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## ADA News - 06/06/2011

American Dental Association, Publishing Division

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# ADA NEWS

JUNE 6, 2011

VOLUME 42 NO. 11

## Economic outlook improving: survey

BY KELLY SODERLUND

It's being described as an "improved business environment for dentists but still a fairly conservative outlook for the near future."

The above statement is how the American Dental Association's Health Policy Resources Center classifies the

results from the Quarterly Survey of Economic Confidence for the first quarter of 2011. More than 1,500 dentists were surveyed.

"As the economy continues to strengthen, there are clear signs of new economic life in dentistry," according to the survey's executive summary.

■ **Pew report card on states, page seven**

Dr. Jeffrey Cole, member of the Council on Dental Practice's Subcom-

mittee on Economic Issues, echoes the cautious optimism expressed about previous survey results.

"It is encouraging that the economic results for the first quarter of the year were positive. The pessimism in the economic outlook probably

See SURVEY, page eight

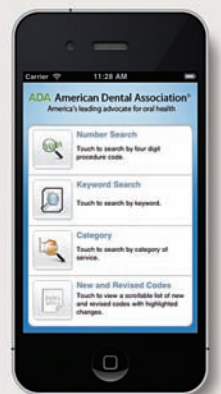
### BRIEFS

**CDT app:** Need to find a CDT Code but don't have access to a book or a computer?

The ADA hopes to make coding easier and faster with the introduction of the new CDT Code Check app for the iOS (iPhone, iPad) and Android-powered mobile devices (phones and tablets).

The app is available for \$19.99 in the Apple iTunes Store and the Android Market.

The CDT Code Check, which contains every CDT code, is a portable resource for dentists



### National Oral Health Conference

## Public and private viewpoints explored



**Joint conference:** The National Oral Health Conference, held in April, included speakers from government, academia and private practice.

BY STACIE CROZIER

*Pittsburgh*—More than 700 participants—dental professionals from both public health and private practice, dental directors, public health officials, policymakers, educators, dental manufacturers, insurers and others—gathered at Pittsburgh's Westin Convention Center April 10-13 to "Converge on the Future" at the 2011 National Oral Health Conference.

It was the 12th joint annual confer-

■ **NOHC first-timer offers impressions, page 18**

ence of the Association of State and Territorial Dental Directors and the American Association of Public Health Dentistry. The Centers for Disease Control and Prevention was

See NOHC, page 18



**Lost office:** One of the treatment rooms destroyed in Dr. Charles McGinty's Joplin, Mo., dental practice.

## Joplin's dental capacity reduced by tornado

BY CRAIG PALMER

*Joplin, Mo.*—More than half of this city's dental capacity is "gone," lost to the winds of May  
See JOPLIN, page 16

and dental staff. The app includes new codes and revisions with marked changes, and assists dental professionals who use procedure codes for tasks in developing treatment plans, managing patient charting and submitting insurance claims.

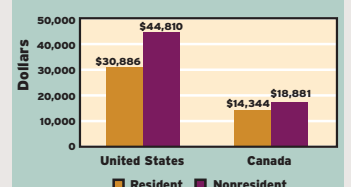
There is also a complete listing of each CDT Code, including category of service, subcategory, procedure code, nomenclature and descriptor. Users can also search by code number or key word.

To purchase the new app, visit the Apple iTunes store or Android Market and search CDT Code Check. ■

### JUST THE FACTS

#### First-year tuition

The United States surpassed Canada in both resident and nonresident average first-year dental school tuition for 2009-10.



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



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## New maternal and child oral health resources available

Washington—The National Maternal and Child Oral Health Resource Center has new resources for professionals initiating or implementing oral health services in school-based health centers.

• "Be an Oral Health Champion: How School-Based Clinic Staff Can Help Students Achieve Good Oral Health" is a four-page booklet that covers problems that poor oral health may cause. The paper offers tips for promoting oral health to students and parents, incorporating oral health into the school setting and working with others in the community. The booklet can be downloaded at "www.mchoralhealth.org/pdfs/champion\_sbhc.pdf".

• "Comprehensive Oral Health Services for Improving Children's and Adolescents' Oral Health Through School-Based Health Centers" includes an overview of comprehensive oral health services offered in SBHCs. Topics covered in the 12-page brochure include an overview and history of school-based health services, examples of national and state programs, administration, partnership and collaboration, financial and non-financial support, and evaluation. The booklet can be downloaded at "www.mchoralhealth.org/pdfs/sbhc\_paper.pdf".

Single or multiple print copies of these publications can be ordered online at "www.mchoralhealth.org/publications.html". Please allow two weeks to process an order.

Also available online is the 32-page "Oral Health Resource Bulletin: Volume XXIV." This resource can be downloaded at "www.mchoralhealth.org/PDFs/ResBlnXXIV.pdf".

The online "Oral Health for Infants, Children, Adolescents and Pregnant Women: Knowledge Path," is an electronic guide to recent resources that analyze data, describe programs and report on policy and research aimed at improving access to and quality of oral health care is also available at "www.mchoralhealth.org/knwpatoralhealth.html". ■

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# People

## Identical twins in combat dentistry

Assignment together in southern Iraq is 'mere coincidence'

U.S. Army photos by Spc. Maksim Shchekoturov



**In service:** Twin brothers and Army dentists, Capt. Aleksandr Baron and Capt. Dmitry Baron, May 6 discuss a patient at the dental clinic on Contingency Operating Site Kalsu. The men are both augmenting 3rd Armored Cavalry Regiment at two different bases in southern Iraq.



### BY CRAIG PALMER

*Babil Province, Iraq*—Identical twins and military dental officers Dr. Aleksandr Baron and Dr. Dmitry Baron discuss combat dentistry in terms of stress and triage.

"People are appreciative of us," Dmitry said. "We're like combat stress (counselors). We're leaders. It's a pretty big balance."

Aleksandr has served as a triage doctor, making priority of care decisions based on the severity of combat wounds. "I never thought I would do something like that. I thought, if you send me to a deployed environment, I'll take care of soldiers, I'll comfort them, listen to them, care for their teeth, but I did not think I would be doing triage."

**Shared commitment:** Capt. Aleksandr Baron and Capt. Dmitry Baron stand together May 6 outside of the dental clinic at Contingency Operating Site Kalsu. The men are both augmenting 3rd Armored Cavalry Regiment at two different bases in southern Iraq and enjoyed a brief visit at COS Kalsu.

They provide what is called "expeditionary care," responding to emergencies, filling cavities, even performing cleanings to ensure that soldiers remain healthy and mission ready in a combat theater, said the Army public affairs officer who offered an account of these "Army dentists' paths to southern Iraq."

That they are in Iraq together, both assigned to the 3rd Armored Cavalry Regiment albeit at different bases, is "mere coincidence," said Maj. Jason Billington.

Aleksandr volunteered from their Fort Stewart, Ga., home base and deployed to Contingency Operating Site Kalsu with the Regimental Support Squadron in October 2010. Dmitry, who volunteered later without knowing his assignment, joined the regiment's 3rd Squadron at Contingency Operating Site Echo in April 2011.

Their story of U.S. military service begins when their parents, Vitaly and Emma Baron of Aberdeen, N.J., moved from Russia to America. The boys were 6 years old.

"He just wanted a better life for his children,"

Aleksandr said of his father's moving them from what is now the Ukraine to Brooklyn, N.Y. Assimilation came with difficulties of street and language for boys together in a strange new world.

Dmitry: "We did everything together. We got in trouble together. We'd be in a corner together. With a twin, that can be a lot of fun."

Aleksandr: "Being in a country that is as far as the United States is from Russia, to have him next to me was the best thing God could give me. He was a best friend. Trying to get cultured to America is hard. With him by my side, we were partners all the way."

Both attended Rutgers University for undergraduate degrees and received dental degrees from New York University College of Dentistry in 2009. They serve in the military as a requirement of health professions scholarships offered by the Department of Defense to medical and dental students.

Dr. Aleksandr Baron and Dr. Dmitry Baron are members of the American Dental Association. ■

# Dr. Shapiro named ADA Hillenbrand Fellow

BY KELLY SODERLUND

Waterman, Ill.—With seven kids, all of whom helped out in his practice, somebody in Dr. David C. Shapiro’s family was going to end up being a dentist.

That somebody was Dr. Betsy Shapiro. She started out with her brothers and sisters mowing the lawn around the Amboy, Ill., practice, shoveling the sidewalk, filing and observing her father work.

“I was the only one who liked being there,” Dr. Shapiro said. “I used to joke that I started out cleaning toilets and graduated into seeing patients.”

Her father, who also served in the Illinois state legislature, died when she was in high school but Dr. Shapiro was still dedicated to following in his footsteps. She went to dental school at the University of Illinois at Chicago and began working at her father’s practice with his two remaining partners after graduating.

Not only did Dr. Shapiro follow her father into dental practice but she followed him into the political arena as well. She earned a law degree from Northern Illinois University, served on a number of American Dental Association and Illinois State Dental Society councils and committees and has been lobbying on a volunteer basis on behalf of the state dental political action committee.

Now, Dr. Shapiro has been selected to serve as the 2011-12 ADA Hillenbrand Fellow. The fellowship is named for Dr. Harold Hillenbrand, a former ADA executive director who served from 1946-69. The fellowship program mentors a dentist who has demonstrated strong leadership potential and desires to make a career transition from dental practice to a nonclinical dental career in a health-related organization.

“I am excited to welcome Dr. Shapiro to the Hillenbrand Fellowship program. She was selected among a number of highly qualified applicants but stood out for her dental practice experience and her time spent lobbying for access to care issues on behalf of the state of Illinois,” said ADA President Dr. Raymond Gist. “I look forward to seeing her leadership skills further develop during her time at the ADA.”

The ADA offers the fellowship every other year and includes an intensive orientation to all ADA agencies and departments; an orientation to other oral health organizations and federal and state government agencies; and academic courses through the Kellogg School of Management at Northwestern University. Previous Hillenbrand fellows have gone on to become executive directors, associate deans, faculty and staff for various dental associations and schools, and work in industry positions.

“Dr. Shapiro had everything we were looking for in a Hillenbrand Fellow,” said Dr. Stephen Glenn, chair of the Council on Dental Practice, who also served on the Hillenbrand selection committee. “She knows what it means to be a dentist and small business owner running a practice. She has a strong law background, and she understands the process of advocating for dental issues at the state and national level. Her demonstrated leadership and motivation to make dental care better for both dentists and patients proved to us she could be successful as a Hillenbrand Fellow.”

Dr. Shapiro will begin the fellowship in September and finish in August 2012. Like her predecessors, Dr. Shapiro will complete a project that is of interest to her and helpful to the ADA.

She’ll select her official project upon her start date, but Dr. Shapiro has already expressed an interest in access to care issues, citing her experience working with state legislators on the issue.

“In investigating avenues for care in underserved areas, I have found the jumble of various alternatives to be an unstructured lot; each with its own set of positives and negatives,” Dr. Shapiro wrote in her application. “I believe that it would be most useful to have some sort of reference tool upon which to rely when navigating this maze. I would



Dr. Betsy Shapiro

hope that as a Hillenbrand Fellow I would be able to contribute to the creation of such a comprehensive resource; a field guide, if you will, of some description that would be of help to a

practitioner, a local society or even a legislator in determining what might work best for a particular situation.”

Although she describes herself as “a dentist first, a lawyer second,” Dr. Shapiro felt the Hillenbrand Fellowship was an excellent opportunity to combine the two degrees.

Dr. Shapiro has no specific plans following the fellowship, saying she’ll see where the opportunity takes her. In the meantime, she’ll continue spending time with her husband, Dr. Robert O’Donnell, a dentist whom she met in dental school, and her two dogs, Malcom and Barney. The couple enjoy hiking with their dogs, and Dr. Shapiro counts

cooking, gardening and restoring her 100-year-old home among her hobbies.

Upon approaching her fellowship, Dr. Shapiro reflects back to a quote from Martin Luther King Jr., which she cited in her application.

“Martin Luther King Jr. once said, ‘faith is taking the first step even when you don’t see the whole staircase.’” Dr. Shapiro wrote. “This is perhaps the most accurate way to describe my feelings as I apply for the Hillenbrand Fellowship. I am not perfectly clear exactly where I hope this experience will lead me but I have absolute faith that it is an opportunity which I cannot ignore.” ■

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# Health&Science

## Registration open for course aimed at minimal, moderate sedation providers

BY KAREN FOX

Registration is open for the October 2011 ADA continuing education course designed to give dentists experience with medical emergen-

cies that may occur during minimal and moderate sedation.

Recognition and Management of Complications During Minimal and Moderate Sedation is

tailored to the unique needs of dentists providing sedation with an emphasis on patient monitoring and airway management.

The hands-on sessions take place Oct. 27-28

at ADA Headquarters in Chicago.

What sets the course apart from other offerings, including Advanced Cardiac Life Support, is its use of high-fidelity human simulators that are programmed to mimic emergency situations that a dentist administering minimal and moderate sedation could actually face in the office, such as severe asthma, airway obstruction and respiratory depression.

The course faculty are experts in dental sedation and anesthesia, education, emergency management, pharmacology and simulation education. They include senior faculty Dr. James Phero (course director), Dr. Morton Rosenberg and Dr. Kenneth Reed; and adjunct faculty Dr. Mike Edwards, Dr. Steven Schimmele, Dr. Peter Tan and Dr. Jimmy Tom.

Dr. Phero, professor of clinical anesthesiology, pediatrics and surgery at the University of Cincinnati Academic Health Center College of Medicine, a faculty dentist anesthesiologist at The University Hospital in Cincinnati and vice chair of the Research Committee of the Society for Simulation in Health Care, said that "completing the ADA course means one has gained experience in evaluating emergencies and rescuing patients, which are actually technologically advanced high-fidelity simulators that present emergency health conditions that a dentist administering minimal and moderate sedation might encounter in practice.

"The lifelike adult simulators teach the dentist and the office team to use all their knowledge and skills to produce a positive outcome with the emphasis on patient safety," he said.

The course teaches a clinician to manage a critical situation that involves the practitioner first having the didactic "book" knowledge of the problem, followed by a mastery of the tasks needed to manage the condition.

"It's a similar approach that led Laerdal (the maker of basic and advanced life support training products and emergency medical equipment) to develop the Resusci Anne 50 years ago for cardiopulmonary resuscitation training," said Dr. Phero.

"Anne's initial task was to teach rescuers to perform mouth-to-mouth ventilation," he said. "However, intellectually having the knowledge to manage a situation and being able to perform the tasks to manage the situation still left a void in practitioners being able to properly apply their knowledge and skills in the medical crisis setting."

Education involving high-fidelity simulators provides the means to train in a team setting using the crisis resource management approach.

"These devices mimic situational, physiologic patient conditions that teach leadership, communication, decision-making and group situational awareness, which are then debriefed with participants after each simulation to reinforce the scenario's educational objectives," said Dr. Phero. "The ADA course incorporates this teaching/training format in a very powerful and meaningful manner for the participants."

The ADA course is presented in two parts. Part I is a didactic portion that participants take on their own on ADA CE Online ("www.adaceonline.org"). Part II is a live, hands-on component that will be offered three times at ADA Headquarters in Chicago:

- Oct. 27 (12:30-5:30 p.m.);
- Oct. 28 (7 a.m.-Noon);
- Oct. 28 (12:30-5:30 p.m.).

Participants are required to attend just one session of Part II.

The Anesthesia Research Foundation of the American Dental Society of Anesthesiology developed the course through a grant awarded by the ADA Foundation.

To register for the course, go to "www.ada.org/sedationcourse". Attendance is limited. The cost for Part I is \$140 and Part II (the live, hands-on component) is \$1,350.

For more information, contact Lois Haglund at "haglundl@ada.org" or Ext. 2694. ■

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# Pew grades states on children's access to dental care in report

BY CRAIG PALMER

Washington—Modest investments will help states improve access to dental care and build a healthier future for children, the Pew Children's Dental Campaign said May 24 in a second annual report card, *The State of Children's Dental Health: Making Coverage Matter*.

These include such proven low-cost preventive strategies as school-based sealant programs and community water fluoridation, Pew said. "With many states facing long-term challenges to keep their budgets balanced, policymakers should prioritize investments that provide real savings to taxpayers down the road. Some states are leading the way by making modest investments that will pay off in the years to come for children, families, states and the nation as a whole."

Using the same eight policy benchmarks that determined grades on an A-F scale for 50 states and the District of Columbia in 2010, Pew said that "even in a time of major fiscal stress, many states have managed to improve their grades on children's dental health."

"States continued to make progress in providing more care to low-income children enrolled in Medicaid, but the reimbursement rates paid by state Medicaid programs to participating dentists eroded amid fiscal difficulties. Overall, the findings demonstrate that there's ample room for improvement. Even those states with good policies can do much more to ensure children receive care."

By the new Pew rankings, seven states earned an A. Although none met all eight policy goals, Maryland, with the highest score, met seven. Alaska, Connecticut, Maine, Massachusetts, Minnesota and South Carolina also achieved an A; 20 received a B by meeting five benchmarks, and 23 states and the District of Columbia received a C or lower grade. Pew gave Florida, Hawaii, Indiana, Montana and New Jersey an F

for meeting two or fewer goals.

"By and large, having an organization with Pew's reputation and resources heavily focused on oral health can only help, provided it doesn't invalidate its own good work by promoting midlevel providers as a major solution to a very complex set of problems," said ADA President Raymond F. Gist. "Improving the oral health of

See *GRADES*, page 15

## Safety awareness week under development

BY KAREN FOX

The ADA is taking the lead in ensuring that the equipment used in dental offices is safe for patients.

The Council on Dental Education and Licensure is developing a general safety awareness week targeted to dentists, planned for this year.

"American dentistry has a tremendous safety record," said Dr. Brian T. Kennedy, CDEL chair. "But safety checks are relatively simple to do, and we should all be reminded to perform them on an annual basis. Our ultimate goal is to achieve a safer treatment environment for patients and a safer practicing environment for members."

"The bottom line is that once a year, a dentist ought to look and make sure there are no nitrous oxide crossed lines and make sure that all safety precautions are in place," said Dr. William A. MacDonnell, a member of CDEL's Committee on Anesthesiology, a dentist anesthesiologist and assistant clinical professor at the University of Connecticut and Tufts University. "Especially if you're building a new office, you have to check everything out based on building codes and city and state ordinances."

Added Dr. Kennedy: "We owe it to our patients to look at maintenance across the entire practice spectrum."

The ADA campaign will target a number of areas for safety checks, including automated external defibrillators, X-ray equipment, dental unit waterlines, sterilization equipment, amalgam recovery protocols, expiration dates for medications in medical emergency and drug kits, and nitrous oxide equipment.

CDEL approved the safety awareness week during its November 2010 meeting and plans to work collaboratively with a number of Association agencies on the campaign's development. ■

## Now You See It – Now You Don't

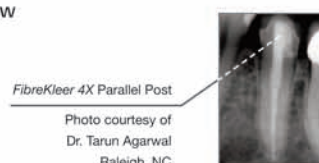


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# Survey

*Continued from page one*

stems from the fact that historically dentists see an uptick in the first quarter of the year," Dr. Cole said. "Despite the positive economic news, the results for the first quarter of this year fell short of what the dentists expected or hoped for.

The first quarter results show an upswing from the fourth quarter in almost all of the indicators measured, including net income, gross billings, new patients and treatment acceptance rates. The increases are consistent with previous first quarter performances.

The favorable first quarter data follows positive results from the fourth quarter 2010 results, a sign that economic conditions for dentists are not deteriorating as data from the second and third quarters of 2010 suggested.

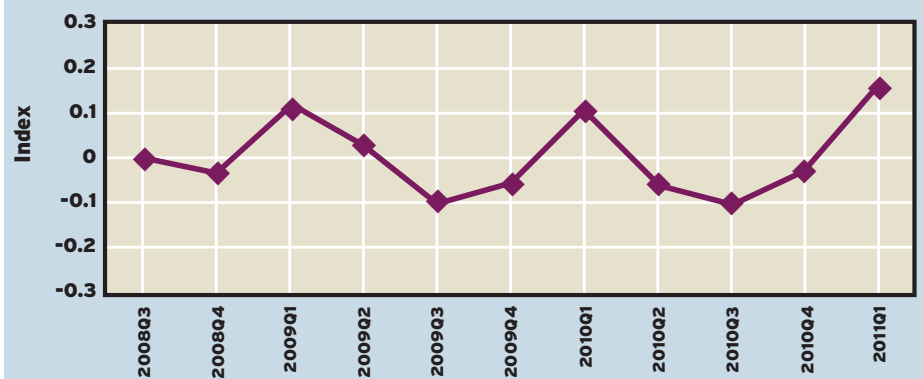
But dentists aren't as optimistic about the



**Cautious optimism:** Dr. Michael Halasz, chair of the Subcommittee on Economic Issues, is hopeful the economy will continue to improve for dentists.

## New patients

The index for the number of new patients dentists saw in the first quarter of 2011 rose from where it was in the fourth quarter of 2010.



Source: American Dental Association, Quarterly Survey of Economic Confidence, First Quarter 2011.

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future of the economy. There was a movement of 2 percent toward dentists reporting they were "not at all confident" increasing that category to more than 39 percent of those surveyed.

Among the findings:

- The percentage of dentists reporting less favorable conditions decreased from 51 percent in the fourth quarter of 2010 to 42 percent in the first quarter of 2011.

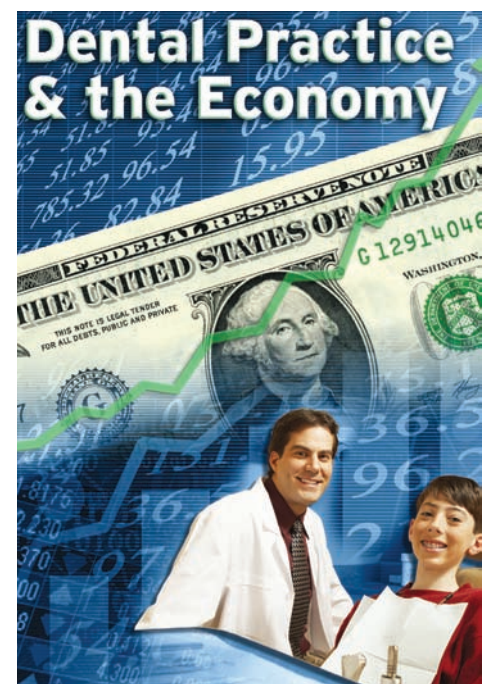
- Nearly 10 percent more dentists reported more favorable conditions in gross billing compared to the fourth quarter and there was a 1 percent increase in the no change category. The number of dentists who reported a less favorable condition decreased from nearly 44 percent to 36 percent.

- Dentists reported seeing more new patients this quarter. There was a 10 percent movement away from the less favorable category and dentists who reported an increase in new patients rose from 14 percent in the fourth quarter of 2010 to 23 percent in the first quarter of 2011.

- Treatment acceptance rates improved by more than 3 percent.

Dr. Michael Halasz, who chairs the Subcommittee on Economic Issues, said the results mirror patterns seen in previous years.

"I look at this as people using new insurance benefits at the beginning of the year," Dr. Halasz said. "It's encouraging that the numbers



are up. I am still looking at it with a bit of caution just because typically, you've seen those numbers go down again in the second and third quarter. Although they tell us the economy is improving, I'm optimistic but cautiously optimistic." ■

—soderlundk@ada.org

## Dentistry to be added to STEM-designated degrees

BY KAREN FOX

Thanks to the American Student Dental Association, dental students from foreign countries earning their degrees in the U.S. now have an additional 17 months to seek additional technical training after graduation.

The Department of Homeland Security May 19 informed ASDA that dentistry has been added to the list of suggested codes that are maintained per requirements of the department's interim final rule, which extends the period of optional practical training from 12 to 29 months for qualified F-1 nonimmigrant students. F-1 status is issued by the U.S. Citizenship and Immigration Services to students pursuing studies in the U.S.

The ruling adds dentistry to the list of Science, Technology, Engineering and Math degree programs maintained by Immigration and Customs Enforcement.

ASDA submitted the formal request to DHS in order to support American-trained international dental students. Currently, international dental students have 12 months to seek addi-

tional technical training post-graduation. Individuals with STEM degrees have a 17-month extension of the student visa to seek additional technical training. Addition of dentistry to STEM gives international students 29 months to obtain a job.

Dan Hammer, a dental student from the University of the Pacific Arthur A. Dugoni School of Dentistry, has been a proponent of this change since he started dental school. In a statement, ASDA called Mr. Hammer "a driving force in rallying ASDA and his fellow members to move forward with the request."

"ASDA's mission is to 'protect and advance the rights, interests and welfare of dental students.' I'm proud to be a part of an organization that stands behind its members," said Mr. Hammer. "This is true advocacy in action."

Mohammad Faizan Ali, also of the University of the Pacific, is an ASDA member from Indore, India. He added: "This change will affect the lives of many American-trained international dental students. Thanks to ASDA's efforts, [we'll] have more opportunities to choose from. It's a dream come true." ■

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\* Source: CDC Guidelines MWR Dec 19 2003. Guidelines for Infection Control in Dental Healthcare Settings – 2003.

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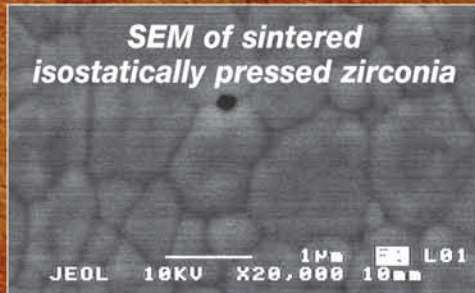
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| Dentek Dental Laboratory, Inc.          | Scottsdale       | AZ    | 877-433-6835 |
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| Burbank Dental Laboratory Inc. **       | Burbank          | CA    | 800-336-3053 |
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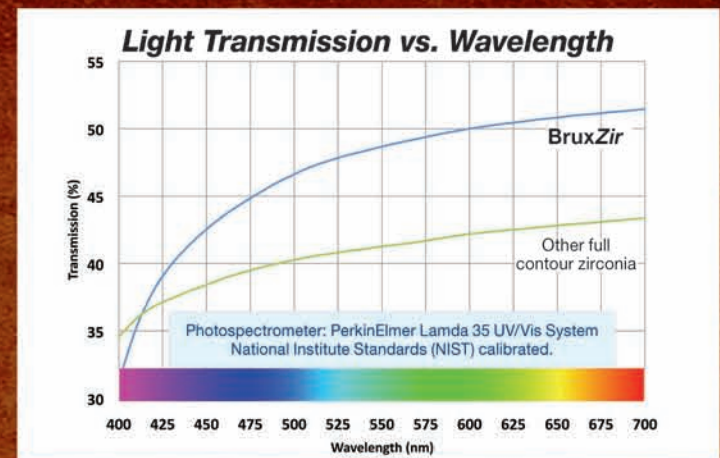
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| Keller Dental Laboratory        | Louisville        | KY    | 800-292-1894 |
| Crown Dental Studio             | Shreveport        | LA    | 800-551-8157 |
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| Aronovitch Dental Laboratory    | Owings Mills      | MD    | 800-441-6647 |
| Eliason Dental Lab              | Portland          | ME    | 800-498-7881 |
| Dental Art Laboratories         | Lansing           | MI    | 800-444-3744 |
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| Excel Dental Studios Inc.       | Minneapolis       | MN    | 800-328-2568 |
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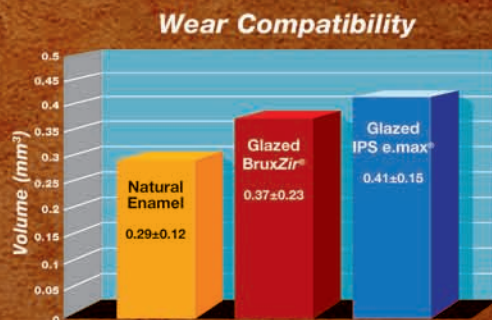
BruxZir's 50% smaller average grain size improves its physical properties.



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

In a recent study<sup>1</sup> to measure the volumetric loss of enamel, glazed BruxZir was found to wear compatible with enamel and virtually identical to glazed IPS e.max.

1. Wear of Enamel on Polished and Glazed Zirconia: Shah S, Michelson C, Beck P, et al. 2010; Washington, DC: AADR. Abstract #129615.



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



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| Kiess Kraft Dental Laboratory         | Omaha            | NE    | 800-553-9522 |
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# June JADA offers Las Vegas trip planning resources

The June issue of The Journal of the American Dental Association contains comprehensive Annual Session information to help dentists plan their trip to Las Vegas Oct. 10-13.

The special 75-page section includes an overview



of everything happening at the Mandalay Bay Convention Center, from a schedule at-a-glance to special events to descriptions of more than 250 continuing education courses.

The handy guide also includes information on registration, housing and travel, including an overview of Las Vegas hotels and attractions. ■



Photo courtesy Las Vegas News Bureau

**Trip planning time:** Ready for Las Vegas? The ADA's 152nd Annual Session will convene Oct. 10-13 at the Mandalay Bay Convention Center.

## Annual Session tour highlights Zappos' unique business model

*Las Vegas*—Located just outside Las Vegas, in Henderson, Nev., the world's largest online shoe company—Zappos.com—is renowned not only for its footwear but also for its free-wheeling business model.

Annual session-goers can get an up-close look Oct. 12 at Zappos on an ADA exclusive tour. Zappos' emphasis on its company culture and core values encourages its employees to enthusiastically serve its customers. The company encourages "wow" service, creativity, adventure, growth and even challenges employees to "create fun and a little weirdness." Staff members have

been known to don mullet wigs, ring cowbells and decorate their workspace to express their enthusiasm.

Guests will tour the facility, attend a Q and A session and receive two books outlining the Zappos philosophy. The tour also makes a stop at Las Vegas' famous Ethel M Chocolates factory, makers of See's Candies and M&Ms, with time for exploration and shopping.

The cost for the 1-5 p.m. tour is \$120. For more information on this or other ADA exclusive annual session tours, log on to "ada.org/session". ■

## Get meeting updates via Facebook and Twitter

*Las Vegas*—The ADA Annual Session has gone social—linking social networking attendees to the latest information on the meeting via Facebook and Twitter.

Facebook users planning to attend the 2011 Annual Session in Las Vegas can connect with their colleagues and get the latest news about the meeting by joining the ADA Annual Session Facebook group.

Visit "facebook.com" and search for the ADA Annual Session group and click on the "Ask to Join Group" button. Or visit the Annual Session website, "ada.org/session" and click on the Facebook icon on the bottom right corner of the home page.

Twitter users can also follow the ADA Annual Session at "twitter.com/ADASession" or by visiting "ada.org/session" and clicking on the Twitter icon on the bottom right corner of the home page.

The Annual Session smartphone app offers a link to the Facebook group and includes messages sent by the ADA Annual Session through Twitter. Information about downloading the app is available at "www.ada.org/session/5739.aspx" on the Annual Session website. ■

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## Time to review annual water quality reports

Between now and July 1, water suppliers nationwide will be sending their customers annual Water Quality Reports or Consumer Confidence Reports—giving dental professionals the opportunity to check on the status of their community's water, and in particular, its fluoride levels.

This year, dental professionals in San Diego and the nearby communities of Coronado, Del Mar and Imperial Beach will be able to check the area's water fluoridation levels since fluoridation was implemented in February. Some 1.3 million San Diego area citizens are now receiving fluoridated water. Before fluoridation was implemented, San Diego was the largest nonfluoridated city in the U.S.

"Now that San Diego and nearby communities have fluoridated water, an estimated 62 percent of Californians are receiving the benefits of fluoride," said Peter Dubois, interim executive director of the California Dental Association Foundation, which has spearheaded fluoridation efforts in the state. "Community water fluoridation is a crucial public health program, and den-

tists have the opportunity to share with their patients valuable information about the ways fluoride can help prevent dental disease."

The reports, which detail quality and content of water, may be mailed to consumers' homes (often with the water bill), published in local newspapers or posted online.

Water systems are required by the U.S. Environmental Protection Agency to issue these annual reports. For more information on CCRs, log on to the EPA website at "http://water.epa.gov/lawsregs/rulesregs/sdwa/ccr/index.cfm" or visit the Centers for Disease Control and Prevention website to check on local water system fluoridation status at "www.cdc.gov/fluoridation/index.htm".

Or contact the local water supplier or the local, county or state health department for

more information about the fluoride content of your water system's water.

For more information on fluoride and fluoridation, visit "www.ada.org/fluoride.aspx". ■





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\* Work in Progress – not available for sale in the United States or Canada. Systems identified and labeled as CS 9300-1 are available in the United States. (Code: 4695 DE 93 AD 0611)

# Earthquake, tsunami relief

## ADA campaign raises nearly \$63,000 to help Japanese dentists

BY STACIE CROZIER

What began as an American Dental Association staff fundraiser to assist Japanese dentists affected by the March 11 earthquake, tsunami and nuclear crisis blossomed into a campaign that raised nearly \$63,000.

The ADA raised a total of \$62,896, including \$10,868 from the ADA and staff, \$13,828 from dental professionals and the public, \$1,500 from the Japanese American Dental Society and \$25,000 from Henry Schein Cares Foundation. In addition, the ADA Foundation contributed a matching grant of \$11,700.

"It fills me with pride to see the response to this disaster in Japan by our members, staff and affiliates in the dental profession," said ADA President Raymond Gist. "This demonstrates a willingness to become involved whenever the need arises, and a compassion for our fellow professionals that is ongoing. Thanks to everyone involved."

A total of 562 JDA members were affected by the disaster, including eight who died and four who are missing. Fifty-seven dental clinics were destroyed; another 53 have no prospect of reopening because of the nuclear threat. Another 1,115 clinics were also affected.

Nearly 1,700 dentists have been dispatched to work as dental forensics identifiers, including



**Disaster response:** Japanese responders, including dentists, work to identify a victim of the March 11 earthquake and tsunami. Nearly 1,700 Japanese dentists have volunteered to help identify victims.

592 sent by the JDA and 1,104 dentists from devastated areas who volunteered to help. As of April 11, the responders had identified 4,940 victims.

The JDA also sent 84 dental professionals to provide dental treatment in devastated areas.

"Thank you very much for warm words of encouragement for the massive earthquake struck widely in Japan," said Dr. Mitsuo Okubo, president of JDA. "We cordially appreciate your

**A total of 562 JDA members were affected by the disaster, including eight who died and four who are missing.**

prompt and kind offers. Given the long road to recovery, we continue to exert all efforts to support our members to establish oral care in the devastated areas."

A list of donors to the ADA campaign can be found on ADA.org under "News & Events." For more information, contact the ADA Division of Global Affairs by calling toll free, Ext. 2726 or emailing "international@ada.org". ■

—crozier@ada.org

## ADA seeks Ross award nominations

The deadline for nominations for the Norton M. Ross Award for Excellence in Clinical Research is July 15.

The Norton M. Ross Award recognizes investigators whose clinical research has had a meaningful impact on some aspect of clinical dentistry. It is given in memory of Dr. Norton M. Ross, a dentist and pharmacologist who contributed significantly to oral medicine and dental clinical research. The 2011 winner will receive a plaque and a \$5,000 honorarium.

The Norton M. Ross Award is sponsored by the ADA with support from Johnson & Johnson Healthcare Products, Division of McNeil-PPC Inc.

"It is our pleasure to continue our sponsorship of the Norton Ross Award honoring excellence in clinical research. Recognizing clinical research leaders is critical to advancing oral health and we are proud to honor Norton Ross with this award," said Madeline Monaco, Ph.D., senior director, Global Scientific and Professional Affairs, Johnson & Johnson Consumer and Personal Products Worldwide.

To nominate a candidate for this year's award, please send a letter explaining the impact of the nominee's research on clinical dentistry, current curriculum vitae and a list of publications to Kathleen Alexandrakis, The Norton M. Ross Award, American Dental Association, 211 E. Chicago Ave., Chicago, IL 60611. Nominations may also be emailed to "alexandrakis@ada.org". ■

## Avesis clarifies balance billing policy

BY KELLY SODERLUND

The ADA Council on Dental Benefit Programs reports that new information has been provided regarding whether nonparticipating dentists can balance bill a patient for services rendered under Avesis, a national vision and dental company.

Avesis, which markets Care Improvement Plus, a Medicare Advantage plan, previously indicated it had no restriction on nonparticipating dentists balance billing patients. But upon further review of its terms and conditions, Avesis has clarified its position regarding balance billing.

The company indicates that if a dentist agrees to treat a patient who notifies them they are a member of the Medicare Private Fee-for-Service Plan, they also agree to Avesis's terms and conditions, thus entering them into a contract with the company and making it unallowable to balance bill patients.

The council originally became involved in the Avesis issue last winter when some dentists received a letter from the company regarding the Care Improvement Plus Program. Preliminary indications from Dr. Fred L. Sharpe, the chief dental officer from Avesis, implied that there was

no restriction on balance billing Care Improvement Plus patients by nonparticipating dentists.

But Dr. Sharpe notified the ADA March 15 that the terms and conditions prohibited balance billing patients. Similar letters were sent to nonparticipating dentists March 1.

The dentist has the option to refuse to see patients enrolled in Medicare Advantage programs administered by Avesis. The ADA encourages dentists to consider their legal and ethical obligations when making such decisions. ■

—soderlundk@ada.org

## HIPAA/OSHA compliance kit offers three resources at substantial savings

The new ADA Health Insurance Portability and Accountability Act and Occupational Safety & Health Administration Compliance Kit is made up of the ADA's best selling products, including:

- HIPAA Manual, CD-ROM and Update Service through January 2013;
- ADA Regulatory Compliance Manual and CD-ROM and update service;
- OSHA Training for Dental Professionals DVD and Workbook.

Dentists who buy the kit can save more than \$160 off the individual prices of those items.

The ADA HIPAA and OSHA Compliance Kit (K014) is \$500 for members and \$750 for nonmembers. Use priority code 11165 through July 15 to save 15 percent on all ADA Catalog products. No

minimum purchase required.

ADA products are available online at "www.adacatalog.org" or by calling 1-800-947-4746. ■



## Genomics the focus of keynote address at AGD annual meeting July 28-31 in San Diego

San Diego—The Academy of General Dentistry will hold its annual meeting July 28-31 at the San Diego Convention Center.

The event features a keynote address by J. Craig Venter, Ph.D., founder and president of the J. Craig Venter Institute, which is dedicated to the advancement of the science of genomics.

Additionally, the meeting will give all dentist registrants access of up to 80 hours of free, recorded continuing education.

For more information, contact Rich Santana at 1-312-440-4326 or email "meetings@agd.org". ■

# New dentists following conference on Facebook

BY KAREN FOX

Facebook is making it easier for new dentists to stay connected.

In fact, it's become an indispensable tool for both those attending and those not attending this year's ADA 25th New Dentist Conference, which is June 16-18 in Chicago.

The event currently has more than 700 group members on the social networking site and there's room for more. To join the conversation, simply search Facebook for the "ADA New Dentist Conference" and request to join. Group members can add their dentist friends to the group easily, so there is real "community-building" going on.

"This is meant to be a professional community where people can talk to each other, share information and make connections with colleagues," said Dr. Rob Leland, chair of the ADA New Dentist Committee. "We've been able to build community around the conference, which is particularly conducive to making connections since it's a smaller venue, especially for new dentists."

The Facebook site is being used for updating followers on continuing education and leadership programming and social events, idea sharing for constituent and component societies, and as a way for users to make plans while in Chicago. The site has similarities to "Evites" (electronic invitations) in that attendees can find out who's coming and who's not, said Dr. Leland. Perhaps more importantly, followers will be able to stay in touch with colleagues and the ADA after the conference.

## Grades

*Continued from page seven*

millions of children—by some estimates one-quarter of the nation's children—will require much greater focus on education, prevention and financing care when care is needed."

Pew policy benchmark number seven grades states on "authorizing a new type of primary care dental provider" and cites several models including dental therapists, community dental health coordinators and advanced dental hygiene practitioners. "These professionals would play a role similar to that performed by nurse practitioners in the medical field," the report said. "Under federal law, dental therapists are serving the needs of Alaska Native Tribes, and similar practitioners will soon begin working in Minnesota—the only state with a law authorizing such providers."

The Pew report card was produced with support from the W.K. Kellogg Foundation and the DentaQuest Foundation.

"We need to support more innovative approaches to addressing the gap that leaves too many children and families without dental care," said Sterling K. Speirn, Kellogg Foundation president and chief executive officer. "There is a great opportunity for government and the private sector to work together to remove barriers to care, promote prevention and engage policymakers in making oral health a priority," said DentaQuest Foundation President Ralph Fuccillo.

Shelly Gehshan directs the Pew Children's Dental Campaign, a project of the Pew Center on the States, which is a division of The Pew Charitable Trusts. "I don't think it's correct to portray dentists as opposing new models," she said during a pre-release media teleconference. "We've tried everything else and new providers are definitely worth trying. All I'm clear about now is that we have to try something different. The system isn't working." ■

—palmerc@ada.org



Social media has particular benefits for users, especially those people who increasingly rely on smartphones and tablet devices for communicating, and the ADA has plans to maximize its use. "We feel that social media is a way to reach

younger dentists in a fun way," said Dr. Sarah Poteet, a member of the New Dentist Committee representing the 15th District. "People can see other dentists that are coming to the conference and who they may know or ask questions to the group about the conference. It's a way to connect and create buzz about the ADA, our conference and organized dentistry."

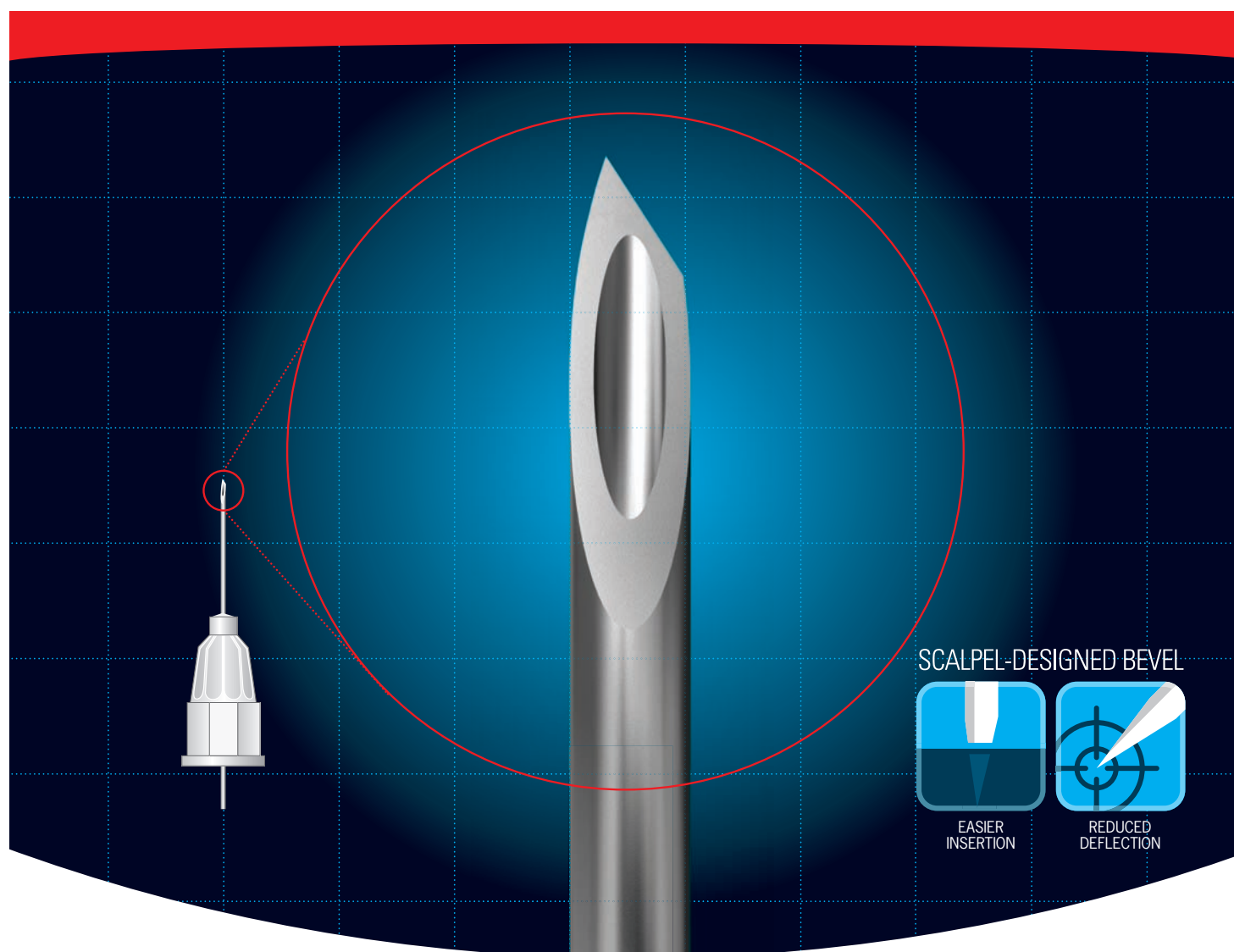
Once the conference begins, users can post pictures from events such as the evening at the House of Blues Chicago and the opening reception at ADA Headquarters, comment, share memories and let people know what they did for fun in Chicago.

The conference will have a Twitter feed in the upcoming weeks, and a mobile app will be unveiled that includes information on Chicago sights, dining, entertainment and attractions.

With the ADA Board of Trustees voting to integrate social media into the Association's communications plan as part of the strategic plan for 2012 (see story, "www.ada.org/news/5680.aspx"), members will have increased opportunities to communicate via social media.

It's all part of "the ADA continuing to explore ways to better communicate with its members and increase the value and importance of being involved in organized dentistry," said Dr. Poteet.

Register by June 9 to take advantage of discounted preconference registration fees for the ADA 25th New Dentist Conference. Up to 15 hours of continuing education are available for the June 16-18 conference at The Westin River North in Chicago. For information visit "ada.org/newdentistconf", email "newdentist@ada.org" or call Ext. 2779. ■



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# Dr. Irwin Mandel dies; hailed for work in preventive dentistry

BY JENNIFER GARVIN

*New York*—Dr. Irwin D. Mandel, a “pioneering dental researcher” and the first recipient of the ADA Gold Medal, died May 26. He was 89.

Dr. Mandel, a former associate dean of research at the Columbia University College of Dental Medicine, was known for his studies on dental plaque in tooth decay and periodontal disease, and also for his research on salivary composition in relation to dental disease and systemic disease.

In the November 1985 article heralding his receipt of the Gold Medal, *The Journal of the American Dental Association* credited him with forming “a cornerstone of modern-day preventive dentistry” who “motivated others to use research as a means to advance the practice of dentistry.”

Dr. Mandel, who spent most of his dental career and all of his academic career at Columbia, played a major role in shifting the focus of dentistry from repair to prevention, said Dr. Ira Lamster, dean, College of Dental Medicine.

“Irwin’s influence on generations of dental students at Columbia was enormous,” wrote Dr. Lamster in a tribute to Dr. Mandel. “He emphasized the

need to translate research findings into improved clinical care” and “will be remembered for his prodigious intellect, sharp wit and his devotion to Columbia and the profession of dentistry.”

Dr. Mandel graduated from Columbia in 1945 and almost immediately joined the staff as a part-time research assistant. In 1968, he gave up a part-time dental practice in order to devote himself full-time



**Benchmark:** Then-ADA President John L. Bomba (left) in 1985 holds the ADA Gold Medal, worn by its first recipient, Dr. Irwin Mandel.

teaching and dental research.

According to Columbia, he was the founding director of the school’s Division of Preventive Dentistry and Center for Clinical Research in Dentistry. He rose to the position of associate dean of dental research before retiring in 1992 and received the honorary degree of Doctor of Science from Columbia University in 1996.

He was a past president of the American Association for Dental

Research and in 1985, received the ADA Gold Medal Award for Excellence in Dental Research. At the luncheon to accept the award, Dr. Mandel gave the speech, “Research, the Silent Partner in Dental Practice.”

In announcing Dr. Mandel’s selection, then-ADA President John L. Bomba said, “It is fitting that Dr. Mandel be the first recipient; his pioneering work in preventive dentistry and the breadth of this accomplishments honor him and the profession.”

According to Columbia, Dr. Mandel was the author of 225 scientific articles and 18 books or book chapters. He served on the editorial boards of dental publications including *JADA*, the *Journal of Periodontology* and *Dental Abstracts*.

Dr. Mandel is survived by his wife, Charlotte, two daughters, Nora and Carol, and son Richard. His family has requested that donations in his memory be sent to the Columbia University College of Dental Medicine, Irwin D. Mandel Research Fund, 630 W. 168th St., New York, NY 10032. ■

—garvinj@ada.org

## ‘Pretty much a direct hit’

Dr. Charles McGinty describes aftermath



**Colleague:** One of the photos Dr. McGinty shared was of the damage to Dr. Michael Fitterling’s dental office.

BY CRAIG PALMER

*Joplin, Mo.*—Going forward, it’s going to be difficult, Dr. Charles McGinty said of this city devastated by the capricious and malicious winds of May 22, 2011.

“It’s a tremendous loss to the community, all the lives lost, almost a 500-bed hospital incapacitated and patient care set back. Our community is going to have to pull together to provide the kind of health care they’re used to. And there are all those people who worked at the hospital and our offices and staff and the people working for us. Those are all challenging things. Some of us lost patients. Some of us lost friends.”

Dr. McGinty, who practiced some 20 years in a two-story concrete block, steel and brick veneer professional office building, “but nothing to withstand that storm,” sees himself as “fortunate and blessed and my staff are all OK.” But the health care physical infrastructure concentrated in the southwest part of town scourged by those spring-time winds “took pretty much a direct hit.

“Our hospitals and many of our medical personnel, our dental personnel were located there,” said Dr. McGinty.

“Many of us chose to locate our offices in this hospital area. The storm completely leveled many dental offices. And I mean, they’re leveled, nothing left of them. One of our relatively new oral surgeons was actually in his office. He had to dig himself out of his debris. It looks like a Hollywood movie where it’s Armageddon and everything is blown away.”

Dr. McGinty said he has “the essentials we need to continue treatment” in a new location with the help of dental colleagues who will share their undamaged facility. But even some of the dental offices undamaged by the storm were unable to resume patient care immediately because of power or water loss or both. Dr. McGinty said he had to refer two patients to Springfield, some 70 miles distant, for endodontic therapy.

Dr. McGinty offered a photo gallery of the  
*See DIRECT HIT, page 17*



**Inside view:** One of Dr. McGinty’s former hallways shows tornado’s devastation.

## Joplin

*Continued from page one*

22, 2011. The Missouri Dental Association says that nearly 60 dentists who practiced in 40 locations and their families are safe. Dr. Charles McGinty said 22 dental offices were leveled by the tornado, his among them.

“Our members are dealing with the emotional and financial impact of re-establishing their practices and homes and, as well, re-establishing their communities,” said Vicki Wilbers, MDA executive director. “And what they are dealing with now doesn’t even take into account the long-term emotional and economic effects.”

Representatives from the MDA and two of its subsidiaries, Missouri Dental Insurance Services and the Well Being Program, attended a June 2 meeting convened for all Joplin dentists to provide information and listen to their needs and concerns.

“We know many of them have insurance, have found housing and already have temporary office space available,” Ms. Wilbers said. “They are now trying to rebuild their practices and lives, and we want to do whatever we can to help. They are concerned for their staffs, their patients and their fellow colleagues.”

The MDA is distributing disaster relief grant applications from the American Dental Association Foundation and assisting dentist members who are helping the state/federal Disaster Mortuary Response Team in identifying victims of the destructive winds. The storm claimed at least 139 lives.

“The ADA has been there to offer assistance at every step, and the knowledge we have been able to use from other states (dental associations) that have experienced something similar has been terrific,” Ms. Wilbers said. “This is really what belonging to an association is all about. Although it’s been really challenging, it has made me proud to be a part of this network.”

Learn more at “[www.modental.org/tornado](http://www.modental.org/tornado)”. ■

# Dr. Charles Smith, former Loma Linda dean, dies

*Palm Springs, Calif.*—Dr. Charles T. Smith, former dean of the Loma Linda University School of Dentistry, died April 21. He was 97.

Dr. Smith served as the school's dean from 1960-71. During his leadership, the school developed a program where clinical faculty were given the opportunity to receive advanced training and postdoctoral masters degrees in specialty disciplines, including orthodontics, oral and maxillofacial surgery, endodontics, periodontics, oral pathology, and pediatric dentistry, according to a Loma Linda press release.

He also helped establish the school's first off-campus clinical service learning program in Monument Valley, Utah, where resident faculty supervised students during clinical rotations on Navajo Indian reservations.

"Well into his 90s, Dr. Smith remained an active participant in School of Dentistry activities, participating in Alumni Association Board of Directors meetings, Alumni Student Conventions and graduation activities," read the release. "His legacy at Loma Linda University and in the dental profession is significant and lasting."

A memorial service was scheduled for May 21. In lieu of flowers, gifts should be made to the Dean's Fund, School of Dentistry, Loma Linda University, Loma Linda, CA 92350. ■

## Direct hit

*Continued from page 16*

destruction that visited his building and destroyed most but not all of his equipment, supplies and records. Chairs were crushed and X-rays mangled, but Dr. McGinty "got all my active patient charts out" and recovered the computer server. "I picked it up and carried it out and it didn't appear to have any damage. We have the essentials we need to continue treatment. I hope to see patients within a week."

And that's an illustration of the collegiality of profession and community as Dr. McGinty explained it in an interview. "I called one of my colleagues who helped me in the past. He is going to allow me to work in his office."

The co-located practices will have different patient hours, different times of the day, different days of the week but dentistry will continue as Dr. McGinty told the patient who "called to check on me" and inquire about his upcoming appointment.

In the meantime, Dr. McGinty is visiting with colleagues to determine who needs help.

Dr. McGinty's tripartite activity includes current service on the American Dental Political Action Committee (ADPAC) Board of Directors and 1998-2002 service with the ADA Council on Government Affairs. ■

—palmerc@ada.org

# New name, new dental dean for Houston

BY KAREN FOX

*Houston*—The dental school formerly known as the University of Texas Health Science Center at Houston Dental Branch has a new dean and a new name.

The university May 20 appointed Dr. John A. Valenza dean, effective June 1. Dr. Valenza has served as interim dean since 2009.

University officials are crediting him with leading the successful drive to change the name of the school to "The University of Texas School of Dentistry at Houston," a change also effective June 1.

A 1981 dental graduate of the UT-Houston,

Dr. Valenza is the first alumnus to serve as dean in the school's 106-year history. He joined the faculty there in 1987 after completing a residency in Tennessee, where he practiced full time and also served on the faculty of Meharry Medical College School of Dentistry.

Dr. Valenza initiated the UTSD's general prac-



Dr. Valenza

tice residency program with Memorial Hermann Hospital, and served as director of advanced education, associate dean for patient care and executive associate dean. He has been deeply involved in the design and construction of a new, state-of-the-art dental school building and Faculty Life Center, which are scheduled to open in mid-2012.

Under Dr. Valenza's watch, the school's Open to Health fundraising initiative has had continued success, and he created a successful podcast series to address issues at the school and enhance relationships with the school's alumni, organized dentistry and the community. ■

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# Dr. Roy Thompson, CAPIR member, relates his experiences at National Oral Health Conference

As a 'newbie' member of the ADA Council on Access, Prevention and Interprofessional Relations and a first-time attendee to a public health dentistry sponsored meeting, I had little idea of what to expect. My intent was to keep an open mind listening for how the ideas presented could fit into a private practice model and to learn so as to become a better member of CAPIR.

A kickoff reception on Sunday evening was as nice of a venue as I've been to in dentistry in many years. I met more people than I can remember and was warmly welcomed as a private practitioner/CAPIR member.

Through relaxed conversations I could tell that the problems I face in private practice—primarily making ends meet financially, new patient flow, managing employee issues, pay raises, facility costs and maintenance, and handling all other management duties while at the same time providing quality dental care and doing this in a 40-hour work week—were not topics heard in any conversations. The center of attention was funding sources, managing the overwhelming number of patients, the behaviors of the patients and literacy of patients. I immediately realized the landscape of the meeting was different than any I've ever attended.

The Monday morning session was a plenary consisting of a federal Health Resources and Services Administration representative and two DentaQuest representatives. As expected, the HRSA administrator spoke of the impact of the Recovery Act and the Affordable Care Act and monies flowing from those appropriations. Based upon her comments and the recent Institute of Medicine report, *Advancing Oral Health in America*, I am confident that governmental agencies are beginning to see that oral health is critical to general health and that oral health issues including access will become more commonplace in health policy discussions and decisions.

We were given an overview of a consulting program under the DentaQuest Foundation whereby they assist safety net programs in becoming more financially viable. This is similar to a private practitioner utilizing a practice management consultant. Admittedly this is not a program tailored to private practices. Ralph Fuccillo, DentaQuest Foundation president,



**Dr. Thompson:** "The landscape of the meeting was different than any I've ever attended."

reviewed the emerging role of private foundations in partnering with each other and with other organizations to help achieve optimum oral health for a larger segment of the population. Specifically he linked policy issues, direct care, funding and community to how oral health can be improved.

Karen Martin, senior director, Collaboration and Outreach of the Legacy Group, presented a resource for tobacco cessation during a roundtable luncheon discussion. Through their website, "www.BecomeAnEx.org/infocard", Legacy offers customizable online tools free of charge to those wanting to quit tobacco usage. They offer free resources to health care providers. Dr. Lewis Lampiris, CAPIR director, and I discussed with Ms. Martin how CAPIR collaborates with groups such as Legacy. The council may see something on its upcoming agenda regarding a collaborative relationship with Legacy.

A plenary session on the newly-released fluoridation recommendations began directly after lunch on Monday. The session consisted of slide upon slide of data substantiating the new guide-

lines. My understanding of the statistics was akin to a first-grader grasping a quantum physics lecture. It was reassuring to see the amount of research done in this area and have confidence that in dentistry we base our decisions upon science. The Q-and-A that followed caught me off guard as I thought some antifluoridationists would be bashing the data. Quite the opposite, the comments exposed the concern that reducing the recommended level may someday prove less than beneficial to the American public.

I awoke Tuesday morning highly anticipating the panel discussion, *Expanding the Dental Workforce: Creating a Vision for the Future*, featuring Dr. Caswell Evans, Shelly Gehshan, Marcia Brand, Ph.D., and CAPIR Chair Dr. Gary Davis. The panel moderator set the stage that this was to be a collaborative discussion, not confrontational. Each speaker focused on how we agree and not on how we disagree on goals for access in America. Dr. Davis was warmly welcomed and his comments received a bravo ovation from participants. Dr. Davis fielded several questions professionally and directly. It was obvious from comments during the session and afterward that the public health sector of our profession cherishes our involvement in their meeting and in working to solve access issues.

The balance of Tuesday, prior to departing for home, I attended sessions on bridging between medical and dental providers in addressing early childhood caries. Several model programs were highlighted that have been extremely successful in moving children to a dental home through relationships with physicians in organized statewide programs. These discussions inspired in me the confidence that we (all health care providers) have our patients' best interest at heart and that some level of universal access and care for children is at the top of our bucket lists.

This meeting proved to be of great benefit to my service to CAPIR. I saw a parallel universe of dental providers that I knew little about at the beginning of the week. My understanding level of the issues they face remains minimal but I now have had a peek at what I don't know.

Respectfully,

Roy Thompson, D.D.S.

ADA 6th District Representative, CAPIR ■

## NOHC

*Continued from page one*

the meeting's primary sponsor. The conference included more than two-dozen scientific sessions, including plenary sessions, small sessions, posters, workshops and a roundtable luncheon.

"The National Oral Health Conference in its current form got started around the time of the surgeon general's oral health report in 2000 and it has grown broader and more enthusiastic every year," said Dr. William Maas, retired assistant surgeon general and former director of the Division of Oral Health in the Centers for Disease Control and Prevention. "It's a vibrant meeting where grassroots oral health advocates and public health professionals learn from one another while striving to look at issues from the perspectives of the public."

Dr. Gary Davis, a private-practice dentist in Shippensburg, Pa., and chair of the ADA Council on Access, Prevention and Interprofessional Relations, served as a panelist for the plenary session, "Expanding the Dental Workforce: Creating a Vision for the Future."

Other speakers included Shelly Gehshan, director, Pew Children's Dental Campaign; Marsha Brand, Ph.D., deputy administrator for the federal Health Resources and Services Administration; and Dr. Caswell Evans, associate dean of Prevention and Public Health Sciences at the University of Illinois at Chicago College of Dentistry.

"The NOHC is one of the most important meetings CAPIR members need to attend, second only to the ADA House of Delegates," said

**"It's a vibrant meeting where grassroots oral health advocates and public health professionals learn from one another while striving to look at issues from the perspectives of the public."**

Dr. Davis. "The overarching messages from this panel discussion on workforce were that public/private partnerships are essential in addressing access issues; communication is essential to building trust, we need to work together on initiatives where we see common ground, such as dental home initiatives; and the access problem is multifactorial and will require multifaceted approaches to successfully bring care to all who need it."

This year's meeting, attended by four CAPIR members, as well as other state and local dental society leaders, gave public health and private practice participants a chance to see that they share a lot of common ground in their goals and objectives for the future, said Dr. Maas, now a consultant to the Pew Children's Dental Campaign.

"Dr. Davis noted that sometimes the shrill debate over a single issue like workforce obscures our ability to see how much common ground we share," said Dr. Maas. "By engaging with dental public health professionals and oral health advocates that attend these conferences, ADA leaders can directly observe the passion and expertise directed to so many issues of common ground. Dr. Davis' presentation, as well as the presence of other ADA volunteer leaders, helped NOHC attendees understand that although ADA policies could affect the ability to collaborate or affiliate, they do not prevent dialogue and efforts to increase understanding of the issues by individuals who view these issues from many different perspectives."

Though participants brought diverse points of view to the meeting, many came away with a sense that they had more areas of common

## Podcast on oral health literacy now available

*Natick, Mass.*—Health Literacy Out Loud has a new free podcast, "From the Tooth's Point of View: Communicating Health Messages with Wit and Whimsy," featuring ADA member dentist Dr. Jeanette Courtad.

Health Literacy Out Loud is a free professional/public service produced by Helen Osborne, an occupational therapist, health literacy consultant and founder of the October observance of Health Literacy Month. Ms. Osborne has served as faculty for a continuing education course on health literacy in dentistry sponsored by the ADA Council on Access, Prevention and Interprofessional Relations.

The free podcast can be downloaded to a computer, iPod or other MP3 device by logging on to "www.healthliteracyoutloud.com/2011/05". ■

## Federal agency seeking dentists for focus groups

The Agency for Healthcare Research and Quality, a component of the U.S. Department of Health and Human Services, is looking for general dentists in New York, California, Louisiana and Tennessee to participate in focus group research related to the Medicaid electronic health record incentive program.

The AHRQ is planning to hold group sessions between July and September 2011.

This study will help inform federal policy related to the Medicaid EHR incentive program. Both users and nonusers of EHR systems are needed.

The AHRQ is offering each participant a \$200 gift for participating in a 90- to 120-minute focus group session. The agency is seeking clinicians who work in outpatient set-

tings (private practices or federally qualified health centers), and whose patient population is 30 percent or more Medicaid.

Dentists who qualify may be able to participate in a focus group either in person or via a conference call. Other health care professionals in the groups may include physicians, certified nurse midwives, nurse practitioners and physician assistants. Responses will be kept confidential.

This study is sponsored by AHRQ and is being conducted by RTI International, a leading nonprofit health care research organization.

To learn more about the study and to see if you qualify, contact one of RTI's project staff: Sean Hogan, Ph.D., at 1-312-456-5265 or Stephanie Kissam at 1-312-777-5216. ■



Photos by Dr. Eugenio Beltrán

**Sharing ideas:** Dr. Gary Davis, chair, ADA Council on Access, Prevention and Interprofessional Relations, speaks as a panelist for the National Oral Health Conference plenary session, "Expanding the Dental Workforce: Creating a Vision for the Future."

ground than disagreement, said Dr. Donald W. Marianos, former director of the Centers for Disease Control and Prevention's Division of Oral Health, an Indian Health Service dentist and a member of CAPIR's Public Health Advisory Committee.

"The public and private sectors have a joint responsibility in improving public health," said Dr. Marianos. "One sector can't do it alone. Together we can utilize our unique strengths and work collaboratively to find innovative solutions that will improve the oral health of all of our citizens. It's OK not to agree on everything."

Dr. Marianos said that the participation of many leaders in organized dentistry was a visible reminder to participants that the ADA's strategic plan and policies in advocacy, education and collaboration are making a difference in the public's oral health.

"Many private and public health dentists may not be aware that the ADA advocates in Washington at the federal level to strengthen the public health infrastructure," said Dr. Marianos. "Developing continuing education courses for Annual Session like The ABCs of FQHCs has really done a lot to inform people about the role that community health centers play in improving the public's health. Launching CAPIR's Public Health Advisory Committee and increasing participation in meetings like the NOHC are leading to a healthy exchange of information between private dentists, the public health community and organized dentistry."

The Annual Session course, The ABCs of FQHCs, will be presented at the Mandalay Bay Convention Center Oct. 11, 8-10:30 a.m. Visit [ada.org/session](http://ada.org/session) to register for the meeting and the course. This is the third year that CAPIR is sponsoring this free CE course.

CAPIR members Dr. Monica Hebl, Milwaukee, Wisc.; Dr. David Holwager, Cambridge City, Ind.; and Dr. Roy Thompson, Murfreesboro, Tenn.; also attended the conference. Dr. Thompson's meeting NOHC report can be found on page 18.

The 2012 National Oral Health Conference is set for April 30-May 2 in Milwaukee, Wisc. The AAPHD and ASTDD will have more information online in the coming months at [www.nationaloralhealthconference.com](http://www.nationaloralhealthconference.com). ■

—crozier@ada.org



**Viewpoints:** National Oral Health Conference participants listen to a panel discussion at the Westin Convention Center in Pittsburgh.

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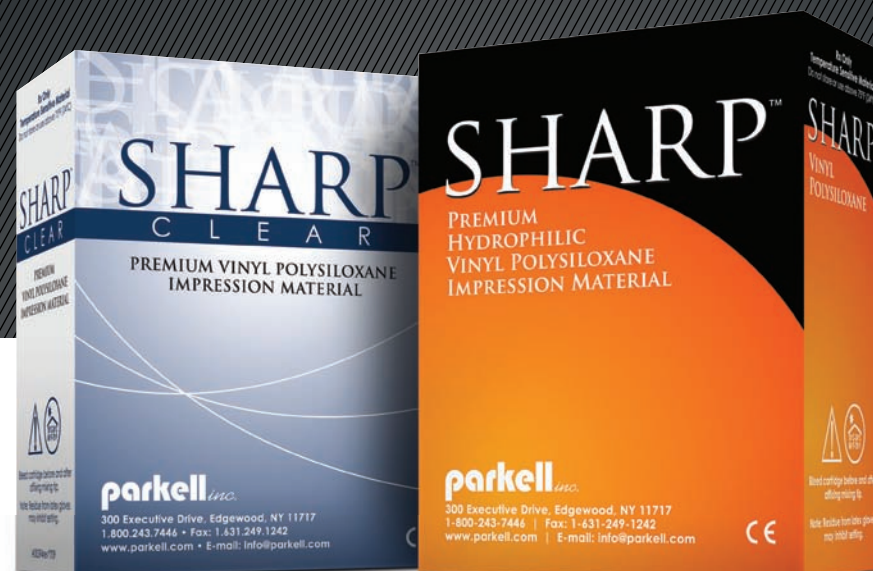


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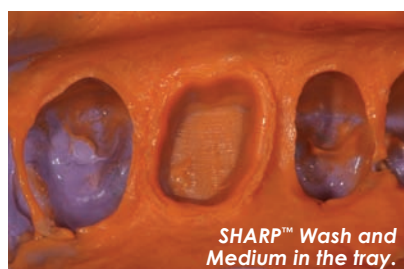


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