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ADA NEWS

MAY 16, 2011

VOLUME 42 NO. 10

GKAS vision

Prevention is awards gala focus for future

BY CRAIG PALMER

Washington—The fourth American Dental Association Foundation Give Kids A Smile Awards Gala was a night of celebration May 10 with a rooftop view of landmarks in the nation's capital beneath a blue expanse of evening sky in honor of many smile benefactors.

Some 165 guests among the volunteers, benefactors, sponsors and
See GALA, page 42



Welcome: ADA President Raymond F. Gist starts off the American Dental Association Foundation Give Kids A Smile Awards Gala May 10 with a smile—and the Lincoln Memorial highlighted by the setting sun.

BRIEFS

Are you a member?

The ADA has a membership renewal rate that other professional associations envy.

It's not surprising. The strength of the tripartite—local, state and the ADA at the national level—means three times the benefits.

Practice management resources to help dentists be successful in practice, great continuing education, award-winning publications and insurance programs—plus Find-A-Dentist on ADA.org—are just a few of the dozens of reasons that dentists choose to belong.

"There is something for everyone at the ADA," said Dr. Virginia Hughson-Otte, chair of the ADA Council on Membership. "But dentists appreciate a good deal, too, so the ADA is offering several membership promotions right now. With the economy improving, those who have been delaying membership may find this is a good time to join."

Included among special offers are:

- A new dentist special promotional incentive: Nonmember dentists who are five to 10 years out of dental school who join this year will pay the applicable local and state dues and receive 50 percent off national dues.

- Prorated dues: As long as you were not a member in 2010, the ADA offers prorated dues. Apply now and pay 50 percent for membership, which takes effect July 1.

See BRIEFS, page 10

Advocacy gets results

Dental leaders focus on the issues in Washington



Insurance: Dr. Gosar talks to dental leaders May 9 about legislation he introduced, the Competitive Health Insurance Reform Act of 2011, which would repeal the exemption and restore application of federal antitrust laws to "the business of insurance." Story, page 10.

BY CRAIG PALMER

Washington—ADA President Raymond F. Gist, welcoming the nation's dental leaders to the May 9-11 Washington Leadership Conference, gave himself a 90-second test to deliver a key message, an "elevator speech" on the role of workforce in oral health for all Americans.

"What we really want people to understand is that:

- All Americans deserve access to quality oral health care provided by fully educated, fully trained dentists, and the teams that support them.

- Workforce is only one of many barriers that keep too many of our citizens from enjoying good oral health. Initiatives that focus only on workforce, and ignore factors like education, prevention and financing, will not have a significant impact on eradicating mouth disease.

- The capacity to treat millions of new patients already exists. There is an adequate supply of dentists today, and the best available projections have determined that there will be an adequate supply for the next 20 years.

- We support workforce innova-

■ **Leadership conference newcomers, page 12**

■ **IHS hearing, page six**

■ **Dr. Gist visits Navajo Nation, page 30**

tions that improve our ability to practice more efficiently and prevent disease. However, only dentists should diagnose disease, develop treatment plans and perform surgical/irreversible procedures.

"The states, and not the federal government, should define the scope of practice and the degree of supervision appropriate for all health care providers within their borders."

By Dr. Gist's reckoning, "I came in at about 65 seconds."

The ADA president May 9 thanked the state and local dental leaders from around the country who take part in

See ADVOCACY, page 14

JUST THE FACTS

Gross billings

Among independent dentists, specialists had higher gross billings per owner than general practitioners between 2004 and 2008.



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



Photo by Kristine Buis

How-to: Children role play a visit to the dentist in MouthPower, an interactive learning laboratory at the National Museum of Dentistry. ADA Business Resources' support for the museum helps encourage children to make healthy choices.

Supporting oral health education

ADA Business Resources makes \$10K donation to National Museum of Dentistry

Baltimore—The National Museum of Dentistry's efforts to inspire children to make healthy choices just got a major boost from

ADA Business Resources.

In keeping with its support of foundations with outreach programs, the for-profit subsidiary of the American Dental Association donated \$10,000 to the National Museum of Dentistry, an affiliate of the Smithsonian Institution, to support the museum's exhibitions and innovative programs that educate visitors about the importance of good oral health.

"We're thrilled to support this fantastic organization," said Deborah Doherty, managing vice president of ADA Business Resources. "We firmly believe in their mission to promote oral health to all populations, particularly the underserved."

The ADABEI contribution will help the museum provide the public—especially children—with access to information and educational programs about oral health, said Jonathan Landers, NMD executive director.

"The National Museum of Dentistry inspires people to make healthy choices by creating and sharing learning opportunities that celebrate the heritage and future of dentistry," said Mr. Landers. "We're passionate about keeping people's smiles bright and healthy."

The National Museum of Dentistry also develops traveling exhibitions that tour children's and science museums and dental schools throughout the United States, providing the public with engaging information about oral health. Highlights include George Washington's ivory dentures, Queen Victoria's personal dental instruments, and an extraordinary collection of toothbrushes ranging from the 1800s to the present.

Congress designated the 15-year-old museum as the official museum of the dental profession in the United States. For more information, go to "www.dentalmuseum.org". ■

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CDC health literacy resources available on new website

The Centers for Disease Control and Prevention has launched a new health literacy website at "www.cdc.gov/healthliteracy".

Health Literacy: Accurate, Accessible and Actionable Health Information for All offers information and tools to improve health literacy and public health. Organizations that interact and communicate with people about health—including public health departments, health care providers and facilities, health plans, government agencies, nonprofit, community and advocacy organizations, childcare and schools, the media and health-related industries—can find helpful information to help improve health literacy in the populations they serve.

The site features health literacy organizations by state and planning tools to use the National Action Plan to Improve Health Literacy. The health literacy blog "http://blogs.cdc.gov/healthliteracy" provides a forum for commentary and discussion of vital issues in health literacy improvement. ■

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U.S. drug czar to speak at wellness conference

BY KELLY SODERLUND

The Director of the White House Office of Drug Control Policy, R. Gil Kerlikowske, will give the keynote address at the 2011 Conference on Dentist Health and Wellness scheduled for Aug. 18-19 at ADA Headquarters.

The purpose of the nationally-recognized conference is to bring together dentists, spouses, dental team members, dental students and professionals who work with dentists, and connect them with national experts who can discuss and provide key information on professional impairment, general health issues and ergonomics.

"To get a speaker of his political stature is quite a

privilege for our organization and our members," said Dr. Christopher Larsen, chair of the Ergonomic and Disability Support Advisory Committee. "I know I'm excited to hear him speak."

President Obama nominated Mr. Kerlikowske for his current position, where he coordinates all aspects of federal drug control programs and implements the president's National Drug Control Strategy, according to his biography on his office's website.

Mr. Kerlikowske has nearly four decades of law enforcement and drug policy experience and has also served as Seattle's police chief, deputy director for the U.S. Department of Justice's Office of Community Oriented Policing Services, and

police commissioner of Buffalo, N.Y. The majority of his law enforcement career was in Florida, where he served in the St. Petersburg Police Department.

Mr. Kerlikowske served in the U.S. Army where he was awarded the Presidential Service Badge. He also served as the chair of the board of directors of Fight Crime: Invest in Kids, a national organization that advocates for evidence-based programs that help prevent youth crime.

The ADA's wellness conference will offer two program tracks, where attendees can either take courses on general health and ergonomics or professional impairment. To register, visit "www.ada.org/wellnessconference". ■

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*Dramatization illustrating reduction of plaque bacteria 12 hours after brushing with Colgate Total® vs regular fluoride toothpaste.

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ViewPoint

MyView

Hard to say goodbye



Stuart L. Segelnick, D.D.S.

Ten years ago a wonderful patient entered my practice. What I remember of that encounter is very little. She was 73 years old back then, and her hair was graying. She spoke in very gentle tones and she initially struck me as educated and kind. Although she reminded me in every way of my grandma, in reality she was probably the grandmother anyone would ever hope to have.

She was referred to me initially by her general dentist for periodontal surgery. After her treatments, her dentist felt, due to her severe periodontal disease, it would be in her best interest to continue her three-month periodontal maintenance therapy at my office. Her dentist would see her at

least once a year for a full dental evaluation and any necessary management.

For the past 10 years, this wonderful patient would return every three months. Now, going through her chart, I'm genuinely surprised to see she did not miss one appointment! I wonder how many of my colleagues can find that quality of patient, a true Lou Gehrig of dental patients. I remember many of our conversations through the years of how proud she was of her daughter and daughter-in-law, who were both registered nurses, and her grandchildren, who were attending college. Though she didn't come out and say it, I felt from her stories, how difficult

I have had 10 years of feeling a person's trust, listening to the good, the bad, the interesting, the boring, the bland, the exciting.

it was for an African American to come by such education in the 1930s through the 1950s, when she was of college age.

Yesterday, when she came in for her three-month visit, I walked into the operatory and went directly to the sink to wash my hands. My back was to her when I asked her, "How have you been?" "Oh, not very good," she

replied. As I dried my hands I turned to her and was surprised to see my long-time patient looking frail and a bit bloated. "What's going on?" I slowly prompted.

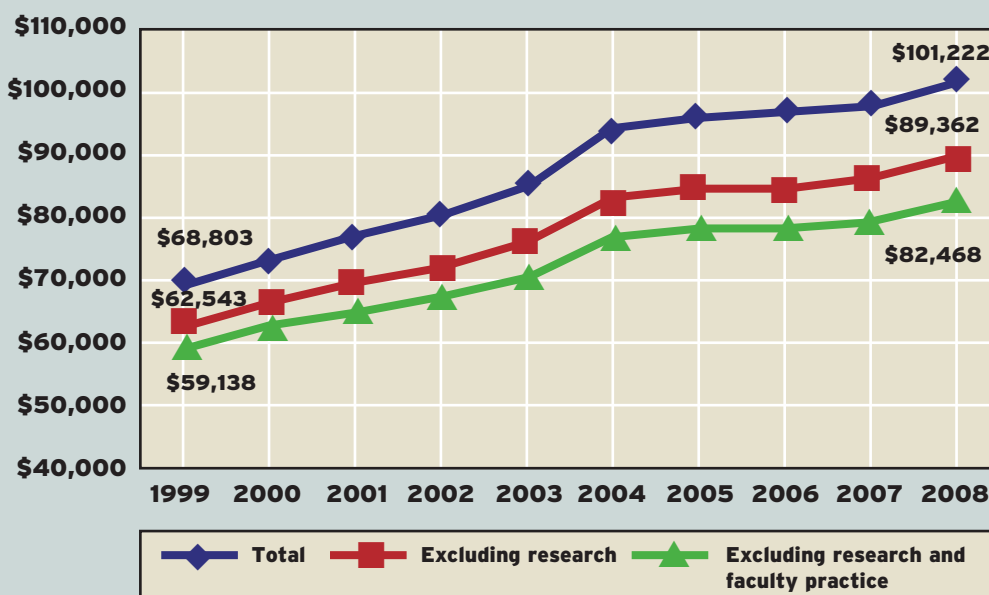
"I'm sorry I canceled my last appointment and had to cancel three others," she said. As she said this I was looking through the chart and noticed the last time she came in was five months ago. "But I was very sick, they found that I have breast cancer and it has metastasized into my lungs ... stage four." As she spoke I noticed her labored breathing.

See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Dental school expenditures

Total expenditures per full-time equivalent student have risen 47.1 percent over the past decade. Expenses excluding research rose at a more moderate pace of 42.9 percent, and expenses excluding research and faculty practice increased by 39.5 percent during this time period.



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

Letters

Amalgam

I am confused about the article concerning amalgam ("ADA Commends U.S. Negotiating Language on Dental Amalgam," April 18 ADA News).

I was under the impression the ADA and Food and Drug Administration had stated amalgam was safe and effective. Now there are "important public health issues" with amalgam?

I assume these are negative questions. What does "achieve the phase down" of amalgam mean? Banning it? Why?

I am not aware of any studies that prove amalgam is harmful or unsafe. Are there any? How come the change in attitude about this restorative material?

Thomas R. Levickas, D.D.S.
Pasadena, Md.

Editor's note: The ADA Council on Scientific Affairs and the Council on Government Affairs respond:



We thank Dr. Levickas for his comments. A few points merit clarification.

The "important public health issue" referenced in the article and quoted by Dr. Levickas relate to the value of den-

tal amalgam as a public health tool, along with the importance of a prevention-based approach reducing the demand for amalgam. The phrase does not relate to any concern over amalgam safety.

Similarly, the term "phase down" refers to a phase down in demand for amalgam (and all restorative materials) as a result of an increased focus on oral disease prevention.

Earlier times

While reading the letter from Dr. Lloyd Drucker ("History Lesson," April 18 ADA News), I felt a twinge of sadness for those dentists who have not enjoyed the privilege of participating in our profession of dentistry during the earlier times which Dr. Drucker remembers in his letter.

Bill E. Taylor, D.D.S.
Enid, Okla.

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".

Medical examiners extend invitation to dental ID teams

Las Vegas—The International Association of Coroners and Medical Examiners will hold its annual conference June 20-24 at the Golden Nugget Hotel and Casino.

The meeting is open to all dentists interested in learning the process of searching the records of missing persons and

unidentified human remains in order to solve cases. The breakout session, DVI Dental: Building a Response Team, will be held June 23 and led by Dr. Kenneth W. Aschheim, Dr. Lawrence A. Dobrin and Dr. Sheila Dashkow.

Register before May 23 to receive a special rate at the hotel.

For more information, visit "www.theiacme.com". ■

MyView

Continued from page four

At that moment I felt like the proverbial deer, frozen by the headlights of a car racing unforgivingly forward. I may have said “I can’t believe it” or “I’m so sorry.” I’m not sure. But by the time I realized who I was again, I was sitting next to her telling the story of my mother, who I lost to ovarian cancer when she was only 56 years old. It was a story she had heard before, and I noticed her nodding that she remembered. We talked about her family and all their accomplishments, but I saw that was a mistake, as she got all misty-eyed. My mouth then just said on its

own, “God should grant you a full recovery.” She looked up into the sky and said without missing a beat, “It’s all in God’s hands.”

What happened afterward were phone calls to her physician and oncologist trying to determine if any antibiotic coverage was needed. The hygienist had already performed some of the scaling and I asked my patient why she didn’t tell the hygienist of this important change in her medical history. “I wanted to tell you first,” was her reply. At that point I had to turn away, as a tear fell down my face.

I have had 10 years of feeling a person’s trust, listening to the good, the bad, the interesting, the boring, the bland, the exciting. I love my profession and enjoy the interaction, although times like these are horrible. Because life always

ends, I cherish the times we have had and the hope that is always present.

After 10 years of seeing and speaking, treating and caring for someone at least four times a year, I realized that I have more of a relationship with my patients than I have with many of my friends and family. I know I will pray every day for her recovery, but, unfortunately, I am jaded. I have had too much familiarity with people’s illnesses and have seen too many people pass on from this late-stage cancer.

Looking back to yesterday, I wanted to give my patient a hug; I wanted to tell her she was the best patient I’ve ever had. I wanted to let her know that I will always care about her. “Would this be proper?” I thought. I found myself up by the front desk, stunned and word-

less, when the secretary asked to schedule her next three-month appointment. My patient said, “God willing,” as she set up the appointment.

Dr. Segelnick is a periodontist in Brooklyn, N.Y. His comments, reprinted here with permission, originally appeared in the November 2009 issue of The Bulletin of the Second District Dental Society (New York).

Editor’s note: The New York State Dental Association presented Dr. Segelnick with the 2010 Bernard P. Tillis Award for Writing Excellence for this editorial, which was reprinted in the March 2011 issue of the New York State Dental Journal.


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ADA CE Online (“www.adaceonline.org”) offers quality continuing education courses at an affordable rate, as well as several free courses.

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- Explaining Dental Conditions and Procedures to Patients (a course for dental team members)—Learn about common dental conditions and the procedures used to treat them, and how to teach patients to care for their teeth and gums (one CE unit).
- Managing Stress in the Dental Office—Gain skills needed to reduce reactions to stress and mitigate stress-inducing situations in this course (one CE unit).
- Overview of ADA Recommendations on the Organization and Implementation of Peer Review (for ADA members only)—Course describes the ADA’s guidelines and explains the peer review and mediation process (one CE unit).
- Understanding Associations Series (for ADA members only)—Enhance your knowledge of associations and the ADA. This course builds leadership skills and offers insight into strategic planning; finances and budgeting; political action and more (three CE units).

For information on these and all courses, visit “www.adaceonline.org”. ■

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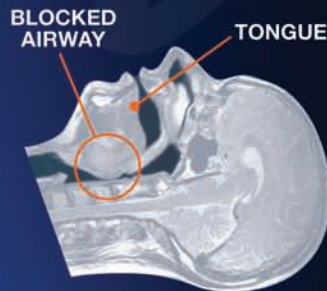
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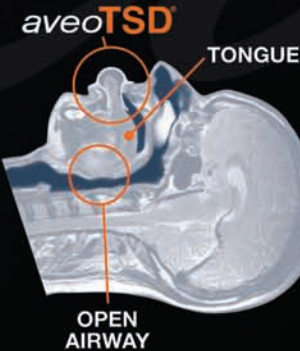
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Association commends Congress, administration for IHS funding boost

BY CRAIG PALMER

Washington—The Association urged Congress

May 3 to support the public-private partnerships forming in Indian Country to advance the oral



Photos by Bill Griger

Commending Congress: Dr. Mathew J. Neary, left, chair of the ADA Council on Government Affairs, speaks to a House Appropriations Committee May 3 in Washington. Listening at right is Lester Secatero, Albuquerque Area Representative for the National Indian Health Board.

health of Native Americans.

In testimony on oral health issues affecting American Indians and Alaska Natives, the Association thanked the House Appropriations Committee for supporting the Indian Health Service dental program and commended the Obama administration for recommending increased funding for the IHS Division of Oral Health.

"However, the ADA believes more needs to be done to improve access to dental care and reduce oral disease among American Indians and Alaska Natives," Dr. Matthew J. Neary told a House appropriations hearing chaired by dentist/Rep. Mike Simpson, R-Idaho. Dr. Neary, who chairs the ADA Council on Government Affairs, presented the oral testimony. The Association also offered a written statement on recommended fiscal year 2012 appropriations for the Indian Health Service.

"The Arizona and New Mexico Dental Associations established the ADA's Native American Oral Health Care Project to address the imbalance in access to quality oral health care among Native Americans."

Congress is engaged in sharp debate over government spending, now and future, and House hearings are the first step toward approving next year's Indian Health Service appropriation. The Association testifies annually on the IHS oral health budget.

"The ADA and its constituent societies in Indian Country have been working during the past year to advance oral health outreach and raise awareness in Indian Country," Dr. Neary told the appropriations subcommittee on interior, environment and related agencies.

"The Arizona and New Mexico dental associations established the ADA's Native American Oral Health Care Project to address the imbalance in access to quality oral health care among Native Americans," the Association testified.

"Just last month, ADA President Dr. Raymond Gist met with tribal leaders, health directors and policymakers to discuss the development of a comprehensive approach for improving oral health care in Indian Country. During these sessions, discussions began on how to recruit American Indians into the dental professions.

"In a meeting with the Pueblos of Jemez and Sandia—both of which operate 638-designated health care and dental facilities—Dr. Gist dis-

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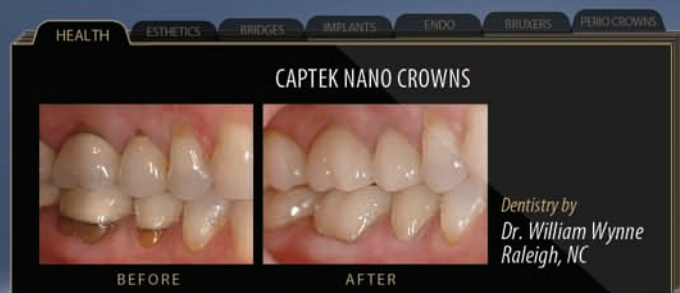
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Dentists' dialogue: Rep. Mike Simpson, House Appropriations Committee chair and a dentist, asks questions May 3 on why the incidence of caries is higher in American Indian and Alaska Native children.

■ Report on Dr. Gist's visits to Indian Country, page 30

cussed such goals as improving access to dentures for community elders and supporting oral health care prevention strategies for youth. Dr. Gist also met with the Inter Tribal Council of Arizona to discuss how the ADA and ITCA can join forces to pool and leverage resources to enhance prevention efforts to the 21 tribes the ITCA serves.

"The ADA has also supported similar efforts between tribes in the Aberdeen area and the North and South Dakota dental associations. We are very encouraged by these efforts and want to make the committee aware of these talks. As more concrete plans develop, we anticipate that there could be a need for additional resources for the tribal nations for oral health literacy and prevention programs and workforce.

"We hope the committee will support our efforts in building these public-private partnerships," the Association said.

Rep. Simpson asked Dr. Neary why the incidence of caries is higher in AI/AN children than the general population. Dr. Neary cited research presented in October 2010 at the ADA's second Symposium on Early Childhood Caries in American Indian and Alaska Native Children, and the two proceeded to have a dentist-to-dentist discussion on the findings. (A summary report is posted online at www.ada.org/5154.aspx.)

"I thank the ADA for trying to get dentists to Indian Country," said Rep. Simpson. "I know the ADA has worked hard to get dentists to these areas. I appreciate the work that the ADA has done."

On other matters, the Association told the appropriations subcommittee:

- The level of early childhood caries among AI/AN children has reached epidemic proportions; in many native communities, 25-50 percent of preschool children have such extensive ECC that they require full-mouth restorations under general anesthesia, compared to less than 1 percent for non-AI/AN children.

- The IHS dental program reports an improvement in reducing professional vacancies; in three years, dental vacancies were reduced from 140 to 45.

- The Association supports continued spending at current levels for IHS dental facilities and urges expansion of dental clinical and preventive support centers.

"Thank you for allowing the ADA to testify and highlight the needs and successes of the Indian Health Service dental program," Dr. Neary told IHS appropriators. "The ADA is committed to working with you, the IHS and the tribes to aggressively reduce the disparity of oral disease and care that currently exists in Indian Country." ■

—palmerc@ada.org

Vermont legislature rejects dental tax

BY KELLY SODERLUND

Burlington, Vt.—The Vermont legislature rejected a proposed 3 percent tax on dental services, a victory for the Vermont State Dental Society and the thousands of dentists and residents who protested.

On May 5, House and Senate members of the legislative conference committee on Gov. Peter Shumlin's proposed tax bill reached an agreement without the inclusion of a dental services provider tax. On May 6, the bill was passed by both bodies.

But the bill does include a 0.8 percent tax on

medical and dental and a requirement that the administration study and report back to the 2012 legislature the data necessary to apply the provider tax to all health providers not currently paying the tax (including dentists, physicians, health therapists and chiropractors among others).

The bill also includes a 38 cent increase in the cigarette tax, which VSDS officials suggested as a replacement for what was called the "tooth tax."

"This was a tremendous success that combined the efforts of all of our members, our lob-

byists, the American Dental Association State Public Affairs program and, most of all, the more than 11,000 Vermonters who signed a petition opposed to the tax," said Dr. R. Scott DeBruin, VSDS president.

Gov. Shumlin proposed the tax to generate \$6 million in revenue to offset the state's budget shortfall. It was among many tax increases the governor has proposed, including those on hospitals, home health and nursing homes.

Dr. DeBruin estimated the tax would cost, on average, \$17,000 to each dentist in the state.

See VERMONT, page nine

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Stronger enforcement of HIPAA, thanks to new law

BY KELLY SODERLUND

The Health Insurance Portability and Accountability Act was always designed to be taken seriously, but the federal government is taking new and more aggressive steps to enforce the health privacy act and investigate possible violations.

Government

In the past, HIPAA enforcement was driven by complaints filed by individuals. But thanks to the

Health Information Technology for Clinical and Economic Health Act, which is part of President Obama's American Recovery and Reinvestment Act of 2009, the Office for Civil Rights also has the authority to conduct compliance reviews and launch investigations based on the information

collected. Plus, state attorneys general now have the authority to bring civil action on behalf of state residents for HIPAA violations.

In addition to enhanced enforcement activities, the HITECH Act significantly increased the civil monetary penalties that OCR may impose on covered entities and business associations that violate HIPAA. (Details on the HITECH Act are posted online at "www.ada.org/news/4843.aspx".)

"This strengthened penalty scheme will encourage health care providers, health plans and other health care entities required to comply with HIPAA to ensure that their compliance programs are effectively designed to prevent, detect and quickly correct violations of the HIPAA rules.

Such heightened vigilance will give consumers greater confidence in the privacy and security of their health information and in the industry's use of health information technology," said Georgina Verdugo, director of the OCR, in an October 2009 news release announcing the increased penalties.

State attorneys general are now able to bring

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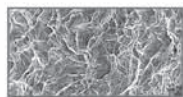
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actions for damages on behalf of their state residents and enjoin further violations of HIPAA.

In April, OCR began conducting HIPAA enforcement training courses for state attorneys general, covering, among other topics, investigative techniques for identifying and prosecuting potential violations; the roles and responsibilities of state attorneys general under HIPAA and the HITECH Act; resources for pursuing alleged HIPAA violations; and HIPAA enforcement support and results. Attorneys general in Connecticut and Vermont have already brought enforcement actions under HIPAA.

The OCR has requested an additional \$5.6 million in the federal budget for fiscal year 2012, largely to enforce the law. Nearly \$2.3 million would fulfill the agency's requirement of hiring regional privacy officers who offer guidance and education to covered entities, business associates and individuals regarding HIPAA privacy and security; \$1 million would enforce the HIPAA Security rule; and an additional \$1.3 million would be put toward investigating breach reports.

Covered entity dentists and other health care providers have been required to comply with HIPAA regulations for a number of years but the recent increased enforcement makes it that much more important to be knowledgeable and compliant.

This is made especially clear on the HHS website, which provides summaries of various resolution agreements between the federal government and covered entities that were investigated for

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HIPAA violations (posted online at “www.hhs.gov/ocr/privacy/hipaa/enforcement/examples/index.html”).

For example, HHS announced on Feb. 24, and posted on its website, that the General Hospital Corporation and Massachusetts General Physicians Organization Inc. agreed to pay the U.S. government \$1 million to settle potential HIPAA violations.

According to the HHS website, the settlement followed an extensive investigation by OCR and required Mass General to sign a resolution agreement that calls for it to develop and implement a comprehensive set of policies and procedures to safeguard its patients’ privacy.

The settlement and investigation was sparked when documents containing the protected health information of 192 patients, including people with HIV/AIDS, was lost from Mass General’s Infectious Disease Associates outpatient practice on March 9, 2009. An employee carrying the documents left them on the subway train.

“We hope the health care industry will take a close look at this agreement and recognize that OCR is serious about HIPAA enforcement. It is a covered entity’s responsibility to protect its patients’ health information,” Ms. Verdugo said in a news release announcing the settlement.

On Feb. 22, HHS announced it had imposed a civil monetary penalty of \$4.3 million on Cignet Health of Prince George’s County, Md., for violating the HIPAA Privacy Rule. Of the \$4.3 million, \$1.3 million was because Cignet violated 41 patients’ rights by denying them access to their medical records when requested and \$3 million was for the company’s failure to cooperate with the OCR investigation, according to the HHS announcement.

An OCR investigation can also be triggered by a covered entity’s report of a breach of unsecured protected health information. Under the HITECH Act, covered entities are required to notify OCR of such breaches. The OCR website (“www.hhs.gov/ocr/privacy/hipaa/administrative/branchnotificationrule/breachtool.html”) lists reported breaches that involve 500 or more individuals. As of May 9, 272 entities had reported breaches affecting 500 or more individuals to OCR.

The breaches were reported by hospitals, student health centers, offices of health care practitioners, insurance companies and other covered entities. The information was taken from paper records, laptop computers, emails, portable electronic devices, mailings, computer hard drives and other means of storing and transmitting information.

The information was compromised through theft, computer hacking, unauthorized access, loss, improper disposal and other types of breaches. Information about the breaches is posted on the website as it’s reported and verified.

Examples of these breaches listed on the website include:

- In an Aetna facility in Connecticut, it was discovered on May 28, 2010, that a file cabinet containing protected health information was not cleaned out before it was given to Aetna’s vendor for removal. The file cabinet contained documents pertaining to about 6,372 individuals.

- An imposter posing as a representative of a recycling firm obtained several barrels of purged X-ray films and film jackets from the Carle Clinic in Illinois on Jan. 13, 2010. The breached information included full patient names, dates of

birth, patient clinic and medical numbers, internal accession numbers, type of film and site locations, dates and times of image creation, physician or provider names and internal provider numbers.

- A password-protected laptop computer containing protected health information was stolen from the personal residence of Nihal Saran, M.D. The laptop contained the information of about 2,300 individuals.

HIPAA protects the privacy and security of individuals’ protected health information. The breach notification rule regulates when and how to notify individuals, HHS and, in some cases, the media, if unsecured protected health information has been breached.

The ADA offers a guide for dentists to familiarize themselves with the requirements under

HIPAA. The ADA Practical Guide to HIPAA Compliance: Privacy and Security Kit provides a step-by-step plan to help prepare and implement a HIPAA compliance program for a dental practice and also includes sample forms, policies, procedures, risk assessment questions, checklists and workforce training guidelines.

The kit (J594 in the ADA Catalog) contains the manual, CD-ROM and update service through 2013. It’s \$225 for members and \$337.50 for non-members. Order today and save 15 percent with priority code 11171. Offer expires June 30. All products are available online at “www.adacatalog.org” or by calling 1-800-947-4746.

The Office of Civil Rights provides information about HIPAA at “www.hhs.gov/ocr/privacy/hipaa/understanding”. ■

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Vermont

Continued from page seven

It would have had a federal match of \$9 million, and the \$6 million raised from dentistry would have been put back into enhanced Medicaid dental benefits. Dr. DeBruin and many other dentists support funneling money back into Medicaid but they disagree with the source of the funding.

The VSDS launched an aggressive campaign to protest the tax, collecting more than 11,000 signatures from VSDS members and Vermonters.

While the VSDS is celebrating this victory, it’s also looking ahead to the next legislative session, where it expects legislators to consider more tax opportunities. The state society is encouraging members to use the summer and fall to continue talking to legislators, promoting dentistry and its importance in improving the oral health of Vermonters.

The VSDS is holding forums for its member dentists on June 10 and 18 to discuss future issues (see “www.vsd.org” for more details). ■

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Rep. Gosar: 'You are my first believers'

BY CRAIG PALMER

Washington—When he returned May 9 to the Washington Leadership Conference, where he launched his campaign for Congress two years ago, freshman Rep. Paul Gosar, R-Ariz., thanked the nation's dental leaders for his election.

"You have given me the opportunity to sit at the

Government

table at a critical time in America," he told a rapt audience who gave him standing ovations coming and going, shared a few laughs along the way and

embraced him as "our own" Paul Gosar. "It takes teamwork, and you are my first believers." The WLC audience included some 400 dentists among 550 registrants for this annual springtime event.

Dr. Gosar served as vice chair of ADA Council on Government Affairs, class of 2009, and announced his first campaign for public office at

Photo by Bill Geiger



Just do it: "I hope there's a bunch more who will start thinking about this. America needs you," Rep. Gosar said in urging other dentists to run for office.

the 2009 WLC. "Immediately he signed up for the first-ever ADPAC campaign school held in D.C. in June 2009," Dr. Roger Triftshauser, former American Dental Political Action Committee chair, said by way of introduction. "He graduated with distinction, the distinction of not knowing what he was getting into. Colleague dentists came to his financial rescue, since he had to give up his practice. In fact, Paul states emphatically that he won his election to Congress on the shoulders of his peers."

"A group of my patients asked if I'd be interested in running," said the newly minted congressman, who nixed the idea initially then decided, "You know what, why not try?"

And here he was back to the WLC to say, "Thank you," and urge fellow professionals, "I hope there's a bunch more who will start thinking about this. America needs you." Rep. Mike Simpson, R-Idaho, the other dentist in the 112th Congress, has risen to appropriations and budget leadership. Rep. Gosar serves on oversight and government reform and natural resources committees.

Rep. Gosar described his run for Congress as "an adventure," "my odyssey," an uphill battle just to establish name recognition in a crowded primary. "Outside of dentistry, and the Arizona delegation will tell you, nobody knew anything about Paul Gosar. Name recognition was my worst problem."

He plugged his bill to repeal the 65-year McCarran-Ferguson Act antitrust exemption for insurers, an idea he advocated as an ADA council member. H.R. 1150, the Competitive Health Insurance Reform Act of 2011, would repeal the exemption and restore application of federal antitrust laws to "the business of insurance," including health insurance. The Association is seeking co-sponsors, which Rep. Gosar encouraged. "Don't take no for answer and take the time to explain it," he told the dental leaders, many of whom have scheduled visits to Capitol Hill during the May 9-11 WLC to lobby their House and Senate members.

The McCarran-Ferguson repeal legislation is one of three WLC lobbying "asks." The Association also urges repeal of the health reform law annual cap on flexible spending accounts and seeks co-sponsors for legislation offered by dentist/Rep. Simpson and Rep. Mike Ross, D-Ark. The Breaking Barriers to Oral Health Act of 2011 is designed to help state and local oral health stakeholders form public-private partnerships to improve oral health education and dental disease prevention and reduce other barriers to care. ■

—palmerc@ada.org



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BRIEFS

Continued from page one

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WLC freshmen here to learn

Some 50 'first-timers' trek to D.C. for advocacy lesson

BY CRAIG PALMER

Washington—It's a tale of two freshmen, both

incidentally from Florida and merely seated next to other when they met at the Washington Leadership Conference, each at a different stage in their chosen profession, both testing leadership waters in different ways but here to learn.

The May 9-11 WLC had 566 registrants, including 395 dentists, state dental leaders, students and guests. An estimated 50 attendees self-identified as first-timers at this annual springtime professional lobby when dentists go to Capitol Hill to carry dentistry's messages to their representatives and senators. Do the math and you'll come up with roughly one in 10 registrants defining themselves as leaders in the rough and ready to rise to leadership.

ADA President-elect Bill Calnon called out one of the two WLC freshmen from the speaker's podium, inviting Veena Vaidyanathan, second year student at the University of the Pacific Arthur A. Dugoni School of Dentistry, to stand with two other attendees representing the American Student Dental Association. "Thank you for being with us," Dr. Calnon said as the audience of predomi-

"The main reason I'm here is to understand the process of dealing with legislators and communicating with them, so I can understand communications with Steve (Rep. Southerland) better and also with national leaders. He comes to me and wants my opinion and guidance."

nantly veteran WLCers applauded.

Ms. Vaidyanathan of Arcadia, Fla., told the group that she chairs ASDA's legislative grassroots network and looks forward to joining the ADA Council on Government Affairs in October as student liaison. "I run our student lobbying day and I hope to learn something here so that I can plan next year's lobby day in Washington." This year as a participant she joined dental students in lobbying Congress for National Institute of Dental and Craniofacial Research appropriations and dental responder legislation. Both measures have the strong support of the American Dental Association.

Dr. F. Reese Harrison is 12 years into his Lynn Haven, Fla., solo practice. Freshman to freshman, Dr. Harrison is here to support and inform Rep. Steve Southerland, R-Fla., whom he helped elect to the 112th Congress. "I did a fundraiser for him, one of many," he says modestly. "The main reason I'm here is to understand the process of dealing with legislators and communicating with them, so I can understand communications with Steve better and also with national leaders. He comes to me and wants my opinion and guidance."

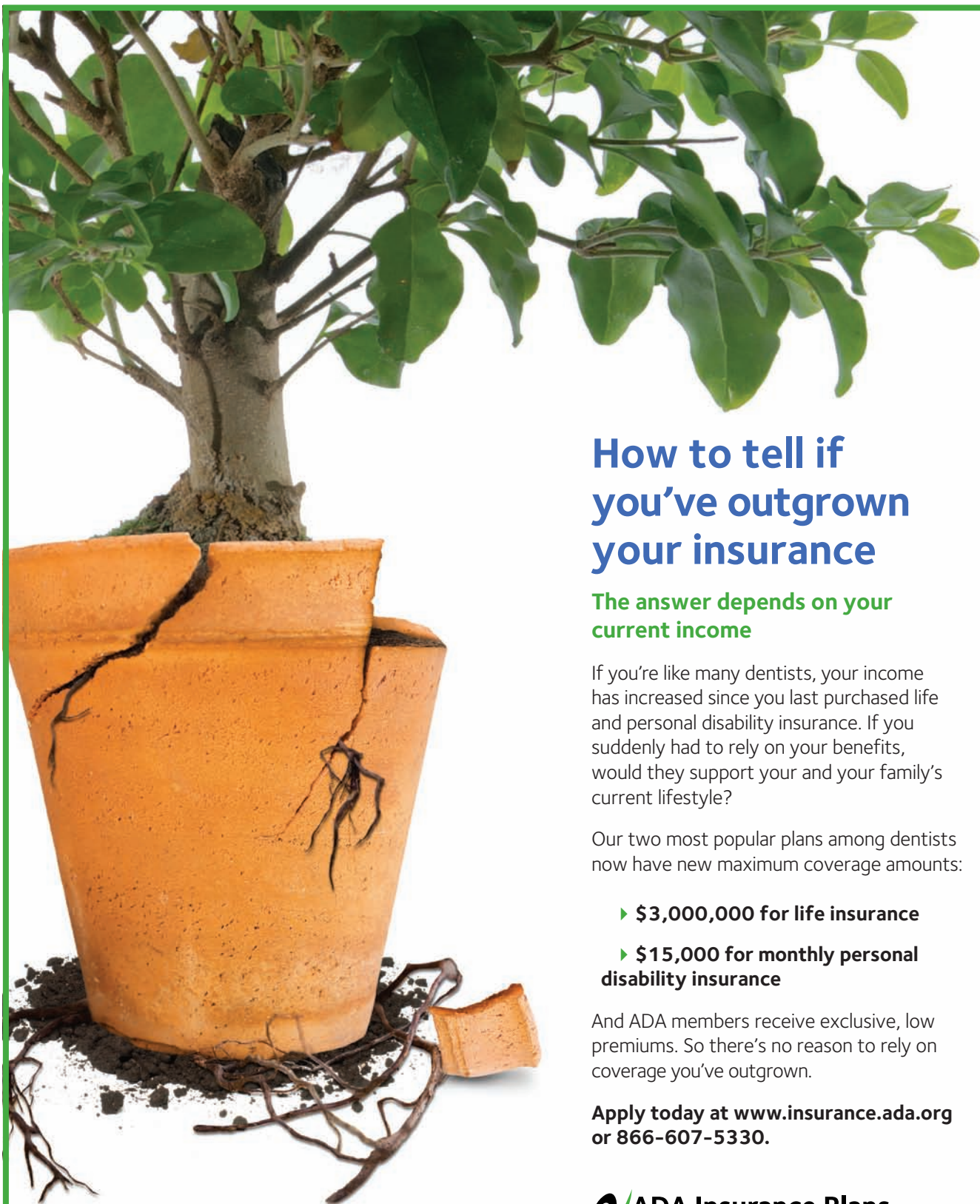
The tale of two WLC freshmen is rich with promise. Both say they will return for a 2012 WLC.

Welcome, freshman class. ■



New to WLC: Veena Vaidyanathan, left, second year student at the University of the Pacific Arthur A. Dugoni School of Dentistry, and Dr. F. Reese Harrison, Lynn Haven, Fla., attend their first Washington Leadership Conference May 9-11.

Photo by Bill Griger



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Government Advocacy

Continued from page one
this annual springtime event. "As a member of organized dentistry, your attendance at this conference highlights its stature and relevance to our policymakers. It is a priority that is rivaled only by your attendance at our annual session," he said. Most of the WLC dental leaders schedule meetings with members of Congress and congressional staff to deliver timely, if not timed, messages on issues important to dentistry. Some 400 dentists were among the 550 WLC registrants.

He commended the election to Congress of Dr. Paul Gosar, WLC keynote speaker. (See related story, page 10.) "Dr. Gosar's victory over an incumbent is a great example of political action at its best. I think it's safe to say that without the substantial support of ADPAC (American Dental Political Action Committee) and hundreds of individual dentists across the country, including you, that victory could have been in doubt," said Dr. Gist.

"I know I'm preaching to the choir here, but what I'm about to say bears repeating, over and over and over. We must continue to support ADPAC and our state PACs."



Capital talk: ADA President Ray Gist (right) meets Dr. David Samuels, Andover, Mass., during a break May 9 at the Washington Leadership Conference.

ADA members validate "the importance of advocacy, naming advocacy before Congress and federal agencies as the number one agenda item for all members regarding value for their dues dollars," Dr. Gist said.

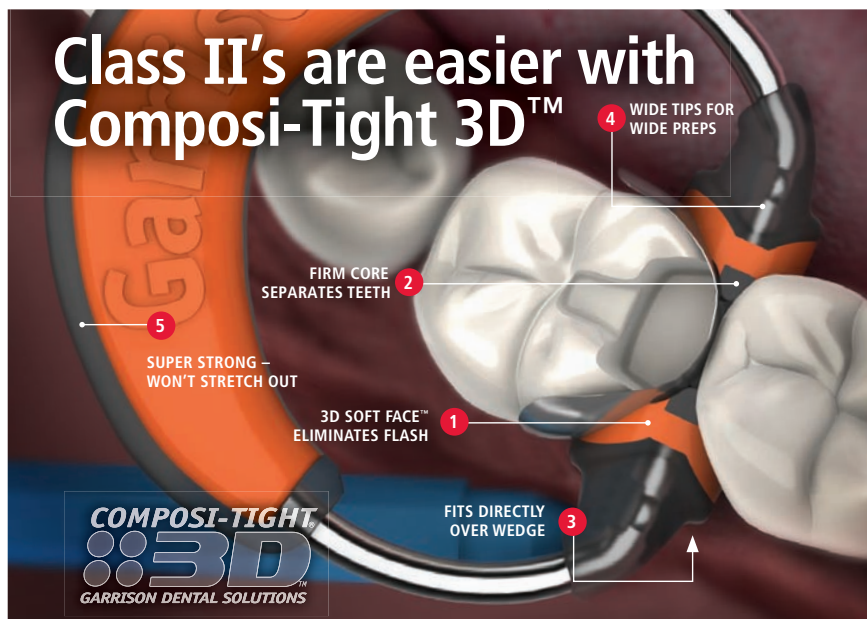
"In that regard, the ADA is producing results. We do a great job of advocating on behalf of our profession year-round. We wield influence as the premier dental association in the country, with the evidence and resources that demonstrate our unique expertise on matters pertaining to dentistry and oral health.

"But you, as individuals, carry significant influence as well—influence based on your roles as leaders in your communities, as employers and as doctors of oral health. You donate your services, you raise money for various concerns, including political donations, you vote and you influence others to do the same. So I thank you for committing your time and resources to the ongoing fight to protect, maintain and enhance the best oral health care system in the world." ■

—palmmerc@ada.org

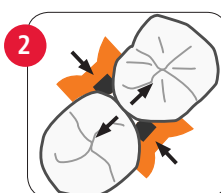


Political action: ADPAC Co-Chair Rhett Murray speaks May 9 at the Washington Leadership Conference.



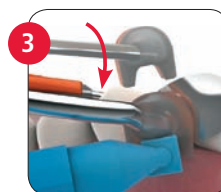
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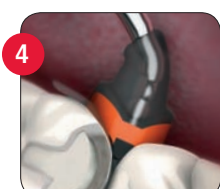
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New standards available for review, comment

The ADA Council on Scientific Affairs has approved for circulation, review and comment Proposed ADA Specification No. 139 for Dental Base Polymers. This standard classifies denture base polymers and copolymers and specifies their requirements. It also specifies the test methods to be used in determining compliance with these requirements.

Additionally, the standard is applicable to orthodontic base polymers and copolymers used in the construction of both active and passive orthodontic appliances and specifies their requirements.

It also specifies test methods to be used in determining compliance with these requirements and further specifies requirements with respect to

packaging and marking the products and to the instructions to be supplied for use of all of these materials.

The CSA has also approved for circulation, review and comment Proposed ADA Specification No. 127 for Fatigue Testing for Endosseous Dental Implants.

This standard specifies a method of fatigue testing of single post endosseous dental implants of the transmucosal type and their premanufactured prosthetic components. It is most useful for comparing endosseous dental implants of different designs or sizes.

Copies of the draft specifications may be purchased by calling the ADA toll-free number, Ext. 2506 or emailing "standards@ada.org". ■



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Student-run ethics group sets sights on national association

BY KAREN FOX

Los Angeles—What began as a small group of concerned students interested in renewing ethics and professionalism among their ranks has blossomed into a nationwide network.

More than half of U.S. dental schools have a Student Professionalism and Ethics Club, an initiative led by students that fosters an environment where ethical and professional behavior issues can be discussed and debated. Organizers say it's a milestone for the group's humble beginnings at the Herman Ostrow School of Dentistry of the University of Southern California in 2007.

"Our mission of SPEC has always been to grow the culture of an ethical environment at dental schools across the nation," said Dr. Mike Meru, a USC resident who founded the first program at USC and now serves as one of its faculty advisors. "To accomplish that and coordinate activities with chapters at different dental schools, we have to be nationally organized."

This fall, SPEC will officially become a national organization—the Student Professionalism and Ethics Association—with elected leadership, a constitution and bylaws, and a strategic plan. The American College of Dentists, the organization considered a "conscience of dentistry" that has supported student chapters throughout the country, is facilitating SPEA's

at the Ostrow School of Dentistry of USC.

Dental organizations like ACD, the American Society for Dental Ethics and the ADA have lent a hand and provided guidance to the students over the years. Dr. Rosenblum said the ASDE board has been a major influence in the clubs'

rapid development as a national entity. The organization's founding coincided with Dr. Meru's appointment to the ADA Joint Subcommittee on Ethics and Integrity in Dental Education and Practice, a workgroup that developed recommendations for advancing ethics in dental schools in

an effort to curtail unethical and unprofessional conduct.

While ACD is providing a venue for SPEA's first national meeting, the organizations will remain separate.

"ACD is collaborating with the students

Education

first national meeting Oct. 9-10 in Las Vegas during ACD's annual meeting. (The ADA Annual Session is Oct. 10-13.)

The student ethics club at USC grew out of students seeking to become more proactive in promoting ethics following reported incidents of cheating at several U.S. dental schools.

"There were issues happening in dental schools and cheating scandals that resulted in stories in the media," said Dr. Meru. "It involved a minority of students but it gained attention and really frustrated us. We came together and decided to raise awareness of ethical conduct in order to make sure it doesn't happen again. The idea really took off."

A series of informal gatherings grew into an organization with a mission, and from there became an official club sanctioned by the university. They set their sights higher, and through the American Student Dental Association began sharing information and a startup kit that enabled dental schools to create their own organizations.

Today, some schools run well-organized programs with events and speaker seminars, while others are still in the early stages of organization. What they have in common is that all provide a forum where students are able to discuss ethical dilemmas that have a practical application to dental education and practice.

One of the program's faculty advisors at USC believes that most, if not all, dental schools will have a SPEA presence in the future.

"The broad support for this as student-centered and student-initiated organization certainly speaks well of our profession and of the leadership we can expect from the newest members of our profession," said Dr. Alvin B. Rosenblum, professor of clinical dentistry and chair of the Student Professional Performance Evaluation Committee

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because the missions of the organizations are closely aligned, but the fact that they are student-run is their hallmark," said Dr. Stephen A. Ralls, executive director of the American College of Dentists.

Chapter leaders from USC, the University of the Pacific Arthur A. Dugoni School of Dentistry, University of California at Los Angeles, Indiana University, Midwestern University (Arizona) and Virginia Commonwealth University held a retreat May 7-8 to begin plans for their national organization.

Stephanie Vlahos, the president of Virginia Commonwealth University School of Dentistry's student ethics club, was among them.

VCU's club membership surged from 20 to 50 this year. Ms. Vlahos said she's found that her peers are enthusiastic about having free-flowing



Dr. Meru

discussions regarding ethical behaviors.

"It's a comfortable setting where there usually aren't any right or wrong answers," said Ms.



Ms. Vlahos

Vlahos, whose school has conducted ethical case reviews and hosted speakers from the state board of dentistry.



Mr. Hammer

"We talk about how we would handle certain situations and discuss the ADA Code," she said. "I think most students enjoy participating and want this to continue in a student-led forum that's held year-round. Most people recognize there are areas that we need to explore some more."

Dan Hammer of the University of the Pacific first learned of student ethics clubs at an ASDA meeting.

"The group was trying to expand and had just issued its startup kit, so we used that to begin our chapter," said Mr. Hammer.

Pacific's honor code is extensive, but the ethics club takes that commitment a step further. "Right off the bat, we introduce students to ethics during our retreat. Working in small groups, we develop the class' code of ethics. It's something the class themselves has written, which reinforces the commitment they're making to ethical behavior."

To ultimately succeed, Mr. Hammer said the program has to be student-run. But if there's one thing that enables Pacific's program to thrive it's the support it receives from the school's administration.

"For chapters that haven't thrived, that's one of the main roadblocks," he said.

Nine students compiled those lessons learned and took the first steps toward founding the Student Professionalism and Ethics Association earlier this month.

For more information or to download a club startup kit, visit the website www.specdental.org. ■

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Ethics video
entries due July 31

Through July 31, members of the American Student Dental Association are invited to submit entries for the 2011 Student Ethics Video Contest.

The ADA Council on Ethics, Bylaws and Judicial Affairs hosts the contest with two goals in mind: to create greater awareness of the ethical dilemmas that dental students and professionals encounter, and provide a forum for dental students to consider how those dilemmas should be addressed using the ADA Principles of Ethics and Code of Professional Conduct (ada.org/ethicsconduct).

The videos can take the form of original drama, comedy, documentary interview(s), public service announcement, music video or any combination. They should be no more than 4.5 minutes in length.

There are two cash prizes: \$2,000 for the grand prize winning video and \$1,000 for an honorable mention award. The winning videos will be displayed during the 2011 ADA Annual Session in Las Vegas.

For more information, contest rules and entry forms, contact Earl Sewell at sewelle@ada.org.

The winning videos from the 2010 contest are posted on ADA.org at www.ada.org/4064.aspx. ■

Huw Thomas to lead Tufts University dental school

Boston—Tufts University April 25 announced the appointment of Dr. Huw F. Thomas as dean of its School of Dental Medicine, effective Aug. 1.

Dr. Thomas comes to Tufts from the University of Alabama at Birmingham, where he was dean and a professor of pediatric dentistry since 2004. He succeeds Dr. Lonnie Norris, dean since 1996.

His research focuses on tooth development,

particularly that of the tooth root and periodontium, and nutritional influences on the development of tooth enamel.

Dr. Thomas chaired the American Dental Education Association's Council of Deans and the Section on Dentistry and Oral Health Sciences of the American Association for the Advancement of Science. He has been a consultant and chair of site-visit teams for the Commission on Dental Accreditation and served as a

member of the ADA National Board Test Construction Committee.

Prior to UAB, Dr. Thomas held positions at the University of Texas Health Science Center at San Antonio and the University of Connecticut Health Center. He earned his dental degree from Guy's Hospital at the University of London; a certificate in pediatric dentistry from the Eastman Dental Center in Rochester, N.Y.; a master's in dental research from the University of



Dr. Thomas: The dean of the University of Alabama at Birmingham is moving to Tufts.

Rochester; and a doctorate in biomedical sciences from the UCHC. ■

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¹ de Jager M, Jain V, Schmitt P, DeLaurenti M, Jenkins W, Milleman J, Milleman K, Putt M. Clinical efficacy and safety of a novel interproximal cleaning device. *J Dent Res* 90(suppl A), 2011

² Krell S, Kaler A, Wei J. In-home use test to evaluate ease of use for Philips Sonicare AirFloss versus Reach string floss and Waterpik Ultra Water Flosser. Data on file, 2010

³ Krell S, Kaler A, Wei J. In-home use test to assess compliance of Philips Sonicare AirFloss. Data on file, 2010

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Ohio State names Patrick Lloyd dean of College of Dentistry

Columbus, Ohio—The Ohio State University announced May 9 the appointment of Dr. Patrick M. Lloyd as dean of the College of Dentistry.

Currently dean of the University of Minnesota School of Dentistry and professor in the Department of Restorative Sciences and a member of the ADA Council on Dental Education and Licensure, Dr. Lloyd's tenure at OSU begins Aug. 1. He succeeds Carole Anderson, Ph.D., who is retiring.

The OSU College of Dentistry is the third-largest public dental school in the U.S.

Dr. Lloyd's research interests include the effect of age on the human



Dr. Lloyd

dentition, graduate dental education curricula in geriatrics and the interdisciplinary care of the older adult patient.

He was department executive officer in the University of Iowa College of Dentistry from 1996-2004; led the division of Special Patient Care at the Marquette University School of Dentistry from 1992-96; and was national coordinator of the Department of Veteran Affairs' Geriatric Dental Programs in Milwaukee from 1985-92.

He earned his dental degree and certificate in prosthodontics from Marquette University.

Dr. Lloyd is also a reviewer for the Journal of Dental Education, a member of the American Dental Education Association's Council of Deans, and a member of the Ad Hoc Committee for Dental Therapy at the Minnesota Dental Association. ■

Keeping practices financially sound in challenging economy

Wells Fargo introduces workshop for dentists, spouses, partners

Wells Fargo Practice Finance, the only practice finance company endorsed by ADA Business Resources, is sponsoring a Practice Survival Workshop to help dentists with concerns about maintaining a healthy cash flow in today's challenging economy.

Taking place in June, September and October in five different locations (including the ADA Annual Session), the workshop is inspired by dentists who sought help with practice management, said Allison Farey, president of Wells Fargo Practice Finance.

"We watch industry trends closely, and we understand these are difficult times for many ADA members," said Ms. Farey. "Fortunately, we have a team of experts who will show dentists how to establish a break-even plan and what to do to increase production for a healthy bottom line. Plus, the attendees will have a chance to network with other practitioners in their area and share their own experiences."

The workshop will provide the tools and information dentists need to keep their practices financially sound and on track for success. Dentists will learn how to:

- analyze practice performance and identify problem areas;
- improve cash flow management;
- increase production with improved marketing and case acceptance;
- schedule to meet production goals;
- better manage stress and worry.

Content is designed for dentists and their spouse or partner. All attendees will receive a Practice Survival Kit with worksheets and tools to help affect immediate change in their practice.

For information or to register, visit "www.wellsfargo/practicesurvival". Due to the seminar's interactive nature, registration is limited to 50 attendees.

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financing is based on projected practice income—allowing those with fewer accumulated assets to more easily invest in their practices or make the transition to ownership.

For locations of the Practice Survival Workshop, see story, this page.

For information about Wells Fargo Practice Finance, visit "http://practicefinance.wellsfargo.com" or call 1-888-937-2321. ■

Five locations host Practice Survival Workshop

In addition to the ADA Annual Session, Wells Fargo Practice Finance's new Practice Survival Workshop takes place in four additional locations.

The workshop is from 9 a.m.-1 p.m., and is free for Wells Fargo Practice Finance clients; \$55 for ADA members; \$65 for non-members; and includes a continental breakfast and box lunch.

Dates and locations are:

- June 17 in Seal Beach, Calif. (at the Old Ranch Country Club).
- June 24 in San Francisco (at the Wells Fargo Penthouse).
- Sept. 16 in Newark, N.J. (venue to be announced).
- Sept. 30 in Orlando, Fla. (venue to be announced).

During the ADA Annual Session in Las Vegas, the Practice Survival Workshop (course 6310) takes place Tuesday, Oct. 11 from 8:15-10:45 a.m. and is free with Annual Session registration. ■



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Health&Science

Oral health research responds to dental practice

BY CRAIG PALMER

Baltimore—Private practice dentists are shaping the oral health research agenda with their questions, the top official of the National Institute of Dental and Craniofacial Research told a town hall meeting April 25.

"NIDCR takes those questions that are most

important and pivotal for dental practitioners in their everyday encounters with patients and brings them together to work as part of a dental practice research network, where the questions are often generated by the dentists themselves," said Dr. Isabel Garcia, the dental institute's acting director.

The network includes 700 dental practices across the country and more than 30 studies representing more than 30,000 patients.

"We are playing a pivotal role in providing knowledge that improves clinical care," Dr. Garcia said at the first of a proposed series of town hall meetings of the Friends of the National



Focus on research: "We put the research into the environment where it is real and provide answers to important questions in the practicing community," said Dr. Isabel Garcia, NIDCR acting director, at a town hall meeting at the University of Maryland Dental School.

Institute of Dental and Craniofacial Research. The event, Bringing Oral Health Research Home, was held at the University of Maryland Dental School.

"There is a particular kind of power in this kind of research which is engaging from the bottom up, and often where those answers cannot be found in the traditional ways in which we conduct research in academic health centers," the NIDCR official said. "We put the research into the environment where it is real and provide answers to important questions in the practicing community."

Dr. Garcia cited event host University of Maryland Dental School as "a fabulous example of a dental institution that draws strength by spanning many areas of research." The dental school is ranked third among all U.S. dental schools in terms of research support from the National Institutes of Health. The NIDCR, with funding from congressional appropriations, is the largest public supporter of oral health research.

As an example of research that impacts patients quickly, Dr. Garcia pointed to an NIDCR-supported investigation in California demonstrating that it is "highly efficacious to use fluoride varnish once or twice yearly on very young children."

The town hall agenda linked basic dental research to community needs, and panelists offered ideas on reducing health disparities. Dr. Christian S. Stohler, UMD dental dean, introduced school faculty scientists who illustrated their laboratory research.

•Dr. Ronald Dubner, professor, addressed new understanding of persistent head and jaw pain;

•Mary Ann Rizk, Ph.D., assistant professor, spoke about microbial "biofilms" in the oral cavity;

•Huakun Xu, Ph.D., professor and director of the biomaterials and tissue engineering division, discussed the use of nanotechnology compounds

See RESEARCH, page 21

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Dr. Martha Somerman named new NIDCR director

BY JENNIFER GARVIN

Bethesda, Md.—National Institutes of Health Director Francis Collins, M.D., Ph.D., announced the appointment of Dr. Martha Somerman, dean of the University of Washington School of Dentistry, as the new director of the National Institute of Dental and Craniofacial Research, effective Aug. 29.

In an email sent to senior NIH staff May 2, Dr. Collins praised Dr. Somerman's research expertise and administrative skills, and welcomed her to the NIH leadership team.

Dr. Somerman has served as dean of UW since 2002. She previously was the associate dean of research at the University of Michigan School of Dentistry. She is currently a member of the ADA Council on Scientific Affairs.

"As you can imagine, the opportunity to lead an entire field of scientific research is tremendously exciting," said Dr. Somerman in a UW press release. "My time at the UW has been one of tremendous growth for me personally, and I have enjoyed watching new ventures for our school become realities."

A periodontist and researcher, Dr. Somerman has published more than 100 peer-reviewed articles, served on several journal editorial boards and won global recognition for her research on defining the key regulators controlling development, maintenance and regeneration of oral-dental-craniofacial tissues, according to a UW release. In 2010 she received the first Interna-

tional Association for Dental Research/Straumann Award in Regenerative Periodontal Medicine.

Dr. Somerman becomes the eighth director of NIDCR. Previous director Dr. Lawrence Tabak served from 2000-10 before being named NIH principal deputy director. During the search, Dr. Isabel Garcia, NIDCR deputy director, was act-

ing director.

UW named Timothy DeRouen, Ph.D., associate dean, UW School of Dentistry, as interim dean. ■

—garvinj@ada.org

Appointed: Dr. Martha Somerman will take the helm at the NIDCR effective Aug. 29.



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Research

Continued from page 20

to prevent cavities.

"This isn't esoteric basic microbiology," Dr. Garcia said in a post-town hall interview. "Just like Dr. Rizk explained, we are beginning to understand all the bugs in the oral community—the microbiome as we call it—and the interaction with one another."

Dr. Dushanka Kleinman, associate dean for research and academic affairs at the School of Public Health University of Maryland, College Park, moderated the panel discussion.

"Those of us who are engaged in health care are deeply troubled, and may I say, embarrassed, by the inequities and inequalities that are based on background, on gender, on race and on social status," said Jay Perman, M.D., president of the University of Maryland in Baltimore and a practicing pediatric gastroenterologist.

In general, health disparities are defined as significant differences between one population and another, according to a definition posted at the NIH Center to Reduce Cancer Health Disparities website. The Minority Health and Health Disparities Research and Education Act of 2000, which authorizes several health programs, describes these disparities as differences in "the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates." There are several factors that contribute to health disparities. Many different populations are affected by disparities including racial and ethnic minorities, residents of rural areas, women, children, the elderly and persons with disabilities.

Town hall participants also discussed ideas to promote dentists as primary care givers. ■

—palmerc@ada.org



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White House announces plan to combat prescription drug abuse

BY JENNIFER GARVIN

Washington—With prescription drug abuse now the nation's "fastest-growing drug problem," the Obama administration April 19 unveiled a new action plan to help reduce the number of lives lost and also announced new regulations for extended release opioid drugs.

"Epidemic: Responding to America's Prescription Drug Abuse Crisis" seeks to reduce prescription drug diversion and abuse by supporting the expansion of state-based programs, recommending more convenient and environmentally responsible disposal methods of unused medications, supporting education for patients and health care providers, and reducing the prevalence of pill mills and doctor shopping through enforcement efforts, said the Office of National Drug Control Policy in a press release.

"The toll our nation's prescription drug abuse epidemic has taken in communities nationwide is devastating," said Gil Kerlikowske, ONDCP

"We share a responsibility to protect our communities from the damage done by prescription drug abuse."

director. "We share a responsibility to protect our communities from the damage done by prescription drug abuse. This plan will build upon our already unprecedented efforts to coordinate a national response to this public health crisis by addressing the threat at the federal, state and local level."

In addition to calling for raised awareness and education, the Food and Drug Administration voiced its support for the plan by saying it will now require an Opioids Risk Evaluation and Mitigation Strategy and will require manufacturers of long-acting and extended-release opioids to provide educational programs to prescribers of these medications, as well as materials prescribers can use when counseling patients about the risks and benefits of opioid use.

"Long-acting and extended-release opioid drugs have benefit when used properly and are a necessary component of pain management for certain patients, but we know that they pose serious risks when used improperly, with serious negative consequences for individuals, families

and communities," said Margaret A. Hamburg, M.D., FDA commissioner. "The prescriber education component of this Opioid REMS balances the need for continued access to these medications with stronger measures to reduce their risks."

According to statistics from the Substance Abuse and Mental Health Services Administra-

tion, the number of Americans aged 12 and older currently abusing pain relievers increased by 20 percent from 2002 to 2009. Also, hospital emergency room visits involving the misuse or abuse of pharmaceutical drugs have doubled over the past five years.

In 2002, dentists prescribed about 12 percent of the opioids in the United States, amounting to

about 1 billion doses and the most common opioid medications prescribed were hydrocodone and oxycodone, said Nathaniel Katz, M.D., director of the Tufts Health Care Institute Program on Opioid Risk Management.

According to policy adopted by the 2005 ADA House of Delegates, "dentists who prescribe opioids for treatment of dental pain are



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U.S. drug czar to speak at ADA's Dentist Health and Wellness conference

Gil Kerlikowske, the director of the Office of National Drug Control Policy who coordinates all aspects of federal drug control programs and implementation of the President's National Drug Control Strategy, will be the keynote speaker at the 2011 Conference on Dentist Health and Wellness Aug. 18-19 at ADA Headquarters in Chicago.

For information on how to attend, see story, page three. ■

also encouraged to periodically review their compliance with the DEA recommendations and regulations." The policy also states dentists should recognize their responsibility to prevent drugs from becoming a source of harm or abuse and understand the special issues in pain management for patients already opiate dependent.

If it's suspected a patient will have pain 24-48 hours after a dental or surgical procedure, the ADA/PDR Guide to Dental Therapeutics recommends dentists prescribe an opioid or nonsteroidal anti-inflammatory drugs on a regular schedule for at least 24-36 hours rather than on an as-needed basis.

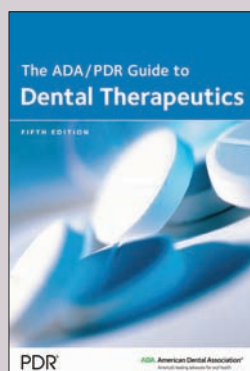
For more information on "Epidemic: Responding to America's Prescription Drug Abuse Crisis," visit "www.whitehousedrugpolicy.gov/publications/pdf/rx_abuse_plan.pdf". ■

—garvinj@ada.org

ADA/PDR Guide to Dental Therapeutics focuses on drugs in dentistry

The fifth edition of the ADA/PDR Guide to Dental Therapeutics was developed by the ADA in partnership with Physicians' Desk Reference and edited by Dr. Sebastian Ciano in collaboration with 27 leading experts in the fields of pharmacology and therapeutics.

It includes information about drugs used in dentistry; drug interactions and contraindications; and oral manifestations of



systemic medications.

The 1,164-page book (P064) is \$59.95 for members and \$89.95 for nonmembers. Use priority code 11170 to receive a 15 percent discount on all ADA Catalog products from now until June 30. For more information, to place an order or request samples of top-selling ADA patient education brochures, call 1-800-947-4746 or visit "www.adacatalog.org". ■

FDA offers advice on acetaminophen use

The U.S. Food and Drug Administration is reminding health care professionals and consumers about "The Safe Use of Acetaminophen," the agency's public health care campaign designed to educate the public.

According to the FDA, acetaminophen is found in more than 600 over-the-counter and prescription pain relievers and fever-reducers, cold and flu, allergy and sleep-aid medicines. When used as directed, the drug is safe and effective, but "even taking even a little more than directed, or using more than one medicine that contains acetaminophen, can cause serious liver injury and even lead to death," warns the FDA.

For more information about acetaminophen as well as a question-and-answer page for patients, visit "www.fda.gov/ForConsumers/ConsumerUpdates/ucm168830.htm". ■

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Advanced EBD course planned

Boston—The ADA Center for Evidence-Based Dentistry and Forsyth Institute are offering an interactive evidence-based dentistry course Sept. 19-23 at the Forsyth Institute.

The in-depth course is open to all dentists, dental team members, educators, researchers and other professionals involved in evidence-based dentistry and will be led by Dr. Richard Niederman, director, Center for Evidence-Based Dentistry at the Forsyth Institute, and Dr. Derek Richards, director, Centre for Evidence-Based Dentistry at Oxford University.

The deadline for applications is Aug. 1, and the course is open to both U.S. and international individuals. The cost for the course is \$2,500, with ADA members receiving a 20 percent discount. Participants are responsible for travel and housing expenses.

For more information or to apply, visit "www.ada.org/forsythcourse.aspx" or contact Erica Vassilos, manager of the ADA Center for EBD, by email at "vassilose@ada.org" or by calling the ADA's toll free number, Ext. 2523. ■

Abstracts sought for 2012 domestic violence conference

San Francisco—Planners of the 2012 National Conference on Health and Domestic Violence are seeking abstracts from dentists, as well as other health professionals, health policymakers, victim advocates and others.

Individuals who have developed innovative health research and clinical programs addressing domestic violence are encouraged to submit an abstract for a presentation that can be part of a workshop, symposium or poster. For more information and to apply, log on to "www.nchdv.org". The deadline for submissions is June 24.

The conference will be held March 29-31, 2012 at the San Francisco Marriott Marquis Hotel. Registration for the 6th biennial conference opens this fall.

The conference is a program of the Family Violence Prevention Fund's National Health Resource Center on Domestic Violence. The Center is funded by a grant from the Family Violence Prevention and Services Program, Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. ■

ADA Seal of Acceptance unveils new website

BY JENNIFER GARVIN

The ADA will launch a new website May 16 that builds on 80 years of Seal of Acceptance history in helping patients make informed decisions about safe and effective consumer dental products.

"The Association is eagerly anticipating the launch of this new website for the ADA Seal," said Dr. Ray Gist, ADA president. "We are hopeful that the new information it provides will be helpful to both dentists and hygienists when discussing oral care products with their patients."

Health&Science

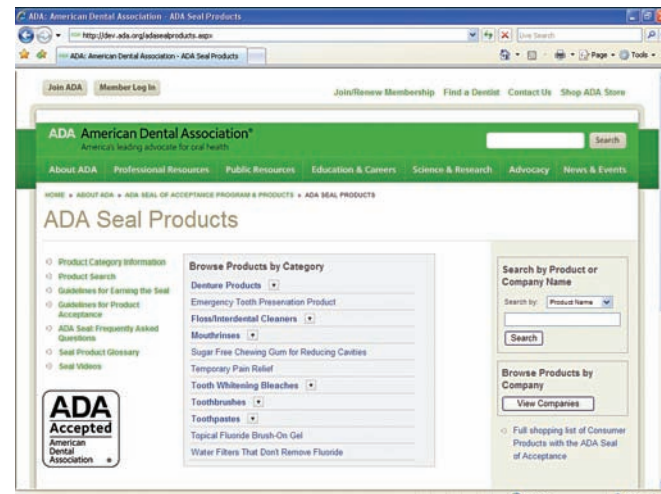
The website will allow consumers and dentists to review detailed information on all ADA Accepted products as well as compare attributes of up to six products at a time. The new site features a database of the more than 300 products that are reviewed by members of the ADA Council on Scientific Affairs, ADA staff scientists and individuals selected from the council's some 130 expert consultants in regard to its safety and

effectiveness.

The ADA Seal program has a rich history, with the first product being awarded the Seal in 1931. Although participation in the program is voluntary on the part of oral care companies, today more than 300 dental products sold to consumers, including toothpaste, dental floss, toothbrushes and mouthrinse, carry the Seal.

According to ADA survey data from 2009 and 2010, dental professionals—including member and non-member dentists and dental hygienists—hold the Seal in high regard. Manufacturers, who were also surveyed, agree the ADA Seal of Acceptance "conveys truth, legitimacy and protection."

"We are very excited about the new website and keeping the face of organized dentistry in the marketplace out there with our Seal," said Dr. John Hellstein, CSA chair. "Letting consumers compare products themselves is a great thing and a potential way to increase our role as America's leading oral health advocate."



The new website also lets visitors browse by product category and look at product photos. It has a question-and-answer section on how products obtain the Seal and what it means. The site also allows consumers to print both individual product information sheets and product comparison pages for reference when purchasing oral care products.

For more information, visit www.ada.org/seal. ■

—garvinj@ada.org



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Compare products, services with the online ADA Buying Guide

Launched in January, the ADA Buying Guide offers dentists one-stop shopping for supplies, equipment and services available to help maintain a successful dental practice.

The Buying Guide was created in response to members' asking for more information on products.

The easy-to-manuever website allows dentists to compare up to six products at a time and find company contact information and descriptions of the products and services. New products are added every day. Dentists can also communicate directly with dental manufactur-

ers and watch videos on featured products.

Browse by categories such as diagnostics, materials or infection control, or by specialty (public health, endodontics, oral/maxillofacial pathology, oral/maxillofacial radiology, oral/maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, general dentistry, periodontics or prosthodontics).

Vendors can add their information at www.ada.org/buyingguidevendors.aspx. The website also has a search function for finding your local distributors. ■

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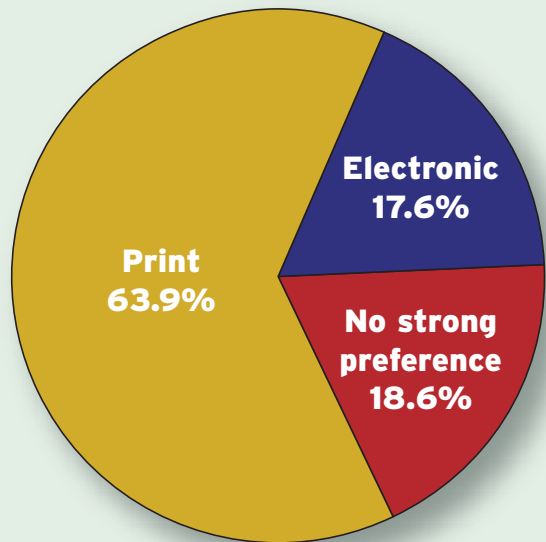
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Which do you prefer, print publications or electronic publications?



Source: Survey Center, ADA Health Policy Resources Center.

Paper still preferred, members say

Survey shows ADA News leads all sources for information

BY JAMES BERRY

Electronic publishing may get all the attention these days, but most ADA members still prefer print media, and most also count the ADA News as their print publication of choice for news and information about dentistry and the ADA.

Survey findings just released by the ADA Survey Center show that almost two-thirds (63.9 percent) of the nearly 1,300 member dentists responding prefer print publications to electronic sources, such as websites and e-pubs.

Better than eight out of 10 respondents (82 percent) said they prefer getting their news and information on dentistry and the ADA from the ADA News.

Distributing questionnaires by U.S. mail and e-mail, the Survey Center, part of the ADA Health Policy Resources Center, polled nearly 10,000 member dentists between February and April of this year. In all, responses were collected from 1,275 dentists, including 85 members in leadership roles at state and local levels.

The overall adjusted response from the mail survey was 22 percent, 10 percent from the online questionnaire. The survey was conducted as a prelude to a redesign and repositioning of the ADA News, expected to be unveiled in early 2012.

Among other print publications dentists reported reading, leading the pack were The

Journal of the American Dental Association (84.1 percent), other professional journals (69.4 percent) and state dental journals or newspapers (65.6 percent).

Other selected findings from the survey:

- Nearly two-thirds of respondents (69.7 percent) said they read the ADA News at the office.
- Almost nine out of 10 dentists (88.3 percent) rated the content in ADA News "excellent" or "good."
- More than 90 percent of those surveyed (92.3 percent) judged the articles in the ADA News to be about the right length.

Better than eight out of 10 respondents (82 percent) said they prefer getting their news and information on dentistry and the ADA from the ADA News.

• About half of those polled (47.1 percent) would like to see more coverage of dentistry and the economy.

• Better than six out of 10 dentists (61.7 percent) said they haven't visited the ADA's website, ADA.org, for updates on stories they read in the News.

• Nearly two-thirds of respondents (65.6 percent) said they didn't know whether ads appearing in ADA News were reviewed for the accuracy and suitability of their claims. (They are.)

• Dentists in leadership roles were less likely to have a strong preference for print vs. electronic publications; more likely to read the ADA News cover to cover; more likely to share their copy of the paper with a colleague; and more likely to visit ADA.org for updates on stories they read in the News. ■

—berryj@ada.org

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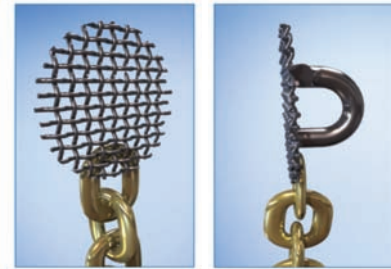
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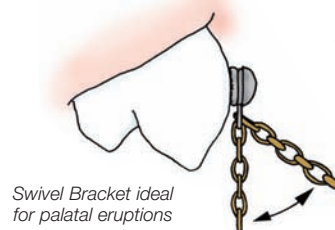
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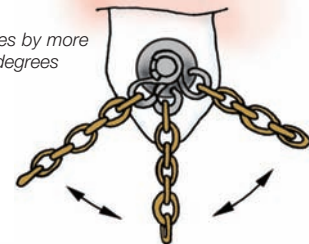
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Federal loan repayment options available

BY KELLY SODERLUND

Dr. David VanSlambrouck faced a \$200,000 bill upon exiting dental school at the University of Michigan.

It wasn't a bill that needed to be paid in one lump sum but it was one that would come due in the next 15 years. Being 27 years old and \$200,000 in debt can be pretty daunting.

But Dr. VanSlambrouck didn't let it get that far. While in dental school, he did some rotations in federally qualified health centers, which are located in health professional shortage areas and

cater to underserved populations. That's when he became aware of the National Health Service Corps, a federal program that offers primary care providers financial support in the form of loan repayment or scholarships so they can practice in underserved areas of the country without the burden of educational debt.

After he graduated in 2010, Dr. VanSlambrouck began working at Vermont Community Dental Clinic in Morrisville, Vt., and applied to receive loan assistance. He was awarded \$50,000 in exchange for a two-year commitment and

plans to apply for additional money when he's eligible in his third year at the clinic.

Administrators with the NHSC are encouraging more dentists and health professionals to apply to receive money for loan repayment or scholarships. The current application cycle for loan repayment closes on May 26, and applications will soon be accepted for the scholarship program.

The goal of the NHSC is to provide incentives for health professionals to work in underserved areas. Practitioners must first apply for and accept a position at an NHSC-approved site and



NHSC opportunity: "It was a chance for me to start a practice from scratch without having the huge financial investment most dentists would have to make," says Dr. David VanSlambrouck.

then apply for a loan repayment.

"As the country faces a shortage of primary care providers, the NHSC plays a critical role in bringing primary care medical, dental and mental health professionals to communities in which people would otherwise have to travel miles for health care or go without help," said Kim Klein, deputy associate administrator at the Bureau of Clinician Recruitment and Service for the U.S. Department of Health and Human Services.

The NHSC offers \$170,000 tax-free in loan repayment for completing a five-year service commitment with total loan repayment for continued service. It starts with an initial, tax-free loan repayment award of \$60,000 for two years of service. The amount has increased since Dr. VanSlambrouck applied.

The scholarship program pays students' tuition and cost of living while they train to work in a health field. To receive a NHSC scholarship, students must be enrolled in an accredited medical, dental, nurse practitioner, certified nurse midwife or physician assistant training program. Upon graduation, NHSC scholars must serve as primary care practitioners in an NHSC-approved site for two to four years, depending on their contract.

The NHSC currently has 8,000 members in the program and since it began in 1972, more than 37,000 people have received assistance.

With assistance from the NHSC, Dr. VanSlambrouck estimates he'll be able to pay off his school loans in about five years, compared to the 15 years he originally projected. But he admits, applying for the program may not be for everyone.

"You have to obviously be interested in serving a patient population that otherwise wouldn't have access to dental care," Dr. VanSlambrouck said. "If you're not really committed to it, it's going to be hard."

Dr. VanSlambrouck's place of employment, Community Dental Clinic, which is part of the health group Community Health Services of Lamaille Valley, is new and one of the draws for him, currently the only dentist there, was being able to pick out all of the equipment and materials.

"It was a chance for me to start a practice from scratch without having the huge financial investment most dentists would have to make," Dr. VanSlambrouck said. "I think sometimes people get the impression that if you're going to a federally qualified health center that the quality isn't as nice and the equipment isn't as nice. I can say that's not the case here."

Visit "<http://nhsc.hrsa.gov>" for more information on the National Health Service Corps. ■

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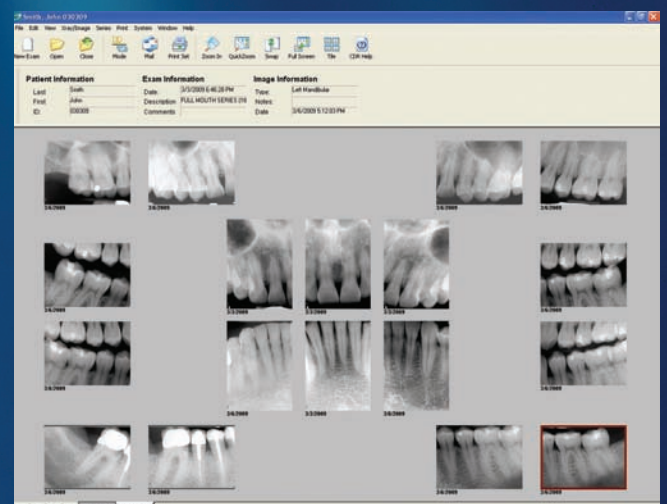
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Donation enables UMKC to establish practice management curriculum

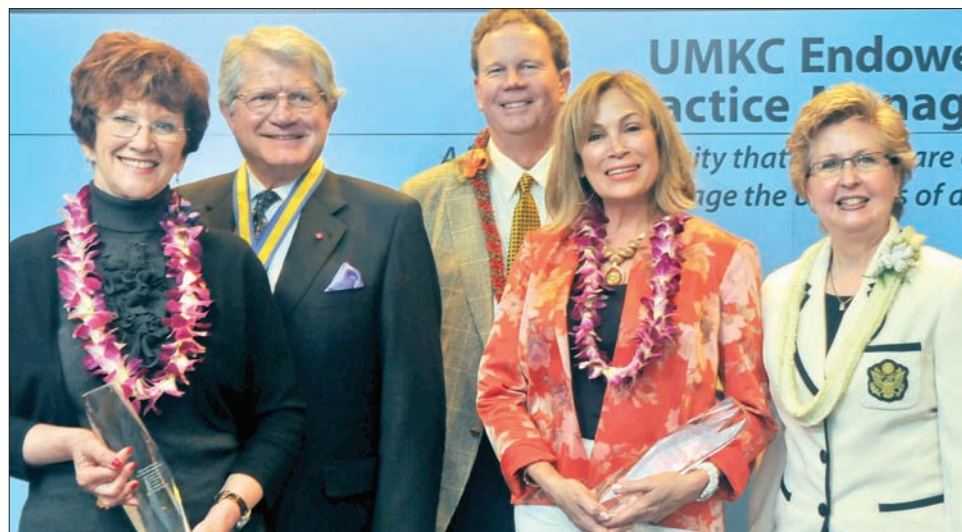
BY KELLY SODERLUND

Kansas City, Mo.—The University of Missouri-Kansas City School of Dentistry received \$1.5 million to endow a chair in practice management to help manage a new curriculum to prepare students to manage their own practice.

University dental school leaders, in partnership with the Center for Research and Education in Technology, are creating a clinic that could bridge the gap between education and practice, marrying

science, technology and practice management to help students transition into their careers, said Dr. Marsha Pyle, dean of the UMKC School of Dentistry. They will build an Innovation Clinic at the dental school, which will operate similarly to a small dental practice and allow students to see patients from Kansas City, fostering both their clinical and business skills.

“Since the school’s inception in 1881, we’ve been educating excellent dental clinicians. By



Endowment: Donors, from left, Margit Squire, Dr. Chuck Squire, Dr. Gary McCabe Ross and Stephanie Ross stand with Dr. Marsha Pyle, dean of the UMKC School of Dentistry, at the announcement of their gift to the school.

establishing a faculty position and a facility dedicated to practice management, we’re making an unprecedented commitment to preparing our graduates to be both excellent dentists and successful business people,” Dr. Pyle said in a news release announcing the practice management chair.

Students will work with dental hygiene students and dental assistants and be involved in the clinic’s day-to-day operation, including scheduling, ordering supplies, solving personnel problems, record-keeping and billing. UMKC officials want to help the students learn how to deal with similar scenarios they will face in their future practice, including managing a staff, hiring and firing people, financing a practice, managing debt and setting realistic financial goals.

Dr. Pyle also wants to expose students to the latest equipment and technology available so once they do start their own practice, they’ll be able to make an evidence-based decision on what to purchase.

“Applying principles of evidence-based decision-making to product and equipment choices provides the opportunity to bring scientific review into the reality of daily practice,” Dr. Pyle said in the news release.

The endowed chair was thanks to a combined gift from alums Dr. Gary McCabe Ross of Albuquerque, N.M., Dr. Onas Johns (deceased), who

was from Springfield, Mo., and Dr. Charles Squire and his wife Margit Squire of Wichita, Kansas.

“With this gift, my wife Margit and I wish to further the commitment to excellence at the UMKC School of Dentistry by helping future dental professionals make wise and informed decisions regarding practice management and enhance the quality of their overall patient care,” said Dr. Squire, who graduated in 1968.

Dr. Ross, who graduated in 1980, says the announcement of a practice management chair is “truly a dream come true for me.”

“Some years ago, I came to realize that the UMKC School of Dentistry provided me with the education and technical skills to practice my chosen profession. However, few of us ever entered dental school with the slightest notion that in order to become successful in the practice of dentistry, we would also have to become successful in the art of the business world,” Dr. Ross said.

There are currently 608 students in the dental school, and the curriculum will be integrated over all four years, Dr. Pyle said.

“We’re just at the beginning of our planning, but it’s moving very rapidly,” Dr. Pyle said. “This has really resonated with a lot of our alumni that we’ve talked to. They recognize this is a need.” ■

—soderlundk@ada.org

Products offer visual aids for patients

The ADA book, *The Chairside Instructor: A Visual Guide to Case Presentations*, helps dentists get the point across to patients the first time around.

This best-selling book, filled with expert content from the ADA contains more than 225 vivid illustrations and photographs and can dramatically improve patients’ understanding of anatomy, hygiene, childhood caries, and periodontal disease. It’s also an excellent teaching tool for new members of the dental team. Features include: new step-by-step brushing and flossing photos; an expanded section on nutrition; restoration photos; crown illustrations; root canal graphics; orthodontic photos; and cosmetic before-and-after photos.

From now until June 15, save \$10 on *The Chairside Instructor* (W013, English; W014 Spanish) with priority code 11163.

The ADA Catalog has also revised three of

its brochures to show patients the life-changing benefits of professional cosmetic treatment. From now until June 30, dentists can save 15 percent on all patient education and personalized products that focus on cosmetic treatment by using priority code 11164.

Smile Makeover (W213) helps patients envision their own before-and-after photos and also explains various smile-enhancing dental procedures. Improving Your Smile (W101) shows patients what a dramatic difference some special dental techniques can make. Includes patient-friendly explanations of bleaching, bonding, veneers and enamel shaping. Dental Veneers (W288) encourages patients to consider veneers as a way to improve their smile. All of the brochures may be personalized.

To place an order or request samples of top-selling ADA patient education brochures, call 1-800-947-4746 or visit “www.adacatalog.org”. ■

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'Smiling Brazil'

National program has dramatic impact on citizens' oral health

BY STACIE CROZIER

Rio de Janeiro—In less than seven years, the Brazilian government's program to improve the oral health of its more than 190 million citizens has shown dramatic success, enabling the world's fifth largest nation by size and population to reduce its incidence of caries by more than 30 percent and increase the number of adult teeth treated by 70 percent.

The Brasil Sorridente (Smiling Brazil) program was launched in 2004 after an epidemiological survey completed in 2003 showed that 13 percent of adolescents had never been to a dentist, 20 percent of the population was edentulous and 45 percent of Brazilians didn't even have regular access to a toothbrush, said Dr. Roberto Vianna, president of the FDI World Dental Federation and a Brazilian dentist.

"The survey served as the basis for the creation of a national program with well-defined public policy," said Dr. Vianna. "The program reaches citizens on a variety of levels."

Because medical and dental care are provided free to its citizens, the Brazilian government was uniquely positioned to address the nation's oral health status in a comprehensive program, he added.

Initiatives of Brasil Sorridente cover a wide range of strategies that include fluoridating drinking water; expanding the numbers of oral health professionals and oral health teams (most civil servants employed by the government); increasing the amount and kinds of specialty dental services available; increasing oral health care budgets; distributing more than \$72 million worth of oral health kits and providing oral health education through the oral health teams; and conducting more oral health surveys to monitor progress.

The program encompasses oral care and education for pregnant women, young families, adults and older adults.

"We are talking about six years of continuous work," said Dr. Vianna. "In 2010, surveys showed a 47 percent increase in the number of dentists—59,300 professionals hired by the government directly—giving the program the ability to reach more than 70 million additional inhabitants. When the program began, we reached about 20 million people. Now we reach nearly 100 million—more than half of the entire Brazilian population."

"The 20,103 oral health teams—made up of dentists, auxiliaries and technicians—were already serving 85 percent of the country's municipalities," he added. "These professionals are responsible for prevention and education, distribution of kits with toothbrush and toothpaste, fluoride application, and extraction and restoration. Since being deployed, the program has received the equivalent of \$2.7 billion U.S. dollars in funding, and \$72.6 million worth of toothbrushes and toothpaste kits were distributed in 2008 and 2009 in elementary and high schools and by oral health teams."

The success of Brasil Sorridente, Dr. Vianna said, is due in part to its decentralized structure that allows local cities to target their citizens' needs more effectively.

"Understanding citizens' needs, language, behavior, education and cultural principles in each region makes it easier to address the population's problems, reaching better levels of service quality," he said.

Brazil is both growing and experiencing a

change in the structure of its population, Dr. Vianna added. "Falling death rates and birth rates have caused a rapid change in age structure in Brazil, with a reduction in the youth population, immediate lifting of the adult population



Dr. Vianna

and a significant increase of the elderly population. The latest United Nations report shows us that the landscape of Brazilian society is changing, and education is reaching the population more evenly, allowing citizens to modify their personal values, to make improvements in their socioeconomic status and health."

The Brasil Sorridente program is changing the

profile of oral health of the population today, he said, because it is a longitudinal program that will be funded for the next 20 years.

"Not only the government, but also the population is beginning to acknowledge that the practice of dentistry is an integral part of good health," said Dr. Vianna. "It will take the participation, hard work, dedication and political will of society, government and nongovernmental entities to eradicate oral disease. The challenges are continuous and ongoing, the efforts of the program often still are not perfect, but they are a reality for all Brazilians, giving Brazil a position of prominence on the world stage."

To learn more about the Brasil Sorridente program, contact the ADA Division of Global Affairs, Ext. 2726. ■

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most effective way to treat their patients,” said Dr. Gist. “It allows the tribes to seek solutions that are appropriate for their needs, with a goal to provide a dental home.”

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Sharing smiles: ADA President Raymond Gist and Dr. Angela Torres, acting supervisory dentist at the Jemez Dental Clinic, distribute toothbrushes to Head Start children March 16.

Dr. Gist said his discussions in Jemez, as well as with the Pueblo of Sandia, focused on how the ADA and tribal leaders can work together to address treatment and prevention of early childhood caries among American Indians, as well as

improve access to quality care for the older adults who suffer from the long-term consequences of caries and tooth loss.

"We also discussed the importance of oral health literacy—patients' ability to learn about



Traditional meal: Pueblo of Jemez tribal leaders, Jemez Dental Clinic staff and visitors from the ADA and the New Mexico Dental Association sit down together for a traditional meal during Dr. Raymond Gist's visit to the New Mexico clinic March 16.

and manage their own oral health—and how it is crucial to our efforts to improve oral health among Native Americans," said Dr. Gist. "There are many, many dental health care providers that can fill teeth and extract teeth but that is not an answer for the long term. If a dentist fills teeth and six months later those teeth have to be refilled or extracted, we are fighting a losing battle."


While in New Mexico, Dr. Gist also met with American Indian Graduate Center Director Sam Deloria to discuss strategies to encourage more Native Americans to choose careers in dentistry.

"The number of American Indians in dental school is very low," said Dr. Gist. "We discussed recruitment strategies that the ADA is using to help develop a pipeline for minority students. We would like to replicate those strategies to create

more interest in dentistry as a career for American Indian students. We think recruiting from the communities where potential students have been raised would result in more licensed dentists returning to those communities after they graduate. That was the personal goal that I achieved after returning from the armed services. This is one way we not only hope to solve a problem, but to create some sustainability."

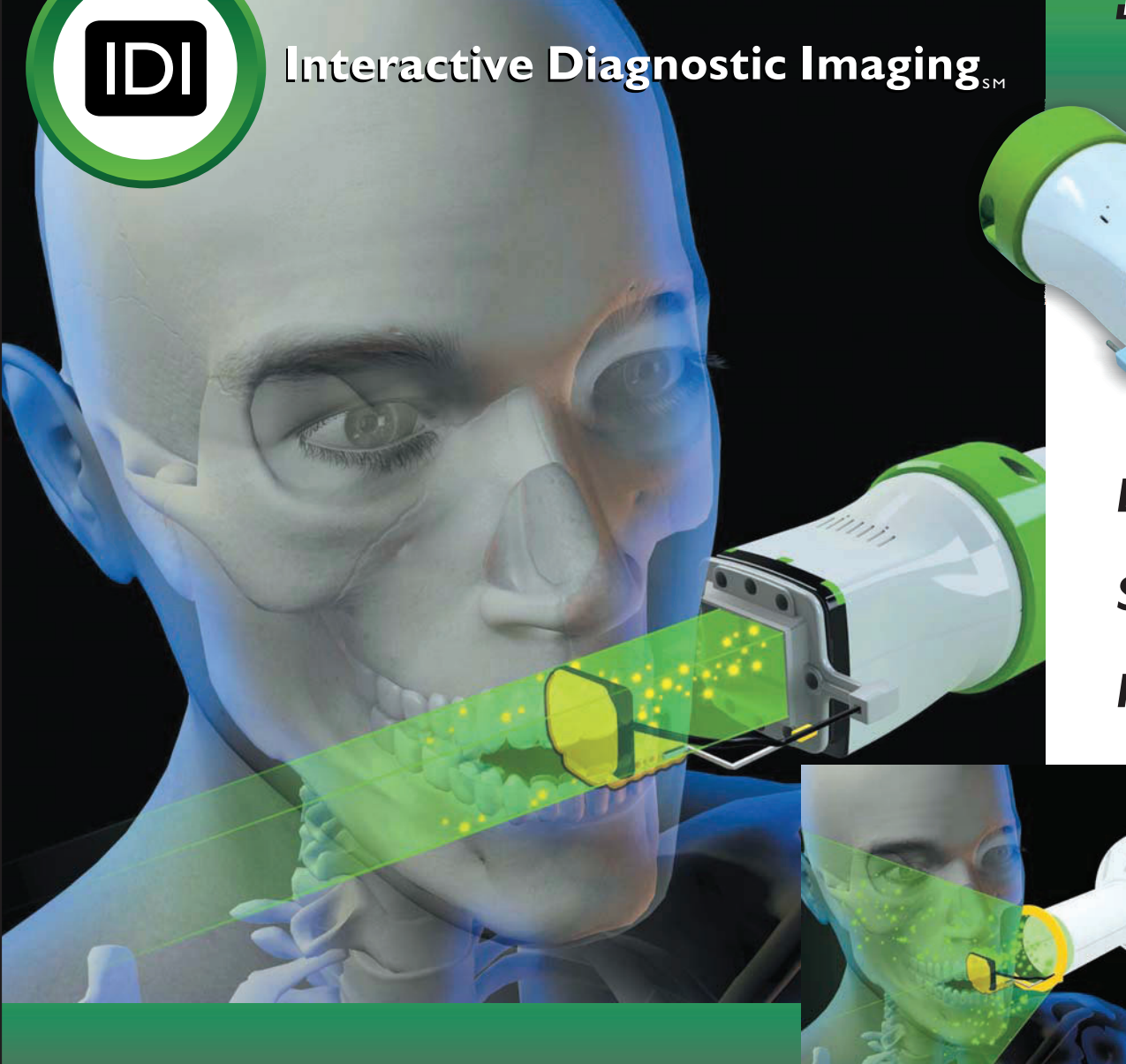
The AIGC, which provides scholarships to American Indian and Alaska Native students pursuing higher education, has programs that routinely market and recruit students for law school and medical school, Dr. Gist added, but both the organization and the ADA would like to see an increased emphasis on promoting dental careers as well.

See VISIT, page 32



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Continued from page 31

On March 17, Dr. Gist became the first ADA president to visit the Navajo Nation. He toured Fort Defiance Hospital, a state-of-the-art 638-designated facility, and met with several tribal and hospital representatives, including Navajo Nation Vice President Rex Lee Jim.

Vice President Jim spoke with Dr. Gist about improving access to care and quality of services for the long term.

"We need a system that works for our best interests. We need to educate and train our own people and bring them back into the community. That is our priority," said Vice President Jim. "We need a healthier and more educated nation.

We're not interested in short-term ideas and dentists serving IHS in our communities for a few years just to pay down their student loans and then leave. We need long-term commitment so that we can build a better system from the ground up."

The Navajo Nation, representing nearly 236,000 citizens in Arizona, New Mexico and

Photo by Kade L. Twist



Summit speaker: Inter Tribal Council of Arizona Executive Director John Lewis speaks at the American Indian Oral Health Summit.



Tour: Ready for a tour of Fort Defiance Indian Hospital are, from left, Kevin Earle, Arizona Dental Association executive director; Dr. Raymond Gist, ADA president; Dr. Dale Goad, New Mexico Dental Association past president; Mark Moores, New Mexico Dental Association executive director; and Dr. Robert Lloyd, Fort Defiance Indian Hospital dental director.

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Photo by Kade L. Twist

Focus on oral health: Navajo Nation Vice President Rex Lee Jim attends the American Indian Oral Health Summit in Fort McDowell, Ariz., last month.

Utah, has identified oral health as one of its top 10 health priorities.

"This is significant, since other priorities include building health facilities to serve more people and increasing access to basic necessities like water and sanitation," said Theresa Galvan, a legislative analyst for the Navajo Nation Division of Health. "This was the first time that I am aware of that the Nation has met with a national organization like the ADA. So I view this meeting as an historic and very positive occasion."

The tour closed on March 18 when Dr. Gist met in Phoenix with representatives of the Inter Tribal Council of Arizona, an organization of 21 tribes that serves as the collective voice on public policy and social services.

During his visit to Indian country, Dr. Gist also received an up-close look at the Native American Oral Health Care Project, an initiative launched last year by the ADA and the Arizona and New Mexico dental associations to collaborate with tribal leaders, health directors and policymakers to expand access to quality oral health care and improve oral health in Native Americans of all ages.

Dr. Gist also returned to Indian country last month as a participant at the American Indian Oral Health Summit April 21-22 in Fort McDowell, Ariz. The two-day summit gathered tribal and urban Indian administrators and leaders, IHS

See VISIT, page 33

Healthy Smiles, Healthy Children seeks grant applications

Beginning June 1, Healthy Smiles, Healthy Children (the Foundation of the American Academy of Pediatric Dentistry) will accept applications for three grant programs.

Applications for HSHC Access to Care, Oral Health Research and Future Dental Researcher Fellowship grants are due Aug. 15.

"Every child deserves a healthy smile, and it is of upmost importance to HSHC that the intent of our grants and programs properly address the key barriers to comprehensive quality oral health care for all children," said Dr. David K. Curtis, president of HSHC. "Through our investment in research initiatives such as the Oral Health Research Grants and Future Dental Researcher Fellowship, we look forward to providing all children with the most up-to-date science and evidence-based care."

Access to Care grants of up to \$20,000 for one year are available for programs that provide dental care to underserved children in the United States.

The matching/challenge grants can be used to cover costs of clinic supplies and instruments, patient/parent education materials, dental care supplies, education and/or outreach to recruit dentists or other activity with clear, direct impact on child oral care.

HSHC will give special consideration to programs that have demonstrated success and/or have potential for replication in other communities. Initiatives demonstrating collaboration with other institutions and organizations will be given priority consideration.

Oral Health Research Grants are multi-year awards of up to \$100,000 per year for up to three years and can be applied to research initiatives that are consistent with AAPD's research agenda:

- transmission, etiology, risk assessment, early detection, prevention and management of caries using antimicrobials, fluorides and remineralizing agents;
- disparities and barriers to accessing dental care including evaluation of different oral health care delivery systems;
- efficacy and effectiveness of infant oral health

promotion (i.e. first dental visit by 12 months) including examining the interface between dentistry and medicine;

- salivary diagnostics, genetics and proteomics;
- examination of pulp treatment and restorative materials including: pulp biology, efficacy and biocompatibility of pulp treatment and restorative materials;



•nonpharmacologic behavior management approaches;

•safe and effective sedative and analgesic agents for pain and anxiety control;

•specific (immunity, genetics) and nonspecific host factors in the etiology and prevention of oral diseases;

•prevention, diagnosis and management of dental trauma in children;

•etiology, detection, prevention and management of localized or generalized aggressive periodontitis.

The HSHC/AAPD Future Dental Researcher Fellowship initiative will provide one qualified

investigator with up to \$75,000 per year for three years. The fellowship is awarded to an applicant in postdoctoral studies or on faculty at a university. Preference will be given to those entering into a third year of research on a particular study focusing on the study of dental care programs targeting underserved and limited access child populations.

Guidelines, requirements and application instructions are available on the HSHC website: "www.healthysmileshealthychildren.org".

For more information, contact Tracey Schilligo at 1-312-337-2169 or via email at "tschilligo@aapd.org". ■

Visit

Continued from page 32

administrators and care providers and key stakeholders to share information, resources and strategies for improving access to dental services and the oral health of Native American communities.

Sessions covered topics like children's oral health and early childhood caries, oral health care and current laws, prevention and treatment strategies, providing care in remote communities, maximizing care in 638 facilities and more. Rep. Paul Gosar, R-Ariz., and Dr. George Blue Spruce, the nation's first American Indian dentist, former assistant surgeon general and assistant dean for American Indian Affairs at the Arizona School of Dentistry and Oral Health, were keynote speakers for the program.

"The disparity in care for the oral health of Native Americans is far too wide," Dr. Gist observed. "While there are a host of reasons for that and no single solution will solve them all, many people are dedicated to improving that situation. The next steps include identifying specific projects that we can partner with tribes to complete. Those meetings have already been scheduled. With groups like the ADA working directly with the tribes to foster innovation I know we will make very real strides to improve the lives of people all over this nation." ■

—crozier@ada.org

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Dentist loses home in tornado, steps up to help other victims

BY KELLY SODERLUND

Tuscaloosa, Ala.—Dr. Hiram Johnson crouched in the upstairs hallway with his wife, daughter and son-in-law, his grandsons tucked in an upstairs bathroom.

Meanwhile, a tornado was ripping through his neighborhood, nearly leveling everything in its path. Then it came to his house.

"We thought the house was being moved, the noise, the force and everything. As my wife said, she could hear the house sinking," Dr. Johnson said.

The terror was over in a few minutes, but the devastation had just begun. Dr. Johnson and his family, none of whom were injured, went outside to survey the damage.

"We got up and looked around the hall and part of the house was gone, crushed," said Dr. Johnson. "It virtually destroyed our street. There were two homes not destroyed. It was just a devastating experience."

More than 300 people were estimated dead in a slew of storms that surged across the south April 27. Alabama, Tuscaloosa especially, was the hardest hit, and President Obama declared a federal state of emergency in the state.

The Johnson's home, much of their belongings and two cars were a total loss. His dental practice fared better; the air conditioners shifted, and there were a few holes in the roof.

Despite the personal devastation, Dr. Johnson has been leading the charge to help others who suffered a similar loss. He's been cooking meals for Tuscaloosa residents and will facilitate the distribution of toothbrushes, toothpaste and dental floss donated by Procter & Gamble.

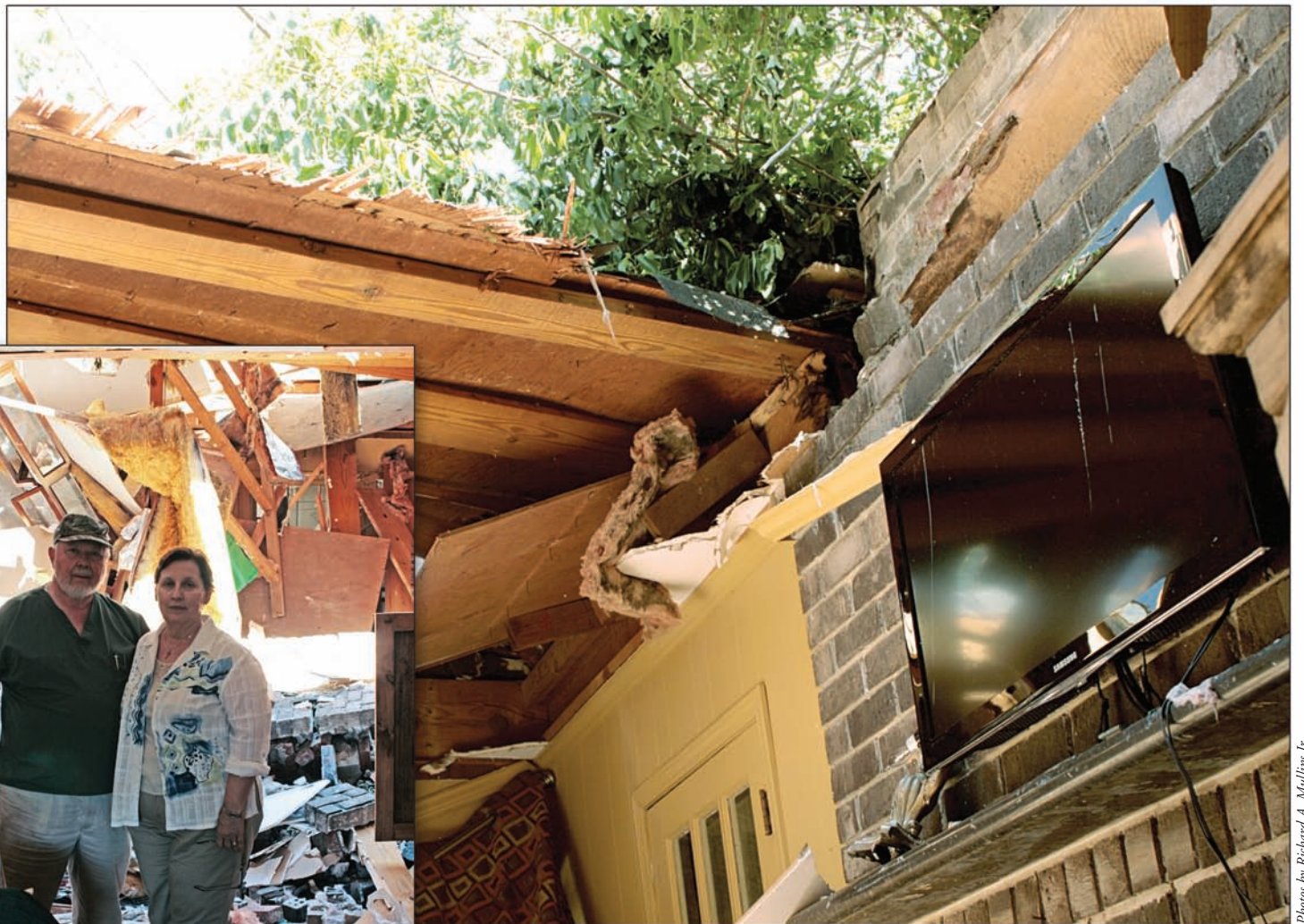


Photo by Richard A. Mullins Jr.

Tornado victims: At left, Dr. Hiram Johnson and his wife, Pat, stand in what was the living room of their Tuscaloosa home on the day after the tornado. When the tornado struck April 27, the couple, their daughter and son-in-law took shelter in a hallway a few feet away from their living room. The house's chimney fell through the first and second floors landing in the middle of the living room, pictured above.



Aftermath: Two cars remain parked in the garage of a house after a deadly tornado struck Tuscaloosa, Ala., April 27.

The American Dental Association reached out to the Alabama Dental Association asking what it could do to help the tornado victims. Dr. Zack Studstill, executive director of the Alabama Dental Association, said the victims could use dental supplies to maintain their oral hygiene.

The ADA contacted Procter & Gamble, which agreed to donate 7,000 tubes of toothpaste, 2,600 children's toothbrushes, 600 adult toothbrushes and 4,320 packs of children's dental

floss. The supplies are being sent to Dr. Johnson's office, and he will facilitate the distribution to those in need.

"That's a thing we take for granted every day, but when you don't have it you realize, gee I've got to brush my teeth, get this taste out of my mouth," Dr. Studstill said.

Procter & Gamble was happy to help in any way it could, said Dr. Leslie Winston, director of global professional and scientific relations for P&G.

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"I think that everyone was concerned with the devastation in Alabama. We just wanted to feel like we were contributing, even if it was in a small way, in improving the oral health of the people who had to live through this horrible storm," Dr. Winston said.

Dr. Studstill has been trying to assess how much damage dental offices suffered in Alabama but because of spotty communication, has only been partly successful. He knows at least three practices that were heavily damaged to the point where they have been closed. Patterson Dental and Henry Schein are working to get those dentists into temporary facilities.

"More homes of dentists were damaged than

offices," Dr. Studstill said.

Dr. Johnson and his wife are discussing whether to rebuild their house in the same spot. They were able to salvage their family photographs, some books and some furniture.

The courage of Dr. Johnson and other dentists helping victims while dealing with their own personal loss is extraordinary, Dr. Winston said.

"They're more worried about the oral health of the people who were impacted by the storm," Dr. Winston said. "It's really remarkable that when people are faced with these situations what they choose to focus on."

Dr. Johnson has a more humble response.

"I don't find that remarkable at all. It's just what we do," Dr. Johnson said. "Maybe it's part of a therapy. That's just what we do." ■

—soderlundk@ada.org



Widespread destruction: Many homes, businesses and apartment complexes were reduced to rubble by the tornado that struck Tuscaloosa on April 27.

ADA Foundation grants available for disaster victims

Are you a dentist or organization that has been affected by a disaster?

The ADA Foundation Disaster Assistance Grant Program was designed to provide assistance to those members of the dental profession who have lost property in a declared disaster and to support provision of emergency dental care in areas affected by disasters.

The ADA Foundation provides disaster grants in the following areas:

- Dentists who have been affected by disasters to assist with immediate needs;
- Organizations that provide dental services to affected areas.

To fill out a grant application, visit "www.ada.org/sections/about/pdfs/disaster_application.pdf".

For more information about the ADA Foundation, visit "www.adafoundation.org". ■

Henry Schein opens disaster relief hotline for dentists affected by recent tornadoes

Melville, N.Y.—Henry Schein Inc. has activated its disaster relief hotline for dentists, physicians and veterinarians who have experienced operational, logistical or financial issues as a result of the recent tornadoes affecting much of the Southeastern United States.

Dentists who need assistance may call 1-800-999-9729. The hotline is open from 7 a.m.-7 p.m. CDT.

Henry Schein has also established the Tornadoes Relief Fund through the Henry Schein Cares Foundation, a 501(c)(3) organization.

Donors can contribute by credit card online at "www.hscaresfoundation.org". Click the "donate" button and select "Tornadoes Relief Fund" for the gift designation. Donors who prefer to contribute by check should make the check payable to "Henry Schein Cares Foundation" with "Tornadoes Relief Fund" noted in the memo of the check, and mail it to Dewi Wijaya, Henry Schein Inc., 135 Duryea Road, Melville, N.Y. 11747.

Donations to the Henry Schein Cares Foundation are tax deductible in the United States. ■

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Trip planning is easy with ADA resources

Log on to Annual Session website to register, choose courses, find travel and hotel deals

Las Vegas—Take advantage of airfare deals, great hotels and rental car specials when planning a trip to the 152nd ADA Annual Session and World Marketplace Exhibition Oct. 10-13 at the Mandalay Bay Convention Center.

Use the ADA's One Source (online at "ada.org/session") to register, reserve hotel rooms and make travel arrangements including airport shuttle or car rental reservations.

Registrants can use the ADA's Las Vegas destination guide to find information on ADA hotels and tours, transportation, Las Vegas dining, shopping, attractions, show tickets and more. Click on the online Preliminary Program link at "ada.org/session" and choose the link "Destination insert with information about Las Vegas."

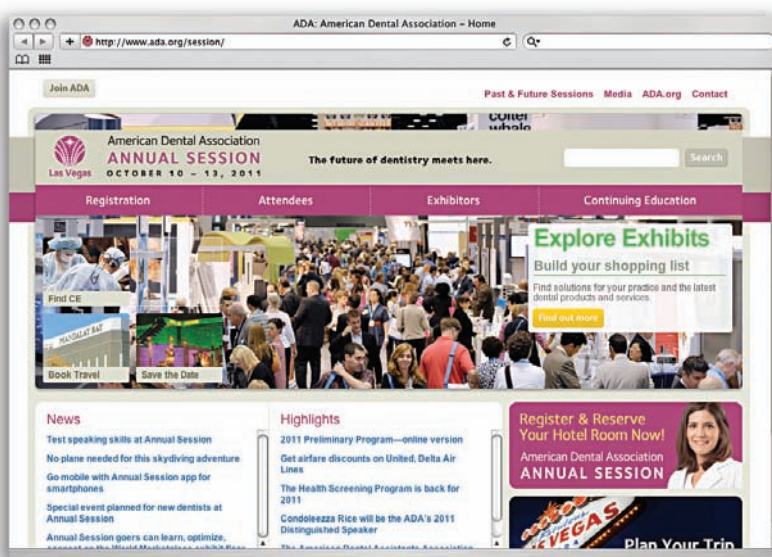
United and Delta Air Lines are offering special airfare rates for ADA Annual Session attendees.

The six ADA official hotels—Mandalay Bay, Thehotel at Mandalay Bay, MGM Grand, The Signature at MGM Grand, Four Seasons Hotel Las Vegas and Luxor Las Vegas—feature special room rates and benefits such as room rates with waived resort fees or inclusive of resort fees; Internet access; rate integrity (price matching if room rates

decrease) and complimentary shuttle service between the MGM Grand and Signature at MGM Grand to the Mandalay Bay Convention Center.

During the registration process, users can begin networking with other colleagues by opting in to SocialClix.

SocialClix is a free service that allows registrants to connect with colleagues by searching their social networks (such as LinkedIn or Facebook) and contact listings (such as Outlook or Gmail) to see if their connections and contacts are also attending



Annual Session and invite colleagues who have not yet registered.

Registrants can also learn more about Annual Session events, including the Health Screening Program, the ADA Presidential Gala, the New Dentist Reception, the American Dental Assistants Association concurrent meeting, the House of Delegates meetings and the Opening General Session and Distinguished Speaker Series featuring former secretary of state Condoleezza Rice, Ph.D., and comedian and ventriloquist Terry Fator.■

Photo courtesy Las Vegas News Bureau



Landmark: The famed Welcome sign on the Las Vegas Strip is featured in the ADA Las Vegas Mob City tour Oct. 10 and 12.

Mob City tour examines Las Vegas' shady past

Las Vegas—The rise and fall of organized crime in Las Vegas will be the focus of a unique ADA tour Oct. 10 and Oct. 12 during the Annual Session.

Guests who take the Las Vegas Mob City tour will hear some amusing anecdotes about Las Vegas' checkered past that aren't well known by the general public. They will also visit some of the city's most notorious sites, including the Bugsy Siegel Memorial at the Flamingo Hotel, Fremont Street, the world-famous Welcome to Las Vegas sign, the Strip and Wedding Chapel Row, and the new Las Vegas Mob Experience museum.

This tour is available Oct. 10, 1-5 p.m., and Oct. 12, 9 a.m.-1 p.m. The cost is \$85 per person and includes admission to the Las Vegas Mob Experience museum. For more information or to register for this or other ADA tours, visit "ada.org/session".■

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Corporate Forums showcase latest products and techniques

Las Vegas—Dental professionals who want to learn the latest techniques for dental products taught by the manufacturers that developed them should plan to attend a Corporate Forum at the ADA Annual Session this fall.

On Monday, Oct. 10, Dr. Steven Glassman will present Invisalign: Clear Essentials I, from 8 a.m.-5 p.m. The daylong course for general dentists and team members who want to incorporate the Invisalign system into their practice will cover clinical, operational and marketing skills, and support available for the nonorthodontic practice. The cost is \$1,695 for a dentist and up to four team members. The program is sponsored by Align Technology.

On Tuesday, Oct. 11, Drs. John Remmers and

Barry Glassman will present Obstructive Sleep Apnea Fundamentals from 8 a.m.-5 p.m. The course covers screening and treating patients with obstructive sleep apnea and includes a session on MATRx, a medical device that allows sleep laboratories to measure and control protrusion of the mandible during a polysomnographic study. The cost is \$595.

Corporate Forum courses do not qualify for ADA/CERP continuing education credit. Meals are not included. Participants must be registered for the Annual Session to enroll.

More companies may sign up between now and Annual Session to host corporate forums. For details on these or any new corporate forum courses, or to register, visit "ada.org/session".■

Not yet an ADA member?

Las Vegas—Are you a dentist who would like to test drive some of the benefits of ADA membership that 157,000 of your colleagues already enjoy?

The ADA offers dentists who are not yet members of the ADA an opportunity to attend the

Annual Session at a reduced rate—\$100 instead of \$775 (if registered on or before Sept. 9).

Dentists can only take advantage of this offer once, so those who attended the 2005-10 Annual Session at the reduced rate are not eligible. Go to "ada.org/session" to register.■

Entries must be received by July 15, 2011!



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Win the 2011 ADA Adult Preventive Care Practice of the Year Competition and we will send you to the 2012 ADA Annual Session in San Francisco for FREE

The American Dental Association is offering a special opportunity to attendees of the 2011 ADA Annual Session in Las Vegas - a chance to be named the Adult Preventive Care Practice of the Year. This competition, sponsored by 3M ESPE Preventive Care, will recognize practices who are leaders in adult preventive dental care. Practices will be evaluated based on their:

- design and implementation of practical techniques
- oral health care, outreach, and patient education efforts
- implementation of a successful program through dental team communication and a work plan

If you make it to the final round, your 2011 ADA Annual Session registration is free for up to two dentists and three staff members on your team.

The winner of the 2011 competition will also present their program on the exhibit floor stage and the event will be webcast to ADA members.

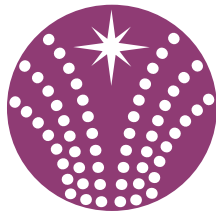
Best of all, the 2011 winner will receive accommodations for three nights at an ADA designated hotel, round coach trip airfare and free registration for up to two people at the 2012 ADA Annual Session in San Francisco.*

Visit www.ADA365.org for complete program details and to download an entry form.

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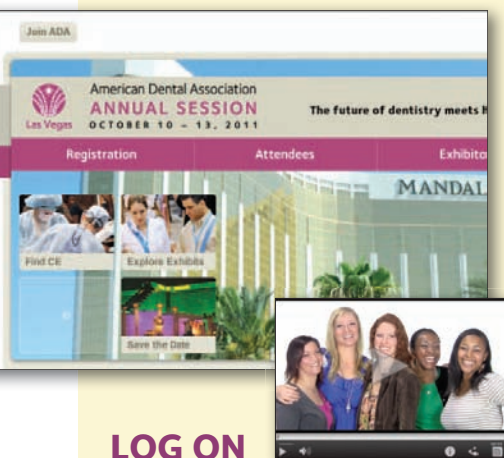
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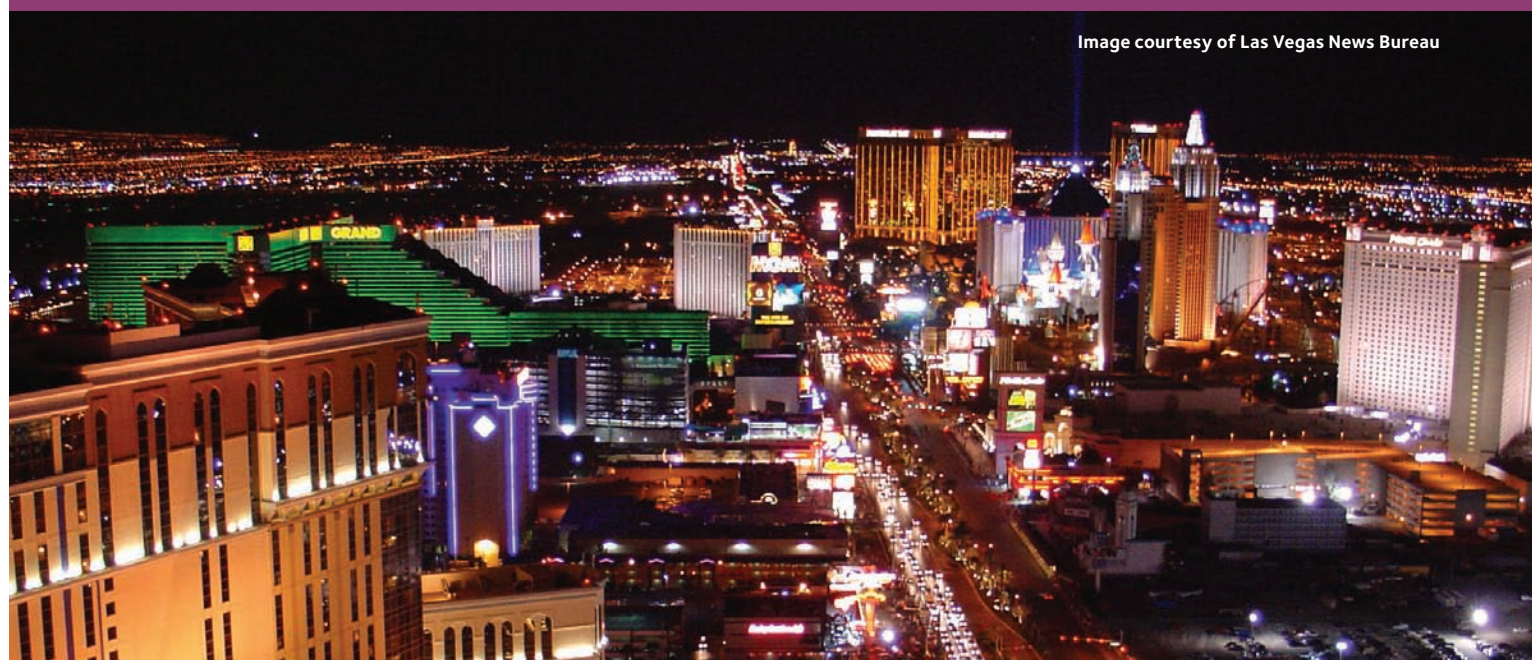


Image courtesy of Las Vegas News Bureau

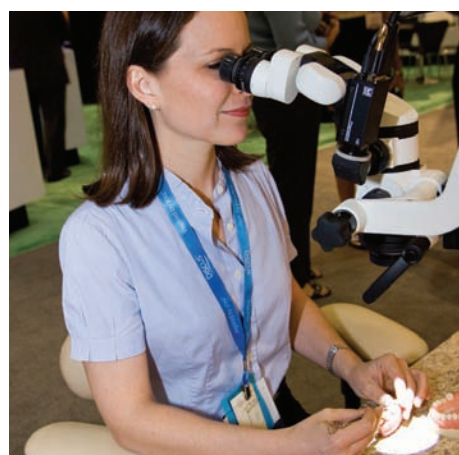
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250+ continuing education courses offer plenty of skills and ideas for you and your dental team to take home and use right away. More than 50% of ADA Annual Session lectures are FREE with your registration.



DON'T MISS the opportunity to hear and interact with the renowned world leader Dr. Condoleezza Rice during the **Opening General Session and Distinguished Speaker Series**.

Dr. Rice will be available for a Q&A session following her presentation. Visit ada.org/session for information on how to submit questions.

Download the Smartphone App for the 2011 ADA Annual Session!

Use the mobile app to get a jump start on your Annual Session experience!



Visit ada.org/session for information on how to download the app.

Request Your 2011 ADA Annual Session Preliminary Program

CHOOSE YOUR METHOD:

1. Visit ada.org/session and click on "Attendees" for access to a user-friendly electronic version, complete with hyperlinks.
2. E-mail your request to annualsession@ada.org. Make the subject line "Preliminary Program Request." Be sure to include your ADA membership number and preferred mailing address.
3. Call 800.232.1432 (toll-free, U.S. only) or 312.440.2388.



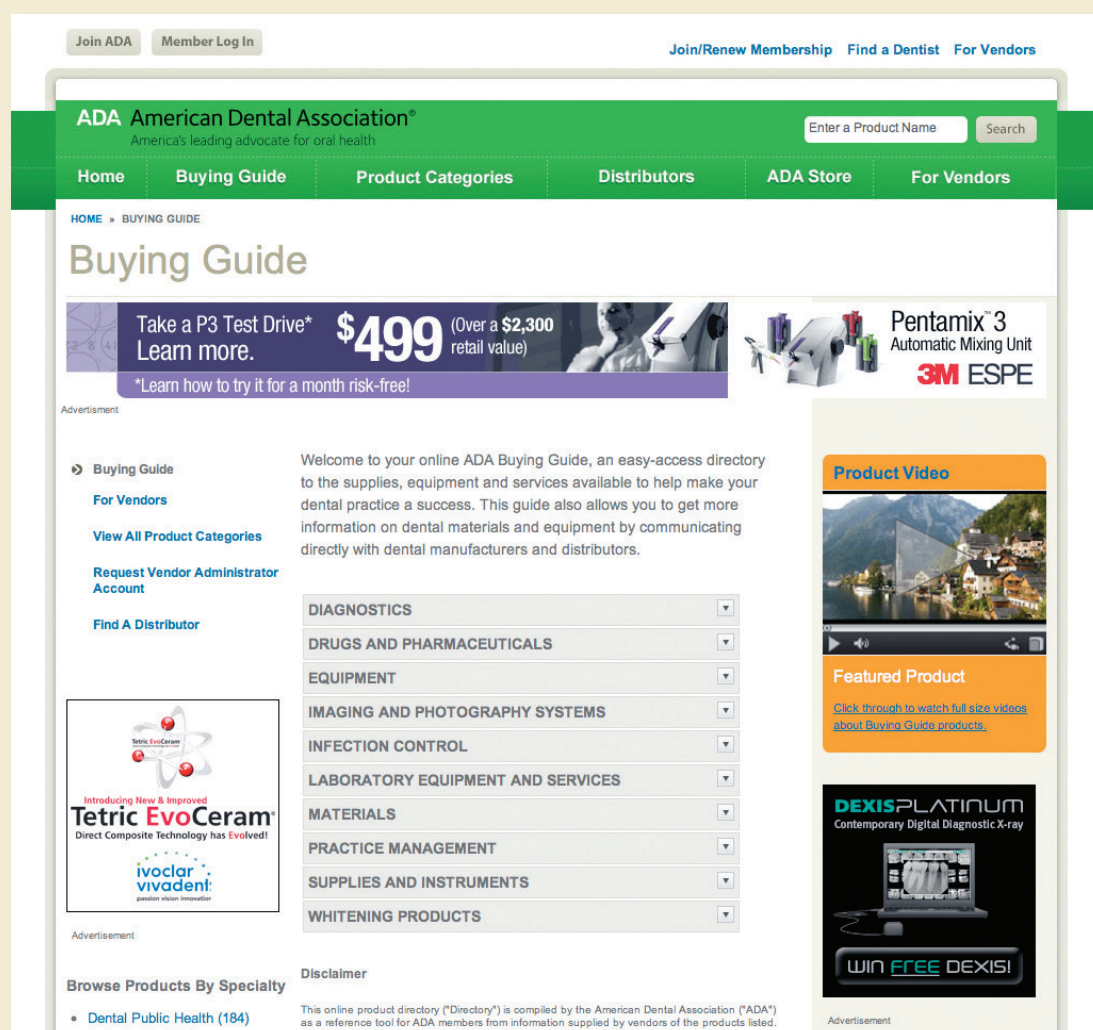
This year's Preliminary Program includes a special Las Vegas insert to help plan your trip.

Make your purchasing decisions easier with the new online ADA *Buying Guide*



Features include:

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- Compare up to six products at a time
- Product videos
- Product descriptions
- Local distributors



The new **Buying Guide** is an easy-access, one-stop directory to the supplies, equipment and services available to help you make informed decisions in your dental practice.

The **Guide** allows you to browse by specialty or by categories such as diagnostics, materials or infection control. Get more information on products by communicating directly with the companies. New product listings are added daily, providing you with the latest information available.

This comprehensive and valuable resource is available to you 24/7 @ ADA.org/buyingguide.

AADA project offers 'head to toe' care

Annual Session-goers can donate care kits to benefit Las Vegas residents in need

Las Vegas—Dentists, dental assistants, dental hygienists, office managers, exhibitors, spouses and friends traveling to Annual Session in October can make a difference in the lives of developmentally challenged individuals or families in crisis by donating to a service project sponsored by the Alliance of the ADA.



Care kit project: Alliance of the ADA members in Utah, from left, Helen Gardener, Kathy Tidwell and Cynthia Mattson, pack care kits for a local dental health education project. On Oct. 10 and 11, during its annual convention in Las Vegas, the Alliance will collect care kits that include a new hat, socks and toothbrush. The theme of the service project is "We Care for You from Head to Toe!" and kits will be distributed to two Las Vegas-based nonprofit organizations.

AADA members will be collecting care kits Oct. 10-11 for the "We Care for You from Head to Toe!" project. The service project will support clients of two not-for-profit organizations that serve Las Vegas citizens in need: Opportunity Village, an organization that serves people with intellectual disabilities, and The Shade Tree, a shelter for women, children and their pets.

Donors are asked to fill a zip-top bag with a new hat, a new pair of socks and a new tooth-

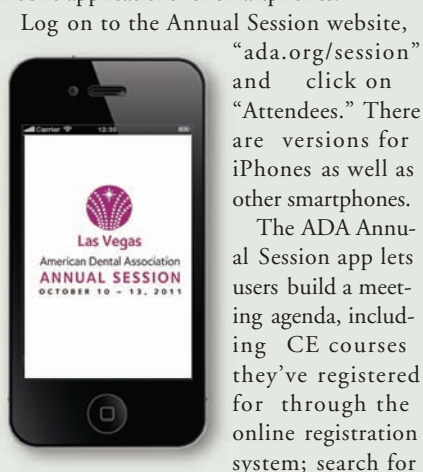
brush and bring it to the MGM Grand hotel. Alliance members will be there to receive kits Monday, Oct. 10, 8:30 a.m.-4 p.m. and Tuesday, Oct. 11, 8:30 a.m.-3 p.m. "Look for Alliance members at the MGM Grand. They will be wearing bright yellow aprons near the lobby and walkway and will be ready to receive your contributions with a grand smile," said Johanna Manasse, member of the Alliance Membership Council.

Donors can also choose to make a contribution of \$10 or more to support the project.

"The items in your care kit should be designed for the same age group, whether for a child, an adult or a senior," said Mrs. Manasse. "The care kits promise hope for needy Nevada citizens of every generation. The Alliance believes that everyone, no matter race, age, occupation or status, deserves the comfort and satisfaction of good oral health." ■

Visit updated links for ADA Annual Session smartphone apps

Las Vegas—The ADA has updated the links for downloading the Annual Session mobile applications for smartphones.



Log on to the Annual Session website, "ada.org/session" and click on "Attendees." There are versions for iPhones as well as other 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 the Annual Session; get information on show specials; and build an ADA World Marketplace Exhibition shopping list. ■


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Gala

Continued from page one
supporters of GKAS activities were invited to share “a very ambitious vision for Give Kids A


Smile, elimination of caries in U.S. 5-year-olds by 2020” offered by Steve Kess, the Henry Schein Dental vice president who chairs the GKAS National Advisory Board. “We’re hopeful that GKAS will be seen as a positive prevention issue and not necessarily an oral health



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Upcoming: Gala attendees learn about the Oct. 15 NASCAR event in Charlotte, N.C. Greg Biffle’s car and uniform will sport the logos of Give Kids A Smile, 3M and Henry Schein Cares in support of GKAS while volunteers provide oral health screenings, fluoride treatments and sealants on site to underserved children.

access issue.”

“Little did we know when we started down this road in 2003 that this program would reach millions of children and involve hundreds of thousands of volunteers,” ADA President Raymond F. Gist said in welcoming gala guests. “But with your help it has.”

Suffused with a blush of spring night air and a tone-ambient trio of musicians, gala guests dined on a rooftop offered by the American Pharmacists Association at their Constitution Ave. headquarters hard by the U.S. State Department and a temple of science, the National Academy of Sciences building, which is closed for restoration until 2012.

Subsequent editions of the ADA News will have more to say about those sponsors, supporters and grant recipients honored on this night of smiles, including a preview of GKAS events yet to come. ■

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Working together: ADA Foundation President David A. Whiston (right) and Steve Kess, the Henry Schein Dental vice president who chairs the GKAS National Advisory Board, both spoke at the Awards Gala.

Dental stem cell researchers gather

New York—The Columbia University College of Dental Medicine and National Institutes of Health hosted the first International Conference on Dental and Craniofacial Stem Cells April 27–29 at the New York Academy of Sciences.

About 200 professionals from 19 countries attended conference, which was led by Dr. Jeremy Mao of Columbia, Darvin Prockop, M.D., Ph.D., of Texas A&M Health Science Center, and Pamela Robey, Ph.D., and Nadya Lumelsky, Ph.D., of the National Institutes of Health.

“The conference successfully set the stage for the translation of regenerative therapies for

patients with congenital anomalies, trauma, cancer and chronic disorders,” said Dr. Mao, a senior associate dean for research at Columbia University and director of the new Center for Craniofacial Regeneration at Columbia. “Current dental treatments such as cleft palate, missing teeth, root canals and facial trauma are likely to be transformed by what we learn about stem cells.”

For more information, visit “<http://dental.columbia.edu/ICDCSC>”. ■



April conference: Dr. Jeremy Mao, Columbia University, greets participants at the first International Conference on Dental and Craniofacial Stem Cells last month.

Photo by Charles Manley Photography

Chronic ulcerative stomatitis seen as autoimmune disease

BY JENNIFER GARVIN

Boston—Researchers at the Tufts University School of Dental Medicine have discovered evidence that chronic ulcerative stomatitis, a disease characterized by painful recurring sores in the mouth, is an autoimmune disease.

Only 39 CUS cases have been reported in English-language literature since it was identified as a clinically distinct condition in 1989. Of those cases, it has been diagnosed most frequently in white women in their 40s and 50s and may appear similar to oral erosive lichen planus, according to a news release from Tufts.

“Currently, diagnosing CUS requires a surgical biopsy which then must be sent to an outside lab for special processing for immunofluorescence microscopic examination,” said Dr. Lynn Solomon, the study’s senior author and associate professor in the department of oral and maxillofacial pathology at Tufts. “Accurate diagnosis is important because the usual treatment option for immunologically mediated diseases, corticosteroids, is often not effective in treating CUS.

“In previous studies, we identified that CUS patients had specific autoantibodies—antibodies produced by an immune response to the body’s own tissue—but we weren’t sure whether these autoantibodies were contributing to CUS or part of a benign biological process. In this study, we determined that autoantibodies fulfill the criteria of pathogenetic antibodies and do contribute to the disease.”

In conducting the in vitro study, researchers applied antibodies from four CUS patients to three-dimensional models of skin tissues and found that the antibodies had no effect at low concentrations. At higher concentrations, the researchers found “complete detachment of the surface layer of tissue, known as epithelium” and said the CUS autoantibodies “do not cause damage to the surface epithelial cells, but cause a change in the cell-binding proteins that allow the surface layer to attach to the connective tissue beneath them. This weakened cohesion results in breakdown of the tissue, which would result in the sores that characterize CUS.”

In the future, Dr. Solomon said she would like their research to look at the mechanisms linking the autoimmune response to ulcerative sores. “Additional data will help us evaluate hydroxychloroquine therapy, an antimalarial drug used off-label that provides relief in many cases, but which is not well-tolerated by some patients and which may have serious side effects,” Dr. Solomon said. ■



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