White Earth, Minn., more than 4 hours northwest of St. Paul.

Retired from clinical practice since 1994 because of a disability, Dr. Miserendino has since worked as a dental educator, author and consultant. He arrived Sept. 29 to fill in for the White Earth Health Center's staff hygienist, who was visiting reservation schools to conduct a fluoride program.

"I didn't realize what the need was until I read about it in the ADA News," he said. "I thought it would be something positive I could do. At this stage in my life, I'm not looking to make financial

"Here, serving the needs of the patient becomes the focus of the practice, not finances."

gains. I want to make a difference.

"The patients and staff were friendly and knew each other," he said, "giving the clinic a family environment." He appreciated working in the state-of-the-art facility with dedicated staff members.

"The people who work there really want to be there," said Dr. Miserendino. "There are dedicated dentists and staff working in the Public Health Service making a difference. Here, serving the needs of the patient becomes the focus of the practice, not finances. If I were younger, I might consider the IHS as a career. There are many facilities that need the help of volunteers. There is a tremendous need."

Dr. Miserendino also took some time to explore the natural beauty of the area. Since he didn't have a car, the owner of his hotel offered to chauffeur him around.

"After a few days, he just offered me his keys," he laughed. "It was such a friendly atmosphere and everyone was so nice."

In mid-October, when Dr. Miginsky arrived at White Earth, the leaves had already fallen and the lakes were beginning to freeze during the chilly nights.

A general dentist who recently retired after 37 years with the Baltimore County Department of Health, Dr. Miginsky said her experience was "fabulous. It was so relaxing there," she said. "It was incredibly different from practicing in Baltimore. The White Earth Health Center, in the town of Ogema (population 143) was modern and friendly."

Dr. Miginsky said even her background in pub-

lic health didn't fully prepare her for the level of need she saw in the patients.

"They were very appreciative for the care they received. I could have stayed two months instead of two weeks. I encourage all ADA members to volunteer their services and experience the rewards that financial remuneration cannot buy."

Dr. Miginsky said her trip brought her many unexpected bonuses "like seeing this beautiful part of the country with its many lakes and small towns and eating at the Burger Barn in Richwood, which serves buffalo burgers, french fries and soft ice cream, either to go or to eat by the warm gas fireplace." She also enjoyed visiting the Caboose in Detroit Lakes, a little drive-through coffee shop.

"It is wonderful to get away from the big metropolitan fast-paced lifestyle to enjoy a lifestyle that is slower, courteous and friendly," she added.

"Since my return," she said, "a part of myself lingers in Minnesota and the rest of me wants to return." She encourages others who might be interested in volunteering at White Earth or other IHS clinics to read the book "Waiting For White Horses," by Nathan C. Jorgenson, to experience a little of the flavor of life in that region.

The ADA's placement program is not just for retired dentists, but for any dentist who wants to donate two weeks or more to provide oral health care to American Indian/Alaska Native communities. For more information about volunteer opportunities, contact Gary Podschun by calling toll-free, Ext. 7487 or e-mailing "podschun@ada.org". To learn more about careers with the Indian Health Service, contact Capt. Tim Lozon, D.D.S., at 1-800-IHS-DENT (447-3368) or visit "www.dentist.ihs.gov". ■

—croziers@ada.org

Dark Stains? Thin Veneers? No Problem!

"A patient walked into my office wanting LUMINEERS with a D3 smile. I panicked, but luckily the color staining was masked by your new Block-Out product and we took the patient to a B1. AMAZING!"

"Now there's finally a non-invasive way to treat the mismatched teeth of my tetracycline patients."

Tetracycline and dark stained teeth once posed quite a dilemma for conservative cosmetic dentists. Now the answer is simple. Block-Out® by Ultra-Bond® Plus, the first resin cement of its kind, combines the proven reliability and esthetics of Ultra-Bond Plus with the power of an opaquer.

RESOLVE PROBLEMATIC DARK STAINED TEETH WITH:

- Care.** No removal of sensitive tooth structure is necessary.*
- Confidence.** Clinically proven to last over 20 years and exhibit low microleakage. Dual-cure ensures complete polymerization.**
- Ease.** Auto-mix syringe and extensive working time.
- Efficacy.** Three-plus shade shift with a single application.

BLOCK-OUT®

by Ultra-Bond® Plus

Purchase Ultra-Bond Multi-Shade or Block-Out Multi-Shade Kit and receive a free Try-In Kit.™ 1-800-497-5311 or visit www.denmat.com

Changing demographics

Ambassadors help dental schools reach underrepresented students

BY KAREN FOX

San Francisco—In just its second year, the Student Ambassador Program is making strides toward increasing the number of underrepresented minorities seeking careers in dentistry.

Sponsored by the Council on Dental Education and Licensure's Committee on Career Guidance and Diversity Activities, the program is a recruitment process in which dental students take the lead in organizing and conducting programs for local college and high school students. The goal is to provide leadership and mentoring to students in high school and college, especially underrepresented minorities, and encourage them to pursue careers in dentistry.

"Student-to-student recruitment is effective because students can identify with a student who is mentoring them because they have situations

"When students can relate to speakers because of their age or background, it makes all the difference in the world. That's what makes it work."

that may mirror their own personal situations," said Gwen Werner, a fourth-year student at A.T. Still University Arizona School of Dentistry and Oral Health in Mesa, Ariz., and member of the Society of American Indian Dentists Student Chapter.

The Society of American Indian Dentists Student Chapter at ASDOH has launched a number of programs aimed at middle and high school and college students in order to increase the number of American Indian students pursuing careers in dentistry. There is a community dentistry project that includes a Web site with facts on becoming a dentist and how to get into dental school, and SAID



Leaders: The student representatives to the CDEL Committee on Career Guidance and Diversity Activities and coordinators of the 2007 Student Ambassador Program pause for a photo Sept. 29 with Dr. Hupp, committee chair. From left are Marvin Baptiste, Student National Dental Association; Shirley Hernandez, Hispanic Student Dental Association; Dr. Hupp; Gwen Werner, Society of American Indian Dentists Student Chapter; and Wayne E. Stephens, American Student Dental Association.

student speakers have conducted presentations on an American Indian reservation about dentistry, oral hygiene and how to prepare for a career in the health professions.

Another collaboration between ASDOH, Society of American Indian Dentists and the Association of American Indian Physicians is the student-run Dental Pre-Admissions Workshop, where mock interviews are conducted along with work-

Education

shops on preparing for the dental admissions test, financial aid, how to write personal statements, careers

available to dentists and more.

"This was very successful," said Ms. Werner. "We have been in contact with most of the students and are currently mentoring them as they get closer to applying to dental school. Two students that we mentored have been accepted and are going through their first year of dental school and a couple more are going through interviews now."

"When students can relate to speakers because of their age or background, it makes all the difference in the world. That's what makes it work," said Shirley Hernandez, a fourth-year student at Baylor College of Dentistry in Dallas and member of the Hispanic Student Dental Association.

In 2006, the HSDA at Baylor created a high school recruitment program with student-run presentations on topics like choosing a college, financial aid and careers in dentistry, resulting in "an incredible response from the high school students" at three area high schools, said Ms. Hernandez. Targeted schools included a health professions magnet school in Dallas, where the dental students provided mentoring and "any advice the students would need from people who had been through college"—unlike many of their parents, said Ms. Hernandez.

"I'm motivated to reach out to students to provide guidance I didn't receive when I was going through school," she added. Baylor's HSDA has plans in the works for future high school presentations.

"Student-to-student is the genius of the program," said Dr. James R. Hupp, chair of the CDEL Committee on Career Guidance and Diversity Activities. "It's difficult for people from different generations to have the same kind of ability to connect with young people. Having dental students there, in person, communicating with high school and college-age students is very powerful."

"Increasing Diversity Through Collaboration,"

the second Student Ambassador Program designed to assist dental students in implementing programs, was held Sept. 29 during the ADA annual session in San Francisco. A planning committee with representatives from the American Student Dental Association, Student National Dental Association, the Hispanic Student Dental Association and the Society of American Indian Dentists Student Chapter coordinated the event, and 53 of the 56 dental schools in the U.S. participated—up from 49 in 2006.

Workshops featured a look at best practices of successful ambassador programs like those described by Ms. Werner and Ms. Hernandez, obstacles planners face and how to help schools launch brand-new programs.

Some of the challenges schools face in starting new programs include the sometimes limited number of ambassadors, and a lack of time in conducting outreach to high schools and colleges—"The reason why an ambassador program is needed is because you don't have enough ambassadors," said Dr. Hupp. Some dental schools in urban areas are determining how to pool their resources to increase their reach.

The Student Ambassador Program is one part of the CDEL's commitment to boosting interest in dental careers and changing the profile of practicing dentists to better reflect the population of the country. CDEL has conducted a variety of activities and initiatives in recent years, partly in response to the 2000 Oral Health in America: A Report of the Surgeon General which called for changes in the racial and ethnic composition of the workforce to meet patient and community needs.

"The committee is focused on improving the diversity of the dental profession at both the dental student and faculty levels, and the Student Ambassador Program is one way to accomplish that," said Dr. Hupp, who is also dean of the University of Mississippi School of Dentistry.

The fact that these separate student organizations—American Student Dental Association, Student National Dental Association, the Hispanic Student Dental Association and the Society of American Indian Dentists Student Chapter—came

See *OUTREACH*, page 17

What every dentist needs to know...in case of emergency.

YOURS FREE!



NOW AVAILABLE: ICE PACK STARTER KIT

"ICE" is an acronym for In Case of Emergency. The ICE Pack Starter Kit includes information, instructions, checklists...step-by-step resources for organizing your personal records for grab-and-go emergency preparedness.

To receive your FREE ICE Pack Starter Kit CALL 888-463-4545 TODAY!



Since 1934
ADA INSURANCE PLANS
From **Great-West Life**

© 2007 Great-West Life & Annuity Insurance Company. No purchase or future obligation required.

PROTECTING YOUR FAMILY, YOUR INCOME, YOUR PRACTICE
Life • Disability • Business Overhead • Hospital & Critical Illness

NYU students take lead in mentor program for high school, college students

BY KAREN FOX

New York—Students at the New York University College of Dentistry now have an opportunity to mentor future generations of dentists through a student-led initiative that guides middle and high school students toward science and health professions.

Launched by senior dental student Marcus D. Johnson and Dr. Michael Villacarlos, a 2007 NYU graduate, “Operation Dental Success” is a curriculum for Brothers and Sisters in Science, which is part of NYU’s Programs for Preparatory Education in Science and Medicine. PPESMs create a pipeline through which youth are encouraged to pursue higher education.

“Our aim is to encourage traditionally under-represented racial, ethnic and socioeconomic groups toward pursuing careers in the health and science fields, and provide some of the tools and knowledge necessary to succeed,” said Mr. Johnson.

BASIS was created by NYU medical students but didn’t have a dental component until 2004

“A lot of people underestimate the impact that having someone in the community who you look up to can create; it makes a tremendous difference.”

when Mr. Johnson received a grant from the American Medical Student Association under the mentorship of Dr. Gustavo Cruz, NYU director of public health.

Students volunteer to tutor, teach and mentor 7th graders, 8th graders and high school students in New York through a variety of activities that include: introducing middle school students at the Salk School of Science to scientific concepts that support their annual “Exploratorium” project; providing hands-on experiences in health professions and information on dentistry as a career; and offering a six-week summer program that, among other things, has participants job-shadow clinicians and researchers.

With an interest in science and dentistry through his own family dentist, Mr. Johnson decided on his career when he was in high school, and his parents encouraged him to stick with it.

“Mentoring has an enormous influence on kids,” he said. “A lot of people underestimate the impact that having someone in the community who you look up to can create; it makes a tremendous difference.”

“It is never too early to begin shaping the future of America’s youth,” he added. “Especially

when these efforts can be reinforced throughout students’ pre-collegiate education.” ■

Founders: The leaders behind “Operation Dental Success” are proud of their accomplishments. Pictured from left are Marcus D. Johnson, program coordinator; faculty advisor Jill Fernandez-Wilson, RDH, MPH, NYU director of pediatric outreach and prevention programs; and Dr. Michael Villacarlos, curriculum co-developer.



Authorized Primatik Clinical Zirconia Centers

PRISMATIK CZ CLINICAL ZIRCONIA™

All Ceramic restorations

Primatik Clinical Zirconia restorations (teeth #8 and #9) transmit light like natural teeth yet block out discoloration of the preparation. They X-ray and exhibit strength similar to PFMs.

| | | |
|----------------|--|--------------|
| NEW LAB | ➤ Boos Dental Laboratory • Minneapolis, MN (\$149 with no shipping charge)..... | 800-333-2667 |
| NEW LAB | ➤ Pearce Turk Dental Laboratory • Wichita, KS (\$149 with no shipping charge).... | 800-835-2776 |
| | ➤ Trident Dental Laboratories • Hawthorne, CA (\$129 plus shipping) | 800-221-4831 |
| | ➤ Noel Laboratories, Inc. • San Luis Obispo, CA (\$199 with no shipping charge) .. | 800-575-4448 |
| | ➤ Dental Arts Laboratories, Inc. • Peoria, IL (\$139 plus shipping) | 800-227-4142 |
| | ➤ DSG Dahlin Laboratory • Lakewood, CO (\$149 with no shipping charge) | 800-536-8241 |
| | ➤ New Image Dental Laboratory • Atlanta, GA (\$179 plus shipping) | 800-233-6785 |
| | ➤ DigiTech Dental Restorations • Miami, FL (\$139 plus shipping) | 888-274-2480 |
| | ➤ Smith-Sterling Dental Labs • Costa Rica (\$139 with no shipping charge) | 800-479-5203 |
| | ➤ BDL Prosthetics • Irvine, CA (\$139 plus shipping) | 800-411-9723 |
| | ➤ Riverside Dental Ceramics • Riverside, CA (\$139 plus shipping) | 800-321-9943 |
| | ➤ New West Dental Ceramics • Lake Havasu City, AZ (\$139 plus shipping) | 800-321-1614 |
| | ➤ Glidewell Laboratories • Newport Beach, CA (\$139 plus shipping) | 800-854-7256 |

Outreach

Continued from page 16

together to collaborate on this initiative is also notable.

“The best thing to come out of this committee is giving the students an opportunity to take on leadership roles and make this collaboration work,” said Dr. Hupp. “For this group of students, these are clearly not short-term leadership roles. They are very much the next generation of leaders in the profession.”

The Student Ambassador Program is sponsored by GlaxoSmithKline. ■

—foxk@ada.org

Southeast Asia humanitarian mission in spotlight



Home: The USS Peleliu returned to San Diego Sept. 20. Dr. Silverstein (second from right) is shown with (from left) pre dental students Sheetal Ray, Alex Nguyen, Joanne Nguyen and Ben Pham; Lt. Cmdr. Paul Lim, Peleliu's chief dentist; Clarence Henning, dental technician; and pre dental students Diana Lin and Kjeld Aamodt.

BY CRAIG PALMER

San Diego—Dr. Irvin Silverstein's pre dental students, fresh from a humanitarian mission in Southeast Asia, stood in the spotlight at annual session.

"The ADA had chosen our group as one of the three to be highlighted in a video about volunteerism, which was shown at the annual session in San Francisco before a large audience" in September, he said.

"We were also able to have a booth at the meeting and tell people about our program. We had over 120 students that attended this meeting."

During the summer, eight undergraduate students from the University of California San Diego Pre-Dental Society and Student-Run Free Dental Clinics took part in a U.S. Navy mission on the USS Peleliu, a warship diverted to humanitarian care in the South Pacific.

In Vietnam, an international Peleliu dental

team worked in partnership with the East Meets West Foundation, which provided portable dental chairs for cleanings, restorations, sealants and other procedures for a predominantly pediatric patient pool, according to the November issue of the UCSD dental clinics/PDS project, Pre-Dental Digest.

Dr. Silverstein, a private practice periodontist, donates "many hours each week" as UCSD dental director and adviser of the pre dental society and clinics project. This year, 34 of his former pre dental students were admitted to and several others graduated from dental schools, he said.

The UCSD-student run undergraduate program has provided over \$1.4 million worth of free dental care during the past 4 years, said Dr. Silverstein. "We have provided over 29,000 of student volunteer hours and over 3,100 hours that doctors have volunteered with our program." ■

—palmerc@ada.org



Hygiene lessons: Vietnamese children learn the basis of oral hygiene from Baxter the dinosaur, with the help of Diana Lin (left) and Joanne Nguyen.

Marquette opens new dental clinic in Milwaukee

Milwaukee—The Marquette University School of Dentistry Parkway Clinic opened its doors Nov. 1 to serve low-income residents on this city's south side.

The dental school said in a press release that the 4,000-square-foot, 10-chair facility is expected annually to serve 1,000 adolescents and adults. A full-time faculty member oversees the clinic, which is also staffed by part-time clinical faculty members in general practice and specialty dentistry as well as dental hygiene. Faculty supervise dental students as they examine patients at the clinic.

"We are delighted to be partnering with the 16th Street Community Health Center in order to provide dental services on the south side," said Marquette University President Robert A. Wild, S.J. "This facility was made possible through the extraordinary efforts not only of Marquette University but also the bipartisan efforts of the Wisconsin State legislature, the governor's office and through the generous financial and in-kind support of several private sector benefactors, including Henry Schein Dental, Pelton & Crane and Delta Dental of Wisconsin."

MUSOD received \$1 million from federal income augmentation funds made available through Wisconsin's Department of Health and Family Services for the build-out of two clinics designed to provide dental care for low-income residents in Milwaukee. The university is negotiating a lease for a north side clinic.

MUSOD Dean William K. Lobb said the clinic plays a critical role in providing for the



Access: The Marquette University School of Dentistry Parkway Clinic occupies nearly 4,000 square feet on the lower level of the 16th Street Community Health Center's Parkway facility in Milwaukee. Dr. William K. Lobb, dean of the Marquette dental school, speaks at the Nov. 1 opening of the clinic.

oral health care needs of low-income residents and in expanding the clinical opportunities for dental students. "For more than 25 years, Marquette's School of Dentistry has been a key provider of oral health care in our community, both through the clinics on campus and through our satellite clinics which provide convenient access to patients," he said.

Marquette's School of Dentistry is one of the state's largest dental Medicaid providers, serving more than 6,700 Medicaid patients alone annually. Marquette dental clinics serve nearly 20,000 total patients statewide with more than 80,000 patient visits each year. Many of these patients were on Title XIX or without insurance. ■

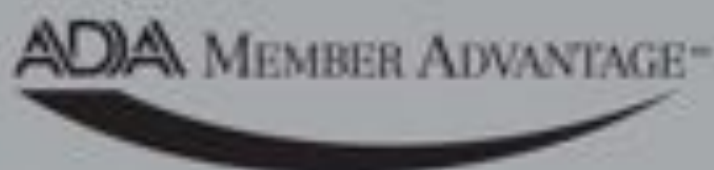


“I ran my payroll while
on volunteer mission
in Guatemala!”



Nick Peterson, DMD
Hemet, CA
Active ADA Member

“These services keep me in touch
with my small business.”



1-800-ADA-2308 | adamemberadvantage.com

Your source for info on every product

