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Grow ADA, strengthen profession
Member-Get-A-Member Campaign unveiled

08

Oklahoma Mission of Mercy
Nearly 1,800 patients line up for care



12

ADAF scholarships
Fifty-four predoctoral students awarded

14



ADA News

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

MARCH 4, 2013

VOLUME 44 NO.5

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BRIEFS

It's time for dental office safety checks

As Mother Nature prompts us to spring forward March 10, so too should dentists perform routine safety checks in their offices.

The ADA Safety Awareness Campaign reminds dentists and members of the

dental team to regularly inspect equipment and supplies in the dental office.

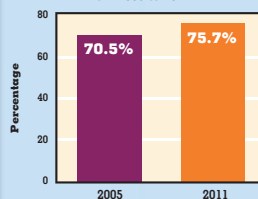
"Equipment safety is necessary to providing the best possible dental care, and it's in the best interest of dentists, staff and patients," said Dr. Michael Edwards, a member of the ADA Council on Dental Education and Licensure who chaired the former Ad Hoc Committee on a Safety Awareness Campaign. "As the clock changes, we're taking an opportunity to remind

See SAFETY, Page 11

JUST THE FACTS

Charitable dental care

The percentage of owner dentists providing charitable care increased from 2005 to 2011.



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

GKAS/NASCAR is off to the races

Program includes events nationwide in 2013

BY STACIE CROZIER

Daytona Beach, Fla.—Setting the pace for 11 oral health education events in the NASCAR Nation, No. 16 3M Ford Fusion driver Greg Biffle was at the Daytona International Speedway Feb. 21-24 to kick off the 2013 Give Kids A Smile/NASCAR season.

Driver of the No. 16 car in the NASCAR Sprint Cup Series, Greg Biffle helped deliver the message to children about healthy habits like brushing for two minutes twice a day, flossing, visiting the dentist and making smart food choices.

"As a parent with a toddler, I want to do everything I can to protect my daughter's health and teach her good lifelong habits," said Mr. Biffle. "When you consider how much dental health impacts children's ability to learn, self-confidence and overall quality of life, you



Family-style education: Three generations of the Doran family, including sons Kale, front left, and Kody, dad Kyle and Grandpa Doran, show off the boys' ARM & HAMMER Spinbrushes after a visit to the 3M Give Kids A Smile booth at Daytona International Speedway Feb. 21.



ADA American Dental Association®

want to do everything you can to help them be healthy. For children in need, it is even more of a challenge, so I'm proud to be teaming up again with the ADA, 3M ESPE Dental and Henry Schein Cares to provide education, free screenings and treatments."

"Greg Biffle's support of Give Kids A Smile will help us get the prevention message out to more families,"

See NASCAR, Page 19

ACA dental coverage: must offer, may purchase

BY CRAIG PALMER

Washington—Insurers must offer pediatric dental coverage as an essential health benefit beginning in 2014, but consumers shopping through the new insurance exchanges won't necessarily have to buy it.

The final rule on standards related to essential health benefits mandates the offer of benefits defined by

See ACA, Page 6

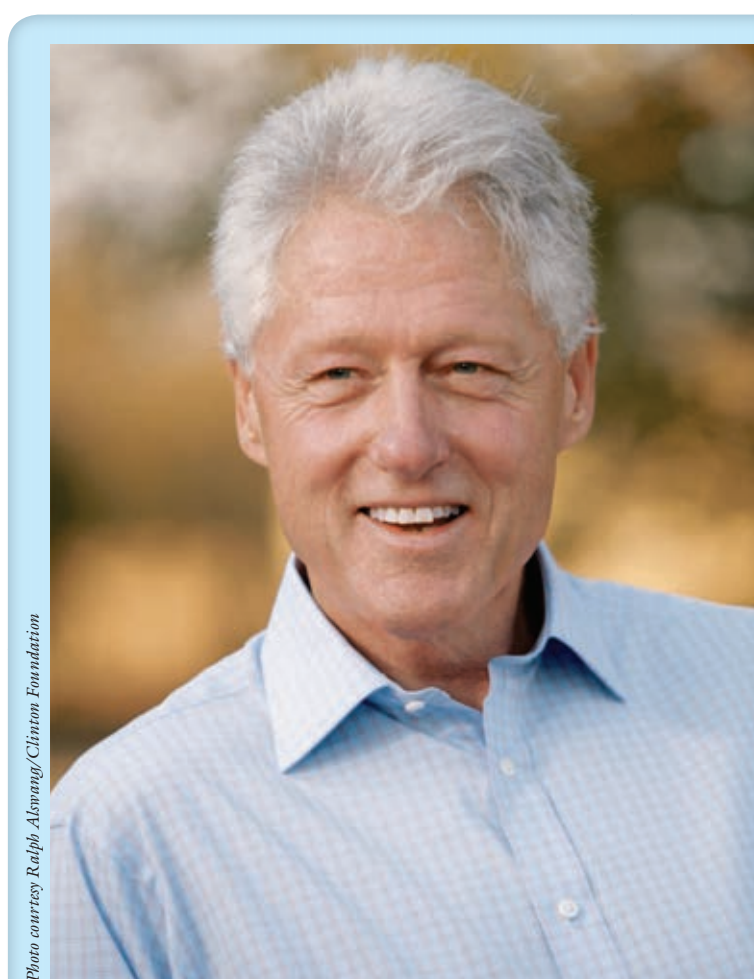


Photo courtesy Ralph Abmayr/Clinton Foundation



New Orleans

American Dental Association
ANNUAL SESSION
OCTOBER 31 - NOVEMBER 3, 2013

Annual Session headliner: The American Dental Association will welcome President Bill Clinton to the podium for the 2013 Opening General Session and Distinguished Speaker Series Thursday, Oct. 31 at the Ernest N. Morial Convention Center in New Orleans. The 2013 Distinguished Speaker Series is presented by Church & Dwight, the makers of ARM & HAMMER Spinbrush and ORAJEL oral care products. Annual Session registration opens April 17 for attendees of the 2012 Annual Session in San Francisco (2012 attendees will receive an email in early April with instructions on how to register early). General registration opens May 1. For more information or to register, visit ADA.org/session.

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Reaching the summit: Bennett Napier, executive director of the National Association of Dental Laboratories (left), and Dr. Gordon Christensen, co-founder of the event, speak at the Laboratory Technology Summit Feb. 20, held at the Sheraton Chicago Hotel and Towers. Representatives from the dental lab industry, dentists, educators, dental lab technicians, dental editors and the American Dental Association came together to discuss challenges in the dental lab industry and how dentists and lab workers can communicate and work together more effectively.

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Tennessee sealant experience at variance with Pew report



James A. Gillcrist, D.D.S.

I am a long-standing member of the ADA, past president of the Nashville Dental Society and current member of ADA Council on Members Insurance and Retirement Programs. I am the TennCare dental director and former state oral health director for Tennessee. I am a diplomate of the American Board of Dental Public Health. My entire career has been devoted to improving the oral health of underserved Tennesseans with an emphasis on children. Although we have made great strides, there is still much work to do. The opinions I express here are based on my own experience and are my own.

Any time an organization like the Pew Center on the States publishes a national oral health report which draws conclusions and assigns grades to states based on incomplete data, old data, inaccurate data, improper interpretation or application of national oral health objectives, and use of invalid indicators, such reports need to be challenged. Whenever a respected professional organization like the ADA, the uncontested expert in the field of oral health, fails to respond to flawed national oral health reports portrayed as "scientific," it is assumed by the public that such reports are up to standard.

In the report, "Falling Short: Most States Lag On Dental Sealants," Pew indicates that it is a nonprofit organization that applies a rigorous analytical approach to improve public policy, inform the public and stimulate civic life. Under External Research Support, Pew states, "The following experts provided valuable guidance by reviewing the research design and methodology featured in this report." Under Acknowledgements, Pew thanks an individual with the National Academy for State Health Policy for guidance in data analysis and another individual with the American State and Territorial Dental Directors for guidance and assistance in data collection. In short, Pew implies its report is "scientific."

The title of the report implies that quantitative measures were used to demonstrate that many states have failed to achieve acceptable oral health standards. Pew asserts that the 50-state report focuses on prevention, examining states' efforts to improve access to sealants for low-income kids. Pew's grading of the states is based on four indicators or benchmarks that it maintains should be a key part of any state's prevention strategy: (1) having sealant programs in high-need schools; (2) allowing hygienists to place sealants in school-based programs without requiring a dentist's exam; (3) collecting data regularly about the dental health of school-children and submitting it to a national oral health database; and (4) meeting a national health objective on sealants. I will respond to these indicators beginning with the last one mentioned.

Healthy People's 2010 oral health objective related to dental sealants set a target of 50 percent as the proportion of all children aged 8 and adolescents aged 14 who received dental sealants. This national objective was not limited to low-income children, but Pew decided to use it as an indicator for a study that purports to improve access to sealants for low-income children. Pew inaccurately characterized this oral health objective as a "minimum threshold." It is a target, not a standard. States should strive

See MY VIEW, Page 5

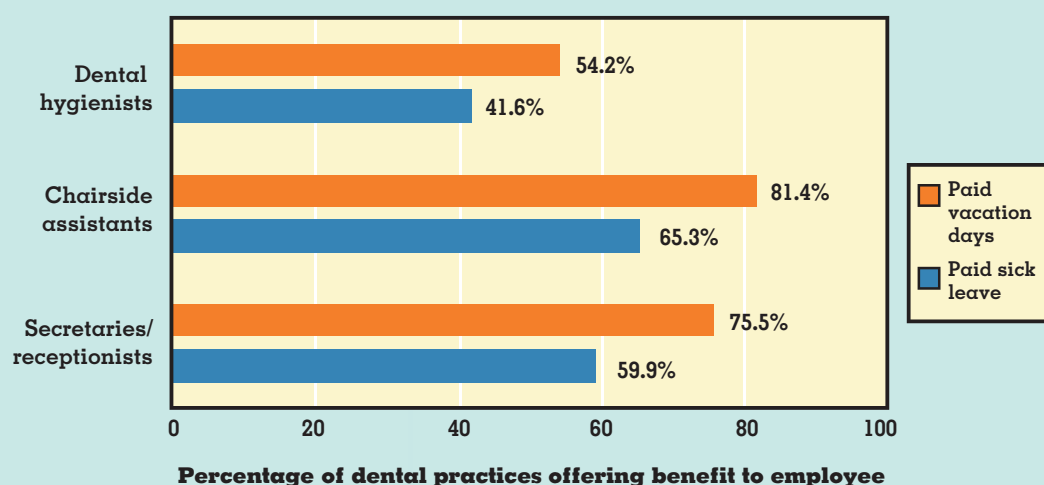
LETTERS Policy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to ADANews@ada.org.

SNAPSHOTS OF AMERICAN DENTISTRY

Benefits to nondentist employees

Paid vacation days were more common than paid sick leave as a benefit offered to nondentist employees in 2010.



Source: American Dental Association, Health Policy Resources Center, 2011 Survey of Dental Practice.

Letters

Noncovered services

Our patients rely on what is covered by their insurance policy, and those of us dentists who take insurance need to be familiar with evolving insurance models. The majority of states have adopted legislation called noncovered services laws, which limit or prevent insurers from dictating fees on services they do not cover. Noncovered services agreements are in the contracts of dental benefit provider networks and in my opinion, undermine the conventional dental insurance model. If we as dentists are complacent about allowing this type of dental insurance to exist, it will forever change dentistry in our country. Further, I believe that as the Affordable Care Act regulations come into play, more insurance companies will transfer to the more profitable noncovered services model.

With noncovered services, one particular insurer may offer several different plans at increasing costs for increased benefits to the employer, but the dentist is expected to accept the same allowances across the board; even for some plans offered by the insurer that exclude basic dental needs. This leaves the patient or employee and the dentists to bear the burden of accepting lower reim-

bursements and dentists having to explain the details to patients.

When the patient-doctor relationship has been established, the patient invests his or her trust in the competent decisions made by their dentist to deliver the best quality care. Patients assume that the dentist has their health and welfare as priority; not what their insurance covers and does

organized dentistry has the opportunity to defend our profession by introducing legislation to protect dentists from noncovered services clauses in insurance contracts as endorsed by the ADA. Many of our specialty and professional dental organizations have successfully advocated for 30 states to pass legislation governing noncovered services, and five other states are pursuing legislation this year. We can stand together proactively not only to address legislation on the state level but to also include federally regulated plans by educating our patients, our legislators and our colleagues to encourage legislation to protect our patients and our profession's future.

Steven A. Saxe, D.M.D.
Las Vegas

Editor's note: The ADA has a policy, Maximum Fees for Noncovered Services (Trans.2010:616), which offers a definition of noncovered services. The policy calls for the ADA to oppose any third-party contract provisions that establish fee limits for noncovered services, and defines "covered service" as any service for which reimbursement is actually provided on a given claim and any service for which the third party provides no reimbursement.

not cover. As noncovered services becomes mainstream, it will compromise the patients' quality of care. A majority of dentists will either not make certain treatments available due to cost constraints or not take insurance that a majority of patients have.

As state legislators meet across the country and in Washington, D.C.,

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MyView

Continued from Page 4

to achieve the target and simultaneously improve the proportion of children who receive sealants. It was never envisioned to be used in a punitive manner should the states fail to reach the goal.

Healthy People national oral health objectives are designed to measure progress toward goals and are periodically re-evaluated and revised. It is interesting to note that Healthy People 2020 has set a new target for 6-9-year-olds at 28.1 percent and adolescents age 13-15 at 21.9 percent—far below the 50 percent established for 2010. Findings from Tennessee's 2008 Oral Health Survey revealed that by 8 years of age, 34.9 percent of children had dental sealants on at least one permanent tooth. Unfortunately, no one at Pew asked Tennessee or other states if they had sealant prevalence findings. Pew's use of Healthy People's 2010 objective as an "absolute" indicator not only ignored revised 2020 targets, but penalized all states that did not have data from the 2006-2007 school year forward showing over 50 percent of third-graders with sealants.

Pew's indicator related to the percentage of high-need schools with sealant programs assigned points to states based arbitrarily upon determined percentages of high-need schools that were reached with a dental sealant program without regard to the size of the state's underserved population, public health staff, number of eligible public schools, or cost to state and local public health programs.

Pew's indicator related to collecting and submitting data to the National Oral Health Surveillance System was assessed using publicly available Centers for Disease Control and Prevention data. Out of curiosity, on Jan. 23, after the release of Pew's report, I went to the NOHSS website (apps.nccd.cdc.gov/nohss/statemap.asp) and found that the Web pages for the State Profiles were most recently updated on June 16, 2009.

States were given zero points for never participating in NOHSS; one point for monitoring sealants, but having data prior to 2006-2007 school year; and two points for monitoring sealants and having recent data. Tennessee received zero points in spite of having verifiable, current and detailed information presented recently to the ADA for each year from 2001 through 2012. Regrettably, Pew failed to contact the states and request this information. Instead, they considered only one out-of-date national data source.

The final indicator used by Pew to grade states was whether a state requires an exam first by a dentist prior to allowing hygienists to place sealants. Pew contends, despite the fact this hypothesis has never been tested, that it restricts a hygienist's ability to provide sealants to more children. Further, the article cited by Pew to support its contention, though well-designed, was a paper that focused on economics, not barriers to sealant access. In fact, there is a statement in the article that actually contradicts Pew's contention: "Some studies have found that sealant retention rates do not vary between dentists and dental hygienists and that both types of operators take the same time to screen or apply a sealant."

Had Pew collected state sealant utilization information, it could have determined if a correlation existed between state statute affecting requirements for supervision of dental hygienists and sealant utilization. As pointed out to the ADA, the two states (Illinois and Tennessee) that have applied the most school-based sealants require an exam first by a dentist prior to placement of sealant(s) by hygienists. Since a sealant is a reversible preventive procedure, neither the Tennessee Dental As-

sociation nor I believe that in public health settings this requirement is necessary. However, the evidence tends to refute the validity of Pew's indicator.

It seems obvious to those of us who have operated programs at the state and local levels that if you are interested in measuring access to sealants for low-income children, you should

focus on two outcome measures that are relatively easy to obtain. The simplest measure to obtain is the percentage of Medicaid and CHIP children by specific age range—6-9 and 10-14 years old—who have received one or

more sealants on permanent molar teeth in a given year. This data is gleaned from Current Dental Terminology (CDT) procedure codes reported by dental providers on paid claims.

The other important outcome measures are the number of underserved children who have received sealants and the number of teeth sealed by the state's public health school-based sealant program that we in Tennessee have already provided to the ADA. Again, this information was never requested or gathered by Pew.

It is essential that intellectual honesty and

It is essential that intellectual honesty and objectivity be inherent in the conduct of any scientific study.

objectivity be inherent in the conduct of any scientific study. If an organization maintains later that the report was never intended to be scientific, it should have stated that it was meant to inform policy, not science. Additionally, it is disingenuous for a researcher to omit pertinent state information and demonstrate lack of transparency. Not ensuring that due diligence is exercised in gathering "all" firsthand information and failing to give the state that you are grading an opportunity to respond and provide critical feedback before results are released is more than problematic.

Those of us who work in state government are held accountable for oversight and conduct

See MY VIEW, Page 7



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GOVERNMENT

Government issues transfer of value regulations

BY CRAIG PALMER

Washington—The Association is reviewing transparency regulations that require reporting of certain payments or transfers of value to covered physicians and teaching hospitals. Dentists are not exempt from the Sunshine Act final rule published in the Feb. 8 Federal Register.

The final rule will require applicable manufacturers of drugs, devices, biological or medical supplies covered by Medicare, Medicaid or the Children's Health Insurance Program to report payments

and gifts to physicians, defined to include dentists and teaching hospitals. The Centers for Medicare & Medicaid Services will make the information publicly available on a website. Payments or other transfers of value to residents, including residents in medicine, osteopathy, dentistry, podiatry, optometry and chiropractic, will not be required to be reported.

Additionally, applicable manufacturers and applicable group purchasing organizations are required to report annually certain ownership or investment interests held

by physicians or their family members.

However, the final rule created an exemption for compensation for speakers at continuing education programs accredited through the American Dental Association's Continuing Education Recognition Programs if certain conditions are met:

- it is an ADA CERP event at which the covered recipient is speaking;
- the applicable manufacturer does not pay the covered recipient speaker directly;
- the applicable manufacturer does not select the covered recipient speaker or pro-

vide the continuing education vendor with a distinct, identifiable set of individuals to be considered as speakers for the CE program.

The effective date of the final rule is April 9, but applicable manufacturers and group purchasing organizations do not have to begin collecting the required data until Aug. 1. The Association plans to update this information as the regulations take effect and reporting begins. ■

—palmerc@ada.org

IOM workshop examines oral health literacy

BY CRAIG PALMER

Washington—Limited oral health literacy is associated with inaccurate knowledge about preventive measures, such as water fluoridation, dental care visits and oral health-related quality of life, the policy advisory Institute of Medicine said in a report.

"For example, nationally only 44 percent of adults with less than basic health literacy skills had a dental visit in the preceding year compared with 77 percent of those with proficient health literacy skills."

"The public and health care providers are largely unaware of the basic risk factors and preventive regimens for many oral diseases," said the report on an oral health literacy workshop featuring presentations by invited ADA and other dental professional speakers.

"For example, the fact that dental caries is both infectious and preventable is not generally known by the public and most health care providers. The relationship between good oral health and well-being is also not well understood."

Rep. Elijah Cummings, D-Md., in a keynote address on the importance of oral health literacy, quoted his mother, a former sharecropper with a very limited education, as saying, "There is nothing like a person who don't know what they don't know." In the context of oral health literacy, there is much work to be done to let people know what they need to know, he told workshop participants. Families need to be educated about the importance of oral health and have access to dental services.

The definition of oral health literacy adopted as ADA policy in 2006 and cited in the IOM report is "the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate oral health decisions." Association policies acknowledge that limited health literacy is a possible barrier to oral disease management and that effective communication skills are essential to the practice of dentistry.

The National Academy of Sciences' Institute of Medicine is an adviser to the federal government by congressional charter and, on its own initiative, identifies issues of medical care, research and education. The March 29, 2012 IOM Roundtable on Health Literacy "was interested in exploring findings from

oral health literacy research and how such findings are being translated into oral health practice as well as the intersection between oral health literacy and health literacy."

The Feb. 21 workshop summary (iom.edu/Reports/2013/Oral-Health-Literacy.aspx) contains the opinions of presenters but does not reflect the conclusions of the Institute of Medicine. The IOM cited roundtable sponsorship from Aetna, the Agency for Healthcare Research and Quality, the American College of Physicians Foundation, America's Health Insurance Plans, GlaxoSmithKline, the Health Resources and Services Administration, Humana, Johnson & Johnson, the East Bay Foundation (Kaiser Permanente), Merck & Co. Inc., the Missouri Foundation for Health and the UnitedHealth Group. ■

ACA

Continued from Page 1

the Affordable Care Act as essential, including dental coverage, but does not require the purchase of the pediatric dental essential health benefit if the purchase is made through an exchange.

"This rule outlines standards to be applied both to the exchanges and insurance companies," said an Association analysis of the regu-

lations. "It also finalizes a timeline for qualified health plans to be accredited in federally facilitated exchanges. Finally, the rule amends regulations providing a process for the recognition of additional accrediting entities. These standards apply only to the individual and small group markets, both inside and outside the exchange."

• Issuers of qualified health plans are permitted to exclude the pediatric dental essential health benefit if a stand-alone dental plan is offered in the exchange and nothing in the

rule requires purchase of the full set of benefits. Consumers may purchase a medical plan that does not cover the pediatric EHB without buying a stand-alone dental plan;

• On the other hand, outside the exchange the rule requires the offer of all 10 benefit categories and purchase of the pediatric dental EHB by everyone in the individual and small group markets. Qualified health plans may offer a product that excludes the pediatric dental EHB if they are "reasonably assured" that such coverage is sold only to consumers who

purchase pediatric dental coverage through an exchange-certified stand-alone dental plan.

Additional information and the Association's initial analysis of Patient Protection and Affordable Care Act Standards Related to Essential Health Benefits, Actuarial Value and Accreditation are posted at www.ada.org/advocacy.aspx.

The insurance exchanges are scheduled to begin enrolling beneficiaries for federally subsidized coverage on Oct. 1. ■

—palmerc@ada.org



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Center for Professional Success to launch this fall

BY KELLY SODERLUND

Practice. Learn. Live.

The American Dental Association will launch a new Web-based portal later this year that will exemplify the three words above. The Center for Professional Success will help dentists manage their careers, expand their knowledge and balance their lives.

CPS is scheduled to launch this fall with a goal of providing support to dentists so they can succeed and excel throughout their careers.

"Our member dentists need help. Dentists are often juggling 10 different tasks in their practice and when you add the stress of the economy, government regulations and fewer

patient visits to the mix, it becomes even more challenging," said Dr. Jonathan Knapp, chair of the ADA Council on Dental Practice. "The ADA is in a unique position to respond to these challenges. The Center for Professional Success can do exactly that for dentists: help them succeed professionally."

The Practice section will be filled with top-notch dental resources to help members



resolve the practice management problems they face every day. The Learn section will have in-person and online executive management certificate programs and other life mastery programs.

And the Live section will be designed to provide members with help managing their health and wellness and balancing work and life.

"The Center for Profes-

sional Success will be a one-stop shop for dentists who are looking to enrich their practices and their lives," said Dr. Joseph Unger, chair of the Center for Professional Success Advisory Committee. "Our members have done a fantastic job training to be clinically excellent. We can also help them achieve that excellence on the business side of their practice."

CPS is scheduled to launch this fall. Stay tuned to the ADA News and ADA.org/news for more details in the coming months. ■

—soderlundk@ada.org

MyView

Continued from Page 5

of the programs we administer, as we should be. However, if the legislative branch believes that our programs are not effective or that the program is perceived as an embarrassment to the state, it can act to eliminate or reduce funding for such programs.

Finally, irresponsible reporting can have an adverse effect on the morale of public health staff that we rely upon to deliver oral disease prevention services. These staff members have devoted their entire careers to oral disease prevention only to learn that their best efforts were worth a "D" or an "F," according to Pew.

Dr. Gillcrist wrote this commentary in response to the Pew Center on the States' report released in January.

Letters

Continued from Page 4

The policy urges the Association to pursue passage of federal legislation to prohibit federally regulated plans from applying such provisions, and encourages constituent dental societies to work for the passage of state legislation to prohibit insurance plans from applying such provisions.

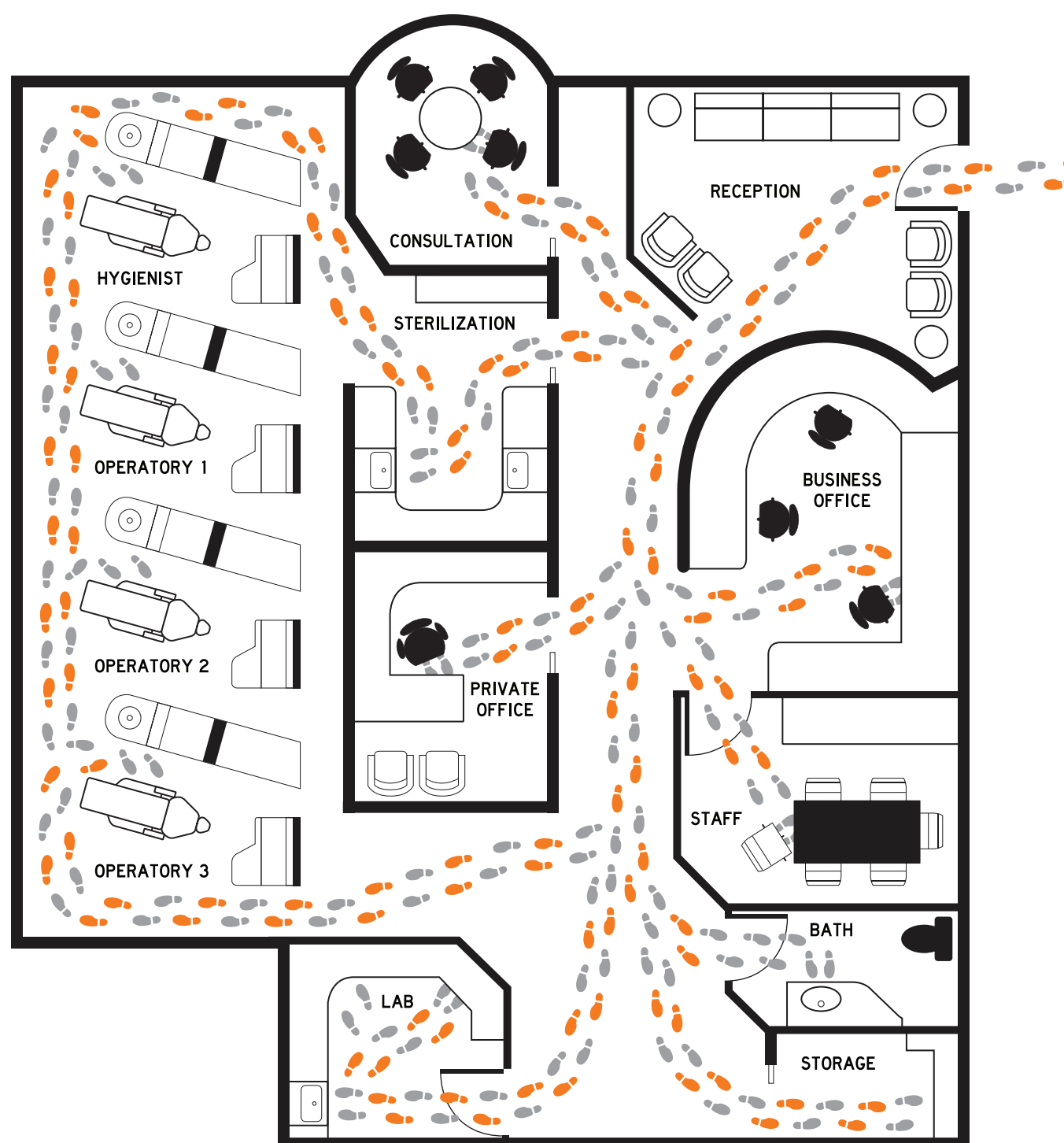
Kick the habit

I found Dr. Todd Beck's piece on the importance of the dental teams' efforts to help their tobacco-using patients quit highly relevant ("Becoming Experts at Helping Our Patients Quit," Feb. 4 ADA News).

As a former smoker, he understood how difficult it is to break a tobacco addiction, and why it took on extra importance to him. Given the changing roles of dentists, and their increasing need to interrelate with other health professions, tobacco education must be included in the dental and dental hygiene school curricula. In my mind, just as CPR courses are mandated by states to save lives, courses on tobacco issues should also be mandated; as possibly more lives might be saved or influenced by dental professionals that are knowledgeable and comfortable discussing this subject with patients.

The ADA can take the lead in this area by providing courses at every annual meeting for the entire dental team.

Nevin Zablotzky, D.M.D.
South Burlington, Vt.



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Dentistry Open Wide

ADA kicks off Member-Get-A-Member Campaign

BY KAREN FOX

When it comes to spreading the word about the value of membership, no one does it better than someone who already belongs.

That's the philosophy behind the ADA's new Member-Get-A-Member Campaign, "Building the Future of Our Profession—Together," launched by the Council on Membership in February.

"Our best potential ambassadors for membership recruitment and retention are our existing members who already appreciate ADA member value and benefits," said Dr. Mark Bauman, chair of the ADA Council on Membership.

"Based on what we hear throughout the tripartite, one-to-one contact is an effective way to help tell the membership story to those who respond to a more personal invitation," said Dr. Bauman. "Nearly 70 percent of ADA members say they are likely to recommend membership to their colleagues."

A new Web page on ADA.org (ADA.org/MGAM) provides tools to help members get started. Resources include downloadable ads for dental societies; a flyer for recruits; frequently asked questions; a membership application; and tips on handling objections, closing the deal and more.

Approaching a nonmember may be a challenge, said Dr. Bauman, but it also presents unexpected opportunities.

"For some members, talking to a nonmember colleague about membership might be

out of their comfort zone," he said. "But once you ask the question, 'What do you need from organized dentistry?' or 'What do you need from the ADA?' it opens up a huge window of conversation. It's really two dentists talking to one another, one who happens to be a member, but we both face the same challenges."

Added Dr. Bauman: "In my conversations with nonmembers there are always important takeaways for me. Whether or not they ended up joining the ADA, I still was able to learn about some of the barriers. And learning about someone's objections helps us in so many ways."

A growing ADA means greater recognition for the dental profession, more resources and support for members, and a louder voice in Washington and in state capitols across the country, added ADA President Robert Faiella.

"Building member value is a key strategic initiative for the ADA in 2013," said Dr. Faiella. "Through the Member-Get-A-Member Campaign, our goal is to increase communication between members and potential members, and focus on the value they find in membership. Using this approach, we hope to



Dr. Bauman

Member Get A Member

Building the future of our profession... together!

Share why you belong to the #1 organization representing all dentists.

Any ADA member dentist is eligible to participate in the 2013 ADA Member-Get-A-Member Campaign. With your help:

- The ADA benefits by representing another member dentist.
- The new member you recruit benefits by taking advantage

Don't Delay!

The ADA Member-Get-A-Member campaign runs through September 30, 2013. For resources to assist your recruiting efforts, plus complete

Tools for support: Downloadable ads like this one are available on the ADA's website at ADA.org/MGAM.

show the meaningful impact ADA membership can have in their professional lives."

The campaign launches as the ADA focuses on recruiting membership from a growing pool of dentists. The total market of active licensed dentists rose to 194,160 in 2012 from 183,624 in 2008. Over the same time period, ADA market share declined from 70.2 to 66.2 percent.

"While we're recruiting about the same number of members each year, the total number of active, licensed dentists continues to grow, translating to a decrease in the overall market share," said Dr. Bauman. "If every dentist tapped into the value ADA provides to all members, they would see the immediate impact on their practices and within their careers."

Any ADA member dentist is eligible to participate in the Member-Get-A-Member Campaign, and members will be rewarded with a \$100 American Express gift card for each new, active member brought in (up to five members or \$500 in American Express gift cards). Members may also decline the incentive and the ADA will contribute \$100 to the ADA Foundation.

"The rewards of the program might just be the motivation they need to help spread the message of member value to their nonmember colleagues," said Dr. Bauman.

The campaign lasts through Sept. 30. To learn more, visit ADA.org/MGAM or send an email to mgam@ada.org. ■

—foxk@ada.org

CODA announces public comment period to come for proposed dental therapy accreditation standards

BY KAREN FOX

The ADA Commission on Dental Accreditation has announced that the proposed standards for dental therapy education programs will be released for public comment in the coming weeks.

ADA members will have opportunities to comment in writing or at one of several open hearings to be held this year, said Dr. Kent L. Knoernschild, CODA chair.

The accreditation standards have been under development for the past 18 months. Even so, there are a few questions to be answered before they can be approved.

For one thing, the proposed standards are presented as an independent dental therapy track not related to prior dental hygiene education. However, with advanced standing, accredited dental therapy programs could admit dental hygiene program graduates to the dental therapy program. In addition to comment on the proposed standards, CODA will request comment from the communities of interest on the appropriateness of the proposed track, noting that the proposed standards are presented as a nondental hygiene track but could be modified to support a dental hygiene program track.

CODA, which serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental, advanced dental and allied dental education programs, directed the task force to begin writing the standards in 2011 in response to a request from the University of Minnesota, which offers degrees in dental therapy and advanced den-

tal therapy. In Minnesota, the state dental board is currently accrediting the dental therapy education programs.

"It is in keeping with CODA's mission to establish the standards that offer a consistent framework for dental and dental-related programs," Dr. Knoernschild said. "Patient welfare and patient care could be adversely affected if there are no educational standards for dental therapy, and it is the commission that has the ability and the obligation to set educational standards to help ensure patient safety."

"CODA is the only established entity that has expertise in accreditation of dental education programs and can set standards on a national basis," Dr. Knoernschild continued. "Without CODA taking the lead, there is the potential for fragmentation of the accreditation process if the state dental boards or other accrediting agencies accredit programs."

In fact, just two months ago another agency, Community Catalyst, declared its intention to write standards and make its work available to those interested in promoting and developing dental therapy education programs. Funded by the W.K. Kellogg Foundation, Community Catalyst announced the formation of a panel that will develop by the spring of this year "a set of evidence-based, national education standards for programs that educate dental therapists in the United States." The effort builds on curriculum guidelines for dental therapy education established by the American Association of Public Health Dentistry in 2010.

When CODA announced its intention to develop the standards in 2011, some ADA members voiced concern over the decision, which was taken into serious consideration by the ADA House of Delegates and Board of Trustees.

"Although CODA is an agency of the ADA, the U.S. Department of Education standards require that it function autonomously to avoid perceived conflict of interest," said Dr. Knoernschild.

Having CODA involved in the process is preferred over having standards developed by an outside agency, said ADA President Robert A. Faiella.

"Members should be aware that CODA is presently the only accrediting agency recognized at the national level by the U.S. Department of Education for dental and dental-related education programs conducted at the postsecondary level," said Dr. Faiella.

Even in draft form, CODA's proposed standards for dental therapy education must clear another obstacle. In writing the standards, the task force followed the Principles and Criteria Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation. Dr. Knoernschild indicated that two key requirements of the eligibility criteria have not been met for dental therapy education programs:

- F-2: Has the allied dental education area been in operation for a sufficient period of time to establish benchmarks and adequately measure performance?
- F-5: Is there evidence of need and support from the public and professional com-

munities to sustain the educational programs in the discipline?

The University of Minnesota does not expect to have outcomes measures on dental therapists until 2014. Until CODA obtains and evaluates those measures against both criteria in question, accreditation standards will not be implemented.

In response to CODA's decision to develop standards for dental therapy programs, the 2011 House and Board took action by passing resolutions that state:

"B-213a-2011. Resolved, that the ADA Board of Trustees reaffirm to the Commission on Dental Accreditation (CODA) Resolution 53H-2011 which states that the Commission on Dental Accreditation be strongly urged to delay the process of developing accreditation standards for dental therapy programs for the purpose of further review of compliance with CODA's Principles and Criteria Eligibility of Allied Dental Programs, and be it further

"Resolved, that CODA be urged to hold additional open hearings to receive testimony from interested stakeholders on the dental therapy accreditation issue and then revisit the decision to develop accreditation standards for dental therapy education programs."

Stakeholder groups will have several opportunities to comment on the proposed standards for dental therapy education. CODA is holding open hearings at the American Dental Education Association Annual Session (March 16-19 in Seattle); American Dental Hygienists' Association Annual Session (June 19-25 in Boston); and the American Dental Assistants Association Annual Session and ADA Annual Session (Oct. 31-Nov. 3 in New Orleans).

The standards will be circulated for review through Dec. 1, and the commission will review comments at its winter 2014 meeting. ■

ADA selects national communications firm

BY KELLY SODERLUND

The ADA is partnering with a national communications firm as part of a renewed commitment to educating the country on access and optimal oral health care.

The Association announced in February that it selected global strategic communications firm Fleishman-Hillard. This came after a competitive review of 12 national and global agencies that began last year by a workgroup appointed by ADA President Robert A. Faiella, following the adoption of House Resolution 75-2012.

The St. Louis-based firm has assembled a team of communications professionals from several of their U.S. offices to help the ADA tell dentistry's story and make the Board of Trustees' Call to Action for Oral Health plan a centerpiece for effectively advancing the Association's access to oral health solutions.

"The Fleishman-Hillard team engaged our leadership team with an evidence-based strategic approach that illustrated keen understanding of our goals; the ADA's many stakeholders across public, professional and policy audiences; and the needs of the current health care environment," Dr. Faiella said. "We are confident that they will serve as a strong partner in our efforts to raise public awareness about the importance of oral health to overall health and advance real solutions to improving the oral health of our nation."

Funding for this national public relations initiative is made possible by House Res. 75H-2012, which began with the vision and leadership of the Council on Communications. The council proposed engaging a national public relations agency to help the Association enhance its capacity to lead the oral health conversation and elevate issues that are essential to providing access to optimal oral health for all Americans. The Board supported the resolution, and the House adopted it at the 2012 ADA Annual Session in San Francisco.

Fleishman-Hillard will be charged with de-

veloping communications strategies and messages; proactively pitching major oral health stories to national media; and creating toolkits and other multimedia materials that dental societies can also use as issues management resources. Results will be measured by metrics based on media coverage, attitude, awareness and perception surveys, digital traffic and specifically identified program objectives.

"We feel privileged to be chosen for this critical assignment for the ADA, which will not only make a positive impact on the nation's oral health care but signifies the next era of

ADA's pioneering leadership in disease prevention and patient care," said Betsy Neville, senior partner at Fleishman-Hillard and chair of North American reputation management, who will lead the team dedicated to the Association.

The goal of the House resolution—and the assignment for Fleishman-Hillard—is to build and enhance dentists' reputation and the profession; position the dentist as a fully-trained doctor who leads the dental team; demonstrate dentistry's leadership in breaking down barriers to oral health for all Americans; and ensure that the media portrays dentistry fairly

and accurately.

The call to action includes frequently and consistently communicating dentistry's positive story and the contributions dentists make to oral health; providing care now by leveraging capacity in the current system so dentists can provide that care through innovative collaborations and working with other health care providers; working to prevent disease before it starts; and providing people with the knowledge that empowers them to be good stewards of their own oral health. ■

—soderlundk@ada.org

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New executive director at AGD

John A. Thorner, J.D., CAE, is the new executive director/CEO of the Academy of General Dentistry, AGD announced Feb. 13.

Mr. Thorner is the former executive vice president of the American Society of Anesthesiologists, a founding president of the Anesthesia Quality Institute, and a past executive director of the National Recreation and Park Association, the Optical Society, and the Air and Waste Management Association. He also served as general counsel and director of government affairs for the Water Environment Federation.

"This is a strong organization, and I look forward to helping maximize its potential as a professional and educational society," Mr. Thorner said. "Working with members and staff, we will strive to help our members perfect their practice of general dentistry."

He holds a law degree from the University of Georgia, a master's degree from Columbia University and a bachelor's degree from Duke University. ■

SCIENCE

Enthused Houston dentist first in line to apply for Evidence-Based Dentistry Champions Conference

BY JEAN WILLIAMS

Dr. Karen Walters of Houston hopes that the second time is actually the charm when it comes to the ADA's annual Evidence-Based Dentistry Champions Conference.

Dr. Walters, a private practice general dentist, applied too late for consideration and inclusion last year. "It was already full by the time I got all my stuff in," she said. "I was a little disappointed. So as soon as I saw that it was coming around again, I started calling and questioning when it was going to be online to apply."

Her tenacity put her in a different spot for the 2013 EBD Champions Conference, happening April 25-27 at ADA Headquarters. She called—and enthusiastically called again—earlier this year to learn when she could apply. As soon as she received word



Dr. Walters

that the application was live online in January, she was on it.

"I filled it out and the next morning Erica [Vassilos] sent me an email," Dr. Walters said. "She said, 'Oh, my gosh. I didn't even get a chance to tell you it was online. You're the first one to reg-

ister!' "

Ms. Vassilos, manager of the Evidence-Based Dentistry Center, said that time is rapidly running short for other dentists who want to apply for 2013. Only 100 dentists

will be admitted to learn the basics of EBD and how to promote its benefits as an EBD Champion.

Waiting until late in the process, as Dr. Walters did in 2012, could mean a missed opportunity in 2013, Ms. Vassilos said.

Dr. Walters remarked on her enthusiastic 2013 application: "I was late in the game last year. I was going to be ready to apply this go around."

Her growing interest in learning about EBD stems from a couple of sources, Dr. Walters indicated. One relates to her daughter's experiences attending dental school at University of Texas School of Dentistry at Houston, where she is in her third year. Another is that Dr. Walters is a recent addition to the adjunct faculty at the dental school, which is her own alma mater. She graduated

in 1978.

"Things are different 35 years down the road," Dr. Walters said. "So now they've got me excited. I'm adjunct faculty. I volunteer at the dental school. And I just think this is a way to pull everything together, and ultimately provide the best for our patients."

To participate in the 2013 Evidence-Based Dentistry Champions Conference, a dentist must live and practice in the United States and be directly involved in treating dental patients.

For more information and to apply, visit www.ada.org/ebdconference. Registration for chosen applicants is \$150 for ADA members and \$225 for nonmembers. Champions will earn 11 to 14 hours of continuing education credit. ■

—williamsj@ada.org

FDA invites comment on device proposal

Order would reclassify temporary mandibular condyle prosthesis



BY CRAIG PALMER

Bethesda, Md.—The Food and Drug Administration Feb. 7 issued a proposed order to reclassify the temporary mandibular condyle prosthesis and rename the device "temporary mandibular condyle reconstruction plate" and offered a draft special controls guideline, inviting comment on both documents by May 8.

A mandibular condyle prosthesis is a device intended to be implanted in the human jaw to

replace the mandibular condyle and to articulate within a glenoid fossa. The proposed new regulatory classification also would rename the device to distinguish it from the permanent mandibular condyle prosthesis.

A TMCRP is a device intended to stabilize mandibular bone and provide for temporary reconstruction of the mandibular condyle until permanent reconstruction is completed in patients who have undergone resective surgical procedures requiring removal of the man-

dibular condyle and mandibular bone.

This device is not intended for the treatment of temporomandibular joint disorders, the FDA said. Other clinical instances that may result in mandibular resection include certain traumas, osteoradionecrosis, bisphosphonate-induced osteonecrosis and osteomyelitis, the proposed order said.

The TMCRP is intended only for temporary use, which is defined as less than 24 months. ■

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2013 SCHEDULE

NORTH AMERICAN START DATES

| | |
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| Aliso Viejo, CA | June 7-10 |
| San Jose, CA | May 31-June 3 |
| Phoenix, AZ | June 21-24 |
| Seattle, WA | June 7-10 |
| Houston, TX | June 7-10 |
| Detroit, MI | June 7-10 |
| Washington D.C. | May 31-June 3 |
| Miami, FL | June 21-24 |
| New York, NY | May 31-June 3 |
| Sacramento, CA (IAT) | Start Anytime |

ONE-DAY FREE INTRO CLASSES

| | |
|--------------------|----------|
| Dallas, TX | March 2 |
| Philadelphia, PA | March 3 |
| Phoenix, AZ | March 9 |
| Salt Lake City, UT | March 9 |
| Chicago, IL | March 10 |
| Houston, TX | March 16 |
| San Jose, CA | March 16 |
| Newark, NJ | March 16 |
| New York, NY | March 17 |
| Vancouver, BC | March 17 |
| Seattle, WA | March 23 |
| Aliso Viejo, CA | March 23 |
| Washington D.C. | March 23 |
| Detroit, MI | March 23 |
| Miami, FL | March 24 |



New sheriff: ADA President Robert Faiella dons a cowboy hat Jan. 18 at the Southwest Dental Conference, which the Dallas County Dental Society hosts annually. DCDS President Jacqueline Plemons (right) honored Dr. Faiella with the cowboy hat—a special Texas-themed gift given to conference VIPs.

Photo by Wade Barker

Fifth leadership colloquium to focus on financing models for oral health

Atlanta—Registration is open for the U.S. National Oral Health Alliance's fifth leadership colloquium April 2-3.

The meeting will focus on designing and evaluating public-private financing models that promote optimal oral health.

Participants from across the country representing multiple disciplines will gather in Atlanta at the Omni Hotel CNN Center on April 2, from 2-6 p.m. and April 3, from 8 a.m.-4 p.m. to develop a shared understanding about the complexity of issues surrounding financing models—and how to drive progress for optimal oral health for all people

in the United States. Registration is free. Space is limited. Special room rates at the Omni are available for those who book by March 11.

The group will discuss a variety of topics, including:

- As we work together to forge common ground, how do we envision the role of financing to ensure oral health for all people?
- How is oral health financing connected to our systems of care?
- How are we planning for the impact of



the Affordable Care Act on oral health care?

- Do we see those changes beginning to materialize today?
- What are the chal-

lenges and opportunities regarding public and private funding for oral health at the community level?

- How will future financing models influence the integration of medical and dental care?

The colloquium topic is one of six priority areas developed by a diverse group of stakeholders at the 2009 ADA-convened Access

to Dental Care Summit and adopted by the Alliance. The ADA is a partner organization. The first four colloquia focused on medical and dental collaboration, prevention and public health infrastructure, oral health literacy and metrics. Summaries for the first four meetings are available at the Alliance Website: usalliancefororalhealth.org. The sixth colloquium, focusing on strengthening the dental care delivery system, will be held June 17-18 in Washington, D.C.

For more information or to register for the Fifth Colloquium, visit www.regonline.com/AllianceFifthColloquium. ■

Golden Apple award deadline for faculty mentors draws near

Do you know a faculty member who is an outstanding mentor to dental students or junior faculty interested in academic careers?

The ADA's Golden Apple Award for Inspiring Careers in Dental Education is a unique opportunity to recognize faculty mentors. The ADA encourages members and dental societies to nominate members who are deserving of this award by April 1.



In addition to a Golden Apple trophy, the recipient receives support from the Council on Dental Education and Licensure to attend the ADA's 2013 Annual Session.

Entries must include a letter of nomination; letters of support from students, faculty and administrators; and the candidate's CV. They are due April 1.

For information and the nomination form, visit ADA.org/goldenapple.aspx. Questions may be directed to Rosemary Monehen at tempcdel@ada.org. Entries can be sent to Esperanza Gonzalez at gonzalez@ada.org.

In addition to the education award, there are 12 other GAA categories for societies to showcase programs and activities produced between June 1, 2012, and May 31 of this year. Categories and forms are available at ADA.org/goldenapple. Entries can be submitted electronically anytime after May 1 up to June 3. ■

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Headache
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Unexplained Dental Changes
Pain in Joints

Acromegaly may be associated with additional symptoms not listed above, including changes in facial features, carpal tunnel syndrome, enlarged organs (including the heart), deepened voice, impaired vision, diabetes, and abnormalities of the menstrual cycle.¹

References: 1. Acromegaly. National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, US Department of Health and Human Services Website. <http://www.endocrine.niddk.nih.gov/pubs/acro/acromegaly.pdf>. Accessed December 6, 2012. 2. Katznelson L, Atkinson JLD, Cook DM, Ezzat SZ, Hamrahian AH, Miller KK; for the American Association of Clinical Endocrinologists. American Association of Clinical Endocrinologists medical guidelines for clinical practice for the diagnosis and treatment of acromegaly—2011 update. *Endocr Pract.* 2011;17(suppl 4):1-44.

Patients with acromegaly often go as long as 10 years without being diagnosed, but you can help make a difference.²

If you see any combination of these symptoms, refer your patient to an endocrinologist.¹

For more information, please visit www.HeadsUpAcro.com.



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Rare Disease Day
is February 28th



Safety

Continued from Page 1

members to perform the first of twice-yearly safety checks on dental equipment and supplies.”

Dr. Edwards' committee developed a safety checklist that members can use as a guide. The checklist includes guidance on how to safety check nitrous oxide equipment, X-ray equipment, automatic external defibrillators, dental unit waterlines, sterilization equipment, amalgam recovery protocols, and medications in medical emergency and drug kits.

Download a copy of the Safety Checklist for Dental Equipment at ADA.org/1692.aspx. ■

OkMOM volunteers treat 1,786 patients

BY STACIE CROZIER

Lawton, Okla.—Nearly 1,800 patients received free dental care at Lawton's Great Plains Coliseum Feb. 1-2 during the fourth annual Oklahoma Mission of Mercy dental clinic.

According to the Oklahoma Dental Association, the first patient arrived and started the line at 7:30 a.m. Jan. 31—a full day before the clinic. A total of 1,786 patients from Oklahoma and Texas came to Lawton for dental care. At least 1,809 volunteers from Oklahoma and Texas donated their time and talent in Lawton.

"I am so happy with the number of people we were able to help during this event," said Dr. Todd Bridges, ODA president and OkMOM co-chair. "This year's mission is particularly dear to my heart since we helped many people in my hometown of Lawton. I am truly thankful to all of the volunteers that came to provide dental care."

The total value of the donated dental services was \$1,107,138—an average of \$619.90 of dental treatment per patient. Dental professionals performed 7,042 dental procedures, including cleanings, fillings, extractions and anterior root canals. Since the first Oklahoma Mission of Mercy in 2010, more than 5,700 patients have received more than \$3 million in donated dental services.

"Once again we have seen the powerful impact of the volunteer spirit for which Oklahoma is so well known," said John Gladden, president and CEO, Delta Dental of Oklahoma. "By supporting the work of hundreds of volunteer dental professionals, we are able to help the less fortunate access desperately needed dental care."



Advocacy: Oklahoma State Legislature Speaker of the House T. W. Shannon (center) listens as co-chair Dr. Juan Lopez (right) explains how the Oklahoma Mission of Mercy functions during a tour of the free dental clinic on Feb. 1. Rep. Ann Coody (far left) and ODA President and OkMOM co-chair (left) Todd Bridges look on.



Outreach: Dr. Adam Cohlmyia, an Oklahoma City dentist, and his patient give a thumbs up at the Oklahoma Mission of Mercy in Lawton. The clinic provided more than \$1.1 million in donated dental services.

And, caring for our fellow Oklahomans is at the very heart of our not-for-profit mission. On behalf of the Delta Dental of Oklahoma Oral Health Foundation, I want to extend our heartfelt gratitude to all the OkMOM volunteers who made this remarkable event possible."

The OkMOM event was presented by the ODA, the Oklahoma Dental Foundation and the Delta Dental of Oklahoma Oral Health Foundation. Other sponsors include DENTSPLY Tulsa Dental Specialties, Coman-

che County Department of Health, Instrumentarium SOREDEX, the McMahon Foundation and Medical Waste Services. More than 70 sponsors and donors provided services and food for the volunteers and patients both days.

For more information, visit the ODA website: okda.org; the Oklahoma Dental Foundation website: okdf.org; and the Delta Dental of Oklahoma Oral Health Foundation website: DDOKFoundation.org. Or visit the ODA Facebook page. ■

Volunteer in Jamaica

Great Shape! Inc. sets its 2013 mission schedule

Dental professionals, students, friends and family who want to combine travel to Jamaica and volunteer service can participate in the 1000 Smiles Dental Project clinics in Negril, Montego Bay, Ocho Rios and Whitehouse this summer and fall.

The program, a collaboration between the Oakland, Calif.-based charity Great Shape! Inc., The Sandals Foundation, Sandals Resorts International and the Jamaican Ministry of Health, provides free dental care and education in rural schools and health clinics to some 15,000 people in Jamaica every year. The project enlists the help of more than 300 volunteers who provide care in areas that have one dentist for every 100,000 people.

Dr. Sherwin Shinn, the 2013 ADA Humanitarian Award recipient, is the co-founder of Great Shape! Inc.'s 1000 Smiles Dental Project.

"I'm always excited about having new volunteers see what's possible in Jamaica and get fulfillment from this type of work, so they'll want to continue serving on their own," said Dr. Shinn. "I've been lucky in that I've been able to blend what I strive for professionally and personally. I've been able to use my education and skills in dentistry to create fulfillment in my personal life."

Volunteers can serve at a site for one or two weeks. All volunteers pay an \$800 project fee and their own airfare. The program provides accommodations, meals, entertainment and island transportation through Sandals Resorts International. Volunteer teams provide cleanings, extractions, sealants, restorations and dental education in portable dental clinics in several communities in each program region. Last year, volunteers provided education in 32 schools and donated \$2 million in dental services.

This year's clinic locations and dates are Negril, Aug. 30-Sept. 16; Montego Bay, Sept. 20-Oct. 7; Ocho Rios, Oct. 18-Nov. 4; and Whitehouse, Nov. 8-25.

For more details or to register, visit gsjamaica.org or call 1-510-893-1751.

To learn more about international volunteer opportunities, call the ADA Division of Global Affairs at 1-312-440-2726, email international@ada.org or visit internationalvolunteer.ada.org. ■



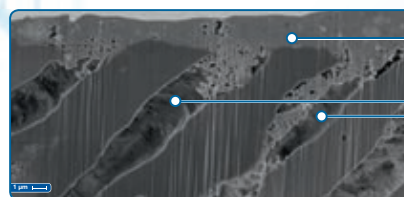
Helping children: Dr. Sherwin Shinn enjoys the smiles of Jamaican students during a 1000 Smiles Dental Project clinic.

new

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In vitro SEM image of dentin cross section after a single brushing.

References:

1. Earl J et al. Am J Dent 2013, Special Issue A. In press.
2. Burnett G et al. Am J Dent 2013, Special Issue A. In press.
3. Parkinson et al. Am J Dent 2013, Special Issue A. In press.

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Think beyond pain relief and recommend Sensodyne® Repair & Protect toothpaste.

ADA brochures break down periodontal disease for patients

BY JEAN WILLIAMS

Patients hear a lot of information when they visit the dentist and for some it may be difficult to retain it all simply through rote memory. So when the diagnosis is something as serious as periodontal disease, it's a good idea to call for backup.

The ADA series of periodontal disease brochures may be all the reinforcement that's needed.

Here are three that cover the topic from different patient education vantage points:

- **Periodontal Disease: Don't Wait Until It Hurts (W121)** is a primer covering the causes, prevention and risk factors to treatment and post-treatment care. The brochure explains periodontal probing and the role of X-rays in diagnosis. The cost for members is \$30 for 50 brochures; the cost for nonmembers is \$45 for 50 brochures.

- **Scaling and Root Planing: Treatments for Periodontal Disease (W613)** addresses how all aspects of treatment come together—and why re-care appointments and home care are so essential for keeping one's natural teeth. The brochure points out how certain systemic diseases can heighten the risk for developing more severe forms of periodontal disease.

The cost for members is \$27 for 50 brochures; nonmember cost is \$40.50 for 50

brochures.

- **Periodontal Maintenance: Preserve the Progress You Have Made (W263)** details maintenance therapy and reinforces the message that periodontal patients need more frequent visits than other patients.

The cost for members is \$27 for 50 brochures; nonmember cost is \$40.50 for 50 brochures.

Purchase any of these brochures or any ADA Catalog products by March 31 and save 15 percent using promotional code 13103.

Visit adacatalog.org or call 1-800-947-4746 for more information. ■

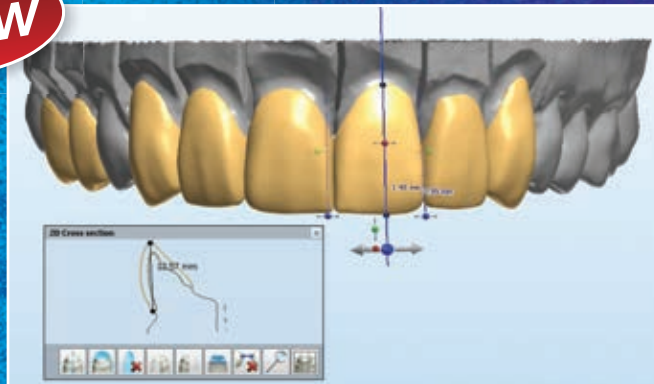
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Faculty research awards available

Princeton, N.J.—The Robert Wood Johnson Foundation has issued a call for applications for the 2013 Harold Amos Medical Faculty Development Program.

RWJF created the program to increase the number of faculty from historically disadvantaged backgrounds who can achieve senior rank in academic dentistry and medicine, and encourage and foster the development of succeeding classes of such dentists and physicians.

Four-year postdoctoral research awards are available to universities, schools of dentistry and medicine, and research institutions to support the research and career development of dentists and physicians from historically disadvantaged backgrounds who are committed to developing careers in academic dentistry and medicine and to serving as role models for students and faculty of similar backgrounds.

March 14 (3 p.m. Eastern Time) is the deadline to apply. More information and the call for applications are available online at pweb1.rwjf.org/applications/solicited/cfp.jsp?ID=21419. ■

Smile, you're going to be a dentist

ADA Foundation grants 54 dental students scholarships to support their studies

BY JEAN WILLIAMS

A smile, it's been said, is a curve that sets everything straight. But it was the lack of a proper smile that led 2012-13 ADA Foundation Scholarship Program winner Gustavo Hernandez straight to dentistry.

"In my freshman year of undergrad school, I had Bell's palsy where I lost control of half my face," said Mr. Hernandez, 29. "Thankfully, it was only temporary."

For three months, the right side of his face simply would not cooperate. "When I couldn't smile, I thought, 'This is the worst feeling in the world, not being able to smile.' I considered how much I took my smile for granted. I appreciated getting it back."

Mr. Hernandez, one of 54 dental students awarded 2012-13 ADAF predoctoral scholarships, didn't want to see anyone else go without his or her smile. "I am so thankful that I got mine back," he said. "I thought, 'I need to do this for other people. I need to be helping other people out.' That kind of started me on my path to the dental field."

Personal experience with dentistry in her youth was also pivotal for scholarship winner Lauren Pass, 26. She is considering pursuing orthodontics after dental school, an interest spurred by years of childhood corrective oral procedures.

"I had a lot of ortho growing up," Ms. Pass said. "I had braces and a face bow. It was reverse-

pull headgear. I had my gums cut to show more of my crown on my teeth because my gums were too big. It was a bunch of stuff that I had to go through to get a nice smile."

Mr. Hernandez, who is a second-year dental student at University of Nevada, Las Vegas School of Dental Medicine, and Ms. Pass, a second-year dental student at Virginia Commonwealth University School of Dentistry, were two recipients of 19 scholarships made to underrepresented minority dental students from among the 54 total.

ADA Foundation scholarships are awarded to second-year, predoctoral dental students and include both dental students and underrepresented minority dental students. Additionally, from the entire pool of applicants, up to four winners are granted scholarships named and funded in honor of Dr. Robert B. Dewhirst and Robert J. Sullivan. All scholarships are \$2,500.

The scholarships can help alleviate some of

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Mr. Hernandez



Ms. Pass



Ms. Truong

the financial challenges that come with pursuing a dental education. "The scholarship definitely allows me to not focus so much on the financial burden of dental school," Ms. Pass said. "It lightens the load just a bit. Even though it may not be some extraordinary amount of

money, anything counts. I'm truly grateful for whatever I get."

Mr. Hernandez, who said he is a first-generation college student, also finds the scholarship to be a relief financially: "The price of school is going up and up every year," he said. "Tuition increases happen quite frequently. It's helping me to not worry about the financial aspect of my education. It'll let me focus on studying most of all."

Scholarship winner Thuyvi Amy Truong, a second-year student at Arizona School of Dentistry & Oral Health, is a first-generation

American pursuing dentistry and is dependent on her individual ability to finance her education. Her parents came to the United States more than 35 years ago following the Vietnam War, she said. They didn't speak English and the only skills they had to ply were farming and those for "mundane jobs."

"They wanted nothing more than to provide my siblings and me with more opportunities to lead a better life than they did," said Ms. Truong, 28. "They worked very hard and stressed the importance of education, but they could not provide everything. I excelled in school but attending college seemed like an impossibility as a higher education was not affordable for my family."

"Through financial aid, student loans and scholarships, such as those provided by the ADA Foundation, obtaining a higher education became manageable. The scholarship that I was awarded gives me hope that there is help out there and gives me a sense of community and unity within the dental profession. I am extremely grateful for the kindness and generosity of the ADA and its donors."

To make donations to the ADA Foundation Predoctoral Dental Student Scholarship Program, visit www.adafoundation.org. ■

QuickTakes

Summaries of ADA News stories published online

Penn Dental establishes dual degree with Penn Law

Building on its interprofessional programs, Penn Dental Medicine in Philadelphia has expanded its dual-degree options to include a joint DMD/J.D. degree with Penn Law, the school announced Feb. 27.

Interested DMD students were able to apply for the six- to six-and-a-half-year program starting in January, giving students an additional opportunity to enhance their dental education and assume future leadership roles.

The new DMD/J.D. degree brings the total number dual-degree programs at Penn Dental Medicine to six.

For more information, read the story at ADA.org/news/8295.aspx. ■

Dental materials producer pledges \$500,000 to Oral Health America

Ivoclar Vivadent has made a three-year, \$500,000 commitment to Oral Health America, a national nonprofit organization with a mission to educate Americans about the importance of mouth health to overall health and well-being.

OHA will use the funds in its work to increase access to care, education and advocacy for all Americans within communities. Previously, OHA received \$1 million in cash and products from Ivoclar Vivadent to support its mission.

Ivoclar Vivadent, which has its North American headquarters in Amherst, N.Y., is a global provider of dental materials for esthetic dentistry.

Read the full story at ADA.org/news/8299.aspx. ■

Register now for ADA 27th New Dentist Conference

Registration is open for the July 18-20 ADA 27th New Dentist Conference, which takes place at the Four Seasons Hotel in Denver.

The conference offers up to 15 hours of continuing education, a full day of leadership development, an emerging speakers track, opening reception, breakfast and learn sessions, all-inclusive lunches and a baseball night at Coors Field.

Go to ADA.org/newdentistconf to register. For more information about the conference, visit ADA.org/news/8270.aspx. ■

Case dental, nursing students collaborate for one-stop health care

The dental and nursing schools at Case Western Reserve University in Cleveland are taking an innovative and interprofessional team approach to treating patients in a new three-year test project known as the Collaborative Home for Oral Health, Medical Review and Health Promotion, or CHOMP.

The program creates, in essence, a one-stop shop for patient care.

For the first year, dental and nurse practitioner students working in pairs will provide care one day a week. Patients will receive oral exams and health screenings for cholesterol, glucose, blood pressure, red and white blood cell counts, and, if desired, HIV testing. By year three, the program will expand to include children.

To read more, go to ADA.org/news/8298.aspx. ■

Children's nonprofit dental organization receives \$110,000 in grants

Philadelphia—Kids Smiles, a nonprofit children's dental care organization that provides preventive and restorative care and oral health education to children in underserved communities, received \$110,000 in grants from three foundations.

Independence Blue Cross Foundation, The Philadelphia Foundation and Frist Hospital Foundation have made contributions that will support the organization's services in 2013. Kids Smiles CEO Cheryl Janssen said funds would be used to provide children with dental care and education. "Through their generous, ongoing support, these three foundations continue to encourage and support our nonprofit community by providing important resources for the Philadelphia area," said Ms. Janssen. "At Kids Smiles, we are honored by the recognition from such prestigious institutions and are grateful for their ongoing partnership, which enables us to improve the health of thousands of children each year."

Kids Smiles, founded in 2001, has three dental centers: two in Philadelphia and one in Washington, D.C. The organization offers more than 60,000 children a dental home where all of their dental needs are addressed in a caring, child-friendly atmosphere.

For more information on Kids Smiles, visit the website: kidssmiles.org. ■



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GIVE KIDS A SMILE

GKAS events create one less worry for Hurricane Sandy victims in New Jersey

BY KELLY SODERLUND

Toms River, N.J.—Children and parents on the Jersey Shore had more on their minds at Give Kids A Smile events this year.

GKAS is always a welcome opportunity for children to receive the oral health care they either can't easily access or afford. And this year especially, going to the dentist was one less thing Jersey Shore residents had to worry about.

Thousands of New Jersey residents are still picking up the pieces and trying to correct the damage they suffered from Hurricane Sandy Oct. 29. Despite the damage to their own practices and homes, dentists around the Jersey Shore held GKAS events Feb. 1. Many of their patients were victims from the storm.

"We had people crying and hugging us and thanking us for helping them, especially because everything else is falling apart in their lives," said Dr. Elisa Velazquez, a dentist at Ocean Pediatric Dental Associates, who has



Commendation: Dental team members, including Dr. Elisa Velazquez, third from left, at Ocean Pediatric Dental Associates share a grin with Thomas Kelaher, mayor of Toms River, N.J., Feb. 1.



Parting gifts: A patient at Sun Dental in Toms River, N.J., holds up her goody bag of oral health care products Feb. 1.

held a GKAS event in her office every year since 2008 but especially saw the need this year. "If you live in Ocean County, you were affected. Everyone who came out for Give Kids A Smile was either directly or indirectly affected."

Access to dental care is of particular concern this year, with many Hurricane Sandy victims losing their cars in the storm, Dr. Velazquez said.

"If your car is destroyed, you're going to have difficulty accessing anything, let alone dental care," Dr. Velazquez said. "In this area, there's not a great public transportation system."

Dr. Velazquez said there was a higher turnout for GKAS this year—around 80 children—mostly because of the dedication of the New Jersey Dental Association.

"Our state is getting so well organized in how they organize Give Kids A Smile," Dr.

Velazquez said.

This year, 137 dental offices held GKAS events, said Maureen Barlow, director of meetings and events for the NJDA. The NJDA increased its marketing efforts for GKAS by recording a three-minute video, sponsored by Delta Dental, that teaches dentists how to get involved with the program.

The video will premiere at the state dental association's annual session in June. The day before the annual meeting begins, the NJDA will hold a walk on the boardwalk in Long Branch, N.J., to raise money for GKAS.

It's money that would help patients who attend GKAS events at one of the Eastern Dental locations that offer free care as part of the charitable program. This year, 21 of the company's offices held GKAS events, targeting storm-affected areas. It was the first year Eastern Dental offices participated.

"The owner thought it was important to



Finishing smile: Dr. Mark Vitale smiles with a patient at Edison Dental Arts in Edison, N.J., Feb. 1.

give back to the community and we heard about it through the New Jersey Dental Association," said Jeff Motto, Eastern Dental marketing manager.

Eastern Dental dentists performed \$150,000 worth of dentistry on more than 600 children, Mr. Motto said. A fair amount of the children were still displaced from Hurricane Sandy and hadn't been able to return to their residences, he said. Many staff members were also impacted.

"It certainly hit home for us," said Steven Swissman, Eastern Dental chief operating officer. "It was so much more rewarding than we ever could have anticipated. Some of these patients had never been to the dentist before." ■

—soderlundk@ada.org



Don't worry: Tra My Phung, fourth-year student at Creighton University School of Dentistry, calms a girl's nerves at the dental school's annual Give Kids A Smile Day Feb. 2.



At work: Brittney Penberthy, fourth-year student at Creighton University School of Dentistry, prepares suction for a boy. It was Creighton's annual GKAS day and Ms. Penberthy was one of 80 third- and fourth-year dental students who joined faculty and staff to provide free exams, X-rays, cleaning, fluoride, dental sealants and education to around 100 children.

Rural Arizona program hosts warm, fuzzy GKAS event

BY STACIE CROZIER

Bullhead City, Ariz.—The 80 children who received exams and sealants at the Mohave Community College Give Kids A Smile event Feb. 2 had a warm and fuzzy experience thanks to Dandy, a registered therapy dog with Pet Partners of Kingman (formerly Delta Society).

Dandy, an American Kennel Club certified Canine Good Citizen, and her handler Kit Corson, were on hand to soothe any apprehensive children and even helped demonstrate good toothbrushing techniques, said dental hygienist Tracy Gift, dental programs director at the college.

“Dandy was such a hit at our Give Kids A Smile day this year that we’ve already invited her back next year,” Ms. Gift said. “Dandy had to undergo many hours of training with her human, Kit Corson, to be able to participate. We saw 80 kids and placed 539 sealants, and Dandy was instrumental in helping several apprehensive children get in the dental chair and participate in treatment.”

GKAS volunteers included three dentists, three administrator support staff, four hygienists, one assistant, 38 students and the dog trainer.

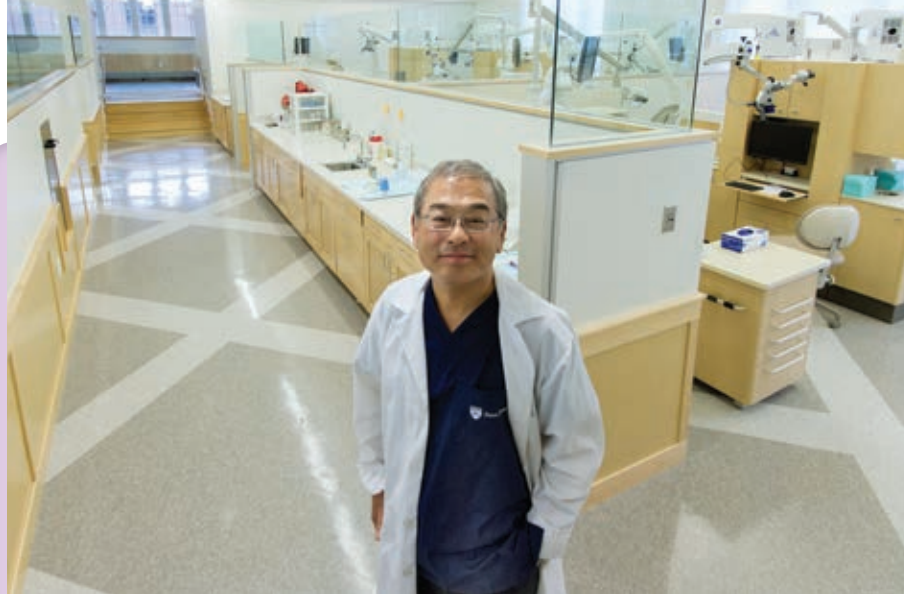
The Mohave GKAS not only drew kids from Bullhead City, a city of about 39,000 located on the Colorado River some 90 miles south of Las Vegas, but also from rural areas and small towns up to 100 miles from the college, including Kingman, Lake Havasu, Golden Valley, Topock, Chloride and Meadview, Ariz. as well as Laughlin, Nev. ■



Paws-on demonstration: Dandy sits in the dental chair so that dental hygiene student Kris Ruiz could demonstrate brushing.



Open wide: A GKAS participant shows what she learned by brushing Dandy's teeth.



State-of-the-art: Dr. Syngcuk Kim, the Louis I. Grossman Professor of Endodontics at the University of Pennsylvania School of Dental Medicine, presents the clinic the school unveiled Jan. 7 that bears his name. A new facility for education, research and clinical care, the Syngcuk Kim Endodontic Clinic is the first project in Penn Dental Medicine's 10-year plan for facilities renovations. “I am thrilled,” said Dr. Kim. “This new clinic is a state-of-the-art environment that will greatly enhance our educational programs and clinical care resources.” Of the alumni and friends who contributed more than \$2 million for the renovation, he added: “I am also very humbled by the naming of this clinic in my honor and the tremendous alumni support at all levels that has made it possible.”

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Richmond GKAS continues to grow

BY STACIE CROZIER

Richmond, Va.—A rainy day didn't keep children and volunteers from sharing sunny smiles during the 11th Give Kids A Smile Richmond event at the ACCA Temple Shrine.

A total of 187 volunteers provided more than 500 children with dental screenings, cleanings and fluoride varnish. Local television news anchor Stephanie Rochon, honorary chairperson, also attended the event. Collaborators include the Virginia Dental Association, Richmond Dental Society, Virginia Commonwealth University School of Dentistry, Richmond Public Schools, ACCA Shriners, Delta Dental and others.



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Children identified as needing follow-up care will receive free treatment coordinated through the Richmond Dental Society.

"These efforts by all of the volunteers as well as corporate sponsors demonstrate the strength of the Richmond Dental Society and show what a powerful force our members can be when they collaborate on a project," said Dr. Chris R. Richardson, RDS president.

"I would encourage each and every one of our members to take some time from their otherwise very hectic lives and volunteer at a GKAS or Mission of Mercy project, Dr. Richardson added. "You will have such a significant impact on the person for whom you are providing the care, and you will be surprised at what a meaningful impact they will have on you. As one of my mentors, Dr. Preston Miller, once said, 'Maintain your resolve, evolve and be involved.'"

Statewide, more than 7,000 volunteers have provided more than \$3.5 million in free dental services in the past 11 years, Dr. Richardson said.

"As the access to care issue continues to be discussed, this program is a positive bright light in that ongoing discussion," he said. ■

About 100 children presented with one to three cavities and 18 had more than three carious lesions. Children identified as needing



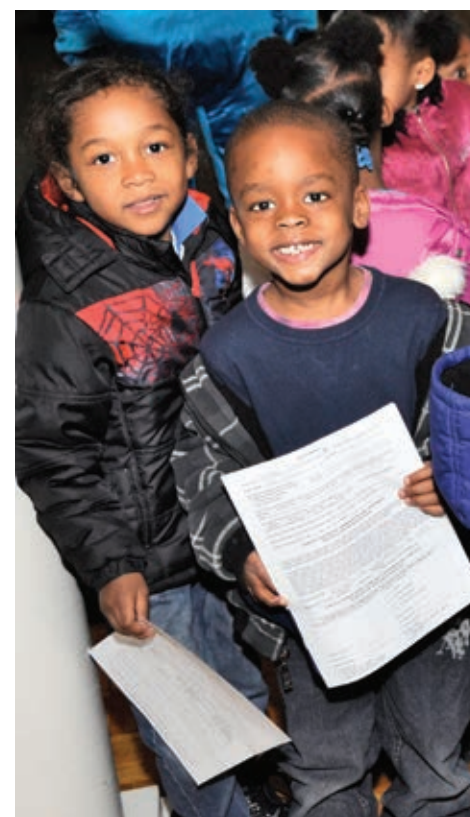
Sunny smiles: Even though Feb. 8 was a rainy day in Richmond, Va., Hwra'a Als'aieg, a pre-dental student at Virginia Commonwealth University, and a young participant brighten the day with smiles at the Give Kids A Smile Richmond event.



Volunteers: Dr. Kit Sullivan, left, and dental hygienist Mandy Karby help two boys feel at ease.



Guest appearance: Participants were treated to a visit by the tooth fairy, orthodontic assistant Barret Lamdin.



In line: Children wait to be seen during the Richmond event. Volunteers saw more than 500 children.



Group effort: The 187 GKAS Richmond volunteers fill a room at the ACCA Temple Shrine in Richmond.

NASCAR

Continued from Page 1

said ADA President Robert Faiella. "We applaud his generous efforts, as well as those of the program sponsors."

Mr. Biffle and GKAS sponsors—the ADA, ADA Foundation, Henry Schein Cares, Care-Credit and 3M ESPE Dental—will share important oral health messages nationwide at NASCAR tracks this season, offering fun family activities and education about healthy dental habits at the 3M display in the track mid-way areas. They expect to reach more than 600,000 people at tracks during the season.

Participating tracks include:

- Daytona International Speedway, Daytona Beach, Fla., Feb. 21-24;
- AutoClub Speedway, Fontana, Calif., March 23-24;
- Kansas Speedway, Kansas City, Kan., April 20-21;
- Talladega Superspeedway, Talladega, Ala., May 4-5;
- Michigan International Speedway, Brooklyn, Mich., June 15-16;
- Bristol Motor Speedway, Bristol, Tenn., Aug. 23-24;
- Richmond International Raceway, Henrico County, Va., Sept. 6-7;
- Chicagoland Speedway, Joliet, Ill., Sept. 14-15;
- Dover International Speedway, Dover, Del., Sept. 28-29;
- Talladega Superspeedway, Oct. 19-20;
- Phoenix Raceway, Avondale, Ariz., Nov. 9-10.

Give Kids A Smile dental health screening programs will take place at two dental schools in addition to oral health educational events at selected elementary schools across the country. Volunteer dentists, dental students and other dental team members will provide underserved children with free dental evaluations, fluoride treatments and, if needed, dental sealants at the dental school events.

Greg Biffle's No. 16 3M car will sport a special Give Kids A Smile paint scheme during the Father's Day weekend race at Michigan International Speedway.

Church & Dwight Co. Inc., makers of ARM & HAMMER Spinbrush Battery-Powered Toothbrushes, donated 6,000 Spinbrushes for the Daytona 500 event and will donate some 7,600 additional brushes to young fans visiting the 3M Give Kids A Smile booths at future events.

The yearlong Give Kids A Smile education program, now in its 11th year, includes a national public service announcement featuring Greg Biffle and ongoing outreach to parents and children through dental offices, community events and media. Throughout the year, more than 1,700 Give Kids A Smile events



Photo courtesy Action Sports Photography

will be held around the country, providing dental services to more than 400,000 underserved children.

Race fans of all ages can create a photo of themselves with Greg Biffle on pit road or with the race-winning trophy in Victory Lane at 3MESPE.com/GiveKidsASmile. For more smart dental tips, visit www.2min2x.org, www.MouthHealthy.org and www.Facebook.com/GiveKidsASmile.

Follow GKAS on Twitter at #gkas or #givekidsasmile. ■

GKAS fan: NASCAR driver Greg Biffle, pictured with daughter Emma at Atlanta Motor Speedway in 2012, will race a car with a GKAS paint scheme on Father's Day weekend at Michigan International Speedway.

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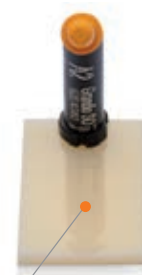
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Photo by Dabby Robinson

Smile maker: Arin McGinnis receives a Spinbrush at the 3M GKAS booth at the Daytona International Speedway.

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