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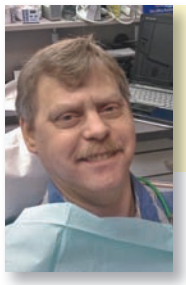

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ADA News

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BRIEFS

Electronic health records primer:

A new resource on electronic health records is posted in the Dental Practice Hub on ADA.org.

Electronic Health Records-A Primer aims to familiarize dentists with how the movement to EHR has been fostered nationally through historic, legislative and regulatory perspectives, provides information on EHR basics; presents some of the

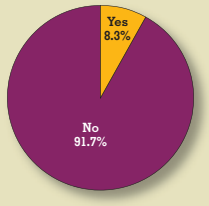
pros and cons for adopting EHRs; lists ADA activities related to EHR; and gives resources for information on EHRs.

The Dental Practice Hub also provides a Q&A on Electronic Health Records and links to ADA and government resources on the topic. The primer can be found at "www.ada.org/members/6212.aspx". ■

JUST THE FACTS

Practice for sale

About 8 percent of dentists surveyed in 2010 attempted to sell their practice in the past year.



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

Jungle dentistry: Patients from an Amazon village, above, take a water taxi home after receiving treatment. Dr. Lamb, left, delivers anesthetic to a young patient in a one-room school in the Ecuadorian jungle.

Reaching out to the world

Dr. Lamb to receive 2012 Humanitarian Award from ADA

BY STACIE CROZIER

Broken Arrow, Okla.—As a teenager volunteering at a missionary training center in Monterrey, Mexico, Dr. Ron Lamb was called on to help haul the center's trash trailer to the city dump. The dumpster was filled with a week's worth of kitchen waste, and he was horrified to see people driven by hunger picking through it, looking for scraps of food amid the waste.

Since then, Dr. Lamb has dedicated his life to helping those in need worldwide by providing dental care and collecting and distributing millions of dollars worth of dental equipment and supplies to thousands of international volunteer teams.

See AWARD, Page 12

'That model is not the solution'

BY CRAIG PALMER

Dr. Olga Gonzalez "was very interested in participating in the focus group regarding dental therapists," she told market researchers inviting her to join Chicago-area dentists Oct. 27. Declining in favor of "a previous commitment" to her son's birthday, Dr. Gonzalez offered a written response to Moderators Etc. Inc., which convened the focus group.

Dr. Gonzalez

"I hope my comments, in their entirety, can be included in the discussion," she wrote.

In response, Moderators Etc. Inc.'s Ana Rivera told her, "This was a powerful letter. Sorry you couldn't attend," Dr. Gonzalez said. But at the focus group, "They didn't even bring up my letter," she said she learned from a participant.

See MODEL, Page 15

Florida town keeps fluoridation

BY STACIE CROZIER

Dunedin, Fla.—In a 3-to-2 vote, Dunedin's city commissioners opted Nov. 29 to continue fluoridating the city's water.

The commissioners heard testimony both for and against fluoridation, including pro-fluoridation remarks by several active and retired dentists from the Upper Pinellas County Dental Association, said Dr. S. Edward Hopwood, the UPCDA Fluoride Committee chair. The decision affects about 30,000 residents.

INSIDE
Proposed changes to CERP eligibility criteria, Page 6

"We're really excited. It was really a good victory," said Dr. Hopwood. "Although Pinellas County decided to end fluoridation at the end of 2011, we're starting turn the tide after a lot of negative news, and to see a lot of elected officials respond positively to our message."

Dr. Hopwood, a general dentist in Clearwater, Fla., said the dental society is also taking some proactive steps to help Pinellas County residents and health care professionals respond after countywide fluoridation was halted Jan. 1.

Some 700,000 residents will be affected, but the cities of St. Petersburg, Gulfport, Dunedin and Belleair will continue to be fluoridated. "We are working on a website that will have information about fluoride for both health professionals and consumers," he said. "We will offer information about the use of fluoride supplements and products so that everyone will understand their options once water is not fluoridated. This is a constructive response to the county commission's action and something pediatricians have been asking about for awhile".

For more information from the ADA on fluoride and fluoridation, log on to "www.ada.org/fluoride.aspx." ■

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APHA seeks oral health abstracts for 2012 meeting

The Oral Health Section of the American Public Health Association seeks abstracts for the APHA's 140th annual meeting and exposition set for Oct. 27-31 at the Moscone Center in San Francisco. The deadline for submission is Feb. 7.

This year's theme is Prevention and Wellness Across the Life Span. The Oral Health Section seeks submissions for oral, poster or roundtable presentations related to the theme and/or dental public health issues, including community water fluoridation and other community approaches; epidemiology of oral diseases and disparities; integrated medical and oral health care delivery models; oral health literacy; oral health needs among special populations; oral health policy and financing mechanisms, oral health promotion, health communications and social media; oral-systemic health linkages and dental workforce issues and infrastructure.

Joint sessions cosponsored with other sections, special interest groups and caucuses are encouraged.

The APHA meeting attracts more than 13,000 health professionals. Its program addresses current and emerging health science, policy and practice issues in an effort to prevent disease and promote health.

Submit an abstract online or get more details on presenter policies and requirements, a presenter timeline and general meeting information at "www.apha.org/meetings". Or contact Kathy Lituri, RDH, MPH; Boston University Henry M. Goldman School of Dental Medicine; 560 Harrison Avenue, #340; Boston, MA 02118; phone: 1-617-638-5202; fax: 1-617-638-6381; email: "lituri@bu.edu". ■

VIEWPoint

MyView

Be proactive

Do your part to protect oral health by advocating water fluoridation

Leon Stanislav, D.D.S.

Great strides have been made over the last several decades to increase community water fluoridation (CWF) nationwide. The goal of Healthy People 2010 was 75 percent. Throughout the nation, we are nearly 73 percent today.

As chair of the National Fluoridation Advisory Committee from 2007-10 and the immediate past president of the Tennessee Dental Association, I've watched how local and state initiatives affecting community water fluoridation have played out across the country. What I've learned is that it pays to be proactive in order to continue to grow the numbers of communities with fluoridation.

Tennessee has always been one of the leaders in the nation with 96 percent or better at one time. That figure is, however, eroding. We are down in the low 90s now with more communities being challenged every day by opponents to CWF.

There are many reasons, but cost is being raised as one of the bigger issues in these economic times. This is short-sighted with expenses only amounting to 50 cents to $3 per year per person, while oral health care cost savings average $38 per every dollar spent on CWF. In a recent example, Spring Hill, Tenn., aldermen made note of the $21,000 spent to add fluoride. While this is only pennies per month for each individual, it can mean health care related cost savings of nearly $800,000 for the citizens of that community.

The Tennessee Dental Association sponsored legislation this past year that requires utility districts that are about to initiate or cease fluoridation to contact the health department within 10 days of the decision, and the public must be given notice 30 days prior to such action. Additionally, consumers can check on the status of their drinking water by going to the Centers for Disease Control and Prevention website, "My Water's Fluoride," check the Consumer Confidence Report provided annually by the water utility or check with the local health department.

However, it is not enough to assume there are no efforts to change the practice of CWF in your community just because it is currently fluoridated. Many efforts by antifluoridationists are started well in advance of any official action by the city or utility district. It is important that you develop relationships with your city and state policymakers. Not just because of CWF but all agendas of interest that might affect your life and your dental practice.

When you visit with them, ask that you be fairly informed if discussions about water fluoridation are mentioned publicly or privately. Be prepared to

See MY VIEW, Page 5

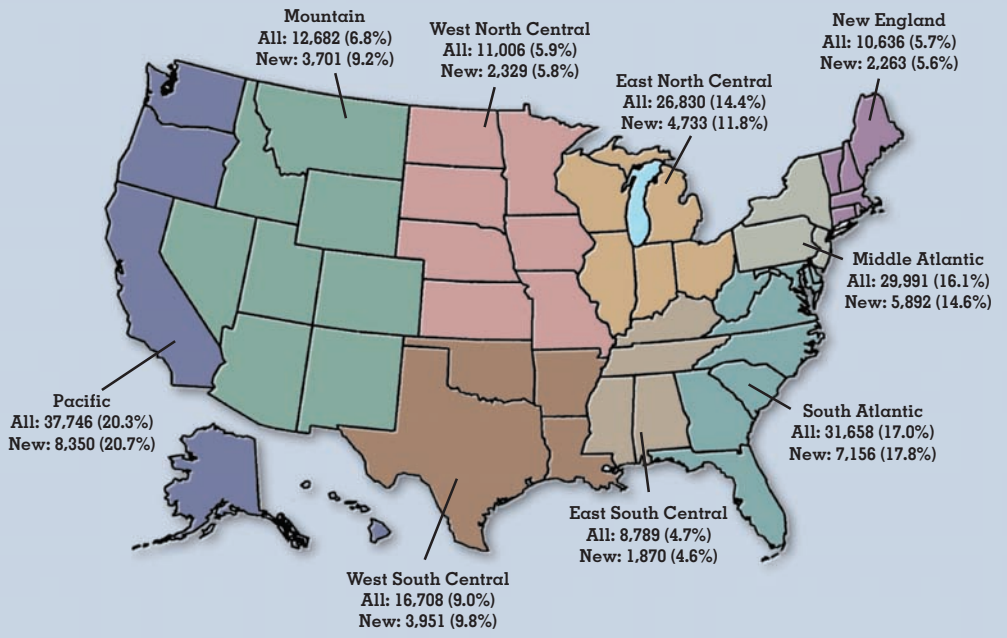
LETTERSPolicy

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".

SNAPSHOTS OF AMERICAN DENTISTRY

Professionally active dentists

This map shows the distribution of all and new professionally active dentists in the United States by region in 2009.



Source: American Dental Association, Health Policy Resources Center, *2009 Distribution of Dentists in the United States by Region and State.*

Letters

Amalgam separators

With amalgam separators soon becoming a mandatory requirement in all dental offices in the U.S., I have to question how much money is being made off dentists ("PPR Forum Highlights Amalgam Separators," Nov. 7 ADA News).

First, I would like to say I am for keeping dental mercury out of our water supplies and landfills. However, it seems we are being taken advantage of as dentists. We are a captive audience and as such, recycling/reclamation companies can charge us for the separator equipment, charge to haul away and dispose of the amalgam sludge, and charge to replace either the whole separator or filter depending on the type of separator you have. I do not have a problem with this either. The problem I have is that these companies then separate and clean the metals and then sell them on the open metals market which to me is double dipping.

A dentist I sat with during lunch at a national dental meeting in May of this year told me he kept his separator sludge and gave it to a metals dealer. It was assayed for gold, platinum, paladium, silver and mercury. The metal dealer gave the dentist a check for $1,600. The total value for the metals had to be worth much more for the dealer to make it worth his while and make money off the metals after the recycling process.

In our office, we take our dry scrap metal, crowns, etc., and turn them in to a metal dealer, receive a check for the metal, and donate it to our local community food banks to help feed the less fortunate. I would do this with my amalgam sludge, but I have yet to find a company who gives you money for your sludge. It would be nice for the ADA to find companies that would reimburse some money to dentists for their amalgam sludge and give dentists documentation for proper disposal instead of "double dipping."

Joseph D. Bedich, D.D.S.
Cortland, Ohio

Editor's note: Before proceeding in the way suggested by the writer, or taking any other approach to disposing of amalgam or other dental waste, it is very important to consult all applicable state and local laws.

Practice valuation

There are many ways to assess a dental practice. Typically when a dentist seeks consultation with a practice management expert(s), the dentist is asked to furnish a significant amount of data related to financial factors.

Practice management consultants have provided an invaluable service to our profession in helping dentists improve the management of their practices. I believe that the scope of measurement should be expanded to include clinical factors. Identifying clinical goals such as: converting emergency dental patients to "routine care" patients; high caries risk patients to low caries risk; advanced periodontal disease to healthy periodontium; highly anxious patients to low anxiety; destructive occlusal patterns to healthy occlusal patterns.

Quantifying these factors may be challenging, though I know of

See LETTERS, Page 5

Letters

Continued from Page 4

one company that has developed tools to assess periodontal health. I can envision a time when in response to the question, "How is your practice doing?" the answer can be, "Production is up 15 percent and we have helped over 100 high caries risk patients shift to low risk."

Gary Pape, D.D.S.
Wenatchee, Wash.

On Delta

Dr. David Lurye's letter in the Sept. 5 ADA News is a spot-on assessment of the Frankenstein's monster that is Delta Dental. Originally spawned in 1955 by the California Dental Association as the California Dental Service, the country's first dental insurance plan, it has morphed into a bully in every sense of the word.

To Dr. Lurye's concerns, I would add that in the same issue's report on new dental schools ("An In-Depth Look at Dental Education"), the University of New England College of Dental Medicine is being partially funded by Delta to the tune of $2.3 million. I question whether this financial interest will possibly result in "evidence-based" research coming out of this institution that will conveniently come to the conclusion that a large amalgam is preferable to a cast gold restoration. Add to this the fear that recent graduates, especially, feel in not participating in Delta because "your patients will go somewhere that accepts Delta."

Also, interestingly, in the September issue of the California Dental Association's Update newsmagazine, there is an article discussing the recent lifting by Delta of its fee-filing freeze in the Premier program, originally instituted to shrink the gap between these fees and those of Delta's PPO (DPO) plans. Delta has done a wonderful marketing job in convincing Americans that dentistry is comparable to Goodyear tires. Why would you pay top dollar at a Goodyear store when you can get the same thing at Costco for less?

While realizing that higher fees do not necessarily mean better quality dentistry, there is some correlation, and Delta's fee-listing policies tell the top 20 percent they are not wanted. I found that while I was practicing, though there was a small gap between my usual, customary and reasonable fee schedule and my Delta fee schedule, the gap was growing and I was becoming increasingly uneasy trying to answer the question, "Why should someone with no insurance pay 100 percent of a higher fee than a Delta patient paying only a 30 percent copay on a lower fee?"

I consider my best decision was discontinuing my Delta participation on April Fool's Day 2001. The patients who went "somewhere that accepts Delta" were exemplified by a lady who had continually declined doing a crown on a cracked tooth that was causing mild discomfort because she did not want to pay her 30 percent, while at each recall asking if Delta had decided yet to cover bleaching.

Jon D. Williamson, D.D.S.
Alamo, Calif.

MyView

Continued from Page 4

form coalitions with your local dental group, pediatric physicians, nurses and other health care providers. Many Tennessee counties already have in place health councils such as the Montgomery County Health Council in Clarksville that has many participating allied professionals who meet on a monthly basis. Program directors from the Women, Infants and Children Program and other agencies are often members. These people can be great allies.

Opponents to fluoridation are educating themselves with a great deal of misinformation, much of which is found on the Internet. It might be beneficial to see what the opposing arguments are by checking sites such as the Fluoride Action Network. Then, educate yourselves with true science and true data on the ADA website, "www.ada.org/fluoride.aspx", where there are pages of references and information for you to use. You can also contact the prevention manager at the ADA, Jane McGinley, who is a wealth of knowledge.

Pew Charitable Trusts is also developing a useful web page entitled "I Like My Teeth" at "www.ilikemyteeth.org" and finally, another site that is accumulating legal and legislative data is the FLUID site, Fluoride Legislative User Information Database, at "http://fluidlaw.org".

In short, don't be complacent—be proactive. Once citizens in opposition and policymakers have had time to prepare without hearing both sides, it can be very difficult to catch up or overturn a voter on this issue. Don't take community water fluoridation for granted! Let's continue to grow the numbers of utilities with fluoride and stop the attrition by those who have it. It is still the most cost-effective way to prevent tooth decay in all age groups crossing all socioeconomic boundaries.

Dr. Stanislav is one of the dental profession's expert consultants on fluoridation. His comments, reprinted here with permission, originally appeared in the October 2011 issue of the TDA Newsletter.

Editor's note: The ADA offers a number of resources to assist members and health coalitions in their efforts to support community water fluoridation. For more information, visit "ada.org/fluoride" or contact Jane McGinley at "mcginleyj@ada.org" or Ext. 2862.

POLICY

House urges districts to add more new dentist delegates

BY KAREN FOX

Las Vegas—This past October the ADA House of Delegates passed an initiative designed to promote more inclusiveness in its ranks.

Resolution 71H-2011, Constituent Nominations of New Dentist Delegates, calls for the ADA to encourage each state dental association to bring at least one new dentist as a delegate or alternate delegate to the annual House meeting.

"This is a terrific idea," said Dr. Nancy Rosenthal, chair of the Council on Membership. "It's a suggestion; not a mandate—but it's a step in the right direction."

New dentists are deserving of more representation in the House, she added, given the fact that the average age of delegates is 54.

"States can only benefit from having the perspectives of new dentists included in association policymaking," said Dr. Rosenthal. "This bodes well for the future of the profession."

Dr. Danielle Ruskin, chair of the ADA New Dentist Committee, agrees.

"We're missing a whole group of capable, active leaders at the House level," said Dr. Ruskin. "This initiative encourages districts to include leadership development of new dentists and offers the House an additional perspective. We hope that districts will consider attracting more new leaders."

Res. 71H-2011 also directs state associations to report to each House of Delegates their respective new dentist delegates or alternates. ■

—foxk@ada.org

New dentist: Dr. Danielle Ruskin, chair of the ADA New Dentist Committee from New Hudson, Mich., offers input Oct. 11 during the Reference Committee on Membership and Planning.

At work: Dr. Teri Barichello (right) chairs the Reference Committee on Membership and Planning. Also shown is panel member Dr. Michael Griffiths.

Student voice: Ken Randall, vice president of the American Student Dental Association, adds his voice to the Oct. 11 reference committee hearing on membership. He is a senior student at the University of Kentucky College of Dentistry.

Photos by EZ Event Photography

NLRB delays poster rule until April 30

BY JUDY JAKUSH

Washington—The National Labor Relations Board has agreed to postpone the effective date of its employee rights notice-posting rule to April 30.

Most private-sector employers, including certain dental offices, are affected by the regulation, which had been slated to go into effect Jan. 31.

The NLRB said it agreed to postpone the rule at the request of the federal court in Washington that is hearing a legal challenge regarding the rule.

In a notice posted on its website, the NLRB says, "The Board's ruling states that it has determined that postponing the effective date of the rule would facilitate the resolution of the legal challenges that have been filed with respect to the rule. The new implementation date is April 30, 2012."

The notice also says that most private sector employers will be required to post the 11-by-17-inch notice on the new implementation date of April 30.

The notice is available at no cost from the NLRB through its website, "www.nlrb.gov", which has additional information on posting requirements and NLRB jurisdiction.

The NLRB Web page includes a link to "Employee Rights Poster."

When effective, the regulation will require private-sector employers within the NLRB's jurisdiction to display the poster where other workplace notices are posted and on an internal or external website if other personnel policies or workplace notices are posted there.

The 11-by-17-inch notice that will be required for posting states that employees have the right to act together to improve wages and working conditions; to form, join and assist a union; to bargain collectively with their employer; and to refrain from any of these activities.

The U.S. Chamber of Commerce and South Carolina Chamber of Commerce filed a lawsuit in the U.S. District Court of South Carolina challenging the new notification rule. ■

Call for comments on CERP's proposed changes to eligibility criteria extended to Feb. 1

BY KAREN FOX

The ADA Council on Dental Education and Licensure has proposed that "commercial entities"—defined by the ADA Continuing Education Recognition Program as companies that produce, market, re-sell or distribute health care goods or services consumed by or used on patients—should no longer be eligible to apply to become ADA CERP approved providers of continuing dental education.

The proposed change would only apply to companies that manufacture, distribute or market health care products or services. It would not apply to dental organizations or schools, education companies, or providers of patient care such as hospitals and group practices.

The proposed change would not prohibit commercial entities from providing commercial support to independent CE providers in accordance with existing ADA CERP standards.

The council believes that the proposed changes will:

- Reduce opportunities for commercial bias in continuing dental education. A conflict of interest exists when a company with a vested interest in a product also controls the content of continuing education on that topic.
- Bring ADA CERP into accord with Food and Drug Administration and other federal and state agencies' guidelines requiring that CE for the health care professions be controlled by CE providers independent of commercial interests.
- Align ADA CERP eligibility requirements with accreditation standards for continuing medical, nursing, pharmacy and osteopathy education.

In response to feedback to the call for comments circulated in 2011, CDEL has proposed an additional clarification stating that all providers will be screened during a pre-application process to determine whether they are commercial entities, even though they fall in categories that may be eligible to participate.

The updated revisions proposed to the CERP Eligibility Criteria and FAQs are posted at "www.ada.org/cerp". The comment period on the proposed changes has been extended until Feb. 1.

All interested parties are invited to submit written comments on the proposed revisions by Feb. 1. Comments may be forwarded by email, fax or mail to "cerp@ada.org", fax: 1-312-440-2915, or ADA CERP, 211 E. Chicago Ave., Chicago, IL 60611. ■

Dental Record offers online data backup

The Dental Record, the only digital and paper-based record-keeping service endorsed by ADA Business Resources, offers an online data backup service for ADA members.

With the inception of the federal Health Information Technology for Economic and Clinical Health Act in 2009, it's even more important for dentists to keep patient information confidential and maintain standards for security breaches. Under the HITECH Act's Breach Notification Rule, dentists are required to give written notice to every patient whose information has been breached, the U.S. Department of Health and Human Services and in some cases, local media. The new online data backup service will help dental practices protect and store their patients' data and prevent unauthorized breaches.

"Most patient data stored on local tapes or external hard drives within the office are not encrypted so that data is at risk for a breach violation because it can be damaged, stolen or lost," said Lee Johnston, president of The Dental Record. "Our data backup service is a more efficient and secure way for ADA members to safeguard patient information."

The online data backup service automatically backs up dentists' data on a daily basis. All patient data is compressed, encrypted and stored in two highly secure data centers. The centers have available customer support 24 hours a day, seven days a week.

If a practice experiences a data loss, the information can be restored immediately either online or by shipping an external hard drive overnight. "One of the great features of this service is the ability to not only send one file but an entire database back to a practice," said Mr. Johnston.

Call The Dental Record for a free data assessment. A Wisconsin-based company founded by dentists, The Dental Record provides ADA members with the highest quality record-keeping systems with both paper-based and electronic products. The Dental Record is committed to providing the best customer support and will stand by the member's side through any recovery process. For information, visit "www.dentalrecord.com" or call 1-800-243-4675. ■

Free training on fraud, abuse laws posted online

Washington—The Office of Inspector General of the U.S. Department of Health and Human Services announced it would provide 11 new and free videos and podcasts that can help health care providers learn about compliance with health care fraud and abuse laws.

The videos average about four minutes each and cover major health care fraud and abuse laws, the basics of health care compliance programs and what to do when a compliance issue arises.

The presentations are posted on the OIG website ("http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp") at the start of each week and will continue over the next three months, with no release the week of Dec. 26.

The materials are from OIG's award-winning Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training initiative. ■

Workforce model report available

The ADA Health Policy Resources Center released the 2011 ADA Dental Workforce Model: 2009-2030.

The Dental Workforce Model provides a long-term projection of the U.S. dental workforce using statistical transition models for retirements, occupation change, location choice, specialty education and death. The report provides national projections of the number of dentists (professionally active dentists and active private practitioners), applicants to dental school, first-year dental school enrollments and dental school graduates up to the year 2030.

This report is available in hard copy (catalog number DWM-2011) by calling 1-800-947-4746 or downloadable (DWM-2011D) at "www.adacatalog.org". The cost of the report is $80 for ADA members, $120 for nonmember dentists and $240 for commercial firms, plus shipping and handling. The downloadable file has the same price level, excluding shipping and handling. ■

PEOPLE

Good Samaritan rewarded with new smile

BY JEAN WILLIAMS

Unemployed carpenter Wayne Sabaj found a fortune, and then fortune found him.

Mr. Sabaj, who lives in unincorporated McHenry County in Illinois, stumbled on a sack of cash in his yard—$150,000—and turned it over to authorities. The local media converged on him to hear his thoughts on the money, including what he might have done with that amount of cash.

Lucky for Mr. Sabaj, brothers Xhelo and Mazar Shuaipaj, both general dentists, were moved by his good deed and decided they could grant the wish he expressed on TV: treatment for his teeth.

According to Dr. Xhelo Shuaipaj, "He said, 'They've been causing me pain. I just want to get them fixed. So if I could keep the money that's what I would do.' When we heard this, we said, 'You know what? Why don't we pay this thing forward? He did a nice deed. Let's reward a good deed with another good deed.' "

The brothers, who own Elite Dental Care in the Chicago suburbs of Downers Grove, Ill., and Lemont, Ill., contacted Mr. Sabaj to offer their services free of charge in light of his economic struggles.

"He used to be a carpenter, actually a very fine carpenter," Dr. Xhelo Shuaipaj said. "He used to do some molding and trim work for houses, very expensive houses. He just really fell on some hard times lately where he lost his job, he lost his wife, he has diabetes and he has no money. His house was in foreclosure so he had to move in with his dad."

Mr. Sabaj said the generous offer caught him by surprise. "It's not normal that people just do something for free," he said. "It's great. I love it. It was good to see somebody else out there that wasn't so greedy that everything had to be about money."

Green luck: Dr. Xhelo Shuaipaj (left) and his brother, Dr. Mazar Shuaipaj (right), pose with Wayne Sabaj in his garden, where he found $150,000, before they treated his teeth. The Shuaipaj brothers donated their services to Mr. Sabaj, who turned the money over to authorities.

Luxury: Mr. Sabaj gets a limo ride to Elite Dental Care.

The dentists went themselves to pick up Mr. Sabaj at his home, a two-hour drive. "His car is broken," Dr. Xhelo Shuaipaj said. "So he didn't have any means of transportation. We picked him up and brought him back to the clinic. We did all of our preliminary examinations and impressions and all of that—photographs—and we took him back home."

A few weeks later, Mr. Sabaj returned to their clinic to have his wish fulfilled. "We removed all of his teeth, the uppers and the lowers," Dr. Mazar Shuaipaj said. "They were deeply decayed almost to the gumline."

Removing the teeth took about an hour with both brothers treating Mr. Sabaj. They then outfitted him with dentures. "After it was all in, we held up a mirror and he smiled," Dr. Mazar Shuaipaj said. "Even though he was groggy, he put on a big grin."

When they saw Mr. Sabaj for a post-op exam, the brothers could see just how their care already had affected his life. "When he came in for his second appointment, he was a clean-shaven man," said Dr. Mazar Shuaipaj. "We almost did not recognize him. What the teeth did for him is change his whole appearance. I believe he feels more confident now with the way he looks."

The Shuaipaj brothers' work with Mr. Sabaj dovetails with their commitment to giving back. They have charitable dentistry folded into their business, participating, for example, in Donated Dental Services, or DDS, for more than a decade.

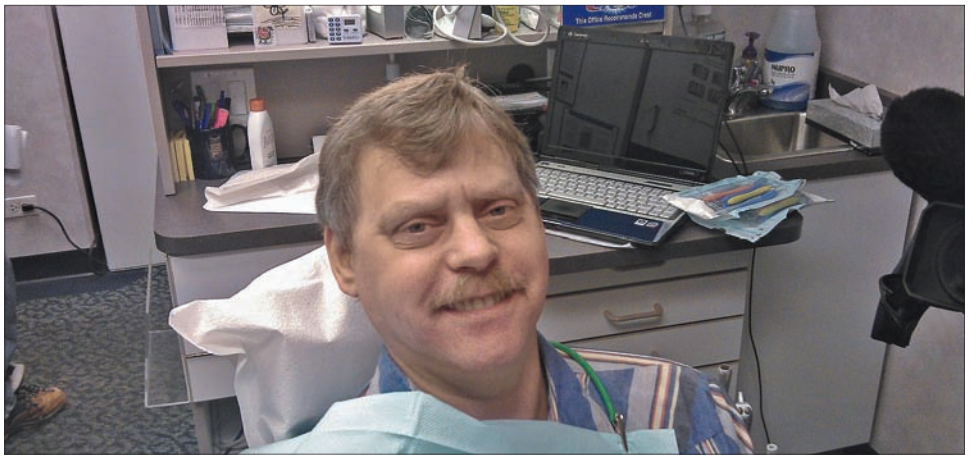
"This is just something to pay it forward," Dr. Xhelo Shuaipaj said of helping Mr. Sabaj. "This is something just to reward him—to let him know that, 'You know what, Wayne, you're not alone in this world. There are other people who think that doing the right thing, doing good, has not gone out of style.' "

Mr. Sabaj kept the good deeds going, providing a token of appreciation to the Shuaipaj brothers from his own kitchen.

"Wayne is a good cook," Dr. Mazar Shuaipaj said. "On his second visit, he brought us lunch. He brought enough food for us and the whole staff." ■

—williamsj@ada.org

A new smile: The dentists pose with the happy patient at their offices in Downers Grove, Ill.



After: Mr. Sabaj shows off his new dentures while at Elite Dental Care for a follow-up visit.

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BruxZir® Solid Zirconia crowns were placed on tooth #8 and #9. As you can see in the non-retracted "before" photo, the patient had two pre-existing high-value PFMs over what appeared to be base metal copings. The condition of the gingiva in the "before" photo suggested a possible base metal allergy, which contributed to the decision to go with BruxZir all-ceramic (monolithic zirconia) crowns.

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Authorized BruxZir Laboratories

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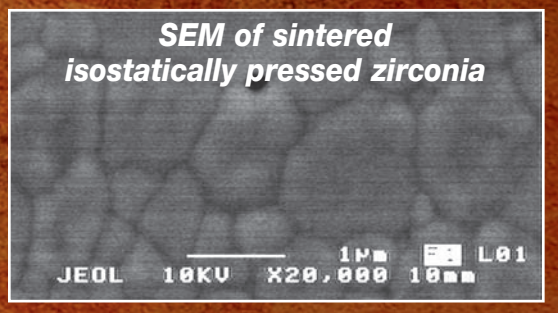
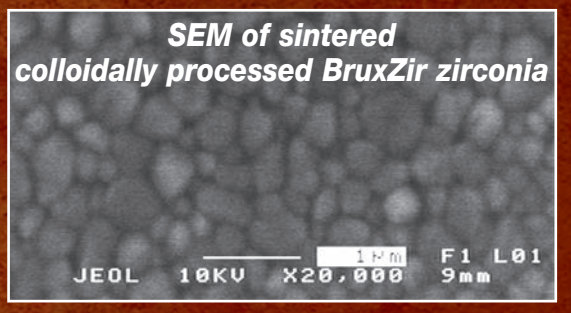
Burdette Dental Lab Inc.	Birmingham	AL	800-624-5301
Oral Arts Dental Laboratories, Inc.	Huntsville	AL	800-354-2075
Parkway Dental Lab	Opelika	AL	800-239-3512
Scrimpshire Dental Studio	Huntsville	AL	800-633-2912
Walker Dental Laboratory, Inc.	Decatur	AL	800-727-0705
Green Dental Laboratories, Inc.	Heber Springs	AR	800-247-1365
Continental Dental Laboratory	Phoenix	AZ	800-695-0155
Dentek Dental Laboratory, Inc.	Scottsdale	AZ	877-433-6835
Lakeview Dental Ceramics	Lake Havasu City	AZ	928-855-3388
New West Dental Ceramics**	Lake Havasu City	AZ	800-321-1614
A & M Dental Laboratories	Santa Ana	CA	800-487-8051
Advanced Dental Technology	Chula Vista	CA	619-656-9422
BDL Prosthetics**	Irvine	CA	800-411-9723
Bigler Dental Ceramics	Tustin	CA	714-832-9251
Continental Dental Laboratories	Torrance	CA	800-443-8048
Creative Porcelain	Oakland	CA	800-470-4085
Dental Masters Laboratory	Santa Rosa	CA	800-368-8482
Glidewell Laboratories**	Newport Beach	CA	800-854-7256
Great Smile Dental Lab	Northridge	CA	877-773-8815
Iverson Dental Laboratories	Riverside	CA	800-334-2057
Mr. Crown Dental Studio	Santa Ana	CA	800-515-6926
Nash Dental Lab, Inc.	Temecula	CA	877-528-2522
NEO Milling Center	Cerritos	CA	562-404-4048
Nichols Dental Lab	Glendale	CA	800-936-8552
Noel Laboratories, Inc.	San Luis Obispo	CA	800-575-4442
PCS Dental Lab	Foster City	CA	650-349-1085
Perfect Smile Dental Ceramics, Inc.	San Diego	CA	877-729-5282
Polaris Dental Laboratory	Anaheim	CA	866-937-1563
Precision Ceramics Dental Laboratory**	Montclair	CA	800-223-6322
Riverside Dental Ceramics**	Riverside	CA	800-321-9943
Robertson Dental Lab	Lompoc	CA	800-585-3111
Gnathodontics, Ltd.	Lakewood	CO	800-234-9515
Zinser Dental Lab, Inc.	Westminster	CO	303-650-1994
Dodd Dental Laboratories	New Castle	DE	800-441-9005
Carlos Ceramics Dental Lab	Miami	FL	305-661-0260
DigiTech Dental Restorations	Doral	FL	888-336-1301
Fox Dental Laboratory	Tampa	FL	800-282-9054
Hennessy Dental Laboratory	Riviera Beach	FL	800-694-6862
Knight Dental Group	Oldsmar	FL	800-359-2043
TLC Dental Laboratory	Orlando	FL	800-262-2547
New Image Dental Laboratory**	Morrow	GA	800-233-6785
Oral Arts Dental Lab Georgia	Chamblee	GA	800-229-7645
P & W Dental Studios LLC	Cumming	GA	877-955-8757
Ridge Craft Dental Laboratory	Lagrange	GA	800-516-0281
The Lab 2000, Inc.	Columbus	GA	800-239-3947
Oral Arts Dental Lab Iowa	Dubuque	IA	800-747-3522
Smart Choice Dental Lab	Davenport	IA	877-650-7627
Artistic Dental Studio, Inc.	Bolingbrook	IL	800-755-0412
Dental Arts Laboratories, Inc.	Peoria	IL	800-322-2213
Distinctive Dental Studio, Ltd.	Naperville	IL	800-552-7890
Ottawa Dental Lab	Ottawa	IL	800-851-8239
Prosthotech	Sugar Grove	IL	630-466-8333
Rockert Dental Studio	Wheaton	IL	800-665-1401
Vitality Dental Arts	Arlington Heights	IL	800-399-0705
Ito & Koby Dental Studio	Indianapolis	IN	800-288-6684
Myron's Dental Laboratory	Kansas City	KS	800-359-7111
Keller Dental Laboratory	Louisville	KY	800-292-1894
Crown Dental Studio	Shreveport	LA	800-551-8157
Pfisterer-Auderer Dental Lab	Metairie	LA	800-288-8910
Arcari Dental Lab	Wakefield	MA	781-213-3434
Aronovitch Dental Laboratory	Owings Mills	MD	800-441-6647
Eliason Dental Lab	Portland	ME	800-498-7881
Apex Dental Milling	Ann Arbor	MI	866-755-4236
Artistic Dental Lab	Allen Park	MI	800-437-3261
D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
Davison Dental Lab	Flint	MI	800-340-6971
Dental Art Laboratories	Lansing	MI	800-444-3744
Olson Dental Laboratory	Clinton Township	MI	800-482-3166
Excel Dental Studios Inc.	Minneapolis	MN	800-328-2568
Harrison Dental Studio	West St. Paul	MN	800-899-3264
Saber Dental Studio	Brooklyn Center	MN	800-264-3903
Thoele Dental Laboratory	Waite Park	MN	800-899-1115
Trachsel Dental Studio**	Rochester	MN	800-831-2362
Webster Dental Laboratory	St. Paul	MN	800-621-3350
Wornson-Polzin Dental Lab	North Mankato	MN	800-950-5079
Keller Laboratories, Inc.**	Fenton	MO	800-325-3056
Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Stewart Dental Laboratories	Columbia	MO	866-724-5509
Oral Tech Dental Laboratory	Pearl	MS	800-321-6201

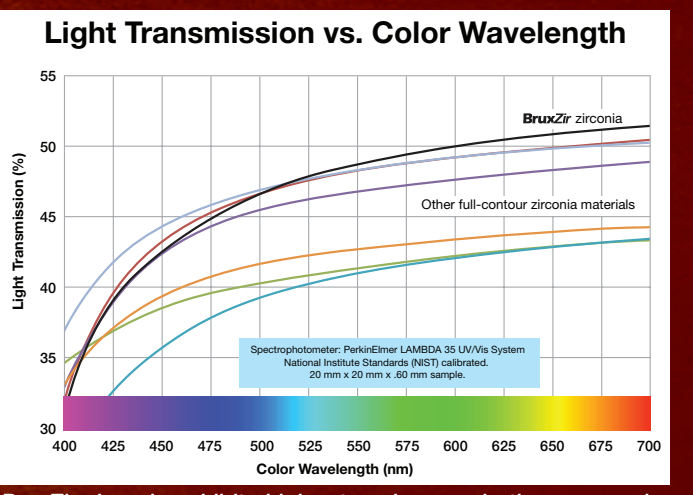
Scientific Validation

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





The 50% smaller average grain size of BruxZir zirconia improves its physical properties.



BruxZir zirconia exhibits higher translucency in the warm color spectral wavelength (>550 nanometers), allowing for more natural-looking restorations.

Wear Compatibility

In a recent study[1] to measure the volumetric loss of enamel, glazed BruxZir Solid Zirconia 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.

Antagonist Wear

The antagonistic (Steatite balls) wear shows BruxZir Solid Zirconia only with 72±21 micron, which is significantly lower than Ceramco3 (110±48 micron). The University of Tübingen study was run using an eight-chamber Willytec Chewing Simulator at 1.2 million cycles.

For more information, visit www.bruxzir.com.

Authorized BruxZir Laboratories

LABORATORY	CITY	STATE	PHONE
Western Dental Arts	Billings	MT	406-652-1652
Carolina Outsource Inc.	Charlotte	NC	704-814-0644
Drake Precision Dental Laboratory	Charlotte	NC	800-476-2771
Natural Ceramics Inc.	Fayetteville	NC	910-425-8296
The Freeman Center	Stallings	NC	800-659-7636
Kiess Kraft Dental Laboratory	Omaha	NE	800-553-9522
H & O Dental Laboratory	Manchester	NH	800-543-4312
Excel Berger Dental Laboratory	North Brunswick	NJ	800-438-3384
Ideal Dental Laboratory	Albuquerque	NM	800-998-6684
Las Vegas Digital Dental Solutions**	Las Vegas	NV	800-936-1848
Creo Dental	New York	NY	212-302-3860
Elegant Dental Laboratories	Brooklyn	NY	877-335-5221
MobileTek Dental Labs	New York	NY	917-747-7519
Smile Design Dental Laboratory	Port Washington	NY	516-472-0890
AccuTech Dental Lab	Reynoldsburg	OH	614-751-9888
John Hagler, CDT	New Albany	OH	614-560-5667
New Era Dental Arts, LLC	Sylvania	OH	800-971-8201
Northwest Ceramics Inc.	Columbus	OH	614-451-9597
ROE Dental Laboratory	Garfield Heights	OH	216-663-2233
Salem Dental Laboratory	Cleveland	OH	800-747-5577
Tooth Fairy Dental Lab	Findlay	OH	419-429-8181
Flud Dental Laboratory	Tulsa	OK	800-331-4650
Great Southwest Dental Laboratory	Oklahoma City	OK	800-777-1522
Applegate Dental Ceramics	Medford	OR	541-772-7729
Albensi Laboratories	Irwin	PA	800-734-3064
Innovative Dental Arts	North Huntingdon	PA	866-305-5434
Maverick Dental Laboratories	Export	PA	866-294-7444
Thayer Dental Laboratory	Mechanicsburg	PA	800-382-1240
Sherer Dental Laboratory	Rock Hill	SC	800-845-1116
Bauer Dental Studio	Mitchell	SD	800-952-3334
Dental Prosthetics Lab	Clarksville	TN	931-647-2917
Peterman Dental Laboratory	Nashville	TN	800-476-1670
R•Dent Dental Laboratory	Bartlett	TN	877-733-6848
Rogers' Dental Laboratories	Athens	TN	800-278-6046
S & H Crown & Bridge Inc.	Knoxville	TN	888-506-1263
Wade Dental Ceramics	Maryville	TN	865-982-4324
Affordable Cosmetic Laboratories	Arlington	TX	860-258-0678
Crystal Dental Ceramics	Richardson	TX	972-680-1660
Dental Dynamics Laboratory Inc.	Arlington	TX	800-640-8112
Oral Designs Dental Laboratory, Inc.	San Antonio	TX	800-292-5516
PCB Dental Lab	Richardson	TX	672-671-3894
Stern Empire Dental Laboratory	Houston	TX	800-229-0214
Stern Reed Assoc. Dental Laboratory	Addison	TX	800-888-8341
Stern Tyler Dental Laboratory	Tyler	TX	800-926-1318
Arrowhead Dental Laboratory	Sandy	UT	800-800-7200
Crown Laboratories Inc.	Sandy	UT	800-574-1911
Crystarr Dental Design	Salt Lake City	UT	800-343-2488
Evolution Dental Studio	Draper	UT	801-432-7446
Precision Milling Center	West Valley City	UT	877-810-6210
Treasure Dental Studio	Salt Lake City	UT	800-358-6444
Via Digital Solutions	Sandy	UT	888-484-6842
Apex Dental Laboratory	Midlothian	VA	804-763-0420
Art Dental Lab	Chantilly	VA	888-645-7541
Dominion Milling Center	Richmond	VA	877-285-5285
NexTek Dental Studios	Manassas	VA	800-678-7354
P & R Dental Lab Inc.	Alexandria	VA	703-916-8866
The Point Dental Studio, LLC	West Point	VA	804-337-5477
McElvain Dental Laboratory	Colville	WA	509-684-8620
Pacific Dental Arts Inc.	Olympia	WA	877-438-1882
Ziemek Aesthetic Dental Lab	Olympia	WA	360-943-6071
Saber Dental Studio	Waukesha	WI	800-365-3210
Midtown Dental Laboratory	Charleston	WV	800-992-3368

CANADA

Highland Dental Laboratory	Calgary, AB	Canada	800-504-3199
Hollywood Smiles Dental Lab. Ltd.	Burnaby, BC	Canada	604-939-8118
Premium Dental Laboratories Ltd.	Burnaby, BC	Canada	604-294-2881
Protec Dental Laboratories Ltd.**	Vancouver, BC	Canada	800-663-5488
Impact Dental Laboratory	Ottawa, ON	Canada	800-668-4691
Smile Designs	Guelph, ON	Canada	519-836-1100
Carlton Dental Labs	Prince Albert, SK	Canada	800-667-5525

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

INTERNATIONAL

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Disaster relief: Dr. Lamb pauses for a photo with 10 skids of surgical gloves that World Dental Relief had airlifted to hospitals in Haiti immediately after the 2010 earthquake.

Award

Continued from Page 1

His efforts have been recognized with the 2012 ADA Humanitarian Award.

"Volunteering at age 16 was a defining moment in my life," said Dr. Lamb. "I distinctly still remember the filth, the smells, the many flies and the hunger of those poor people. It was overwhelming. I had never really seen poverty before. A little old lady in rags at my feet was grabbing pieces of bread and scraps of food to stuff in her mouth and eat. I had never seen such hunger and desperation for something to eat. It was at that moment I decided to get a profession that I could use to help impoverished people and relieve their pain. That experience was my motivation to pursue dentistry as a career."

After graduating from the University of Louisville School of Dentistry in 1974, Dr. Lamb opened a private practice in Broken Arrow, a suburb of Tulsa, Okla. He balanced his full-time practice by organizing and leading several mission trips to Mexico each year.

"We were making six to 11 mission trips per year, and during that time we built a medical and dental clinic there to serve as a base for our teams," said Dr. Lamb.

By 1985, he expanded his mission dentistry to countries in South America and also began helping other dental teams procure supplies and portable equipment.

"In 1991, I decided to close the practice, not sell it," he said. "We had just paid out of debt, had no savings but wanted to try doing mission work for a solid year without the practice. We were going to depend upon donations and if we made it one year then we would do a second and third year. If we made it three years living on donations, then we would not go back into private practice. We cut the financial lifelines of our private practice and it was a risk. But we have completed our 20th year of full-time service. Altogether, we have been doing this sort of work for 35 years."

Dr. Lamb has led nearly 200 mission trips in 56 countries during his career, from Mexico to Africa, Southeast Asia and the Amazon jungle. Through World Dental Relief, his charitable dental organization, he has also provided 5,291 medical and dental teams with more than $15 million worth of supplies. When he closed his practice in 1991, he used the space as the WDR offices and eventually purchased a large warehouse.

"Receiving and distributing supplies sort of evolved out of our sharing the donated supplies we received with many other teams. It wasn't planned. The donated dental supplies kept coming from generous companies, so we were able to supply more and more teams. But the quantities grew to the point where we needed a real warehouse with forklifts, tall shelving and loading docks for trucks."

World Dental Relief has also taken on special projects, including coordinating donations and shipping of dental equipment and a three-year cache of supplies needed to launch a dental school in Ethiopia. The organization has equipped more than 60 dental clinics and five prosthetic labs internationally.

"Big dental equipment is not a focus for us," he said. "We only help with equipment if we know of a specific need and can then obtain dental equipment for a specific project."

Dr. Lamb has also designed and created portable dental equipment and provided tons of supplies for use by relief agencies responding to disasters, including the Mission of Mercy after Hurricane Katrina in 2005, the Indian Ocean tsunami in 2004 and the earthquake in Haiti in 2010.

Though World Dental Relief has enabled him to help hundreds of thousands of patients in need of dental care worldwide, his favorite volunteer activity allows him more one-on-one dental contact.

"Some of my favorite trips are to pack a backpack and duffle bag with everything I need to live in the jungle for a couple of weeks," Dr. Lamb said. "A Vietnam veteran and former Navy Seal and a dentist friend who lives at the headwaters of the Amazon River in Peru like to go with me on these trips. We catch an old riverboat or hire a launch to take us into one of the river tributaries upstream and work in Indian villages. Each trip is different. The native dentist does the planning and several workers go with us to help with languages, patients and obtaining food. Sometimes we have some pretty strange meals to eat. My Navy Seal friend feels at home in the jungle and eats things that I won't touch.

Treating tribes: Dr. Lamb sports the headdress and necklaces of a remote Amazon tribe as a young patient and his pet monkey look on.

Supplies: Dr. Lamb checks the World Dental Relief warehouse inventory.

"Those areas have big anaconda, boa, bushmaster and coral snakes; huge tarantulas, scorpions, army ants, piranha, jungle cats and more," he added. "So you must be familiar with the jungle animals and the diseases there, such as malaria, yellow and dengue fever, and then parasites. But I cannot ever remember being afraid, just cautious and always very aware of my surroundings. The natives know how to keep us informed and safe."

Dr. Lamb's wife, Pam, and their children Tina and Bobby not only support his charitable endeavors, they also work for World Dental Relief.

"We still take a very modest salary that our WDR board oversees," Dr. Lamb said. "My daughter Tina and son Bobby work with Pam and me now. At one time we had seven employees, but donations have been dropping these past three years and it has become necessary to cut back to what we can afford. Our children were small when I closed the practice, so they have grown up helping us with World Dental Relief. We always utilize local volunteers when we have needs or special projects like the Ethiopia dental school project."

Long lines: Patients in Iquitos, Peru, form a line more than two blocks long in front of a temporary dental clinic. Patients waited in line overnight for treatment.

AMERICAN DENTAL ASSOCIATION
HUMANITARIAN AWARD

Established in 2007, the ADA Humanitarian Award recognizes individual volunteer commitment and leadership that has had a broad impact on oral health and the improvement of the human condition. The award is given to an ADA member dentist who has contributed at least 10 years to alleviate human suffering, demonstrated significant leadership, served as an inspiration to others and established a legacy that is of ongoing value and benefit to those in need in the U.S. and abroad. ADA President William Calnon called Dr. Lamb to let him know he was the Association's 2012 Humanitarian Award recipient.

"I was struck by Dr. Lamb's humility when I informed him of the decision of the Board of Trustees to bestow this honor upon him," said Dr. Calnon. "It was obvious that his actions are a result of a true love for his fellow man. As World Dental Relief's home page states, 'Dr. Ron Lamb has touched the hearts and lives of people throughout the world with compassionate dental care.' His many contributions make him a perfect choice for the ADA Humanitarian Award."

"I was so surprised to get the call from Dr. Calnon," said Dr. Lamb. "I thought maybe he was calling about a volunteer project. I never expected to hear that I'd won the ADA Humanitarian Award. It's a wonderful honor." Dr. Lamb will receive a plaque and a $5,000 donation for World Dental Relief in October during the ADA's 153rd annual session in San Francisco.

The ADA Division of Global Affairs is now accepting nominations for the 2013 ADA Humanitarian Award. To download the nomination packet log on to "www.ada.org/1477.aspx". ■

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YOUR PRACTICE

What does it mean to be a certified dental technician?

BY KELLY SODERLUND

Dr. Kevin Sessa is willing to bet that most dentists don't understand what it takes to be a certified dental laboratory technician or what it means.

Dr. Sessa, who serves on the Council on Dental Practice's Subcommittee on the Future of Dental Laboratory Technology, would actually bet $5 that if he polled the ADA membership, 99 percent couldn't state the qualifications of a CDT. And Dr. Bill D'Aiuto, chair of the lab subcommittee, agrees.

"Given the ever growing challenges of running a dental business, coupled with increasing government regulations and technical advancements, dentists may be too busy to focus on the advanced distinction and expertise of the certified dental technician," Dr. D'Aiuto said.

About 20 percent of the dental technicians in the United States are certified, according to the National Board for Certification in Dental Laboratory Technology.

"For a practicing dentist, working with a dental laboratory that employs a certified dental technician may be extremely important," said Bennett Napier, executive director for the National Association of Dental Laboratories and the National Board for Certification in Dental Laboratory Technology. "Utilizing a competent, skilled, certified technician can save you time and money. The more knowledgeable a technician is, the more likely it is that he or she will manufacture a quality restoration and select the appropriate materials for long-term wear."

To become a CDT, one must take three tests, including a written comprehensive exam that tests the technician's knowledge of all disciplines; an in-depth written specialty exam on one of the five areas of specialty (crown and bridge, ceramics, partial dentures, compete dentures or orthodontics); and a timed hands-on practical exam, which tests the technician's skill level and his or her ability to manufacture a specific prosthesis in a sequence. A CDT must also complete 12 hours of continuing education each year.

"While some states have considered requiring certification for dental technicians, it is often a controversial topic," Mr. Napier said. "Many dental organizations are concerned that requiring dental technicians to become certified will raise lab prices or reduce the number of technicians. This has not been the case in the three states that have mandated certification."

"The ADA and dentistry as a whole is an organization that highly values advanced education," Dr. Sessa said. "Our membership, I think, believes in the principles of providing our patients with the best care given by the best trained individuals so that the standard of care can remain high. We expect it of ourselves as dentists and we expect it of our staff to stay well trained."

To locate a CDT in your area or to learn more about certification for dental laboratory technicians, visit "www.nbccert.org". ■

—soderlundk@ada.org

QuickTakes

Summaries of ADA News stories published online

Mission trip to Rwanda will focus on education

To fill the gap that still remains in Rwanda because of the 1994 genocide, a charitable dental organization is planning a mission trip to educate children, teachers, nurses and community health workers about oral health care practices, good nutrition and tooth decay prevention.

Rural Rwanda Dental volunteers will visit village schools in February to teach oral health prevention techniques; apply sealants and fluoride varnish; and perform atraumatic restorative treatments as needed.

"We wanted to develop a sustainable education program that would focus on teaching children and health care workers the importance of prevention and oral health care," said Dr. Richard Reckmeyer, RRD executive director. "The key words in our program are 'sustainable' and 'education.' We also wanted to make sure the program was culturally appropriate and affordable."

Dr. Reckmeyer said Rural Rwanda Dental is also seeking dental professional volunteers for upcoming trips, tax-deductible donations of prevention-related supplies or money to help sustain the program. For the complete story, visit "www.ada.org/news/6610.aspx". ■

Retiring: Frances Miliano, Maine Dental Association, and Peter Taylor, Vermont State Dental Society, will retire with more than a half century of combined service.

Longtime Vermont, Maine association execs retire

Two New England dental associations are about to lose a combined 57 years of management experience with the retirements of their longtime executive directors.

Peter Taylor of the Vermont State Dental Society and Frances Miliano of the Maine Dental Association leave with 33 and 24 years of service, respectively. Their tenures marked eras of high member market share and steady member retention for their associations—among the tripartite's best.

Their associations have also been on the front lines when it comes to legislative issues such as workforce development. Mr. Taylor and Ms. Miliano supported their colleagues by communicating the challenges they've faced along the way.

Read more at "www.ada.org/news/6638.aspx". ■

Scholars get advanced training in GKAS strategies

As the St. Louis Give Kids A Smile program held its 20th clinic last fall, seven volunteer ambassador-scholars observed and provided hands-on volunteer assistance at the two-day event and then got a chance to brainstorm with the St. Louis program executive director, board of directors and other volunteers during the first ever GKAS University.

The program was designed to help a handful of participants learn firsthand how to initiate, expand and/or enhance their program, in part by working with the team that founded the children's access to dental care program.

Participants were excited to have the opportunities to experience the large GKAS clinic in person and to share insights, challenges and successes with the other participants and the St. Louis GKAS volunteers and staff.

Funding for the program was provided by a grant from the ADA Foundation.

For the entire story, visit "www.ada.org/news/6633.aspx". ■

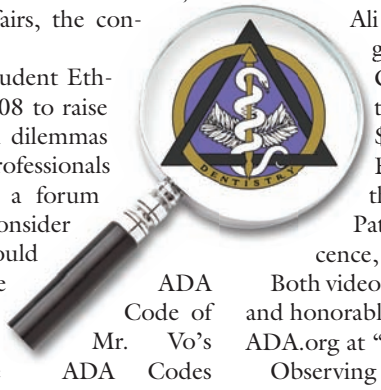
UNC student wins top prize in Student Ethics Video Contest

2010-11 winners are now on ADA.org

BY KAREN FOX

In learning to make treatment decisions, dental students are sometimes caught between performing the care they need to fulfill graduation requirements and doing what's best for the patient.

That dilemma and a student's thought process as he arrives at an ethical treatment decision are at the heart of this year's grand prize winning entry in the ADA Student Ethics Video Contest. For writing, directing and producing "The Bridge Patient," Christopher Vo, a senior dental student at the University of North Carolina at Chapel Hill School of Dentistry, received the $2,000 grand prize award from the ADA Council on Ethics, Bylaws and Judicial Affairs, the contest's sponsor.



CEBJA started the Student Ethics Video Contest in 2008 to raise awareness of the ethical dilemmas 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. Mr. Vo's video focuses on the ADA Codes 5A-Representation of Care and 3B-Government of a Profession.

"There can be a tension created when students must meet procedural requirements in order to graduate from dental school," said Dr. Marilyn Lantz, chair of CEBJA. "Dentists' primary obligations include honoring the trust inherent in the dentist-patient relationship and putting the best interests of patients first. This year's winning video showed a student having a struggle with those ideas and eventually making a decision that put the best interests of the patient first."

Mr. Vo

Dr. Lantz

Five students from the Indiana University School of Dentistry—Ewelina Ciula, Ali S. Sajadi, Katherine M. Hungate, Tadziu J. Kula III and Gabrielle M. Johnson—shared the honorable mention prize of $1,000 for their video, "Back to Ethics," which illustrates four of the five ADA Code Principles—Patient Autonomy, Nonmaleficence, Justice and Veracity.

Both videos, as well as the 2010 grand prize and honorable mention videos, are posted on ADA.org at "www.ada.org/4064.aspx".

Observing the number and quality of video entries, Dr. Lantz said the competition has hit its stride. The number of entries hit an all-time high this year with 17 submissions—up from seven in 2010.

"You have to do these types of programs for a few years before people catch on, and students have responded with so much creativity," said Dr. Lantz. "The contest is a win-win for students and the profession because it's been a great forum for discussing ethics and professionalism, and students are rewarded for their efforts."

Mr. Vo's video, which he produced with UNC classmates and faculty members, combined his interest in ethical issues with a passion for video production.

"We're required to do a bridge before graduation," he explained. "You can crown the teeth on either side of a lost tooth and make a bridge, but doing a bridge puts adjacent teeth at risk. For this particular patient, it's better to have an implant. A lot of students face that problem."

To make the video, he used three cameras and edited the video using a Mac. "For me, half of it was probably the motivation of putting the story together and thinking about ethical dilemmas, and the other half was to push my abilities in making a movie."

With digital SLR cameras that can shoot in high definition video, Mr. Vo has created several videos—some documenting care performed in dental school, some travel logs, others just for fun.

"You can do a lot with the technology, and it wasn't too complicated," he said, adding that he took extra care to time shots in order to keep the viewer's attention.

"I'm glad the ADA hosts the contest," Mr. Vo said. "It's nice to be able to share these stories about things that happen in dental school. I think that with the advent of technology, we can produce something of quality that addresses ethical dilemmas faced by dental students." ■

—foxk@ada.org

YOUR HEALTH

Making your New Year's resolutions stick

How to create healthy habits

New Year's resolutions—they're easy to make but easier to break. Why is it so hard to make the healthy changes that we know can help us feel better and live longer? And why is it so hard to make them last? National Institutes of Health-funded scientists are learning more about how we can make healthy changes and, even more important, how we can sustain them.

"Change is always possible," says Linda Nebeling, Ph.D., an expert in behavioral change and nutrition at NIH. You're never too out-of-shape, too overweight or too old to make healthy changes.

Some of the most common New Year's resolutions are losing weight, getting more physical activity, eating more nutritious foods, quitting cigarettes, cutting back on alcohol, reducing stress and sleeping better. But no matter which healthy resolution you choose, research suggests that some common strategies can boost your chance of making the change a habit, a part of your daily lifestyle.

"One challenge with New Year's resolutions is that people often set unrealistic goals. They can quickly become frustrated and give up," says Dr. Nebeling. "Any resolution to change needs to include small goals that are definable and accompanied by a solid plan on how you'll get to that goal."

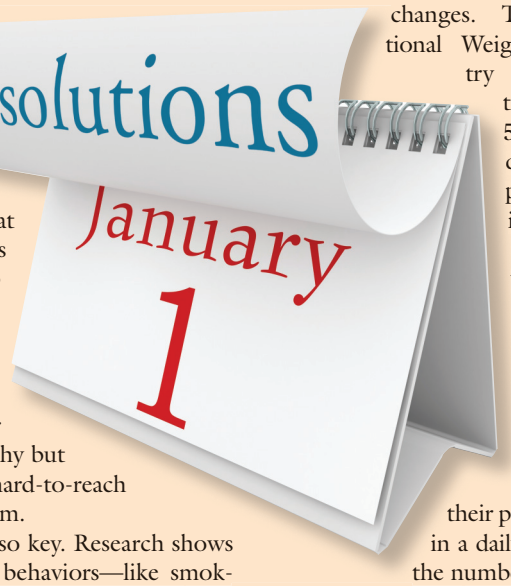
For instance, a resolution to lose 30 pounds may seem overwhelming. Instead, try setting smaller goals of losing 5 pounds a month for six months. Think baby steps rather than giant leaps.

Next, develop an action plan. You might decide to walk a half-hour each day to burn calories. You might stop buying vending machine snacks. Or you might limit and keep track of your daily calories. "These are specific behaviors that could help you meet your larger goal of losing 30 pounds," says Deborah Tate, Ph.D., an obesity and behavioral researcher at the University of North Carolina.

To make a long-lasting change in your life, prepare yourself for the challenges you might face. "Think about why you want to make the change. Is it important to you, or is it mostly influenced by others—like your doctor, your spouse or a friend?" says Dr. Tate. "Research suggests that if it's something you really want for yourself, if it's meaningful to you, you're more likely to stick to it."

Think of exactly how the change will enhance your life. For instance, when you stop smoking, your risk plummets for cancer, heart disease, stroke and early death. Reducing stress might cut your risk for heart disease and help you fight off germs. Even small improvements in your physical activity, weight or nutrition may help reduce your risk for disease and lengthen your life. In one study, overweight or obese people who lost just 7 percent of their body weight slashed their risk for diabetes by nearly 60 percent. Keeping facts like this in mind can help you maintain your focus over the long haul.

Setting up a supportive environment is another step toward success. "Think about the physical support you'll need, like the right equipment for exercise, appropriate clothing and the right kinds of foods to have at home," says Christine Hunter, Ph.D., a behavioral researcher and clinical psychologist at NIH. Remove items that might trip up your efforts. If you're quitting smoking, throw away your ashtrays and lighters. To improve your nutrition, put unhealthy but tempting foods on a hard-to-reach shelf, or get rid of them.



Social support is also key. Research shows that people's health behaviors—like smoking or weight gain—tend to mirror those of their friends, family and spouses. "You can enlist friends and family to help you eat better, to go on walks with you, to remind you to stay on track," says Dr. Tate. "Find things that are fun to do together, and you'll be more likely to stick with it."

"It helps when you're connected to a group, where lifestyle change like weight loss is a joint goal," says NIH's Sanford Garfield, Ph.D., who heads a large study called the Diabetes Prevention Program. Participants who lost weight through dietary changes and physical activity reduced their chances of developing diabetes. Group counseling that emphasized effective diet, exercise and behavior modification were credited, in part, with participants' success. "There's a long history of group support leading to good results," Dr. Garfield says. "People learn from each other and reinforce each other in working toward their goals."

While making a change is one thing, sticking to it is something else. "Maintaining a change requires continued commitment until the change becomes a part of your life, like brushing your teeth or washing your hair," says Dr. Nebeling. "People who can maintain or engage in efforts to change their behavior, and do it for six to eight weeks, are more likely to be able to support that effort longer term."

Some researchers are studying people who've made lasting healthy changes. The ongoing National Weight Control Registry compiles information on more than 5,000 adults who've dropped at least 30 pounds and kept it off for a year or more. Although the way these people lost their weight varied, those who've maintained their weight loss tend to use similar strategies. Notably, many participants track their progress closely, often in a daily journal or diary. If the numbers rise, they have an early warning to adjust their behaviors.

"Self-monitoring or tracking seems to be critical for almost every sort of behavior change," says Dr. Hunter. That includes jotting down the foods you eat, keeping an exercise diary or making a record of your sleeping patterns.

Monitoring yourself might feel like a burden, but it's one of the best predictors of successful change. "Think about how you can make tracking more convenient, so it fits naturally into your life," Dr. Hunter says. For some people, that might be a pad of paper in a purse or pocket; for others, a mobile app or a computer program.

Make sure to have a plan to get back on track if you start to slip. "If you feel that your motivation is waning, think back and remind yourself why the change was important to you in the first place," says Dr. Tate. "Maybe you wanted to have more stamina, feel better, to be able to play with grandchildren. Recalling these personal reasons can encourage you to get back on track."

Of course, you don't need a new year to make healthy changes; you can make them any time of the year. But New Year's is an opportunity to think about the improvements you'd like to make and then take concrete steps to achieve them. Set realistic goals, develop an action plan and set it in motion. Make your new year a healthy one. ■

—Source: NIH News in Health

Making healthy changes

- Set realistic goals. Write down the steps that will help you achieve them.
- Plan for obstacles. Figure out how to overcome them. Don't give up just because you've slipped.
- Track your progress. A journal or diary is one of the best tools for helping you stay focused and recover from slip-ups.
- Get help. Ask friends and family for support. Consider enrolling in a class or program.
- Reward yourself. Give yourself a healthy treat when you've achieved a small goal or milestone.
- Add variety. Keep things interesting by adding new activities or expanding your goals to make them more challenging.

—Source: NIH News in Health

Explore success with posterior resins in ADA CE Online course

BY KAREN FOX

ADA CE Online is offering a new course on posterior resin restorations.

In Top Ten Tips For Enhancing Success With Posterior Resins, Dr. Jeffrey Galler discusses how to overcome some of the common problems associated with posterior resins and provides useful tips on enhancing success with this treatment modality.

"Dentists are becoming increasingly aware that many of today's patients desire a dentist who can competently restore posterior teeth with resins," said Dr. Galler, a general dentist and an international lecturer who has written more than 50 articles in dental journals. "A dentist in a successful, contemporary practice must be able to provide this service efficiently, routinely and predictably."

He cites post-op sensitivity, open contact points and recurrent decay as some of the common problems associated with placing posterior resins. His lecture, which provides 2 units of CE upon successful completion, includes a discussion of cavity disinfectants, resin-modified glass ionomers, proper light curing, newer matrix systems and one-step adhesives.

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Dr. Galler

"It is my hope that dentists will learn how to overcome some of the difficulties associated with posterior resins, how to incorporate some of these techniques in their practices and feel more confident about providing predictably successful posterior resin restorations," Dr. Galler said.

ADA CE Online is designed for general dentists, specialists and dental team members. It features a comprehensive library of courses, automated grading and secure credit card payment, and special pricing is available to ADA members.

For more information, visit "www.adaceonline.org". ■

Model

Continued from Page 1

Dr. Gonzalez, a general practice dentist in northwest Chicago with a predominantly Hispanic patient base, told the ADA News, "I wrote the letter because I felt that with regard to the access to care problem, if anyone has something to say about it, it should be a dentist. That model is not the solution. There are too many chances for something to go wrong. I thought, what if a dental therapist had these patients? What would a dental therapist do in this situation?"

Dr. Gonzalez gave permission for ADA News use of her letter, which we offer in its entirety:

Dear Ms. Rivera,

I received your email and was very interested in participating in the focus group regarding dental therapists. Unfortunately it is on an evening for which I have a previous commitment.

I have been practicing dentistry for over 30 years. In my experience, it has become apparent that even during the most routine procedures, complications can arise. It is in these instances that my doctoral education and clinical preparation dictated the course of action necessary to safeguard my patients.

I recall treating a patient with developmental disabilities. In the course of preparing the patient's tooth for a restoration, I detected a change in color of the lips and gingival tissue. Immediately, I reacted and turned the patient on her side, suctioned her mouth, and was successful in getting her to start breathing again.

It boggles my mind that we should consider having this most vulnerable population treated by the least qualified provider, a dental therapist.

In another instance, I was working on one of my regular patients when I detected that he had a swelling on the right side of his neck. I advised the patient to see his doctor and followed up with him. He was diagnosed with thyroid cancer and had to have surgery to remove the thyroid gland. To this day he thanks me for saving his life.

I also treated a patient who was a heavy smoker. My clinical exam discovered a solitary white lesion. I made an appointment for the patient to have a biopsy. He never went to that appointment. I got the patient to return to my office, at which time the lesion was ulcerated, and painless. I knew it was a malignant cancer. I called and set up an appointment with a head and neck surgeon. The patient had to have a resection of a large portion of his mandible as well as a major neck muscle. He went on to live cancer free.

Besides these examples, there are many instances of patients fainting, patients experiencing tachycardia and hypertension, and patients hemorrhaging. My academic and clinical preparation enabled me to safeguard my patients' overall health. I must be aware of their physical status, as well as the risks inherent in treating them. I am a doctor; not a technician of the mouth.

I believe the patient population with access to care issues is also the population with limited economic resources, limited educational attainment and more compromised medical histories. These are the most vulnerable patients, the poor, uneducated, disabled and elderly.

I believe the access to care problem is a public health issue. Our public health agencies should work with professional organizations and dental schools to relieve the shortage of licensed dentists in certain areas.

Dental schools should provide scholarships to students from these hardship areas. They would then return and practice there. Public health agencies should incorporate dental services in their clinics. There are many dentists who would work at these clinics part time. Professional organizations would also be willing to provide services to these disaffected populations through their foundations.

We are fortunate, in this country, to provide the best dental care in the world. Allowing unlicensed dental therapists to practice dentistry downgrades the standard of care that has become the model for dental health.

Dental auxiliaries are already part of the dental team. These auxiliaries have had their duties expanded to provide more direct patient care. Under the supervision of a licensed dentist, services can be provided to a greater number of people with minimal risk to patient safety.

I also worry that creating another tier of dental provider will allow graduates of foreign dental schools to circumvent the licensing requirements to practice dentistry in this country. They would become dental therapists and provide all services. Enforcement of the limits of what a dental therapist could do would only be applied when a complaint is made. There would not be enough oversight and patients would be harmed.

Allowing dental therapists to practice dentistry would also encourage private dental insurance companies to adopt the therapist model. They would dictate that patients be seen by dental therapists. This would result in an overall decrease in the standard of care in this country.

In conclusion, I believe a scaled down dental education to a dental therapist would jeopardize the health and safety of the public. This is not the answer to the access to care issue.

Ms. Rivera, I regret I could not attend tonight's focus group. I hope my comments, in their entirety, can be included in the discussion.

Sincerely,
Dr. Olga Gonzalez

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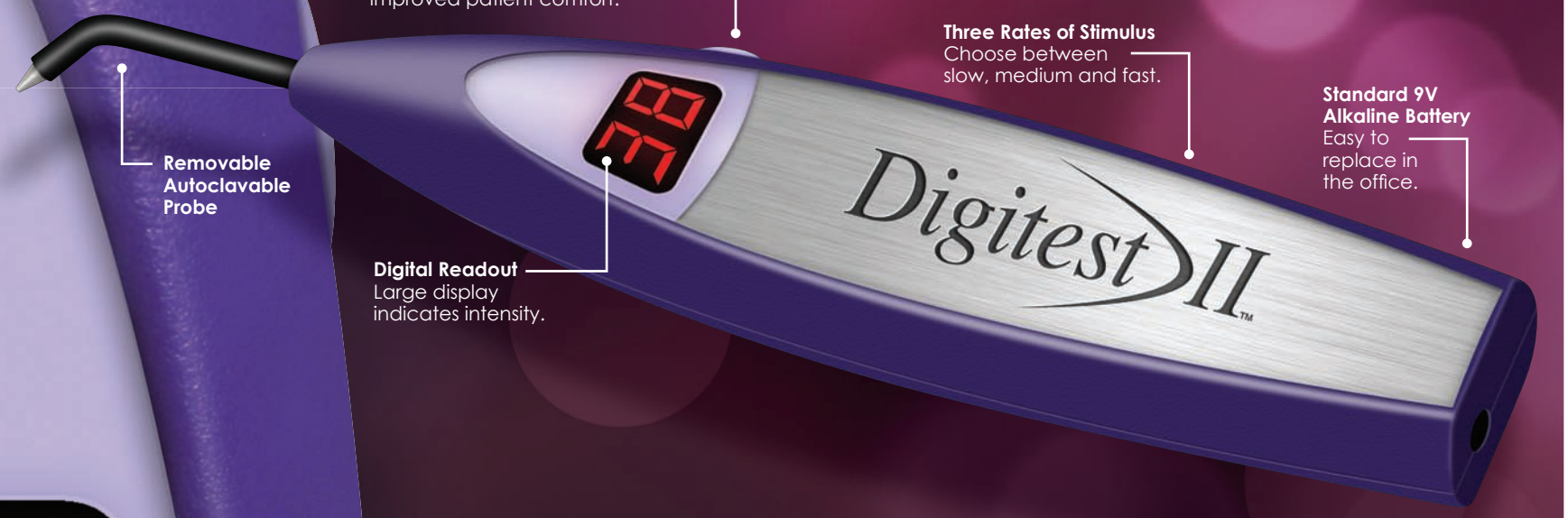

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