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## ADA News - 01/21/2008

American Dental Association, Publishing Division

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# ADA NEWS<sup>®</sup>

JANUARY 21, 2008

VOLUME 39 NO. 2

## New ADA program tags Smile Healthy products

BY KAREN FOX

Shoppers looking for products that promote oral health are getting a boost from the American Dental Association.

Beginning this month, the ADA is unveiling Smile Healthy, a new program that seeks to certify foods and beverages that are beneficial to an individual's oral health routine. Modeled after the American Heart Association's Heart Healthy program for foods low in

fat and cholesterol, Smile Healthy products on retailers' shelves will carry a logo telling consumers that the product promotes oral health and has met rigorous performance and testing standards.

As an added bonus, all re-

venue from Smile Healthy will go to the ADA Foundation to fund oral health access-to-care programs, research, education and public awareness.

The first participant in Smile



Recognized as a smart oral health choice

ADA American Dental Association

### ■ ADA logo changes, page six

Healthy is Kid Pure fluoridated water bottled by Water Source One. Kid Pure is available in Florida, Illinois, Indiana and Ohio, and its distribution is expected to expand across the United States in 2008 and beyond. Water Source One is

See SMILE HEALTHY, page 10

## Dentists, sponsors gear up for Give Kids A Smile Feb. 1

BY STACIE CROZIER

Generous donations from corporate sponsors will make it possible for thousands of dentists nationwide to Give Kids A Smile Feb. 1 and help raise awareness about the needs of

underserved children.

Colgate has donated dental products—toothbrushes, toothpaste, educational brochures and plastic bags for kids to tote their goodies in.

"At Colgate, we are honored to be

the national consumer products sponsor for Give Kids A Smile for the second year in a row," said Dr. Fotinos S. Panagakos, director of professional relations for Colgate-Palmolive Co. "We strongly believe that all children should have access to dental care and look forward to continuing our support for GKAS through education and product and financial donations.

"Colgate's support for GKAS in 2008 includes more than 300,000 kids' toothbrushes and 300,000 kids' toothpaste for use by volunteers, as

See GKAS 2008, page 22



**Get ready, go:** Parrish Jenkins (far left, rear), school nurse at the Academy of Columbus, stands with Debra Crockett (second from right, rear) and her nieces and nephews in front of the Ohio State University's mobile dental unit. On Feb. 1, the unit will be stationed at the Ohio Statehouse where these and other children will receive dental care including restorations, extractions and sealants. The Ohio Dental Association estimates that dentists statewide will provide \$1.13 million in treatment for 2008 Give Kids A Smile.

## ADA named to Associations Advance America Honor Roll

BY STACIE CROZIER

Washington—The ADA's efforts to help dentists reach out to older adults and caregivers with important oral health resources and education has earned the Association a prestigious spot on the 2008 Associations Advance America Honor Roll.

The American Society of Asso-

### ■ Massachusetts wins AAA Award of Excellence, page three

ciation Executives honored the ADA for its innovative Oral-Longevity initiative. The ADA was one of only 15 associations to receive this honor.

The AAA awards program, now in its 18th year, recognizes associations that "propel America forward" with innovative projects

See AAA, page three



ADA

American Dental Association  
www.ada.org

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National Consumer Product Sponsor

## BRIEFS

**Counting down:** The 2008 Give Kids A Smile is less than two weeks away—and the ADA News encourages all participating volunteers to get their digital cameras ready.

The ADA News welcomes submissions from GKAS program participants—including candid pictures of children, dentists and team members interacting and clinical photos (patients in the chair, dental team in gloves, masks and protective eyewear). Be sure to include identification of those pictured and facts about your event.

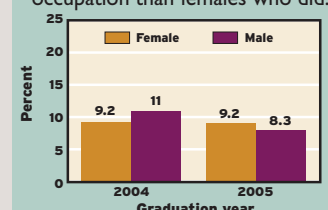
Send high-resolution photos for consideration for use in the ADA News and on ADA News Today (on ADA.org) to "adanews@ada.org" as soon as possible after your event.

At press time, more than 44,000 volunteers—including 11,700 dentists—have signed up to provide care for some 438,000 children nationwide. GKAS volunteers can register their programs on ADA.org ("www.ada.org/goto/gkas") up to and after Feb. 1. Those who return to the Web site to update their statistics after Give Kids A Smile are eligible to win \$500 toward their next GKAS program.

For more information, news about the ADA Foundation GKAS Gala and Awards Dinner on May 13, the GKAS 2008 Promising Practices Symposium at ADA Headquarters June 13, resources and more, log on to the Web site. ■

## JUST THE FACTS Practice

A lower percentage of male 2005 graduates had a secondary occupation than females who did.



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





**Council's Choice Award:** Alice Horowitz, Ph.D., receives the 2007 Council's Choice Award from Gary Podschun, manager, Community Outreach and Cultural Competence for the ADA Council on Access, Prevention and Interprofessional Relations at the American Public Health Association annual meeting Nov. 6 in Washington. Dr. Horowitz received the award in recognition of her outstanding contributions to oral health promotion research during a personal tribute by the APHA Oral Health Section. A former senior scientist with the National Institute of Dental and Craniofacial Research, Dr. Horowitz is advisor to the dean on health literacy, School of Public Health, University of Maryland, College Park and a member of the CAPIR National Oral Health Literacy Advisory Committee.

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# AAA

*Continued from page one*  
in education, skills training, standards setting, business and social innovation, knowledge creation, citizenship and community service.

"This well-deserved award continues to see the ADA recognized by our peers as an organization that excels in vision and service to our membership and the public," said ADA President Mark J. Feldman. "Last year we were recognized as one of nine remarkable associations for over all excellence and now we are on the honor roll for our OralLongevity campaign."

OralLongevity—a cooperative effort between the ADA, the ADA Foundation and GlaxoSmithKline Consumer Healthcare—offers dentists, caregivers and consumers education information aimed at raising the awareness of oral health through a lifetime.

The initiative included a 56-page supplement, "Oral Health and an Aging Population," in the September 2007 Journal of the American Dental Association; the OralLongevity brochure and DVD sent to all ADA members with the September JADA; and a complete six-course continuing education track at the ADA's annual session in San Francisco Sept. 27-30.

The OralLongevity brochure and DVD are

also available on ADA.org.

"The ADA's program truly embodies the spirit of the Associations Advance American campaign," said AAA Committee Chair Matthew D'Uva, president, Society of Consumer Affairs Professionals in Business International. "It is an honor and an inspiration to showcase this activity as an example of the many contributions associations are making to advance American society."

The ADA Council on Access, Prevention and Interprofessional Relations, the ADA Publishing Division, the Council on ADA Sessions, and the ADA Foundation partnered to bring the educa-

tional program to members through a grant from GlaxoSmithKline Consumer Healthcare.

"I'm sure all of our members share my pride in our accomplishments," added Dr. Feldman,

tion is thrilled to be part of this important collaboration to promote the oral health of older Americans, which would not be possible without GSK's support."

"The OralLongevity initiative is dedicated to helping oral health care providers and consumers understand the unique problems facing older patients, and to help find solutions that

will enhance the oral health care of this fast-growing population group," said Dr. Ronald Rupp, U.S. professional relations, GSK Consumer Healthcare.

For OralLongevity information, log on to "www.ada.org/ada/orallongevity/index.asp". ■

An Initiative between **GlaxoSmithKline**  
and the **American Dental Association**  
**OralLongevity**™

"and I thank all of our volunteers and staff for their hard work and ongoing care for our great profession."

Dr. Arthur A. Dugoni, ADA Foundation Board president, expressed thanks for GSK's contribution to the effort. "The ADA Founda-

## Massachusetts Dental Society earns Award of Excellence

BY JENNIFER GARVIN

*Washington*—The Massachusetts Dental Society was one of nine associations recognized with a 2008 Associations Advance America Award of Excellence from the American Society of Association Executives and the Center for Association Leadership.

MDS was honored for its Mobile Access to Care Dental Van—a program the MDS Foundation oversees. The van provided free care to nearly 1,400 children in 2007.

The MAC van is equipped with two operatories and was launched last year to help address the state's dental access problem. Acquired through a grant from Procter & Gamble, the van serves children from low-income families and has partnered with such organizations as the Boys & Girls Clubs of America, YMCA and Head Start. The van offers free screenings and comprehensive care, including referrals to local dentists who participate in MassHealth or MassDentists Combining Access with Reduced Expense programs in order to provide children with a dental home.

It's the second year in a row the MDS has been recognized by Associations Advance America. Last year, the society was honored for its oral cancer awareness campaign, one of only 19 associations to receive this recognition. MDS was also recognized with an ADA Golden Apple Award in 2007.

"The Massachusetts Dental Society and our foundation are very honored to be recognized by the ASAE and the Center for Association Leadership for our efforts to address the serious and growing problem of access to care in Massachusetts," MDS President Andrea Richman said. "This award is really a tribute to the commitment of our members, without whom the Mobile Access to Care program would not have been possible." ■

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# ADA Executive Management Program wins applause from dentists seeking to expand business expertise

BY KAREN FOX

As he worked toward completion of the ADA/Kellogg Executive Management Program for Dentists last year, Dr. Robert B. Ettleman of Tampa, Fla., was in the process of launching a career as a nonprofit executive.

Dr. John Blake was five years into his post as dental director of Children's Dental Health Clinic at Miller Children's Hospital, Long Beach Memorial Medical Center, California, and recently assumed additional responsibilities as the clinic's executive director.

Dr. Vipul Singhal, dental director at St. Bernard's Hospital in Chicago, was seeking to expand his management and leadership skills as he worked to establish a new community dental clinic.

Drs. Ettleman, Blake and Singhal are three of 12 dentists who in 2007 received certificates from the Kellogg School of Management for successful completion of the ADA Executive Management Program for Dentists.

Dentists in the program—also known as ADAKEMP—come from varied backgrounds with diverse personal and professional goals, but with a common interest in expanding their business and management expertise. Those completing the program have come from private practice, specialty groups, hospital and health organizations, the insurance industry, organized dentistry, nonprofit organizations, dental education, research and numerous business interests outside of dentistry.

**"They were able to start with very basic management and accounting principles and patiently guide us to an MBA-level of understanding."**

The ADA/Kellogg Executive Management Program for Dentists is back for a fourth year and registration is now open. (See story, this page.)

Having left dental practice four years ago after being diagnosed with Parkinson's disease, Dr. Ettleman registered for the Executive Management Program to acquire knowledge that would help him launch a nonprofit system to provide dental care to adults with no dental safety net in the Tampa area.

Almost 250,000 people in Pinellas County, Fla., are considered to be low income. Dr. Ettleman's organization, Gulf Coast Dental Outreach Inc., utilizes volunteer dentists who treat patients referred by area public assistance programs.

"The inspiration for this project came from discussions I had with class members of the Executive Management Program. The confidence to go for it came from the class," said Dr. Ettleman. He began working toward his goal after the first Kellogg session by securing funds, developing a schedule and determining locations where treatment could be delivered. Next he hired a hygienist and a dental assistant, solicited additional workforce from Central Florida Institute, which trains dental assistants, and worked with the Florida dental board to authorize Gulf Coast to award continuing education credit to volunteers.

"The Kellogg course content gave me the confidence to pull the project off," said Dr. Ettleman. "Another part of it is the networking that took place among my classmates. We were a very diverse group, and I feel that experience gave me the skills to be a better manager and leader. We



**Management:** Dr. John Blake catches a short break in his office at Children's Dental Health Clinic at Miller Children's Hospital, Long Beach Memorial Medical Center, in Long Beach, Calif. Having served as the clinic's dental director for 5 years, he recently assumed additional responsibilities as executive director.



**Hero:** Illinois Lt. Gov. Pat Quinn (left) presents Dr. Vipul Singhal, dental director at Chicago's St. Bernard Hospital and graduate of the ADA Executive Management Program, with a Healthy Smiles Hero Award Oct. 10, 2007. The awards recognized 24 Illinois dentists who "go above and beyond the call of duty to make sure people in rural and underserved communities across Illinois get the dental care they deserve," said Lt. Gov. Quinn.



**Increasing access:** Dr. Robert Ettleman (left) discusses a patient with Gulf Coast Dental Outreach board member Dr. Solomon G. Brotman. Gulf Coast Dental Outreach opened its doors to low-income adults in November 2007.

will see how good a negotiator I am when I go after grants and other donations."

As dental director and executive director of the Children's Dental Health Clinic, Dr. John Blake manages 50 employees in a 15-operatory hospital-based dental clinic. "We treat children of low-income families and children and young adults with special needs, and provide clinical training to three University of Southern California pediatric dental residents," said Dr. Blake. The clinic also maintains two satellite programs and offers community care through a mobile clinic.

"My primary goal in signing up for ADAKEMP was to enhance my nonprofit management skills, but I knew the courses and principles would help at the association level or even

if I wanted to start a business outside of dentistry," said Dr. Blake, who recognized there were other management programs available closer to home.

"I chose ADAKEMP after a thorough search of appropriate programs. Kellogg's curriculum was more in line with the type of additional business training that I was looking for," he said. "I look at production, accounting reports and statistics almost every day, and wanted an enhanced foundation on which to interpret the data and make critical decisions."

"The Executive Management Program was intense but enjoyable," Dr. Blake continued. "The professors and staff exceeded my expectations."

See KELLOGG, page five

## Registration open for 2008 ADA/Kellogg Executive Management Program

The ADA/Kellogg Executive Management Program is returning for its fourth year and registration is now open.

Designed for dentists seeking to broaden business knowledge from one of the nation's premier business schools, the program is based on the core curriculum of Kellogg MBA students, with study areas covering business strategy, organizational leadership, marketing, finance, accounting, economics, quantitative methods and information systems.

Program participants spend three rigorous five-day sessions at Northwestern University's Chicago campus, earning certificates and continuing education hours in the process. Dates for 2008 sessions are: July 11-16; Sept. 12-17; and Nov. 6-10.

Application materials and program details are available at "www.ada.org/goto/kellogg" or by contacting Connie Paslaski (Ext. 3541 or "paslaskic@ada.org"). The registration deadline is May 31.

If you're considering the Executive Management Program but would like to know more about what to expect, the ADA is pleased to put you in touch with a dentist who has completed the program. ■





# 'Tough Tooth Team' sets its sights on 2008 National Children's Dental Health Month

National Children's Dental Health Month is right around the corner and the ADA has just the educational tools to help your office successfully participate.

The ADA offers a variety of tools to help raise awareness about the importance of oral health through the 2008 NCDHM Kit, featuring booklets, videos and other materials available for purchase through the ADA Catalog.

The Tough Tooth Team, exclusive to the ADA, helps entertain and educate young patients with a variety of valuable resources such as the "Happiness is a Healthy Smile" brochure (W290), Dental Fun Book (W430), Tough Tooth Team Bag (DAG020L—continental U.S. only), and the National Children's Dental Health Month poster (W730).

Visit "www.adacatalog.org" to view the entire product selection and save \$15 on orders of \$75 or more with priority code 20805.

To place an order by phone, call 1-800-947-4746.

## Kellogg

*Continued from page four*

To date, I continue to digest and apply the many concepts gained from the course. The Kellogg School of Management has long attracted our nation's top business educators. They were able to start with very basic management and accounting principles and patiently guide us to an MBA-level of understanding."

As dental director at St. Bernard Hospital in Chicago, Dr. Vipul Singhal's position involved both patient treatment and administration. More recently, Dr. Singhal was appointed to establish a new community dental clinic.

"Initially, my role was to bring the clinic up to speed and make it operational as a state-of-the-art facility, working with vendors and suppliers to create a functioning facility," said Dr. Singhal. "Today, we have increased our staff to include a second dentist plus support staff, allowing me to focus on enhancing the clinic through planning, establishing community relationships and seeking out ways to better meet the needs of an underserved community through marketing and policymaking."

Dr. Singhal enrolled in the Executive Management Program to "acquire knowledge from the business world and translate it into a valuable asset for dental public health," he said.

"I believe that the execution of dental public health programs needs a solid business strategy to make it successful," Dr. Singhal said. "My goal is to make our clinic a leader in providing quality and comprehensive care to underserved populations."

Dr. Singhal recently returned from India, where he was invited by his former dental school dean to deliver a presentation on ethics, dental practice and the ADA/Kellogg Executive Management Program for Dentists.

Today, Dr. Ettleman is one of three co-founders and the executive director of Gulf Coast Dental Outreach Inc. The organization has started out by providing basic dental care but has plans to involve specialists to provide additional care.

"Since I can't practice dentistry, I now do it vicariously through the hands of over 20 volunteer dentists who participate in Gulf Coast Dental Outreach," said Dr. Ettleman. "We opened with a full schedule on Nov. 16, 2007. I think I have been busier in my retirement than when I practiced as a dentist." ■

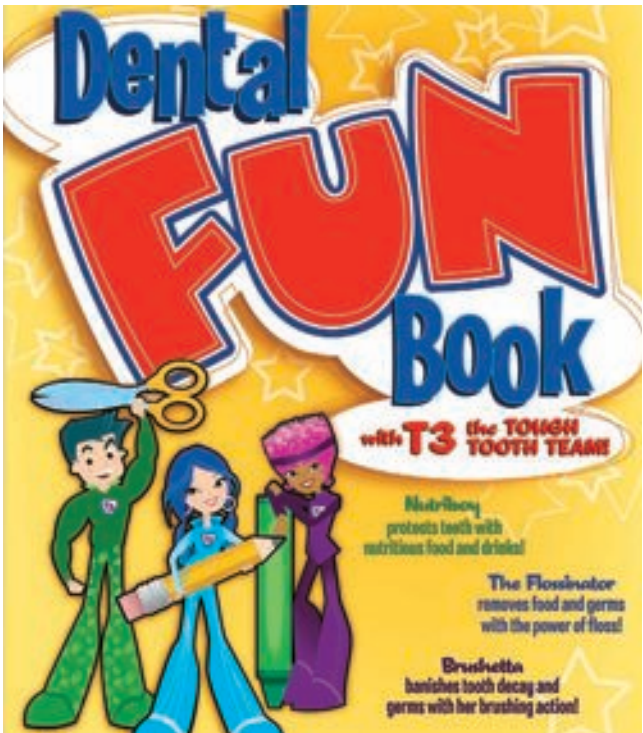
—foxk@ada.org

Whether you're a member of the dental team, a teacher or parent, the ADA has free online resources that can enhance oral health presentations, ideas for the classroom, and coloring and activity sheets that can be used as handouts.

The 2008 campaign features two 8-by-11-inch posters that can be downloaded for use on billboards, in offices, classrooms and more. Coloring and activity sheets are also available on ADA.org. The poster slogans include "Fight Tooth Decay 24/7" and "Be a Breath of Fresh Air."

To download NCDHM posters and activity sheets, go to "www.ada.org/prof/events/featured/ncdhm.asp". ■

**Superheroes:** The Tough Tooth Team's "Dental Fun Book" (right), just one of several National Children's Dental Health Month resources available from the ADA Catalog, entertains and educates young patients.



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# ADA rolls out new logo

## Tagline describes 'unique value the ADA delivers'

BY JUDY JAKUSH

A new look for the American Dental Association logo has arrived, a look that features this identifying tagline: "America's leading advocate for oral health."

At its December 2007 meeting, the Board of Trustees approved the new ADA logo and tagline. "The updated logo is aimed at better differentiating the ADA by focusing more on the name of the Association, while leveraging the equity of the current logo signature, and the

**ADA** American  
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America's leading  
advocate for oral health

tagline delivers a powerful message we intend to build on," said Dr. Mark Feldman, ADA president. "The Board was very impressed with the deliberate process that was used to investigate various typefaces, fonts and design elements."

"The new tagline, 'America's leading advocate for oral health,' embodies the ADA's new brand promise—a promise that reflects the unique value that the ADA delivers," explained Dr. James Bramson, ADA executive director.

The tagline clearly positions the ADA in the



**Thumbs up:** Dr. Feldman supports the ADA Board of Trustees' decision to approve the new ADA logo during its December 2007 meeting at ADA Headquarters in Chicago. "The Board was very impressed with the deliberate process that was used to investigate various typefaces, fonts and design elements," Dr. Feldman told ADA News.

marketplace and is well-supported by qualitative and quantitative research among dentists (both members and nonmembers), ADA leaders and the public.

Dr. Bramson said the ADA is beginning a phased rollout in 2008 and beyond of the ADA brand initiative, a research-driven, knowledge-based process that was undertaken for the following reasons:

- to ensure the ADA's image as a relevant and valuable organization;
- to provide a more distinct and unified image in the marketplace;
- to help effectively navigate and manage the forces of change facing the Association;
- to provide internal guidelines for consistency, clarity and relevance of messaging with all ADA audiences;
- to differentiate the ADA from other organizations and corporations;
- to inspire continued positive perceptions.

To bring the ADA brand to life, the ADA is beginning a transition to using the new corporate identity including messages that support the ADA brand promise. This effort will also incorporate key findings from recent research as new marketing materials are developed for ADA members and the public. In the meantime, both the new and old brand images will be in use as the new one is phased in to replace logo use in ADA materials and resources. ■

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## The 2006 Survey of Dental Graduates report is available

The Survey of Dental Graduates is part of the Distribution of Dentists report, the ADA census of all known dentists in the U.S. The survey is mailed to dentists one year after they graduate from dental school.

Information gathered from the survey includes occupation, practice ownership, educational debt balance, specialty area of practice and ethnicity.

The cost of the report is \$25 for members, \$37.50 for nonmembers and \$75 for commercial firms. It is available to members from the ADA Catalog (item SDG-2006) "[www.adacatalog.org](http://www.adacatalog.org)" and the ADA Member Service Center, 1-800-947-4746. ■



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# Eye on Dental Benefits

## ADA rebukes insurers' interpretation of EBD

BY ARLENE FURLONG

Driven by the commitment to help dentists provide quality oral health care to their patients, the ADA is challenging the insurance industry's usage of the term evidence based in its communications to the profession.

It appears to the Association that insurers are distorting the terms "evidence," "evidence-based" and

"EBD" to lend credibility to plan design, dental coverage and cost containment strategies, without employing a truly science-based approach.

Imploring the insurance industry not to underestimate the need for correct methodology when using the term "evidence," the Division of Dental Practice, in collaboration with the Council on Scientific Affairs, last month rejected America's Health Insur-

ance Plans' report to its dental plan members entitled "Guiding Principles for the Development of Quality Affordable Dental Coverage Based on Evidence." AHIP is a national association representing some 1,300 member insurance companies.

While stating that guidelines on incorporating evidence in plan design and dental coverage is a much needed and worthwhile effort, Dr. John Luther, ADA

senior vice president, dental practice/professional affairs, specified ADA concerns to AHIP in a Dec. 20, 2007, letter.

"Developing evidence-based guidelines without correct methodology may lead to the conclusion that the guidelines are evidence based in name only, and that would be a disservice to patients and plan purchasers alike," he included in remarks accompanying a six-point outline explaining key differences in the way the ADA and AHIP view evidence-based dentistry.

Those key differences are:

- The ADA wants to see the ADA definition of EBD used appropriately.
- The AHIP guiding principles for benefit design are not based on a transparent and reproducible evidence-based approach.
- Using the term "evidence based" to support cost containment strategies may mislead dental plan pur-

**"Insurers are developing benefits in their policies and saying they're based on 'evidence,' instead of the more transparent, evidence-based systematic reviews."**



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Dr. Sameroff

chasers, the dental community and patients.

• The AHIP document doesn't clearly define how cost benefit decisions should be made.

• The ADA believes that the types of evidence considered in the AHIP document are not broad enough to be considered best available evidence.

• The AHIP workgroup did not include scientific experts or evidence-based dentistry experts necessary to develop correct methodology for EBD guidelines.

(To read the entire letter, go to Online Xtra at ADA.org. Future issues of ADA News will report on the contested areas.)

"The ADA is working very hard to develop sound evidence-based approaches for the prevention and treatment of oral diseases, and, at the same time diligently watching use by the insurance industry and third-party payers of EBD as a reason to deny coverage of appropriate care to our patients," said Dr. Jeffrey B. Sameroff. He serves on the 2008 ADA EBD Advisory Committee, as well as the ADA Council on Dental Practice. "When insurers do this, patients and employer purchasers may be led into believing that because clinical services are not covered by a dental plan policy they are not supported by scientific evidence."

The ADA response is in accordance with Executive Director James B. Bramson's message in "Facing the Future: ADA's Challenges and Opportunities."

"Our value to the profession and members is through the creation and dissemination of current science and in ensuring that this information is neither over nor understated," Dr. Bramson said in his report.

**OnlineXtra**  
[www.ada.org/goto/newsextra](http://www.ada.org/goto/newsextra)

For more information related to this story, visit the ADA's Web site, using the Web address above.





**Dr. Bishop:** "We face the monumental task of educating our members about the ADA definition of EBD so dentists can accurately inform patients and benefits purchasers," said Dr. Deborah S. Bishop, a member of the 2008 EBD Advisory Committee and Council on Dental Benefit Programs.

The ADA has a formal EBD policy statement, which includes the following definition of evidence-based dentistry: "An approach to oral health care that requires the judicious integration of systemic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences."

The ADA policy also includes the four primary steps of the evidence-based review process: defining a clinically relevant question; synthesizing the available evidence that is relevant to the clinical question; translating that synthesis to the professional community; and evaluating health outcomes in clinical practice (based on the findings of the previous steps).

The entire process aims to minimize the influence of individual bias in the systematic review and to develop justified clinical recommendations that address specific questions, said Dr. Daniel Meyer, senior vice president, ADA Division of Science.

"Aggregate claims data and published studies offer wide variations not only in methodologies and outcome measurements, but more importantly, in assessing useful clinical information," said Dr. Meyer. "Insurers are developing benefits in their policies and saying they're based on evidence, instead of the more transparent, evidence-based systematic reviews. Proprietary, aggregate data from insurance claims cannot compare to the quality of evidence gathered from randomized, controlled, scientific studies in recognized, peer-reviewed professional publications."

Dr. Meyer continued, "Third party payers often use aggregate claims data to adjust patient benefits instead of supporting comprehensive care that is based on clinically relevant, objective information from comprehensive systematic reviews of published clinical studies."

Dr. William Calnon, ADA 2nd District trustee, a member of the ADA 2008 EBD Advisory Committee, told ADA News, "The interpretation and representation of the term evidence based may be confusing and places the eventual end-users of any product or service at a distinct disadvantage." Dr. Calnon, who also serves as trustee liaison for the Council on Dental Benefit Programs, said, "A true application of the evidence-based concept must comply with basic principles of discovery, transparency and reproducibility."

That insurers are using proprietary data in studies that aren't subjected to the peer review process is inconsistent with the evidence-based approach most widely used by scientific, medical and dental communities and can be used as a means to deny appropriate care for the benefits of a third-party payers bottom line, EBD experts say. "The addition of items that do not fall under the scrutiny of accepted criteria may greatly distort the correct use of this valuable tool as well," said Dr. Calnon.

Dr. Luther agrees. "We're all in favor of enhanced benefits," he said. "But we're not in favor of miscommunication about scientific evidence. The terminology linked with some benefits defined as 'evidence based' may be simple sales talk." ■

—furlonga@ada.org



**Dr. Calnon:** "A true application of the evidence-based concept must comply with basic principles of discovery, transparency and reproducibility."

## Save the date: May 4 EBD conference

"The ADA is committed to being the champion for evidence-based dentistry and its application in clinical practice and related areas," said Dr. William Calnon, 2nd District trustee, a member of the ADA 2008 EBD Advisory Committee and trustee liaison for the ADA Council on Dental Benefit Programs.

The first Evidence-Based Dentistry Champion Conference will be May 2-3 at ADA Headquarters. Following that conference, the 3rd International Conference on Evidence-Based Dentistry will be May 4, also at ADA Headquarters.

Although the Jan. 20 registration deadline for the first conference will not be extended, the

registration deadline for the May 4 conference is now Feb. 29.

A new ADA Web site on evidence-based dentistry is under way, thanks to a grant from the National Library of Medicine and National Institute of Dental and Craniofacial Research.

"When launched, the ADA EBD Web site will provide one central location for clinical evidence," explained Julie Frantsve-Hawley, Ph.D., ADA assistant director of scientific information.

For a wealth of information on evidence-based dentistry go to "www.ada.org/goto/ebd". Interested dentists can call the ADA toll-free number, Ext. 2519. ■

## The Verdict is in...



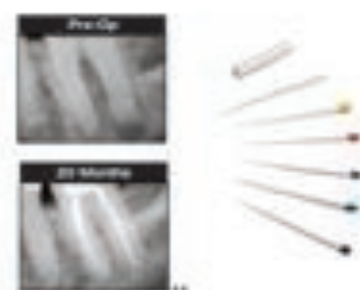
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\*Radiographs courtesy of Dr. Joseph Chazan



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# Guide helps with coding skills

The ADA Catalog wants to help sharpen your coding skills with the CDT Companion: Your Guide to Dental Coding.

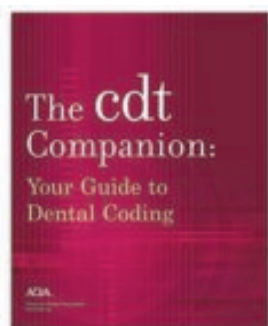
While the ADA Current Dental Terminology 2007/2008 guide helps you ensure accuracy in dental coding, the CDT Companion: Your Guide to Dental Coding enhances both coding skills and overall understanding of current codes and the dental claims submission process.

This companion to CDT 2007/2008 and supplement to the ADA sponsored Coding workshop explores the Code on Dental Procedure and Nomenclature structure and leads you through

the major Code changes that went into effect Jan. 1, 2007, including:

- how to apply the Code through clinical practice exercises and how to fill out the ADA dental claim form correctly;

- tips on submitting electronic claims and on obtaining



your National Provider Identifier number;

- new information on dental/medical cross coding and the Health Insurance Portability and Accountability Act.

The book includes color illustrations, 23 detailed clinical exercises and 10 quizzes featuring the most commonly asked coding questions. In addition to including the standard on coding—which is a \$26 value—this edition advises that “Code what you do” be the fundamental rule to apply in all coding situations. While the Code is a tool used to accomplish your reporting goals, the existence of a procedure code does not

mean that the procedure is a covered or reimbursed benefit in a dental benefit plan.

The CDT Companion also updates coding terminology and includes a list of definitions for commonly used acronyms that range from the American Health Information Community to Extensible Markup Language (XML). One example of an update is that a Bonded Bridge Retainer is now referred to as a Maryland Bridge.

Gain proficiency in the Coding process and save 10 percent. The CDT Companion: Your Guide to Dental Coding (J440) is \$34.95 for members and \$52.45 for nonmembers. To place your order by phone, call 1-800-947-4746. To purchase online, visit “[www.adacatalog.org](http://www.adacatalog.org)” and reference priority code 20664N to receive the 10 percent savings. ■

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## Smile Healthy

*Continued from page one*

a national bottled water manufacturer with 15 U.S. production facilities.

“We see the Smile Healthy program as an opportunity to steer consumers to products that are good for their oral health and at the same time generate revenue to support some of our charitable activities,” said Dr. Mark J. Feldman, ADA president.

A manufacturer that bottled fluoridated water was a particularly good fit for Smile Healthy, added Dr. Feldman. “Not only is fluoridated tap water unavailable to one-third of American citizens, but many whose tap water is fluoridated consume only bottled water,” he said.

The ADA developed the Smile Healthy program over the past year and engaged in negotiations with several major water bottlers. Additional products are expected to join the program over the coming years, which could include dairy products, healthful beverages and sugar-free foods.

All certified products will have to meet independently set oral health criteria and undergo testing before being awarded the Smile Healthy logo. Products directly used in dental hygiene or used in treatment of dental disease will still be covered by the ADA Seal of Acceptance program. The Smile Healthy program will focus on consumables that do not necessarily deliver a therapeutic benefit.

“We researched the viability of this program thoroughly with consumers and dentists and found a high level of interest,” said Dr. James B. Bramson, ADA executive director. “Smile Healthy will also play a big role in reinforcing and extending the ADA’s brand with consumers because it will become part of their grocery shopping routine.”

Smile Healthy-branded water in one-gallon containers should start appearing on store shelves in late spring. When the ADA has certified a critical mass of products, consumer education materials will be provided so dentists can promote the program in their offices. Members will also continue to receive information on the Smile Healthy program as it rolls out.

The ADA Board of Trustees, which approved Smile Healthy in December 2007, has set the following standards for the program:

- All product categories must have specific identifiable criteria to evaluate a product’s oral health benefit.

- No company will be awarded exclusive product rights. The category is open to all products that meet the product category criteria.

- The ADA will receive no revenues from these arrangements; instead, revenues generated will be directed to the ADA Foundation for its charitable and educational programs.

For more information on Smile Healthy, visit [ADA.org](http://ADA.org). ■

—foxk@ada.org



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How can any bonding system **that easy to use** be **that reliable?**

After you've finished prepping the tooth ...

1) Apply Brush&Bond™ to dentin and cut enamel using the special Microbrush™ that comes with the kit, and keep the surface wet for 20 seconds.

2) Blow lightly for 5-10 seconds

3) Cure with any light (5-10 seconds, depending on the light)

That's it. You're ready to apply composite. The entire procedure takes about 35 seconds start-to-finish. And that's without rushing.

You don't have to mix anything. You don't have to rub the surface - or dab the surface - or apply and cure several coats.

Because of its speed, Brush&Bond is great for problem patients (children or gaggers). An independent clinical testing organization concluded that Brush&Bond was significantly easier to use than any of the 12 other bonding agents they studied.

And if you ever practice without an assistant, you'll be amazed at how easy it is to handle on your own.

Wet or dry. Acid-etched dentin or not. Any curing light.

Brush&Bond is probably the most "forgiving" bonding agent ever created.

It doesn't care whether the tooth surface is dry or damp.

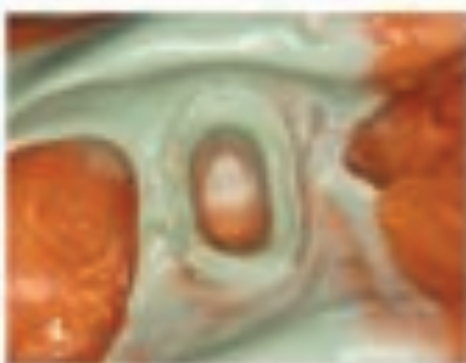
Though Brush&Bond adheres nicely to etched cut enamel, virgin enamel should be acid-etched. But if you happen to get some acid on the dentin, B&B won't care. It bonds to etched dentin as well as to etched enamel.

And it doesn't care what type of curing light you use either - halogen, diode, PAC, laser - it's all the same.

**Bonds any composite: light-cure, dual-cure, self-cure**

Many bonding agents (especially self-etchers) have trouble adhering to dual-cure or self-cure composites. Even when you mix in their special "dual-cure" additive, the bond can be tenuous, so the core flies out when you pop it or you pull it in the impression.

Brush&Bond is different. With its unique 4-part initiator system, it's like no other bonding agent in the world. It bonds to pretty much everything (light-cure, dual-cure, or



Unlike many self-etchers, Brush&Bond is simple for dual-cure core materials. After curing, just apply the core material. The bond forms quickly, so as soon as the core resin has set, you can immediately grip and impress without disturbing the core.

self-cure composites) using precisely the same technique. In a recent study of self-cured dual-cure core materials, Brush&Bond was by far the best performer of the self-etch agents, outscoring many traditional multi-step adhesives in the process.

### Terrific for indirect restorations

Many self-etch bonding agents are recommended only for direct restorations - not indirect. That's because they produce a thick viscous film that would interfere with seating.

Brush&Bond is different. Its 5-micron film is so thin, you can apply a coat before you cement your temp to protect the tooth (more about that in a minute) and another coat immediately before definitive construction, and you'll still have plenty of room for your cement.

### Use it without a restoration to treat cervical sensitivity

Brush&Bond may be the most desensitizing bonding agent ever.

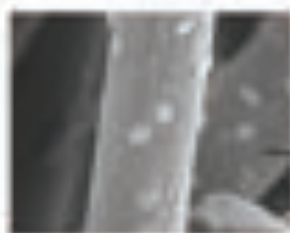
In fact, the formula didn't grow out of bonding research at all. It grew out of a separate program exploring new treatments for dentin hypersensitivity.

Using Brush&Bond to resolve cervical sensitivity is exactly like bonding - except you don't apply a restoration. Just put it on. Blow it. Cure it. Done!

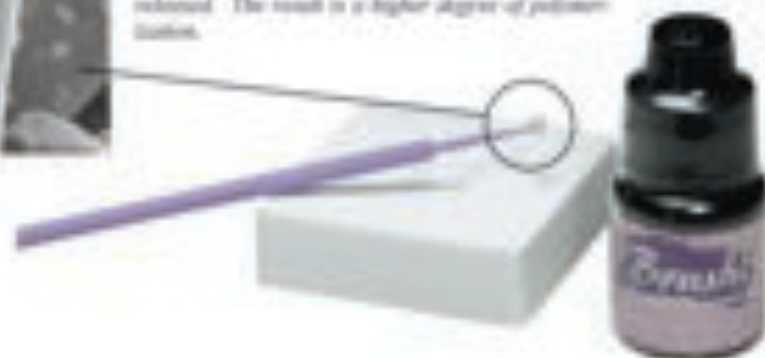
The Brush&Bond formula includes a special triopolymer that creates a robust film with substantial abrasion-resistance.<sup>1,2</sup> So after desensitizing a cervical area, you don't have to apply a coat of flexible composite over the Brush&Bond in order to resist toothbrush wear.

"The film thickness of this product (Brush&Bond) is so thin that challenges in seating indirect restorations are not present. Additionally, reports from clinicians verify that this product prevents post operative tooth sensitivity."

Gordon J. Christensen, DDT, MSD, PhD  
Dental Economics • Nov 95



As you stir and apply Brush&Bond to the tooth, oxanorone on the bristles of the special brush are released. The result is a higher degree of polymerization.



"Brush&Bond is the fastest bonding agent you've ever used. Meet the future of self-etching primers, and chuck the past."

Dr. Richard Madow and  
Michael DiTola  
The Richards Report (1-888-84-MADOW)





More than 90% of Brush&Bond users report applying it without a restoration to treat cervical sensitivity.

### Maybe the most effective desensitizer you've ever used.

A recent clinical study at the University of Alabama confirmed this. In a 3-year study of patients suffering hypersensitivity, Brush&Bond provided significantly more effective long-term relief than either a dentin desensitizer or another bonding agent.<sup>1</sup> In fact, at the end of three years only 3.7% of the tooth had relapsed (vs 29% of the tooth treated with the rub-on desensitizer.)

A survey conducted late last year by the ADA found that, next to Brush&Bond's "Ease of use" and its "Overall clinical performance", users consider its extraordinary ability to desensitize Brush&Bond's very best feature.<sup>2</sup>

### But Brush&Bond does more than desensitize. IT PROTECTS!

The tripolymer shield not only resists abrasion but also renders the surface acid-resistant – sort of like a super-thin layer of bio-c enamel.<sup>3,4</sup>

This combination of desensitization and protection is the reason many dentists routinely apply Brush&Bond to their crown preps before cementing the provisional crown. It not only prevents sensitivity but also protects the dentin from marginal leakage and the resulting smears, staining, and potential pulp complications.<sup>5,6</sup>

And when the final restoration is delivered, you can generally remove the temp, clean the tooth, and permanently cement the new crown without having to numb the patient. No needles.

### With 5-years of solid clinical performance

If you hesitate to try every new product that comes to market – take a look at the two photographs to the right.

The one on the left appeared in our very first Brush&Bond ad 5 years ago. The photo on the right was snapped at the 4-year recall. There's nothing unusual about this case except that we happened to show you the same tooth on the day it was placed more than four years ago.

There was no acid-etching... no mixing... no priming... no lining. Yet after almost half a decade in the mouth, the margins are still intact with virtually no staining. And though the Class I prep was deep, the patient reports zero sensitivity.



Photo of 4-year recall appointment

"Many dentists who bond frequently have developed a faithfulness to 4-META systems and if that sounds like you, we really can't recommend a better system than Brush&Bond. A winner!"

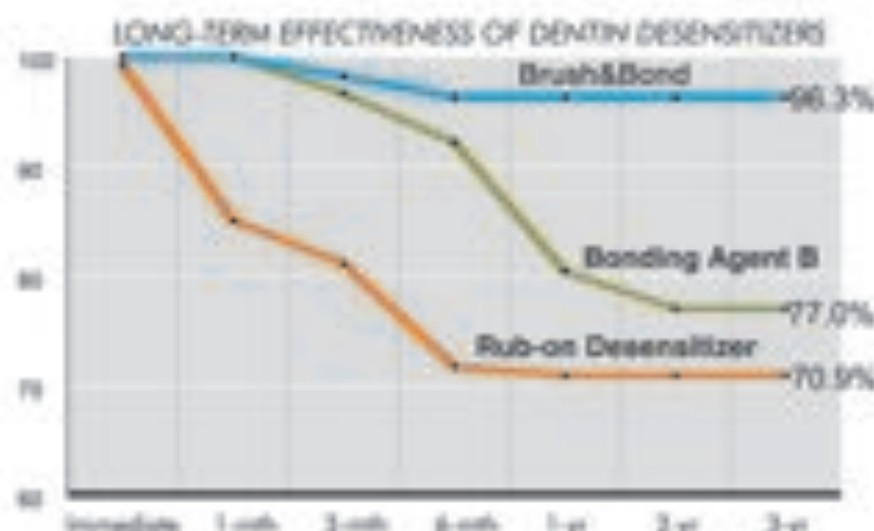
Gary Schoenrock, DDS  
Interface Newsletter 419 868-1238

From our first Brush&Bond ad

So if you're one of those dentists who prefers to let someone else ride technology's bleeding edge, maybe it's finally time to try Brush&Bond.

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We ask that you pay within a month, but you have 3 full months to decide if it's really what you're looking for. You can call us anytime within that trial period. We'll have whatever remains of the package picked up at our expense, and we'll give you all your money back.



A 3-year clinical study at the University of Alabama found that Brush&Bond provided significantly longer relief from hypersensitivity than another bonding agent or a brush-on desensitizer.

"[Brush&Bond] is the best product of this class that I have ever seen. I would find it difficult to practice without this product."

Anonymous respondent  
American Dental Association  
Bonding Agent Survey - 2007

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# ADA prepares for San Antonio, Oct. 16-19

BY STACIE CROZIER

*San Antonio*—Make plans now to enjoy a warm, Texas-style welcome at the 149th Annual Session of the American Dental Association Oct. 16-19 at the Henry B. Gonzalez Convention Center.

Whether you're a seasoned fan of Texas hospitality or if you haven't been to San Antonio before, there's a lot to do, see, taste and shop for outside the convention center.

Plan a stroll along the scenic River Walk; soak

## AnnualSession

in some history at the Alamo; enjoy the panoramic view of the city from atop the Tower of the Americas; visit SeaWorld San Antonio, Six Flags Fiesta Texas or other family-friendly attractions; or book a spa retreat or a golf outing.

Taste the city's fabulous food—Tex-Mex, casual bistro fare and haute cuisine represent a variety of cultures and cater to every taste and budget.



**San Antonio landmark:** The site where 189 defenders fell on March 6, 1836, after repeated attacks by Mexican General Santa Anna's army, the Alamo, or Mission San Antonio de Valero, was established as the city's first mission in 1718.

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**River Walk:** The cobblestone walkways of San Antonio's famous River Walk lead visitors to the river-level restaurants and shops.

Shop till you drop at venues including the largest Mexican market north of the Rio Grande, art galleries, and of course the famous River Walk shops, featuring everything from local crafts to upscale retail products. Just a short distance from San Antonio, outlet malls await.

This year's annual session will include more than 225 continuing education courses spanning all four days—the majority of which are free with your registration. Explore hands-on workshops and the ADA's new Education In the Round learning format; more than 650 exhibits at the ADA World Marketplace Exhibition—where you can test-drive the latest products and technologies; and great opportunities for networking with colleagues from the ADA and more than 200 related groups also meeting concurrently.

Mark your calendar: registration and hotel reservations open April 16.

ADA pre-session activities begin Oct. 15, continuing education will be held Oct. 16-19, the World Marketplace Exhibition will be open Oct. 16-18 and the House of Delegates meets Oct. 17-21.

Dentists who are not yet members of the ADA can attend the annual session at a reduced rate—\$75 instead of \$750. Try out some of the benefits of ADA membership that more than 156,000 of your colleagues already enjoy.

(Dentists can only take advantage of this offer once, so those who attended the 2005, 2006 or 2007 annual sessions at the reduced rate are not eligible.)

Request an annual session preliminary program by calling toll-free, 1-800-232-1432 or e-mailing "annualsession@ada.org". Preliminary programs will be mailed in May and a PDF version will be available on ADA.org when registration opens April 16. ■





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# ADA CE Online 130 courses strong

BY STACIE CROZIER

Great new continuing education opportunities for dentists and staff developed by the ADA include scientific courses on preventing infective endocarditis, radiographic examinations and 18 training modules for dental assistants—all new to ADA CE Online.

Now offering 130 different courses, ADA CE Online brings educational opportunities right into the office or home, allowing registrants to learn at their own pace, on their own time and at their own convenience. Course registration provides registrants access to the course content for one year from time of purchase.

“Prevention of Infective Endocarditis” details the 2007 American Heart Association’s recommendations for prophylactic antibiotics for the prevention of infective endocarditis as they relate to dentistry. The course includes prevention techniques and basic information about heart conditions and antibiotics.

“For dentists, the American Heart Association ‘Prevention of Infective Endocarditis’ recommendations is likely the most recognized paper in the medical or dental literature,” said Dr. Peter B. Lockhart, chair of the Department of Oral Medicine, Carolinas Medical Center in Charlotte, N.C. and member of the AHA

Rheumatic Fever, Endocarditis and Kawasaki Disease Committee. “Given the controversy surrounding this issue of antibiotic prophylaxis for dental procedures, and the significant changes in the new 2007 AHA recommendations, all dentists should be familiar with the content of this document.”

Course participants who complete this course should be able to describe the changes in AHA guidelines, explain the reason for the changes, discuss basic prevention techniques for infective endocarditis and determine when it is reasonable to prescribe antibiotic prophylaxis.

The guidelines were also highlighted in a spe-

## Dental assistants can log on to ADA CE Online for 18 different courses

ADA CE Online offers a variety of courses for dental assistants, including:

- explaining dental conditions and procedures;
- handling dental claims, codes and processes;
- appointment control;
- providing exceptional customer service;
- keeping the dental office running smoothly;
- the dental record;
- the dental team;
- dental office emergencies;
- infection control and OSHA update;
- common medications used in dentistry;
- effective communication;
- financial policies and communicating payment;
- HIPAA;
- oral radiology;
- patient education;
- preset trays/tools for the dental assistant;
- dental treatment room;
- role of the dental assistant. ■

cial supplement to the January Journal of the American Dental Association.

“Radiographic Examinations: Choosing the Right Patients and Equipment” was developed to educate participants about the recommendations updated by the ADA in collaboration with the U.S. Food and Drug Administration in 2004. Recommendations seek to limit radiation exposure by emphasizing that routine radiographic examinations are not warranted and the decision to use radiography should be based on the patient’s health history, vulnerability to oral disease and the results of the clinical exam. The course also covers the technical aspects of choosing and using equipment.

For dental offices looking for courses for dental assistants, ADA CE Online offers a total of 18 courses that present dental team members great opportunities for in-office training, continuing education credit, personal development and topics covering all aspects of running a dental office. (See story, this page.)

“These courses will provide an easy, efficient, convenient and inexpensive way for dentists to train new staff or continue development of existing staff,” said Dr. Jeffrey Sameroff, a member of the ADA Council on Dental Practice and member of the ADA CE Online Advisory Committee.

“The CE Online courses are well written and have numerous pictures, tables and diagrams that enhance the text. A self-evaluation at the end of each course also provides written documentation that the course was completed successfully.”

CE Online sponsors include Futuredontics, Oral CDx, United Concordia Companies, Cigna and Guardian Life Insurance; CareCredit sponsors the featured practice management speaker. Log on today and start learning and earning CE credit, or to see a complete list of available courses: “www.adaceonline.org”. ■

## CORRECTION

An article in the Jan. 7 ADA News listed an incorrect phone number for Dr. Fred Kalinoff, a LIGA International volunteer for programs in Mexico. Please call 1-651-428-7906. ■

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# Suni founder donates 6 million shares of stock to ADA Foundation

BY JENNIFER GARVIN

San Jose, Calif.—The ADA Foundation closed out 2007 on a high note when it received one of the largest donations in Foundation history: 6 million shares of Suni Medical Imaging Inc. stock from Suni founder Paul Suni.

The Foundation will use the stock to provide scholarships under the ADA Foundation's student

ADA | FOUNDATION

American Dental Association Foundation

dental scholarship program. Unlike traditional scholarships, the Suni scholarships will require that applicants demonstrate an enduring dedication to the arts. Mr. Suni said this was because

people who have both artistic and scientific passions have always been of great value to society.

"Giving back to dentistry in the form of an American Dental Association Foundation scholarship fund makes sense to me. I don't have kids and I thoroughly value young people who are prepared to make the sacrifices necessary to become trained as dentists and to face the challenges of

establishing dental practices," said Mr. Suni, adding that he personally relates with dentists "as entrepreneurial folk who often start with virtually nothing and succeed just because they consistently create value for their customers."

Mr. Suni, 51, stepped down as chief executive officer and chief technology officer of Suni in December. The company is credited with developing the world's first intraoral film-sized digital X-ray sensors, and Mr. Suni developed the first robotic charge-coupled device image sensor chip for the first commercial application of CEREC.



Paul Suni

"For the past 15 years it has been the dental profession that has supported my family and the families of Suni employees by purchasing products developed and manufactured by the Suni team," Mr. Suni said. "My emotional impetus for making a charitable contribution was to give back to the dental profession after a personally meaningful 20-year experience in developing enabling technologies for dentistry."

Mr. Suni, who also is a classical pianist, said that he wants the scholarships to support students beyond who has the highest grade-point average.

"For the first time in history, humanity has the power to alter planetary climate and humanity has the know-how to modify its genome," he said. "Science and art can be a powerful visionary mix and the world needs visionaries with scientific understanding to help with formidable ethical questions such as these."

"As one of the partners in Our Legacy—Our Future, the Foundation is glad to see that another member of the dental industry recognized the importance of giving back to dentistry," said Dr. James Bramson, ADAF secretary and ADA executive director.

Our Legacy—Our Future, an initiative spearheaded by the ADA Foundation and other partners, is designed to raise awareness of the importance of dental education and to promote a culture of philanthropy within the dental profession and solicit a call to action to address these issues.

According to a company press release, Mr. Suni will continue to be involved with the dental profession as a consultant, speaker, seminar leader and mentor to individuals and teams.

"I have been fortunate to have the opportunity to apply myself for 23 years as physicist, engineer, inventor and entrepreneur to turn my ideas into profitable realities," he said. "It is time for me to help other people succeed with their own ideas and desires to make meaningful contributions to the world. That is what I plan to do as soon as I get a couple of other projects under way."

Said Dr. Arthur A. Dugoni, ADAF Board president, "One of the greatest challenges for dental education is the escalating indebtedness of our students. Paul Suni's generous donation for student scholarships will ultimately reduce the debt burden for many students and will inspire others to emulate his generosity."

The ADA Foundation is pleased to accept donations of stock and other assets. For more information, contact Dwight Edwards by phone at 1-312-440-4717 or by e-mail at "edwardsd@ada.org". ■

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*"I use a special light to help me find oral cancer"*

**You're too late.**

*"If I see something that doesn't look right, I 'watch' it"*

**You're too late.**

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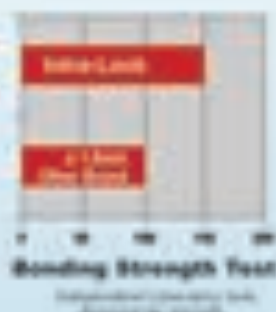


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# Government

## Health care spending growth rate slowed in 2006

BY CRAIG PALMER

*Washington*—The rate of growth in dental and other health spending slowed again in 2006 with one sharp exception, actuaries said in the annual government report on national health expenditures.

Total dental spending increased from \$86.6 billion in 2005 to \$91.5 billion in 2006 but the 5.7 percent growth rate was the lowest since the year 2003, a pattern described for physician, clinical and other professional services as well. However, retail prescription drug spending grew at a faster rate. Full implementation of the Medicare

Part D prescription drug benefit contributed to an 18.7 percent increase in Medicare spending in 2006, the fastest rate of growth since 1981 and double the rise in 2005, the Centers for Medicare & Medicaid Services reported.

On the other hand, total Medicaid spending declined by 0.9 percent, the first drop in Medicaid spending since the program was created in 1965. Dental Medicaid expenditures showed virtually no gain from 2005 to 2006 at \$4.6 billion. A slower rate of growth for most Medicaid services “reflected weaker growth in enrollment and continued cost containment by states,” CMS

actuaries said.

Private funds covered \$86 billion of dental spending in 2006, or 94 percent of the bill, and public funding but \$5.5 billion, largely through Medicaid and State Children’s Health Insurance Programs. Private health insurance covered \$45.3 billion and patients paid \$40.6 billion out of pocket for dental services. Other public sector dental spending is attributed to Indian Health Service and other public health, veteran, military

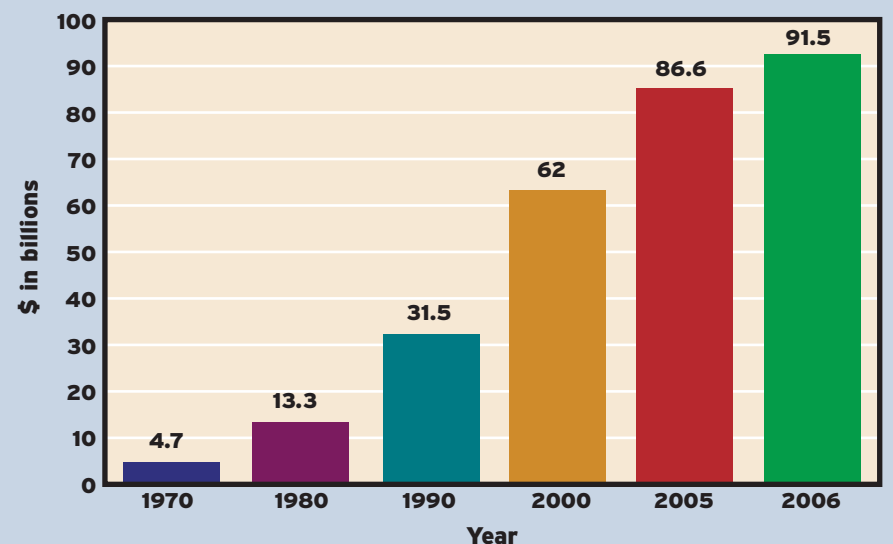
and Medicare hospital services.

Total U.S. health spending increased in 2006 by 6.7 percent to \$2.1 trillion or \$7,026 per person. It was the slowest rate of growth since 1999. Despite the faster growth in prescription drug spending, most major health services and public payers experienced slower growth in 2006.

The CMS reports and commentary appear in the January-February 2008 issue of the journal Health Affairs. ■

## Spending history

U.S. dental expenditures continue to grow annually; the 2005-2006 increase was 5.7 percent, the lowest rate of growth since 2003. Selected years of spending are shown.



Sources: U.S. Centers for Medicare and Medicaid Services, Office of the Actuary and U.S. Department of Commerce.

## Economic census forms due Feb. 12

*Washington*—Economic census forms are due Feb. 12 from surveyed dental offices and other businesses, the U.S. Census Bureau said. Some 52,000 dental offices were among 4 million businesses selected for the five-year census. The economic census is important to understanding the dental economy and serves as the primary benchmark for the nation’s gross domestic product estimates and other indicators of economic change, census officials said. Response to the 2007 census is required of the businesses, including dental offices, that received the forms. Information is posted at the Census Bureau Web site “www.business.census.gov”. ■

## Ethics focus of March meeting in Chicago

The ADA and American Dental Education Association will co-sponsor the mid-year meeting of the American Association of Dental Examiners, “Ethics in Education, Testing, Practice and Enforcement,” March 9-10 at ADA Headquarters.

The program will begin at 1 p.m. March 9 with a forum, “Pros and Cons of a Mandatory Fifth Predoctoral Year—or Postgraduate Year.” ADA, ADEA, AADE and American Student Dental Association personnel will discuss whether an extra year is needed. States currently accepting PGY1 as a pathway for licensure will also discuss their experience licensing PGY1 graduates.

There will be a summary of the Deans’ Conference, Understanding Ethics and Ethical Chal-

lenges. ASDA will also give its reaction and thoughts on future changes that need to take place regarding ethics curriculum and clinical practice in dental school and representatives of testing agencies, including the Joint Commission, will discuss what is in place now and for the future.

Speakers from the ADA Council on Dental Practice and the ADA Council on Ethics, Bylaws and Judicial Affairs will discuss ethical dilemmas faced by today’s practitioners. A representative from the Federation of State Medical Boards will address Teaching Professionalism: Medical School and State Medical Board Perspectives and Disciplinary Action by Medical Boards and Prior Behavior in Medical School.

The enforcement side will have reactions by an

AADE representative responding to incidents that occur during dental school and licensure examinations and ethical issues facing the profession.

There will also be a forum for educators to meet with the AADE Executive Council.

The AADE Mid-Year Meeting is scheduled immediately preceding the Joint Commission on National Dental Examinations Advisory Forum, March 11.

For registration and a housing form, contact the AADE Central Office at 1-312-440-7464.

The ADA will provide funding for one member of your state board to attend the Advisory Forum so this is a great opportunity to attend the entire session. ■



### An Important Message to ADA Members From *Suzanne Somers!*

**The time is now!**

Early registration, and your chance to save, ends February 11, 2007!

Register for your “Arizona Adventure” online at [www.WesternRegional.org](http://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 Molinari), exhibitors (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 Civilian Service Award in recognition of her USO tour performances for overseas U.S. troops.*

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# Giving kids a smile in museum

BY CRAIG PALMER

Baltimore—Here in “Charm City” they’re forging new partnerships to Give Kids A Smile.

The National Museum of Dentistry will partner with the University of Maryland Dental School and the Maryland State Dental Association Feb. 8 to provide free dental screenings and a hands-on exploration of the museum’s MouthPower oral health education program for some 50 children from the George Washington Elementary School. The school and university are friendly neighbors with “an ongoing relationship.”

Dental students and faculty will organize and staff the event, among them the student faculty adviser and new chief dental officer for the Maryland Department of Health and Mental Hygiene, Dr. Harry Goodman.

The sixth annual Give Kids A Smile kicks off Feb. 1 with events across the country supported by an array of professional, public and corporate partners, the type of coalition building toward public awareness that GKAS encourages. Some events like the “Charm City” initiative are scheduled on different dates. Participants say the initiative here is a “unique GKAS partnership,” and it is certainly a comprehensive one as well as a museum first.

“We are honored to join with the National Museum of Dentistry and the University of Maryland Dental School in this very important Give Kids A Smile program,” said Dr. Garner D. Morgan, state association president. “This is a great opportunity to reach out to the children of our community and help educate them about the importance of oral health.”

Dr. Christian Stohler, dean of the University of Maryland Dental School, expressed similar sentiments. “We are thrilled to have the opportunity to partner with the NMD and the MSDA during this year’s Give Kids A Smile event. The need is overwhelming and we are pleased to do our part to give children in Baltimore City access to important oral health care.”

“Give Kids A Smile is an opportunity to raise awareness of the importance of good oral health, something that the National Museum of Dentistry strives to do every day,” the museum’s executive director, Rosemary Fetter, added. “We are excited that our signature oral health education program, MouthPower, is a centerpiece for this event, giving children the tools they need to take care of their teeth for a lifetime.”

The children, third graders at George Washington Elementary, are in for a trip from school to museum, transportation courtesy of the MSDA, where costumed dental students will welcome them with a George Washington denture skit. Next in the day of smiles are free screenings, fluoride varnish and “Mouthie’s” tips on how to brush, floss, eat healthy and avoid the dangers of tobacco. The University of Maryland Dental School will provide the fluoride varnish.

Children will leave the museum with a report noting any need for follow-up and recommendations on where to seek treatment if they do not have a dentist. Letters to the children’s homes two weeks after the event will identify the dental needs with follow-up reminders to assure that “children with acute dental needs have been placed in a dental home,” a museum spokeswoman said. Among the take-homes: Give Kids A Smile kits from the American Dental Association.

For more information on Give Kids A Smile, Henry Schein Dental kits, Colgate products and DEXIS support, visit “[www.ada.org/goto/gkas](http://www.ada.org/goto/gkas)”.

The Samuel D. Harris National Museum of Dentistry is an affiliate of the Smithsonian Institution. MouthPower, which is now in English and Spanish, targets elementary school-age children with a message that good care of your teeth will result in a healthy mouth and body for a lifetime. An interactive web program is available at “[www.MouthPower.org](http://www.MouthPower.org)”. ■



**Feb. 1 view:** The Samuel D. Harris National Museum of Dentistry will host children for Give Kids A Smile. The day will feature dental screenings and the MouthPower exhibit.

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# GKAS 2008

*Continued from page one*  
well as in-store promotional materials and a Sunday newspaper coupon promoting the event.”

Henry Schein Dental’s donations include gloves; patient bibs; masks; plastic cups; tongue depressors; gauze pads; dental floss; prophylaxis angles; prophylaxis paste; fluoride gel, foam, varnish and trays; chair sleeves; and disinfectant solution.

“Team Schein is proud to support Give Kids A Smile for a sixth consecutive year,” said Stanley M. Bergman, chairman and chief executive officer, Henry Schein.

“This flagship program for Henry Schein Cares, our corporate global citizenship program, has become a cornerstone in our efforts to help increase access to care for underserved popula-

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tions both in the United States and abroad,” said Mr. Bergman. “Team Schein Members around the country will partner with our customers and supplier partners to participate in this year’s Give Kids A Smile initiative.

“With 50 supplier partners providing over \$1 million in product donations,” he added, “Give Kids A Smile exemplifies what can be accomplished in thousands of communities through

public-private partnerships between industry, the dental community and the ADA.”

For its sixth year, DEXIS is donating the use of 50 digital X-ray systems and personnel to assist in taking radiographs at dental school GKAS programs.

“Since standard radiographs can be time consuming, using the DEXIS Digital X-ray System expedites the process so more children can be treated,” said Candy B. Ross, DEXIS LLC. “The goal is to see as many children as possible, so every minute counts.

“Access to care is a national crisis,” added Ms. Ross. “It is hard to imagine a child having to stay home from school due to dental pain that is easily treated. We are also committed to the GKAS Advisory Board, developed to expand this program from just one day. GKAS is a significant part of our overall mission to support our cus-



**Packing products:** A member of the Henry Schein Cares kitting group at the warehouse in Denver, Pa., prepares a GKAS product box Jan. 14 for shipment.

tomers and give back to the dental profession.”  
For the latest on this year’s Give Kids A Smile, log on to [ADA.org](http://ADA.org). ■



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## Michigan faculty member honored for innovation

*Ann Arbor, Mich.*—A University of Michigan School of Dentistry faculty member is among 10 recipients slated to receive the Apple Award for Innovation in Science.

Lynn Johnson, Ph.D., professor and director of Dental Informatics and Information Technology, received the award for her pioneering efforts that led to a 2005 partnership between the school and Apple that allows dental students to listen to classroom lectures on their iPods or other portable listening devices.



**Dr. Johnson**

The Apple award recognizes a select group of individuals in academia who have developed new ways to use technology to enhance education and research.

At the UM School of Dentistry, students log on to the “Learning via iTunesU” Web site to download lectures. Since course lectures were made available, students have been to the Web site approximately 30,000 times to download and listen to lectures.

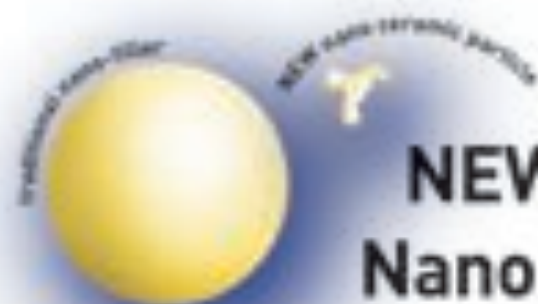
“The university is now launching a campus-wide application of what we are doing with iPods in dental education,” Dr. Johnson told the school’s alumni magazine in 2006.

“It’s gratifying to know the University of Michigan intends to share the campus-wide iPod application with over 45 other colleges and universities across the country,” she said. ■



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<sup>1</sup> 48 month results in Class II The University of Bologna, Italy Dental and Endings, 2007  
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# Health&Science

## Norway announces mercury ban

BY CRAIG PALMER

*Oslo, Norway*—Claiming an international lead in environmental policy, the government of Norway banned the use of mercury in products and most uses of dental amalgam. The ban is valid from Jan. 1.

The minister of the environment and interna-

tional development announced the ban and rationale at the government's Web site Dec. 21, 2007. An English translation is posted at "www.regjeringen.no/en/dep/md/Press-Centre/Press-releases/2007/Bans-mercury-in-products.html?id=495138".

"The justification for the ban is the risk that

mercury from products may constitute when in the environment," the ministry said in a press release accompanied by a policy statement (also available in English) amending regulations that restrict "the use of chemicals and other products hazardous to health and the environment."

The ban as translated permits limited use of

dental amalgam through Dec. 31, 2010, "for dental treatment of patients who must be treated under general anesthesia or who are allergic to ingredients in other dental fillings." There are other exceptions as well. For example, the ban does not cover thimerosal as a preservative in vaccines or naturally occurring mercury. But in general, under the regulation for mercury and mercury compounds as amended:

- It is prohibited to produce, import, export, sell and use substances on their own or preparations that contain mercury or mercury compounds.

- It is prohibited to produce, import, export and sell articles that contain mercury or mercury compounds.

"The justification for the ban is the risk that mercury from products may constitute when in the environment," said the minister of the environment and international development, Erik Solheim. "It is therefore important to stop all use of mercury as far as possible."

"Most mercury released to the environment in Norway comes from sources elsewhere in the world. Norway works actively towards stronger international regulations for mercury, both in the EU (European Union) and globally," the government said. "The Norwegian ban shows that we are taking responsibility at home. It is an important signal to the EU and other countries that there are satisfactory alternatives to mercury."

Norway is not a member of the European Union. ■

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## Safety toolkits available online

*Rockville, Md.*—The Agency for Healthcare Research and Quality has 17 ways to help health care providers and patients enhance patient safety and reduce medical errors—The AHRQ Patient Safety Tools: Improving Safety at the Point of Care.

A total of 17 toolkits, produced under AHRQ's Partnerships in Implementing Patient Safety grant program, include a variety of evidence-based tools, including training materials, medication guides and checklists developed in the field. They are designed to help health care institutions, dentists, physicians, nurses, hospital managers and others provide (and consumers receive) safe, quality health care at various points in the health care process—in the hospital, the emergency department, the intensive care unit, outpatient settings and when patients are discharged from one setting to another.

The toolkits are free, publicly available and can be adapted to most health care settings. Materials range from checklists to help reconcile medications when patients are discharged from the hospital to processes that enhance effective communication among caregivers and with patients, and toolkits to help patients taking medications. Information also correlates with the Joint Commission's National Patient Safety Goals, which promote system-wide improvements in patient safety.

For a complete list of topic areas or to access toolkits online, log on to "www.ahrq.gov/qual/pips". ■



## New specifications, report available

The ADA Standards Committee on Dental Products is circulating two new specifications and one new report for review and comment. They are:

- ANSI (American National Standards Institute)/ADA Specification No. 113 for Periodontal Curettes, Dental Scalers and Excavators. This standard specifies the general material, performance and dimensional requirements for periodontal curettes, dental scalers and excavators.

- ANSI/ADA Specification No. 89 for Dental Operating Lights. This specification specifies requirements and test methods for operating lights used in the dental office and intended for illuminating the oral cavity of patients. It also contains specifications on manufacturers' instructions, marking and packaging.

- ADA Technical Report 110 for Standard Procedures for the Assessment of Laser-Induced Effects on Oral Hard and Soft Tissue. The technical report covers standard practices for the assessment of laser interactions with oral hard and soft tissue.

Copies are available by calling the ADA toll-free number, Ext. 2533, or sending an e-mail request to "standards@ada.org". ■

## Study: thimerosal not a primary cause of autism

BY JENNIFER GARVIN

A study in the January issue of the Archives of General Psychiatry concludes that thimerosal—a mercury-containing preservative formerly found in many childhood vaccines—is not a primary cause of autism.

Authors Robert Schechter, M.D., Immunization Branch and California Center for Autism and Developmental Disabilities, Research and Epidemiology, and Judith K. Grether, Ph.D., Environmental Health Investigations Branch of the California Department of Public Health, studied children with autism in California between 1995 and March 2007 using statistics from the California Department of Developmental Services.

Despite the removal of thimerosal from most vaccines in 2001, the authors write "the estimated prevalence of autism for children at each year of age from 3 to 12 years increased throughout the study period," therefore indicating that thimerosal is not a primary cause in the neurological disorder.

The researchers also examined the prevalence of autism in children ages 3 to 5 years old based on DDS quarterly reports. Those reports showed that autism increased each quarter from January 1995 through March 2007, including after 2004 when they estimated that exposure to thimerosal during infancy and early childhood had declined.

An accompanying editorial by autism researcher Eric Fombonne, M.D., of Montreal Children's Hospital stated that "parents of autistic children should be reassured that autism in their child did not occur through immunizations.

"Their autistic children and siblings should be normally vaccinated," he wrote, "and as there is no evidence of mercury poisoning in autism, they should avoid ineffective and dangerous 'treatments' such as chelation therapy for their children." ■

## ADA president addresses fluoride report in Scientific American

An article in the January issue of Scientific American raises questions about the safety and effectiveness of fluoride and fluoridation.

The eight-page article, entitled "Second Thoughts about Fluoride," centers on a report released in 2006 by a committee of the National Research Council, which examined the effects of naturally occurring fluoride in drinking water.

Written by Dan Fagin, an associate professor of journalism at New York University, the article also cites findings from the Iowa Fluoride Study, a long-running investigation of fluoride's effects, still in progress at the University of Iowa.

Based on the overwhelming weight of peer-reviewed, credible scientific evidence, the ADA has long supported community water fluoridation as a safe, effective means of preventing tooth decay.

In a letter to Scientific American, ADA President Mark J. Feldman said, "The ADA's support for fluoridation is based on more than six decades of research, thousands of studies and the experience of more than 170 million Americans. As a science-based organization we welcome additional peer-reviewed scientific studies that will add to the body of knowledge on the use of fluoride."

Dr. Feldman also pointed out that article correctly stated that "enamel fluorosis, except in the severest cases, has no health impact ...", but incorrectly referred to enamel fluorosis as a disease. Fluorosis, Dr. Feldman wrote, is not a disease, but rather "a disruption in enamel formation that affects the way teeth look."

As a science-based organization, the Association also supports continuing scientific investigation of the effects of fluoride in humans. To review ADA policies on fluoride and fluoridation, including its views on the NRC report and other emerging issues, visit ADA.org. ■



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# Dentist more than triples practice production with assistance from ADA Intelligent Dental Marketing

*This is the first in a series of reports on how members are utilizing practice marketing strategies from ADA Intelligent Dental Marketing.*

BY KAREN FOX

Laguna Hills, Calif.—Dr. Leif A. Loberg bought his first dental practice in 2006, a 35-year-old practice that he immediately set out to modernize.

He remodeled the facilities, computerized with digital X-ray systems and implemented new practice management software. The changes—combined with retaining a staff that included a hygienist, an administrator, and an office manager and chairside assistant—was an enormous investment for the new dentist. He needed to ensure two things: patient retention and the long-term growth of the practice.

“Right away, there was a need to increase patient flow and build awareness for my new practice,” said Dr. Loberg, a 2001 graduate of the New York University College of Dentistry who



Dr. Loberg

worked as an associate in a Laguna Hills office prior to purchasing the practice of a retiring dentist.

“I had been an associate with zero business experience and zero marketing experience,” he said. “I’m not sure how any new



**DrLoberg.com:** ADAidm created a vibrant Web site to introduce Dr. Loberg’s practice.

graduate without a business background can do it on their own.”

Research shows he isn’t alone. When the ADA was in the process of becoming an investor-owner of Intelligent Dental Marketing, a Salt Lake City company that provides a comprehensive offering of effective and affordable marketing products and services to help dentists attract and retain patients, it was clear that member perceptions were changing with regard to marketing dental practices. Many member dentists expressed concern with being able to grow their practices and were actively seeking ways to market themselves to the public.

Dr. Loberg had arranged practice financing through Matsco, a company endorsed by ADA Member Advantage, and it was through Matsco that he was directed to Intelligent Dental Marketing.

“I started out looking for ways to announce my presence in the area, and ADAidm guided me along the way,” said Dr. Loberg. “They developed a professional and customized package that included a logo, Web site, direct mail piece and message-on-hold system. It seems like really simple stuff, but I wouldn’t know where else to go to put all these pieces together. They really have the design concepts down and understand a modern dental practice.”

Dr. Loberg and his ADAidm marketing coach began by attempting to differentiate his general dentistry practice in the highly competitive market of Southern California.

Practice identity is particularly important when building a dental practice, says Joel Harris, co-founder and CEO of ADA Intelligent Dental Marketing. Even though Dr. Loberg purchased a successful and established practice, he needed to incorporate his identity and make it recognizable on the company name, logo, Web site and other marketing materials.

To set him apart, ADAidm developed ways to highlight his practice interests: implant, geriatric and sedation dentistry. For implant cases, Dr. Loberg performs everything from treatment planning to diagnosis and completion and is also licensed to perform IV sedation.

The comprehensive level of treatment he offers led ADAidm to create a crisp and bold logo design, with an emphasis on his name to build brand recognition that conveys a high-tech, progressive and professional practice.

Often when a new dentist purchases a practice, issues related to the previous practice name have to be addressed, and this was the case with Dr. Loberg. Buying a practice from a dentist who had his or her name on it can be “an example of good branding of a practice backfiring,” says Mr. Harris

of ADAidm.

In this case, Dr. Loberg wanted to create an identity as a new practitioner without removing the previous dentist’s good reputation. By creating a clear identity from the beginning, he communicated the type of dentist he was to the existing patient base. Patients who hadn’t yet built a personal relationship with Dr. Loberg can see his personality and practice philosophy reflected in his logo.

Announcing his presence online was equally

## ADABEI teams up with IDM to bring marketing savvy to dentists

The ADA’s wholly owned subsidiary ADA Business Enterprises, Inc. in 2007 entered into a joint venture with Intelligent Dental Marketing, which at the time counted more than 800 dentists as its clients. ADABEI is an investor-owner of the new company, ADAidm.

ADAidm offers professional marketing approaches for dentists. The ADA has been endorsing products for 25 years; this is the first investor-ownership opportunity. ADAidm is the only marketing company backed by the expertise of the ADA.

For more information, visit “www.adaidm.com” or call 1-866-859-1999. ■

important. ADAidm created a vibrant, interactive Web site with impressive treatment videos, a before-and-after gallery, office hours, driving directions and the ability to make an appointment online. The Web helped him maintain contact with longtime patients and connect with new patients searching for dentists in the area.

“We’re finding it increasingly common for patients to go online to learn about dental treatment,” said Dr. Loberg. “They’re coming with questions in hand. The Internet is a nonthreatening environment where they can obtain information and then bring it to our office to find out if that treatment is appropriate for them.”

Finally, in addition to the services he contracted from ADAidm, Dr. Loberg gained valuable knowledge about internal marketing—that is, boosting referrals and repeat visits. According to ADAidm, the attrition rate for patients in a new practice is 15 to 20 percent a year.

“Anything you can do to prevent loss of patients is going to be a tremendous benefit to your practice,” said Dr. Loberg. “We were lucky to retain the same great staff who worked for the previous dentist, so there’s continuity for patients. They enjoy seeing familiar faces in the office, and that helps.”

Providing high quality dentistry, implementing successful marketing strategies and making up-to-date facility improvements have resulted in a winning combination for Dr. Loberg’s new practice.

“Since the previous owner was geared toward retirement, he saw about half a dozen new patients a month,” said Dr. Loberg. “We’re seeing half a dozen new patients a week. We are now at more than three times what we were producing.”

He says that ADAidm helped him tremendously with the growth of the practice and has recommended ADAidm to his colleagues.

“I wouldn’t recommend them if I didn’t feel strongly about my experience. I believe they really understand dentistry. They were on the ball so I could concentrate on running my practice.” ■

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# ADEAGies Foundation announces winners of William J. Gies Awards

Washington—The American Dental Education Association Gies Foundation announced the winners of the inaugural William J. Gies Awards for Vision, Innovation, and Achievement Jan. 15.

Named after dental education pioneer William J. Gies, the Gies Awards recognize contributions to and support of global oral health and education initiatives. They will be presented at a March 29 black-tie celebration in conjunction with the 85th ADEA annual session in Dallas.

An ADEAGies Foundation panel of judges selected the following 2008 honorees:

- Dr. Michael C. Alfano, New York University, Outstanding Vision-Dental Educator;
- University of Maryland Baltimore College of Dental Surgery, Outstanding Vision-Academic Dental Institution;
- Dr. Marcia A. Boyd, Outstanding Achievement-Dental Educator;
- Dr. Charles J. Goodacre, Loma Linda School of Dentistry, Outstanding Innovation-Dental Educator;
- Harvard School of Dental Medicine, Outstanding Vision-Academic Dental Institution;
- Louisiana State University School of Dentistry, Outstanding Innovation-Academic Dental Institution;
- National Institute of Dental and Craniofacial Research, Outstanding Vision-Public/Private Partner;
- David Satcher, M.D., National Center for Primary Care, Outstanding Achievement-Public/Private Partner;
- University of Iowa College of Dentistry, Outstanding Achievement-Academic Dental Institution.

"It's a privilege to recognize these award winners, each of whom took on a challenge in global oral health and education and pursued it tirelessly," said Dr. Richard W. Valachovic, president of the ADEAGies Foundation and ADEA executive director. "All of them will inspire continued achievement in our field, just as William J. Gies has."

William Gies was a Columbia University biochemistry professor and founder of Columbia's College of Dental Medicine. In 1926, as part of a series of studies on U.S. professional education funded by the Carnegie Foundation for the Advancement of Teaching, Dr. Gies published "The Gies Report, Dental Education in the United States and Canada," a landmark report that established the importance of dentistry as a healing science and an essential component of higher education in the health professions.

The Gies Awards are presented by the ADEAGies Foundation, the philanthropic arm of ADEA. The Foundation works to enhance the public's oral health through programs that support dental education, research, leadership and recognition.

OraPharma Inc., is a premier sponsor of the awards ceremony in recognition of its sponsorship of the Foundation's curriculum change initiatives. Tickets for the March 29 celebration can be purchased online at "www.adea.org" and sponsored tables are available. ■

## JADA study finds neurological status unaffected by dental amalgam

A study in the February issue of The Journal of the American Dental Association concludes that amalgam fillings don't adversely affect children's brain development or neurological status.

From 1997 to 2004, 12 members of a joint research team from the University of Lisbon, Portugal, and the University of Washington, Seattle, studied the possible neurological effects of dental amalgam tooth restorations in 507 Portuguese children aged 8 to 12. The authors studied the children, who received either amalgam or resin-based composite fillings, and conducted routine clinical neurological examinations to assess two types of neurological signs: hard (indi-



cating damage to specific neural structures) and soft (subtle signs of central nervous system dysfunction that likely point to immature sensory-motor skills rather than to any structural damage in the brain).

The researchers also evaluated the children for presence of tremor.

After seven years, the study concluded that the two groups of children did not differ in terms of the

cating damage to specific neural structures) and soft (subtle signs of central nervous system dysfunction that likely point to immature sensory-motor skills rather than to any structural damage in the brain). The researchers also evaluated the children for presence of tremor.

presence or absence of hard signs or tremor and also didn't differ in terms of the presence or absence or severity of soft signs at any point. They also determined that the severity of any neurological soft signs diminished as the children got older—something that is expected of healthy children.

"Even at the levels of amalgam exposure in this study (a mean of 7.7-10.7 amalgam surfaces per subject across the seven years of follow-up)," the authors wrote, "[we] conclude that exposure to mercury from dental amalgam does not adversely affect neurological status.

"These data indicate the absence of a generalized negative effect on children's nervous system functions stemming from the presence of dental amalgam, and while we cannot rule out potential adverse reactions in individual children, we found no indications of any."

For information, visit "http://jada.ada.org". ■

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# People

## Sunrise on Mt. Kilimanjaro

Dentist-adventurer makes a 19,340-foot trek to the 'Roof of Africa'

BY KAREN FOX

Wayne, Pa.—At age 46, Dr. Bruce Terry, a Pennsylvania endodontist, husband and father of two, decided to set his goals a bit higher.

Nineteen-thousand, three-hundred and forty feet higher to be exact.

In the middle of the 2007 climbing season on a spectacularly clear August morning surrounded by a group of similarly goal-oriented climbers, Dr. Terry reached Mt. Kilimanjaro, the largest free-standing mountain in the world. For 45 minutes, he stood atop the "Roof of Africa" on its Kibo Peak, also known as the Uhuru—by far Kilimanjaro's tallest.

"We had perfect conditions. There was a little light snow before we got to the top but the weather was calm and still," said Dr. Terry. "We were standing above the cloud line and you could see the snow coming through the clouds. I felt a little light-headed but it was a fabulous feeling."

"The whole way down we couldn't stop talking about the next trip. That's what goal-oriented people do, I guess," he said.

A self-described fitness enthusiast and former Eagle Scout, Dr. Terry discovered a passion for mountain climbing when he ascended Washington state's Mount Rainier in 2005. "I just began to realize that I like climbing big tall mountains," he said.

Whereas Mt. Ranier presents technical challenges with dangerous obstacles like ice crevasses and avalanches, climbing Mt. Kilimanjaro is pure trekking. There is no rope travel and no need for crampons, said Jeff Martin, operations manager at Rainier Mountaineering Inc., which provides guides for climbers on Mt. Kilimanjaro.

"Kilimanjaro is classified as benign for objective hazards," said Mr. Martin. "That is, rocks falling, ice falling, crevasse falling. The terrain is more moderate. What is difficult, and often the reason why people underestimate Kilimanjaro, is the altitude. People believe the mountain is accessible but if they're not familiar with acclimating, they can get up there and have altitude sickness."

Recreational athletes and weekend warriors are not likely to overcome altitude sickness, especially if they're trying to climb in short periods of time.

"This climb is just at the threshold where you would need supplemental oxygen," said Dr. Terry, who likens Kilimanjaro to "a very long walk up a very steep hill."

Mt. Kilimanjaro has a glacier on top, but much of the snow on the mountain has melted. In fact, scientists say the ice-capped peak is melting at an alarming rate, and predict that within several decades the glaciers will have completely disappeared.

Climbers making ascents on Kilimanjaro typically climb during the night-time and pre-dawn hours. "During the day, the heat begins to affect ice on the mountain," said Dr. Terry. "The temperature warms up, the ice begins to shift and the weather is at its worst in the afternoon. You always want to be off the mountain as early as



'Roof of Africa': Dr. Bruce Terry of Wayne, Pa., stands atop the Uhuru Peak, by far the tallest peak of Mt. Kilimanjaro on Aug. 16, 2007.

possible.

"We were at the summit at 6:30 in the morning then turned around and came down and we were off the peak by early morning, to avoid being trapped up there on the peak in case something happens."

Dr. Terry and his group spent a total of six climbing days on Kilimanjaro, which is located in Tanzania. "We acclimated by walking around the circumference of the mountain at elevations between 12,000 and 15,000 feet. Three days at that elevation will help you acclimate to the final climb."

"For our final climb to the peak, we started at 11:30 at night and hiked all night with head lamps, climbing until 6:30 in the morning when we watched the sunrise at the crater rim of Kilimanjaro, which is a dormant volcano."

After pausing for photographs at the Uhuru Peak, climbers returned to high camp at 15,000

feet, retrieved their gear and proceeded further down the mountain to arrive at the 10,000-foot camp before nightfall.

Mr. Martin of RMI says that physical conditioning is essential for all climbers planning treks.

"We require physical conditioning months ahead, and the level of fitness often determines the number of months before your climb," said Mr. Martin. "There are two different areas to focus on: cardiovascular and strength/weight training. You will be carrying packs and it takes an amount of steps to get to the top, so aerobic exercise is necessary to get close to the lung capacity you'll need. In training, we ask people to mimic as close to that exercise as possible by hiking outdoors with 25 to 30 pounds on your back."

In training, Dr. Terry kept a backpack in his car and spent time hiking in Valley Forge National Park. He lives an hour's drive from the

Appalachian Trail, and got his 14-year-old daughter and 6-year-old son to enjoy camping and hiking, while dad carried all the supplies in one backpack.

He's a multisport athlete who enjoys bicycling and running, but there's no way for someone at sea level to train for high altitudes presented by Mt. Kilimanjaro. Said Dr. Terry: "I had been at higher altitudes before. I've never been sick so thought I could do it."

The editor of the Valley Forge Second District Dental Association Journal and associate editor of the Pennsylvania Dental Journal is now setting his sights on several peaks in South America. The elevation is much higher—20,000 to 23,000 feet—requiring intense physical training.

"It may be two summers from now for the next climbs," said Dr. Terry. "In fairness to everything else in life, you have to stagger these things." ■

—foxk@ada.org



# Stockholm to welcome FDI World Dental Congress

BY STACIE CROZIER

*Stockholm, Sweden*—Dental professionals, families and friends will convene here in the heart of Scandinavia for the 2008 FDI World Dental Congress Sept. 24-27 at the Stockholm International Fairs & Congress Center.

The congress will feature four full days of scientific programs under the theme “Pioneering Prevention.”

“The theme will reflect the tremendous advances in medical and dental science that have taken place in the last 15 years,” said Dr. Burton Conrod, of Nova Scotia, Canada, FDI president. “Sweden is a world leader in preventive dentistry and we are proud to present an exciting and cutting edge scientific program presenting the latest concepts in dental innovation and scientific methods.”

There will also be eight international discussion forums on topics from dental practice, science, research in the dental office and public health strategies to women’s cardiac health, ethics and issues affecting new dentists. The scientific program will also include a limited attendance forum on international oral health development and volunteerism jointly organized by the FDI and the ADA.

Dentists are also invited to present a Free

Communication and/or a Poster at the congress.

A Free Communication is a 10-minute verbal presentation on a topic of your choice followed by a three minute discussion. Posters include a presentation on a topic of your choice. Selected posters will be required to include a verbal presentation at a given time and should be presented in a landscape format (150 centimeters wide and 100 centimeters high).

The deadline to submit an abstract is April 1. Send an e-mail to “[jdiaz@fdiworldental.org](mailto:jdiaz@fdiworldental.org)” if you are interested in submitting an abstract.

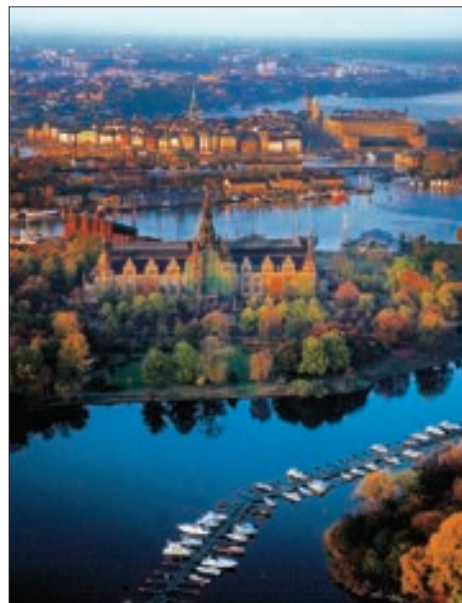


Photo by Richard Ryan, Stockholm Visitors Board

**Heart of Scandinavia:** Stockholm, built on 14 islands, offers incredible scenery, attractions and shopping.

The meeting’s World Dental Exhibition will feature hundreds of products and services from companies worldwide.

Outside the convention center, attendees can enjoy networking and social opportunities like the traditional Welcome Ceremony Sept. 24, a Stockholm night Sept. 25 and a Gala Dinner Sept. 26. There are also six half-day tours planned for accompanying persons and post-congress excursions including a Baltic cruise to Finland and an adventure tour to northern Lapland.

Stockholm also offers visitors the opportunity to enjoy its museums, cultural events, shopping, fine dining, attractions and just outside the city, the archipelago of 24,000 islands—a popular vacation destination.

More information can be found at “[www.fdiworldental.org](http://www.fdiworldental.org)”. You can also request Congress updates and newsletters at this site. ■

## 2007 FDI World Congress highlights

*Dubai, United Arab Emirates*—This year’s FDI Congress follows one of the FDI’s most successful meetings.


More than 14,000 people from 144 countries attended the 2007 congress in Dubai—a 33 percent increase from 2006—and 344 exhibitors from 42 countries showcased their products at the World Dental Exhibition.

Two U.S. dentists were named to key FDI leadership positions. Dr. Michael Glick, editor of The Journal of the American Dental Association, associate dean for oral-medical sciences at A.T. Still University College of Osteopathic Medicine, and professor of oral medicine at ATSU School of Dentistry and Oral Health, was named to the FDI Science Committee and Dr. Valerie Robison, chief, Centers for Disease Control and Prevention Surveillance Team for the Division of Tuberculosis Elimination, was named to the World Dental Development and Health Promotion Committee.

Honorary ADA member Fred Herbst, executive director of International Dental Manufacturers, received the FDI Oral Health Service Award for his commitment and vision for the future of dentistry and the innovation of new products in the dental field. ■



**International outreach:** FDI World Dental Congress goes in Dubai visit the ADA booth in September.



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Dentistry and photo courtesy Dr. Robert Lowe



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