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ADA NEWS

NOVEMBER 21, 2011

VOLUME 42 NO. 21

'Good progress' reported in mercury treaty talks

BY CRAIG PALMER

Nairobi, Kenya—Key issues in international mercury treaty negotiations are “related to how the control of mercury products will impact the availability and use of dental amalgam,” ADA observers reported.

As a member organization of the World Dental Federation (FDI) and

■ Withholding tax, page two

the International Association of Dental Research, the ADA sent two staff representatives to the international meeting to join the FDI and IADR nongovernmental organization teams

in voicing issues and concerns of the U.S. dental profession.

The ADA responded to a tripartite member's request to the Missouri Dental Association for an update on the recent negotiations, third in a series of five meetings scheduled toward an international mercury accord, advising the MDA that “we

continue to make good progress in these negotiations, and there is increased recognition that amalgam is needed for public health.

“The recent WHO (World Health Organization) report has been very influential. That said, just past the midpoint of the negotiations, nothing
See TREATY, page two

BRIEFS

New brochures: The Fall 2011 ADA Catalog features two new patient education brochures available at a special ADA News discount.

Your Smile: An Owner's Manual (W302) is a 20-page booklet that comprehensively addresses oral care, with information ranging from what teeth are made of to the importance of regular dental visits.



Brochures are sold in packets of 50 starting at \$33 for members and \$49.50 for nonmembers (before applying discount).

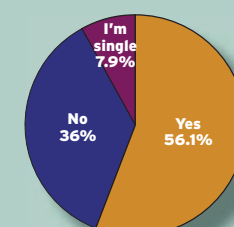
Why Doesn't My Insurance Pay for This? (W265) is an eight-panel publication that is a primer on common insurance company practices, deciphering insurance jargon and advising patients on how to view dental insurance. Brochures are sold in packets of 50, starting at \$27 for members and \$40.50 for nonmembers (before applying discount).

Use priority code 11182 to receive a 15 percent discount on all patient education and personalized products through Dec 31. Products are available online at “www.adacatalog.org” or by calling 1-800-947-4746. ■

JUST THE FACTS

Employed spouses

Most private practitioners answered “yes” in a 2010 survey when asked, “Is your spouse/partner currently in the workforce?”



Source: Health Policy Resources Center, “survey@ada.org”, Ext. 2568



Thumbs up to good oral health: A patient receives treatment at a Mission of Mercy event held in Maryland Oct. 28-29. Many of the volunteers also attended the state's first Oral Health Summit the weekend before, dedicated to celebrating successes in oral health and developing a policy agenda for an oral health plan. See story, page eight.

CDC retains oral health division

BY CRAIG PALMER

Washington—CDC officials told the Association Nov. 10 that the agency will retain its Division of Oral Health, which had been slated for an effective downgrading by year-end as a branch of another division.

“The restoration of oral health to a division of the CDC clearly indicates the importance the HHS and CDC

are placing on oral health,” Dr. William R. Calnon, Association president, told the ADA News. “The importance of oral health to overall well-being is a fact and this move validates their belief in this.

“This is a culmination of hard work on the part of the ADA leadership and professional staff, many other
See CDC, page nine

Insights gained in Hispanic survey

Oral health information, access, insurance sought

BY STACIE CROZIER

San Diego—A new oral health survey of U.S. Hispanics shows that patients in this growing population group want more information on good oral health habits, access to affordable care and dental insurance, and more dental health care professionals who are Hispanic or who speak Spanish.

Results of the national survey, led by the Hispanic Dental Association and sponsored by Procter & Gamble

brands Crest and Oral-B, were released Nov. 3 during the opening ceremony of the HDA Annual Meeting in San Diego.

Dr. Sarita Arteaga and Dr. Iván Lugo, both HDA past presidents, presented the findings from the survey.

“It was a dream come true for us to be able to share the knowledge gained from this collaborative effort with dental professionals who are passionate about this and will work hard to
See HISPANIC, page 14

Government

Senate moves withholding tax repeal

BY CRAIG PALMER

Washington—An ADA-supported business coalition is taking nothing for granted after U.S. Senate 95-0 approval Nov. 10 of legislation to repeal a 3 percent withholding tax scheduled to take effect Jan. 1, 2013.

The Senate returned the measure to the House

of Representatives, which approved similar repeal legislation Oct. 27 by a 405-16 margin ("www.ada.org/news/6518.aspx"), for final approval before sending it to the president for his signature. With the House, Senate and White House in accord, it's all but final. "While H.R. 674 passed overwhelmingly before in the House,

we do not want to take anything for granted," said a representative of the U.S. Chamber of Commerce-organized Government Withholding Relief Coalition. "Let's see this through and keep pressure on by urging quick and decisive final action in the House."

The Senate bill includes amendments the

House must consider before final passage.

The Association signed onto the broad-based coalition of nearly 160 business, college and university, health care, farm, manufacturing, trade, transportation and other organizations. A never-imposed 2005 tax law would require federal, state and some local governments to withhold 3 percent of payments of more than \$10,000 to government contractors. A \$10,000 single payment criterion is more likely to affect large group or corporate dental practices submitting claims for several dentists at the same time than most general practice dentists. ■

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Treaty

Continued from page one

is settled (in fact, virtually nothing in the entire treaty)," the ADA told the Missouri Dental Association. "The next session is in June, and we will continue to work with the U.S. and the international community on this issue."

The WHO report ("www.who.int/oral_health/publications/dental_material_2011.pdf") said dental restorations "are still needed" but that a "phasing down" instead of "phasing out" of dental amalgam "may be prudent at this stage."

"The proposed treaty refers to 'mercury-added products' and lists the top five mercury-added products that collectively account for 80 percent of mercury consumption for all mercury-added products," the ADA said in the Nov. 11 Leadership Update. "Dental amalgam comes in at number five behind batteries, measuring devices, electric switches and relays and mercury-containing lamps (or light bulbs)."

"ADA, working with the FDI and IADR NGO, has expressed the view that any proposed 'phase-down' of dental amalgam should be linked to a 'phase-up' of dental preventive programs. We

"ADA, working with the FDI and IADR NGO, has expressed the view that any proposed 'phase-down' of dental amalgam should be linked to a 'phase-up' of dental preventive programs."

have also focused on the safety of dental amalgam, the need for further dental materials research and the proper management of dental amalgam waste, an approach consistent with recent positions taken by the World Health Organization and UNEP (United Nations Environment Programme) in the WHO report 'Future Use of Materials for Dental Restoration,'" the Leadership Update said.

The Leadership Update is distributed each Friday to dental leadership groups including constituent and component executive directors, presidents and presidents-elect; delegates and alternates; council, commission and committee members; ADA officers and members of the Board of Trustees; and ADA consumer advisor spokespersons, ADA senior staff, dental editors, dental specialty organizations and certifying boards. ■

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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

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ful reminders about insurance benefits that are coming to an end, cosmetic services or gift certificates. It can be a great way to inform patients about all of the services the practice offers and ask them to consider referrals.

"When using on-hold messaging, be sure to change your programs frequently to keep them fresh," said Bill Schroeder, vice president of InTouch Practice Communications. "InTouch offers fully customized, unlimited message changes that can be emailed and uploaded

instantly. Plus, InTouch can send ADA members a monthly newsletter to keep up to date on the trends in on-hold messages."

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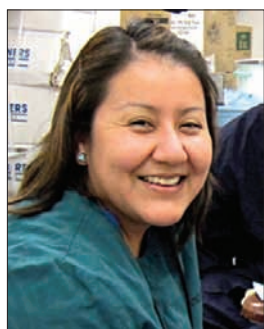
Reference: 1. Data on file. Vs Sensodyne® Extra Whitening Toothpaste, Colgate-Palmolive, 2011.
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Off-road dentist



DezBaa Damon, D.M.D.

The Yukon-Kuskokwim Health Corp. is a tribal organization authorized by the Indian Health Service to provide health care to Alaska Natives and Native Americans in rural communities of southwest Alaska. Working as a dentist for the YKHC does not only involve clinical work in Bethel but across the Yukon-Kuskokwim Delta. Many times it is the adventure of traveling to the various villages that draws each of us providers to this area.

There are so many villages that need dental care and oral health education. Sometimes we feel like we are trying to put out a large fire with just one bucket of water. It is challenging to stop severe cases of dental decay with the continuous influx of candy, chips, soda and other junk foods. Our department is trying to maintain enough providers so dental care and oral health education do not suffer in the villages.

Each dental provider is assigned villages in hopes of developing a bond/connection with the community. We travel 10 to 12 weeks a year and spend five to 10 days in our villages. We work 10 to 12 hours a day and are constantly racing against time, trying to get as much care completed before our trip ends.

In Kongiganak, where I have provided services for three years, it is so rewarding to see the children grow, and I feel proud that I was able to provide preventive treatment such as sealants for the younger children. Each year I go back and see some of the sealants in place and I know that there is hope that this tooth will not go bad and cause this child to suffer from a toothache.

We are often asked what a "dental village trip" entails. Kongiganak has a tribal clinic but does not have a place for dental care, so I make arrangements with the school to stay there and set up my "clinic" in the cafeteria area.

I try to take the right amount of materials and not overpack. Arrangements have been made for my dental assistant Shawn Martin and I to charter a flight to the village. Our gear includes instruments, materials and sterilizing equipment; my chair, light and extension cords; one compressor; one ADEC unit; and my drug box with antibiotics, emergency medications, ibuprofen and Tylenol.

I pack a sleeping mat, sleeping bag, pajamas, toiletries and food. I do my best not to bring too much food that requires refrigeration. I have been to villages where the refrigerator is a mini-size and it can become a problem when you are sharing it. It is also good to have microwavable food. Lucky for Shawn and I, the school has plenty of room for our food in their kitchen fridge, so I am bringing yogurt, sandwich meat and cheese.

Monday, I am dropped off at the Grant Aviation charter office with my gear, and soon we are on the plane headed to Kongiganak. This trip I am only able to stay until Friday afternoon, so I am mentally preparing myself to push my limits to provide as much care as possible.

We get to Kongiganak and there is staff from the school and clinic to pick us up. They load our gear and off we go on snowmobile. There is a lot of snow and the little lake they have on the way to the school is still frozen.

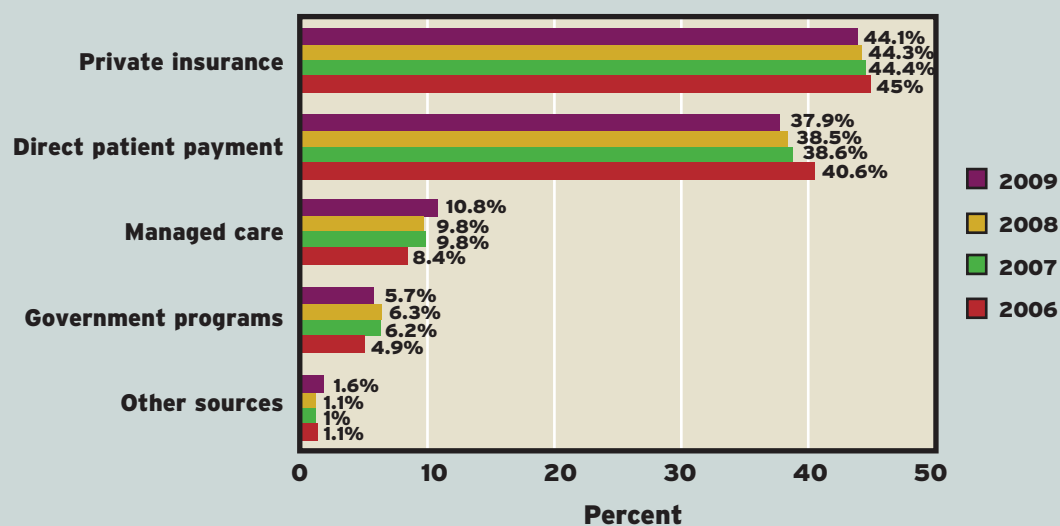
Once we get to the school and start setting up our equipment, we make sure to wipe down everything thoroughly as to disinfect as much as possible. Before we

See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Sources of gross billings

Between 2006 and 2009, the two main sources of gross billings for owner dentists were private insurance and direct patient payment. However, managed care as a percentage of gross billings, on average, increased from 8.4% in 2006 to 10.8% in 2009.



Source: American Dental Association, Health Policy Resources Center, 2010 Survey of Dental Practice, Income from the Private Practice of Dentistry.

Letters

New team member?

In 1906, Dr. Albert Fones trained the first dental hygienist despite opposition from colleagues. It took another 45 years before the ADA Council on Dental Education worked with other organizations to establish accreditation standards. Dr. Fones realized in 1906 that a dental hygienist, the first midlevel provider, could work with the dental team and provide quality care coupled with tremendous prevention education. Where would we be without the registered dental hygienist today?

For the past 22 years, I have practiced in private practice and dedicated 30 percent of my practice to care for the underserved populations. I still follow this principle even after establishing five community health dental clinics in southeast Kansas and serving as their dental director. The problem of "access to care" is too big for dentists and community health centers to handle alone. We need a new member of the dental team just as we desperately needed the dental hygienist in 1906.

In Kansas, we have proposed the registered dental practitioner (RDP) model, which is a dental hygienist who undergoes additional intense training to provide quality restorative and preventive care while working under the supervision of the dentist. The RDP

will be board accredited just as we dentists are for the small scope of procedures they are allowed to perform. They will work under a collaborative management agreement with the dentist and the dentist can limit the services they perform.

While the RDP is providing less complicated care for our patients, we dentists can



now focus on complex procedures. Our schedules will lighten tremendously and patients will be scheduled in a timely manner. Most simple restorative procedures will be performed at the recall visit, eliminating no-shows and cancellations. Revenue for the practice will rise dramatically, as much as 50 percent, without significantly increasing costs.

Currently, dental midlevels are practicing in Alaska and Minnesota and over time every state will make room

for this new member of the dental team. All, and let me repeat, ALL the research shows that the quality of care of midlevel providers is equal to that of dentists for the scope they perform. We should embrace this instead of doubt this. We would never hire midlevels

unless they perform to our standards of care. Fifty-three countries and 80 years of dental midlevels and the U.S. is finally approving programs and graduating highly skilled and dedicated members of the dental team.

Let's not make the same mistake we did, by fighting Dr. Fones in 1906, and delaying tremendous care for 45 years. I would hire a dental midlevel in my private practice today and allow

them to perform procedures on myself, family and patients. I

look forward to the day when I hire a registered dental practitioner and watch my 3- to 4-month booked schedule decrease to one week. I look forward to the day when I can focus on the complex restorative care while my RDP whips out those 10-minute silver and composite restorations that currently I squeeze into my already busy schedule. I look forward to the day when total practice revenues increase 30 to 50 percent and I am actually working smarter and not harder.

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; email to "ADANews@ada.org".

MyView

Continued from page four know it, we transform a table storage room into a functional dental clinic.

I set our schedule from 8:30 a.m.-12:30 p.m., lunch and 1-9 p.m., with breaks between patients. The clinic office assistant provides names of people with dental needs. I identify those in pain, as these patients are going to be the first ones I see. I also have a list from the last time I was here of students who need attention.

As usual, many of the students are saying, "Dentist. The dentist is here!" On this trip, there was a guidance counselor who asked me about my job and the education it required. He ended up speaking to the elementary students and encouraging them to do well in school and make college a possibility.

During the week there were a couple nights that we were there past 9 p.m. working on patients. It was these nights that were long since Shawn had to make sure to get all the instru-

ments sterilized for the next day and I had to complete my notes. There were a few nights that I did not go to bed until 1 a.m. I had to find a place to sleep in the school, too, using the school library, a small office and a classroom.

Mornings I wake up and take a deep breath, preparing myself for another long day. At this school, there is a shower, so I am able to shower every other day. This is like a reward, refreshing, and it helps keep me going.

By the end of my trip, I feel that I have done well and I let Shawn know that I am thankful for his help that week. We pack up everything and make sure all the instruments are sterilized. Most of our materials are just about gone and we are making a list of materials that we need to pack for our next trip.

On Fridays the school has half days. By the time we start packing, most of the students are gone but some are still around in the gym. They see that we are ready to go and help us carry our stuff. These children are great; they are always asking questions and getting involved.

There is little remaining of the snow that covered the ground when I first arrived. It amazes me how much the weather has changed. The frozen lake is no longer frozen. A four-wheeler with a sled is able to take us and our gear. I keep wondering if we will get stuck, but we arrive at the runway with no problems.

With our gear packed, we take off in the plane and I look back. I can see the students and they are waving at us. I am sure they cannot see us waving, but it is the thought that counts.

Dr. Damon, who now practices in Ganado, Ariz., was a dentist for the Yukon-Kuskokwim Health Corp. for almost four years. Her comments, reprinted here with permission, are adapted from an article published in the June 15 issue of the YKHC Messenger Quarterly.

Editor's note: A member of the Navajo Nation, Dr. Damon was the first student from the Society of American Indian Dentists to serve on the ADA Council on Dental Education and Licensure's Career Guidance Committee (2006-2007). She is also featured on Day in the Life on ADA.org, a series of interviews with dentists and students who are working in or pursuing a variety of career options in dentistry. Day in the Life can be found at "www.ada.org/2799.aspx".

Letters

Continued from page four For more information on this topic, I recommend the following resources:

- "www.modental.org/docs/advocacy/workforce/literaturereviewmidlevel.pdf"
- "www.midwestclinicians.org/sharedchcpolicies/Dental/Dental%20Therapists/Dental%20Therapists%20A%20Global%20Perspective.pdf"
- "www.ncbi.nlm.nih.gov/pmc/articles/PMC1449361/".

Daniel N. Minnis, D.D.S.
Pittsburg, Kansas

Editor's note: The ADA followed up with Dr. Minnis on the statements in his letter that employing a midlevel provider will boost dental practice revenues by "as much as 50 percent" or by "30 to 50 percent."

He stated that the percentages were developed using the "Dental Therapist Calculator" contained in a December 2010 report by the Pew Center on the States.

The ADA in March 2011 released its own analysis of the Pew report and found that it "uses unreasonable assumptions, faulty economic analysis and, thus, delivers erroneous conclusions."

CODA

Recent letters to the ADA News about the oversight and role of the Commission on Dental Accreditation point out the sometimes divergent views among the communities of interest.

Having been a member of both the Council on Dental Education and Licensure and CODA, it has long been my view that the best outcome for dentistry and dental education will only come when reasonable and focused individuals, representing all points of view, can sit together and help chart the best possible course. These representatives must include those from the ADA, American Dental Education Association, American Association of Dental Boards and public representatives. Otherwise, fractionalization and polarization will occur and not be in the best interest of dentistry and the public.

No one group must be permitted to dominate CODA or exert control. Only when all appropriate groups are represented, and, more importantly, listen to each other, can we pursue the proper course for the future.

John F. Hasler, D.D.S.
Professor Emeritus
Baltimore College of Dental Surgery
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Precision Ceramics Dental Laboratory	Montclair	CA	800-223-6322
Riverside Dental Ceramics	Riverside	CA	800-321-9943
Zinser Dental Lab	Westminster	CO	303-650-1994
Carlos Ceramics Dental Lab	Miami	FL	305-661-0260
Hennessy Dental Laboratory	Riviera Beach	FL	800-694-6862
Knight Dental Group	Oldsmar	FL	800-359-2043
William Scott Dental Studio	Palm Beach Gardens	FL	561-775-7720
Colonial Dental Studio	Davenport	IA	800-397-1311
Prosthotech	Sugar Grove	IL	630-466-8333
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Arcari Dental Laboratory	Wakefield	MA	781-213-3434
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AnnualSession

Honorary members get their due



Photos by EZ Event Photography

Honored: From left, Dr. Choo Teck Chuan, Jocelyn Lance, Frances Miliano and Jeanne Rude display their honorary membership certificates Oct. 13 at the House of Delegates.

BY KAREN FOX

Las Vegas—Every year, the ADA Board of Trustees recognizes individuals who have made outstanding contributions to the advancement of the art and science of dentistry by making them honorary members.

In 2011, the ADA bestowed honorary memberships on Dr. Choo Teck Chuan, Jocelyn Lance, Frances Miliano and Jeanne Rude. The awards were presented Oct. 13 during the ADA Annual Session.

As program director for the FDI World Dental Federation, Dr. Choo Teck Chuan is credited with bringing global oral health and educational initiatives to more than 20 countries in the Asia-Pacific region. In 2000, the FDI gave Dr. Chuan its most prestigious award by adding his name to the FDI List of Honor.

"Dr. Chuan has been an asset to many ADA members and volunteers over the length of his career," said Dr. Kathryn A. Kell, chair of the ADA Committee on International Programs and Development. "He has collaborated with ADA volunteers involved in the FDI and other organizations by sponsoring many ADA members and others from the United States as speakers in dental programs and congresses on almost every continent."

"He will long be remembered for continuing

dental education programs he initiated for well over a decade in parts of the world where few opportunities for CE existed," added Dr. Greg Chadwick, a past president of the ADA.

"Simply put, he has been and will always remain one of our greatest ambassadors," said Dr. Stephen J. Moss, professor emeritus of the New York University College of Dentistry.

Jocelyn Lance "has been the spark of the Virginia chapter of the Alliance of the American Dental Association," said Dr. Terry Dickinson, executive director of the Virginia Dental Association.

Ms. Lance has served the Alliance and the VDA as a member of the VDA political action committee board and legislative committees, and has been the Alliance member of ADPAC and the ADA Council on Government Affairs, where she provided valuable assistance with organized dentistry's advocacy efforts.

"She is a doer and not just a talker," said Dr. Dickinson. "To have someone willing to take time out of her personal life to serve this profession in so many ways speaks volumes to her character and belief in the profession of dentistry."

Dr. David Whiston, a past ADA president from Virginia, called Ms. Lance "a tireless worker" on the local, state and national levels, "from the halls of Congress to Missions of Mercy, helping to care for the less fortunate."

Frances Miliano has provided leadership to the Maine Dental Association for the past 24 years—serving as executive director for 20 of those years. She is retiring in March 2012.

Dr. James Schmidt, an MDA member who was part of the executive director search committee when she was hired, said: "We knew she would be competent and fiercely loyal to our members, but we had no concept as to how well she would be respected among the other New England execs. Her professionalism and understanding of dentistry has led her to becoming a trusted and exceptional spokesperson for dentistry in Maine."

Already an honorary member of the MDA, Ms. Miliano began her career working in a dental office before transitioning to the MDA headquarters.

"She was the pleasant face at the MDA who could always answer our questions" in the early days, said Dr. Karl Woods, a past MDA presi-

dent. Having the opportunity to work alongside Ms. Miliano in leadership capacities for the past 15 years, he said: "I am amazed at her dedication to our members and our profession on the local, state and national levels."

Jeanne Rude has led the Wisconsin Dental Association as its chief operating officer for the past 35 years. Said Dr. Paul Oberbreckling, a WDA member: "It would be hard to imagine what the association would look like today if she had chosen some other career path."

Dr. S. Timothy Rose, a past ADA president and WDA member, called Ms. Rude a "vital cog in the wheel that makes WDA function. As dentists come and go in the organized profession, it is the professional staff that keeps the association stable and moving forward. That's what Jeanne has done for the Wisconsin Dental Association," said Dr. Rose.

Dr. Gene Shoemaker, WDA president, attributes the WDA's high membership market share—83 percent—to Ms. Rude's stewardship of the WDA. "Obviously our members appreciate the value that they receive in belonging to organized dentistry," Dr. Shoemaker said.

"She has proven herself to be an untiring advocate for the dental profession and the patients dentistry serves," added Dr. John Sadowski, a past WDA president. ■

Dental societies gain more flexibility with dues waivers in resolution

BY KAREN FOX

Las Vegas—Recognizing the ways in which the economy has affected membership, the ADA House of Delegates passed a resolution that gives the tripartite more flexibility with dues waivers.

Resolution 17H amends the ADA Bylaws (Chapter I. MEMBERSHIP, Section 50. DUES OR SPECIAL ASSESSMENT RELATED ISSUES B. FINANCIAL HARDSHIP WAIVERS) by adding the words "twenty-five percent." The new language reads as follows:

"Those members who have suffered a significant financial hardship that prohibits them from payment of their full dues and/or any special assessment may be excused from the payment of twenty-five percent, fifty percent, seventy-five percent or all of the current year's dues and/or any special assessment as determined by their constituent and component dental societies. The constituent and component societies shall certify the reason for the waiver, and the constituent and component societies shall provide the same proportionate waiver of their dues as that provided by this Association." ■



Member participation: Dr. Rex Card of Raleigh, N.C., addresses the Reference Committee on Membership and Planning Oct. 11 during the Annual Session in Las Vegas.

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Law

Dental Grouppons, incentives

Possible state, federal legal issues as well as ethical ones

BY KELLY SODERLUND

They appear in millions of email inboxes every day.

Half off Italian cuisine. Pay \$10 and get \$30 worth of spa services. Even discounted trips are available. Groupon, Living Social, Google Offers, Buy With Me: the number of companies offering discounted food, drinks and activities continues to grow.

The deals are typically pretty simple and self-explanatory. But when the offer is for dental services, it becomes a little trickier.

Some dental offices have signed up with companies like Groupon, a multimillion dollar corporation headquartered in Chicago that offers deals in 45 countries, to offer discounted teeth whitening, X-rays or teeth cleaning. But depending on the state in which the dental service is offered, it might raise legal issues, according to the American Dental Association's legal division.

"In today's economy, the consumer is always looking for, and sometimes even expecting, a good deal when it comes to purchasing products and services. It is no wonder then that many dentists have at least considered utilizing social coupons, such as Groupon, as a means of attracting new patients," said Amy Chase, ADA associate general counsel. "However, unlike other professions for which social coupons may be utilized without fear of violating legal or ethical rules and regulations, those in the dental profession must consider the application of professional conduct laws at both the state and federal level before proceeding."

The ADA legal department wrote a memorandum, which is posted on the Dental Practice Hub at "www.ada.org/members/6502.aspx", detailing concerns about dentists offering referral gifts and Groupon-like discounts and providing examples from various state laws on the issue. Offering these types of incentives could violate state or federal laws, legal said.

Many states have regulations that prohibit or restrict the awarding of gifts as a means of soliciting patients or prohibit fee splitting between dentists and a third party. When a dentist offers a service through Groupon, the revenue generated from the promotion is split between the provider and the company.

The federal anti-kickback statute generally prohibits dentists from offering or paying money to encourage a person to refer a patient that may be eligible for services under a federal health care program, including Medicare or Medicaid, according to the memorandum.

A dentist who violates state regulations could face censure and reprimand, fines, suspension or license revocation. Dentists who violate federal law could be charged with a felony and subject to fines, imprisonment and exclusion from federal health care programs.

Advertising discounts may also raise concerns, according to legal. Many states have regulations that restrict the method of advertising discounts in connection with dental services.

Dentists who utilize Groupon-like services should ensure that they are not violating their contracts with third-party payers. These contracts sometimes contain provisions requiring that fees submitted to the insurer reflect any rebates or reductions in the fees (or co-pays).

Offering such discounts may also violate certain ADA ethical rules, including the one pro-

hibiting dentists from giving rebates and splitting fees, according to the ADA legal division. The ADA Council on Ethics, Bylaws and Judicial Affairs is currently considering this issue.

"While a determination as to whether any of these practices are illegal or unethical has not yet been made, there is clearly a risk in each such instance," Ms. Chase said. "Dentists are therefore

strongly advised to consult a local attorney familiar with such issues prior to offering and awarding social coupons to new patients." ■

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Maryland hosts first Oral Health Summit Oct. 20-21

Event celebrated successes in oral health

BY KELLY SODERLUND

Baltimore—After his death in 2007, Deamonte Driver became a tragic symbol of the access to care issue, no more so than in his home state of Maryland.

The 12-year-old died after a tooth infection spread to his brain, prompting a national discussion about the treatment of dental disease and access to care. It's been four years, and officials in Maryland's dental, public health and political communities have worked hard to change the atmosphere and provide more access for those in need.

The state's first Oral Health Summit convened Oct. 20-21 to celebrate the successes that have occurred since Deamonte's death, recognize Maryland oral health advocates and develop a policy agenda for the implementation of the first Maryland Oral Health Plan: 2011-2015.

"I think it brought together a wide variety of stakeholders to learn and plan and address what needs to happen to continue to maximize oral health for all of Maryland's citizens," said Penny Anderson, executive director of the Maryland Dental Action Coalition.

MDAC is a nonprofit organization spawned from a state committee started after Deamonte's death. Its goal is to develop and maintain a statewide partnership of individuals to improve oral health, prevention, advocacy and access to care, Ms. Anderson said.

The summit brought together about 150 officials from MDAC, the Santa Fe Group, a think tank looking at dental issues, U.S. Rep. Elijah Cummings, D-Md,



MOM volunteers: Many who attended Maryland's first Oral Health Summit volunteered at a Mission of Mercy event held the following weekend.



Happy for treatment: This man was one of many treated at a Mission of Mercy event held Oct. 28-29. The free screenings assist in the state's mission to provide greater access to care for those in need.

Frances B. Phillips, deputy secretary of the Maryland Department of Health and Mental Hygiene, and Maria Brand, deputy administrator at the Health Resources and Services Administration at the U.S. Department of Health and Human Services.

"The main point is just celebrating how far Maryland has come since 2007," said Dr. Diane Romaine, president of the Maryland State Dental Association. "If you look at the years since the Deamonte Driver tragedy occurred, we have made steady progress by increasing our Medicaid participation of dentists and patients."

Specifically, since 2006, Maryland increased access to care by 28 percent and increased the number of dental providers participating in the state Medicaid program by 44 percent, according to MDAC.

Much of that increase can be attributed to MDAC's work lobbying the state legislature to increase reimbursement rates for dentists who see children on Medicaid, Ms. Anderson said. It was the first in a planned series of three increases in reimbursement rates, but it's been more difficult to get the subsequent increases passed because of the economy, she said.

The oral health plan focuses on access, oral disease and injury prevention, and oral health literacy and education, Dr. Romaine said. The state and the MSDA are also gearing up a public awareness campaign targeting children's oral health, she said.

The MSDA wants to educate the public on oral health because it's more than just an access issue.

"You have to choose to access," Dr. Romaine said. "You have to choose to engage and participate in the oral health of your family."

The MSDA has a number of other projects in the works to advance the state mission. Dr. Romaine has organized two Mission of Mercy events in Maryland, one of which was held Oct. 28-29 with the help of volunteers who attended the Oral Health Summit the week prior. The MSDA also received a \$142,000 grant from the Health Resources and Services Administration to purchase portable dental equipment to use around the state in adult dental projects, she said. ■

Student Block Grant Program gets extended

BY KAREN FOX

Las Vegas—The 2011 House of Delegates registered its support for the Student Block Grant Program and accepted the Council on Membership's recommendation to capture results that demonstrate the program's success.

The Student Block Grant Program provides funding to constituent societies for dental student outreach activities that promote membership in organized dentistry. Resolution 20H-2011 funds the program through 2012.

Res. 20H also requires that metrics are captured in the Council on Membership's reimbursement application and associated reporting mechanisms. The House directed the council to make the metrics available to the ADA and tripartite agencies with yearly reports to the House for sunset review.

In response to the House directive, a workgroup involving the council and the New Dentist Committee met to determine which metrics will be used, said Dr. Nancy Rosenthal, chair of the Council on Membership.

"We will measure the membership conversion rates of seniors in dental school," said Dr. Rosenthal. "There were several different options, but in the end, the workgroup determined this would be the best measure of program success. If senior students are responsive to outreach efforts, then the House will know the Student Block Grant Program is a worthy investment."

As an interim measure, since conversion to membership is measured by membership in the year following dental school graduation, the council will also evaluate the focus on conversion as demonstrated in the reimbursement request forms. Metrics such as number of students targeted, distribution of membership materials and receipt of membership applications in the 30 days following the activity will be assessed.

In 2008, the House of Delegates renewed its support for the Student Block Grant Program and expanded it to provide funding for all constituent societies for student outreach activities and made additional funding available to states with a high student enrollment.

"It's a popular program supported by a lot of House members," said Dr. Rosenthal. "The Student Block Grant Program is beneficial for members because students are our future—we have to recruit them and show them the benefits of membership, whether they are in group practice or a residency."

It's a crucial time when students and residents are making decisions that will have a long-term impact on their careers, Dr. Rosenthal noted. "This is when you have your audience," she said. "We have to work to build relationships with students and engage them in organized dentistry. Conducting outreach is vital to the success of the tripartite."

Constituent societies will receive a notification regarding the Student Block Grant Program. Dr. Rosenthal said societies are encouraged to participate in events such as National Signing Day Season, during which the ADA encourages students to commit to organized dentistry. National Signing Day Season begins in February and lasts through April.

For more information about the Student Block Grant Program, contact the Office of Student Affairs at Ext. 7470. ■

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Teledentistry

Resolution calls for study of its use in dental practice

BY KELLY SODERLUND

Las Vegas—The 2011 House of Delegates adopted a resolution that directs the Council on Dental Practice to take the lead in investigating the use of teledentistry in dental practices.

Resolution 61H-2011, Practical Development of Teledentistry, also states that a representative from the Division of Dental Practice attend the 2012 American Telemedicine Association Meeting. Dr. Quinn Dufurrena, executive director of the Colorado Dental Association and former ADA Hillenbrand fellow, has taken a keen interest in the topic of teledentistry. In fact, he wrote his Hillenbrand project on the subject in 2007.

In rural areas, Dr. Dufurrena believes teledentistry can help eliminate barriers and increase access. It can also offer faster and more convenient treatment; reduce travel costs and lost work time; provide more continuity of care and increase patient compliance by allowing the patient to remain within their existing support networks while receiving care, he said.

"Teledentistry is a unique telecommunications tool that has the potential to reduce costs, improve quality, change the conditions of practice, and facilitate access to oral health care in rural and other underserved areas," Dr. Dufurrena says today. "While most people probably assume that the barriers to widespread adoption of teledentistry tools involve the technology, the technology is relatively simple and used every day around the world."

Dr. Dufurrena looks at teledentistry from the perspective of a dentist who practices in a rural setting, which he did for 25 years in Nevada.

"Many parts of rural America have difficulty attracting and retaining dentists. These retention challenges are often fueled by isolation from the specialists, colleagues and information resources necessary to support rural providers professionally," Dr. Dufurrena said. "Teledentistry, which allows information to be directly shared from one location to another, could be used as part of a

multifaceted approach to address the problem of provider distribution."

Introducing teledentistry into practices will not be without hitches, Dr. Dufurrena said. In considering the use of teledentistry, CDP will need to consider such questions as licensure jurisdiction, regulatory structures, liability, informed consent,

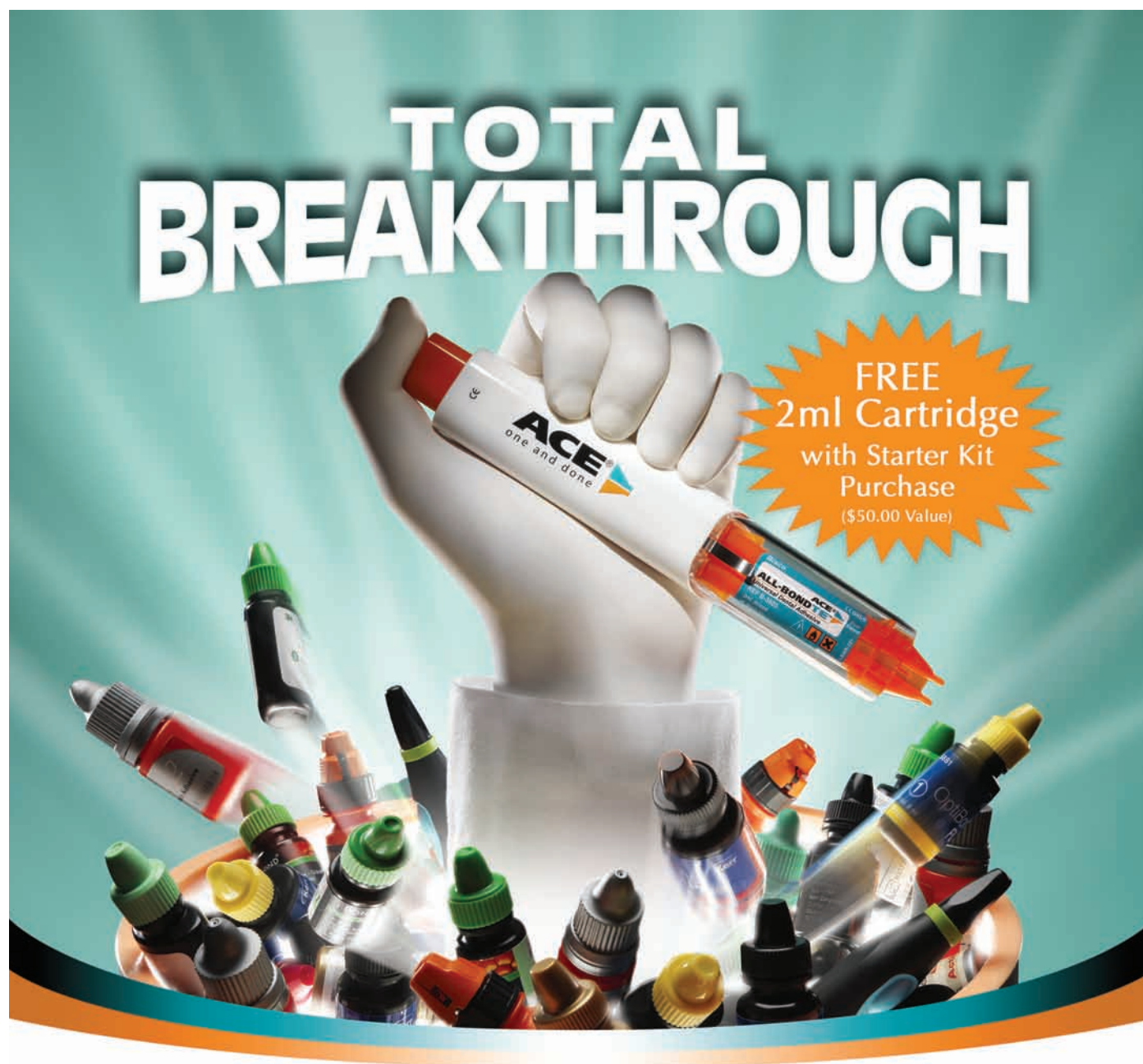


standards for doctor/patient relationships, patient abandonment concerns, long distance supervision of allied dental personnel, privacy and payment.

"For this technology to be fully utilized, we need to design a regulatory structure that allows for a simple and seamless transmission of electronic information across state lines," Dr. Dufurrena said. "The states look to the ADA for guidance in this domain, given ADA's reputation as an information resource and the consensus builder." ■

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Dr. Dufurrena: "For this technology to be fully utilized, we need to design a regulatory structure that allows for a simple and seamless transmission of electronic information across state lines."



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CDC

Continued from page one

stakeholders in the oral health arena, congressional and agency supporters, and basic grassroots believers in the importance of oral health," Dr. Calnon said.

The ADA strongly objected to the proposed reorganization ("www.ada.org/news/5234.aspx") in a Jan. 11 letter to the administration's top health official, Health and Human Services Secretary Kathleen Sebelius. "We strongly urge you to maintain the CDC's Division of Oral Health as a separate entity within the chronic disease center so that they can continue to improve the oral health of Americans from inception to old age," said the Association's elected and staff leadership.

This was a second attempt by Centers for Disease Control and Prevention leaders to downgrade the status of oral health within the HHS agency. An aroused Association, professional and congressional allies opposed and reversed a 1996 plan to transfer oral health activities and subsume them in a separate division. The parent HHS department later agreed to preserve the oral health focus at CDC and restored divisional status in 1997. ■

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Dentist, oldest Bataan Death March survivor, dies at age 105

BY STACIE CROZIER

Pinckneyville, Ill.—Dr. Albert “Doc” Brown, the oldest living World War II veteran survivor of the 65-mile forced trek known as the Bataan Death March, died Aug. 14 at a nursing home in Nashville, Ill. He was 105.

Born on Oct. 26, 1905, in North Platte, Neb., Dr. Brown was the godson of the famous Wild West showman William “Buffalo Bill” Cody. Dr. Brown graduated from Creighton University

School of Dentistry, where he competed on the football and basketball teams and was a member of the Reserve Officers’ Training Corps.

According to his obituary (“www.pyattfuneralhome.com/fh/obituaries/obituary.cfm?o_id=1238124&fh_id=10526”), he established a dental practice and a family with his wife Helen in Iowa and became a licensed pilot.

After a decade of dental practice, Dr. Brown was called to active military duty with a medical

regiment in October 1940.

By early 1941, he was deployed to the Philippines, where he and thousands of other American

soldiers were forced to walk from Bataan to a Japanese prisoner of war camp. He survived the



Photo courtesy The Southern Illinoisian

Remembering WWII: Bataan Death March survivor Dr. Albert Brown speaks with members of the Southern Illinois University Carbondale Army ROTC March 10, 2005, at his daughter’s home in Pinckneyville, Ill.

infamous Bataan Death March and spent three years as a Japanese POW.

Dr. Brown kept a hidden journal of his experiences, which included beatings, near starvation and disease. His once-athletic build was reduced to less than 100 pounds when he was liberated.

Dr. Brown told *The Southern Illinoisian* in 2005 that when he was finally freed Sept. 15, 1945, he was “blind, I couldn’t hear, I was in terrible shape.” He spent three years recuperating at Fitzsimons Army Hospital in Denver, where a physician predicted he wouldn’t live to see age 50 because of his serious injuries. He was awarded the Purple Heart, the Philippine Defense Ribbon with one star, the Presidential Unit Citation, the American Defense Ribbon with one star, the American Theater Ribbon, the Asiatic-Pacific Ribbon and the WWII Victory Medal for his service. But he was never well enough to resume dental practice.

Dr. Brown moved to Hollywood, Calif., where his sister and brother-in-law were involved in show business. He was reportedly a landlord or friend to many Hollywood legends, including Joan Fontaine, Olivia de Havilland, John Wayne and Roy Rogers. He was an active member of the Hollywood YMCA and an avid handball player. In 1993 he moved to Pinckneyville, Ill., where he made his home with his daughter, Margaret “Peg” Doughty.

“He was a warrior,” Mrs. Doughty said in an Aug. 16 article in *The Southern Illinoisian* (“www.thesouthern.com”). “He was a gentleman. He loved women to his dying day. Very cavalier—he liked people, and at one time he was a very good dentist.”

Dr. Brown is survived by his daughter; his son, Robert G. (Ann) Brown of The Dalles, Ore.; daughter-in-law, Dr. Emma Limon Brown of Mexico City; 12 grandchildren; 28 great-grandchildren; and 19 great-great-grandchildren. He was preceded in death by his parents; wife; two sisters; one brother; his son, Dr. Albert N. “Sonny” Brown II; and his son-in-law, Dr. Al Doughty.

Funeral services were held Aug. 20. Memorials may be made to Wounded Warrior Project. ■

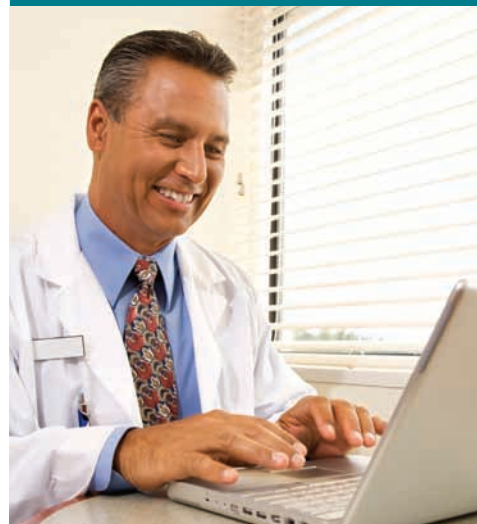
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Photo courtesy of the Dr. Albert Brown family

Survivor: Dr. Albert Brown is pictured in uniform during World War II.

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Space limited for EBD conference

Training set for March 8-10

BY JEAN WILLIAMS

Dentists interested in learning more about evidence-based dentistry can apply to participate in the March 8-10, 2012, Evidence-Based Dentistry Champions Conference at ADA Headquarters.

Space is limited to 100 participants, so conference organizers urge dentists to apply as soon as possible. Selected dentists will learn about evidence-based dentistry and be trained in how to apply EBD principles and tools in clinical decision-making. Later, as EBD champions, they disseminate information about the practice to their colleagues.

Dr. Brian Kennedy, an EBD champion and a member of the 2012 conference planning committee, said that the conference's offerings apply to dentists at all levels.

"New graduates in most schools are getting much greater emphasis on evidence-based decision-making," said Dr. Kennedy, also past chair of the Council on Dental Education and Licensure. "For graduates who have been out for 20 or

"New graduates in most schools are getting much greater [EBD] emphasis. For graduates who have been out for 20 or 30 years, it was not a part of one's training. I think particularly for those people this is a very eye-opening experience."

30 years, it was not a part of one's training. I think particularly for those people this is a very eye-opening experience. For those who are younger graduates, this supports the education that they got when they were in dental school. The Association is continuing to promote this concept that they were trained in."

The conference has an excellent track record of success, according to Julie Frantsve-Hawley, Ph.D., director, Research Institute and Center for Evidence-Based Dentistry. "We have done careful evaluations of each previous conference, and have data to demonstrate that they are hugely valuable and effective," she said.

One 2011 EBD Champions Conference survey respondent said of the conference: "I really enjoyed and learned a lot from the experience. I feel that evidence-based decision-making has to be a way of treatment and teaching."

Another said: "This is the first time I attended the EBD conference. It is really a good experience, and it changed my perception of clinical dentistry. It's quite informative and a good exchange of information."

To participate in the 2012 conference, a dentist must live and practice in the United States and be directly involved in treating dental patients. Registration is free for participants, who will earn 11 to 14 hours of continuing education credit.

The Agency for Healthcare Research and Quality provided a grant (grant number 1R13HS020551-01A1) that in part funds the 2012 conference.

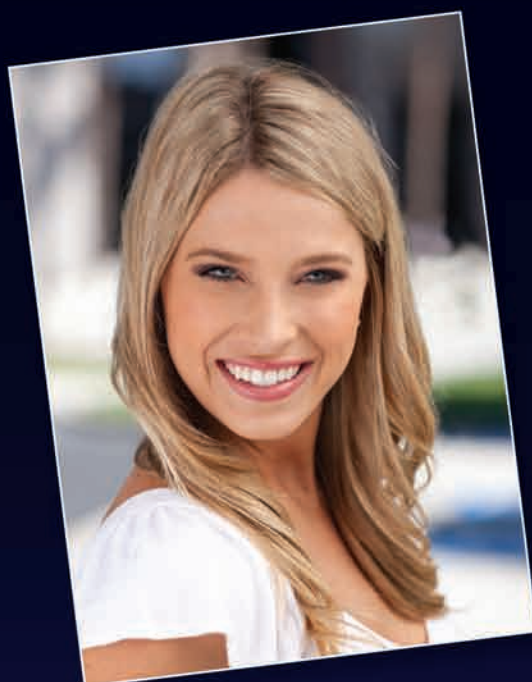
For information and to apply, visit "www.ada.org/ebdconference". ■

—williamsj@ada.org

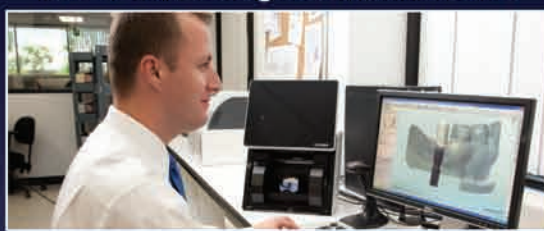
Table discussion: Dr. Shukan Kanuga of Porter Ranch, Calif., records her group's thoughts in July at the EBD Champions Conference as Drs. Peter Loomer of San Francisco and Jane Gillette of Bozeman, Mont., look on. Dr. Gillette was also one of the program's speakers.



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Education

New deans take the helm

Lawrence Wolinsky named dean for Texas A&M Health Science Center Baylor College of Dentistry

BY KAREN FOX

Dallas—Concluding a yearlong search, the Texas A&M University System Board of Regents named Dr. Lawrence E. Wolinsky the new dean for the Texas A&M Health Science Center Baylor College of Dentistry. His appointment became effective Sept. 1.

Dr. Wolinsky is the former associate dean for academic programs and personnel at the University of California-Los Angeles School of Dentistry. A UCLA faculty member since 1980, he also served as a professor in the Section of Oral Biology in the Division of Oral Biology and Medicine.

Dr. Wolinsky's research projects focus on identifying new treatment methods for periodontal disease and management of caries. TAMHSC officials said that Dr. Wolinsky was among the first to explore the plaque-inhibiting effects of



Dr. Wolinsky

natural plant compounds and was instrumental in developing an antimicrobial gel (Atridox) for managing periodontal disease. He also aided in creating a remineralizing toothpaste (Enamelon) to help reverse early tooth decay.

Dr. Wolinsky earned a Ph.D. in synthetic organic chemistry at UC-San Diego, a dental degree from Tufts University School of Dental Medicine and a certificate in periodontology from UCLA.

He "is committed to excellence in research and innovation in education; both goals are consistent with the TAMHSC's overarching goals," said Nancy W. Dickey, M.D., president of the Texas A&M Health Science Center and vice chancellor for health affairs for the A&M System.

He succeeds Dr. James S. Cole, who retired from the deanship he held since 2000.

WesternU appoints Steven Friedrichsen College of Dental Medicine dean

Pomona, Calif.—Western University of Health Sciences named Dr. Steven W. Friedrichsen dean of the College of Dental Medicine.

Dr. Friedrichsen joined WesternU as the associate dean of patient care and clinical curriculum in January 2010 and served as interim dean since Feb. 1. He is a past dean of Creighton University Medical Center School of Dentistry and also served as special assistant to the Creighton University president for health care strategies.

For more than 20 years, Dr. Friedrichsen was

chairman of the department of dental sciences and director of the dental education program at Idaho State University. During that time, he also served as director of the Idaho advanced general dentistry residency program for five years.

Dr. Friedrichsen taught at Northwestern University Dental School, Idaho State University and Creighton and maintained a private practice in general dentistry for more than 25 years.

"In his academic and professional qualifications, and in the way he interacts with students and staff, Steve Friedrichsen represents everything that makes Western University of Health Sciences the special place it is," Ben Cohen, D.O., WesternU provost and chief operating officer, said in a statement.

As WesternU dean, Dr. Friedrichsen succeeds Dr. James Koelbl, the dean of the University of New England College of Dental Medicine.



Dr. Friedrichsen

David A. Felton to lead West Virginia dental school

Morgantown, W.Va.—West Virginia University announced the appointment of Dr. David A. Felton as dean of its School of Dentistry. He began serving in that capacity in August.

Dr. Felton has served as a professor at the University of North Carolina at Chapel Hill School of Dentistry, president of the American College of Prosthodontics and editor-in-chief of the Journal of Prosthodontics. His research interests include dental implants, all-ceramic crowns, the relationship between oral health and systemic health, and biological responses to restorative dental procedures.

A member of the UNC faculty since 1990, he was director of graduate prosthodontics from 1989-92 and chair of prosthodontics from 1992-2002. Dr. Felton earned his dental degree from UNC.

"We are very pleased to welcome Dr. Felton to Morgantown," said Christopher C. Colenda, M.D., WVU chancellor for health sciences.

"He has an international reputation as a clinician, an educator and a researcher and is eager to work with our excellent faculty to advance the oral health of West Virginians."

"He's maintained an active dental practice throughout his career at UNC while serving in leadership positions in his profession," Dr. Colenda continued. "We're very confident that he can help build upon the success of the WVU School of Dentistry and bring it to national prominence."

Dr. Colenda also expressed his appreciation to Dr. Louise T. Veselicky, who served as interim dean at WVU since 2007. ■



Dr. Felton

CODA seeks public members for review committees

The Commission on Dental Accreditation is calling for nominations to fill vacancies for public members of its review committees.

Public nominees should not have a formal or informal connection to dentistry but should have

an interest in or knowledge of health-related accreditation issues. The nominee must not be:

- (a) a dentist or an allied dental member;
- (b) a member of dental, advanced or allied dental faculty;

- (c) an employee member of a governing board, owner or shareholder of, or consultant to, a dental, advanced or allied dental education program accredited by CODA or applied for accreditation;

- (d) a member or employee of any professional/trade association or licensing/regulatory agency; a member of an organization related to, affiliated with or associated with CODA, dental education or dentistry;

- (e) a spouse, parent, child or sibling of an individual identified in A through D.

Review committee members will:

- be responsible for review of all policy matters, site visits and progress reports, applications for accreditation and special reports on accredited programs;
- be required to make a significant time commitment;
- serve as consultants to the commission and are required to complete the Web-based Site Visitor Training prior to serving on the committee;
- be required to become familiar with the CODA Training Manual and participate in a full day of training at ADA Headquarters. Duties may include participation in site visits and ad hoc committees, in addition to review committee or commission responsibilities;
- be accessible and able to communicate by fax, electronic mail and the commission's Web-based communication tools.

If you know someone who may be interested in volunteering for a review committee position, contact CODA at "doheartyp@ada.org" or Ext. 4653. ■



ASDA annual session set for February 2012

Minneapolis—Registration is open for the 2012 American Student Dental Association annual session.

The meeting takes place Feb. 29-March 3, 2012, at the Hyatt Regency Minneapolis. More than 400 ASDA members from 61 U.S. dental schools are expected to attend.

The annual session includes presentations on licensure, midlevel providers and financial matters; the ASDA House of Delegates; the president's dinner dance and the ASDA Student Research Poster Session.

Register online before Jan. 16 at "www.asdanet.org". ■

ADA New Dentist Committee sets malpractice webinar for Dec. 7

In December, the ADA New Dentist Committee is offering a live webinar for dentists, "Ten Effective Ways to Prevent Dental Malpractice Lawsuits."

Two sessions are featured. Both take place Dec. 7 (11 a.m.-noon CST and 2-3 p.m. CST). Dentists can earn one continuing education credit for participation.

The webinar features Kathleen Roman, risk management education leader for The Medical Protective Co., who identifies factors that make it difficult to defend a doctor against allegations of negligence. Ms. Roman provides examples, case studies and tips that dentists can use to improve patient safety and satisfaction and decrease potential liability risk.

To register, visit "www.surveymonkey.com/s/GRTSSVW" before Dec. 1. You will receive a confirmation email prior to the webinar with further instructions for signing in on the date of the event.

To verify attendance for CE credit, you must pre-register. Following the webinar, each participant will receive a letter via regular mail verifying attendance. Retain this verification of participation for your records.

CE credit issued for participation in this webinar may not apply toward licensure renewal in all states.

For more information, contact the ADA New Dentist Committee at "newdentist@ada.org" or Ext. 2779. ■

Heart surgeon honors dentist father with donation

Dr. Ralph C. Cooley invented material that 'transformed the field of restorative dentistry'

BY KAREN FOX

Houston—An internationally renowned heart surgeon has made the largest single gift to the University of Texas Health Science Center at Houston School of Dentistry in honor of his father, a dentist.

The donation is a tribute to the inventor of the cavity varnish Copalite, Dr. Ralph C. Cooley, who died in 1954. His son, Denton Cooley, M.D., surgeon-in-chief, founder and president emeritus of the Texas Heart Institute at St. Luke's Episcopal Hospital in Houston, announced the gift on Father's Day.

The donation establishes the Ralph C. Cooley, D.D.S. Distinguished Professorship in Biomaterials, which will help recruit and support the work of a biomaterials clinician/scientist, and a multipurpose facility currently under construction, the Denton A. Cooley, M.D. and Ralph C. Cooley, D.D.S. Faculty Life Center, opening in 2012.

"I consider it a real opportunity to demonstrate my pride and affection for my father," said Dr. Denton Cooley, who is 90 years old. "The older I get, the more grateful I am for his influence on my life and development. He was an outstanding parent who served as a role model."

Dr. John A. Valenza, dean of the dental school, said the gift perpetuates the legacy of Dr. Ralph Cooley, a 1908 graduate of the dental

school who transformed the field of restorative dentistry through his innovations.

Copalite, a varnish designed to coat and desensitize a tooth before the cavity was filled, was Dr. Cooley's best-known invention. He created it in the 1930s in a garage behind his family home.

"It was brilliant," said Dr. Frank K. Eggleston, immediate past president of the American Academy of Restorative Dentistry and past ADA trustee (1999-2003). "Before Copalite, there was nothing like it. It calmed the tooth and dried almost immediately. I don't know a dentist in the United States who didn't have a bottle of Copalite."

Dr. Denton Cooley remembers the early days of Cooley & Cooley Ltd., when varnishes were mixed in the 20-by-20-foot space before the Cooleys would move the product into the house for finishing touches. "We would put these Copalite things together in packages, and then I can recall getting on my bicycle, going down to the Medical Arts Building and delivering those 12 packages," said Dr. Cooley. "It made me feel like I was a part of the program."

Sales of Copalite soared when a military medical and dental supply catalog listed it among its products during World War II, and it's still in limited use today.

Like his father in dentistry, Dr. Denton Cooley



Photo by Brian Schnupp, UT School of Dentistry at Houston



Two generations: Denton Cooley, M.D., left, donated the largest single gift ever to the University of Texas Health Science Center at Houston School of Dentistry in honor of his father, Dr. Ralph C. Cooley, shown at right in a 1952 photo.

ley became a pioneer of techniques in cardiovascular surgery. He's helped develop at least 200 surgical products including the heart/lung machine. He said his father encouraged him to pursue a career in dentistry but beamed with pride when he became a heart surgeon instead.

"I talked to many of my father's patients, and they said every time they went to my father's office, he spent so much time talking about my

career," said Dr. Cooley. He remembers his father as a man who "emphasized honesty, dedication to your profession, hard work and providing for your family unit."

"He was a strong proponent of his profession and did what he could to improve the respect that people had for the profession," said Dr. Cooley. ■

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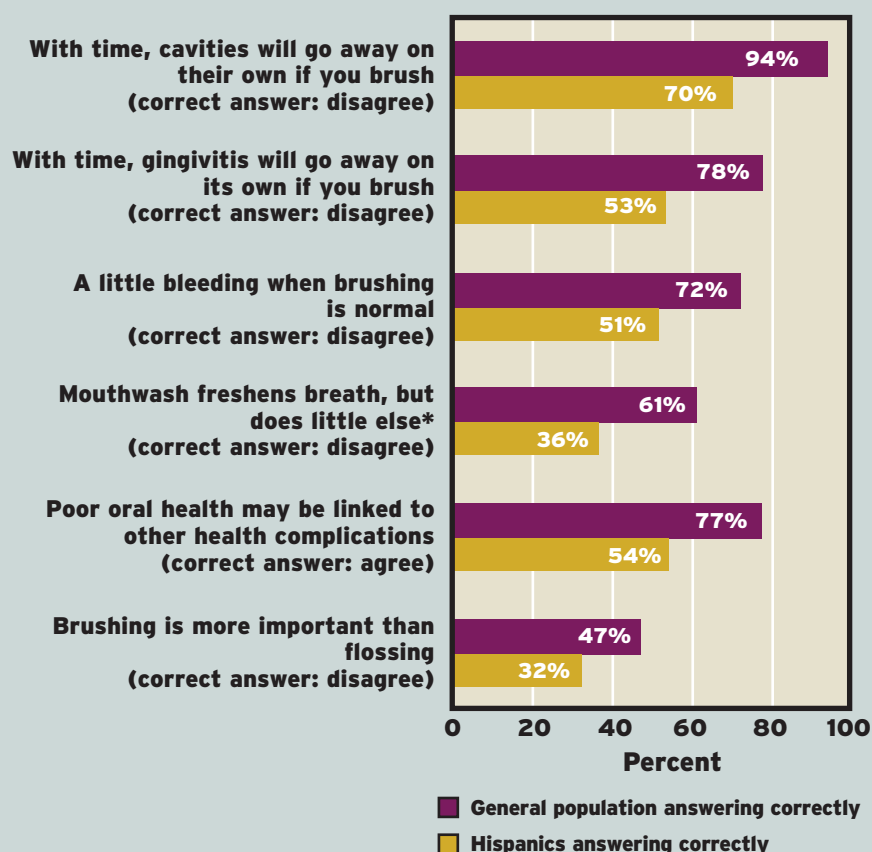
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Common oral health misperceptions among Hispanics

Percent of Hispanics vs. general population that answered correctly



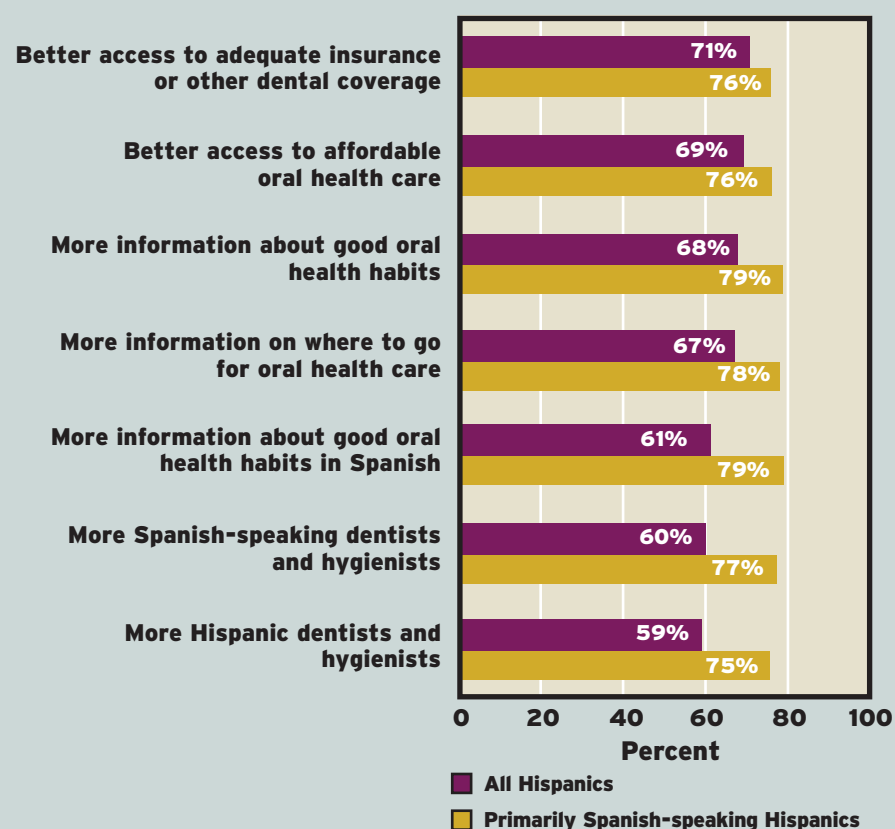
Base: All Hispanics (n = 1,000), all general population (n = 1,000)

*Rinses come in a variety of formulations, which may be designed to not only freshen breath, but also strengthen enamel, whiten teeth and help fight plaque, gingivitis and bad breath germs.

Source: Hispanics Open Up About Oral Health Care, November 2011.

Resources most helpful to Hispanics in achieving and maintaining good oral health

Percent of Hispanics saying it will help "a lot"



Base: All Hispanics (n = 1,000), primarily Spanish-speaking (n = 633)

Source: Hispanics Open Up About Oral Health Care, November 2011.

Hispanic

Continued from page one

begin to change perceptions," said Dr. Lugo. "This is a first step to increase awareness and help the public at the community level with this knowledge and the tools that go with it."

"This was wonderful," said Dr. Arteaga. "Presenting at the HDA meeting was a very invigorating experience because it fits with HDA's mission to educate oral health professionals, advocates and students on Hispanic oral health disparities and access to care. This is just the beginning of an initiative to address the gaps in the oral health knowledge and access to care for U.S. Hispanics."

Survey results come at a time when U.S. Census Bureau reports show that between 2000 and 2010, the Hispanic population grew by 43 percent, and more than half of the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Hispanic population. In 2010, 37.6 million, or 75 percent, of Hispanics lived in the eight states with Hispanic populations of one million or more (California, Texas, Florida, New York, Illinois, Arizona, New Jersey and Colorado); and the Hispanic population experienced growth between 2000 and 2010 in all 50 states and the District of Columbia.

The survey report, titled Hispanics Open Up About Oral Health Care, is posted online at "www.dentalcare.com" and on the HDA website, "www.hdassoc.org". A downloadable PDF version is available.

Among the findings:

- Almost one-third of Hispanics (30 percent) responded that they thought cavities will go away on their own through regular toothbrushing. About half or more of respondents also had misperceptions about the importance of brushing

versus flossing, whether bleeding is normal during brushing and if mouthwash provides oral health benefits beyond just freshening breath.

- Nearly half (45 percent) of Hispanics lack dental insurance and nearly one in five (18 percent) have not visited the dentist at all in the past two years, compared to 12 percent of the general population.

- About six in 10 Hispanics feel that having Spanish-speaking and Hispanic dentists/hygienists in their community would help them "a lot" in achieving and maintaining better oral health.

- While most Hispanics, as well as the general population, rated their overall oral health as excellent or good, Hispanics experience more oral health problems. Sixty-five percent of Hispanics said they experienced at least one oral health issue in the past year versus 53 percent of the general population. For more than one-third of Hispanics (36 percent), oral health problems experienced in the past year were severe enough to impact their daily activities, compared to 22 percent of the general population.

- Among Hispanic parents, many of these same knowledge gaps exist, as does the desire for more oral health information. Yet, eight in 10 Hispanic parents (82 percent) consider themselves an excellent or a good source for teaching their children about oral health habits.

Dr. Arteaga and Dr. Lugo said that a lot of the results backed up perceptions that dental professionals and other stakeholders have long suspected, but some data were surprising.

"I had an 'aha' moment when we began to look at the statistic that 30 percent of respondents thought they could brush away cavities," said Dr. Lugo, professional and scientific relations and regional manager for North America and Puerto Rico at Procter & Gamble and former dental director for the city of Philadelphia. "As a dental professional and someone who wants



Photo by Jer Nelen Photography

Presenters: On hand for the presentation of the results of the Hispanic Dental Association survey are, from left, Dr. Sarita Arteaga, HDA Foundation committee member and HDA past president; Dr. Iván Lugo, professional and scientific relations and regional manager for North America and Puerto Rico at Procter & Gamble, also an HDA past president; and Veronica Sanchez, Ph.D., global scientific communication ER manager at Procter & Gamble.

to make a difference in public health, these myths give us a picture of how much Hispanics need more oral health prevention knowledge. They not only lack good information, they also tend to pass on erroneous information to their children, friends and neighbors."

"The overwhelming majority of survey respondents want a Spanish-speaking or Hispanic dental health provider. They want to be able to relate to them without a language barrier, but more importantly, without cultural barriers," said Dr. Arteaga, an HDA Foundation committee member, general dentist and associate clinical professor at the University of Connecticut School of Dental Medicine. "They also have two other serious barriers to good oral health that are equally troubling—lack of oral health literacy and access

to affordable care and insurance."

Along with the survey, the HDA, Crest and Oral-B have also released a four-panel pamphlet designed to help patients assess the accuracy of their basic oral health knowledge and help them feel more comfortable raising concerns with a dental health provider.

"This bilingual pamphlet allows dental professionals, churches, community centers and others a chance to begin a dialogue with patients or groups of patients about the importance of oral health," said Dr. Arteaga. "It's an easy-to-use tool that can serve as a starting point."

A PDF version of the pamphlet can be downloaded at "www.dentalcare.com" or "www.hdassoc.org".

See *HISPANIC*, page 15

House measure calls on dentists to be community health leaders

BY STACIE CROZIER

Las Vegas—The 2011 House of Delegates encourages ADA member dentists to become leaders in grassroots community efforts to improve the health of the public through Resolution 18H-2011, passed during Annual Session last month.

The measure, submitted by the ADA Council on Access, Prevention and Interprofessional Relations, is intended to encourage dentists to take a proactive role in making sure that oral health is an integral part of improving the overall health in their communities, said Dr. David Holwager, CAPIR chair.

"Dentists are very generous with their time and talents, volunteering for Missions of Mercy events, GKAS events and other state and local oral health care access programs too numerous to mention," Dr. Holwager said. "This resolution is intended to encourage dentists to go beyond these special events to assure that oral health is integrated into larger community efforts to improve health."

The resolution draws on dentists' ethical responsibility outlined in the ADA Principles of Ethics and Code of Professional Conduct and supports one of the four goals of the ADA Strategic Plan, said Dr. Holwager.

"The Code states that individual dentists 'have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community,'" Dr. Holwager said.

"One of the four goals of the ADA Strategic Plan 2011-2014 calls for the Association to 'be the trusted resource for oral health information that will help people be good stewards of their own oral health.' CAPIR believes that this goal

may best be advanced by dentists serving as oral health care leaders in their communities so that dentists will be in the best position to make oral health an integral part of the collective effort focused on improving the overall health of their communities."

Dr. Marilyn Lantz, chair of the ADA Council on Ethics, Bylaws and Judicial Affairs, agreed.

"While member dentists are currently engaged in many activities that address our ethical obligation to improve the dental health of the public," said Dr. Lantz, "assuming leadership roles in oral health in our communities is a particularly effective way to meet this obligation and one that may have the broadest possible impact on the

overall health of our communities."

Dentists, Dr. Holwager added, can serve in roles that include volunteer leaders for boards of local health departments and federally qualified health centers, school health advisory councils, nursing home advisory committees, Head Start Health Service Advisory Committees, local health partnerships and local oral health coalitions.

In a separate House action, delegates referred Res. 35 for review by CAPIR. Res. 35 called for the rescission of the 1966 policy "American Dental Association Dental Health Program for Children." CAPIR is directed to review the resolution and report to the 2012 House of Delegates. ■

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Hispanic

Continued from page 14

The information presented in the study and the patient pamphlet is important for all dental professionals to become familiar with, said Dr. Lugo, and response by the profession needs to begin at the dental team level.

"One of the first steps will be educating dental office teams about the needs of Hispanic patients," said Dr. Lugo. "Dental professionals need to be aware of barriers—not just language barriers, but cultural and access barriers, and reach out outside the dental office to friends, family members and neighbors with oral health information that can help patients with limited oral health literacy."

"This survey highlights the true oral health disparities that exist in our country and demonstrates the real need for intense education to

"I think the results show us not only that barriers exist, but some strategies to help overcome them in a way that makes patients comfortable."

improve oral health literacy," said ADA President William Calnon, who attended the HDA annual meeting. "The findings validate the need and importance of initiatives like the upcoming Ad Council public service campaign on oral health and reinforce the ADA's recent reports on breaking down barriers to oral health." (The reports are posted on "www.ada.org/breakingdownbarriers.aspx").

Dr. C. Yolanda Bonta, HDA executive director, said the survey is groundbreaking because it gets to the heart of the issues that affect the oral health of Hispanics.

"Health care professionals and policymakers often presume to know what patients need, but until now, no one has asked the patients," Dr. Bonta said. "I think the results show us not only that barriers exist, but some strategies to help overcome them in a way that makes patients comfortable. This information is a call to action for all dental professionals and will benefit both patients and dental practices in this changing world." ■

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