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Diversity ADA Institute for Diversity in Leadership members attend

Environmental scan Research being used to develop Strategic Plan



Open Clinical and Science Forums

Annual Session events focus on myths and realities



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ACA questions/answers continue online

Q: Based on what we see now, how will the ACA and other market forces affect dentists as health care practitioners, health care consumers and employers?

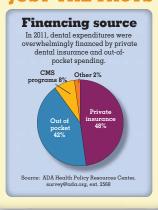
See the answer to this guestion and numerous future re-



ports in the continuing series on the Affordable Care Act implementation in a format accessible to members at Success.ADA.org/en/ practice/operations/ regulatory. The fourth and most recent report, "ACA: Status of Marketplace Implementation," appeared in the Sept. 16 ADA News. The News will offer information on access to future reports as it becomes available.

The ADA invites member questions on ACA implementation at the email address healthreform@ada.org.

JUST THE FACTS





Dover AFB: Col. Thomas Reppart (left) and Lt. Col. Matthew Orlowsky Sept. 26 flank NASCAR driver and GKAS ambassador Greg Biffle. Col. Reppart is commander, 436th Mission Support Group, and Lt. Col. Orlowsky is commander, 436th Force Support Squadron. The trio stands in front of the No. 16 3M race car.

GKAS/NASCAR promote oral health at air base

BY CRAIG PALMER

Dover, Del.—One boy tripped and fell in his excitement, exclaiming, "It's Greg Biffle."

The NASCAR driver of the No. 16 3M race car, engine growling, tooled his way up the street and hooked a left turn onto the sidewalk, turning right at the entrance to the Dover Air Force Base Youth Center and braking at the front door, emerging to shouts and screams from upwards of a hundred military dependents, ages 5-16.

International Speedway and the pre-race American Dental Association Give Kids A Smile event on this sunny Sept. 26, a nonclinical feature of the expansive yearlong GKAS oral health education campaign taking the message to the audience.

Sure it smacked of show-biz. But here's the thing. The dentist delivered the message, the driver

See NASCAR, Page 15

A conversation with the president-elect

Mentor, volunteer, leader

Dr. Charles Norman seeks 'seamless transition between the levels of the tripartite' for the ADA

hether it's student debt, dental reimbursement, access to care, government regulation or building membership, the incoming president of the American Dental Association always faces a full plate of issues.

Dr. Charles H. Norman III, who will be installed as the 150th president of the American Dental Association Nov. 5 before the House of Delegates in New Orleans, is well versed in the issues facing the pro-



2013-14 leader: Dr. Norman will be installed as the 150th ADA president Nov. 5 in New Orleans.

fession. The Greensboro, N.C., general practitioner has worked his way through every level of volunteer leadership in organized dentistry, believing that being involved was and is the way to make a difference.

"Early on in my career, I realized that to be successful, you have to invest in more than just going to the office and working from 8 to 5," he says in recalling what motivated him to reach out beyond his practice. "I felt there was much more to a career in dentistry than the traditional clinical practice. Whether you might be interested in teaching, volunteering in your community or taking a leadership role in organized dentistry, you must avail vourself of the opportunities and resources that will help you succeed. For me, organized dentistry provided the avenue to pursue my interest in giving back to my profession.

His life lessons started in Cary, N.C., when it was a small town of about 1,200 people. Located between Raleigh and the Research Triangle, it now numbers 135,000, but Dr. Norman recalls the small town days of his youth.

"There were only two dentists. They were leaders in

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Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.



New class: The 2013-14 members of the ADA Institute for Diversity in Leadership attended their first session at ADA Headquarters Sept. 23-24. They are, (top row) from left, Drs. Ruben Moronta, Bronx, N.Y.; Princy Rekhi, Renton, Wash.; Nehal Patel, Jenks, Okla.; Calysta Harris-Beatty, Rockford, III.; Andrea Davis, Gulfport, Miss.; Maurice Edwards, New York City; Daniel Torres, Weston, Fla.; (bottom row) from left, Esperanza Rodriguez, Bronx, N.Y.; Maria Martinez, Middleton, Idaho; Felicia Frizzell, Fort Defiance, Ariz.; Nipa Thakkar, Edwardsville, Pa.; and Steven Dau, Tampa, Fla. The goal of the institute is to give diverse groups of dentists education and experience so that they can set new leadership paths within their profession and their communities. The institute is sponsored in part through generous contributions from Procter & Gamble and Henry Schein Dental. For more information, go to ADA.org/diversityinstitute.





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Environmental scan shows dentistry entering a new normal, dental economy to remain flat

BY KELLY SODERLUND

Dentistry may be entering a new normal.

Americans have been visiting the dentist less frequently and spending less money on their oral health, according to the ADA Health Policy Resources Center. These habits may be pushing the profession into a new normal when it comes to total U.S. dental spending, HPRC said in an environmental scan of the dental care sector titled "A Profession in Transition: Key Forces Reshaping the Dental Landscape."

"Using various modeling scenarios, the results indicate that dental spending will remain fairly flat in the coming decades—a departure from the decades of historically robust growth in the dental economy," according to the scan. "Clearly, the economic recovery, when it does finally kick into gear, may not bring back the dental spending growth many are anticipating."

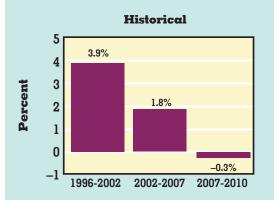
This is the second of three articles summarizing the environmental scan, which includes research from HPRC and Diringer and Associates, a consulting firm hired to help the ADA Board of Trustees' Strategic Planning Steering Committee develop a strategic plan for 2015-20, as well as other experts.

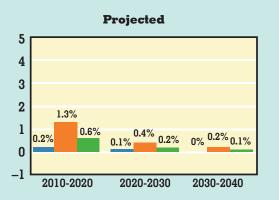
"The findings from this scan have shown considerable change is taking place in dentistry," ADA President Robert Faiella said. "Dentists are facing significant challenges in their practices and business models. They may think it's because of the economic recession, but it's really a change in the dental landscape as a whole. The ADA is here to help dentists navigate and adjust to those changes and look at them as opportunities."

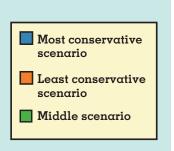
Among the findings:

• Dental benefits are likely to continue to erode for adults and potentially further influence dental care utilization. But benefits will

Annual per capita dental spending growth rates







Source: National Dental Expenditure Flat Since 2008, Began to Slow in 2002. Health Policy Resources Center Research Brief. American Dental Association. March 2013. Available from: www.ada.org/sections/professionalResources/pdfs/HPRCBrief_0313_1.pdf.

expand for children, mostly because of the Affordable Care Act. Up to 8.7 million additional children will gain dental benefits by 2018 as a result of the law.

- There will be pressure to increase value and reduce costs from all payers—governments, employers and individual consumers. This will be driven by a shift toward value- or outcome-based payment within both public and private plans and a new wave of health care consumerism among the population.
- Commercial dental plans will increasingly use more selective networks and demand more accountability through data and performance measures.
- The trend toward larger, consolidated multi-site practices will continue, driven by

changes in the practice patterns of new dentists, a drive for efficiency and increased competition for patients.

It's unclear how these trends will manifest in the dental care sector, but they're ones the researchers believe the dental community should take note of.

"If you combine sluggish demand for dental care with an increased focus on value, you have some important implications," said Dr. Hilton Israelson, member of the ADA Board of Trustees and chair of the Strategic Planning Steering Committee. "Tomorrow's environment will be one where dentists will have to do more with less."

The environmental scan also shows that some of the underlying principles of the Affordable Care Act provide new opportunities for dentistry, with immediate opportunities lying within the pediatric and Medicaid popu-

"A big part of health reform is about breaking down silos and increasing the coordination of care among providers," Dr. Israelson said. "This could provide an opportunity to bridge the gap between oral and whole body health, to position dental care more prominently within primary care and to reexamine the role of oral care providers within the health care systems."

To read the full environmental scan and to watch a video explaining the report, visit ADA.org/escan. ■

—soderlundk@ada.org

Accreditation for dental-specific CBCT available

BY KELLY SODERLUND

Dentists who use cone beam computed tomography in their office may find a new accreditation program helpful.

The Intersocietal Accreditation Commission is offering a dental CT accreditation program to help dentists comply with federal and state laws and show their patients they provide safe quality care. Dentists will also learn about the amount of radiation they are exposing their

'Quality control is important in general, including in the use of diagnostic imaging," said Dr. Allan G. Farman, IAC board member representing the American Academy of Oral and Maxillofacial Radiology.

"This program requires that those individuals who are going to be using diagnostic imaging systems for dentistry are appropriately trained both in the theory and in the specific use of the equipment they have under their control in terms of the cone beam CT units.

The Centers for Medicare and Medicaid Services requires dentists who receive Medicare reimbursements to have advanced diagnostic imaging CT accreditation.

Some states, including California and Minnesota, are also adding this requirement for all payers. To learn more about

the CMS requirement, visit www.cms.gov, click on Medicare, then under Provider Enrollment & Certification, click on Medicare Provider-Supplier Enrollment, then click on Advanced Diagnostic Imaging Ac-

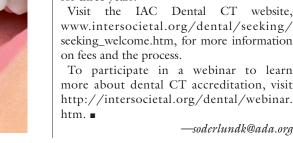
The IAC is the only accreditation organization offering dental-specific CT accreditation. The organization has more than 20 years of experience accrediting imaging and procedures and cooperated with representatives from the American Association of Oral and Maxillofacial Surgeons and AAOMR to develop the program.

The AAOMR is offering courses that supply the education and training required for accreditation.

Accreditation fees vary and start at \$2,600 for three years

Visit the IAC Dental CT website, www.intersocietal.org/dental/seeking/ seeking_welcome.htm, for more information

To participate in a webinar to learn more about dental CT accreditation, visit http://intersocietal.org/dental/webinar.





2013 Open Clinical and Science Forums planned

fused about when or Dr. Froum

prophylaxis, we're going to try to clear up a

lot of the controversy and long-standing mys-

Dr. Meyer added, "The open forums pro-

vide a professionally rewarding opportunity

if to use antibiotic

tery behind all of it."

Programs to focus on dental implants, antibiotic prophylaxis

BY JEAN WILLIAMS

New Orleans—The truth is out there somewhere. To edge closer to it in dental science, join expert voices as they explore the space between myths and realities, which is the theme of the Open Clinical and Science Forums at the 2013 Annual Session.

The 2013 forums are Myths and Realities: Dental Implants, Thursday, Oct. 31, course 5369, and Myths and Realities: Antibiotic Prophylaxis, Friday, Nov. 1, course 6396.

Dr. Michael Glick, editor of the Journal of the American Dental Association, and Dr. Daniel Meyer, ADA senior vice president for Science and Professional Affairs, will host the forums.

"A lot of discussion has occurred in the dental community regarding these two topics over many years," Dr. Glick said. "We want to bring it to the forefront in the open forums to present different points of view as well as give the audience an opportunity to interact with the presenters."

Dr. Meyer said, "The presentations are intended to be thought-provoking, focusing on the most current and pressing topics related to dental implants and antibiotic prophylaxis at this time."

Four presenters will serve on each forum panel. Presenters for Myths and Realities: Dental Implants, and their areas of expertise, are Drs. George A. Bruder III, endodontics; Lyndon Cooper, prosthodontics; Stuart Froum, periodontics; and Craig Misch, oral and maxillofacial surgery and prosthodontics.

"The open forum will be invaluable to any clinician who places and/or restores implants," said Dr. Froum, a clinical professor and director of clinical research, department of periodontology and implant dentistry, New York University. "How many times does a clinician wish he or she had an experienced colleague to discuss an implant case? Well, this forum will provide that. With a panel of experts from several specialties, various myths regarding implant planning, placement and restoration will be discussed and the evidencebased realities presented.

The attendee will learn what to do and what not to do to achieve more predictably successful outcomes. They will be able to ask questions concerning common and uncommon problems from clinicians who have experienced both. They will see what can go wrong and vicariously see how to avoid and treat problems that become clinical nightmares."

Presenters for Myths and Realities: Antibiotic Prophylaxis, and their areas of expertise, are Drs. Dale A. Baur, oral and maxillofacial surgery; Ashraf F. Fouad, endodontics; Peter Lockhart, oral medicine; and Panos Papapa-

"Antibiotic prophylaxis over the years has been recommended for more than 25 different patient populations that are seen in dental offices," said Dr. Peter Lockhart, professor and chair, oral medicine department, Carolinas Medical Center in Charlotte, N.C. "The most notable ones, of course, are cardiac patients and orthopedic joint patients, but there are many others. This has become a common practice and yet there's no evidence to suggest that dental procedures are anything more than very rarely responsible for distant-site infections. We're clearly using huge amounts of antibiotics in dental practices across the country every year and that puts patients in the health care system at much greater risk than not doing this.









for clinicians in the audience and panel members representing a variety of oral health disciplines to share their respective clinical expertise and insight on complex professional

On-site at Annual Session, the forums will convene in Hall C (back of the 100 aisle). Both forums are free, but registration and a ticket are required. Attendees will earn 1.5 continuing education credits for each course.

ADA member dentists who don't attend the Annual Session can log onto the ADA365 online extension of the meeting and view the forums live at the scheduled times: 2:30 p.m. Central Standard Time on Oct. 31 and 2:30 p.m. Central Standard Time on Nov. 1.

See ADA.org/ADA365 for login information and details. ADA member dentists can access ADA365 at no charge, but they must preregister at ADA.org/ADA365 in mid-October. Nonmembers must pay \$50 for access.

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Student researchers to compete in 54th ADA/DENTSPLY student clinician program

BY STACIE CROZIER

New Orleans-For the 54th year, the best and brightest in dental student research will showcase their work at the ADA/DENTSP-LY Student Clinician Research Program at the ADA Annual Session.

A student researcher from each participating U.S. dental school will present his or her winning research program Nov. 2. Registered Annual Session attendees can earn three hours of

continuing education credit by attending the open session for all student poster presentations from 1-4 p.m. at the New Orleans Ernest N. Morial Convention Center, Hall B (course

"The hallmark of our profession is scientific research," said Dr. Teresa Dolan, vice president and chief clinical officer at DENTSPLY International Inc. "It is critical that dental students have the opportunity to participate in research and this program showcases the best work on a national and international level."

Dr. Dolan said that, as a past dental school dean, she knows firsthand that dental students not only reap educational and professional benefits from working with mentors in the research are- **Dr. Dolan**





Student researcher: Naveen Karim from Texas A & M Health Science Center, Baylor College of Dentistry, presents her research to Dr. Jane C. Puskas. SCADA president, at the 2012 ADA Annual Session in San Francisco.

na, they also gain perspective by attending and participating in a national dental meeting.

"These student clinicians not only see the value of evidence-based dentistry in action during the ADA Annual Session, they also have a wonderful learning experience through traveling to the meeting and participating in continuing education, networking with their peers and enjoying the events at the meeting."

Since its inception, the program has expanded to some three dozen countries worldwide and has had more than 5,200 student participants. Former clinicians have gone on to become leaders in dental education, research, organized dentistry and industry.

Participants receive an all-expenses paid trip to a national dental meeting for student winners, participation in the poster clinic competition and global recognition for their dental research accomplishments. They then become alumni members of the Student Clinicians of the American Dental Association. SCADA alumni receive the Expressions newsletter, access to the SCADA directory, graduate study financial assistance, networking opportunities and international mentoring.

Student researchers, Dr. Dolan added, have the opportunity to gain visibility for their work and build their skills in critical thinking and communications.

"Participating in research during dental school is a wonderful opportunity above and beyond the normal curriculum," Dr. Dolan said.

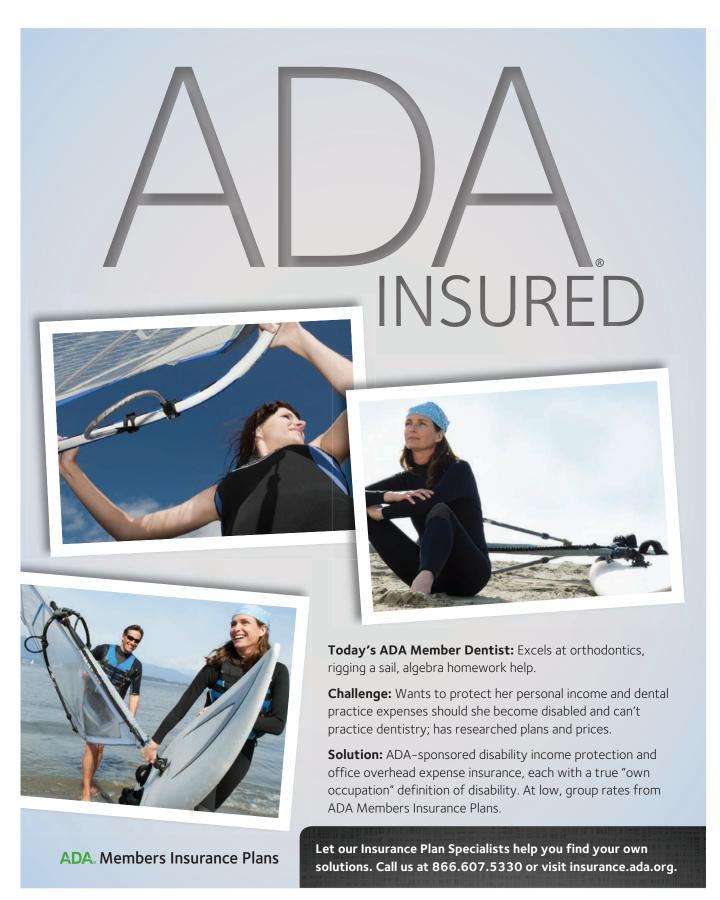
A complete list of presenters and topics will be available on-site at the convention center. For more information, visit ADA.org/session.

HPRC breaks down new health care law

New Orleans-Learn more about how the Affordable Care Act will affect dentistry and what the ADA Health Policy Resources Center has to say on dentists' incomes and dental care utilization at the Annual Session.

Dentistry at a Crossroads: The Affordable Care Act and Beyond (course 6311) is scheduled for Nov. 1 from noon-1 p.m. Attendees are eligible to earn up to one hour of continuing education credit. There is no fee for the course, but a ticket is required for admission.

Marko Vujicic, Ph.D., managing vice president of HPRC, will present an analysis of the additional dental visits and expenditures the ACA will generate and discuss the effect of Accountable Care Organizations on the way dental care will be delivered and paid for. The course will also cover the major factors bringing significant change to the dental profession and discuss how participants could seek policy action at the state and national level.



This material is an outline only and not a contract. Benefits are provided through respective Group Policy Nos. (1105GDH-IPP Disability Income Protection and Association, and insured by Great-West Life & Annuity Insurance Company. Coverage is available to all eligible ADA members residing in any U.S. state or territory. Income Protection premiums increase every 5 years and Office Overhead Expense premiums increase every 10 years. Each Plan participant will receive a Certificate of Insurance explaining the terms and conditions of the policy. New Orleans—The Commission on Dental Accreditation is holding two open hearings during this year's ADA Annual Session.

The first CODA open hearing is Thursday, Oct. 31, from 10-11 a.m., at the Hilton New Orleans Riverside, Grand Salon Section 3/6. The second open hearing will be held Saturday, Nov. 2, from 8-9 a.m., at the Hilton New Orleans Riverside, Grand Ballroom C.

The hearings are designed to provide CODA's communities of interest with an opportunity to comment on proposed revisions to accreditation standards for dental, allied dental and advanced dental education programs.

Those who wish to comment should bring a written copy to submit at either session. The agenda for both hearings is the same.

Comments are due Dec. 1 on the following proposed standards for:

- Advanced Education Programs in General Dentistry (Appendix II)
- Advanced Education Programs in General Practice Residency (Appendix III)
- Advanced Specialty Education Programs in Oral and Maxillofacial Surgery (Appendix IV)
- Advanced General Dentistry Education Programs in Oral Medicine (Appendix V)
- Dental Therapy Education Programs (Appendix VI)

To view and download the standards for which the commission is seeking comment, go to www.ada.org/117.aspx.

Attendees are encouraged to print a copy of the documents and bring them to the open hearings. No print copies of the documents will be provided.

For those who do not provide comment at one of the hearings, they may submit written comment through Dec. 1 via email to CODA director Sherin Tooks, Ed.D., at tookss@ada. org or by U.S. mail to Director, Commission on Dental Accreditation, 211 E. Chicago Ave., Chicago IL 60611.

Time to register for ADA365

Check your email for details

New Orleans—ADA members should have received an email invitation to register for ADA365, the online extension of the ADA Annual Session. Log on to ADA.org/ADA365.

Using ADA365, ADA members can watch President Bill Clinton's address during the

Opening General Session and Distinguished Speaker Series; view Edu-

cation in the Round courses; see additional lectures and participate in live chat with the speakers; and virtually tour the exhibit floor.

Continuing education credit is not available on ADA365, but courses from the Pride Institute Technology Expo, as well as other select courses, will be available after Annual Session on ADA CE Online, adaceonline.org, for credit.

Those who have accessed ADA365 in the past can use their same login to view the site this year. New visitors should register at ADA. org/ADA365. Members and 2013 Annual Session attendees can register for free, and nonmembers can sign up for \$50.

Those who incorrectly received an email indicating they are a nonmember or those who have questions should contact the ADA Division of Membership at the ADA toll-free number or membership@ada.org.

Courses are still available

It's not too late to make plans to attend the Annual Session in person. Registration is still open at ADA.org/session.

Many free courses still have open seats including the Learning Labs (new) and the prices of the Hands-on Cadaver workshops did not increase after the advance registration deadline passed.

Several ADA Councils are also offering courses on hot topics like group practices, becoming a Medicaid provider, the ins and outs of federally qualified health centers and volunteering internationally. See more details on these courses at ADA.org/news/9098.aspx.

Other "hot topic" courses scheduled for Saturday, Nov. 2, include:

- A Snapshot of Illicit and Prescription Drug Abuse, by Dr. Hal Crossley, Nov. 2, 8-9:30 a.m., cost is \$40, (course 7195);
- The New Hazard Communication Standard, by Leslie Canham, Nov. 2, 8-9:30 a.m., free, (course 7382);
- Adhesive Dentistry: Averting Mediocrity, by Dr. Harald Heymann, Nov. 2, 8-9:30 a.m., cost is \$40, (course 7190).

To register for these or other Annual Session courses, visit ADA.org/session. ■



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Future professional speakers sought for ADA New Dentist Conference in July 2014

Got what it takes to speak in front of a crowd of your peers?

The ADA New Dentist Committee is seeking proposals from dentists interested in becoming a professional speaker and lecturer for its Emerging Speakers Track at the 2014 ADA New Dentist Conference, set for July 17-19, 2014 in Kansas City, Mo.

During the conference, speakers will be giv-

en one to two hours to present a clinical, practice management or professional dental issue session to their peers. Presenters will be promoted in the New Dentist Conference brochure, conference program and news articles.

In addition, presenters may be considered to speak at future ADA conferences, including the ADA New Dentist Conference.

Visit ADA.org/newdentistconf to down-

load the proposal form. Email the form by Nov. 8 to newdentist@ada.org.

Selected presenters will receive a complimentary registration for the ADA New Dentist Conference (a \$375 value). However, presenters are responsible for all travel and hotel expenses as well as any other expenses incurred. They will not be compensated by the ADA. Only 2013 ADA members are eligible for consideration.

Statement of Ownership, Management, and Circulation

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(Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	,	
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3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)		
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(1) Free or Nominal Rate Outside-County Copies lincluded on PS Form 3541	40,874	61,634
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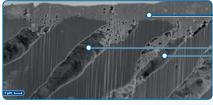
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In vitro SEM image of dentin cross section after a single brushing

Hererences:

1. Earl JS, Langford RM. Am J Dent 2013; 26 (Spec Iss A): 19A-24A

2. Burnett GR. Am J Dent 2013; 26 (Spec Iss A): 15A-18A.

3. Parkinson C et al. Am J Dent 2013; 26 (Spec Iss A): 25A-31A.



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Write, blog and email your way to success with new ADA Dental **Letters guide**

The ADA Practical Guide to Dental Letters: Write, Blog and Email Your Way to Success (1053) reflects the many ways a busy practice may communicate, and offers sample content for news releases, blog posts, emails, Facebook and Twitter accounts, website content, text messages-

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benefits; past due notices; letters for hiring and terminating employees; vendor letters, including a business associate letter; marketing and promotional letters; and ready-to-post sample website content. The guide includes a CD-ROM of letters in Microsoft Word format.

The ADA Practical Guide to Dental Letters: Write, Blog and Email Your Way to Success (J053) is \$59.95 for members. The retail price is \$89.95. Order today at ADAcatalog. org or call 1-800-947-4746. ■

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QuickTakes

Summaries of ADA News stories published online

CDC confirms one hepatitis C infection in ongoing investigation of Tulsa, Okla. dental office

Pidemiological investigators at the Centers for Disease Control and Prevention have confirmed one event of patient-to-patient transmission of the hepatitis C virus among the patients of α dental office under investigation for alleged infection control violations.

"This is the first documented report of patient-to-patient transmission of hepatitis C virus associated with a dental setting in the United States," said Oklahoma state epidemiologist Kristy Bradley, D.V.M. "While dental procedures are generally safe, this reinforces the importance of adhering to strict infection control procedures in dental settings."

The patient-to-patient transmission of the hepatitis C virus resulted from improper infection control procedures.

The announcement of the transmission Sept. 18 is part of an interim status report from the Oklahoma State Department of Health and the Tulsa Health Department on the results of their joint investigation of the dental surgical practice with offices in Tulsa and Owasso. In March, health officials recommended patients be tested for hepatitis B, hepatitis C and HIV infection at free screening clinics established at the Tulsa Health Department, Oklahoma City-County Health Department and other county health departments in the state. The free screening clinics were available through June 28.

Read the complete story at ADA.org/news/9057.aspx. ■

University of Utah breaks ground on dental school, welcomes new dean

The University of Utah broke ground Aug. 23 on the Ray and Tye Noorda Oral Health Sciences Building—a \$36.4 million facility set to house the state's first public dental school.

The 80,000-square-foot facility, named after the founder of software company Novell and his wife, Tye, is scheduled to open in December 2014. The Noordas donated about \$30 million to the project.

Among the attendees at the ground-breaking were the school's first 20 students, and Dr. Rena N. D'Souza, the University of Utah School of Dentistry's first permanent dean, who assumed the role Aug. 1.

"The school of dentistry will shape the future of dentistry worldwide by developing exemplary oral health professionals who are clinicians, educators, researchers and community leaders," Dr. D'Souza said.

To read the full story, visit ADA.org/news/9047.aspx. ■

ADA/NASCAR Give Kids A Smile day at UIC puts kids on track to good oral health

The thunderous vrooooom of the revving engine startled the elementary school students, but not for long.

Only moments later, they rushed over to see and touch the source: an 800-horsepower, 3,300-pound race

car—usually driven by NASCAR star Greg Biffle—brought to them Sept. 12 courtesy of the ADA/NASCAR Give Kids A Smile Day at the University of Illinois at Chicago College of Dentistry.

The ADA/NASCAR Give Kids A Smile day was the second that UIC College of Dentistry hosted in 2013, having put on a GKAS day in February. Dental students, pediatric dental residents and dental school faculty treat chil-

dren daily in the UIC pediatric dental clinic and at GKAS day events.

For more about the ADA/NASCAR GKAS at UIC, see ADA.org/news/9062. aspx. ■

Race car: Dr. Indru Punwani, UIC professor emeritus and past department head for pediatric dentistry, poses with St. Malachy students in front of the No. 16 3M Ford Fusion race car on display during the ADA/NASCAR Give Kids A Smile Day at UIC.







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A conversation with the president-elect

Dr. Norman

Continued from Page 1

our community and well respected.

"My dentist, Dr. Hubert Hatcher, encouraged me to consider a career in dentistry due to my interest in science. I was intrigued by the clinical skills required, as well as the opportunity to help people. When I was in high school, people would ask me what I wanted to do in life, and I said, be a dentist.'

Dr. Norman attended the University of North Carolina, Chapel Hill, where he en-



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rolled in a predental program that fast-tracked into dental school. During his senior year of school, a part-time instructor, Dr. James Osborne, asked Dr. Norman to join him in starting a practice in Greensboro, N.C. They began their dental practice together in 1977, and by 1989 they had outgrown their initial office and decided to build a new facility. Due to the logistics of managing their large staff, they designed the space for two separate offices with a communicating door so they could maintain their close working relationship.

Early on in the life of the practice, they found the local dentists welcoming and often received referrals. More importantly, said Dr. Norman, "we were treated like colleagues and our neighboring dentists served as mentors and offered support and advice on running a private practice. All the local dentists belonged to the local society and we were encouraged to become involved as well. The help we received didn't surprise me because I had seen it in my own community growing up, where the only two dentists in town had offices right next to each other and were on call for each other." That kind of collegiality was the strength of organized dentistry then and it continues to be a strength today.

His first experience in dental leadership was chairing his local society regional educational seminar. He had to secure meeting space and speakers as well as take care of other planning details.

From there, he assumed more and more responsibility at different levels in the local and state dental organizations.

"The profession has been great to me and my family. I was so proud when my son, [Matt] chose dentistry as his career, and I am fortunate that we can practice together."

The other aspect of organized dentistry that attracted Dr. Norman was the fact it was the easiest avenue for accessing continuing education. University CE was available, but it meant travel and time out of the office. In your own community, the local dental society was able to fill that void by hosting CE in the evenings and on weekends. "I really think it doesn't matter whether it was 1977 or today in 2013, our profession is about lifelong learning," he said, "because knowledge changes so quickly. Dental school is just the first step in your professional education. It's a process that will continue until the day you retire. Fortunately for me, the dental society could fill that niche at the time."

Dr. Norman is past ADA 16th District trustee (representing North Carolina, South Carolina and Virginia) and past president of the North Carolina Dental Society, and served on the boards of the ADA Foundation and the North Carolina Dental Health Fund. He is a past chair of the ADA Council on Dental Practice, served as an ADA delegate from 1994-2008, and was on the boards of directors of the Dental Foundation of North Carolina, the UNC School of Dentistry and the North Carolina Services for Dentistry. He is a member of the Academy of General Dentistry and he is also a fellow of the International College of Dentists, the Pierre Fauchard Academy and the American College of Dentists. He is a past member of the N.C. State Healthcare Commission and a past volunteer coordinator for Missions of Mercy free dental clinics in the state.

Besides his son Matt (wife, Chandler), who is in practice with him, he and his wife. Sharon, have a daughter, Emily, who is married (Brian Richards) and the mother of the Normans' only grandchild, Claire.

With his son in the practice, devoting himself to ADA business has been an easy transition for the president-elect. Before his im-



The Normans: Dr. Norman poses with his wife, Sharon. The couple have two married children and one granddaughter.

mersion at the leadership levels of the ADA, Dr. Norman recalls fondly that he had time for golf, tennis and other sports. He is also a season ticket holder for Carolina football and basketball, but admits this passion, too, is pretty much on hold while he serves at the ADA national level. He was a part-time clinical instructor in the department of fixed prosthodontics at Chapel Hill before he became an ADA trustee. "I enjoyed the experience of working with the students and would love to do so again when I'm finished with my Association duties."

During the past 20 years, Dr. Norman has also volunteered his talents at a free dental clinic in Greensboro, as well as being involved in the state's many Missions of Mercy events. He serves as the dental volunteer coordinator for the annual clinic held in Greensboro that serves about 1,000 patients each year.

Another personal interest is mentoring potential dental students. "I would regularly have students spend time in our office just to observe and ask questions about the application process. It is rewarding to know that in some small way I have been able to encourage young people to pursue a career in dentistry just as Dr. Hatcher encouraged me many years ago. In fact, I am proud to call six former patients colleagues.'

This is the first of two parts of an interview with Dr. Norman by Judy Jakush, ADA News editor, about his thoughts on the profession and the year to come.

ADA News: In talking about your early career, the camaraderie of interacting with other dentists is something you highlight. You've mentioned that starting a practice with another dentist instead of going solo was somewhat unusual in 1977. How does your experience compare to what dentists graduating today are facing?

Dr. Norman: The concept of working in an office by myself never really appealed to me. I think my partner and I were a little ahead of our time by starting a practice together as general practitioners. Based on conversations with my son. I think students now are trained together collaboratively. They anticipate working in that way, so it is more common now to see partnerships or group

Having an opportunity to practice with another dentist who could act as a sounding board for treatment plans and clinical questions was a real advantage. Our relationship helped me grow as a clinician and allowed me to pursue other interests since one of us was always available for call. Having two dentists

from different educational backgrounds and different perspectives improved our ability to deliver the best, most appropriate care to our family of patients.

ADA News: Did you have any trouble securing a loan when you graduated?

Dr. Norman: At the time, there was a bank in our community that was courting professional business, and I didn't have to borrow a huge sum to start a practice compared to today's standards. Jim and I were able to reduce the cost of operating the practice by sharing space, equipment and staff. I was also fortunate that I didn't have a large educational debt from dental school. Having the two of us co-sign the note helped because interest rates were ridiculously high, anywhere from 15 percent to 20 percent. A professional, like a dentist, was considered a low risk and most institutions were willing to write unsecured loans. We obviously have a much different environment today. Graduating students have a much higher debt proportional to their net incomes and they are entering practice during an extended sluggish economy.

ADA News: While your involvement at the local and state levels eventually led you to become 16th District trustee, what made you seek the office of president-elect last year?

Dr. Norman: It's an interesting transition. I didn't go on the Board thinking I'd run for the office; I thought I'd do my job as a trustee and that would be it. As a more senior trustee, you are asked to take on greater responsibilities and you gain expertise in a variety of disciplines. At that point, you have to make a decision whether you have something else to offer and whether you have the potential to lead the Association successfully. Ultimately, I felt I could help facilitate the work of the Board and be able to articulate the policies of the Association.

ADA News: What has the ADA accomplished in your years on the Board and as president-elect? What are the priorities now?

Dr. Norman: As a member of the budget and finance and strategic planning committees of the Board, I became engrossed in improving our financial position and our budgeting process. Over the last four years, we made significant improvements in the financial health of the Association that allows us to concentrate on the things that are most important to our organization, providing goods and services to our members. During a period of transition, we lost focus on the value of membership, and now we are at a place where we can focus on members, their needs and those things that really bring us together as an Association and deliver real member value. All

of the volunteers and staff are asked to evaluate all of our programs based on whether they add to member value. If we are successful, our members can be proud to say they are members of the American Dental Association.

Going forward, we have identified other important challenges such as trying to improve tripartite alignment and branding for the Association. We must create an environment where any member, no matter what state or component society they belong to, recognizes that they belong to one organization, the ADA. There should be a seamless transition between the levels of the tripartite so that we can effectively and efficiently deliver goods and services as well as an opportunity to get involved. We have a long way to go on alignment and branding.

ADA News: What will the alignment accomplish in regard to member value?

Dr. Norman: If we can achieve proper alignment and branding, we have a chance to reduce redundancy and duplication of effort across the tripartite, at the same time committing to best-in-class service. To achieve this goal, we need to initiate dialogue with each level of the tripartite. The most fruitful discussion must include not only the dental leadership but also the executive directors and key staff at all three levels of the tripartite. We need to ask ourselves, what do we do well at each level of the tripartite that returns value to our members? Let's take advantage of things we do well, and let's not waste our resources by duplicating efforts—let's provide the services and programs that help the member.

I think it is very difficult sometimes to sit at 211 East Chicago and think we know what all of our members need from the ADA. We can't possibly do that. But the component and state levels of the tripartite should have a very accurate assessment of the critical issues affecting our members and the resources that are most valued. We must find a way to use our organizational structure to our advantage.

As an example, I think components have a better handle on what programs are most effective, and that is the premise behind the Membership Program for Growth. States apply for grants from the ADA to customize recruitment efforts to focus on the segment of nonmembers with the most potential for gains.

In North Carolina, they started an ambassador program that relies on volunteers willing to make a one-to-one contact with nonrenews and new graduates inviting them to become part of the NCDS. An important step is to ask nonmembers what they want from an association, or even simply, "Do you want to join?" You won't know until you ask. I think that is why the component level is so important because they have those relationships.

Another challenge that affects membership relates to the application process. Typically dentists join the Association at the component or constituent level, but the requirements vary from area to area. We should develop a uniform system that reduces barriers to joining, potentially electronically. We need to talk about how we could coordinate the membership process and make it simple.

ADA News: Speaking of membership, the ADA keeps growing in numbers, but recent years have shown a decline in total active, licensed membership market share. What is the ADA doing to increase that market share? If market share continues to erode, then what happens?

Dr. Norman: We certainly won't be able to provide the resources that we believe are so important for member support. We are heavily dues dependent at about 50 percent of operating budget, and that is an unsustainable financial model.

That same situation is true for components and constituents as well, many of which are more heavily dues dependent than the ADA.

In terms of advocacy, I think we are a lot more effective when representing a vast majority of members in our profession. In addition, a robust membership market share is essential for diversity of thought and opinion, which is important for policy development going forward. The demographics of the dental school population have changed, and the face of our profession is transforming very quickly. We must reflect diversity in our membership. The Council on Membership will present a comprehensive plan for membership growth with appropriate metrics to evaluate the effectiveness of our initiatives at the ADA.

ADA News: The ADA's Action for Dental Health Campaign (ADA.org/action) features initiatives to improve the oral health of all Americans. The campaign has three key parts: provide care now to people suffering from untreated dental disease, strengthen the public health safety net and deliver education and prevention in communities. The initiatives require collaborations with other health professions, government agencies, community leaders, legislators and the public. What is the rationale for this effort?

Dr. Norman: It is clear that the barriers to access vary from state to state and sometimes within states. Any real solutions will require a variety of initiatives that can be customized to deliver specific results. With the Action for Dental Health campaign, we have developed a suite of initiatives that states can embrace

to address their unique problems within their individual constituencies

ADH was one of the initiatives that we introduced at the President-Elect's Conference this year, followed by three phone-call webinars dedicated to sharing the successes in individual states. Since its formal introduction at the Washington Leadership Conference, this campaign is gaining momentum at the state level. The feedback has been excellent and it appears that states are participating according to their local needs. I think this is the first time we have developed an organized strategy that can be utilized in any jurisdiction for addressing some of the major issues surrounding access to good oral health.

–jakushj@ada.org



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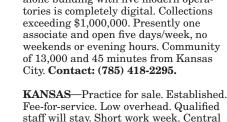
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866-607-5330 www.Insurance.ada.org Booth #2401

ADA American Dental Association® Have you done it yet this year? Stop by booth #2311 and get an annual retirement check-up for your practice. Why an annual check-up? Your needs evolve, your practice grows, the investment world changes -- nothing stands still. An annual check-up is a great habit to get into. Even if you're not in the ADA Members Retirement Program now, AXA

Equitable can help you consider how best to address your retirement goals. And there's no charge for a retirement planning check-up consultation.

ADA MEMBERS RETIREMENT PROGRAM

800-523-1125, option 2 www.axa-equitable.com/ada

Booth #2311



At booth #2301 CareCredit, the healthcare credit card exclusively endorsed by ADA Business Resources, has free personalized Practice Performance Reviews for dentists who accept CareCredit. Dentists will discover how they compare with others in their area as well as practices in the top 10% based on production. Upon completion, practices will receive a free

Swampy and Ducky Pillow Pet set. Dentists yet to add CareCredit can get started for only \$25 and receive a free Pillow Pet set with their completed CareCredit enrollment form.

> **CARECREDIT** 800-300-3046 www.carecredit.com

BOOTH #2301, 2309, CR1



he Clinical PRO-HEALTH Clinically tested to virtually eliminate gingivitis and help patients reach peak gingival health. The Clinical PRO-HEALTH SYSTEM for Gingivitis contains: Oral-B Professional Precision 5000 Electric Tooth brush with SmartGuide, Oral-B GlidePRO-HEALTH Clinical Protection Floss, Crest PRO-

HEALTH Clinical Gum Protection Toothpaste and Crest PRO-HEALTH Multi-Protection Rinse

800-543-2577 www.dentalcare.com Booth #1739, 1853, CR18



Discover the PureSmile Aligner System by DDS Lab a virtually invisible alternative to braces. PureSmile is a series of clear, removable aligners designed for esthetic alignment of anterior teeth. DDS Lab's experienced team of orthodon-tic technicians utilizes state-ofthe-art CAD/CAM technology and 3D printing to ensure a precise fit. Digital impressions

from most major systems are accepted. Visit our booth to learn how PureSmile can offer your patients a comfortable solution for a more beautiful smile.

DDS LAB

877-337-7800 http://puresmilealigner.com Booth #2050



Aquasil Ultra Cordless is the first and only Tissue Managing Impression System that does not require tissue retraction. No need for cord. No need for paste. Just an easy, one-step system that places super high tear strength wash material precisely into the sulcus within seconds for a less stressful experience that delivers incredibly accurate marginal

detail. For more information contact DENTSPLY Caulk at 1.800.LD.CAULK, visit www.aquasilultracordless.com or call an authorized DENTSPLY distributor.

DENTSPLY CAULK

800-LDCAULK www.aquasilultracordless.com Booth #2501, 2601



DentiMax has released ONC certified, electronic health records (EHR) software specifically created for dentists. With the purchase of this new EHR software, dentists who have 30% or more of their visits from Medicaid patients can qualify for an initial \$21,250 government payment. In addition, DentiMax also offers consultative services to

help dentists qualify for all of the available government meaningful-use money. DentiMax Co-founder Lee Varney explains, "By combining our new Dental EHR software with our consultative services, you can make qualifying for the entire \$63,750 government incentive a whole lot easier.'

DENTIMAX

800-704-8498 www.dentimax.com/ehr Booth #2256



DMG America – makers of the market-leading temporary crown & bridge material Luxatemp –has created a new, three-in-one composite; Constic. Engineered for multiple clinical procedures, new Constic offers etching, bonding and filling in a single step. This enhanced efficiency not only saves you time, but it helps eliminate potential

mistakes by simplifying the application procedure. Constic is indicated for use on class I & II restorations, for application as a baseliner under traditional composites or for pit &

DMG AMERICA

800-662-6383 www.dmg-america.com Booth #2033



Garrison Dental Solu-tions introduces the latest innovation in sectional matrix systems: the Composi-Tight 3D XR Sectional Matrix System. The Composi-Tight 3D XR Sectional Matrix Ring is an ultra-retentive matrix ring designed for use with short or malpositioned teeth, including areas between the canine and first bicuspid. The enhanced,

Soft Face silicone ensures true matrix band adaptation which reduces both flash and finishing time, while improving contacts. In addition, the dynamic tip angle allows for proper tip alignment with the buccal and lingual surfaces for precise adaptation. While the 3D XR ring was designed for use with difficult dentition, clinicians will find that it works exceptionally well with standard height teeth.

GARRISON DENTAL SOLUTIONS

616-842-2244 www.garrisondental.com

Booth #1021



Your clear path for growth begins with the GXDP-700 Series. This dynamic system starts with a digital panoramic with sophisticated styling and an ergonomic design includ-ing an advanced touchscreen interface. The GXDP-700 is a modular system, upgrade-able from 2D panoramic to Cephalometrics or 3D Cone Beam with flexible field-of-

view, or both. The new Gendex GXDP-700's SRT image optimization technology received the Best of Class Technology Award from Pride Institute. This Scatter Reduction Technology delivers 3D scans with a new level of clarity and detail, by reducing artifacts generated by metal or radio-opaque objects

GENDEX 800-323-8029 www.gendex.com Booth #1139



When placing implants, stop using generic healing abutments that lead to an unnatural emergence profile. The Inclusive Tissue Contouring System is an efficient way to produce esthetic gingival margins and a predictable prosthetic outcome. For use with most major implant systems, this flexible solution consists of a custom healing abut-

ment that is ready to seat and easy to adjust, along with a matching custom impression coping to capture the gingival contours for the final restoration. Add a surgical stent for restorative-driven implant positioning, or even a custom temporary abutment with BioTemps provisional crown for immediate temporization in esthetically demanding cases.

GLIDEWELL LABS

949-440-3809 www.glidewelldental.com Booth #3219



Sensodyne Repair & Protect toothpaste builds a robust reparative layer over and within dentin tubules. The layer begins to form from the first use, and provides proven, lasting protection from dentin hypersensitivity.* Think beyond pain relief and recommend Sensodyne Repair & Protect

with twice daily brushing.

GLAXOSMITHKLINE 412-200-4000

www.dental-professional.com Booth #1625

PRODUCTNEWS



HealthFirst's new SM-Z Emergency Medical Kit provides organization and mobility to a practice's medications, devices, first-aid supplies, oxygen and AED. It is designed for the dental practice that wants to be fully prepared for an emergency that may occur in or near the office. Its contents represent today's standard-of-care and meet

recommendations from Dr. Stanley Malamed. The SM-Z includes the essential set of medications required to treat the most common medical emergencies that occur in the dental office, as well as the quickest and easiest medication delivery devices. It also provides essential life-saving devices and an auto-refill system.

> **HEALTHFIRST** 425-771-5733 www.healthfirst.com Booth #2213



For each pink Bluephase Style curing light sold during the month of October, \$100 will be donated to breast cancer research. The pink Blue-phase Style will be highlighted at the Ivoclar Vivadent booth during the 2013 American Dental Association (ADA) Annual Session in New Orleans, LA, from October 31 through November 3. The Bluephase

Style LED curing light is the latest advancement in dental curing lights. Its Polywave technology allows thorough, efficient curing of all dental materials, and its specially designed light probe easily accesses posterior teeth. The Bluephase Style can be used cordless or corded, and its slim design and intuitive two-button operation is lightweight, very small, and cures all.

IVOCLAR VIVADENT INC. 716-691-2233

www.ivoclarvivadent-us.com Booth #2739



National Dentex (NDX) introduces the NTI-tss Plus - a superior alternative to bite guards. The NTI-tss Plus protects teeth, muscles and joints by suppressing parafunctional muscle contraction. Delivery is easy as 1-2-3 with most dentists reporting less than 10 minutes of total chairtime. It simply and effectively treats patients suffering from brux-

ism, clenching, tension and migraine headaches by reducing the intensity of jaw clenching while they sleep. Stop by our booth to request a free sample!

NATIONAL DENTEX

877-942-5871 www.nationaldentex.com Booth #127



t United Concordia Dental, we focus on our customer in everything we do. We apply technology to deliver on-de-mand, personalized experiences like our mobile apps, digital tools and our responsive-designed website that makes it easy for consumers to connect with us - when, where and how they prefer. We are partners

with our dentists in the pursuit of better overall health through the oral health and wellness of our members.

> UNITED CONCORDIA 717-260-7438

www.secure.ucci.com/ducdws/home.xhtml Booth #912



ust introduced; a simple, economical solution to free-handed implant place ment from inno Dent. With this in-house, guided implant calibration system, the surgical guide is set-up on the patient's model and ready for surgery in minutes with a cost compa-rable to acrylic stents. Utilizing a sophisticated calibration

station, this adjustable surgical guide functions in all three planes of space, is compatible with dental implants on the market today, functions with cone beam imaging or standard x-rays and results in the most accurate path for implant placement. Visit the inno Dent booth to view this INNOVATIVE SOLUTION to guided implant surgery!

INNODENT

855-802-39898 www.innoDentCo.com

Booth #229



Higher taper Nickel Titanium instruments designed for mechanical removal of dentine using your current variable torque slow speed hand piece Features brass handles with color coded size ring, taper marking, NiTi strength and flexibility, and loose spirals for smooth easy cleaning of canal. Mity Roto T4 (.04 taper) has yellow stops and Mity Roto T6

(.06 taper) has blue stops for easy identification. Both are available in 21 and 25 mm lengths in sizes 15 thru 40 as well as assorted

JS DENTAL

800-284-3368 www.jsdental.com



■he industry's most intui-The industry a most mean tive practice management software is now even more user-friendly – Patterson Dental announces Eaglesoft 17. New features to simplify your daily routine include customizeď medical history, Eaglesoft Newsfeed, Patterson Auto Update via the web instead of

using a disc to install updates, CareCredit bridge providing a direct link to process credit applications, and integrated Clinician Lite for Eaglesoft Clinician users. Visit www.Eaglesoft.net for more information.

PATTERSON EAGLESOFT

651-686-1715 www.Eaglesoft.net Booth #2539



XDR Radiology, your complete imaging solution, introduces the Anatomic Sensor. Uniquely designed by dentists, its maximized mesial imaging area helps you capture challenging canine-premolar contacts, its rounded and beveled corners broaden the contact zone for increased patient comfort, its white face eases

XDR RADIOLOGY

888-XDR-DGTL (888-937-3485) www.XDRAnatomic.com

Booth #700



For practices and clinics who want the advantages of state-of-the-art dental isolation, Isovac is Isolite Systems' most versatile and affordable clinical option. Debuting at this vear's ADA Annual Session, the new adapter modifies a standard HVE so that any of the family of Isolite Mouthpieces can be easily attached. Its unique

design makes it super easy to clean and sterilize. Isovac is an excellent addition to hygiene or for affordably extending state-of-the-art isolation to additional operatories in your practice. See the debut of this exciting new product at Isolite Systems booth.

> **ISOLITE SYSTEMS** 800-560-6066 www.isolitesystems.com Booth #3227



MacPractice DDS 4.4 64 bit provides MacPractice users with even more Mac native digital imaging solutions of all kinds. MacPractice's 'Practicenvironment' interoperates with Patient Check In, MacPractice Clipboard and MacPractice iEDR iOS 7 compatible apps for iPad. A dentist can now discuss current conditions and treatment plan

with a patient while viewing their x-rays and photos on an iPad. New options include dental Inventory integrated with a barcode scanner and the office's fee schedule, and Time Clock. Use newly released Dragon Dictate Medical for Mac 3 with Notes, MacPractice's own word processor, and EDR TransWorld integration facilitates collections. PracticeVine facilitates online registration.

> MACPRACTICE 877-220-2418 www.macpractice.com Booth #1657



SIDental Web cloud-based technology provides anytime, anywhere access to patient data and enterprise , management. With no upfront infrastructure costs, it sig-nificantly reduces your capital investment. This innovative technology offers integrated all-in-one clinical administrative data management for your

practice by making it easier to access and view patient records, digital chartings, and patient data. With advanced graphical charting you have the ability to enter conditions and treatments easily, and plan procedures during the exam by completing convenient, easy-to-use forms. The tech-savvy patient registration tool delivers online data entry that is securely imported to the QSIDental Web database

> **QSIDENTAL** 800-888-7955 www.qsidentalweb.com Booth # 119



button on its immersible shell is easier to clean. The sensor is direct USB and has a durable yet replaceable Kevlar-reinforced cord. In synergy with XDR Software, the high signal to noise ratio and 19 micron pixel size mean you'll see both the subtlest of lesions and the tip of your #6 file.

NASCAR

Continued from Page 1

sold it and the kids bought it. Oh, how they got into it, clamoring to be first with the right answer to the pop quiz and a chance to win a miniature Greg Biffle 3M race car or, for special questions, if you're paying close attention, kids, an even bigger replica of the famous car. This is an auto racing town, famous for its championship competition and for the driver who does so well on this race track.

Dr. Paul Christian, president of the Delaware State Dental Society, introduced today's brush, floss, healthy eating, regular dental visits message with a few questions of his own.

Who has been to the dentist this year? Twice as many hands as children shoot skyward.

OK, who wants to be a dentist when you grow up? These children have been primed by the several speakers to have fun this day and to indicate attention by a show of hands, and they do.

Have you ever thought about not having any teeth? Yuck! Ewww!



Winner: One of the children at the Dover Air Force Base gleefully holds her pop quiz prize, a minature Greg Biffle 3M race car.

If this apple were your tooth and you had a cavity, it would look like this, says Dr. Christian, as he shows an apple with a dark brown spot. We don't want that do we? Your dentist can fix cavities but you can prevent them. You can win the race for oral health, something we all want.

Segue to NASCAR star Greg Biffle, who gives every impression of having fun himself, and he drives home a brush-your-teeth-for-two-minutes-two-times-a-day (2min2x.org) message. "We're getting ready to race at Dover this week-

Nov. 14-15 set for NIDCR conference

Bethesda, Md.-The National Institute of Dental and Craniofacial Research, one of the National Institutes of Health, invites clinicians and researchers to a Nov. 14-15 conference on Science and Dentistry in Action: Leading the Way Towards Better Health. Conference hosts and co-sponsors include the Delta Dental Plans Association and the Institute for Oral Health. Participants will receive five continuing education credits.

For the conference agenda, information and registration, visit the conference website cvent.com/d/w4q79f. ■

end. We won there in 2005 and 2008, and we're going to win again this year." He performed well enough to stand at sixth in the NASCAR Sprint Cup championship standings.

"There's another race we can win, too, but I need your help. That's the race for good dental health. How many of you want to help me win? (Cheers! Yay! Yes! Me!) The way to do that is two times a day for two minutes. This car can do a lap there (the Dover race track) in about 23 seconds. So while you're brushing your teeth, our team can run four laps in this car. Do you know what a pit stop is? That's where the race car pulls into a pit road for gas and tires. The crew can put four tires on this car and fill the gas tank in just 13 seconds. That means we can do nine full pit stops in two minutes. If we can do that in two minutes you

can spend two minutes putting your good dental health on the fast track."

Of course, you need a supporting cast and sponsors; you need social media messaging for an event like this. The former would include the U.S. Air Force Dover AFB team of welcoming and public affairs officers and civilian Dover AFB youth center staff, 16 dental hygiene students from the Delaware Technical Community College Terry campus, the American Dental Association, ADA Foundation, Henry Schein, Inc., Care Credit, 3M Racing and 3M ESPE Dental. The latter would include Facebook and Twitter.

There were brushing lessons on the lawn, oral health lessons offered inside and dental supply kits given to each child even before the festivities began.

"Together, we are committed to help raise

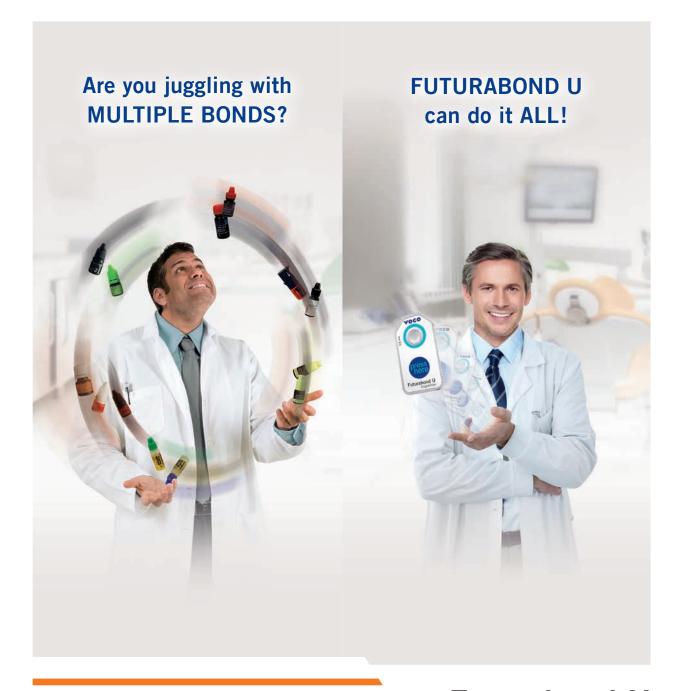
awareness of the importance of good oral health," said Jeffrey Chatham, Henry Schein Dental zone general manager, of this "amazing partnership."

A Facebook message of the day introduced seven tips for good oral health: With the kids heading back to school, here are some smart dental tips from the ADA for parents to share with their kids to help them start the school day off right.

A Twitter feed introduced the tips as New Dad @gbiffle recommends.

For more dental tips, visit 2min2x.org, ADA.org, MouthHealthy.org and the GKAS Facebook page, facebook.com/GiveKidsASmile, or follow the GKAS conversation on Twitter with #gkas or #givekidsasmile. \blacksquare

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Most dual-cure composites are contraindicated for use with self-etch bonding agents. This is not the case with **BRUSH&BOND®** and **ABSOLUTE DENTIN™**—they work great together! In fact, during Brush&Bond's development, Absolute Dentin was the composite material that the development team used as a bench-mark for establishing chemical bond to dual-cure resins. When you use the two materials together, the entire bonding-building-curing procedure shouldn't take more than 5 minutes.



Self-etching, self-priming 4-META based bonding system.

Reduce your chairside time with Parkell's remarkably efficient self-etch bonding system, **BRUSH&BOND®**. It works with all light-, self- and dual-cure resins— something not every self-etch bonding material can lay claim to. You can use it to bond direct and indirect restorations to all tooth surfaces, seal crown preps, assist with core build-ups, and act as a relief agent for patients with dentin hypersensitivity. An application of Brush&Bond creates a film just **5 MICRONS THICK**, so it has no adverse effects on final crown fit at all!

In the three steps it takes to apply Brush&Bond, you've created a durable, bonded, tripolymer shield that protects the tooth like bionic enamel and also:

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- Dual-cure: Self cures in 4 minutes or light cures in 40 seconds.
- Cures to a Barcol hardness of 72 the typical hardness of dentin.

There are plenty of reasons why **ABSOLUTE DENTIN™** makes for a smart addition to the operatory. For one, it stacks great and preps beautifully straight out of the cartridge. PLUS, you can apply it as a cement for endodontic posts or as a build-up material in the core of a broken-down tooth. It also costs less than the price of most other core materials and is available in both an economical 50ml cartridge, or a 10ml cartridge that's specially designed for easy handling and storage.





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