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ADA NEWS

SEPTEMBER 1, 2008

VOLUME 39 NO. 16

ADA examines past membership practices

BY KAREN FOX

On July 10, the American Medical Association issued a formal apology for its past history of racial inequality toward African-American physicians and outlined current initiatives that address efforts to increase the ranks of minority physicians and their participation in the AMA.

An independent panel of experts had been appointed to study the histo-

ry of the racial divide in organized medicine with the results published in the July 16 Journal of the American Medical Association under the title, "African American Physicians and Organized Medicine, 1846-1968: Origins of a Racial Divide."

On the heels of the AMA's apology, the U.S. House of Representatives on July 29 issued a formal apology to black Americans for the institution of slavery.

Executive director search update, page 16

Together, these actions prompted a new dialogue between the American Dental Association and the National Dental Association, whose origins as a national forum for minority dentists date back to 1900.

"We believe ongoing collaboration is pivotal in helping the ADA and the NDA come closer together in ways that will benefit dentists, patients and communities for decades to come," wrote ADA President Mark Feldman in an Aug. 21 letter to NDA President Nathan Fletcher. "We value your recognition of the progress that our organizations have made together at

See EXAMINES, page 38

BRIEFS

ADA dues special:

Dentists who join the American Dental Association between July 1 and Oct. 1 of this year will get 50 percent off full dues for the remainder of the year.

Joining now enables dentists to access, for the remainder of the year, the full array of programs and services available exclusively to ADA members. Members are encouraged to tell dentists who have not yet joined the ADA about this special offer.

Nonmembers can visit ADA.org to learn more about the benefits of organized dentistry—including a special reduced registration rate for the ADA annual session (Oct. 16-19) in San Antonio.

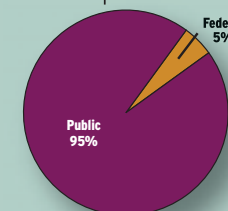
Cancer IDs: The U.S. Food and Drug Administration has cleared marketing for a new test that may assist health professionals in identifying which cancer cells are present in malignant tumors.

The Pathwork Tissue of Origin test compares the genetic material of a patient's tumor with genetic information on malignant tumor types stored in a database. The Pathwork test considers some 15 common malignant tumors, including bladder, breast and colorectal tumors.

For more information, visit "www.fda.gov/bbs/topics/NEWS/2008/NEW01870.html". ■

JUST THE FACTS Dental laboratory education

Of 20 CODA-accredited programs, 19 (95 percent), offering dental laboratory technology education were classified as public institutions.



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

Photo courtesy SACVB



San Antonio views: The Paseo Del Rio—the San Antonio River Walk—combines natural beauty with a bevy of attractions, one of which is this year's annual session. Turn to page 22 to get a look at session doings.

Caries classification system under study ADA convenes panel

BY JENNIFER GARVIN

What will the future look like in terms of how dentists classify and treat caries?

That question was the focus of the ADA Caries Classification Conference, held Aug. 20-21 at ADA Head-

quarters, where stakeholders gathered to discuss the development of a new, enhanced system for classifying the entire range of caries as a disease process and the impact on patient care.

"There is a scientific and clinical

See CARIES, page eight

Dr. Richard Carmona to speak at session

BY STACIE CROZIER

San Antonio—Come to the annual session a day early to attend the ADA's first-ever Oral Health Literacy Symposium—because what you don't (and do) say can hurt your dental practice.

"This symposium will highlight the pivotal role that communication plays in a caring situation and it is an exciting opportunity for the entire office staff—anyone who communicates with patients," said Alice Horowitz, Ph.D., advisor to the dean on health literacy at the University of Maryland School of Public Health and a member of the

See SYMPOSIUM, page 31



Richard Carmona, M.D.: The former U.S. surgeon general, a champion for health literacy, will keynote an annual session symposium.

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Honored: Dr. Ernest Newbrun, center, receives the Council's Choice Award from the ADA Council on Access, Prevention and Interprofessional Relations June 20 at ADA Headquarters. Presenting the award are Dr. John S. Findley, ADA president-elect, left, and Dr. Leon E. Stanislav, chair of the National Fluoridation Advisory Committee and CAPIR member. Dr. Newbrun was honored for his significant contributions to community water fluoridation through 20 years of service to the NFAC.



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ViewPoint

MyView

Chance, fate or determination?



Bruce R. Terry, D.M.D.

Some people say everything happens for a reason, others think our lives happen by chance, and a third group believes that life is what you make it. How I ended up as a dental journal editor or a dentist for that matter, shows how, in my life at least, fate, chance and determination have all played a part, whether I knew it or not.

Of all the activities I liked when I was young, writing was definitely not one of them. So I was surprised when someone once jokingly said that I was born to be an editor. At the time I didn't believe that anyone was born to be a dental journal editor. In fact, as a child there were many things that I could have said I wanted to be when I grew up, but, at the age of 8 I announced to my parents that I wanted to be a dentist. Sure, that was cute and my mom told all of her friends at the next mahjong game that her little boy was going to be a dentist one day. I think that planted the seed in her mind, and my parents spent the next 10 years helping me to make it happen. Chance, fate or determination? And whose determination?

Neither of my parents went to college. I was going to be the first in my family to make it. My folks spoke to other parents and their friends to get the scoop on what colleges wanted. They were told that being an Eagle Scout was like getting 21 in blackjack, so I became an Eagle Scout. The colleges also wanted to know what I did outside of school. I had a younger sister that I had to babysit for free, so I wrote "volunteers with young children." I had to take out the trash weekly so I added "helps with cleaning up the community." That was good in the mid '70s with the first wave of "going green."

My desire to succeed in my profession led me to organized dentistry when I was fresh out of school.

It's hard to imagine how much applying to college has changed. In my day you took that application and spun it into your manual or electric typewriter. You began to fill in the blanks and went slowly so as not to have to

erase an error or use the dreaded Wite-Out. I remember putting in the basics: my name, birth date and place of birth. I remember listing my school activities, such as they were. I was on the yearbook committee. I went around with a camera and took photos, mostly to meet girls. It worked pretty well! I also belonged to the A.V. club. Yup, I knew how to work those 16-mm projectors. I barely made the tennis team, but I don't think I ever won a game. I dug deep and remembered that I once went to a meeting for the science club, so that went on the application too. I don't know whether it was chance or fate that I eventually got in to a decent school and went on to dental school.

Now I am the father of two children. I went to a meeting at my daughter's school the other night. She is in ninth grade and would like to become an

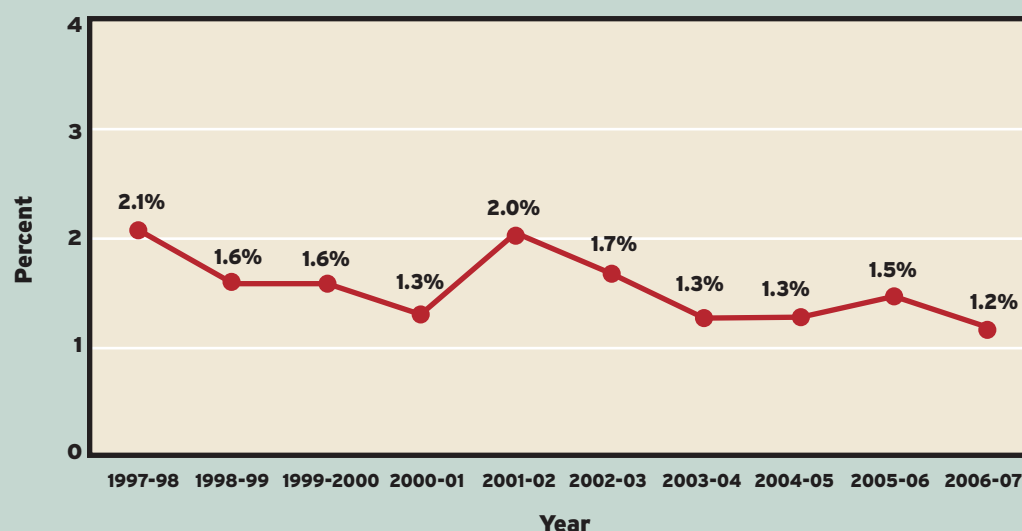
See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Dental education

The percentage of repeating first-year students in U.S. dental schools in the past decade ranged from 1.2 percent (2006-07) to 2.1 percent (1997-98).

Percentage of repeating first-year U.S. dental students: 1997-98 to 2006-07



Source: American Dental Association, Survey Center, Surveys of Dental Education.

Letters

Bottled water

It has come to my attention that there is now an increase in caries in those communities that have fluoride in the water systems. This is the result of patients switching from tap water to bottled water.

With the increase use of bottled water, the advantages of fluoride have been lost. The increased use of bottled water has put those patients who had benefited from fluoridated tap water at greater risk for caries.

The public needs to be made aware that while bottled water may "taste" better, the consequences of the loss of fluoride will be dramatic and now have become significant.

W. Jack Saxonhouse, D.M.D.
Lake Worth, Fla.

Editor's note: The ADA Council on Access, Prevention and Interprofessional Relations reports that there is not a large body of research regarding the use of bottled water and caries risk. However, lack of exposure to fluoride does increase an individual's risk for caries. The majority of bottled waters on the market do not contain optimal levels (0.7-1.2 ppm) of fluoride. Individuals who drink bottled water as their primary source of water could be missing the decay-preventive

benefit of optimally fluoridated water available from their community water supply.

Additional information on fluoride and bottled water/home water treatment systems is available at "www.ada.org/goto/bottledwater".

Earlier this year, the



ADA launched the "Smile Healthy" program with a two-fold purpose: to help meet the ADA's mission of bringing important oral health information to the public and to raise funds for charitable causes. Modeled after the American Heart Association's Heart Healthy program for food low in fat and cholesterol, Smile Healthy certifies food and beverages that are beneficial to an individual's oral health routine.

The ADA's first Smile Healthy participant is Water Source One, a lead-

ing producer of private label bottled water for leading retailers in the United States. Water Source One is the maker of Kid Pure fluoridated bottled water, which now bears the ADA's Smile Healthy certification mark. All proceeds from Smile Healthy will go to the ADA Foundation for access-to-care programs, research, education and public awareness.

For an update on Smile Healthy, see story, page 14.

A sage salute

Wide publicity has been accorded the American Medical Association's apology for excluding African-American physicians from membership.

Protest against this exclusion was launched initially by the National Medical Association, organized by black physicians in 1895 to circumvent this practice. The NMA at first included dentists and pharmacists as bona fide members inasmuch as they faced similar discriminations in health professional organizations. The AMA apology has received welcome praises from the nation's public healthers and scientific medical researchers.

The historical record recalls a 1957 resolution on discrimination in America's premier dental organization that

See LETTERS, page five

LettersPolicy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

Letters

Continued from page four

was adopted by the National Dental Association (counterpart of NMA) at the NDA annual session in August 1958. That official resolution was sent to the American Dental Association for consideration and it was published as the lead editorial in the Bulletin NDA, October 1958.

One of the tenets in the NDA resolution declared: "Whereas the American Medical Association has gone on record as urging a more democratic approach towards acceptance of qualified Negro physicians into constituent organizations ... Therefore, be it resolved that the National Dental Association respectfully

requests the American Dental Association to consider sponsorship of resolutions urging constituent and component societies with racially restricted membership provisions to restudy these with a view towards eliminating them."

Four years later on Nov. 1, 1962, at the 103rd annual American Dental Association session in Miami Beach, Fla., the ADA House of Delegates approved a Bylaws change that gave the ADA the right to refuse to seat delegates of any society whose Bylaws conflicted with the ADA national organization.

Three years later on Nov. 11, 1965, under the superb leadership of the late Harold Hillenbrand, ADA's incomparable executive director, the ADA took decisive action and adopted far-reaching resolutions that essentially liquidated the legality of officially countenanced racial and

religious separations in the dental profession.

Past and present ethical dentists empathize with AMA's recent action and extend a fervent salute to officers and members of the American Medical Association. Correspondingly, dentists can and should bask in the afterglow of historical actions by American Dental Association leaders of nearly a half-century ago.

*Clifton O. Dummett, D.D.S.
Distinguished Professor Emeritus
University of Southern California
School of Dentistry
Los Angeles*

Editor's note: Giving credit where it's due, Dr. Dummett also deserves thanks for these historic actions. Published reports indicate that it was Dr. Dummett, a preeminent dental histori-

an, who developed the resolution that compelled the ADA to take actions against discriminatory membership policies.

In "A Sterling Legacy," a history of the Dummett family published in the Journal of Health Care for the Poor and Underserved (2008), Dr. J.W. Jamerson II writes: "During his tenure as editor for the NDA, in 1957, Dummett originated the Association resolution to the American Dental Association requesting the latter to sponsor binding resolutions urging ADA component and constituent societies to eliminate racially restrictive membership provisions.

"That initial NDA resolution ultimately led to the 1962 ADA House of Delegates' resolution to refuse seating delegates from any state whose by-laws pertaining to race conflicted with those of the parent organization."

MyView

Continued from page four

orthodontist. Chance? Fate? The college counselors gave us the 2008 update on college admissions and a timeline of what we should begin thinking about. The walk away message at this time was to basically lighten up and not do or say anything for another year. Let the school do everything for now and try not to aggravate your child too much (i.e., no parental determination).

The college counselors told us that they would build a portfolio for our daughters (she attends an all girls' school) as part of the application process. When they used the word portfolio I couldn't help but laugh. I can just see what she might have on her application in a few years. My daughter was involved in gymnastics until she was 10. I can see "Olympic gymnastics hopeful." She ran an Alex's Lemonade Stand for three years running; that could go down as "Regional Fundraising Chairperson for National Cancer Campaign." They're not leaving a lot to chance these days.

Ultimately, though, who knows? My daughter's love of languages combined with her desire to be a dentist might lead her in directions she (and I) can't even contemplate today. My desire to succeed in my profession led me to organized dentistry when I was fresh out of school. A referring doctor in my area, Dr. Jeffrey Sameroff, met with me in what I can now see was a moment of desperation for him. At a dinner meeting of the local dental society he calmly said to me that he thought I would make a great local journal editor. "A what?" I asked him. "A dental journal editor, you know, what I do."

Little did I know at the time he had been local editor for 22 years and was looking for a little relief. Again, fate, chance or determination?

That night began a 13-year odyssey that started in Pottstown and led me to Harrisburg, Pa. Along the way I have to say that I have met some incredible individuals that I can truly call friends, and I continue to expand that list almost daily. I have learned from the best of the best. Everyone that I have come to know in organized dentistry operates at the highest standard of care and shows the most integrity of those in our profession. If that is not enough of an endorsement of our professional organization I don't know what is.

Having served as editor of Pennsylvania's Montgomery-Bucks Journal (for 10 years) and editor of the Valley Forge Second District Dental Association Journal (nine years), Dr. Terry recently became the Pennsylvania Dental Journal Editor. His comments, reprinted here with permission, appeared in the May/June issue of that publication.

Editor's note: The ADA offers a number of resources designed to promote dental careers. For more information, visit "www.ada.org/goto/careers".

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Fluoride supplements get EBD look

BY JENNIFER GARVIN

The ADA hosted an expert panel on fluoride supplements July 16-18 at ADA Headquarters to develop evidence-based recommendations on the prescription of fluoride supplements.

For three days, the panel and ADA staff analyzed the collective data in selected systematic reviews and discussed recent clinical studies to

aid them in developing the recommendations.

Among the clinical questions the group tackled: Does the use of fluoride supplements prevent dental caries and does the use of fluoride supplements increase the risk of dental fluorosis in the absence of other identifiable causes in children under 16?

The event was chaired by Dr. Amid Ismail of

the University of Michigan School of Dentistry, and included panelists Dr. Steven Adair, School of Dentistry, Medical College of Georgia, and American Academy of Pediatric Dentistry; Dr. Frank Graham, ADA Council on Dental Practice; Dr. Albert King-



Counterpoint: Dr. Frank Graham raises a question about a clinical study being discussed at the ADA's workshop on fluoride supplements.

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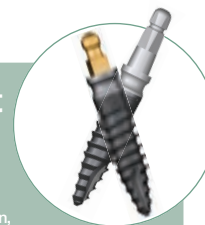


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The panel hopes to have evidence-based recommendations on fluoride supplements ready to present to the Council on Scientific Affairs by the first quarter of 2009.

"The ADA Fluoride Supplement Guidelines were last updated in 1994," Dr. Ismail said. "The panel reviewed recent evidence and proposed changes to ensure that fluoride supplements provide the maximum benefits in caries reduction with minimal risk of developing dental fluorosis."

The clinical recommendations are developed under the sponsorship of the CSA and Center for Evidence-Based Dentistry and are tools that can be used by practitioners in making evidence-based treatment decisions in conjunction with clinical judgment and patients' needs and preferences.

For more information about EBD, visit "www.ada.org/goto/ebd". ■

—garvinj@ada.org



CDC: Dr. William Kohn, Centers for Disease Control and Prevention, was among participants in the panel examining data on fluoride supplements.

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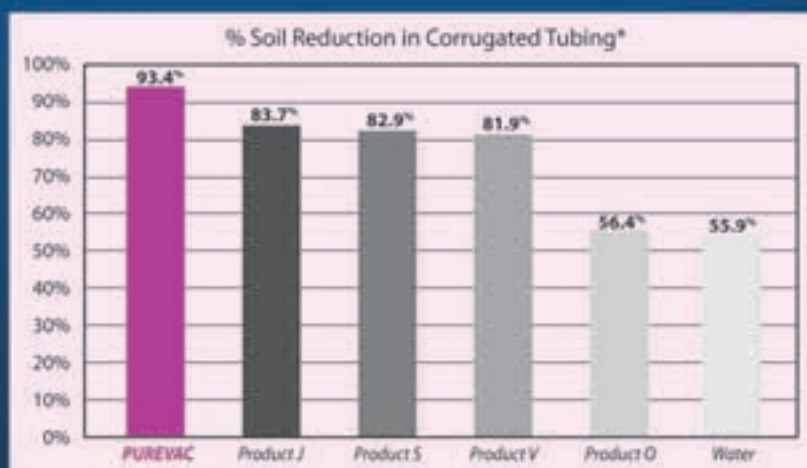
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*Independent laboratory study, 2006.



Health&Science

Caries

Continued from page one

necessity for the profession to examine this issue at this time," said Dr. John Kuehne, director of research and laboratories at the ADA and lead conference organizer. "Practitioners, researchers, epidemiologists and others are discussing the shortcomings of the current classification system and the need to address more complex issues, such as demineralization and remineralization, the extent of a lesion's activity or inactivity, how we approach disease management, the use of chemotherapeutics, as well other proposed classification systems that are under consideration."

The conference, led by the Division of Science and the Council on Scientific Affairs in collaboration with other ADA councils, gave clinicians, leaders in public health dentistry, researchers, academics, third-party payers and ADA staff the task of finding common ground for developing a relatively universal classification system.

"Our understanding of caries

Dr. Zero: "We hope as a consequence of this ADA-initiated effort we will be able to provide dentists with the diagnostic tools they need."



and how best to prevent and manage it has been hampered by the use of classification systems that do not assess the full scope of changes in tooth structure that is caused by disease process," said Dr. Amid Ismail, professor of cariology, restorative sciences and endodontics, University of Michigan School of Dentistry. "The panel developed a plan to propose for discussion a Harmonized International-American Caries Classification System that will enable dental providers to assess early and advanced carious lesions and provide appropriate care tailored to the severity of the caries lesion and the risk status of a patient."

Added Dr. Kuehne, "The ADA was aware of ongoing discussions at national and international levels with-

in various areas of dentistry that concerned caries research, diagnosis and coding, access to care and early preventive or intervention options as well as reimbursement issues. As each group tended to see and discuss the issue from slightly different perspectives, it became increasingly evident that we needed to find the consensus and explore together potential advantages as well as obstacles to implementation before we try to propose a solution. It was very important to us that these things be discussed together if we are going to have something that is truly successful and effective."

During the two-day program, participants discussed current trends and patterns of caries; the International Caries Detection and Assessment System and its relevance to today's dental practice; the components of the proposal for a new restorative treatment system; the electronic health record and diagnostic/treatment codes and their relation to caries classification; and how the various communities of interest can create a comprehensive classification system that will improve patient care and treatment outcomes.

Dr. Bruce Dye, a U.S. Public Health Services Dental Epidemiology Officer for the Centers for Disease Control and Prevention and National Center for Health Statistics, said he was pleased with the ADA's effort to "move forward the discussion on integrating emerging with current concepts in cariology diagnosis and treatment that is useful across a broad spectrum of dental practice in the U.S."

Conference participants acknowledged that one of the challenges in updating a century-old classification system is to meet the needs of today's practitioner and patient by creating one that is simple to use, but that also addresses the calls for increasingly discriminating diagnosis.

"Dentistry is really ready for something like this," said Dr. Domenick Zero, associate dean for research and director of the Oral Health Research Institute at Indiana University School of Dentistry. "Over my 30-year career as a cariology, I've never seen so much interest in the field. I really think more and more practicing dentists are ready to manage dental caries at the early stages of the disease process before it progresses to more advanced lesions requiring restoration. We hope as a consequence of this ADA-initiated effort we will be able to provide dentists with the diagnostic tools they need."

Drs. Ismail and Dye were among the conference's presenters. Other speakers were Dr. Nigel Pitts, president of the European Organization for Caries Research (ORCA), and Dr. Wyatt R. Hume, provost and executive vice president for Academic and Health Affairs at the University of California.

Many of the discussion exercises deliberately paired up different stakeholders with each other. In one exercise, the group constructed a mind map, which incorporated all of the different aspects discussed about the current classification system so that participants could see where ideas and concerns overlapped.

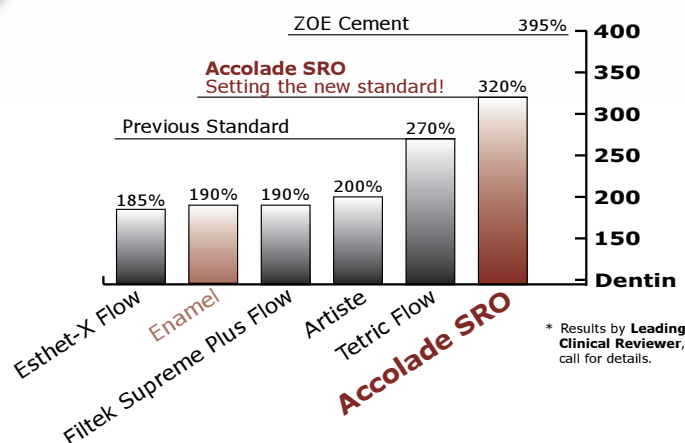
"My take home message was that moving forward is going to require more discussion and buy-in from a number of differing interest groups,"



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Dr. Dye: "My take home message was that moving forward is going to require more discussion and buy-in from a number of differing interest groups."



Caries speaker: Dr. Wyatt R. (Rory) Hume, University of California, contributes his insight into the caries classification. He is the co-editor of the textbook Preservation and Restoration of Tooth Structure.

Dr. Dye said.

The CSA plans to submit a supplemental report to the 2008 House of Delegates to summarize the findings from the conference.

"All the right players were in the room," said Dr. Larry Herwig, chair of the ADA Council on Communications, "and we made some great strides toward updating Dr. G.V. Black's classification system that now seems outdated. The convening of this conference highlights the ADA's commitment to leading the profession and improving health care in the 21st century."

Dr. Black noted in 1910, in The Dental Brief, that "studies of caries should be continuously made."

When he first proposed a classification in "Operative Dentistry" in 1908, knowledge of the disease and treatment options were limited. Since then, dentists have learned more about the disease process and more conservative interventions are now possible.

At the August conference, participants focused on six major areas:

- Education of new dentists;
- Research supporting effectiveness;



NYU: Dr. Yihong Li, a professor of basic science and craniofacial biology at New York University College of Dentistry, listens during the caries conference.

- Practical applicability;
- Technology boom;
- Evidence-based dentistry;
- Change.

"I learned tremendously from this workshop," said Christine Wu, Ph.D, director of cariology research in the pediatric dentistry department at University of Illinois at Chicago College of Dentistry. "As a researcher and educator, with five years experience as an administrator at UIC, I was able to look at the problem from different angles. I was able to listen to input and comments from participants from different dental constituencies, (academia, industries, dental practitioners, educators, researchers, etc.) and get a global view of the current status and future needs of the caries classification system. The interactions and exchange of knowledge among us were most valuable." ■

—garvinj@ada.org

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Bisphosphonate recommendations updated

BY JENNIFER GARVIN

The ADA Council on Scientific Affairs has updated its recommendations for managing patients on oral bisphosphonate therapy.

The council originally released the recommendations in July 2006.

In this new re-evaluation of the evidence, the CSA determined that the incidence of bisphosphonate-associated osteonecrosis of the jaw (BON) remains very low and also concluded that no reliable screening or diagnostic tests are currently available to predict a patient's risk to develop this condition.

On the diagnostic testing the council stated:

Health&Science

"Therefore, while the expert panel recognized the value of predicting and mitigating the risk for developing BON in individual patients, until objective research studies document and correlate specificity, predictive value and reliability of such tests, no recommendations for their use can be made."

Dr. Peter Jacobsen, CSA vice chair, added, "As professionals and clinicians we need to realize that expert opinion is only as good as the infor-

mation available at the time. Our understanding of the effects of bisphosphonates on jaw bone is evolving and, as the new information about mechanism, risk factors, predictive criteria and treatment evolve, expert opinion on the best management practices will also evolve. Adjusting patient management,



Dr. Jacobsen

based on new information and techniques, will always be an ongoing responsibility for all dental professionals."

Although the risk of developing BON while taking oral bisphosphonates is very small, dentists are advised to consult the updated recommendations and to be prepared to discuss the potential risks and benefits of dental care for their patients who are taking oral bisphosphonates. Given the risks associated with osteoporosis and the proven benefits of oral bisphosphonate therapy, the physician and patient should fully discuss any decision to alter the use of these medications. The recommendations are intended to assist dentists in maintaining good communication with not only their patients but the patient's physicians as well.

To see the recommendations online on ADA.org, visit "www.ada.org/prof/resources/topics/osteonecrosis.asp" or call the ADA toll-free, Ext. 2878. ■

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* Source: CDC Emerging Infectious Diseases, vol. 13, no. 12, Dec 2007.

Bisphenol A study in mice adds to dietary safety data

BY JENNIFER GARVIN

Research Triangle, N.C.—A study by researchers at RTI International found no evidence of reproductive or developmental effects in mice from dietary or oral exposure to low doses of dietary Bisphenol A.

The study, which appears in the August issue of *Toxicological Sciences*, used a two-generation reproductive toxicity study of BPA by administering it to mice and assessing the systemic, reproductive and developmental effects. The study found no adverse effects of BPA on parents or offspring at dietary concentrations and doses comparable to those estimated for human exposure levels.

RTI said that the results support the conclusion that BPA does not cause adverse effects in people because human exposure is "very low" and when administered orally, BPA is "rapidly and efficiently metabolized in the intestines and liver even before it reaches the bloodstream."

The study was funded by the American Chemistry Council, Plastics Division.

Said lead researcher Rochelle W. Tyl, Ph.D., "A number of small-scale basic research studies reporting adverse effects of BPA have generated significant news coverage and public concern in recent months, resulting in an incomplete picture.

"We conducted these studies in response to the continuing societal, scientific and international regulatory concerns about the safety of BPA," she continued. "The low dose effects of exposure to BPA reported in small, basic research studies have not been replicated or validated in rigorous, governmental testing guideline studies using oral administration, such as the guideline multi-generational studies listed above." ■

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DESCRIPTION: Self-topical neutral fluoride toothpaste containing 1.1% (w/w) sodium fluoride for use as a dental caries preventive in adults and pediatric patients.

Active Ingredient: Sodium fluoride 1.1% (w/w)

Inactive Ingredients: water, sorbitol, hydrated silica, propylene glycol, glycerin, PEG-40 hydrogenated castor oil, dipotassium phosphate, poloxamer 407, flavor, PVP/MA copolymer, xanthan gum, sodium benzoate, sodium hydroxide, sodium saccharin, cocamidopropyl betaine, cetylpyridinium chloride, potassium sorbate, pectin, FD&C blue no. 1

CLINICAL PHARMACOLOGY: Frequent topical applications to the teeth with preparations having a relatively high fluoride content increase both resistance to acid dissolution and enhance penetration of the fluoride ion into tooth enamel.

INDICATIONS AND USAGE: A dental caries preventive; for once daily self-applied topical use. It is well established that 1.1% sodium fluoride is safe and extraordinarily effective as a caries preventive when applied frequently with mouthpiece applicators. ** PreviDent® 5000 Dry Mouth brand of 1.1% sodium fluoride toothpaste in a squeeze bottle is easily applied onto a toothbrush. This prescription toothpaste should be used once daily in place of your regular toothpaste unless otherwise instructed by your dental professional. May be used in areas where drinking water is fluoridated since topical fluoride cannot produce fluorosis. (See WARNINGS for exception.)

CONTRAINDICATIONS: Do not use in pediatric patients under age 6 years unless recommended by a dentist or physician.

WARNINGS: Prolonged daily ingestion may result in various degrees of dental fluorosis in pediatric patients under age 6 years, especially if the water fluoridation exceeds 0.6 ppm, since younger pediatric patients frequently cannot perform the brushing process without significant swallowing. Use in pediatric patients under age 6 years requires special supervision to prevent repeated swallowing of toothpaste which could cause dental fluorosis. Pediatric patients under age 12 should be supervised in the use of this product. Read directions carefully before using. Keep out of reach of infants and children.

PRECAUTIONS:

General: Not for systemic treatment. DO NOT SWALLOW.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a study conducted in rodents, no carcinogenesis was found in male and female mice and female rats treated with fluoride at dose levels ranging from 4.3 to 9.1 mg/kg of body weight. Equivocal evidence of carcinogenesis was reported in male rats treated with 2.5 and 4.1 mg/kg of body weight. In a second study, no carcinogenesis was observed in rats, males or females, treated with fluoride up to 11.3 mg/kg of body weight. Epidemiological data provide no credible evidence for an association between fluoride, either naturally occurring or added to drinking water, and risk of human cancer.

Fluoride ion is not mutagenic in standard bacterial systems. It has been shown that fluoride ion has potential to induce chromosome aberrations in cultured human and rodent cells at doses much higher than those to which humans are exposed. In vivo data are conflicting. Some studies report chromosome damage in rodents, while other studies using similar protocols report negative results.

Potential adverse reproductive effects of fluoride exposure in humans has not been adequately evaluated. Adverse effects on reproduction were reported for rats, mice, fox, and cattle exposed to 100 ppm or greater concentrations of fluoride in their diet or drinking water. Other studies conducted in rats demonstrated that lower concentrations of fluoride (5 mg/kg of body weight) did not result in impaired fertility and reproductive capabilities.

Pregnancy: Teratogenic Effects: Pregnancy Category B. It has been shown that fluoride crosses the placenta of rats, but only 0.01% of the amount administered is incorporated in fetal tissue. Animal studies (rats, mice, rabbits) have shown that fluoride is not a teratogen. Maternal exposure to 12.2 mg fluoride/kg of body weight (rats) or 13.1 mg/kg of body weight (rabbits) did not affect the litter size or fetal weight and did not increase the frequency of skeletal or visceral malformations. There are no adequate and well-controlled studies in pregnant women. However, epidemiological studies conducted in areas with high levels of naturally fluoridated water showed no increase in birth defects. Heavy exposure to fluoride during in utero development may result in skeletal fluorosis which becomes evident in childhood.

Nursing Mothers: It is not known if fluoride is excreted in human milk. However, many drugs are excreted in milk, and caution should be exercised when products containing fluoride are administered to a nursing woman. Reduced milk production was reported in farm-raised fox when the animals were fed a diet containing a high concentration of fluoride (96-137 mg/kg of body weight). No adverse effects on parturition, lactation, or offspring were seen in rats administered fluoride up to 5 mg/kg of body weight.

Pediatric Use: The use of PreviDent® 5000 Dry Mouth in pediatric age groups 6 to 16 years as a caries preventive is supported by pioneering clinical studies with 1.1% sodium fluoride gels in mouth trays in students age 11 to 14 years conducted by Englander et al. ** Safety and effectiveness in pediatric patients below the age of 6 years have not been established. Please refer to the CONTRAINDICATIONS and WARNINGS sections.

Geriatric Use: Of the total number of subjects in clinical studies of 1.1% (w/w) sodium fluoride, 73 percent were 65 and over, while 1 percent were 75 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

ADVERSE REACTIONS: Allergic reactions and other idiosyncrasies have been rarely reported.

OVERDOSAGE: Accidental ingestion of large amounts of fluoride may result in acute burning in the mouth and sore tongue. Nausea, vomiting, and diarrhea may occur soon after ingestion (within 30 minutes) and are accompanied by salivation, hematemesis, and epigastric cramping abdominal pain. These symptoms may persist for 24 hours. If less than 5 mg fluoride/kg body weight (i.e., less than 2.3 mg fluoride/kg body weight) have been ingested, give calcium (e.g., milk) orally to relieve gastrointestinal symptoms and observe for a few hours. If more than 5 mg fluoride/kg body weight (i.e., more than 2.3 mg fluoride/kg body weight) have been ingested, induce vomiting, give orally soluble calcium (e.g., milk, 5% calcium gluconate or calcium lactate solution) and immediately seek medical assistance. For accidental ingestion of more than 15 mg fluoride/kg of body weight (i.e., more than 6.9 mg fluoride/kg body weight), induce vomiting and admit immediately to a hospital facility.

A treatment dose (a thin ribbon) of PreviDent® 5000 Dry Mouth contains approximately 2.5 mg fluoride. A 3.38 FL. OZ. (100 mL) bottle contains approximately 610 mg fluoride.

DOSAGE AND ADMINISTRATION: Follow these instructions unless otherwise instructed by your dental professional.

1. Adults and pediatric patients 6 years of age or older, apply a thin ribbon of PreviDent® 5000 Dry Mouth to a toothbrush. Brush thoroughly once daily for two minutes, preferably at bedtime, in place of your regular toothpaste.

2. After use, adults expectorate. For best results, do not eat, drink, or rinse for 30 minutes. Pediatric patients, ages 6-16 years, expectorate after use and rinse mouth thoroughly.

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STORAGE: Store at Controlled Room Temperature, 20-25°C (68-77°F).

REFERENCES: 1. American Dental Association, Accepted Dental Therapeutics Ed. 40 (Chicago, 1984): 405-407. 2. H.R. Englander et al., JADA 75 (1967): 638-644. 3. H.R. Englander et al., JADA 78 (1969): 783-787. 4. H.R. Englander et al., JADA 83 (1971): 354-358. 5. Data on file. Colgate Oral Pharmaceuticals. Rev.12/07 P10000470

1. Baysan A, et al. Reversal of primary root caries using dentifrices containing 5,000 and 1,100 ppm fluoride. Caries Res. 2001; 35: 41-46. 2. Jozziak MT, et al. Comparison of enamel fluoride uptake and fluoride release from liquid and paste dentifrice. J Dent Res. 2003; 82 (5p issue). Abstract 1355. 3. Data on file.

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Dr. Johansen, Tufts' longest-serving dental dean, dies

BY KAREN FOX

Boston—Dr. Erling Johansen, a high school teacher who emigrated to the U.S. from Norway during World War II and went on to become a prodigious dental researcher and the longest-serving dean of the Tufts University School of Dental Medicine, died Feb. 29 in Norway after a long illness. He was

84 years old.

"Erling Johansen was a forward-thinking leader who placed an emphasis on high standards and scientific research," said Dr. Lonnie Norris, the Tufts dean who succeeded Dr. Johansen after his retirement in 1995.

"He and his wife, Inger, worked tirelessly to foster dental research and education at Tufts, and Erling's own research benefited people who suffer from dry mouth, including those undergoing cancer treatment," said Dr. Norris. "His support of research benefited dental students and elevated the dental profession overall."

It was his commitment to research that brought him to Tufts as dean. Dr. Johansen was

a dental student in his native Norway during World War II. When the Nazis closed the universities, he went to work as a high school teacher. According to the Tufts Journal, the university, as "part of an effort to help the beleaguered Scandinavian country," invited 22 Norwegian students to enroll at the dental school. Dr. Johansen graduated cum laude from Tufts in 1949.

After dental school, Dr. Johansen served a year in the Norwegian Armed Forces Dental Corps in Germany during the Allied occupation then was awarded a Fulbright Scholarship to pursue doctoral studies at the University of Rochester School of Medicine and Dentistry. After completing his Ph.D. in pathology in

1955, he was appointed chair of the department of dentistry and dental research and in 1966, the Margaret and Cy Welcher Professor of Dental Research. At Rochester, he spent 24 years supervising the training of dental researchers.

In 1979, he began his tenure as dean at Tufts, a post he would hold for 16-1/2 years—the longest tenure of any dean in the school's 140-year history.

Dr. Kathleen O'Loughlin, a member of the Tufts University board of trustees, was a member of the first class that Dr. Johansen graduated as dean. In the beginning, it came as a surprise to her and many of her classmates that Dr. Johansen sought opportunities to interact with students. "In fact, in our senior year, he was invited to a senior student's home for dinner. Someone had just returned from an externship in Alaska and brought back fresh salmon," said Dr. O'Loughlin. "No one really thought he would show up but he and his wife did. It was a delightful evening."

Dr. O'Loughlin's collaborations with Dr. Johansen continued after graduation when she became president of the alumni association during the planning of the dental school's 125th anniversary celebration. "He didn't have much patience for people who put on airs," she said. "He had this Norwegian phrase he used regularly, and the English translation was 'self-praise stinks,' meaning you should never try to bring attention to yourself; bring attention to the school."

If he found things intolerable, she said "he reached up and turned down the volume on his hearing aid."

An early challenge that Dr. Johansen faced as dean involved the switch from a three-year to a four-year curriculum. Student research was limited by a three-year curriculum, said Dr. O'Loughlin, and Dr. Johansen "demanded excellence in scientific pursuits."

"That's what he emphasized above all, the importance of scientific activity, and that sometimes the most basic scientific discovery can have an enormous impact on people," said Dr. O'Loughlin.

Dr. Johansen's research at the University of Rochester led to the development of an oral health management system for cancer patients. He discovered a solution of minerals that when combined with fluoride therapy and basic dental hygiene alleviated pain and resulted in less mucositis in bone marrow transplant patients. As noted in the Tufts Journal, "head and neck cancer patients and others around the world benefited from his research."

In 1994, Dr. Johansen was appointed a Tufts Distinguished Professor; received the alumni association's Distinguished Service Award; and alumnus Dr. Edward Becker established the school's first endowed faculty chair, the Dr. Erling Johansen, D49, Endowed Professorship in Dental Research. Dr. Athena Papas, director of oral medicine and co-head of geriatric dentistry, currently holds the Erling Johansen Professorship in Dental Research.

Dr. Johansen retired from Tufts in 1995, 50 years after he arrived as a first-year dental student, and was named dean emeritus and professor of general dentistry emeritus. Upon his retirement, Dr. Johansen told the Tufts Journal: "I really do believe in the power of education, and I think a dental education is about the best anyone can get."

He is survived by Inger, his wife of 55 years; three sons Erling, Erik and Steven; three grandchildren; and two sisters.

Memorial donations may be made to the Dr. Erling Johansen, D49, and Inger Johansen Student Aid Fund at Tufts University School of Dental Medicine.

A memorial service for Dr. Johansen will be held Sept. 26 at the Tufts University School of Dental Medicine. (For information, contact Anita Yen at 1-617-636-6721 or "anita.yen@tufts.edu".) ■

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Photo by Mark Morrell



Dr. Johansen



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Smile Healthy

Joint meeting eyes program expansion

BY JENNIFER GARVIN

The ADA Smile Healthy team held a joint meeting with the International Life Sciences Institute Aug. 13-14 to discuss expanding the program and which food and beverage categories, based on current science, to target in the future.

Smile Healthy—which began in January 2008—was created to help bring important oral health information to the public and to raise

funds for charitable causes. The program is modeled after the American Heart Association's Heart Healthy program for foods low in fat and cholesterol, and all proceeds from the program go to the ADA Foundation for access programs, research, education and public awareness.

All Smile Healthy products display a logo telling consumers that the product promotes oral health and has met rigorous performance and

testing standards. The first ADA Smile Healthy participant, Kid Pure's water, is bottled by Water Source One, a leading producer of private label bottled water in the United States. Three other bottlers also have contracted



Model program: Drs. Dom DePaola, left, of the International Life Sciences Institute and Larry Herwig, chair of the ADA Council on Communications, listen during the ADA Smile Healthy joint meeting with ILSI on Aug. 13.

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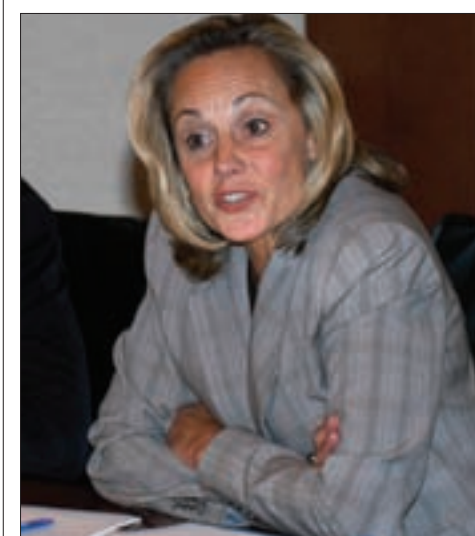
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Joint effort: Doris Tancredi, Ph.D., vice president, scientific services for Cadbury Schweppes Americas, speaks during the ADA Smile Healthy joint meeting with ILSI.

to join the program and are in various stages of bringing fluoridated bottled water products to market.

For more information about the International Life Sciences Institute, visit "www.ils.org".

For more information about Smile Healthy, visit ADA.org. ■

Kid Pure customers in four states can now drink up for a healthier smile

The first ADA Smile Healthy product, Kid Pure fluoridated water, is now on the shelves in Wal-Mart stores in four states: Florida, Illinois, Ohio and Indiana.

Each jug bears the ADA's Smile Healthy certification mark and contains 0.7-1.2 parts per million of fluoride, meeting the ADA recommended formulation.

Kid Pure's water is bottled by Water Source One, a leading producer of private label bottled water in the United States and the ADA's first Smile Healthy participant. ■



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+Measured vs baseline.

+vs a regular manual brush.

References: 1. Data on file, P&G. 2. Walters PA et al. *J Contemp Dent Pract*. 2007;8:1-9.



Update on ADA executive director search process

Since June, when the ADA launched a national search for an executive director/COO (chief operating officer), the Association has received a "strong response" from candidates across the country, said Dr. Mark J. Feldman, ADA president.

The position was posted on ADA.org, published in ADA News and advertised in national publications and Web sites.

The Board of Trustees formed a screening committee (See list, this page.) that is empowered to identify qualified candidates to be considered for the first round of interviews. The committee will conduct the interviews, share the

results of the initial screening with the ADA Board of Trustees and offer candidates to consider for the final round of interviews.

Dr. Feldman explained that it was the intent of the Board of Trustees to assemble a screening committee that represented each district across the country and included members from the House of Delegates and Board of Trustees along with an ADA past president and academia and constituent society perspectives.

"The responsibility that the members of the screening committee carry is of the utmost importance to the organization," he said. "Along with that responsibility comes the trust placed in

the committee and the membership at large. The screening committee members will be involved in many confidential communications about the candidates as well as the search and selection process. Out of respect for the members of the committee, who have agreed to take on this important role, the candidates and the process, there will be aspects of the search that must remain confidential, such as information regarding the individual applicants."

The Board of Trustees is overseeing the search and will continue to make decisions throughout the process including the final hiring decision. The Board's goal is to name a new executive

The Board's goal is to name a new executive director by the first of the year; however, said Dr. Feldman, it will extend the search time frame if necessary in order to find the best qualified person for the position.

director by the first of the year; however, said Dr. Feldman, it will extend the search time frame if necessary in order to find the best qualified person for the position.

Dr. Feldman, who has served in the dual role of president and interim executive director since April, said the transition period has been smooth.

"I have profound respect for the ADA staff at all levels who have pulled together during this period of transition," he noted.

"The ADA has continued to serve its members, the public and the profession seamlessly; maintaining the high level of service that we have come to expect. After the close of the 2008 ADA House of Delegates, I will be handing over the reigns to Dr. John S. Findley (ADA president-elect), who along with the Board of Trustees will continue to guide this fine group of dedicated employees until a new executive director is named." ■

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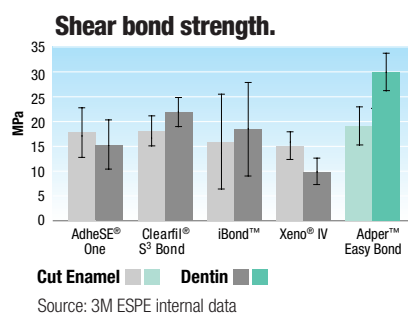
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Screening committee members listed

Dr. Charles L. Smith, 6th District trustee, chairs the screening committee for the ADA executive director search. Dr. Mark J. Feldman, president, and Dr. John S. Findley, president-elect, are ex-officio members of the committee.

The remaining committee members are listed here by district with their affiliation (trustee, delegate, etc.) following.

- Dr. Robert Faiella, 1st District trustee;
- Dr. William Calnon, 2nd District trustee;
- Dr. Ron Gross, 3rd District delegate;
- Dr. J. Thomas Soliday, 4th District; speaker, ADA House of Delegates;
- Dr. Marie C. Schweinebraten, 5th District trustee;
- Dr. Jeanne Nicolette, 7th District trustee;
- Dr. Dennis Manning, 8th District trustee;
- Dr. Jane Grover, 9th District; ADA first vice president;
- Dr. Edward J. Vigna, 10th District delegate;
- Dr. Teri Barichello, 11th District delegate;
- Dr. Stephen K. Young, 12th District delegate, University of Oklahoma Health Sciences Center College of Dentistry;
- Dr. Russell Webb, 13th District trustee;
- Dr. Thomas J. Schripsema, 14th District delegate;
- Dr. Glen D. Hall, 15th District delegate;
- Dr. David Whiston, 16th District; past president;
- Daniel J. Buker, 17th District; executive director, Florida Dental Association. ■

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Anyone interested in providing dental health education to children—including dental societies, NCDHM program coordinators, teachers, health department staff, school nurses and dentists—can request two-sided posters packaged in boxes of 25, 50, 100 and 500. One side features the Tough Tooth Team springing into action to achieve maximum smile power. The other side

ADA committee seeks comment on new specifications

The ADA currently sponsors two separate standards committees; one for dental products and one for dental informatics. An ADA standards committee is comprised of volunteer technical experts who serve as representatives of organizations affiliated with the profession, dental industry, academia and the government. The standards committee serves as the consensus body that approves all candidate American National Standards relating to dentistry. For more information about ANSI visit "www.ansi.org." ■

To order posters, send an e-mail with your requested quantity to "ncdhm@ada.org". ■



Poster art: NCDHM launches with free posters for kids in English and Spanish.

[illegible]

Former U.S. surgeon general, fluoridation advocate, dies

BY STACIE CROZIER

Brookline, Mass.—Julius B. Richmond, M.D., U.S. surgeon general from 1977-1981, the first director of Head Start and a champion for community water fluoridation, died July 27. He was 91.

Dr. Richmond was a guest speaker at the National Fluoridation Symposium sponsored by the ADA, the Centers for Disease Control and Prevention and other groups in July 2005. "Fluoridation came out of science just as well-substantiated as the link between smoking and health," he told those attending the 60th anniversary celebration in Chicago.



Science: Dr. Richmond backs community water fluoridation at the 2005 National Fluoridation Symposium in Chicago.

"The health community has suffered a tremendous loss with the passing of Julius B. Richmond," said Rear Adm. Steven K. Galson, acting surgeon general, in a statement. "As surgeon general, Dr. Richmond provided extraordinary leadership in advancing the field of health promotion and disease prevention through the release of the first surgeon general's report urging the nation to reduce alcohol, salt, sugar and fats in their diet, get moderate exercise, obey speeding laws and use seat belts.

Dr. Richmond also issued a 1979 landmark report on the health risks of smoking that presented undisputed scientific evidence on the

harmful effects of smoking.

"Other notable accomplishments," added Rear Adm. Galson, "include Dr. Richmond's development and implementation of measurable goals for public health, first published in 1979 as Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention. As a recognized giant in the field of public health, Dr. Richmond was a life-long advocate for the health of the American public and more specifically, protecting the health of the nation's children. Dr. Richmond was an outstanding leader and a great American." ■

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CareCredit offers online tool to connect patients and practices

More and more patients are using the Internet to find information on dental procedures and the dentists who perform them. In addition, an increasing number of practices are using the Web and practice Web sites to attract and educate patients.

CareCredit, the provider of dental financing for patients, now offers the online Doctor Locator, an easy to access and use patient resource. Each month up to 350,000 patients use CareCredit's online Doctor Locator to find ADA member practices in their community that offer the program.

This recently enhanced feature on "www.carecredit.com" allows patients to perform detailed searches, including searching for dentists by specialty. Patients can also search for doctors by proximity, either within a specific zip code or defined by a radius of up to 75 miles. Patients can then map their selected practice and/or print driving directions.

Along with the member search feature of ADA.org, CareCredit's Doctor Locator is a tool that can help bring new patients to a member's practice—and CareCredit's listing is free for practices that offer the program.

A June 2008 ADA Member Advantage survey indicated attracting new patients was the top priority among survey respondents. This online listing enables practices to be more visible when new patients are looking for a dentist.

More than 100,000 practices now offer CareCredit and some 7 million patients have used the program to get the care they want and need. Patients who signed up for CareCredit at a nondental practice (veterinarians, ophthalmologists, audiologists and cosmetic surgeons also offer CareCredit) are encouraged to achieve and maintain their oral health and utilize the Doctor Locator if they need to find a new dentist.

"Patients appreciate the convenience of being able to pay for their treatment over time, especially in an uncertain economy," said David Fasoli, president of CareCredit. "Patients will use CareCredit for their LASIK procedure or for their pet care and then realize they can use it at their dentist's office. That's one of the reasons so many patients use our online Doctor Locator to find a dentist."

CareCredit is endorsed by ADA Member Advantage. ADA members can get started with CareCredit for only \$20 by calling 1-800-300-3046, Ext. 4519, before Oct. 31. ■

ADAReports

National Dental Benefits Conference 2008



Dr. Smith on health care reform: "The ADA is prepared to frame the oral health perspective as leading advocate for the profession."

BY ARLENE FURLONG

In opening remarks to participants at the Aug. 15-16 National Dental Benefits Conference, Dr. William Calnon said the Council on Dental Benefit Programs took a "serious approach" to the topics that would be discussed at the meeting.



Dr. Wilkie J. Stadeker: "I went to school in Chicago, was a military dentist, then went into perio. Every group of dentists I've ever known did things a little differently, but they were all right."

With his experience as ADA 2nd District trustee and liaison for the council, he would naturally know such a thing.

But by noon that day, after presentations including a panel discussion on the differences between the ADA's interpretation of evidence-based dentistry and Delta Dental's, everyone knew.

From health care reform—"The ADA is prepared to frame the oral health perspective as the leading advocate for the profession," said ADA 6th District Trustee Charles Smith, chair of the ADA Future of Healthcare and Universal Coverage Task Force—to dental tourism to current dental delivery systems, trends affecting dental benefits were explored in detail by presenters and closely analyzed by participants.

"Why is the insurers claims data proprietary?" Dr. Jeffrey Rempell, vice-chair of the council, asked Delta Dental Plans Association's Dr. Max Anderson. "What can be deduced when insured services are the only claims data being studied?" asked Dr. Joseph Hagenbruch.

It was Dr. Richard L. Taliaferro's first time attending the meeting. Early on, the Stephens City, Va., dentist said the meeting was more informative than he'd expected. The Virginia Dental Association's chair of its direct reimbursement committee described the evidence-based dentistry presentations and panel discussion as informative and helpful. "I understand this subject is contentious, but we'll work through it," he predicted.

The chief operating officer of the Medical Tourism Association explained how other countries are improving their health care to increase tourism and charging as much as 50 percent less for many procedures.

"This country has many people from other countries who will return to the countries they're from for medical and dental care," said Renée-Marie Stephano. "We need to help these patients make informed decisions."

(Dr. David Preble, director of the Council on



Dr. Daniel Meyer: "When there's a lack of science, others create science. We have to be careful how that science is created." Dr. Meyer, senior vice president, science and professional affairs, joined in a panel discussion with Dr. Max Anderson, dental affairs advisor, Delta Dental Plans Association.



Opportunity: Drs. Stephen Ura and Joseph Hagenbruch, members of the Council on Dental Benefit Programs, discuss the previous presentation during a break.

Dental Benefit Programs, will participate in a panel discussion on provider views regarding dental tourism at the Sept. 9-12 World Medical Tourism and Global Health Congress in San Francisco.)

Differences and discussions aside, many participants reported that they also enjoyed the social aspects of the conference. Long a networking opportunity for dentists, dental society staff members, employee benefit consultants and third-party administrators, thought-provoking debates were broken up by breaks that included a networking reception to give participants an additional opportunity to meet with their colleagues from around the country. ■

—furlonga@ada.org

Can your patients choose DR?

CDBP recommends dentists find out

Council on Dental Benefit Programs members at the National Dental Benefits Conference discussed marketing strategies that might enable more patients to reap the advantages of dental reimbursement for their dental care. One idea considered was to directly include dentists in marketing efforts.

"DR stands for what the ADA stands for," said Dr. James Hight, a CDBP member and chair of the Dental Benefit Infor-



Dr. Hight

mation Service subcommittee. "That means freedom in dentistry and a valuable doctor/patient relationship."

Although many new types of direct reimbursement plans were discussed at the

NDBC—"These are not your old-fashioned DR plans," said Dr. Hight—all still share three primary elements:

- self-funded by the employer;
- allow freedom to choose any dentist;
- reimburse patients based on dollars spent on dental treatment, not based on the type of treatment received.

"We wouldn't ask dentists to sell plans," Dr. Hight explained. "But patients in benefit decision-making positions should know about DR—especially now, with such high costs for other employee benefit plans. Dentists may be patients' best sources for that information."

The council will collect contact information for interested patients as potential referrals for the Consumer Directed Benefit Association, an association of brokers who sell DR with a long-standing relationship with the ADA.

"Referred leads from dentists to their patients and friends result in successful marketing," said John Stoner, a CDDBA member. "That's because the person being referred has a trusted relationship with the dentist, which helps us to get an appointment to inform that patient about DR." CDDBA is particularly interested in employer groups of 50 or more employees.

Interested dentists can contact the ADA toll-free, and ask for the Council on Dental Benefit Programs. For more information about direct reimbursement or to order DR marketing materials go to "www.ada.org/goto/DRplan". ■

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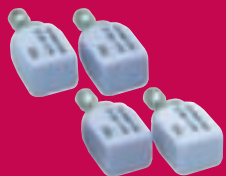
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Free CE on the exhibit floor

Check out the all-new Live Operatory Center

San Antonio—Attend the ADA's new Live Operatory Center and earn 3.5 CE credits for free—without leaving the exhibit floor.

The Live Operatory Center is a unique new learning environment that allows you to experience live demonstrations of six 3-D cone beam imaging machines, participate in a hands-on laser workshop featuring eight laser companies, and interact in a live patient computer-aided design/computer-aided manufacturing demonstration.

Conducted by Drs. Joel White and Donald Coluzzi, the Laser Pavilion course provides a hands-on education with a variety of dental lasers—a great opportunity for dentists considering a laser purchase or for new laser owners. Participants

Annual Session

will learn the procedures, techniques and science behind caries removal, cavity preparation, osseous crown lengthening, gingival contouring, coagulation, sulcular debridement and tissue management for final prosthetic impressions.

Participants can earn 1.5 hours of CE credit for attending. A ticket is required for attendance to the Live Operatory Center.

Sign up for this free course in advance at “www.ada.org/goto/session” or check on-site to see if space is still available; as with all other free

continuing education courses at the annual session, tickets are available at registration up until 24 hours prior to the start time of the course. Courses will be held Oct. 15-18, beginning at 8 a.m., 10:20 a.m., 12:40 p.m. and 3 p.m. (noon and 2:20 p.m. on Wednesday, Oct. 15). Laser Pavilion sponsors include Biolase Technology; DEKA Laser Technologies; Elexxion AG, GPT Inc.; Ivoclar Vivadent; KaVo Dental Corporation Inc.; Sirona Dental Systems; and Zap Lasers LLC.

Visit the CAD/CAM Stage and attend two 45-minute presentations during which manufacturers will demonstrate their systems by making a crown from prep to delivery, and earn 1 hour of CE credit. A ticket is not required for participation in the CAD/CAM courses—simply check in. Courses will be held every two hours Oct. 15-19. Wednesday courses begin at 11 a.m., other days begin at 8 a.m. The last course begins at 4 p.m.

At the 3-D Imaging Center, manufacturers will present 25-minute consecutive demonstrations on their systems. Attend three sessions and earn 1 hour of CE credit. A ticket is not required for participation in the 3-D Imaging Center. Courses will be held every two hours Oct. 15-19. Wednesday courses begin at noon, other days begin at 8 a.m. The last course begins at 2 p.m.

Complete information on all Live Operatory Center courses can be found in the 2008 Preliminary Program or online at “www.ada.org/goto/session”.

Volunteers honored

In August, the ADA awarded the Certificate of Recognition for Volunteer Service in a Foreign Country to dentists and dental students who spent at least 14 days performing dental services in a foreign country. Recipients were nominated by their state or local dental society, federal dental services or dental school. A total of 78 volunteers from 26 states and the United Kingdom were honored.

The ADA is accepting nominations for the 2009 award. State and local dental societies, the federal dental services and dental schools can nominate any dentist or student who has spent at least 14 days in a 24-month period performing dental services in a foreign country. The deadline for submission is March 1, 2009.

For more information, call the ADA Center for International Development and Affairs toll free, Ext. 2726 or log on to “www.ada.org/ada/international/volunteer/certificate.asp”.

Arizona

Gwenlynn L. Werner
Krishnan R. Bala

California

Marie Baumgartner
Hyun Sook Bang
Dudley Cheu
Paul S. Crespo
Tri Duong
William Easterbrook
Tara Ericson
Jeffery Firestone
Frank P. Grimaldi
Paul Kwon
Jared Lee
Tate Montgomery
Pradip Patel
Samuel Pyo
Stephen Scheult
Elisa Song
Michelle Hoag Wall
Matthew Wall
Paul Yoo

Colorado

Matthew Drbohlav
Damien Mulvany

Connecticut

Philip Hutt
Christine Lathuras
Jack Levine

Delaware

Robert Arm
Edwin Granite

Georgia

Eugenio Beltrán
Freder Jaramillo

Idaho

Jeffrey S. Dean

Illinois

Valerie Woodruff

Indiana

Timothy Carlson
Terrance Mahoney

Kentucky

Chris L. Mattingly
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Richard W. Campbell
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Fabiola Milord
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Brian Allender
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Sloan Hildebrand
Kevin M. Altieri

Virginia

Hugo Schmidt

Washington

Hashim Chothia

Wisconsin

Toni Roucka
Denis C. Scharine

United Kingdom

Martin Hobdell

Time to make annual session travel plans

San Antonio—Annual session is just a few weeks away, so if you haven't made your travel and housing plans for the Oct. 16-19 meeting, why not do it now?

There are still great hotel choices available for annual session. Log on to ADA.org, where you can find up-to-date hotel availability and choose a hotel that suits your taste and budget.

Check out the map and hotel amenities grid on pages 102 and 103 of the annual session preliminary program for an overview of hotels.

Ready to plan your flight?

Experient's travel desk is ready to help book flights at 1-800-621-1083 (toll-free, U.S. and Canada only, or 1-847-940-1176), 8 a.m. to 5 p.m. Central time.

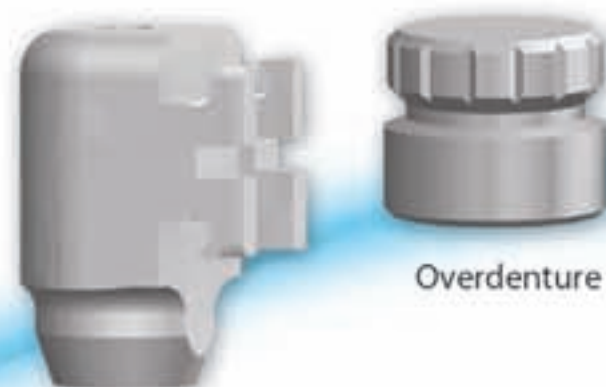
Experient offers a convenient single search for the best fare among all scheduled airlines serving the San Antonio area. (A small service fee is applied to each ticket issued.)

Or you can make travel reservations with your favorite airline or with your personal travel agent.

United Airlines is an official airline for annual session in San Antonio. Call 1-800-521-4041 to make reservations and mention the special San Antonio meeting code, 523RH. Or make reservations online at “www.ual.com” and type 523RH in the electronic certificate or promotion code box.

For details, log on to “www.ada.org/goto/session”.

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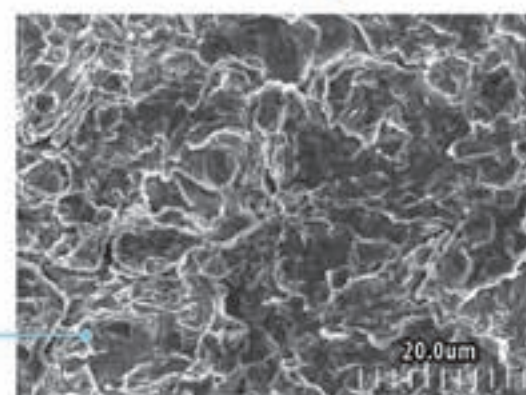
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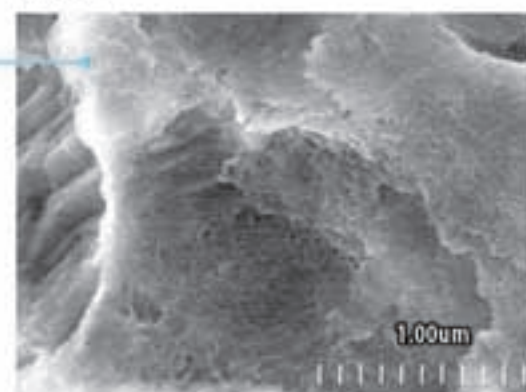
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* Fractal: An object or quantity that displays self-similarity on all scales.

** Marin C, Grenato R, Suzuki M, Gil N, Piattelli A, Coelho P.

Removal torque and histomorphologic evaluation of bioceramic grit blasted/acid-etched and dual acid-etched implant surfaces. An experimental study in dogs, in press, J Periodontol. 2008

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First trip to annual session?

A Texas-style welcome awaits at the ADA's First-Time Attendee Orientation Center

BY KAREN FOX

San Antonio—First-time visitors to annual session are set to receive an extra dose of Texas hospitality next month.

For the fourth year in a row, the ADA is inviting dentists who have yet to join the ADA to sample some benefits of organized dentistry during the Association's premier event, the ADA annual session. Not only can nonmembers attend the annual session at a discount rate, there will be a special First-Time Attendee Orientation Center where dentists can visit for snacks or respite, pick up tote bags and a copy of the Best Management Practices for Amalgam Waste brochure, and even receive a brief overview of the meeting or tour of the exhibit hall.

"We want dentists to feel welcome and know there is a place for them to become better

staff and even representatives of the American Student Dental Association in Texas will be on hand in the First-Time Attendee Orientation Center.

The center is a part of the Tripartite Grassroots Membership Initiative, which engages grassroots dentists who establish relationships with dentists who have not yet joined organized dentistry.

The annual session provides a unique opportunity to connect with nonmembers. TGMI managers at the ADA will distribute lists of pre-registrants to constituent societies with the intention that grassroots volunteers will follow up with these dentists either before, during or after annual session. Dentists who have yet to join will receive contact information for their constituent and component societies, too.

The ADA Council on Membership and Council on ADA Sessions have joined a workgroup to explore additional ways to enhance the annual session experience, and included among the new initiatives are gatherings for specific interest groups, such as new dentists.

Those participating in ADA365.org, the online community that includes participants of 50 annual session CE courses, will be invited to participate in "meet-up" gatherings in San Antonio at the Café365.

Café365 is located in the ADA's new Live Operatory Center in Hall A of the exhibit floor, just steps from the First-Time Attendee Orientation Center. Meet-ups will be promoted only at ADA365.org, so log on today.

The First-Time Attendee Orientation Center



Dr. Auvenshine



will be the site of the New Dentist meet-up Thursday, Oct. 16, from 4 to 6 p.m. (See story, page 32.)

While in San Antonio, TGMI volunteers should also plan to visit the Member Services booth in the ADA Pavilion to pick up a special gift.

The First-Time Attendee Orientation Center is located in the registration area (Ballroom A) at the Henry B. Gonzalez Convention Center. Hours are:

- Wednesday, Oct. 15, 12 to 5 p.m.;
- Thursday, Oct. 16, 7 a.m. to 5 p.m.;
- Friday, Oct. 17, 7 a.m. to 5 p.m.;
- Saturday, Oct. 18, 7 a.m. to 5 p.m.

Dentists who are not yet members can attend the annual session at a reduced rate—\$75 instead of \$750 (\$150 instead of \$1,500 after Sept. 12). This offer can be redeemed only once, so those who attended the 2005, 2006 or 2007 annual sessions at the reduced rate are not eligible.

Register online for annual session at "www.ada.org/goto/session". Registration and continuing education course ticket fees increase after Sept. 12. ■

—foxk@ada.org

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Membership

acquainted with the ADA and Texas Dental Association," said Dr. Ronald Auvenshine, a member of the ADA Council on Membership. "The ADA is committed to meeting dentists who have yet to join the Association, and the annual session is a great venue for that."

This year, the Texas Dental Association, of which Dr. Auvenshine is a member, will post staff members in the First-Time Attendee Orientation Center to offer additional information about organized dentistry in the Lone Star State.

"With the annual session taking place in San Antonio, it's likely that a number of dentists from Texas will be on site, so we're hoping to connect with those who haven't joined the TDA yet, discuss professional issues and share information about the value of membership."

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Saddle up for ADA's Rockin' Rodeo event

San Antonio—Texas style fun and food await at the ADA's Rockin' Rodeo and Barbecue, Friday, Oct. 17, from 7-10 p.m.

The all-inclusive ticket price of just \$65 (\$30 for kids 12 and under) includes round-trip shuttle bus transportation from ADA official hotels to Freeman Coliseum, all-you-can-eat-and-drink rodeo fare, the rodeo exhibition and a post-rodeo live concert.

Shuttle buses will leave official ADA hotels and the convention center beginning at 6:45 p.m. for the short ride to the historic Freeman Coliseum, where you'll start the evening with a hearty barbecue dinner and drinks.

The special event menu includes chopped barbecue beef, Frito pie, grilled sausage, cheese quesadillas and tacos, plus watermelon, cookies and brownies to round out the meal. Enjoy beer, wine, soft drinks and water, plus popcorn and peanuts for munching during the rodeo.

The ADA's Rockin' Rodeo and Barbecue is an ideal event for the entire family and office staff. For details or to purchase tickets, log on to "www.ada.org/goto/session". ■

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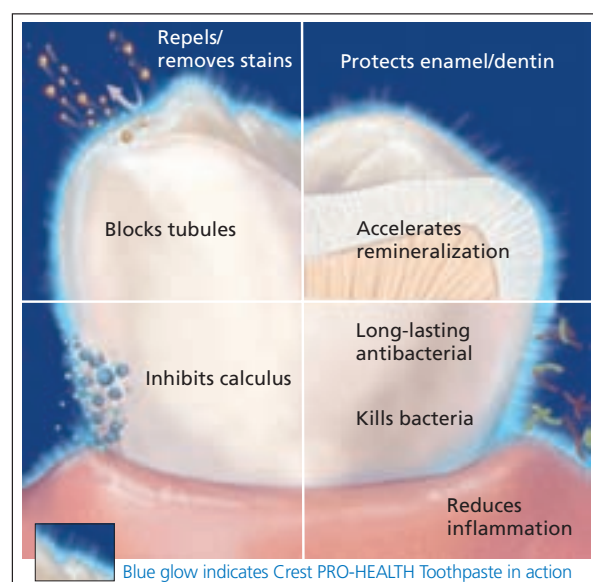
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*For patients 12 years of age and older.

Reference: 1. Baig A et al. *Compend Contin Educ Dent*. 2005;26(suppl 1):4-11.

Crest

ADA General Sessions offer fun, fanfare

BY STACIE CROZIER

San Antonio—Enjoy eye-opening, thought-provoking entertainment by attending the ADA General Sessions and Distinguished Speaker Series Oct. 17 and 18.

These free programs are open to all annual session registered attendees. The DSS is sponsored by Johnson & Johnson Healthcare Products Division of McNEIL-PPC Inc.

On Friday morning, award-winning broadcast journalist and author Tom Brokaw will kick off the 2008 Distinguished Speaker Series. His presentation is titled "An Anchorman Looks at the World."

Mr. Brokaw, who stepped in as moderator for

NBC's "Meet the Press" following the death of Tim Russert June 13, will take the helm for network television's longest running program through the November 2008 presidential election.

This program will convene Friday morning at 8:15 a.m. at the Alamodome. Doors open at 7:30. This event is open to all registered annual session-goers. No ticket is required, but an ADA badge is required for admission.

Those planning to attend might have noticed a change in the speaker line-up since earlier this year, said Dr. Dennis Shinbori, 2008 chair, Council on ADA Sessions.

"Mikhail Gorbachev was originally scheduled

to speak, but late last spring he was forced to cancel due to health reasons. We understand that he cancelled several engagements for this reason," said Dr. Shinbori. "We are thrilled that Mr. Brokaw was available to address our meeting. We hope all attendees will join us on Friday morning at the Alamodome."

On Oct. 18, ABC newsman and Iraqi roadside bomb victim Bob Woodruff and his wife Lee will share their story of survival and inspiration. The Saturday morning session begins at 8:30 a.m. Doors open at 7:45.

The Distinguished Speaker Series is the best-known part of the ADA's general sessions,

designed to energize annual session registrants as they get ready to learn and network during the meeting. Both 2008 general sessions will be high-production events spotlighting the power of dentistry. The Friday morning show will feature a tribute to Texas and the role the state has played in the U.S. and in dentistry. Saturday's general session will include a celebration of the Mexican and other Hispanic influences in our nation.

ADA shuttle service on Friday and Saturday morning begins at 7 a.m., and all ADA shuttles will make an additional stop at the Alamodome. Shuttle service begins at 7:30 a.m. from the Henry B. Gonzalez Convention Center for those staying at hotels within walking distance of the convention center.

For those who would prefer to walk, the Alamodome is within easy walking distance of the convention center. Maps will be available in the on-site Official Guide.

For more details or to register for the annual session, log on to "www.ada.org/goto/session". ■



Mr. Brokaw



Mr. and Mrs. Woodruff

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ADA House plans fifth Mega session

San Antonio—The ADA will hold the fifth interactive mega topic discussion session Friday, Oct. 17 from 1-3 p.m. at annual session.

This year's House of Delegates Mega Topic Session will examine the impact of online social networks and the boomer generation retirements on the ADA as a membership association as well as on the practice of dentistry. The discussion will take place in the Marriott River Center, Salons E and F.

"These sessions are instrumental in helping the ADA focus on complex issues and get input from the delegates on these," said Dr. Thomas Soliday, ADA Speaker. "The goal is to start a dialogue and get people thinking and talking about emerging and future trends, such as social networks that at first may appear a distant issue for the ADA but will have a significant impact on how members will want to relate to one another and to their Association in the near future, if not already."

The format will be similar to last year's with a speaker and small table discussions. The results of the discussions at each table will be collected and compiled by the consultant facilitator and posted by ADA on the House of Delegates site on ADA.org.

Participants must be ticketed delegates or their alternates. The District Trustees will distribute tickets to delegates during the pre-annual session caucuses. In the event a delegate is not able to participate, the ticket may be given to an alternate delegate. A limited number of spaces will be available for others to attend as observers; however an actual discussion participant must be a delegate or alternate and have a ticket.

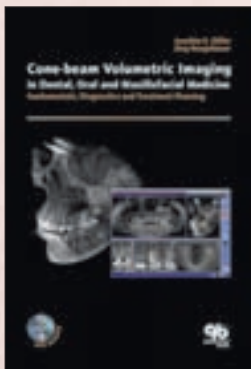
Delegates are asked to bring their "Background for the House of Delegates 2008 Mega Topic Discussion" document to the session, which was mailed to the delegates and alternates in August. ■



600 pp; 2,500 color illus; US \$320 (Code B9505)

This much-anticipated book presents the procedural phases required to achieve optimal results in the esthetic rehabilitation of patients in need of fixed prostheses. Communication between the clinician and the technician is highlighted through a step-by-step presentation of all clinical and laboratory procedures. Hundreds of full-color clinical photographs and detailed illustrations accompany each treatment phase and situation described.

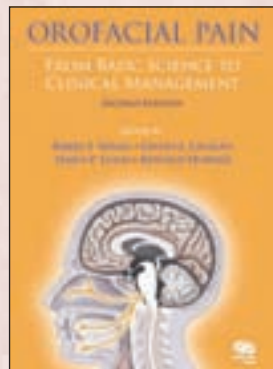
**Mauro Fradeani and
Giancarlo Barducci**



Presents indications for cone-beam volumetric imaging in all areas of dental medicine and provides case examples to illustrate the use of this high-resolution diagnostic technique and its benefits to the patient and care provider. The DVD features videos demonstrating dynamic assessment of the case types presented. This book/DVD set can be used routinely in the assessment of cone-beam volumetric images and is intended as a reference for obtaining professional certification to use the technology.

**Joachim E. Zöller and
Jörg Neugebauer**

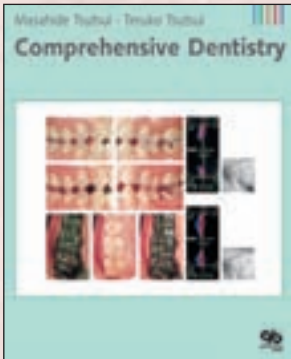
228 pp; 383 color illus; Book/DVD set
US \$218 (Code B9030)



264 pp (softcover); 95 illus/tables; US \$68 (Code B4580)

This new edition highlights the importance of understanding biologic and psychologic pain mechanisms. In addition to presenting objective definitions and descriptions of pain and its physical effects, the authors include evidence-based research on how the pain experience may be influenced by genetics, gender, or individual histories. Updates include chapters on headache and orofacial pain-related movement disorders.

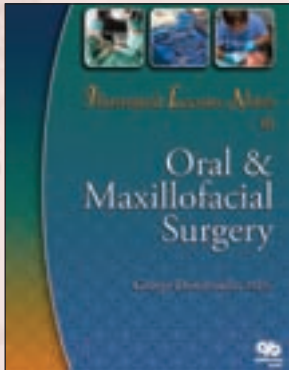
**Edited by Barry J. Sessle,
Gilles J. Lavigne, James P. Lund,
Ronald Dubner**



444 pp; 3,000 illus (mostly color); US \$278 (Code B9017)

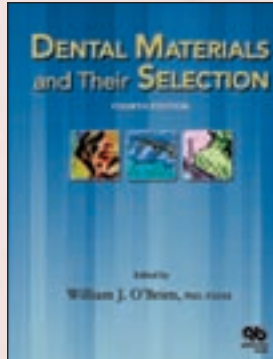
This exceptional work describes and illustrates the long-range approach to the treatment of highly complex cases by two of Japan's most respected clinicians. Featuring more than 150 cases, this book documents the long-term results of the authors' unique treatment philosophy that combines carefully designed strategies with a comprehensive approach to patients' esthetic, prosthetic, orthodontic, endodontic, occlusal, and periodontal needs.

**Masahide Tsutsui and
Teruko Tsutsui**



This book is a contemporary introduction to the art and science of oral and maxillofacial surgery practice for residents. Packed with practical information and liberally illustrated with simple color diagrams and clinical pictures, the book is written in a succinct style that is easy to understand and follow. Functions as a teaching manual, a basic resource for curriculum development, and a useful guide for the preparation of examinations.

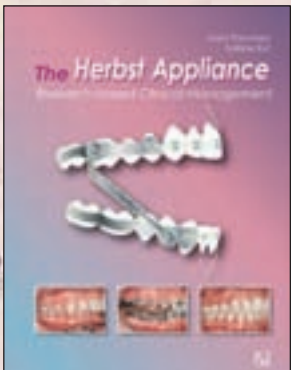
George Dimitroulis
344 pp; 600 illus;
US \$158 (Code B4788)



448 pp; 250 illus; US \$68 (Code B4375)

Promoting problem-based learning through the use of real-life clinical scenarios, the authors show how to apply the framework of material science to restorative treatment plans. This will enable students, technicians, and clinicians not only to select appropriate materials, but to handle them correctly for optimum clinical performance. A glossary of terms and discussion questions are included with each chapter to help students focus on the concepts they will need as practicing dentists.

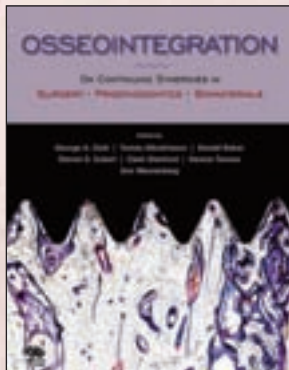
Edited by William J. O'Brien



276 pp; 1,089 illus; US \$198 (Code 8845)

This book is based on more than 30 years of scientific and clinical work with the Herbst appliance in the therapy of Class II malocclusions. It includes the following topics: appliance design and construction, short- and long-term treatment effects, mandibular growth stimulation, influence on the frequency of extractions, early versus late treatment approach, successful application in young adults, Herbst therapy as an alternative to orthognathic surgery, and possible harmful effects.

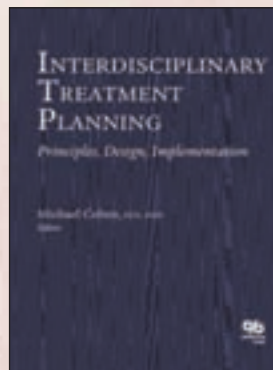
Hans Pancherz and Sabine Ruf



200 pp; 491 illus (mostly color); US \$168 (Code B4795)

Written by some of the most accomplished and respected clinician-researchers of our day, this engaging monograph takes stock of the impact of osseointegration on the clinical practice of dentistry. It presents an honest and compelling assessment of the documented effectiveness as well as the known shortcomings of implant treatment. Most important, it synthesizes this information within the context of clinical decision-making about the management of patients' prosthodontic and surgical needs.

Edited by George Zarb, et al



568 pp; 1,350 illus (mostly color); US \$328 (Code B4740)

This book articulates the process by which master clinicians treatment plan their cases. In the first part of each chapter, 17 of the world's most respected clinicians share the key principles that guide their case-planning decisions. In the second part, they present the diagnostic findings of one of their own cases, invite the reader to treatment plan the case, then present their own plan and the actual treatment rendered along with large, full-color treatment and posttreatment images.

Edited by Michael Cohen



This comprehensive text details the role of osseointegration in prosthodontic restoration via careful treatment planning and the use of a multidisciplinary therapeutic approach. From detailed clinical and radiographic examination to soft tissue considerations to selection of implant systems and surgical techniques, this book outlines well-documented modalities that are safe, simple, and predictable.

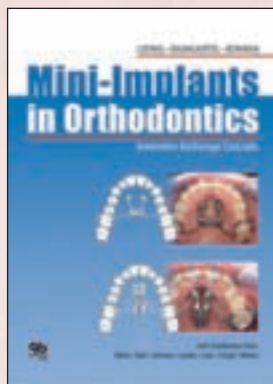
Edited by Carlos E. Francischone
354 pp; 1,000 illus; US \$160
(Code B9990)



and careful selection of materials. The case studies document the success of this approach and give clinicians useful suggestions to implement in their own practice.

Toyohiko Hidaka
155 pp; 345 illus (mostly color); US \$148 (Code B9035)

Emphasizes the importance of aspects such as the proportions of the face and mouth, the shape of the teeth and their relationships in the dentogingival complex, and the numerous facets of natural colors and surfaces in the esthetic rehabilitation of patients as well as in the diligent placement of implants



204 pp; 477 illus (mostly color); US \$185 (Code B9034)

This textbook is a both a practical and theoretic reference book for the clinical use of orthodontic implants. The standard concepts of mini-screw selection and placement in various clinical situations are presented for easy incorporation into everyday practice. In addition, solutions to specific orthodontic problems are illustrated through relevant clinical examples and detailed in a thorough discussion of required protocols, indications and contraindications, potential risks, and clinical problem solving.

**Edited by Björn Ludwig,
Sebastian Baumgaertel,
and S. Jay Bowman**



324 pp (softcover); 86 illus; US \$48 (Code B4269)

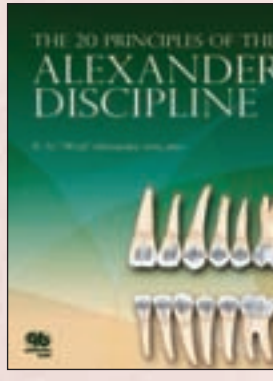
The revised edition of this classic book prepares readers for the daunting task of identifying and accessing the information they need in the dental literature, reading it from a critical vantage point, and applying formal rules and measurements to assess the soundness of the author's conclusions. Featuring new chapters on rhetoric in science and a guide to the dental literature, as well as significant expansion of the chapters on statistics, this edition is ideal for anyone who wishes to become a more discerning reader of dental literature.

Donald Maxwell Brunette



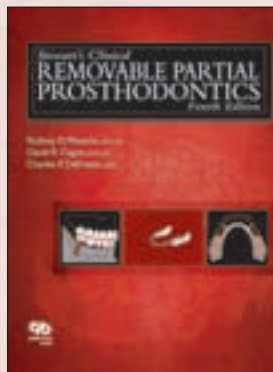
Drawing on a series of clinical cases, this book outlines suturing techniques for the most common surgical procedures, providing indications as well as techniques for implementation. The detailed illustrations and tables clarify difficult technical concepts, and a quick reference guide consolidates the essential information for each suture type.

Sandro Siervo
240 pp; 397 illus;
US \$178 (Code B9509)



Introduced in 1978, the Alexander Discipline represents a unique approach to orthodontic treatment; today, clinicians around the world apply its 20 master principles in their practices. An outgrowth of the Tweed technique, these basic principles have been developed empirically over many years in the author's own practice. Complete records of patients treated by the author are presented to demonstrate specific results and the stability of treatment.

R. G. "Wick" Alexander
232 pp; 1,000 illus (700 color);
US \$138 (Code B4672)



528 pp; 1,316 illus (123 color); US \$98 (Code B4856)

The fourth edition of this classic textbook features a new chapter on implant-assisted removable partial dentures as well as a description of the Prosthodontic Diagnostic Index. The text provides an overview of removable partial denture service with an emphasis on clinical and design aspects. Clinical topics range from examination and treatment planning to mouth preparation and pros-thesis placement. Common design philosophies and a step-by-step method for partial denture design are presented.

**Rodney D. Phoenix, David R.
Cagna, and Charles F. DeFreest**

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You can also get a jump on your ADA World Marketplace shopping by logging on to ADA.org and making an annual session shopping list. Test drive the annual session interactive floor plan to view a full list of ADA exhibitors, to search by company or product description and to build a shopping list before you go.

The annual session and San Antonio will also offer participants opportunities for affordable fun.

For eye-opening entertainment, plan to attend the ADA General Sessions and Distinguished Speaker series, sponsored by Johnson & Johnson Healthcare Products Division of McNEIL-PPC Inc. Programs feature award-winning broadcast journalist and author Tom Brokaw, Friday, Oct. 17, and ABC newsmen and Iraqi roadside bomb victim Bob Woodruff and his wife Lee, Saturday, Oct. 18. (See story, page 26.)

On Friday night, Oct. 17, don your boots and

10-gallon hat and head over to historic Freeman Coliseum for the ADA's Rockin' Rodeo and Barbecue. (See story, page 24.)

While you're in San Antonio, be sure to visit Texas's two most popular tourist attractions—the Alamo and the River Walk—both free and near the convention center.

The ADA will also offer additional transportation savings while you're in San Antonio. New for 2009, the ADA is offering extended evening shuttle service Oct. 15-18 for ADA official hotels outside of the downtown area; see the map at "www.ada.org/goto/session" for details. Enjoy dinner or a stroll on the River Walk, then catch extended shuttle service from the convention center to your hotel through 9:30 p.m. (There is no shuttle service for the Hyatt Regency Hill Country Resort and Spa and Westin La Cantera Resort.)

For more information on San Antonio tourism, the annual session or to register, log on to "www.ada.org/goto/session". ■



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HSP set for retooling

ADA Foundation's revamped program to skip San Antonio, relaunch in 2009

BY JENNIFER GARVIN

The ADA Foundation would like to remind members that the Health Screening Program is undergoing construction so that new health assessments can continue providing state-of-the-art scientific information that is clinically relevant to the profession. Although not part of this year's annual session in San Antonio, the ADA will unveil an enhanced and expanded program at the 2009 ADA annual session.

The HSP has been benefit to annual session participants since 1964, during which time the program has assisted the ADAF as a research tool to assess the risks associated with the practice of dentistry.

"The research data from the HSP is a terrific benefit for the profession, since it has been used as the basis for infection control policies, universal precautions, amalgam safety, latex sensitivity, bloodborne pathogens and more," said Dr. Daniel M. Meyer, senior vice president, ADA Division of Science/Professional Affairs. "In that regard, members of the dental profession and the patients they serve have all benefited."

"Advances in oral health delivery have changed the way dentists and the dental health team provide care for their patients," Dr. Meyer continued. "As we gain greater insight into the relationship of oral health to general health, the Health Screening Program has an opportunity to provide the profession with a wealth of scientific data on complex clinical health relationships affecting the entire health care team."

Look for more information about next year's Health Screening Program in the ADA News, on ADA.org and in other ADA communications. ■

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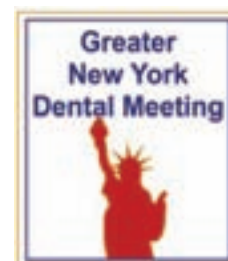
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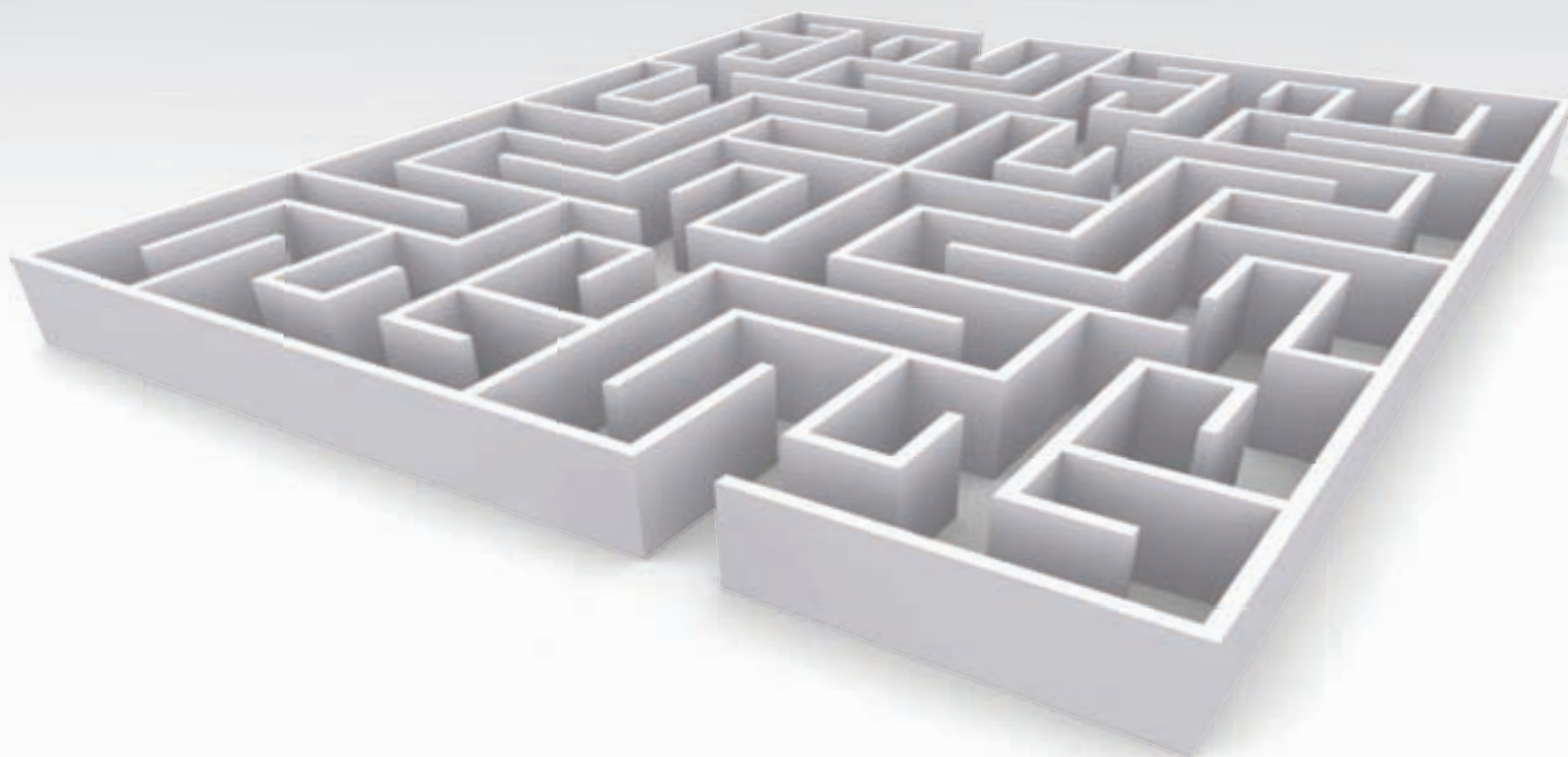
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AnnualSession Symposium

Continued from page one

ADA's National Oral Health Literacy Advisory Committee. Dr. Horowitz is one of the presenters for the symposium.

"Communicating goes beyond talking. It also means listening, being helpful and reinforcing ideas and being able to assess an individual's level of health literacy and work to have improved oral health outcomes and more satisfied patients."

Richard Carmona, M.D., the 17th U.S. surgeon general (from 2002-2006), and a champion for health literacy, will be the keynote speaker for the symposium.

Dr. Carmona, now vice chairman, Canyon Ranch; president, Canyon Ranch Institute; and distinguished professor, University of Arizona Mel and Enid Zuckerman College of Public Health; will present "Health Literacy: Barriers and Solutions to Improving the Public's Oral Health."

The interactive symposium will focus on health literacy and implications for dental practice, including professional liability, communication by the dental team and ethical responsibility, and provide practical solutions based on the best available information on health literacy.

"Dentists have an ethical obligation to inform patients of their dental condition and possible evidence-based treatment options," said Dr. Lillian Obucina, another conference presenter. "Patients, in turn, have the right to participate and make choices in their treatment. Until the patient has a basic understanding of dental disease and treatment, they cannot make informed decisions. If informed consent does not exist, then potential legal ramifications may arise if the treatment outcomes are not what the patient expected. A lack of health literacy can lead to malpractice exposure. Dentists must therefore make an effort to educate patients because they are the patient's most reliable

"A lack of health literacy can lead to malpractice exposure. Dentists must therefore make an effort to educate patients because they are the patient's most reliable source of dental information."

source of dental information."

"Oral Health Literacy Symposium: Ethics, Risk Management and Communication," will convene Wednesday, Oct. 15, 9 a.m.-5 p.m. and continue Oct. 16 from 3-5:30 p.m. at the Henry B. Gonzalez Convention Center. (Course code: 4301.) This free symposium is presented by the ADA Council on Access, Prevention and Interprofessional Relations with support from Great-West Life & Annuity Insurance Co.

Other symposium topics will include:

- "Practical Tools to Address Health Literacy," by Dr. Jessica Lee, associate professor, Department of Pediatric Dentistry, University of North Carolina at Chapel Hill;

- "Ethical and Legal Implications of Communication and Risk," by Dr. Lillian Obucina, a dentist, attorney and consultant in Chicago;

- "Health Literacy: The Demands We Place on Patients," by Dr. Horowitz;

- "Assessing the Dental Practice," by William Smith, executive vice president and senior scientist, Academy for Educational Development and co-author of "Health Literacy: A Prescription to End Confusion."

Participants will earn 8.5 hours of continuing education credit for attending both days. For more information or to register, log on to "www.ada.org/goto/session". ■

Session programs highlight federal dentist career opportunities

San Antonio—Network with federal dentists at ADA annual session and discover the many benefits of practicing dentistry in the federal services. Next month, the ADA will offer two information-packed programs for dental students and recent graduates:

Dental Student Tour of Dental Training Facilities at Lackland Air Force Base—Friday, Oct. 17 (2 to 6 p.m.) Experience federal dentistry firsthand when you tour the dental facilities at Lackland Air Force Base. Participants will visit Lackland's Dunn Dental Clinic, known for its support of six ADA-recognized specialties and two fellowships, as well as its state-of-the-art training technology. Take part

in table clinics and have an opportunity to interact with staff and residents from all services. A bus leaves the convention center at 2 p.m. and returns at 6 p.m. Attendees must be able to present some form of government-issued identification (such as driver's license or state ID) for security purposes in advance of this event and on-site.

Dental Careers in the Federal Services: Options for New Graduates and Experienced Practitioners (Course No. 7345)—Saturday, Oct. 18 (3:15 to 5:45 p.m.) This course will provide participants with an understanding of the role of dentistry in the federal services. Learn about dental career options within the

military, Public Health Service and Veterans Affairs, including clinical care and graduate dental education. Panelists include Dr. John Ball, Department of Veterans Affairs; Capt. Philip Rinaudo, D.D.S., Navy; Maj. Robert Bogart, D.M.D., Air Force; Capt. James Schaeffer, D.M.D., U.S. Public Health Service; and Lt. Col. Jerry Broman, D.M.D., Army. Dr. John Kuehne, a former Navy dentist and current director of research and laboratories at the ADA, will serve as the course moderator.

If you would like to sign up for these events, select these options when you register for annual session. For more information, visit "www.ada.org/goto/session". ■

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²Munoz C, et al. Clinical evaluation of mouthguard to over-the-counter whitening agents. J Dent Res (IADR); 2003. Abstract no. 1956.
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Annual session offers specialized education track

BY KAREN FOX

San Antonio—Calling all new dentists!

Did you miss the ADA 22nd New Dentist

Conference in New Orleans? Here's another opportunity to network with your peers from across the country.

Kick off annual session by joining your colleagues for refreshments Thursday, Oct. 16, from 4 to 6 p.m. in the First-Time Attendee Orienta-



Dr. Barrington: Courses for new dentists are designed to “help all new dentists and students make important future decisions—both professional and personal.”

tion Center located in the registration area (Ballroom A). Re-acquaint yourself with old friends and make new ones. Also, get your 150th Anniversary Commemorative lapel pin.

That's not all. At annual session, the ADA Committee on the New Dentist is sponsoring an array of continuing education courses specifically for dentists in practice fewer than 10 years.

“The Committee on the New Dentist, along with the ADA Council on Annual Sessions, selected courses of interest to new dentists and dental students,” said Dr. Jennifer Barrington, chair of the Committee on the New Dentist. “Many courses are scientific, but the committee also looks for courses that will help all new dentists and students make important future decisions—both professional and personal—and become great team leaders in order to manage our practices in the best way possible.”

To register for these courses, visit www.ada.org/goto/session as soon as possible. Registration fees and course fees increase after Sept. 12. Those who register before Sept. 12 will have badges and tickets mailed in advance of the meeting.

Those who register after Sept. 12 must pick up their materials in the registration area on site in San Antonio.

Thursday, Oct. 16

- “Preparing for Practice Ownership”—Presented by Jack Cornett, Joel Harris, Dr. Gregg Liberatore and Rick Willeford. Learn how to make the transition from associate to practice owner with expert advice on everything from goal setting and business planning to financial education and preparation. Earn 4 CE units. Advance registration fee is \$75 for dentists and \$45 for staff. (After Sept. 12, it's \$95 for dentists and \$65 for staff.) Register for course No. 5113.

- “Debt and the New Dentist”—Presented by Dr. Gary DeWood. “I'm 26, I owe thousands of dollars, I need to get out of debt as fast as I can to put my financial house in order.” Maybe not. Debt may be your tool to financial freedom. Learn how much to ask for from willing lenders and understand the best strategy for paying down debts. Earn 2.5 CE units. No fee. Course No. 5315.

- “The Grand Slam Early Years of Private Practice”—Presented by Dr. Mark Hyman. Enjoy a humorous review of 60 greatest hits of practice management and leadership advice. Discover critical issues involved in successful handling of new patients and learn new techniques for keeping your team focused and enthusiastic. Earn 2.5 CE units. No fee. Course No. 5350.

Dr. Valerie Godfrey

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• “Critical Considerations in Restorative Dentistry for Predictable Success: Live Patient Demonstration”—Presented by Dr. Jeff Brucia. Experience every part of an occlusal splint, from TMD patient management to models and records, and the intraoral reline procedures. Learn a new system to locate an axis and mount models and techniques for high quality centric occlusion dentistry. Earn 3 CE units. Advance registration fee is \$75 for new dentists and \$45 for students. (After Sept. 12, it's \$95 for new dentists and \$65 for students.) Course No. 5401.

• “Occlusal Equilibration Therapy: Live Patient Demonstration”—Presented by Drs. Steve Ratcliff, Lee Ann Brady and Gary DeWood. Review the process of bite splint therapy, records gathering and planning the equilibration followed by working through an actual equilibration on a live patient with full narration of each step. Earn 3 CE units. Advance registration fee is \$75 for new dentists and \$45 for students. (After Sept. 12, it's \$95 for new dentists and \$65 for students.) Course No. 5402.

Friday, Oct. 17

• “The Pen(icillin) Isn't Always Mightier Than the Sword! Managing Odontogenic Infections”—Presented by Dr. Roger Alexander. A review of the many facets and potential pitfalls in the early management of odontogenic infections by general dentists, including details on rational antibiotic use, surgical intervention and how to manage specialty referrals. Earn 2.5 CE units. Advance registration fee is \$55 for new dentists and \$35 for students. (After Sept. 12, it's \$75 for new dentists and \$55 for students.) Course No. 6112.

• “Clinical Endodontics: Update and Review”—Presented by Dr. James Bahcall. This course highlights the changes and advances in conventional and surgical endodontic treatment. Learn how to properly diagnose endodontic etiology, current instrumentation and obturation techniques and current thought in anesthesia, medications and visualization. Earn 2.5 CE units. No fee. Course No. 6320.

• “Esthetic Crown Lengthening: Surgical Live Patient Demonstration”—By Dr. William Robins. Learn to diagnose altered passive eruption and describe both the instrumentation and the initial incisions used in esthetic crown lengthening surgery. Earn 3 CE units. Advance registration fee is \$75 for new dentists and \$45 for students. (After Sept. 12, it's \$95 for new dentists and \$65 for students.) Course No. 6401.

• “Root Coverage Grafting of Multiple Teeth in the Maxillary Arch: Live Patient Demonstration”—By Dr. Edward Allen. A root coverage grafting procedure is performed using an allograft with a minimally invasive surgical technique to treat recession involving the maxillary right canine through first molar. Platelet-rich plasma will be used to enhance healing. Earn 3 CE units. Advance registration fee is \$75 for new dentists and \$45 for students. (After Sept. 12, it's \$95 for new dentists and \$65 for students.) Course No. 6402.

Saturday, Oct. 18

• “Provisional Restorations for Predictable Restorative Dentistry”—By Dr. Thomas McDonald. Covers all aspects of provisionalization including the latest materials, cements and techniques. Earn 3 CE units. Advance registration fee is \$55 for new dentists and \$35 for students. (After Sept. 12, it's \$75 for new dentists and \$55 for students.) Course No. 7105.

• “Combining Esthetics and Function for Longevity”—By Dr. Jimmy Eubank. Learn a systematic method of evaluating wear and forming a treatment plan that will allow esthetic restorations to last. Attendees will be able to use the “Bonus Space” and “E” appliance after taking this course. Earn 2.5 CE units. No fee. Course No. 7303.

• “Implant Prosthodontics Simplified: Single Tooth Replacements to Edentulous”—By Dr. Gordon Christensen. Course includes the most simple and optimum implant restorations for: (a)

single-tooth restorations for implants in proper alignment and when not optimum; (b) multiple-tooth fixed implant prosthodontics; (c) implant-supported removable partial dentures and more. Earn 3 CE units. Advance registration fee is \$75 for new dentists and \$45 for students. (After Sept. 12, it's \$95 for new dentists and \$65 for students.) Course No. 7401.

• “Molar Endodontics Using the Surgical Operating Microscope: Live Patient Demonstration”—By Dr.

Dr. Richard Schwartz. Experience a molar endodontic procedure with a live video feed through the operating microscope and see what Dr. Schwartz sees. Course includes interactive discussion and opportunities for questions during the procedure.

Earn 3 CE units. Advance registration fee is \$75 for new dentists and \$45 for students. (After Sept. 12, it's \$95 for new dentists and \$65 for students.) Course No. 7402.



Sunday, Oct. 19

• “TMD: Clarifying the Issues”—By Dr. Henry Gremillion. Learn current concepts of pain referral in the head and neck, develop an individualized plan of care for TMD subgroups and appreciate the importance of multidisciplinary care in the TMD population. Earn 2.5 CE units. No fee. Course No. 8306.

• “Local Anesthesia: Live Patient Demonstration”—By Dr. J. Mel Hawkins. Learn the following in a live high-tech, interactive format: the administration approaches to the inferior alveolar, Akinosi closed mouth, Gow-Gates high mandibular and V2 maxillary nerve blocks. Earn 3 CE units. Advance registration fee is \$75 for new dentists and \$45 for students. (After Sept. 12, it's \$95 for new dentists and \$65 for students.) Course No. 8401. ■

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Noel Laboratories, Inc.	San Luis Obispo, CA	199	No	800-575-4442
Dental Arts Laboratories, Inc.	Peoria, IL	139	Yes	800-227-4142
DSG Dahlin Laboratory	Lakewood, CO	149	No	800-536-8241
New Image Dental Laboratory	Atlanta, GA	179	Yes	800-233-6785
Smith-Sterling Dental Laboratories	Costa Rica	139	No	800-479-5203
BDL Prosthetics	Irvine, CA	139	Yes	800-411-9723
Riverside Dental Ceramics	Riverside, CA	139	Yes	800-321-9943
New West Dental Ceramics	Lake Havasu City, AZ	139	Yes	800-321-1614
Glidewell Laboratories	Newport Beach, CA	139	Yes	800-854-7256

Helping those in need a weekend at a time

BY STACIE CROZIER

Knoxville, Tenn.—Remote Area Medical, a mobile relief organization based here, has quietly been helping people, flying into inaccessible spots around the globe to provide medical, dental, vision and veterinary care.

Since 1992, RAM has been helping patients in the U.S. who can't afford medical, dental and eye care—hundreds and thousands at a time—using volunteer health care professionals who might travel across the U.S. to participate or help in their own communities.

Stan Brock, RAM's septuagenarian founder, developed a vision for his mobile relief organization while he lived in the Amazon rain forest with the Wapishana Indians—where he watched many suffer pain or death for ailments routinely treated in countries like the United States.

Baby boomers may remember the English-born Mr. Brock as the adventurer featured on the 1960s television series, "Wild Kingdom." He tangled on camera with wild animals of all sorts in the world's wildest most remote areas for Americans to watch in the comfort of their living rooms.

In 1985, Mr. Brock founded RAM. Since then his organization has conducted 545 expeditions

Missions of Mercy partners with RAM at two annual Virginia health fairs

BY STACIE CROZIER

Richmond, Va.—The Missions of Mercy project, founded nine years ago through the Virginia Dental Health Foundation, partners with Remote Area Medical to provide the dental care at the health fairs held in Wise and Grundy, Va.

MOM also provided dental care at the Remote Area Medical expedition in New Orleans after Hurricane Katrina.

"This year's Wise project was really unique," said Dr. Terry Dickinson, executive director, Virginia Dental Association and coordinator of the MOM projects.

"We had patients travel from New York, Pennsylvania, Florida, Kentucky, Tennessee and West Virginia as well as from Virginia. It was really amazing."

Dr. Dickinson met a patient from New York who had received a gift of frequent flyer tickets from a relative to attend the expedition. She flew into the Tri-Cities Airport in Blountville,

Tenn., and hitchhiked the 68 or so miles to Wise. Others from far away carpooled together to make the trip more affordable, he said.

Roughly half of the patients who attended the expedition in July sought dental care, Dr. Dickinson added, and the value of dental care provided was somewhere in the neighborhood of \$1.3 million.

CBS "60 Minutes" correspondent Scott Pelley, who did a segment on RAM that aired in March, also came to Wise, minus the cameras and plus his two children, to help.

"They rolled up their sleeves and pitched in wherever we needed them," said Dr. Dickinson.

Since MOM was founded, the program has held 37 projects, treated 28,540 patients and provided \$13.7 million in free dental care.

For details, log on to "www.vadental.org". To view a news report on the Wise project on the Newsweek Web site, log on to "www.newsweek.com/id/150846". ■

According to the RAM Web site, the Wise expedition, held July 25-27, gathered 1,584 volunteers who provided 5,586 services to 2,670 patients, for a total value of care of \$1,953,291, making it possibly the largest free medical clinic held in the U.S.

Mr. Brock says RAM has seen the need for medical, dental and eye care at its U.S. expeditions grow steadily since 1992. RAM patients in the U.S. are primarily adults who fall into the category of the working poor or the underinsured—people who put off getting health care services because it takes too much of a bite out of their budget.

He was one of several panelists who testified April 15 before the House Ways and Means Committee Subcommittee on Health on "The Instability of Health Coverage in America."

"I told them that we see a lot of adults who don't have health care coverage or are underinsured," said Mr. Brock. "These are people who have not had the opportunity, because of hardship or lack of education, to see a doctor or a dentist. They are all clamoring to get their teeth fixed and their eyes fixed. There is a huge need for dental and vision care. And they also need their overall health problems addressed."

"Another pet peeve of mine," he added, "is that doctors can't cross state borders and provide free care. There is not one state from which we haven't received dozens of requests to bring a RAM expedition. In Tennessee, there is a completely open door policy. Volunteers just need to sign up, roll up their sleeves and get busy. Sometimes volunteers just walk in the door and we didn't know they were coming."

RAM, he said, draws "magnificent volunteers from all over the U.S. who pay their own expenses to come. Nobody's getting paid."

He said RAM's executive director Karen Wilson calculated that, excluding their fuel costs,

to help people in need, and he's been involved with every one of them.

In 1992, RAM got a request to hold an expedition in Hancock County, Tenn. And RAM has been holding U.S. expeditions—primarily in Appalachia—ever since, dubbing the U.S. arm the Rural America Program.

"We had one dentist and we lugged a 400-pound dental chair to the site. From there, someone else gave us another 400-pound dental chair but we started losing volunteers because they had bad backs," Mr. Brock joked. "Then we got some

donations to buy portable dental chairs."

RAM now transports up to 36 portable dental chairs for each of its expeditions, plus all the other hardware needed to equip a dental clinic. Most expeditions run one-and-a-half to two days over a weekend.

A small expedition, he says, offers medical, dental and vision care to 600-700 patients; a large clinic sees more than 1,000.

"A mega-expedition, like ones we've had in New Orleans after Hurricane Katrina or recently in Wise, Va., treats many thousand patients."



At work: Dental volunteers stay busy during 12-hour days at the Pikeville, Ky., expedition.

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they were treating a dental patient for about \$3.85—no matter what services are provided—and providing an eye exam and glasses for about \$3.65.

“Why? Because nobody’s getting paid. We get thousands of frames donated, a certain amount of dental supplies, although we have to buy most of our dental supplies. My pockets ran dry years ago. It all comes from donations. This is not rocket science. It runs on autopilot.”

In fact, Mr. Brock doesn’t receive a salary, doesn’t own a home and has been known to sleep on a mat on the floor at RAM sites instead of getting a hotel room. And his volunteers admire him for his single-minded dedication to helping humanity.

The hardest part of his mission, Mr. Brock said, is that the RAM expeditions can’t see everyone who comes and stands in line in hopes of being treated.

“Sadly, we can’t see them all,” said Mr. Brock. “We sometimes turn hundreds of people away. It’s lousy for me because that’s my job.”

Remote Area Medical’s director of dental services is Dr. John Osborn from Knoxville. He says his relationship with RAM and Stan Brock began when he got a phone call from Mr. Brock several years ago, asking him if he would consider volunteering at an expedition.

“It was different in those days,” said Dr. Osborn. “It was more like working in a MASH unit. Now it’s moved on to the next level, with modern, portable equipment and good lighting. It’s a lot like working in a regular dental office or clinic.”

Dr. Osborn joined the organization’s board and helps with planning, equipment purchases and any dental problems or questions that arise. He might coordinate with local authorities about practice regulations, sometimes spending 10 or 15 hours a week to prepare for an expedition. Other times he gets a last-minute call to fill in where a dentist might be needed for a weekend clinic.

“I probably do six or eight clinics a year,” said Dr. Osborn, who fits his volunteering into a life that includes a busy dental practice, a family and a racing team he and his brother started: Chili Pepper Racing. The Web site (“www.chilipepperracing.org”) says the racing team “was formed in 2002 to serve as a vehicle to raise monies and awareness for the charities, at no cost to the charity, through racing.” RAM is one of the charities the racing team supports.

A few years ago, RAM experimented with a program to bring medical, dental and eye care house calls to homebound people in remote areas via motorcycles, Dr. Osborn said. “Moving stuff on the motorcycles was great, but it really limited what kind of dental equipment I could bring.”

The best things about being a RAM volunteer, he said, are learning and friendship.

“At the end of a day, volunteers feel like old friends. You get pretty close in a day or two. And I’ve never been to a clinic when I didn’t learn a new way to do something. It’s a great learning experience. It’s a lot of work, but it’s an awful lot of fun.”

In March, Dr. Howard W. Silbersher, Princeton, N.J., said, “I was watching ‘60 Minutes,’ minding my own business, and I saw a segment on RAM. I said to my wife, ‘I don’t know where this is, but I’m going.’ And I went. [‘60 Minutes’ correspondent] Scott Pelley inspired me to go.”

A general dentist with a practice in Washington Crossing, Pa., and clinical assistant professor of cariology and comprehensive care at New York University College of Dentistry, Dr. Silbersher is also a seasoned volunteer. His efforts include spending a week at the Operation Blessing clinic in New Orleans, a facility established to serve hurricane victims.

Dr. Silbersher spent all day Saturday and a half-day Sunday volunteering at RAM’s expedi-



Ready to help: RAM founder Stan Brock, left, pauses for a photo with volunteer Dr. Howard Silbersher at the expedition in Harrogate, Tenn., May 31.

tion in Harrogate, Tenn., May 31 and June 1. A total of 306 volunteers from 19 states—including 17 dentists—saw 678 patients and rendered 1,060 services valued at \$130,435. Dentists at the clinic logged 736 extractions, 144 fillings and 61 cleanings.

“It was physically demanding, mentally challenging and spiritually uplifting,” said Dr. Silbersher. “The first day I saw 25 or 30 patients for surgical extractions and none of them were simple. The next morning I saw another 18 or 20 before I had to leave to catch my plane. It’s challenging to keep your focus. But the patients make it worthwhile. These are modest, humble people who sometimes drive 200-300 miles to get treatment because they are in pain. The patients were so polite and thankful and the RAM people and volunteers were very magnani-

See RAM, page 36

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Edwin T. Parks, D.M.D., M.S.
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Photo credit: Tom Meador



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RAM

Continued from page 35
mous, helping people in need right here in the U.S.”

In Pike County, Ky., Judge Executive Wayne T. Rutherford and Social Services Commissioner Carol Napier heard about RAM and thought it would be a model that could bring much-needed health care to the county.

“Our local component society (Kentucky Mountain Dental Society) was in on the early discussions about holding a RAM expedition here,” said Dr. O. Andy Elliott II of Prestonsburg, Ky., ADA second vice president. “I had heard a little about RAM in the past, so I started doing some research and it looked like an excellent program to get involved in.”

Once dentists learned how the program worked, it started to snowball, said Dr. Elliott.

Dr. Elliott said he was truly impressed by the level of organization offered by RAM. “They know what they’re doing. This expedition used local providers to treat local people and that was an important part of the success of the Pikeville program. RAM brings all the infrastructure—mobile chairs, handpieces, materials and so on—and as they get more national exposure, they receive more donations that allow them to expand.

“We had health care professionals doing mission work in their own back yards. We had across-the-board participation and I’ve joined the committee for next year. I took my entire office staff with me and they are ready for next year, too. We really got a lot more out of it than we put in.”

Also attending the expedition as a reporter was Dr. John A. Thompson, editor of the Kentucky Dental Association’s publication KDA Today. His article is featured in the July/August issue.

“It was huge. They are still talking about it,” said Dr. Thompson. “They treated 441 dental patients and they are going to do it again next June. The community bought into it hook, line and sinker.”

Dr. Thompson said he went to the event not knowing quite what to expect. “Seeing the volume was overwhelming in itself. It was just like a mission to the Amazon, but it was

Reminder: check on licensing rules before volunteering in another state

Regulations for dental professionals interested in providing dental care in a state other than the one they are licensed to practice in vary from state to state.

For specific requirements to practice in another state, check with the state dental board before volunteering. The ADA Department of State Government Affairs can provide assistance. Call toll-free, Ext. 2525 or e-mail “govtpol@ada.org”. ■

in our own back yard.”

Pikeville dentist Dr. Bill Collins was the first to volunteer for the expedition, and ended up being the dental coordinator for the event June 28 and 29, heading up the efforts of 125 dental volunteers—including 35 dentists; dental students, faculty and Dean John S. Sauk of the University of Louisville School of Dentistry; 25 local dental hygienists and hygiene students from Big Sandy Community and Technical College and ULSD; and office staff and family members of the volunteers.

The dental school dean, faculty and student volunteers, he said, “were true heroes. This is dentistry’s future and they portrayed it well. We virtually had to make students leave to eat, because otherwise they wouldn’t take breaks.”

Dr. Collins says he signed on “because my wife Pam, my dental assistant, office manager and boss, said it was a good idea.” He and Pam traveled to Tennessee for the Harrogate expedition to get a feel for what it would be like.

“I did nine extractions on one patient, and then we saw her later that night at a local restaurant. She gave me a big hug and she told me this was the first time she’d been able to eat in months. She said ‘it might hurt a little now, but I’m not in pain anymore.’

He worked both days in Pikeville on three hours sleep, and had blisters on both feet the size of quarters from running around making sure everything was running smoothly. But he’s not complaining.

“It’s really doing dentistry at its best,” Dr. Collins added. “You actually see how you are helping patients.”

Dr. Collins says his life experience might give him a different perspective on how important programs like RAM can be.

After high school, he joined the U.S. Air Force. After five years of service, he returned to Pikeville and started work for a heavy equipment dealer as a mechanic.

“I was fired six years later for organizing a union, so I went back to school,” said Dr. Collins. “I majored in biology and chemistry and graduated in three years with a 3.98 GPA. I was accepted at the University of Louisville School of Dentistry in 1987. I graduated in 1991 and came back to Pikeville. I went into an old practice that was producing a gross of \$40,000 a year. The equipment was 30 years old. My first year out I made less than \$200.

“In 1999 my practice burned from arson. It was Oct. 15, I had just paid my taxes and paid the last equipment payment and I had to start over again. It took six months to settle with the insurance compa-



Volunteers: ADA Second Vice President O. Andy Elliott II, left, and Dr. Bill Collins, consulting during the Pikeville, Ky., expedition, were two of several local dentists who provided volunteer dental care at the two-day event.



Waiting for care: Patients wait for dental care at the Pikeville, Ky., expedition. More than 400 dental patients were treated in the Pike County Central High School gymnasium.

ny and I was again destitute. I am now in a thriving practice.

“You see, these people we are treating with RAM are my people, I have been in their shoes, I know what a toothache is with no money to see a dentist. I know what aspirin on a tooth feels like, I know what it means to have a tooth extracted because you can’t afford endodontic therapy. This is where I came from and I have not forgotten those that are still there.”

A few weeks before the Pikeville RAM expedition, he added, a 28-year old mother-to-be came to his office.

“She had only four teeth, two canine and two central incisors on the maxillary arch. Between the centrals and canines she had fabricated two pieces of acrylic that were wedged in place that she called her partials. My heart went out to her. I extracted her teeth and RAM paid for the denture I made. The appearance change was dramatic. When I seated the denture she broke down and cried. He husband came back and said ‘Now we can go to Shoney’s to eat.’ My heart again

“I know what a toothache is with no money to see a dentist. I know what aspirin on a tooth feels like, I know what it means to have a tooth extracted because you can’t afford endodontic therapy. This is where I came from and I have not forgotten those that are still there.”

broke. This meant so much to them. It gave her an opportunity to go back into the public eye. It allowed her to seek a better job.

“With all that said, this is what RAM is all about. It is worth more than all the dollars you will ever put into your pocket. It is a feeling that you cannot describe.”

Dr. Collins says they are already contemplating some changes for

next year’s RAM expedition. Following up on an idea from Dr. Elliott, the planning committee will ask the KDA Foundation to purchase 10 portable dental chairs and hopes to fund 10 more through Forward Pike County, a charitable arm of the Pike County Fiscal Court. With 20 extra chairs and working two shifts each day instead of one, he hopes they can treat significantly more patients, plus use the expedition as a model for a disaster preparedness plan in their community.

On the second day of the Pikeville expedition, Dr. Collins found a handwritten note left by a dental patient.

“Thank you,” it read. “I’ve seen you weary with faltering steps but you kept working. I’ve seen you put your needs aside to meet those of another. I’ve seen love.”

For more information about Remote Area Medical, to volunteer for an upcoming expedition or to make a donation, visit the Web site: “www.ramusa.org”. ■

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Two decades of lifelong learning

BY KAREN FOX

The ADA Seminar Series is celebrating its 20th anniversary this year.

To mark the occasion, the ADA Center for Continuing Education and Lifelong Learning is offering a variety of lectures and hands-on workshops on dental topics with 24 new speakers and more than 30 new courses. The 2009 ADA Seminar Series features a total of 80 speakers and 90 courses.

All program bookings are managed by ADA CELL, which develops lifelong learning programs for members in cooperation with dental organizations. Dental organizations, study clubs, and component and constituent societies can now begin the booking process by visiting the ADA's Web site at "www.ada.org/goto/seminarseries".

The 20th Anniversary Seminar Series features topics such as biomedical sciences, diagnosis and treatment planning, emergency disaster preparedness and forensics, emerging technologies in dentistry, endodontics, esthetic dentistry, ethics and law, medical emergencies in the dental office, pediatric dentistry, periodontics, preventive dentistry, practice management and risk management.

The Pankey Institute is also launching a new workshop in celebration of the Seminar Series' anniversary on "Excellence in Provisionalization."

Be the first to host the new ADA Seminar Series, "New 2009 Code." This workshop will

highlight the four new codes, 29 revisions to the current code and information on misuse of the code by third-party payers. Participants will engage in activities designed to identify the changes and ways to communicate effectively with all third-party payers and patients.

As an added bonus, book and present the New 2009 Code workshop anytime from September



through December of this year and receive a \$100 discount on a workshop booked for 2009. To take advantage of this opportunity, you must book and present the code workshop during 2008. This offer expires Dec. 31, 2008.

ADA CELL has implemented a number of changes in the booking procedures, too, including a new voicemail system and an online seminar inquiry form designed to speed up the booking of seminars. For details, visit the Web site, "www.ada.org/goto/seminarseries" or call Ext. 2908. Seminars can now be booked within one week.

The 20th Anniversary Seminar Series thanks Patterson Dental, Henry Schein Dental and Colgate for their support.

For more information or to obtain a catalog, contact the ADA Seminar Series at "seminarseries@ada.org". ■

Basics of ADA CERP recognition

Workshop for dental CE providers planned for San Antonio

San Antonio—The ADA's Continuing Education Recognition Program is hosting a two-hour workshop on the CERP recognition process during the 2008 ADA annual session next month.

Members of the ADA CERP committee will present an overview of the application and recognition process, review specific recognition standards and criteria, and discuss ways in which providers can demonstrate compliance. A panel of representatives from a variety of providers will offer additional perspectives on strategies their CE programs have implemented.

The workshop is designed to be informational for ADA CERP-recognized providers and for CE providers who may be considering applying for recognition.

The session is scheduled for Thursday, Oct. 16, from 1 to 3 p.m. at the San Antonio Grand Hyatt. There is no fee to attend but pre-registration is required.

Registration forms are available online at "www.ada.org/goto/cerp" or by calling Kim Hendricks at Ext. 2869. Register by Sept. 19 to reserve a space in this session. ■

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Examines

Continued from page one

the national, state and local levels.”

Dr. Feldman cited a number of initiatives on which the ADA and NDA have collaborated and the positive impact they have had on dentists, patients and communities, including the ADA’s career guidance programs for minority students which benefit from the NDA’s participation on the Committee on Career Guidance and Diversity Activities; the NDA’s guidance in the ADA Institute for Diversity in Leadership; the joint video “Smile/Dental Health: A Guide for African Americans”; and the ADA’s advocacy agenda that invests heavily in strengthening Medicaid, the State Children’s Health Insurance Program and community health centers.

“I’m convinced that our members, NDA and ADA, share fundamental core values,” adds Dr. Feldman. “All care deeply about ensuring that talented students have open opportunities to enter the dental profession, that all dentists have opportunities for fulfilling careers and that all people have affordable access to excellent dental care and reliable oral health information.”

At its meetings in April and August of this year, the ADA Board of Trustees discussed the topic of diversity in the dental profession. Concluding there was a need to “provide a useful forum for conversation and learning,” Dr. Feldman said the 2008 House of Delegates will consider funding a 2009 National Summit on Diversity in Dentistry.

“Through the summit, we hope that the ADA, NDA and others will find common ground as we look at the past, reflect upon the present and develop concrete strategies focused on the future,” Dr. Feldman wrote to Dr. Fletcher. “We envision this as an ongoing collaboration achieving our shared goals for the profession and the public.”

After the NDA’s annual meeting in July, Dr. Fletcher sent a letter to Dr. Feldman that requested a written apology from the ADA on



Board reports: ADA President Mark Feldman (right) addresses a speaker during the Board of Trustees meeting Aug. 11 at ADA Headquarters. Looking on is Dr. John Findley, ADA president-elect.

behalf of the black dentists who were excluded from participating in the ADA from 1856 through 1963.

“Although the ADA never ‘officially’ accepted the practice of racial discrimination, we are saddened to reflect on the time it took for the ADA to address some membership practices that may have resulted in the exclusion of African-American dentists and apologize for not being proactive in opposing it sooner,” wrote Dr. Feldman. “Indeed, those practices were in stark contrast to the ADA claims to be the voice of dentistry for ALL Americans. We feel that a deeper understanding of our history and its impact will contribute to the reconciliation process that both organizations seek.”

While racial segregation existed in much of the U.S., including the health professions, through the 20th century, the ADA took steps to eliminate discriminatory membership practices begin-

ning in 1960. (For a brief summary of ADA actions, see story, this page.)

In more recent years, the ADA has established additional programs to address racial disparities that exist in health care. For example, in 2000 the ADA Board of Trustees created its Standing Committee on Diversity to monitor diversity issues throughout the Association on a regular basis; make recommendations to the Board regarding diversity initiatives in support of the ADA’s strategic plan; provide a written report of the committee’s recommendations regarding diversity, as a critical issue with Association-wide impact, annually to the Board; and offer perspective and advise the Board of Trustees in its discussion of diversity-related reports on the Board’s agenda throughout the year.

In addition, since 2003 more than 68 dentists have enrolled in the ADA Institute for Diversity in Leadership, a program designed to enhance

the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles.

“The ADA is proud to have had as members of the Association black dentists and many others who challenged segregation and racism throughout the era of Jim Crow and segregation,” said Dr. Feldman.

Dr. Rufus Beshears of St. Joseph, Mo., was the first African American known to have joined the ADA, according to Dr. Clifton O. Dummett, the well-known dental historian and Distinguished Professor Emeritus of the University of Southern California School of Dentistry. Dr. Beshears graduated from dental school in 1909. The first known African American to serve as a delegate in the House of Delegates was Dr. Thomas H. Walters of New York in 1967.

And then there are Drs. Roy C. Bell and Eugene T. Reed. Dr. Bell joined the ADA in 1968, held membership for nine years and the ADA was fortunate to welcome him back as a member in 2005. Dr. Reed joined in 1947 and upon his death in 2002, had held 55 years of ADA membership.

Both were staunch civil rights advocates, wrote Dr. Steven A. Gold in the February 2003 Journal of the California Dental Association, who demonstrated “that progress toward racial equality is not always gained with patience, civility, and deliberate negotiation.”

Dr. Bell led eight black dentists in a 1961 protest to gain access to a national dental meeting. Dr. Reed refused “to move from a whites-only section of a diner, was arrested and convicted of trespassing by an all-white jury,” Dr. Gold wrote.

“These two individuals displayed unwavering bravery in the face of potentially severe negative repercussions,” he added. “Their actions drew attention that not only moved the National Dental Association forward, but also helped inch all African Americans one step closer to racial equality.” ■

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Summary of ADA actions taken to open the path to racial, ethnic equality

Since its inception in 1859 and continuing through the Civil Rights era in American history, the American Dental Association and its membership reflected the racial segregation that existed in much of the U.S. at that time.

However, before the passage of the federal Civil Rights Act of 1964, the ADA had begun to implement changes in policies that would eliminate discriminatory membership practices.

The following is a brief timeline of events from 1958-1966:

- **1958:** The National Dental Association adopted a resolution requesting that the ADA “consider the sponsorship of resolutions urging constituent, component, and state societies having racially restrictive membership provisions to rescind these with a view towards eliminating them,” according to “Profile of the Negro in American Dentistry” (1979). The ADA Board of Trustees received the resolution and launched a study.
- **1960:** The ADA requested that constituent and component societies ensure that their bylaws contained no provisions which restricted membership on the basis of race, creed or color.
- **1962:** In response to the 1958 NDA resolution and recognizing the ADA’s Constitution, the ADA House of Delegates adopted a resolution

easing the way for all qualified dentists to become members of the ADA and its component societies. The Constitution stated: “The object of the Association shall be to encourage the improvement of the health of the public and to promote the art and science of dentistry.” Denial of membership “to qualified dentists on the basis of race, creed or color aborts the object of the Association, because such discriminatory policies impede the professional growth of all dentists and, therefore, work to the detriment of public welfare,” states a 1962 Journal of the American Dental Association editorial, “Membership of Negroes in the American Dental Association.”

Until 1962, the only sanction the ADA could impose on a constituent society that violated the ADA Constitution or Bylaws was suspension or revocation of its charter. That year the House passed an amendment to the Bylaws giving the House the power by a two-thirds majority to suspend the representation of a constituent society in the House upon a determination by the House that the bylaws of the society violated the ADA’s Constitution or Bylaws. This action gave the ADA the right to refuse to seat delegates of any society whose bylaws conflicted with the ADA national organization.

- **1963:** Representatives of 13 constituent soci-

eties, their ADA trustees and Association officials met in New Orleans to discuss membership practices. According to “Elimination of Discriminatory Membership Practices” published in JADA (March 1966), “this meeting, held in an atmosphere of cordiality and cooperation, provided a beginning for much of the progress that has been made toward the elimination of membership practices which are in violation of Association Bylaws.”

- **1964:** The landmark Civil Rights Act was passed outlawing segregation in schools, public places and employment. Title VI of the Act states that “no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

That same year, the ADA “Board of Trustees established the Committee on Liaison with the National Dental Association so that official representatives of Negro dentists would have, as long as they feel it is necessary, a permanent and official avenue of approach to the ADA,” according to “Elimination of Discriminatory Membership Practices.”

- **1965:** The ADA Board of Trustees advised

the House of Delegates that a complaint alleging noncompliance with the Civil Rights Act had been filed against the ADA and some of its constituent and component societies with the U.S. Department of Health, Education, and Welfare. “The complaint charged that some state and local dental societies kept Negro dentists from becoming ADA members,” states “News of Dentistry” in JADA (March 1966).

That year, the House of Delegates adopted two resolutions that called for state and local societies to eliminate any discriminatory membership practices that may exist. In Resolutions 38-1965-H and 39-1965-H, the House also directed constituent and component societies to report periodically to the Board of Trustees on the steps taken to eliminate discriminatory practices and procedures.

- **1966:** HEW notified the ADA that the Association’s actions the previous year satisfied HEW; current circumstances did not warrant going beyond voluntary negotiations. By that year, all constituent and component societies were able to comply with the Civil Rights Act. Since then, it has not been demonstrated that any dentist has been denied membership in any ADA constituent or component society based on race, creed or gender. ■

OSHA Compliance Kit available from ADA

The ADA Catalog has two books intended to make compliance needs easier for dentists and their staff.

Occupational Health and Safety Administration Compliance: Training for Dental Professionals and the ADA Regulatory Compliance Manual together make up the Complete OSHA Compliance Kit, a new kit designed to protect the health and safety of a dental team.

With OSHA Compliance: Training for Dental Professionals, dentists receive a 69-page workbook that is accompanied by a training DVD that illustrates OSHA regulations and shows staff how to comply and work safely.

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Standard and detailed compliance steps. The checklists, quizzes, posters and forms make recordkeeping straightforward and also help meet annual training requirements by giving staff a chance to earn eight hours continuing education credit.

The Regulatory Compliance Manual is a comprehensive manual and CD-ROM that details the specifics on OSHA regulations and Centers for Disease Control and Prevention recommendations. It provides all of the forms and documentation tools on the accompanying CD-ROM and allows edits to be saved in Microsoft Word, making it

easy for dentists to create the required custom manual.

It includes information from ADA experts on bloodborne pathogens, hazard communication, waste management and other regulatory issues. The manual also includes a subscription to the annual Regulatory Compliance Update Service through 2010.

To order the Complete OSHA Compliance Kit that includes both OSHA: Training for Dental Professionals and the Regulatory Compliance Manual, visit "www.adacatalog.org" or call 1-800-947-4746 and select Item No. K011. The price is \$299.95 for members and \$449.95 for nonmembers. ■



CDT book, guide offer coding help

Do coding right the first time with the new Current Dental Terminology 2009-2010 book and CDT Companion: Your Guide to Dental Coding.

CDT 2009-2010, which includes a helpful CD-ROM, reflects the more than 30 code changes that are effective January 1. The new edition has an expanded questions and answers section and also explains the ADA claim form and claim submission.

The CDT Companion helps to refine and update coding skills. It also includes the basics of how to submit claims to medical insurance companies including the CPT (Current Procedural Terminology) and ICD-9 CM (International Classification of Diseases, Clinical Modification), codes most commonly used by dentists.

The Current Dental Terminology 2009-2010 along with The CDT Companion: Your Guide to Dental Coding is available online at "www.adacatalog.org" or by calling 1-800-947-4746. The kit is item No. K010. Save \$10 by using reference priority code 78119A. With the discount, the kit is \$74.95 for members and \$117.45 for nonmembers. Each kit contains the CDT 2009-2010 Spiral Bound Book, CDT 2009-2010 CD-ROM and the CDT Companion. ■

NIH slates conference on management of hepatitis B Oct. 20-22

Bethesda, Md.—The National Institutes of Health will convene a consensus development conference Oct. 20-22 to assess available evidence on the management of hepatitis B. An independent panel will prepare a conference statement on the basis of a systematic literature review, expert presentations and audience commentary.

While much is known about hepatitis B, a major cause of liver disease, treatment and research questions remain. The NIH conference ("www.consensus.nih.gov") seeks consensus on such "important issues" as disease burden, natural history, benefits and risks of current therapeutic options, which persons should be treated, disease management and outcomes.

The NIH consensus conference will be held in the Natcher Building on the main campus in Bethesda near Washington, D.C. ■

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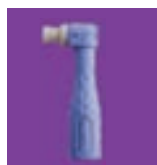


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