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ADA News - 05/02/2011

American Dental Association, Publishing Division

New Mexico authorizes CDHCs, page six ◆ Fluoridation honors, page 14

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA NEWS®

MAY 2, 2011 VOLUME 42 NO. 9

Economic confidence

Fourth quarter gains reported in five categories

BY KELLY SODERLUND

Things are looking up, both statistically and in spirit.

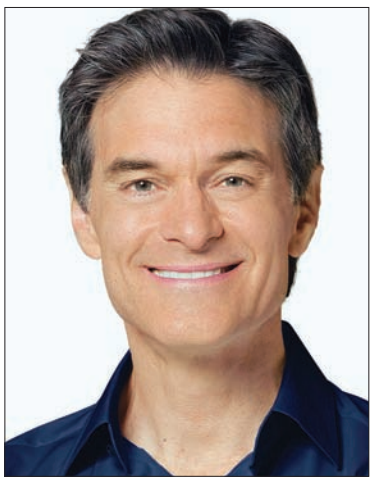
There was an upswing in almost every measured indicator in the fourth quarter 2010 results of the American Dental Association's Quarterly Survey of Economic Confidence. The results may be a sign that conditions for dentists are not deteriorating, as the results for the second and third quarters of 2010 suggested.

Gains were seen in net income, gross billings, new patient indexes,

See CONFIDENCE, page 16

■ **Dental Laboratory Summit reports progess, page 18**

ADA teams with Dr. Oz website, Sharecare.com



Dr. Oz: The ADA will provide "essential information" to consumers.

BY KELLY SODERLUND

The ADA has entered into an agreement with Sharecare, a new online resource that invites the public to submit health-related questions and have them answered by health professionals.

The websitewas created by Mehmet Oz, M.D., a physician who first began fielding questions on "The Oprah Show" and now hosts "The Dr. Oz Show." The co-creator of Sharecare ("www.sharecare.com")is Jeff Arnold, founder of WebMD. Investors include Harpo Productions, which produces Oprah Winfrey's talk show, and Discovery Communications. Sharecare's goal is to provide accurate, clear and concise health information from multiple points of view.

"Sharecare's collaboration with the American Dental Association completes a necessary circle in total health as we learn more and more the importance of oral health in overall wellness," Dr. Oz said. "Sharecare will provide a platform for the American Dental Association to provide essential information from multiple points of view and provide consumers with vital resources."

The ADA will be a leading resource for the oral health content on the site, which launched in 2010, answering questions and providing information about various topics. The ADA will join other top health associations as Sharecare resources, including as the American Cancer Society, American Heart Association, the American Association of Retired Persons, American Diabetes Association and several leading hospitals.

See SHARECARE, page 18

Board backs social media channels

Communications tool part of 2012 strategic plan

BY KAREN FOX

The ADA is about to widen its social media reach, thanks to action the Board of Trustees took April 11.

In Resolution B-25, the Board gave its approval to "integrate social media channels" into the ADA's communications plan as part of the strategic plan for 2012, while noting that there are risks inherent in using social media channels to communicate with members and the public.

The Board of Trustees determined that to ignore social media's reach and influence is an even greater risk to the Association because it means ignoring the benefits social media can bring.

"Social media has become an integral element of the communications strategy for organizations across the globe," said Dr. Josef Kolling, chair of

See SOCIAL MEDIA, page 19

BRIEFS

Annual Session mobile: Dental professionals can hold this year's most versatile tool for Annual Session planning and information in the palm of their hands when they download the free ADA Annual Session Mobile Application to their smartphones.

The ADA Annual Session app lets users build a meeting agenda including CE courses they've registered for through the online registration system; search for CE courses, exhibitor and product listings; read exhibitor e-brochures and product information that will be updated continually through the start of annual session; get information on show specials; and build an ADA World Marketplace Exhibition shopping list.

To download the app, iPhone users should visit "http://bit.ly/adaas11" or visit the iPhone App Store and search for "ADA Annual Session." Other smartphone users should visit "http://m.coreapps.com/adaas11" to find the correct version for their device.

For more information on the ADA Annual Session in Las Vegas or to register, visit "ada.org/session". ■

JUST THE FACTS

Secretaries and receptionists

Specialists have a higher average number of secretaries/receptionists per dentist than general practitioners. The data was collected among primary private practices of independent dentists between 2004 and 2008.

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

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Aletha Kowitz, former ADA Library director, dies

BY JUDY JAKUSH

Aletha Kowitz, 85, who was director of the ADA Library from 1977-92, died April 11 in Chicago.

Miss Kowitz earned a bachelor's degree in chemistry from the University of Chicago and a master's degree in library science from Rosary College.

She joined the ADA in 1970 as a reference librarian. In 1976, Miss Kowitz was promoted to assistant director of library services and in 1977 to director.

Before coming to the ADA, she served as the periodicals librarian at Northwestern University Medical Library (1967-70). Prior to NU, she was assistant reference librarian for the University of Illinois at Chicago Medical Center (1959-67).

Ms. Kowitz: Served as ADA Library director from 1977 to 1992.

During her career, Miss Kowitz authored numerous articles on library science and taught at Rosary College, the Medical Library Association and the Illinois chapter of the Special Libraries Association.

She was also active in leadership roles in the American Academy of the History of Dentistry and wrote several articles on dental history.

The American College of Dentists awarded her an honorary fellowship in 1992. The ACD awards honorary fellowships to nondentists in recognition of their contributions to the advancement of the ACD mission of "excellence, ethics, professionalism, and leadership in dentistry." ■

—jakushj@ada.org

ViewPoint

MyView

Junk science

Jonathan Dubin, D.M.D.

I should be dead. I went swimming within an hour of eating a meal. Surely, I should have cramped up and sunk to the bottom of the pool.

Sounds silly, but that warning came out of the 1940s and it lasted a long time. I grew up in the 1960s and I remember hearing that admonishment then. This is just a small example of how "junk science" comes to life. "Junk science" is no different from an old wives' tale except for the level of sophistication that can be draped around a falsehood today. Put junk in print and on the Internet and it surrounds itself with a modicum of believability.

The purveyors of "junk science" pander to the fears of the populace. Such outlandish claims would almost be funny except for the damages inflicted by those who would champion such rubbish: frivolous lawsuits filed, desperate people grasping for cures of serious illnesses, and money sucked away from people duped by the charlatans of the day to name just a few.

The scientific method was developed to carefully prove theories based on facts and true figures corroborated by carefully constructed experiments. "Junk science" proponents may take a fact and twist it until it no longer resembles anything valuable and substitute anecdotal "bunk" as the gospel. They often claim there is a great conspiracy in the scientific community to keep the "real truth" from society. There is not enough time or space here to go into the psychology of the "junk science" people and their passion for their misguided dogma.

The earth is really flat, my friends. There, that secret is out.

One cross we bear in dentistry are the claims of the antifluoridationists, who lay such ills as cancer, heart disease, bone brittleness, anemia, diabetes, strokes, infertility, stillbirths, mongolism, premature aging and even nymphomania on the effects of fluoride. Their ill-informed rhetoric should fall on deaf ears. The time period where we have experienced increased community water fluoridation is the same time period where we have seen steady health improvements and longer life spans in our nation.

Common sense has little to do with the stance that antifluoridationists take.

A short history of fluoride discovery: In 1901, Frederick McKay moved to Colorado and noticed "Colorado Brown Stain," as the fluorosis of the teeth was called then. In 1908, McKay wrote to G.V. Black noting that 87.5 percent of the children in his area had that brown stain. In 1928, McKay wrote that the mottled enamel often was free from caries. And in 1931, it was found that the water in Colorado was extremely high in fluoride.

Also in 1931, the U.S. Public Health Service assigned H. Trembly Dean to survey the nation's water supplies for fluoride. In his travels and studies he found that 1 part per million of fluoride in water did not cause staining. He studied communities with naturally occurring fluoride at 1 part per million and looked at caries incidence versus that in unfluoridated communities and found half the caries. A 1941 study found 25 percent of the caries incidence in naturally fluoridated areas versus unfluoridated ones.

See MY VIEW, page five

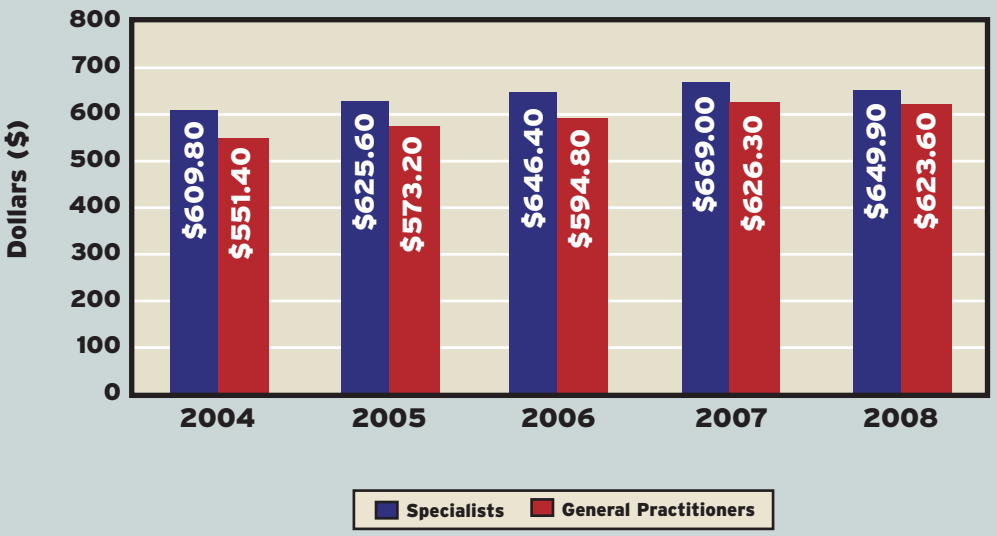
Letters**Policy**

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".

SNAPSHOTS OF AMERICAN DENTISTRY

Chairside assistants' salaries

Chairside assistants employed by an independent specialist have had a higher average weekly salary than those employed by independent general practitioners.



Source: American Dental Association, Health Policy Resources Center, *2009 Survey of Dental Practice.*

Letters

Apology

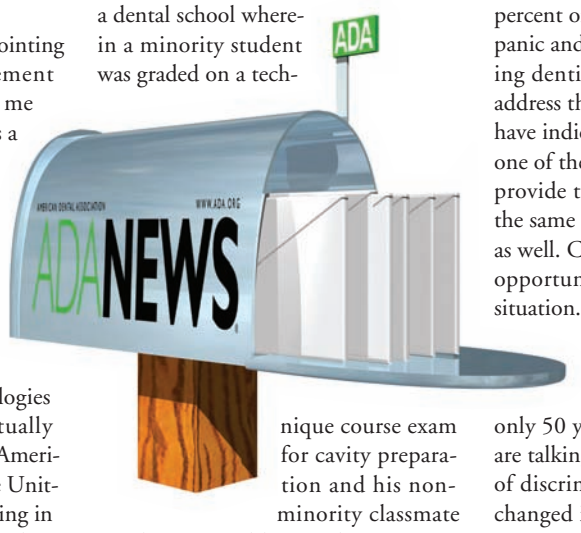
I read with interest the letters to the editor regarding the ADA apology for past discriminatory actions, specifically excluding African-American dentists. Dr. Michael Lefkove ("Letters," Dec. 13, 2010 ADA News) asks, "But have we not moved on?"

I find this curious and disappointing in that he also made the statement that, "it never even occurred to me that the ADA is now or ever was a racist organization." This statement alone is justification for the ADA apology. For those who need enlightening on their history, the apology is the best means to that end.

The cliché comment that "we have to know our past to move to our future" is why apologies such as these are needed to actually "move on." The wisdom of the American Medical Association and the United States Congress are enlightening in their apologies and if we believe that we are wiser than these august bodies, then we are fooling ourselves. We are but a microcosm of society and the ills of discrimination are alive and well despite the unenlightened beliefs of some of our colleagues.

It is of course an issue to examine which ethnic groups are represented especially to our patients. The American Dental Education Association and others have surveyed patients, and it is a known fact that patients prefer a provider who looks like them. Cultural competence is necessary to "move on" for our profession so that we can address the changing demographics of this nation.

I would cite one true incident that occurred this past year at a dental school wherein a minority student was graded on a technique course exam for cavity preparation and his nonminority classmate was having problems. The minority student, although unethical, gave the friend his prepared tooth and the nonminority student was given a significantly higher grade on the exact same tooth. Beyond the ethics of this situation, anyone could see that it was discrimination at work.



I am the project director of the Dental Mentorship Council working with the Hispanic Dental Association and the Society of American Indian Dentists to mentor members of these ethnic groups, along with African-American young people to prepare them to become dentists. When the demographics indicate that 13 percent of the U.S. population is African American and yet only 3 percent of all practicing dentists are African American and 15 percent of the U.S. population is Hispanic and only 3 percent of all practicing dentists are Hispanic, we cannot address the needs of our patients who have indicated they would prefer someone of their own similar background to provide their care. This is apparently the same case for nonminority patients as well. Clearly, they have a far greater opportunity to get their wish in this situation.

Yet, we have comments which believe that the discriminatory practices were only 50 years. Let's be very clear. We are talking about more than 100 years of discriminatory practices until that changed in the 60s! That means that we are still 60 years behind.

When we prepared for the National Summit on Diversity in Dentistry, which was held in June 2010, we knew that there would be naysayers and those who would say that these things were anecdotal. The live and video testimony proves them wrong. There are our colleagues still alive today who were the first minority students in their dental schools.

See LETTERS, page five

Letters

Continued from page four

There are others whose own children were denied specialty treatment by their own colleagues because of unwritten rules that said that no school in the state would treat black people for that specialty. One doctor went back to train in a specialty so his child could get the care she needed. Each of these stories are on the record with many more stories untold over those 100-plus years.

Finally, the National Dental Association was founded because black dentists could not become members of the ADA and partake of the privileges of membership and access to benefits. The struggle for equity persists. Qualified minority students still face rejection. Without equity there is no diversity. Without diversity we do not live up to the expectation that we can provide quality dental services to this diverse population we call the United States that stands for equality for all.

Yes, there is a need for the apology so that those who have suffered the indignity of discrimination and exclusion can have their dignity and the respect they deserve. It is for those that the apology means most, and now is the time as some are still alive to tell their stories. Respect that.

Nathan Fletcher, D.D.S.
Past President (2008)
National Dental Association
Baltimore

Affordable education

In the March 21 ADA News ("A Night to Remember"), Dr. Raymond Gist is quoted as saying that dentistry needs to show bright young high school and college students that the doors to opportunity and inclusion are flung wide for them.

This is and should be true, but considering that page one of that issue reports that the average debt of a dental graduate in 2008 having debt was $253,419, perhaps the doors are flung wide for only those who can afford the education.

As a retired lifetime dental educator, I can understand, in part, why the cost of dental education is so high, but it is incumbent upon organized dentistry and dental education to do something to make it more affordable for all qualified students to pursue this rich opportunity.

John Hasler, D.D.S.
Sparks, Md.

Editor's note: The ADA Survey of Dental Graduates found that for all responding 2008 dental school grads, the average educational debt was $178,681. The figure published in the March 21 ADA News included all types of debt (including mortgage, car loans, credit card and educational debt) among graduates who reported any kind of debt.

In response to Dr. Hasler urging action on this issue, Dr. Richard Valachovic, American Dental Education Association executive director, responded:

"Our latest survey of graduating seniors in 2010 revealed that the average debt load was $177,144 overall, with a high of $207,824 on average for graduates of private and private state-related dental schools, and a low of $157,564 on average for graduates of public dental schools.

"As Dr. Hasler indicates, the cost of dental education is high, and can be a challenging burden for those seeking to enter the dental profession. We are especially concerned that student loan debt negatively impacts graduates from practicing in underserved areas or pursuing careers in academic dentistry. ADEA continues to explore strategies to reduce costs and enhance revenues that will minimize the growth of this debt in the future. We have joined in collaboration with the ADA and many other organizations in advocating for increasing appropriations for grants, scholarships, loan forgiveness and repayment programs at the federal level, and for programs related to diversity under Title VII of the Health Professions Programs. ADEA also provides technical support to financial aid officers to ensure that dental students receive the most favorably termed financial aid packages," said Dr. Valachovic.

In addition, the ADA helps alleviate the burden of debt on students by supporting advocacy initiatives such as increasing appropriations for federally supported grants, scholarships, loan forgiveness and service payback programs; expanding the use of federal direct loan and loan guarantee programs; and providing tax incentives to help dental students finance all or part of their education.

The ADA Foundation underrepresented minority and dental student scholarship programs (offered every fall) also help recipients defray some college expenses. Scholarships are $2,500 each. For information, visit "www.adafoundation.org".

MyView

Continued from page four

Countless volumes of credible and proper science and study have gone into the area of community water fluoridation and what is the proper dosage for optimal oral health benefits. Yet, there are small groups of individuals who throw bizarre claims against one of the shining accomplishments of public health in the nation.

The point is that even with all the knowledge and facts that we as dentists possess, we must be vigilant and continue to educate all parties as to what is truth and what is legitimate science.

(And as an aside, community water fluoridation isn't the only dental success story under attack. Have you read the Georgia white paper on dental access? Our successful team delivery of oral health care is suffering some hits as well. View the paper at "http://gda.affiniscape.com/associations/7520/files/whitepaperaccess2010.pdf").

I just ate. Come join me for a swim.

Dr. Dubin is the editor of the Journal of the Georgia Dental Association, GDA Action. His comments, reprinted here with permission, originally appeared in the September 2010 issue of that publication.

Government

New Mexico first state to authorize ADA's CDHC model

BY KAREN FOX

Santa Fe, N.M.—A coalition of dentists and dental hygienists helped pave the way for New Mexico to become the first state to formally authorize the Community Dental Health Coordinator through its dental practice act.

It was the second legislative victory for the dental groups, which also defeated a measure that would have authorized practice by dental therapists in New Mexico, one of the five states eyed by the W.K. Kellogg Foundation for dental workforce changes based on the Alaska Dental Health Aide Therapist program.

The New Mexico Dental Association receives advocacy support from the ADA through the State-Based Public Affairs Program.

The revision of the dental practice act authorizes the state dental board to allow CDHCs to provide educational, preventive and limited palliative care and assessment services. Based on the ADA model, CDHCs will work with the general supervision of a licensed dentist in settings outside of traditional dental offices and dental clinics.

NMDA officials see the CDHC as a good fit for the state's access needs.

"The Community Dental Health Coordinator allows for bridging the gap between the patient and the provider," said Dr. Julius Manz of the New Mexico Dental Association. "The concept is to have an individual in the community who is knowledgeable about that community and its needs and limitations, as well as having knowledge of and relationships with the dental or medical community."

Access to care issues are often unique to individuals, added Dr. Manz, naming language barriers, fear, financial problems and transportation—or various combinations of those factors—as contributing to access problems.

"This was truly a collaboration between dentists and hygienists. I can't emphasize enough how great it has been for these groups to work together."

"The CDHC allows for individually working with that patient and overcoming access issues for that patient, then getting that patient into the health care system.

"That's what we really like about the CDHC," said Dr. Manz, who next month becomes the NMDA vice president. "The model addresses access to care on a very individualized level but looks at many different issues that prevent access to care. Some models only look at creating more providers. That's part of it but only a part. There are so many more issues to consider."

There are no CDHC training programs in New Mexico yet, but discussions are under way. Dr. Manz has an interest in starting one at San Juan College in Farmington, N.M., where he is the director of the dental hygiene program.

Negotiating the terms of the revised dental practice act (House Bill 187) was the top priority for a new collaboration between the New Mexico Dental Association and New Mexico Dental Hygienists' Association. The Dentist-Dental Hygienist Liaison Committee began meeting two years ago to discuss legislative issues in the state. Once the committee came to consensus on the provisions of the revised dental practice act, the NMDA and NMDHA endorsed HB 187 and

Dr. Manz: "The Community Dental Health Coordinator allows for bridging the gap between the patient and the provider."

worked together to get it passed.

Dr. Manz, a member of liaison committee, said, "This was truly a collaboration between dentists and hygienists. I can't emphasize enough how great it has been for these groups to work together. We may not always agree, but we can come together and talk about these issues and work toward what is best for the state and our patients. This is one area where things have changed and become very positive for us."

Gov. Susana Martinez signed HB 187 April 7.

"The new law addresses a number of issues that will have a positive impact on dental care in New Mexico," said Mark Moores, NMDA executive director. "We think it will really help improve oral health care and address some barriers that exist here."

Besides codifying CDHCs, the dental practice act provides for expanded function dental auxiliaries; allows people licensed to practice dentistry or dental hygiene in another state or students enrolled as dental residents at the University of New Mexico to obtain temporary public-service licenses; and authorizes the dental board to accept the results for clinical examinations from all current regional testing agencies for initial dental licensure.

"We have to figure out ways to affect changes that are beneficial to patients," Dr. Manz said of the legislative negotiations between the NMDA and NMDHA. "There has been a great deal of give and take, a lot of cooperation, and I think we've made significant gains that will improve access to care for all of our citizens."

The law is effective for the new fiscal year beginning July 1. Mr. Moores said the liaison committee is now working with the state dental board to implement the new rules.

The ADA launched the CDHC pilot program in March 2009 to develop a new member of the dentist-led oral health team who functions as a community health worker with dental skills focusing on education and prevention. CDHCs who have completed the program are working in underserved communities where residents have no or limited access to dental care, providing limited clinical services and connecting patients to dentists for treatment.

Because CDHC candidates are drawn from the communities in which they serve, they are aware of social barriers that prevent access and can more effectively help their neighbors overcome these barriers. They may be employed by federally qualified health clinics, the Indian Health Service and tribal clinics, state or county public health clinics, or by other practitioners in underserved areas.

Pilot program participants are affiliated with three sites. Temple University's Kornberg School of Dentistry trains participants to work in inner cities; the University of Oklahoma trains participants to serve in remote rural areas; and A.T. Still University Arizona School of Dentistry and Oral Health prepares participants to work in American Indian communities. ■

—foxk@ada.org

'No funds provided for' alternative providers through Sept. 30

BY CRAIG PALMER

Washington—The federal budget finally approved by Congress prohibits funding during the current fiscal year for alternative dental health care provider demonstration projects authorized by the health care reform law. The budget funds government programs through Sept. 30.

The Association has opposed funding for these demonstrations, which could support projects allowing midlevel providers to perform surgical/irreversible procedures. Public Law 111-148 Title V Section 304 authorizes demonstration grants "to establish training programs to train, or to employ, alternative dental health care providers in order to increase access to dental health care services in rural and other underserved areas."

The demonstration programs are not currently funded, and the joint House-Senate resolution to continue the operations of federal agencies and programs through Sept. 30 states that "no funds are provided for" the Section 304 demonstration grants.

President Obama's FY 2012 budget proposes funding for alternative dental provider demonstrations at $4,928,000. The House of Representatives has approved a separate FY 2012 budget that makes no mention of alternative dental providers but House Republicans, the majority party in that chamber, oppose funding for any new provisions of the president's health reform law. The Senate has yet to act.

The demonstration grants are newly authorized programs.

The health reform law defines the term "alternative dental care providers" to include "community dental health coordinators, advance practice dental hygienists, independent dental hygienists, supervised dental hygienists, primary care physicians, dental therapists, dental health aides, and any other health professional that the [Department of Health and Human Services] Secretary determines appropriate." ■

—palmerc@ada.org

Test speaking skills at Annual Session

Two 2010 participants are in this year's CE presenter lineup

BY STACIE CROZIER

Las Vegas—Dr. Jeff Baggett, a general dentist in Edmund, Okla., was looking for new opportunities to use his skills as a speaker when he learned about the ADA's New and Emerging Speaker Stage program before last year's Annual Session in Orlando, Fla.

"I saw some information about it in a brochure, and I decided I would like to get out of my comfort zone and speak at the ADA meeting," said Dr. Baggett. "I have been speaking at The Pankey Institute since 1987, but I had never spoken at the ADA Annual Session."

Dr. Baggett's stellar performance on the inaugural New and Emerging Speaker Stage in 2010 landed him at spot in the 2011 Annual Session speaker lineup. He will present Occlusion in Everyday Dentistry Oct. 10, 10 a.m.-12:30 p.m. and Occlusal Concepts and Pearls for Restorative Success Oct. 11, 2:30-5 p.m. at the Mandalay Bay Convention Center.

Dr. Baggett

Dr. Vidal

"Speaking is my way of giving back to the profession," said Dr. Baggett. "My courses are designed to give dentists information that they can take back to their practice and apply the next Monday morning. I want to help dentists improve their practices and improve their lives."

A general dentist for the past 30 years, Dr. Baggett said he enjoys speaking once a month or so now that he and his wife have more time to travel.

"Speaking is a lot of fun for me and the ADA program has already opened up some other opportunities for me."

Dr. Miguel Vidal, staff prosthodontist for the Massachusetts General Hospital Division of Dentistry, also had the opportunity to display his speaking skills on last year's New and Emerging Speaker Stage.

"When I saw the description in the Annual Session catalog, I thought it was a fantastic opportunity that I could not let pass," said Dr. Vidal. "This was a chance to showcase myself at a national meeting with scouts from other conferences in attendance. I decided to send in my application and I was fortunate enough to have been selected."

Dr. Vidal's prior speaking experience included a variety of venues, from presentations at local study clubs to national meetings. This year, he will present Optimizing Esthetic Results for Trauma Patients Oct. 12 at the ADA Annual Session in Las Vegas. The course will be held twice, from 8:30-11 a.m. and 2:30-5 p.m.

"When I was informed that they had invited me to lecture at the Annual Session based upon my presentation from the New and Emerging Speaker Stage, I was beyond excited," Dr. Vidal said. "It was an unbelievable honor to say the least, but it also validated all the effort in preparing the course content.

Las Vegas
American Dental Association
ANNUAL SESSION
OCTOBER 10 – 13, 2011

"The experience is invaluable especially if one has interest in lecturing," Dr. Vidal added. "You never know where this may lead. In my case, I was invited to lecture at the Annual Session the following year as well as other national meetings. I am definitely pleased that I decided to send my application. I would like to thank those responsible for providing this format. It is a great idea."

In 2010, the first year of the program, the Council on ADA Sessions chose 18 presenters from more than 140 submissions.

The New and Emerging Speaker Stage offers up-and-coming professional educators the chance to present a one-hour lecture during Annual Session and to be seen by scouts from other dental meetings. Applicants who are chosen to participate will also be featured on the Annual Session website and listed in the Official Guide on-site at the meeting.

Aspiring speakers must submit a proposal by June 30 by logging on to "www.ADA365.org" and following the step-by-step instructions.

The Council on ADA Sessions will review all proposals and notify individuals of their acceptance by July 15.

New Speaker Stage presenters are responsible for their own registration, housing and travel arrangements, as well as all expenses incurred. Presenters will not be compensated by the ADA.

Annual Session-goers who attend lectures at the New and Emerging Speaker Stage will not only be among the first to see new and emerging speakers on the profession's hot topics, but can also earn CE credit. Meeting registration is required to attend, but a ticket is not required for these courses. Attendees earn one CE credit for each lecture.

Visit "ada.org/session" after Aug. 8 for a list of speakers and presentations.

The deadlines for Annual Session competitions are almost here.

Dental professionals who have an outstanding adult preventive care program to introduce to their colleagues and peers should enter the Adult Preventive Care Practice of the Year Competition, sponsored by 3M ESPE Preventive Care. Entries must be received by July 15. For more information or to enter, visit the ADA365 website at "www.ADA365.org".

Practices with new office constructions and leasehold improvements or renovations completed between Jan. 1, 2008, and Dec. 31, 2010, can enter the 2011 Dental Office Design Competition sponsored by Wells Fargo. Entries must be postmarked by July 31. For more information or to enter, visit "http://practicefinance.wellsfargo.com/dentists/dental-office-design". ■

—croziers@ada.org

No plane needed for this skydiving adventure

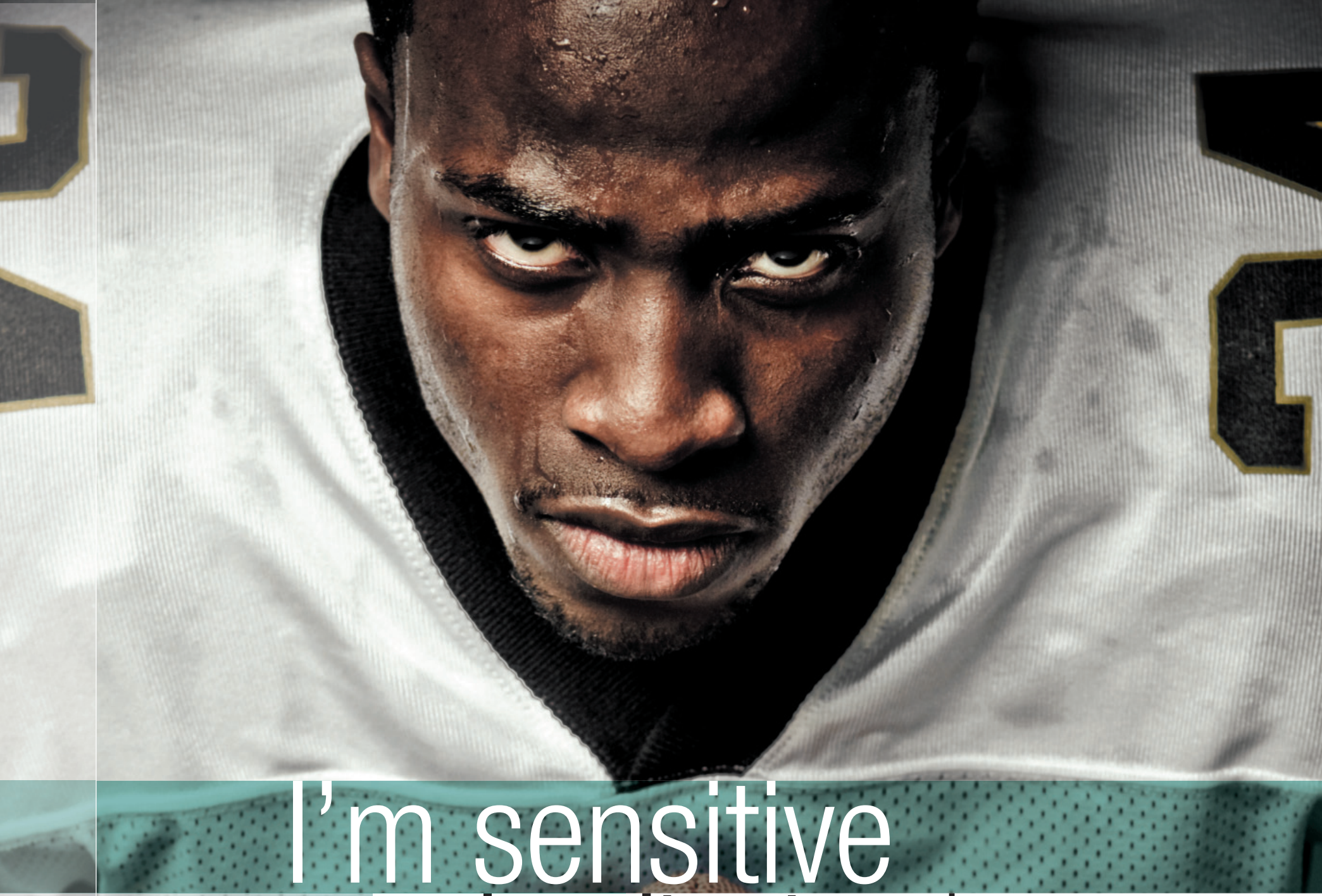
Las Vegas—Annual Session-goers can soar into a one-of-a-kind experience when they register for an ADA-exclusive indoor skydiving tour Wednesday, Oct. 12.

Guests will experience the free-fall feeling of skydiving inside a vertical wind tunnel, flying in a column of air 12 feet across and up to 22 feet high, with vertical airspeeds up to 120 miles per hour.

After 20-minutes of training, guests suit up for flight and take turns flying during a 15-minute session. Each individual receives approximately three minutes of airtime. Strict height and weight restrictions apply. This tour includes ADA exclusive use of skydiving flight chamber, flight suit, helmet, goggles, instruction and approximately three minutes of flight time per person.

This tour will be held Oct. 12, 2-5 p.m. The cost is $155 per person. For more information on this or other ADA Las Vegas tours or to register, visit "ada.org/session". ■

ADA Tours: The ADA Annual Session Tour lineup will include an indoor skydiving adventure on Oct. 12 plus several other one-of-a-kind Las Vegas experiences.



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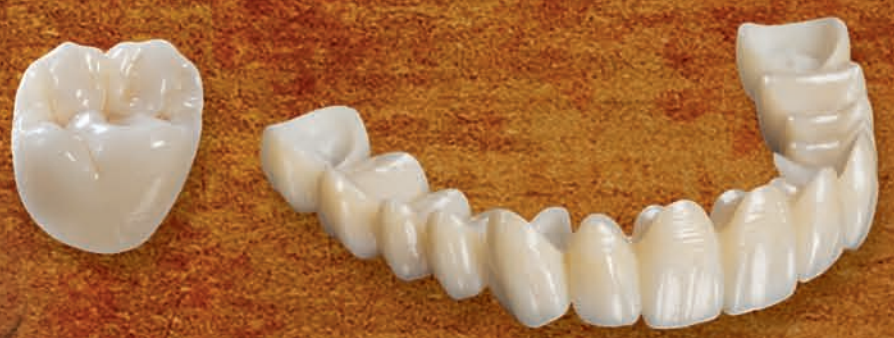

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- Conservatively prepare as thin as 0.5 mm with feather edge margins, much like you would cast gold

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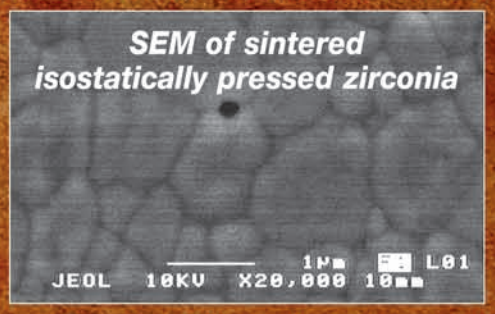
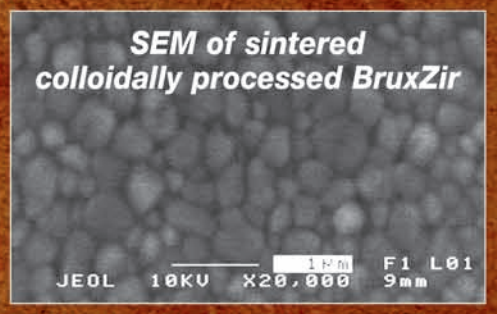
Burdette Dental Lab Inc.	Birmingham	AL	800-624-5301
Oral Arts Dental Laboratories, Inc.	Huntsville	AL	800-354-2075
Scrimpshire Dental Studio	Huntsville	AL	800-633-2912
Green Dental Laboratories, Inc.	Heber Springs	AR	800-247-1365
Continental Dental Laboratory	Phoenix	AZ	800-695-0155
Dentek Dental Laboratory, Inc.	Scottsdale	AZ	877-433-6835
New West Dental Ceramics **	Lake Havasu City	AZ	800-321-1614
Van Hook Dental Studio	Tempe	AZ	800-987-4665
BDL Prosthetics **	Irvine	CA	800-411-9723
Burbank Dental Laboratory Inc. **	Burbank	CA	800-336-3053
Continental Dental Laboratories	Torrance	CA	800-443-8048
Creative Porcelain	Oakland	CA	800-470-4085
Dental Masters Laboratory	Santa Rosa	CA	800-368-8482
Glidewell Laboratories **	Newport Beach	CA	800-854-7256
Iverson Dental Laboratories	Riverside	CA	800-334-2057
Nash Dental Lab, Inc.	Temecula	CA	877-528-2522
NEO Milling Center	Cerritos	CA	562-404-4048
Nichols Dental Lab	Glendale	CA	800-936-8552
Noel Laboratories, Inc.	San Luis Obispo	CA	800-575-4442
Perfect Smile Dental Ceramics, Inc.	San Diego	CA	877-729-5282
Precision Ceramics Dental Laboratory **	Montclair	CA	800-223-6322
Riverside Dental Ceramics **	Riverside	CA	800-321-9943
Robertson Dental Lab	Lompoc	CA	800-585-3111
Dodd Dental Laboratories	New Castle	DE	800-441-9005
Carlos Ceramics Dental Lab	Miami	FL	305-661-0260
DigiTech Dental Restorations	Doral	FL	888-336-1301
Fox Dental Laboratory	Tampa	FL	800-282-9054
Hennessy Dental Laboratory	Riviera Beach	FL	800-694-6862
Knight Dental Group	Oldsmar	FL	800-359-2043
TLC Dental Laboratory	Orlando	FL	800-262-2547
New Image Dental Laboratory **	Morrow	GA	800-233-6785
Oral Arts Dental Lab Georgia	Chamblee	GA	800-229-7645
The Lab 2000, Inc.	Columbus	GA	800-239-3947
Colonial Dental Studio	Davenport	IA	800-397-1311
Oral Arts Dental Lab Iowa	Dubuque	IA	800-747-3522
Artistic Dental Studio, Inc.	Bolingbrook	IL	800-755-0412
Dental Arts Laboratories, Inc.	Peoria	IL	800-322-2213
Distinctive Dental Studio, Ltd.	Naperville	IL	800-552-7890
Rockert Dental Studio	Wheaton	IL	800-665-1401
Vitality Dental Arts	Arlington Heights	IL	800-399-0705
Ito & Koby Dental Studio	Indianapolis	IN	800-288-6684
Keller Dental Laboratory	Louisville	KY	800-292-1894
Crown Dental Studio	Shreveport	LA	800-551-8157
Pfisterer-Auderer Dental Lab	Metairie	LA	800-288-8910
Aronovitch Dental Laboratory	Owings Mills	MD	800-441-6647
Eliason Dental Lab	Portland	ME	800-498-7881
Dental Art Laboratories	Lansing	MI	800-444-3744
D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
Excel Dental Studios Inc.	Minneapolis	MN	800-328-2568
Saber Dental Studio	Brooklyn Center	MN	800-264-3903
Thoele Dental Laboratory	Waite Park	MN	800-899-1115
Trachsel Dental Studio Inc.	Rochester	MN	800-831-2362
Webster Dental Laboratory	St. Paul	MN	800-621-3350
Wornson-Polzin Dental Lab	North Mankato	MN	800-950-5079
Keller Laboratories, Inc. **	Fenton	MO	800-325-3056

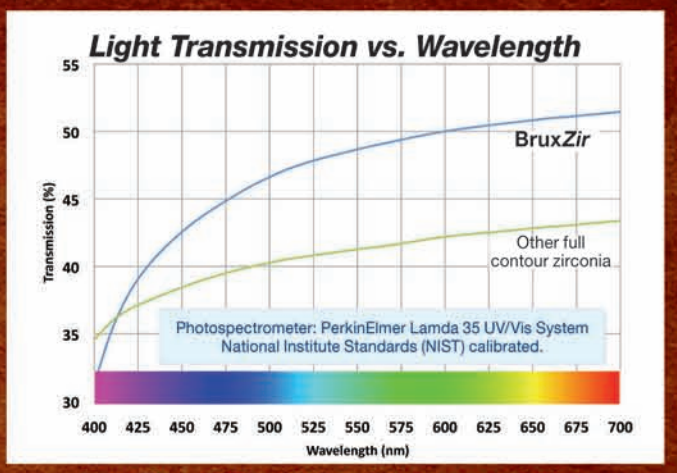
Scientific Validation

BruxZir Solid Zirconia crowns & bridges are made from the highest quality zirconia powder from Japan. We chemically and physically reprocess the powder to further reduce the zirconia particle sizes. BruxZir milling blanks are then created through a unique patent-pending process. Unlike conventional high-pressure milling blank manufacture, our processing gives BruxZir improved light transmission, which provides a lower, more natural shade value.





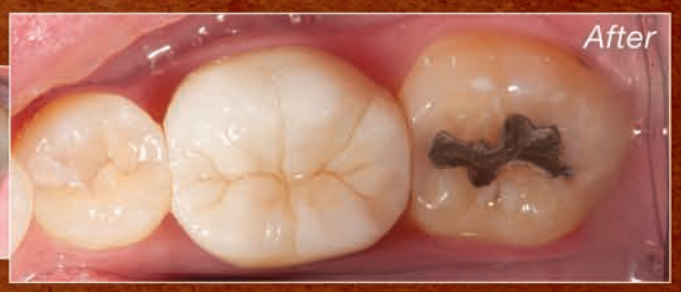
BruxZir's 50% smaller average grain size improves its physical properties.



BruxZir exhibits higher light transmission, resulting in a more natural shade value.

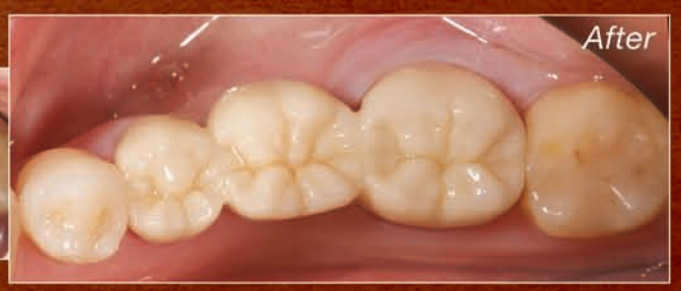
Wear Compatibility

In a recent study at the University of Alabama at Birmingham to measure the volumetric loss of enamel, glazed BruxZir was found to wear compatible with enamel and virtually identical to glazed IPS e.max®.



Antagonist Wear

The antagonistic (Steatite balls) wear shows BruxZir only with 72±21 micron, which is significantly lower than Ceramco®3 (110±48 micron). The University of Tübingen study was run using an eight chamber Willytec Chewing Simulator at 1.2 million cycles.



Authorized BruxZir Laboratories

LABORATORY	CITY	STATE	PHONE
Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Stewart Dental Laboratories	Columbia	MO	866-724-5509
Oral Tech Dental Laboratory	Pearl	MS	800-321-6201
Carolina Outsource Inc.	Charlotte	NC	704-814-0644
Drake Precision Dental Laboratory	Charlotte	NC	800-476-2771
The Freeman Center	Stallings	NC	800-659-7636
Kiess Kraft Dental Laboratory	Omaha	NE	800-553-9522
H & O Dental Laboratory	Manchester	NH	800-543-4312
Excel Berger Dental Laboratory	North Brunswick	NJ	800-438-3384
Ideal Dental Laboratory	Albuquerque	NM	800-998-6684
Las Vegas Digital Dental Solutions **	Las Vegas	NV	800-936-1848
Smile Design Dental Laboratory	Port Washington	NY	516-472-0890
John Hagler, CDT	New Albany	OH	614-560-5667
New Era Dental Arts, LLC	Sylvania	OH	800-971-8201
Salem Dental Laboratory	Cleveland	OH	800-747-5577
Tooth Fairy Dental Lab	Findlay	OH	419-429-8181
Flud Dental Laboratory	Tulsa	OK	800-331-4650
Great Southwest Dental Laboratory	Oklahoma City	OK	800-777-1522
Applegate Dental Ceramics	Medford	OR	541-772-7729
Albensi Laboratories	Irwin	PA	800-734-3064
Fort Washington Dental Lab	Fort Washington	PA	215-628-4944
Innovative Dental Arts	North Huntingdon	PA	866-305-5434
Sherer Dental Laboratory	Rock Hill	SC	800-845-1116
Bauer Dental Studio	Mitchell	SD	800-952-3334
Peterman Dental Laboratory	Nashville	TN	800-476-1670
Rogers' Dental Laboratories	Athens	TN	800-278-6046
S & H Crown & Bridge Inc.	Knoxville	TN	888-506-1263
Dental Dynamics Laboratory Inc.	Arlington	TX	817-792-3000
Oral Designs Dental Laboratory, Inc.	San Antonio	TX	800-292-5516
Stern Empire Dental Laboratory	Houston	TX	800-229-0214
Stern Reed Associates Dental Laboratory	Addison	TX	800-888-8341
Stern Tyler Dental Laboratory	Tyler	TX	800-926-1318
Treasure Dental Studio	Salt Lake City	UT	800-358-6444
Arrowhead Dental Laboratory	Sandy	UT	800-800-7200
Via Digital Solutions	Sandy	UT	888-484-6842
Art Dental Lab	Chantilly	VA	888-645-7541
Dominion Milling Center	Richmond	VA	877-285-5285
P & R Dental Lab Inc.	Alexandria	VA	703-916-8866
The Point Dental Studio, LLC	West Point	VA	804-337-5477
Saber Dental Studio	Waukesha	WI	800-365-3210
Midtown Dental Laboratory	Charleston	WV	800-992-3368

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Smith-Sterling Dental Laboratories **	Cartago	Costa Rica	800-479-5203
Pacific Edge Dental Laboratories **	Baja Calif.	Mexico	800-889-9323
EPS Dental Studio	Cuernavaca, MO	Mexico	346-246-5203

CANADA

Highland Dental Laboratory	Calgary, AB	Canada	800-504-3199
Hollywood Smiles Dental Laboratory Ltd.	Burnaby, BC	Canada	604-939-8118
Premium Dental Laboratories Ltd.	Burnaby, BC	Canada	604-294-2881
Protec Dental Laboratories Ltd. **	Vancouver, BC	Canada	800-663-5488
Impact Dental Laboratory	Ottawa, ON	Canada	800-668-4691

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EBD Champions Conference returns for its fourth year

July 28-30 event teaches dentists how to interpret evidence

BY JENNIFER GARVIN

For three years the ADA has hosted the EBD Champions Conference and for three years participants have overwhelmingly agreed: it's one of the "best conferences" they've ever attended.

"It really helps you learn some basic skills in finding and interpreting scientific evidence so we can provide the best quality of care to our patients," said Dr. Jane Gillette, a general dentist in Bozeman, Mont. "It also shows how you can simply implement EBD into your practice by showing real-life practitioners doing it in their offices and making it work."

Said Dr. Dan Watt, who first attended in 2010, "This was one of the best conferences I have attended in my 43 years as a dentist.

Learning: Dr. Jane Gillette talks to participants during the 2009 EBD Champions Conference. This year's EBD Conference is July 28-30 in Chicago.

Health&Science

"As a student of the periodontal literature in the 1980s and 90s and seeing the subjectivity in the evidence proposed by periodontists, it was a relief to end my skepticism and look forward to real evidenced-based dentistry," said Dr. Watt of Nampa, Idaho.

From finding evidence and interpreting it to implementing that evidence into clinical practice, this year's conference, July 28-30, at ADA Headquarters, is open to dentists from practice, academic and public health backgrounds.

Dr. Gillette recalled first learning about EBD in dental school at the University of Washington School of Dentistry. She said she was "blown away" by a course taught by Dr. Philippe Hujoel, who helped her realize that she didn't need to be given the answer to "What is best?" by someone else—she could figure it out for herself.

"I think using your critical thinking skills to determine 'What is best?' is the ultimate definition of what it means to be a doctor," she says.

With so much variety in quality of scientific evidence, Dr. Gillette compared ranking the quality of evidence to looking at a Pinto and a Mercedes and everything in between.

"The reality is that science comes in many different forms," she said. "And some of it is junk. This conference teaches skills some dentists possibly didn't get in school.

"Dentists are busy, and it's challenging to figure out what's the best evidence on a particular topic and how to find it and interpret it quickly."

Some of the questions that can stump can be as simple as "What kind of filling material should I use?" to more complex questions such as "Is it OK to have an implant and tooth-retained bridge?"

Dr. Gillette, who is again one of the conference speakers, will also teach first-time attendees how to search for scientific evidence online during the pre-conference workshop.

This is the fourth consecutive year for the conference, which this year is sponsored by the ADA. Deadline for applications is June 10, and applications will be reviewed on a first-come, first-served basis to fill the 100 slots available. The goal is for the participants to become EBD Champions and serve as resources to their local dental communities by promoting an evidence-based approach to patient treatment and disease prevention.

For more information on the ADA Center for EBD, visit "http://ebd.ada.org". There, ADA members also have access to reviews from the Cochrane Library. To download an application for the EBD Champions Conference, visit "www.ada.org/ebdconference".■

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CDT Practical Guide wins gold EXCEL award; ADA News, ADA Catalog also receive honors from national panel

BY KELLY SODERLUND

ADA News, the ADA Catalog and the 2011-2012 edition of CDT: The ADA Practical Guide to Dental Procedure Codes were all recipients of EXCEL Awards from the Board of Directors of Association Media and Publishing for material published last year.

The most current CDT: The ADA Practical Guide to Dental Procedure Codes earned a Gold EXCEL Award for books: technical book. The Current Dental Terminology manual is in its 8th edition and contains the Code on Dental Procedure and Nomenclature. It's an educational tool to help dentists, dental office staff and third-party payers communicate accurate information on dental procedures and services. It also includes more than 100 commonly asked coding questions and a glossary of dental and insurance terms.

"The Council on Dental Benefit Programs is very excited to have the CDT: The ADA Practical Guide to Dental Procedure Codes recognized with this fantastic award," said Dr. Christopher Smiley, CDBP chair. "We on the council believe the guide is a necessity in every dental practice and an important resource for dentists to have when coding procedures. We're glad the Board of Directors of Association Media and Publishing highlighted such a user-friendly manual in its awards this year."

The 2011 ADA Annual Catalog received the Silver EXCEL Award for special publications: membership directory/buyers. The catalog is one-stop shopping for professional resources, patient education materials and other products.

A Bronze EXCEL Award was presented to the ADA News for the story "Illinois Mission of Mercy: Volunteers Provide $1 Million in Care During the Two-Day Event." The story—which won in the category newspapers: feature article: more than 50,000 circulation—was published June 21, 2010, and written by Stacie Crozier, ADA News associate editor.

Ms. Crozier's story documented a MOM event in Bloomington, Ill., where more than $1 million in free dental care was provided to 1,953 patients. She interviewed patients, dentists, volunteers and others who participated, giving the reader a complete picture of what went on during the two-day clinic.

"This year's competition featured an extraordinary number of high-quality entries, but yours stood out from the rest as truly representing the best and the brightest in the association community," said Amy Lestition, Association Media and Publishing executive director. "We're proud to honor your work and inspiration."

Each group will be recognized June 1 at the 31st Annual EXCEL Awards Gala in Washington. ADA Publishing was notified of the awards April 14.

"We're very pleased to be honored by the leading organization of association publishers," said Michael Springer, managing vice president of publishing at the ADA. "It highlights the good work ADA staff does every day on behalf of our members." ■

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Student view: Adam Shisler (photo at left), president of the American Student Dental Association, speaks April 11 to the ADA Board of Trustees. The University of Texas Dental Branch at Houston student shares success stories from recent ASDA initiatives. Above, ADA President Raymond Gist (right) welcomes Mr. Shisler to the Board. Also shown is Dr. William Calnon, ADA president-elect.

Celebrating 66 years of fluoridation

States, communities honored at National Oral Health Conference

BY STACIE CROZIER

Pittsburgh—The ADA, the Association of State and Territorial Dental Directors and the Centers for Disease Control and Prevention celebrated 66 years of community water fluoridation at the National Oral Health Conference April 12, honoring more than 100 states and communities with 2010 Fluoridation Awards at Pittsburgh's Westin Convention Center.

A total of 22 communities were recognized with Community Fluoridation Initiative Awards for passing water fluoridation initiatives during the past year: El Dorado, Ark.; Watsonville, Calif.; Plant City, Fla.; Pickney, Mich.; in Mississippi, Naval Construction Battal, D'Iberville Water & Sewer, Town of Derma, Leesburg Water Association, Improve Water Association, New Hope Water Association, City of Bay St. Louis, City of Waveland, Rose Hill Water Association, Hotophia Water Association, Sparta Water Association, Kiln Water & Fire, Hancock Water & Sewer, Northeast Copiah Water Association, Harmony Water Association, Pearlington Water Association, and City of Bruce; and Gretna, Neb.

Another 10 communities received Fluoridation Reaffirmation Awards for defeating initiatives to discontinue fluoridation or approving initiatives to maintain fluoridation, including: Crescent City, Calif.; Dubuque and Iowa City, Iowa; Marine City, Mich.; Bolivar, Mo.; Walden, N.Y.; McMinnville and Keizer, Ore.; Proctor, Vt.; and Amery, Wis.

Photo by Dr. Eugenio D. Beltran

Honored: Dr. Steven M. Levy receives the 2010 Fluoridation Merit Award at the National Oral Health Conference April 12 at the Pittsburgh Westin Convention Center from Judith Feinstein, oral health director for the Maine Centers for Disease Control and Prevention and chair of the Association of State and Territorial Dental Directors Fluorides Committee chair.

California received a State Fluoridation Initiative Award for having the greatest increase in population receiving fluoridated water in 2010.

Alabama, Alaska, Illinois, Indiana, Massachusetts, Nebraska, North Dakota and Virginia received State Fluoridation Quality Awards for maintaining the quality of fluoridation and optimal fluoride levels.

Sixty-seven water systems received Fifty Year Awards for achieving 50 years of continuous water fluoridation during the past calendar year. A complete list of recipients is available on the ADA Dental Society Services website ("www.adadentalsociety.org/members/society/awards/fluoridation.asp").

Dr. Steven M. Levy was honored with the Fluoridation Merit Award in recognition for his outstanding contributions to the science and promotion of fluorides and community water fluoridation.

Dr. Levy is a professor and graduate program director at the University of Iowa College of Dentistry and has an appointment in the Department of Epidemiology, College of Public Health. With an extensive team of collaborators on the Iowa Fluoride Study, he continues to investigate the epidemiology of fluoride intake and dental fluorosis, including intake, dietary patterns and dental caries, as well as esthetic perceptions of dental fluorosis and other conditions, and genetic aspects of fluorosis and caries.

Dr. Levy is part of an interdisciplinary team involved in early childhood caries prevention. Other current and recent research projects include health services research on the use of water fluoride assay and dietary fluoride supplements; the use of dentifrice by preschool children; medication use in dentistry; the measurement and prevention of incipient root surface caries; Alzheimer's disease and oral health; and the epidemiology of oral disease among the elderly. ■

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Pumped up to help in Missouri

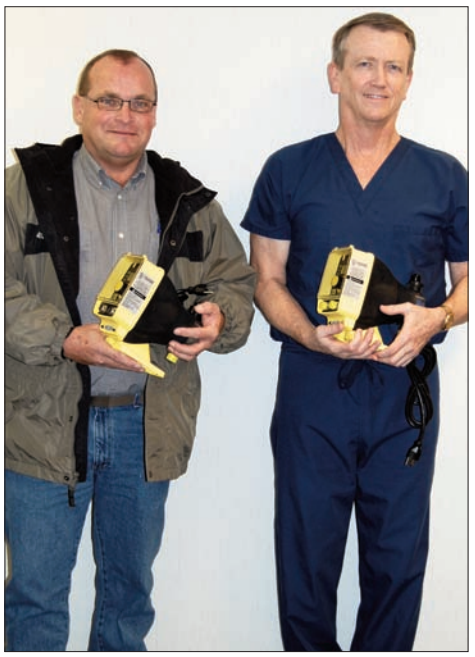
Greater St. Louis Dental Society donation keeps fluoride flowing

BY STACIE CROZIER

St. Louis—After offering nearly three decades of fluoridation to its citizens, the small Missouri town of Cuba faced a crisis in February 2010—the aging fluoride pumps were failing and there was no money in the budget to replace them.

When Dr. Don Fuchs, a Cuba dentist, learned about the water system's failing pumps, he brought the issue to the Greater St. Louis Dental Society Ad Hoc Committee on Fluoridation with a call for help.

"I started practicing in Cuba in 1978. I was a new dentist when the town voted in fluoridation in 1982. It's a really progressive small town and the vote was 79 percent for fluoridation," said Dr. Fuchs. "I've seen in my own patients that fluoridation provides the most bang for the buck. My patients with fluoridated water don't have the rampant caries that I see in patients with well water. In the long run it saves the state public health money, and I didn't want the public health to be diminished."



Flowing again: Cuba, Mo., Public Works Director Bob Baldwin, left, and Dr. Don Fuchs, a Cuba dentist and member of the Greater St. Louis Dental Society, show off two new fluoride pumps donated by the GSLDS to keep the town's water fluoridated.

Dr. Vern Cherry, chair of the Ad Hoc Committee on Fluoridation, asked the GSLDS board to help. After a few months of discussion and investigation, the board voted in October 2010 to purchase fluoride pumps for Cuba. The pumps were purchased in December 2010 and were installed and up and running by February.

"We typically restrict our fluoridation efforts to lobbying municipalities to begin or continue fluoridation," said Dr. Earl Larson, GSLDS president. "But in Cuba, fluoridation was already in place and they were facing a budget crisis so we put our money where our mouths are in this case. Purchasing the pumps really fit in with our mission of serving the public at large.

"We don't have deep pockets for fluoridation start-up funding, but Cuba's situation presented a unique set of circumstances and it gave us a chance to show public officials and citizens that we really believe in fluoridation," Dr. Larson added. "And I think the citizens of Cuba were very appreciative of what we did."

"It was a terrific collaboration between the town and the dental society," said Dr. Fuchs. "The dental society really took the bull by the horns to help Cuba continue to offer fluoridated water to its citizens." ■

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CLARIFICATION

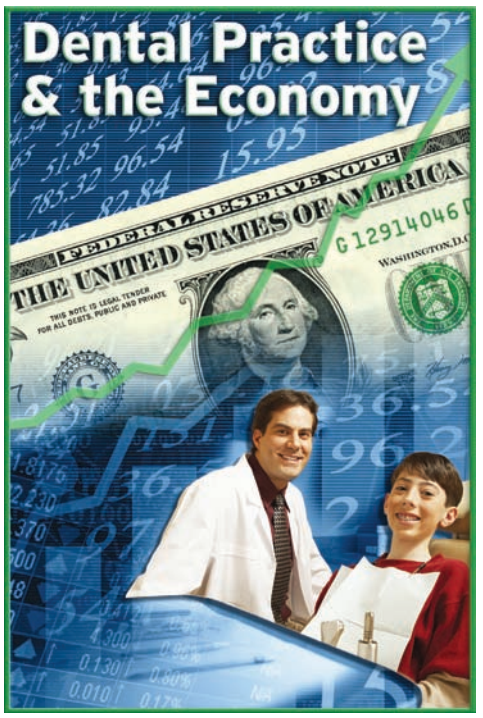
The article, "Making Music, Making Germs?" which reported on a study of contamination in band instruments, published in the April 18 ADA News omitted the name of the study and its authors: Glass, R.T., Conrad, R.S., Köhler, G.W., and Bullard, J.W. Evaluation of the Microbial Flora Found in Band Wind Instruments (Woodwinds and Brass) and Their Potential to Transmit Diseases. General Dentistry. 2011;59:100-7. The ADA News regrets the omission. ■

Confidence

Continued from page one

treatment acceptance rates and the index of future confidence in the economy based on the responses of the nearly 1,700 dentists surveyed.

"It's promising that dentists are experiencing higher revenues, seeing more patients and that those patients are willing to seek the treatment they need. But it's also encouraging that dentists are more confident in the economy than they were in the previous quarters," said Dr. Stephen Glenn, chair of the ADA Council on Dental Practice.



It was thought for the fourth quarter results in 2008 and 2009 that there was an increase in gross billings because patients were trying to use their dental benefits before the end of the year. But based on dentists' responses in the most recent survey, that wasn't the case in the fourth quarter of 2010. Only 15 percent of dentists reported an increase in billings because of this reason, while the majority reported the same or fewer people trying to use up their benefits.

"[This] could indicate greater worker confidence in continuation of employment and benefit terms," according to an executive summary published with the survey.

Because of their increased confidence in the economy, more dentists reported plans to purchase new equipment.

In the fourth quarter of 2009, 27 percent of dentists surveyed said they were planning to purchase new equipment in 2010, compared with 45 percent who said the same in the fourth quarter of 2010.

Among the other survey findings:

•The net income index between the third and fourth quarters of 2010 showed an upward movement. The percentage of dentists who reported less favorable conditions between the two quarters decreased from 61.3 percent in the third quarter to 51.1 percent in the fourth quarter. The percentage of dentists reporting more favorable conditions increased by about 7 percentage points to 18.6 percent in the fourth quarter.

•There was a more than 9 percent increase among dentists reporting higher gross billings.

•Dentists are either seeing more new patients or the same amount, a marked improvement from those who reported seeing fewer new patients in previous quarters. There was a 6 percent gain in the "no change" category and a 1.4 percent increase in dentists reporting they've seen a higher number of new patients.

•Increased treatment acceptance rates went up by nearly 4 percent.

•Dentists showed increased optimism in the economy, with a movement of 8 percent away from those reporting they were "not at all confident" in the economy in the third quarter survey. Those dentists are now reporting they are either somewhat or very confident in the future of the economy.

Dr. Michael Halasz, who practices in Dayton, Ohio, and chairs the CDP Subcommittee on Economic Issues, is optimistic about the survey results but still remains cautious about giving long-term predictions.

"My opinion is that while the overall tone of the economy seems to be improving and the numbers are encouraging, they tell us that more than 50 percent of the dentists responding report a decrease in income in the fourth quarter of 2010. That is not surprising. It seems that health care lags behind economic indicators by about 6-12 months," Dr. Halasz said. "If the economy is truly rebounding, it will take several months before we see our own practices rebound. I look forward to the next survey to see if these improvements continue." ■

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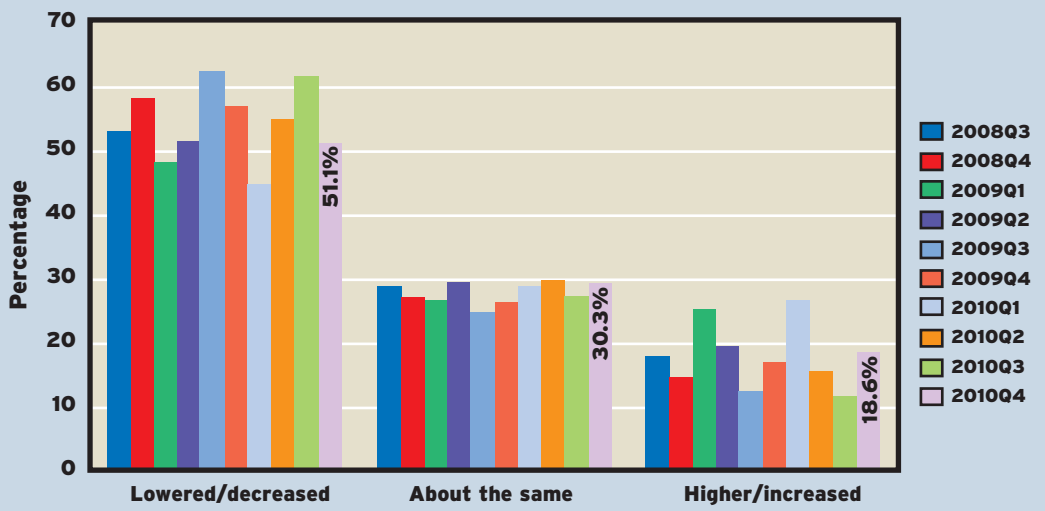
Net income

More dentists reported their net income was higher or about the same in the fourth quarter of 2010 than in the third quarter.



Source: American Dental Association*Quarterly Survey of Economic Confidence, Fourth Quarter 2010.*

Fraud prevention

HHS offers free webcast for health care providers online

BY KELLY SODERLUND

Washington—A free half-day training webcast of the Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training is set for May 18.

The U.S. Department of Health and Human Services, Office of Inspector General, is offering the training. Registration for in-person attendance has been closed, but the federal agency is encouraging health care providers, compliance officers and their legal counsel to take advantage of the free webcast of the live training in Washington.

Dentists who wish to establish a fraud and abuse compliance program, update existing programs or who wish to learn more about health care fraud or abuse may be interested.

The training will give an overview of fraud and abuse authorities and the consequences of health care fraud, teach participants compliance program basics and how to cultivate a culture of compliance within their organizations, and help them learn what to do when an issue arises.

For more details, visit "http://compliance.oig.hhs.gov".

The OIG is also offering supplements to the HHS publication A Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse.

A companion PowerPoint presentation, the speaker note set and a narration of the speaker notes are available at "http://oig.hhs.gov/fraud/physicianeducation". The materials summarize the five main federal fraud and abuse laws and provide tips on how physicians and dentists should comply with the laws in their relationships with payers such as Medicare and Medicaid programs, vendors and fellow providers. ■

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Committee volunteers sought for new standards projects

The ADA Standards Committee on Dental Products is looking for volunteers for four approved new work projects that SCDP approved in March.

The ADA standards process depends on volunteer participation and serves as a unique opportunity for participants to gain insight and network with fellow members and volunteers.

Proposed ANSI/ADA Specification No. 34 will specify requirements and test methods for dental cartridge syringes. These are reusable dental syringes of the aspirating, nonaspirating and self-aspirating types using cartridges with dental local anesthetics.

Proposed ANSI/ADA Technical Report No. 145 for Interfaces for Dental CAD/CAM Systems will assist in the definition of interfaces so that the combination of computer-aided design and computer-aided manufacturing components work seamlessly together to improve the quality of the final restoration and dental prosthesis.

Proposed ANSI/ADA Technical Report No. 146 for CAD/CAM Implant Abutments will provide minimum recommendations for test methods and requirements for the design and production of CAD/CAM dental implant abutments, which can be independently verified.

Proposed ANSI/ADA Technical Report No. 147 for Accuracy of CAD/CAM SLA Models will address the accuracy of data generated by digital scanners, the accuracy of data processing methodologies and the accuracy of the manufactured model compared to the original specimen.

For more information or to volunteer, contact Kathy Medic at the ADA toll-free number, Ext. 2533, or by email at "medick@ada.org". ■

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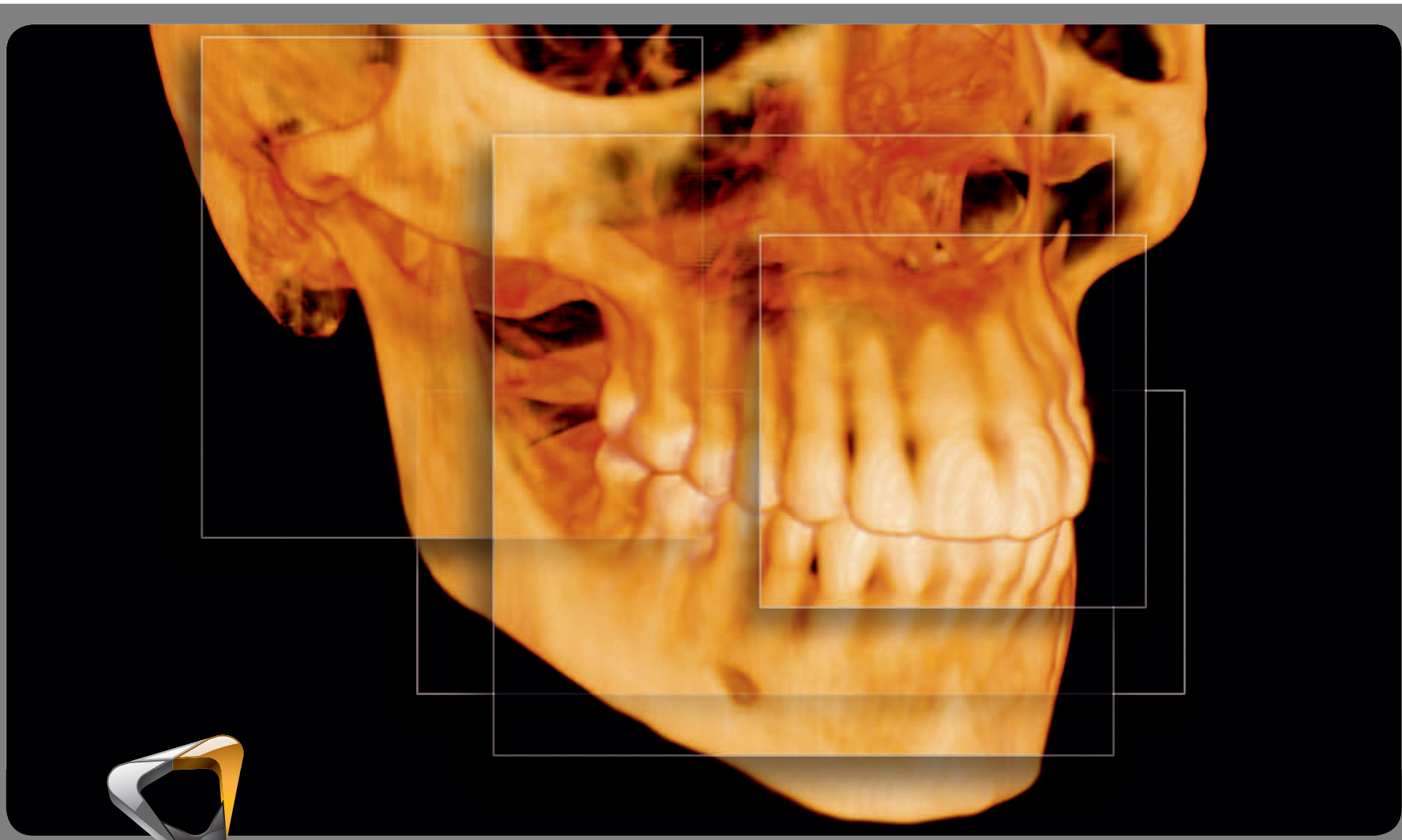

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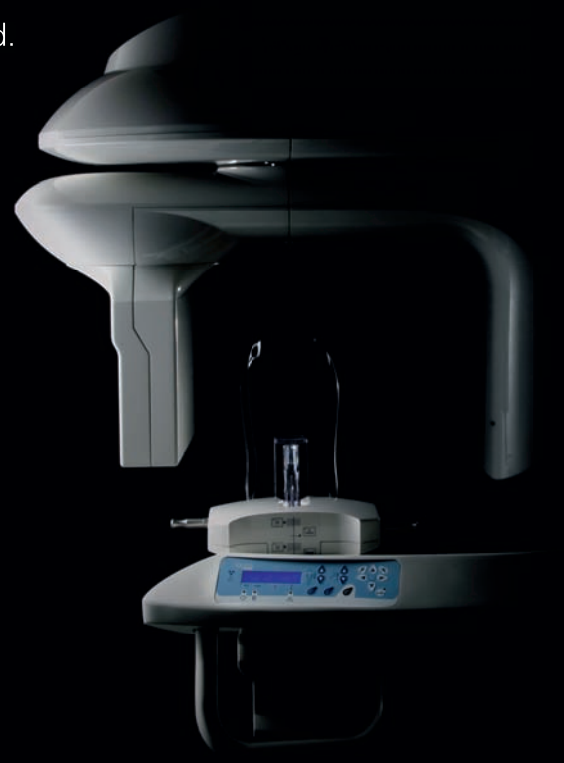

* Work in Progress – not available for sale in the United States or Canada. Systems identified and labeled as CS 9300-1 are available in the United States. 4/25 (Code: 4552 DE 93 AD 0511)

Dental lab leaders hopeful for positive change

BY KELLY SODERLUND

A primary focus of the stakeholders at the Feb. 23 Dental Laboratory Summit in Chicago was the success the dental lab industry has achieved in addressing key issues during the past year.

The National Association of Dental Laboratories has been successful in identifying a different regulatory avenue to expedite the U.S. Department of Labor's classification for dental lab technicians, moving the original timeline for such a change up by five years. In December, the NADL and the American Dental Association told the Labor Department that the current system misclassifies DLTs with respect to dental lab education and training.

The DOL originally said changes to the 2010 classification system couldn't be made and that recommendations for the 2018 system would be taken in 2013. But the NADL began working with Rep. John Kline, R-Minn., and through interactions with DOL's Evaluation and Testing Administration, another response was identified that would achieve a quicker time frame to request a classification change. The outcome is that the next survey will take place in 2012 and changes to the classification system can be made as early as 2013.

"We believe this opportunity to provide more accurate data on the educational requirements that are necessary to be proficient as a dental technician will increase the ability of the dental laboratory industry to obtain workforce development and training grants to help assist existing dental laboratory educational programs stay in existence. ADA and NADL have identified this as one of the key challenges for dental laboratory technology. Further, this development and the outcome will provide a more attractive profile to attract new workers into the field," said Bennett Napier, executive director of the NADL.

Recruitment and retention: Dr. Charles (Bill) D'Aiuto, Subcommittee on the Future of Dental Laboratory Technology chair, wants to get more students in dental lab programs and more qualified dental lab technicians employed.

Fast track: Bennett Napier, NADL executive director, worked to persuade the U.S. Department of Labor to move up the time frame to request a change in the way dental lab technicians are classified by their education and training.

Dr. Charles (Bill) D'Aiuto, member of the Council on Dental Practice and chair of its Subcommittee on the Future of Dental Laboratory Technology, has taken a keen interest in promoting the industry and resolving some of the more pressing issues. He speaks of a potential program for recruitment and retention of dental lab programs and how the ADA can help.

Some 20 years ago, Dr. D'Aiuto was part of an oversight committee that developed Project Select, an outreach program that focused on recruiting students to dental team careers.

He is interested in learning if aspects of the program may be molded to provide the same type of outreach to get students in dental lab programs and qualified dental lab technicians employed.

Using this model may be one of the best and quickest ways the ADA can have an effect on the dental laboratory technology industry," Dr. D'Aiuto said. "The subcommittee will propose a meeting of the minds within the industry who can aid the ADA in molding a strategy for success."

Dr. D'Aiuto points to the results of the 2011 ADA Survey of Dental Laboratory Technology Programs, where 17 out of 19 schools solicited returned a response.

"That's strong," Dr. D'Aiuto said. "That means they want the ADA to hear what they have to say."

The survey showed there were several strong dental lab technology programs that don't have funding pressures but still have ample applicants, Dr. D'Aiuto said. Armed with that information, Dr. D'Aiuto plans to interview those schools' program directors to find out exactly what their funding mechanisms are and what they do in the community to continue to bolster applicants. He then plans to take that information and create a formula for how to bolster weaker programs across the country.

Other highlights from the 2011 Dental Laboratory Summit include:

•Dr. Burney Croll, executive director of the Dental Laboratory Summit, said dental lab technicians should be classified in the major occupational group, which includes technical occupations. Instead, the Labor Department placed the profession in a rating that is listed as only requiring a high school education, which some government agencies correlate as unskilled labor.

•Dr. D'Aiuto commented on the shortage of dental lab technicians in the profession right now, with more dentists and dental schools on the horizon. "We're no longer staying the course," he said.

•The NADL's goal for 2013 is to launch an occupational awareness campaign aimed at attracting high school students to the profession.

The purpose of the lab summit was to brainstorm, not set policy, Dr. D'Aiuto said.

"Now what we need to do is work with people who make the policy, propose programs and set the agenda for change," Dr. D'Aiuto said. ■

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Lauded: Dr. Michael Helgeson, at right, accepts the 2011 Saul Kamen Award from Dr. Kevin Hendler, Special Care Dentistry Association president, April 2 in Chicago.

Dr. Michael Helgeson receives Saul Kamen Award from SCDA

BY STACIE CROZIER

Honored for his accomplishments as a dentist, leader and advocate for patients with special needs, Dr. Michael Helgeson is the recipient of the 2011 Saul Kamen Award from the Special Care Dentistry Association.

"My job is so much fun," said Dr. Helgeson. "Every patient has unique needs and concerns, and it offers me a great opportunity to use creativity, whether it's treating patients with physical challenges or medical conditions that affect their oral health, or working with patients' caregivers and physicians or reaching out to the vulnerable elderly population. Receiving this award is a huge honor, and I'm thrilled and surprised."

Dr. Helgeson was honored April 2 at the SCDA annual meeting at the Swissôtel Chicago. Established in 2008, the Kamen Award is SCDA's highest honor and recognizes individuals who demonstrate exemplary leadership and contributions to the advancement of oral health care for persons with special needs.

An SCDA member since graduating from the University of Minnesota School of Dentistry in 1984 and a past president (2004-2006), Dr. Helgeson is the CEO of Apple Tree Dental, a nonprofit organization that provides in-clinic and mobile oral health care for people with special dental access needs in five Minnesota regions, including low-income children and families, elderly nursing home residents, people with disabilities and others with serious dental needs. His innovative and successful practice model has been recognized by the ADA, the U.S. Surgeon General, Oral Health America, the Robert Wood Johnson Foundation and the Kellogg Foundation.

"My advice to my colleagues in dentistry who have a passion for helping others is to give treating special needs patients a try," said Dr. Helgeson. "The reward you receive is knowing that you can make things happen that wouldn't be possible if you weren't there. There's no substitute for that. It's a great feeling."

Dr. Helgeson has also been a leader and advocate for improving the oral health of older adults. He was one of the consultants to the ADA Council on Access, Prevention and Interprofessional Relations that developed ADA House Resolution 5H-2006, which laid the groundwork for the Association's involvement in initiatives to address the oral health needs of the vulnerable elderly. He provided content expertise for the ADA OralLongevity DVD/brochure developed in collaboration with GlaxoSmithKline and the ADA Foundation. He served on the Elder Care Advocacy Committee from 2007 to 2009 and currently serves on the National Elder Care Advisory Committee to CAPIR.

"It's exciting to see the leaders of the ADA and SCDA step up to the plate to help prepare our profession for the coming influx of older adults that dental practices will be seeing in the near future," said Dr. Helgeson. "It's an exciting time to work in dentistry as our leaders prepare each of us to get ahead of the curve and be prepared to serve the rapidly growing populations of older adults and special care patients." ■

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Sharecare

Continued from page one

"In Sharecare, we saw the opportunity to bring the voice of the ADA and dentists to millions of people, providing them with the most credible and trustworthy oral health information there is and helping them achieve optimal oral health," said Dr. Raymond F. Gist, ADA president.

The ADA was approached by Sharecare in January. After a meeting with ADA Executive Director Kathleen O'Loughlin, review from the Council on Communications and approval by the Board of Trustees, a contract was signed in April.

Oral health will be among 48 topics covered on the site. Consumers can also ask questions pertaining to cancers, fitness and exercise, and mental health among many other areas. Some of the questions currently on the site include: Is it safe to use herbal medicine for mild depression? Are loss of balance and neuropathy related? What can cause my child to get a rash after a fever?

Sharecare will begin incorporating ADA responses by taking topic information already available on ADA.org, in patient brochures and in dental videos and repurposing it for its website. ADA staff will then begin to answer submitted questions and soon will invite its 25 trained member spokespersons to respond to questions that come through the website. The goal is eventually to open up the process to the general membership, allowing other dentists to participate in the Q-and-A process.

Those who opt to answer questions will get their own profile page on the website, which will list their credentials, link to any question they've answered and also link to their practice's website.

ADA leadership believes the collaboration will promote the ADA and reinforce the Association's role as the leading advocate for oral health. It will also engage the public and enhance the recognition and importance of the dentist as the authority on oral health and care.

"Sharecare represents an exciting opportunity for the ADA to directly engage with millions of people as the leading resource and advocate for oral health, while providing them with the information they need to become more knowledgeable and involved in their own disease prevention and oral care," said Dr. O'Loughlin.

The ADA's presence on the website will also provide the Association a vehicle to leverage its intellectual property and drive traffic to ADA.org.

Content from the ADA will be available on Sharecare's website in early May.■

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Social media

Continued from page one

the ADA Council on Communications, which forwarded the resolution to the Board. "In order for the ADA to grow in relevance and fulfill our mission to the profession and the public, social media will need to play a role in our integrated communications process."

Some effects will be immediate and some are a continuation of social media implementation that began over the last year.

The Annual Session Facebook page, Twitter feed and mobile application that were successful in 2010 will be expanded this year along with implementation of social media tools for promoting Annual Session.

The 2011 New Dentist Conference, which already has more than 650 Facebook followers, will implement a Twitter feed for the first time this year. Give Kids A Smile and National Children's Dental Health Month will see more social media activity including video and photos of events on YouTube and Flickr. Archives of ADA videos, including the extensive library of Dental Minutes, will be repurposed to create an ADA channel on YouTube.

All of this requires the dedication of staff resources to review and manage daily posts and triage questions, and that's why the ADA Council on Communications advanced the "Social Media Strategic Plan and Integration" report and resolution to the Board for consideration.

With social media's potential to help members build their practices and more effectively engage with patients, Dr. Kolling said it's a natural fit for the ADA strategic plan.

For the past year, the council examined the use of social media as a way to deliver ADA messages and open two-way communications with a variety of audiences. Research was conducted with members and the public through the council's Social Media Workgroup.

"The point of using social media is that it allows us to be closer to our audience—that is, our members and the public—and be more relevant to them so we can serve their needs," said Dr. John Nase, a member of the Council on Communications and chair of the Social Media Workgroup.

Research activities included input from members, the public, volunteers and staff through focus groups; print, email and online surveys; and collaborative sessions.

"We found there is considerable consensus among our councils and volunteers, leaders and staff of ADA agencies who provided input regarding the goals of social media," said Dr. Nase.

The strengths, weaknesses, opportunities and threats posed by social media also formed part of the council's report to the Board. Using social media can present new challenges to organizations. By its nature, social media presumes an openness and willingness to engage in interactions with audiences.

"Whenever you go from one-way communication—such as the ADA as an organization sending a message to an audience of members, the public or the profession—to two-way communication, you always run the risk of damage to your reputation through negative feedback," said Dr. Nase.

"Those risks are part of being genuine to your audience," he said. "We are a quality organization. We have a sterling reputation for a reason. If we are willing to trust our audience, the risks of two-way communication are really minimal. In addition, it gives us the ability to respond to those views and be more relevant as an organization."

What's more, those risks are overshadowed by the many opportunities social media poses for the ADA, said Dr. Nase, an avid user of social media.

"I use Twitter, Facebook and LinkedIn to reach my audience, which is my patients and the community in which I live," he said. "It's very much like taking a walk down the street and talking to people. I'm connecting with people through social media. It's all about being part of a community." ■

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Strategic planning: Dr. Josef Kolling, chair, ADA Council on Communications, discusses how social media can help the ADA establish two-way communications with members.

CORRECTION

A photo from the Dental Team Advisory Panel meeting published in the April 18 ADA News incorrectly stated Nancy Conlin Wahl's title. She is a dental hygienist. The ADA News regrets the error. ■

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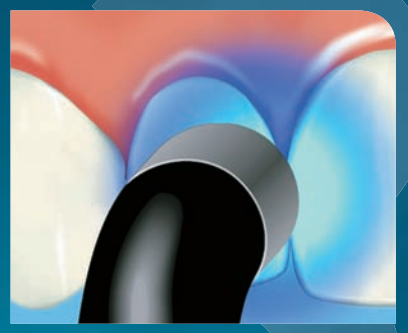

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