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Dr. Robert Ferris to receive 2013 ADA Distinguished Service Award

BY KELLY SODERLUND

It started with a simple job shadow.

Dr. Robert T. Ferris spent the summers of his youth following around his uncle, Dr. Alfred Ferris, in his Springfield, Mass., dental practice. He watched him treat and interact with patients and hobnob with local and state dignitaries who passed through town.

"The thing that stuck out more than the dental treatments was the kind of relationships he had with patients. They weren't just customers, they were friends," said Dr. Ferris, 76. "What a wonderful thing; to have people trust you so much."

The experience sparked a passion in Dr. Ferris and launched a more than 50-year career in dentistry that has yet to expire. It's been a career with many pit stops along the way, taking Dr. Ferris to dental laboratories, the U.S. Navy, periodontics, academia and leadership in organized dentistry.

Dr. Ferris

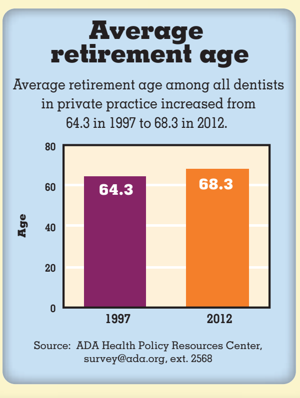
Dr. Ferris will make another pit stop at the House of Delegates meeting at ADA Annual Session in New Orleans next month when he receives the ADA Distinguished Service Award for 2013. Presented

See DSA, Page 24

BRIEFS

OSHA revises hazcom standard; Dec. 1 deadline for training

OSHA is requiring employer training by Dec. 1, 2013, toward employee understanding of new labels and safety data sheets entering the marketplace under a revised hazard communication standard taking effect through June 2016.



The new product identifiers, signal words, pictograms and hazard statements "will improve worker understanding of the hazards associated with the chemicals in their workplace," the Occupational Safety and Health Administration said at osha.gov.

"This training is needed early in the transition process since workers are already beginning to see the new labels and SDSs [safety data sheets, formerly known as material safety data sheets] on the chemicals in their workplace," the agency said.

See OSHA, Page 10

JUST THE FACTS

Average retirement age

Average retirement age among all dentists in private practice increased from 64.3 in 1997 to 68.3 in 2012.

Year	Age
1997	64.3
2012	68.3

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

Analgesics, anesthetics expert named Norton M. Ross Award recipient

BY JEAN WILLIAMS

Dr. Paul Moore's career has been a 'real joy'—despite the fact that it has been filled with lots of pain.

In a career spanning some four decades, Dr. Moore has stood at the fore of dental research in the realms of analgesics and anesthesia, working to eradicate suffering and phobia in dental patients. In recognition of his laudable career and his many successes, the ADA has named Dr. Moore recipient of the 2013 Norton M. Ross Award for Excellence in Clinical Research.

A professor and former chair of the department of dental anesthesiology at the University of Pittsburgh School of Dental Medicine,

See ROSS AWARD, Page 18

CDHC ambassador: Lori Wood, center, a Community Dental Health Coordinator in Honesdale, Pa., conducts a dental health education program for children at the Bayard Public Library while on a sabbatical in New Mexico.

CDHC program is nearly complete

BY STACIE CROZIER

With a decade of experience as a dental assistant and 13 years as a licensed dental hygienist, Lori Wood had already honed many of the clinical skills needed to be a Community Dental Health Coordinator. What drew her to the training program was the chance to gain experience in helping her patients outside the dental chair.

"For years, patients had shared their concerns with me about issues like not having transportation to get to the dentist or not understanding why preventive care was so important for their overall health," Ms. Wood said. "As a CDHC, I am able to go out into my community and talk to people one-on-one, provide

See CDHC, Page 31

ADA Catalog features new, updated resources

The ADA Catalog has an assortment of new and revised 2013 products to improve your dental practice. Here are some to consider:

Associateships, Valuing guides

The ADA Practical Guide to Associateships can help dentists effectively manage expectations and the business relationship when forming an associate arrangement.

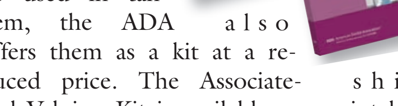
The ADA Practical Guide to Associateships (J045), also available as an e-book (J045D) and print and e-book bundle (J045B), offers strategies for determining the type of associate arrangement; contract terms; developing a practice philosophy; conducting a goals assessment; and phased buy-in process.

The guide features worksheets for cash flow, break-even and associate compensation analysis, and a sample associateship contract. It also addresses considerations for the dentist who is thinking about joining a large group practice.

The ADA Practical Guide to Valuing a Practice (J060) aids buyers and sellers in getting a balanced view of practice valuation.

Refuting many common valuation myths, this book raises awareness and provides guidance on possible legal and tax issues that may arise during this process; selling or buying an entire practice, a portion of a practice, and planning a future buy-in or buy-out; definitions of key terms; choosing the valuation method that is right for you; sample sales documents and contract provisions; and detailed explanations of various valuation concepts, such as the capitalized earnings, discounted cash flow and net asset methods.

The ADA Practical Guide to Valuing a Practice is also available as an e-book (J060D) and print and e-book bundle (J060B).



Because both guides can be used in tandem, the ADA also offers them as a kit at a reduced price. The Associateships and Valuing Kit is available as a print book kit (K022) as well as an e-book kit (K022D).

Save 15 percent on all ADA Catalog products through Nov. 30 with promo code 13152.

ADA/PDR Dental Therapeutics Online

The new ADA/PDR Dental Therapeutics Online offers the immediacy of daily updates to online content, providing access to the most authoritative digital drug reference available for dentists.

The ADA collaborated with Physician's Desk Reference to post the content of Dental Therapeutics on the Internet. The ADA, PDR, editor Dr. Sebastian Ciancio, 27 leading practitioners and Colgate-Palmolive Co. transformed the content for digital use.

A database of more than 50,000 drugs, ADA/PDR Dental Therapeutics Online (X064) is a comprehensive tool for both practicing dentists and dental students. The database is filled with brief, informative descriptions of drug categories. The online subscription provides access to PDR3D, a digital reference product that pairs the largest human drug label database available with an intuitive search platform allowing for access to critical label information.

Key features include crucial data on dosage, interactions, precautions and adverse effects; clear, well-organized tables on dental therapeutic agents that offer rapid access to information on common drugs used in dentistry, including some that carry the ADA Seal of Acceptance; an evidence-based overview of herbs and dietary supplements; and appendices that cover drug-related issues that affect dental practice, including substance abuse, tobacco-use cessation, agents that affect fetuses and nursing infants and others.

Save $10 on ADA/PDR Dental Therapeutics Online (X064) with promotional code 13160 through Nov. 15. One-year subscriptions are available to members at $69.95 and at retail for $104.95.

Patient education materials

Use the power of reinforcement to encourage good oral care habits, to help patients understand their dental conditions and diseases and help explain your plan for treatment with new and revised patient education products from the ADA Catalog.

Featured new and revised products this year include:

- The Chairside Instructor (W013, W014 Spanish, W013D English and W014D Spanish digital editions);
- The Chairside Instructor App for iOS (W013i);
- 20 revised and one new patient education brochures;
- 14 new and four revised personalized brochures, now with online proofing available at ADAcatalog.org.

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The Westin is offering double Starpoints with any stay now through the end of the year.

Simply book a hotel room at the Westin Michigan Avenue through the ADA at ADA.org/travel and enter Starwood Preferred Guest information when prompted.

Other ADA Chicago Hotel Program properties are also offering members additional seasonal winter rates beginning Dec. 8.

Hotels offering discounted rates include:

- Avenue Crowne Plaza Chicago;
- Four Seasons;
- Hilton Suites Magnificent Mile;
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- MileNorth, A Chicago Hotel;
- Ritz-Carlton Chicago;
- Westin Michigan Avenue.

To make reservations and for more information, visit ADA.org/travel. ■

Seasonal savings: Explore Chicago's Magnificent Mile and take advantage of ADA hotel deals.

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Creative diagnosis

There is no doubt that the dental profession is under assault from insurance companies—reduced reimbursements, decreased benefits and diminishing coverage for some procedures are all issues we have to face in our practices. Because of this, we all face financial pressures and threats to our bottom line. In response to these issues, I believe I've noticed an increase in the skill of what I call "creative diagnosis." I hope this is not a trend for our profession.

Jeffrey Camm, D.M.D.

As a board certified pediatric dentist, who has practiced 34 years with both a military and civilian career, I feel I understand the wide range of differences in teaching programs and dental schools across the country. I realize that diagnosis of decay is somewhat subjective and recall the old joke about any two periodontists who agree on a patient should form their own society. But the disparity of diagnosis I have seen recently is alarming.

Consider the 16-year-old who graduated from my practice and sought care at her mother's general dentist. The phone call I received from that dentist asking how I could miss 16 cavities (with a treatment plan of more than $3,000) was alarming. The mother's call to me was also alarming—what had I been doing all these years? After inviting the mother and daughter back to my office and taking new radiographs I again came up with a diagnosis of no decay. There were a few incipient lesions in the enamel, some of which had been there five or six years. We reviewed the old radiographs and I showed the mother that some of these incipiences had actually decreased in size as the patient had aged and started mouth rinses and flossing. At this point, questioning my own skills I showed the radiographs to five fellow dentists representing three different specialties. The range of opinions was zero to four cavities they would restore. The number 16 was off the chart. The same diagnostician had recommended these restorations before the end of the year because of the imminent possibility of endodontics.

Another patient brought their daughter to our office for a second opinion. Her 2-year-old had a full mouth series of radiographs (six X-rays on a 2-year-old!) and was diagnosed with a cavity requiring restoration and sedation. To begin with, I can't envision a scenario where a 2-year-old with no visual decay requires full mouth radiographs. The American Academy of Pediatric Dentistry states, "Radiographs should be taken only when there is an expectation that the diagnosis will affect patient care." This child had no teeth with contact points, you could see all her interproximal surfaces—in fact, her maxillary second molars had not yet erupted. My board-certified partner and I found no decay. And speaking of radiographs, the criteria for panoramic X-rays is not: will the child stand still and is it a covered benefit? Referrals of 4-year-olds to us with panos is maddening—there is no indication for it.

Our practice is often referred children who are medically compromised or of a pre-cooperative age requiring general anesthesia for treatment. These are wonderful referrals and a great service to the parents and children. In the past six months, my partner and I have been referred three children with extensive treatment plans that we can find minimal or no decay. I have to wonder what the criteria for caries has become. Many parents come to us on their own seeking second opinions

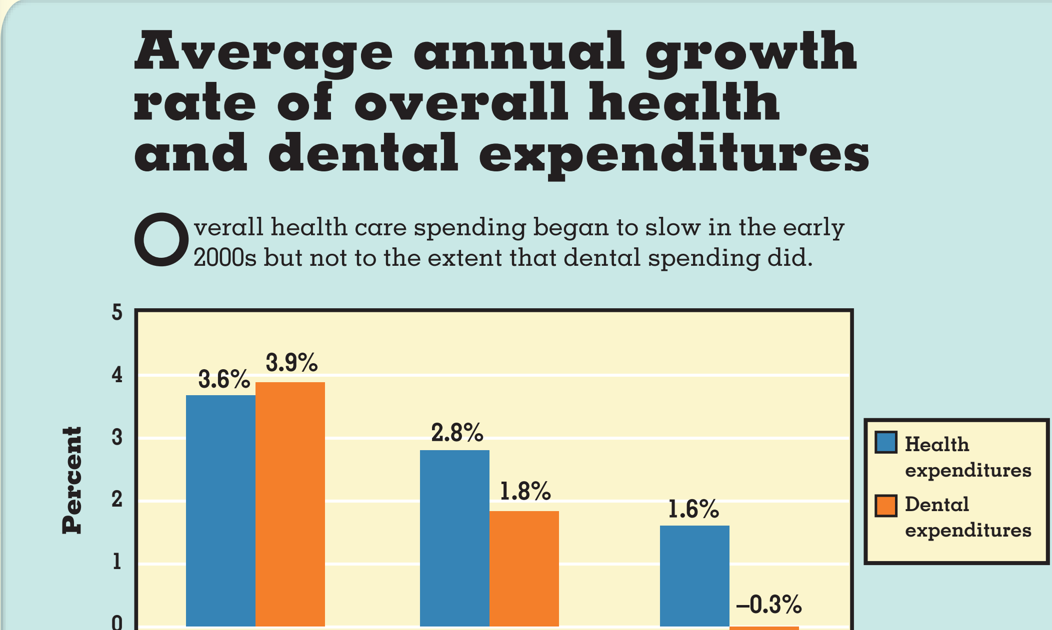
See MY VIEW, Page 5

LETTERSPolicy

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

Average annual growth rate of overall health and dental expenditures

Overall health care spending began to slow in the early 2000s but not to the extent that dental spending did.



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

Letters

More on dental visits

I would disagree with some of the points in Dr. Stephen Carter's letter (Sept. 16 ADA News).

Specifically, he seems to feel that the decline in dental visits is primarily due to people not having dental disease (fluoride, preventive intervention, etc.) I practiced for 40 years in a fluoridated community with a higher than average dental IQ and a higher than average percentage of insured patients, and it is my anecdotal opinion that dental disease is not dead. It is alive and well and thriving.

It is my opinion that people don't go for two reasons. It is expensive and it hurts. We need to think outside the box here. Everyone in public health seems to agree we have an access to care problem. I agree with Dr. Carter that training more dentists is not the answer because it addresses neither of the causes of declining dental visits. In other commercial enterprises, creating more supply should drive down prices, but in dentistry, with our $350-400K educations, that model does not apply.

So I would suggest a twofold approach. First, we need to make better use of auxiliaries (who earn auxiliary wages) to help drive down costs. Those of us with our pricey educations are spending a lot of time doing things that a technician could accomplish for a lot less money. We also need to drive down the cost of the education (I have no answers as to how). Making the visits more affordable would go a long way to increasing utilization.

Second, we need to focus more on prevention so we can eliminate the "hurt." Again, I don't have an answer as to how we get paid (and pay for our educations) for doing this.

We were told as students 40-plus years ago that caries would be wiped out in our lifetimes. That has simply not happened.

John Berk. D.D.S.
Castro Valley, Calif.

Delta kerfuffle

I am amused to read ("CDA challenges Delta Dental," Sept. 2 ADA News) that "Delta Dental's intent is to provide the best and most affordable dental benefit programs possible … ," as during my 62 years on earth (so far) I have never found "best" and "most affordable" to describe the same product or service.

Delta's further contention of being "committed to acting in the long-term best interests that balance the needs of its stakeholders, including enrollees, client groups and dentists" must be some sort of code for "our business model proposes diverting part of each benefit dollar to commissions, administrative expenses, executive salaries, profit, etc. and then convincing the ratepayers that the 65 percent left over to provide treatment somehow mystically provides a better result than the $1 that was originally available."

See LETTERS, Page 5

Letters

The sad reality is still that this travesty exists only with the full compliance of the dental profession, without whose participation the entire dental insurance industry's flawed business model cannot exist.

Joseph Carastro IV, D.M.D., M.S., M.P.H.
Goleta, Calif.

Life priorities

Dr. Chan's article ("Are You Living 'Out of Phase?'," Sept. 2 ADA News) was brilliant. It clearly defined the concept of enjoying the ride. Surviving some narrow escapes in Vietnam during my 1967-1968 service there taught me to be thankful for every day and to be able to recognize what is truly important in life. Dentistry is a wonderful occupation but one should not ever neglect the true importance of one's family and enjoying life with them.

Dr. Frederick G. S. Deal, D.D.S.
Centerton, Ark.

Emergency room visits

I read with great dismay the theories of Drs. Jarvis, Tepe, and Schrager on why emergency room (or to be more current, emergency department) visits were increasing for adult dental problems (Letters, Sept. 2 ADA News).

I do not know the parameters of Medicaid offerings in other states, but here in Arizona the legislature in a rather short-sighted attempt to rein in Medicaid costs eliminated the only remaining adult dental benefit—the extraction. Since that time ED visits for adult dental pain have skyrocketed. The EDs are only able to give palliative treatment, which does not address what could become a life-threatening situation and is not definitive care.

I do not believe it is appropriate to punish these people for poor diet choices. And I cannot believe that they consciously decide to be irresponsible. The Arizona Dental Association sponsored its first Mission of Mercy event last December, and I saw thousands of people willing to stand in line for two days before the event started in hopes of getting dental treatment.

I could list many anecdotes of those two days as can anyone who has participated in these events.

I worked in routing and that exposed me to the majority of the more than 1,600 patients that were seen. The biggest revelation was that the majority of them had been middle class citizens within the past five years.

I believe we should all be thankful for this wonderful profession that provides us with enviable lifestyles. That being said, we should all give back; there, but for the grace of God, go we all.

The problem in our state is one of short-sighted politicians, but I challenge the judgmental attitude which blames these patients, many of whom are coping with circumstances totally beyond their control. It has not been my experience that these people are undeserving or unappreciative.

Martin Margetis D.D.S., M.S.
Sun City, Ariz.

MyView

Continued from Page 4

regarding general anesthesia. The majority have minimal decay.

Nowhere is creative diagnosis more evident than the occlusal surfaces of permanent first molars. I can identify a patient's prior dentist by the fact that all the first molars are always restored on every patient I see coming out of that office. I attended a lecture at a national meeting a few years ago on differentiating between sealants and occlusal caries. The take home message from the lecture was, when in doubt always do restorations. Seriously? Whatever happened to minimally invasive dentistry? There is ample evidence based literature that proves minimal decay (if in fact there was decay at all) with a sealant will not progress. If there is a question, I suggest placing a sealant with future evaluations expected. Maybe not as financially beneficial for the dentist but certainly less invasive for the child.

The difficult task for me with all this creative diagnosing is trying to explain to the parent why my treatment plan is hundreds (thousands?) of dollars different than someone else's treatment plan. I can only cover up so much with my explanation of different treatment criteria, sharper explorers, conservative vs. more aggressive therapy, blah, blah, blah.

My solution? Look in the mirror. Take radiographs that are necessary, not just covered by insurance. Find decay that another dentist looking over your shoulder would agree with. Treat your patient exactly as you would wish you or your family was treated. And as Hippocrates said, "First, do no harm." Are you increasing the creative diagnosis portion of your practice? Is creative diagnosing becoming a new skill in the dental profession? I hope not—for the sake of our patients and profession.

Dr. Camm practices at Fircrest Children's Dentistry in Fircrest, Wash. His comments, reprinted here with permission, originally appeared in the July issue of the Washington Dental Association News.

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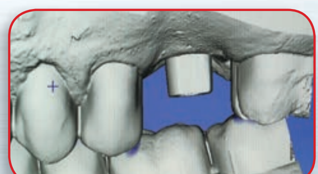
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GOVERNMENT

New privacy practice notices required

BY CRAIG PALMER

Washington—Model Notices of Privacy Practices are available from the U.S. Office for Civil Rights for use by HIPAA-covered health care providers and health plans. Most covered entity dental practices must provide notices explaining how the practice may use and disclose patient information and some of the rights patients have to control their information.

The updated ADA Practical Guide to HIPAA Compliance Privacy and Security Kit explains the Notice of Privacy Practices requirement and other changes under the Health Insurance Portability and Accountability Act omnibus final rule issued Jan. 17, 2013, and effective March 26 for compliance by Sept. 23, 2013.

The Association offers as examples of changes to existing HIPAA compliance programs required by the omnibus final rule and covered in the ADA HIPAA manual:

• New requirements for the Notice of Privacy Practices;

• Business associate agreements must be revised to include new provisions;

• A "compromise standard" replaces the "harm standard" under the breach notification rule;

• New rules on the sale of protected health information, marketing communications and fundraising;

• A new patient right to restrict disclosure to a health plan when the dental practice has been paid in full;

• Expanded rights of patients to receive electronic copies of their electronic protected health information;

• New rules on the disclosure of protected health information of decedents;

• Expanded definition of "business associate";

• New compliance obligations for business associates and subcontractors; and

• An expanded definition of protected health information to include genetic information.

A dental practice is covered by HIPAA if it sends a "covered transaction" in electronic form, such as submitting a claim to a dental plan, or if another party, such as a clearinghouse, sends an electronic covered transaction on behalf of the dental practice. Other examples of covered transactions and information about covered entities are available from the Centers for Medicare & Medicaid Services at hhs.gov.

The HIPAA privacy rule gives individuals a right to be informed of the privacy practices of health care providers and health plans.

The U.S. Department of Health and Human Services Office of the National Coordinator for Health Information Technology and Office for Civil Rights Sept. 16 released model Notices of Privacy Practices for covered entity health care providers and health plans to use to communicate with their patients and plan members. Three privacy notice options customizable by users and a text-only version are available from the Office for Civil Rights at hhs.gov.

The ADA Complete HIPAA Compliance Kit (J598) describes changes under the HIPAA omnibus final rule and offers tools to help dentists design and implement a comprehensive HIPAA compliance program. To purchase the kit visit adacatalog.org or call the ADA member service center at 1-800-947-4746. ■

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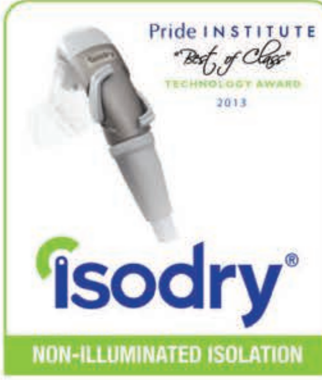

Apply by Nov. 13 for ADAF dental student community outreach grants

The application deadline is Nov. 13 for two $5,000 ADA Foundation grants that support dental student community outreach projects.

The Bud Tarrson Dental School Student Community Leadership Award and the Dr. Thomas J. Zwemer Award seek applications from dental student groups with dental student outreach programs.

Each award provides funding to a dental school for its winning student outreach program. For applications and award guidelines, and to read about last year's winning programs, visit adafoundation.org. ■

HIPAA rules may affect email communications

BY CRAIG PALMER

Washington—Dentist email communications with patients may be affected by new HIPAA rules.

The Health Insurance Portability and Accountability Act omnibus final rule that took effect March 26 for compliance by Sept. 23 includes new requirements that may apply when a patient requests an electronic copy of his or her information from a covered dental practice that maintains the record electronically.

Under the new rule, if a patient requests that the information be provided in an unencrypted email, the dental practice may be required to provide the information that way if the practice has advised the patient of the risk that the email might be accessed by an unauthorized third party and the patient still prefers to receive the information in an unencrypted email.

HIPAA requires that covered dental practices implement reasonable safeguards, including reasonable procedures, to ensure that the practice correctly enters the email address. The practice is not responsible for the email while in transit nor once it is delivered to the patient.

A dental practice would be prudent to consult qualified legal counsel to determine whether the practice is covered by HIPAA and how to respond to patient requests in compliance with applicable state and federal law.

The updated ADA Practical Guide to HIPAA Compliance Privacy and Security Kit provides more information on the new rule and a more detailed explanation of the procedures for responding to patient requests for copies of electronic records, including email responses. To purchase the ADA Complete HIPAA Compliance Kit (J598) visit ADAcatalog.org or call the ADA member service center at 1-800-947-4746.

The U.S. Office for Civil Rights, which enforces the HIPAA privacy rule, offers responses to frequently asked questions about email communication of protected health information (PHI) at hhs.gov/ocr, including these questions:

- Does the HIPAA privacy rule permit health care providers to use e-mail to discuss health issues and treatment with their patients?
- Does the HIPAA Privacy Rule permit a doctor, laboratory or other health care provider to share patient health information for treatment purposes by fax, email, or over the phone?
- Does the Security Rule allow for sending electronic PHI (e-PHI) in an email or over the Internet? If so, what protections must be applied?
- Does the HIPAA Privacy Rule permit a covered health care provider to email or otherwise electronically exchange protected health information with another provider for treatment purposes?

In addition to the new HIPAA requirements, recent media reports suggest that at least one vendor reassigns email addresses the vendor deems to be "inactive," which might pose a risk for a dental practice that emails patient information to an address that has been reassigned to an unauthorized third party. ■

Safety Awareness Campaign reminds members to check equipment, supplies

BY KIMBER SOLANA

As time falls back an hour this fall, dentists are encouraged to check more than their watches and the clocks in their dental offices.

The ADA's Safety Awareness Campaign, for a second year, is back to prompt members to regularly inspect their equipment and supplies.

"Safety for our patients and the entire office team is of paramount concern so instituting a system to regularly inspect equipment and supplies is very important," said Dr. Jade Miller, chair-elect of the Council on Dental Education and Licensure's Committee on Anesthesiology.

While some equipment in dental offices is regularly inspected because of a state or federal regulatory mandate, he said, other supplies and other dental equipment should also be routinely checked.

Along with the councils on Communications, Dental Practice, Membership and Scientific Affairs, CDEL developed a safety checklist for dental teams to ensure equipment is properly working, along with life-saving emergency medications and devices.

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

"Much like a pilot does prior to every flight, we created a system, primarily a check list to go through twice a year," Dr. Miller said. Dentists are also encouraged to perform the safety checks in the spring, when daylight saving time begins.

Download a copy of the Safety Checklist for Dental Equipment at ADA.org/1692.aspx. Daylight saving time ends Nov. 3. ■

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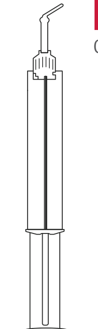

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Ad Council campaign shows success in survey

BY KELLY SODERLUND

Turns out, that two minutes paid off.

More parents report that they are regularly monitoring and maintaining their child's oral health, which means more children are regularly brushing their teeth. This is according to a survey from the Ad Council and the Partnership for Healthy Mouths, Healthy Lives, which one year ago Aug. 29 launched Kids' Healthy Mouths, a campaign of public service announcements designed to teach parents, caregivers and children about the importance of oral health.

The Partnership for Healthy Mouths, Healthy Lives was formed by the American Dental Association and 35 other groups in the dental community, and it and partnered with the Ad Council to produce

the campaign. The English and Spanish-language TV, radio, print, outdoor and digital PSAs poke fun at the myriad of inane things children spend their time doing and highlight that it only takes two minutes, twice a day to help maintain a healthy mouth and prevent future oral pain.

"Brushing for two minutes now can save your child from severe tooth pain later," the videos say. The videos can be found at 2min2x.org, which also includes music, information about children's teeth and other resources.

"These are some of the strongest survey results we've seen after only one year of a campaign. This is the first campaign in the Ad Council's 71-year history to address oral health, and we are proud to be part of such an important effort to improve the lives of millions of parents and children," said Peggy Conlon, president and CEO of the Ad Council.

More than 1,000 English-speaking and more than 500 Spanish-speaking people were surveyed. According to the study administered by the Ad Council:

- more than 50 percent of parents surveyed have seen or heard the PSAs;
- more parents in 2013 reported that their child brushes at least twice a day compared to before the campaign launched (55 percent of English-speaking parents in 2013, up from 48 percent last year, and 77 percent of Spanish-speaking parents this year, up from 69 percent in 2012);
- parents in 2013 were also more likely to report their child brushes for at least two minutes at a time (64 percent of English-speaking parents in 2013, up from 60 percent last year, and 77 percent of Spanish-speaking parents in this year, up from 69 percent in 2012);
- an increased number of English and Spanish-speaking parents reported being "good" or "very good" at making sure their child brushes at least twice a day (65 percent of English-speaking parents this year, up from 60 percent in 2012, and 77 percent of Spanish-speaking parents in 2013, up from 73 percent last year) for two minutes each time (58 percent of English-speaking parents in 2013, up from 53 percent in 2012, and 79 percent of Spanish-speaking parents in 2013, up from 75 percent in 2012).

Since the Kids' Healthy Mouths campaign launched, it has been embraced by media outlets throughout the country, which have donated more than $33 million in free ad time and space. There have been more than 1.3 million visitors to the website and the campaign's message has yielded partnerships with influential parent-focused websites, endorsements from celebrity moms and strong support from the dental community.

"We are extremely pleased with these results and with the overall impact of our campaign. Many dental problems can be avoided through simple changes in routines, and we're seeing now how receptive Americans are to this message," said Gary Price, secretary and CEO of the Dental Trade Alliance Foundation. "Through our collective efforts together with the Ad Council, we have become the foremost voice on the issue of improving children's oral health nationwide."

The campaign has gone further in recent months—offering children's oral health tips to parents on their cell phones through text messages. Parents can subscribe by texting "BRUSH" to 30364 or by visiting the homepage of 2min2x.org.

In the upcoming months, the campaign will launch a new mobile game app for kids and their parents and a new national in-school oral health education program that aims to reach lower income and minority children and their families. English- and Spanish- language brochures will also be distributed to dental offices this fall. ■

–soderlundk@ada.org

Promote National Brush Day on social media

What better day to remind parents and their children about the importance of brushing than the day after Halloween?

To help make the inaugural National Brush Day on Nov. 1 a success, the Ad Council and the Partnership for Healthy Mouths, Healthy Lives want as many supporters as possible to make a pledge on social media.

To make the pledge, people can sign up through Thunderclap, a social media platform, at http://thndr.it/GWA3wf to send out a tweet and/or Facebook post of support.

The pledge, "It's National Brush Day! I pledged to help keep kids' mouth healthy by brushing #2min2x a day! #NatlBrushDay" will then be shared at noon on Nov. 1. Thunderclap will trigger everyone's posts to be released simultaneously on National Brush Day.

National BRUSH DAY NOV 1

"Social media gives us a great way to remind people to take good care of their teeth," said Dr. Kathy O'Loughlin, ADA executive director. "Our National Brush Day message will pop up right in their social media news feeds alongside pictures from Halloween—ultimately reaching out to people where they are. We hope ADA members take the pledge and encourage others to do so as well."

National Brush Day highlights the importance in making sure kids brush for 2 minutes, twice a day, every day of the year.

According to a recent survey from the Ad Council, more parents report they are regularly monitoring and maintaining their child's oral health following its Kids' Healthy Mouths campaign. (See story on Page 8.) ■

Alliance charity programs reach out to residents in New Orleans

BY STACIE CROZIER

The Alliance of the American Dental Association will launch a new program in conjunction with its 2013 convention and the ADA Annual Session to help expectant moms and babies learn the hows and whys of good oral health.

Healthy Smiles from the Start will launch Nov. 4 at the Louisiana State University Health New Orleans School of Dentistry. The Alliance is working with the ADA and Henry Schein Cares to create the program.

Alliance members will be able to request the Healthy Smiles from the Start materials to distribute locally to hospitals and community health centers with established prenatal education classes. The materials will include educational brochures and a DVD for the educator to use. Alliance members have set a goal to have Healthy Smiles from the Start materials in at least three prenatal classes per state within the first year, and increasing that to 10 per state by the end of 2016.

The Alliance will also donate 3,000 oral health kits for clients of the New Orleans Metropolitan Center for Women and Children for its second national Head-to-Toe project.

With support from the dental community and volunteers from around the country the Alliance received many donations in advance. As of Aug. 28, contributors had already sent 3,433 toothbrushes, 1,908 flosses, 2,110 tubes of toothpaste and countless other items for the program.

"Promoting a project in which we give to our communities, in this case our host city, is what distinguishes the Alliance and its long history," said Johanna Manasse, co-creator of the H2T project.

New Orleans METRO serves abused women and their children throughout New Orleans, offering them emergency services as well as shelter and counseling. ■

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Recall issued for public access defibrillators

Newtown, Pa.—HeartSine Technology has voluntarily recalled its Samaritan 300/300P public access defibrillators, and the U.S. Food and Drug Administration has advised of the recall through its MedWatch safety alert system.

The recall advises of two separate issues that may cause malfunctions in some of HeartSine Technology's Samaritan 300/300P PAD devices, which may consequently fail to deliver therapy to a patient in a sudden cardiac arrest event.

One issue is that some of the devices manufactured before December 2010 intermittently switch on and off, potentially depleting the device's battery.

The other issue is some of the devices contain early versions of battery management software that may cause the devices to shut off when they misinterpret a temporary drop in battery voltage as signaling a low battery charge.

Either condition could cause the devices to be unable to deliver therapy during a cardiac event.

One or both of these issues may affect Samaritan 300/300P PAD devices with the following serial numbers:

- 0400000501 to 0700032917
- 08A00035000 to 10A00070753
- 10C00200000 to 10C00210106

Dentists and other health care professionals who have Samaritan 300/300P PAD devices with these serial numbers should contact HeartSine Technologies for a free upgrade kit.

Email heartsine6265@stericycle.com or call 1-877-877-0147.

The FDA encourages health care professionals and patients to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Call the FDA at 1-800-332-1088 to request a reporting form, or complete and submit a form at www.fda.gov/MedWatch/report.htm. ■

See Annual Session highlights online

Bill Clinton's speech, other programs to stream live from New Orleans

ADA365

New Orleans—Even those who aren't traveling to the ADA Annual Session in New Orleans Oct. 31-Nov. 3 can still experience the highlights of the meeting.

Log on to ADA.org/ADA365, the online extension of the Annual Session.

Viewers can watch President Bill Clinton's address during the Opening General Session and Distinguished Speaker Series Oct. 31 from 9-10:30 a.m.; view Education in the Round courses; see additional lectures and participate in live chats with the speakers; and virtually tour the exhibit floor.

ADA members should have received an email invitation to register for ADA365. Log on ADA.org/ADA365.

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. ■

OSHA

Continued from Page 1

The ADA regulatory compliance manual offers further information on training requirements for the revised hazard communication standard to align with the United Nations' Globally Harmonized System of Classification and Labeling of Chemicals.

As required by OSHA, dentist employers must train their staff on the new label elements and new safety data sheet format by Dec. 1. Employers or dental office compliance managers must also update alternative workplace labeling and their hazard communication program as necessary and provide additional employee training for newly identified physical or health hazards by June 1, 2016, according to ADA's regulatory compliance manual.

To order the manual and keep abreast of changes to OSHA regulations, call the ADA Member Service Center at 1-800-947-4746 or go to ADACatalog.org and request S696B. ■

Cincinnati opens state's first in-school, sustainable dental clinic

BY KIMBER SOLANA

Cincinnati—As dental care continues to be a major unmet health need in Ohio, a collaboration between public and private organizations is doing its part to expand access for hundreds of Cincinnati-area children.

The Cincinnati Health Department, the Cincinnati Dental Society's Oral Health Foundation, and about a dozen other partners, held a ribbon-cutting ceremony Sept. 23 to celebrate the opening of the Delta Dental Center at Oyler School. It's set to be the first self-sustaining, in-school dental clinic in the state.

"The reality is that every day children in our schools miss learning opportunities because of dental pain," said Dr. Marilyn Crumpton, director of School and Adolescent Health at the Cincinnati Health Department.

"This collaborative, public-private partnership will ensure treatment for many children and ultimately improve academic performance," she said.

The clinic operates with three dental chairs and will serve 900 children (ages 0-18) a year from Oyler School and the surrounding community. By the third year, the clinic is expected to reach full capacity, providing service to more than 1,300 children.

The clinic from the K-12 school will be staffed with a full-time dentist, an expanded functions dental assistant, three dental assistants and a part-time dental hygienist.

Meanwhile, for three to four days per month, the Cincinnati Dental Society will staff the clinic with volunteer dentists and appropriate support staff to treat the uninsured.

The Cincinnati Dental Society has been providing free dental care to children for eight years. Joining the collaboration only made sense, said Vicki Nixon, Cincinnati Dental Society executive director.

"It was a natural progression to gain more access to children who are uninsured," she said.

Other founding partners in the creation of the clinic are: Children's Oral Health Network; Cincinnati Children's Hospital Medical Center; Cincinnati Public Schools; Community Learning Center Institute; Delta Dental Foundation; Growing Well Cincinnati; Interact for Health; Junior League of Cincinnati; Oyler School; and Procter & Gamble.

Founding partners made contributions to cover startup costs. However, for public-private partnership, sustainability was a top priority, said Dr. Patricia Walter, board member of the Cincinnati Dental Society's Oral Health Foundation.

The clinic will be self-sustaining due to the clinical efficiencies of both the volunteer and permanent staff teams. It will also qualify for enhanced reimbursement rates as an access point of a local Federally Qualified Health Center, said Rocky Merz, Cincinnati Health Department public information officer.

"Everyone left self-interest out the door, and we said, 'Let's do this together,'" said Dr. Walter. "It was so important to all of us in the beginning that we're here for the long haul." ■

—solanak@ada.org

Registration for ASDA 2014 Annual Session opens Nov. 5

Anaheim, Calif.—Dental and predental students can register starting Nov. 5 to attend the American Student Dental Association 2014 Annual Session set for Feb. 26-March 1 at the Disneyland Hotel.

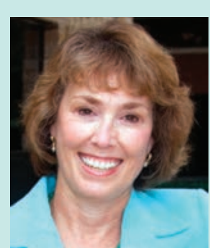
Attendees can expect to:

- Discuss and vote on association policy in the business meetings of ASDA's House of Delegates;
- Elect the executive committee, speaker of the House and district trustees;
- Hear the latest updates on issues such as workforce models and student debt;
- Discuss research at the Student Research Poster Session;
- Learn about dental products and services, and make contacts with organizations at the exhibit fair;
- Celebrate the successes of ASDA members at the Gold Crown Awards Ceremony and the President's Gala.

To register, visit ASDAnet.org/AnnualSession. ■

Correction

In the Sept. 16 article "New Leaders Named at Dental Schools," the ADA News misidentified the school where Dr. Linda Niessen—now dean of Nova Southeastern University College of Dental Medicine—earned her Doctor of Dental Medicine degree. She earned her D.M.D. from the Harvard School of Dental Medicine. The ADA News regrets the error. ■


Dr. Niessen

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UMKC unveils Innovation Center

BY KIMBER SOLANA

Kansas City, Mo.—The University of Missouri-Kansas City School of Dentistry has a new tool to help its students transition into their careers.

The school unveiled Sept. 16 the Dr. Charles Dunlap Innovation Center for Research and Education in Technology, a test and simulation lab for students.

The innovation center will operate similarly to a small dental practice, allowing students to get hands-on experience in practice management, including solving human resources issues, billing, record-keeping, scheduling, financing a practice and managing debt.

Dr. Pyle

Also, in partnership with the Center for Research and Education in Technology, students are exposed to the latest equipment and technology used in dentistry. Founded in 2004, CRET is a nonprofit association of dental industry leaders that partners with academic institutions to develop technology education programs.

"Equipment is a major investment when opening a practice," said Dr. Marsha Pyle, UMKC dean. "The center will give students the understanding, skills and confidence they need to be successful entrepreneurs and empathetic, astute care providers by applying their knowledge in practical exercises."

Dr. Pyle said this allows students to make evidence-based decisions on what equipment to purchase when starting their own practice.

About $2.25 million was raised for the center, including a $1.5 million endowment from alumni. The Stanley H. Durwood Foundation, which also helped fund the project, and other donors chose to name the innovation after Dr. Dunlap, who had a 45-year career at UMKC.

The innovation center includes some of the latest in technology including dental chairs, lighting systems, laser handpieces, digital X-ray equipment, and computer-aided design and manufacturing equipment, said Dr. Edward Rossomando, director of CRET. Six manufacturers donated the equipment to the 2,026-square-foot center.

"Since about 2000, the rate of innovation in dental technology has been astounding," said Dr. Rossomando. "As a result, many dental schools have not been able to able to keep up with the acquisition of new technology."

The school's innovation center is the second in the nation as part of effort by CRET to ensure dental students can keep up with an increasingly technology-driven world. Loma Linda University School of Dentistry in California opened a similar innovation center earlier this year.

"This project resonated with a lot of people as something truly helpful to our students," Dr. Pyle said. "Over the years, students wanted more experience in practice management to add value to their education. This project merges education, practice management and technology." ■

Scholarship honors late Dr. DePaola

BY KIMBER SOLANA

Washington—In memory of the late Dr. Dominick DePaola, a renowned dental educator and researcher, the American Dental Education Association established a scholarship to help train future academic leaders.

The scholarship was established in collaboration with the American Association for Dental Research with a commitment from the Colgate-Palmolive Co.

The $15,000 scholarship award is given to an academic dental institution faculty member, who has shown potential for leadership, to participate in the ADEA Leadership Institute. The yearlong program seeks to prepare the scholar for a leadership position in an academic dental institution.

Dr. DePaola

"We are pleased to support this important scholarship in the name of such an influential leader," said Dr. Fotinos S. Panagakos, global director of Scientific Affairs at Colgate-Palmolive Co., in a press release.

Dr. DePaola died unexpectedly April 16 at his home in Palm Beach Gardens, Fla. He was 70. He was highly regarded for his research on nutrition as it relates to oral health and disease—work that earned him an honorary membership in the American Dietetic Association, the only dentist so honored.

Throughout his career, Dr. DePaola published more than 80 scholarly articles and textbook chapters. He also gave more than 1,000 national and international lectures. In addition, he was the first person to hold both the ADEA and AADR presidencies. At the time of his death, he was academic dean of the Nova Southeastern University College of Dental Medicine in Fort Lauderdale, Fla.

"Dom was a warm, inspiring leader who lives on through the countless lives he touched during his decades of service to academic dentistry and patient care," said Dr. Richard W. Valachovic, ADEA president and CEO. "We are proud to honor his commitment to academic dentistry with this scholarship to help develop future academic leaders." ■

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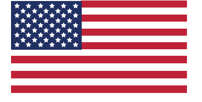

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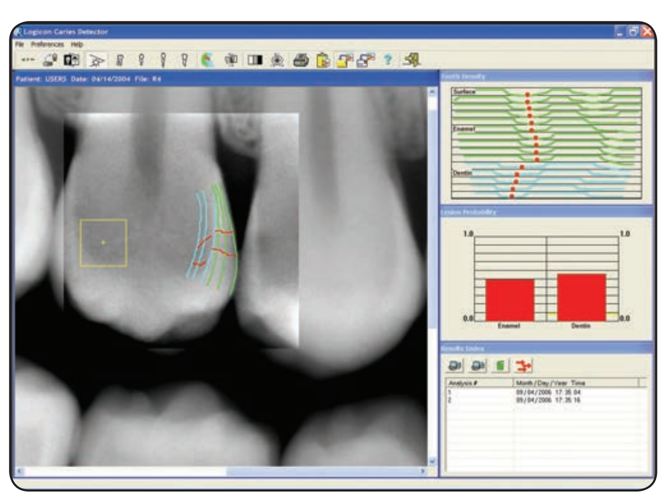

*Clinically measured true positive rate of 90% and true negative rate of 88%. Source: Gakenheimer, David C. "The Efficacy of a Computerized Caries Detector in Intraoral Digital Radiography," Journal of the American Dental Association 133 (2002): 883-890.

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HDAF, P&G Oral Health award scholarships to 16 Hispanic students

BY KIMBER SOLANA

Cincinnati—The Hispanic Dental Association Foundation and Procter & Gamble's Oral Health Group (Crest) named this year's 16 recipients of their annual scholarship program in support of the next generation of Hispanics seeking a career in dentistry.

The scholarship is part of a collaborative effort to educate and improve the state of oral health of the Hispanic community, said Dr. Sarita Arteaga, HDAF president.

"We recognize that there is a limited number of students from under-represented populations who go to dental schools. One of the reasons is financial," she said.

The scholarship, established 18 years ago, is one way to help students cover the cost, Dr. Arteaga said. The students have been accepted into an accredited dental hygiene, dental assisting or dental technician programs.

The announcement was made Sept. 26, on the first day of the Hispanic Dental Association annual meeting and in celebration of Hispanic Heritage Month.

The students were chosen based on academics, community service, career goals, and commitment to improving oral health in the Hispanic community. The scholarships' amount varies based on those factors.

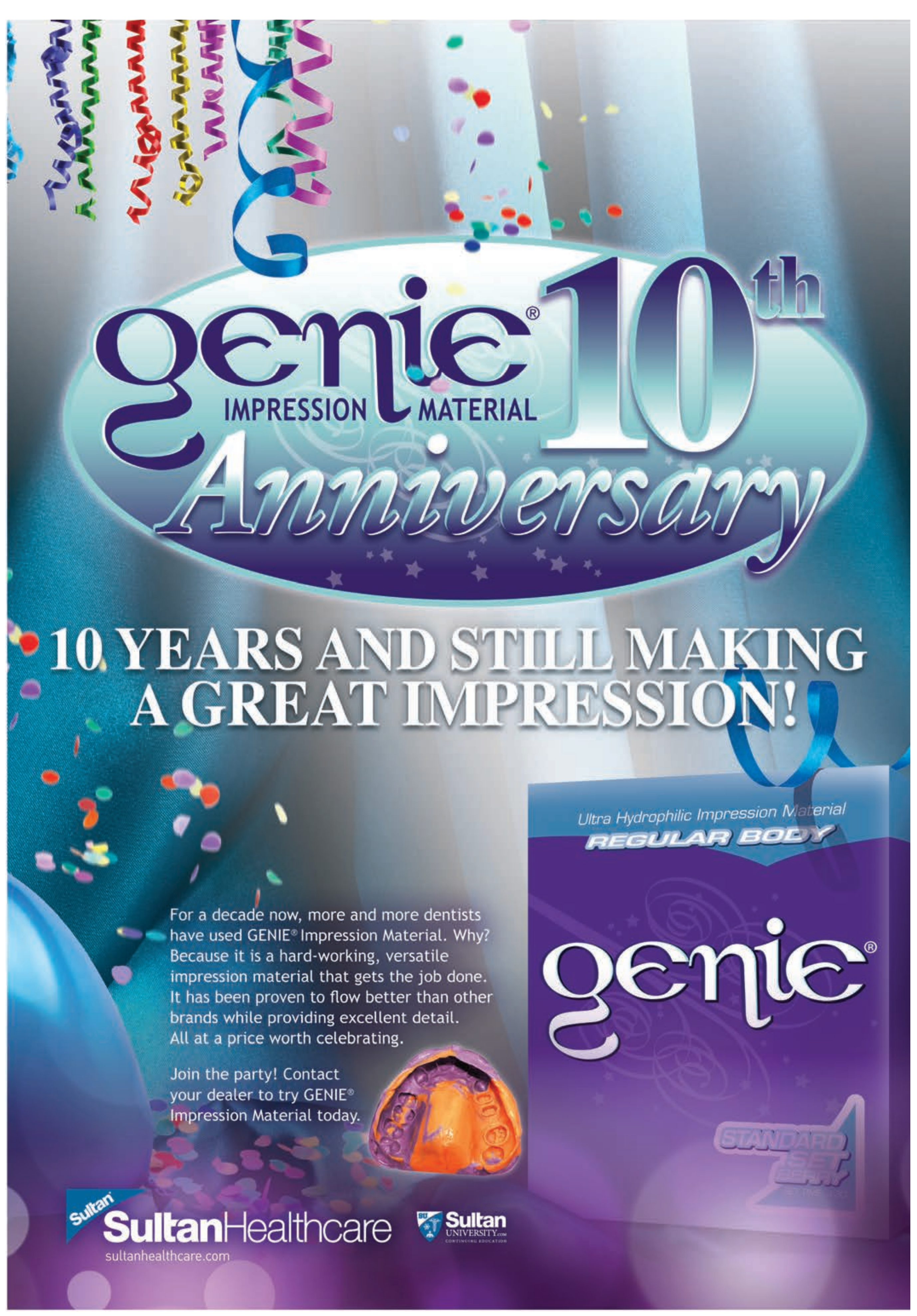
In addition to providing scholarships, Crest and HDAF are also conducting outreach efforts to help correct oral health misperceptions that remain in U.S. Hispanic communities. For example, Dr. Arteaga said, many in the community believe cavities can be brushed away.

On Oct. 5, Crest and HDAF partnered with Univision at their annual Feria Es El Momento, a Spanish-language education fair, to teach Hispanic families about the importance of oral care and how to become a dental professional.

Dr. Arteaga said the scholarship and outreach events are simply small steps to reach their goal of eliminating oral health disparities in the Hispanic community.

"As a U.S. Hispanic, I want to change the oral health perceptions in my community and this scholarship will aid in reaching that goal," said Christian Paez, scholarship recipient, in a press release.

Other recipients of scholarships are: Alejandro Barerra, Laredo, Texas; Aliana Caridad, Pompano, Fla.; Alina O'Brien, New York, N.Y.; Ana Calles, Westlake, Ohio; Ana De La Torre-Ordaz, Portland, Ore.; Andres Villalobos, Minneapolis; Antonio Quintanilla, Houston; Ashley Elliot, Hillsboro, Ore.; Britta Martinez, Chandler, Ariz.; Mr. Paez, Laredo, Texas; Franco Cevasco, Pflugerville, Texas; Jose Mendoza, Pasco, Wash.; Paula Lee, Wilsonville, Ore.; Penelope Cornelio, Lawrence, Mass.; and Vanessa Moore, Baltimore. ■



Council of Interstate Testing Agencies to use ADEX licensure exam in 2014

BY KIMBER SOLANA

The American Board of Dental Examiners, Inc. announced that the Council of Interstate Testing Agencies will administer the ADEX examination for licensure in 2014.

"It is now possible, through ADEX, for about 70 percent of graduating dental students to take one exam and be accepted in 45 licensing jurisdictions," said Dr. Bruce Barrette, ADEX president.

CITA is composed of one U.S. territory (Puerto Rico) and five member states: Alabama, Kentucky, Louisiana, North Carolina and West Virginia.

"The members of CITA are extremely pleased with this new relationship," said Dr. Stan Hardesty, CITA president, in a press release. The CITA board voted Sept. 19 to administer the ADEX clinical dental licensure examination for the upcoming 2014 testing season.

Dr. Ronald Venezie, chair of the ADA Council on Dental Education and Licensure, commended the agreement between CITA and ADEX, saying it is another step forward for the profession.

"The ADA has long supported the development of a common core of requirements and guidelines for the clinical licensure examination process," Dr. Venezie said. "Broader acceptance of a common clinical examination will help to facilitate freedom of movement for dental professionals."

With the addition of CITA, three of the country's five regional dental testing agencies now participate in the ADEX dental licensure examination process, Dr. Barrette said. The Southern Regional Testing Agency and the Northeast Regional Board of Dental Examiners testing agency also utilize the ADEX dental licensure examination process.

Dr. Barrette said ADEX continues to reach out to other dental testing agencies to participate in the ADEX dental licensure examination process. ■

MEMBERSHIP

AzDA's 'We Are One'

Campaign highlights need to work together to grow membership

We Are One: Dr. Robert Faiella, ADA president, and Dr. Greg Pafford, AzDA president, join members of the Arizona House of Delegates in the unveiling of AzDA's "We Are One" theme.

BY KIMBER SOLANA

Sedona, Ariz.—The Arizona Dental Association (AzDA) unveiled its "We Are One" theme, a concept showcasing its commitment to the "Power of 3" to strengthen collaboration throughout the tripartite to grow membership and build member value.

"We Are One" highlights the need for the ADA, state dental associations and local dental societies to work together in addressing uncertainties facing organized dentistry, including the need to grow membership, said Dr. Greg Pafford, AzDA president.

Dr. Robert A. Faiella, ADA president, who attended the unveiling of AzDA's campaign at the Arizona House of Delegates Sept. 23-24 praised AzDA's commitment.

"The Arizona Dental Association understands the importance of alignment in the tripartite to improve efficiency, avoid duplication of effort, and maximize value to our members by taking advantage of the best each level has to offer," said Dr. Faiella. "The ADA and state and local dental societies all serve important roles in the value equation. Dr. Pafford and the AzDA board are to be commended for this effort on behalf of their members."

> **"The camaraderie and friendships we build through tripartite membership are our greatest assets."**

Both Dr. Faiella and Dr. Pafford addressed the Arizona House of Delegates and emphasized the importance of a unified voice when it comes to growing membership and increasing member value.

"It is important that we show dentists the value of becoming a member and that we listen, we care, and that we are stronger together," Dr. Pafford said. "The camaraderie and friendships we build through tripartite membership are our greatest assets. They provide access to resources and opportunities that we could not get on our own as individual dentists."

"Dr. Faiella showed his commitment from the ADA by traveling from the Vermont HOD meeting across the country to Phoenix the same day and then driving over two hours to get to Sedona," Dr. Pafford added. "Commitment throughout the tripartite will be crucial in building trust and unity between the ADA and state associations."

In November, the AzDA will host a leadership conference that the ADA and state leadership will facilitate. Past state presidents and ADA leaders are expected to work with young leaders from Arizona to discuss challenges facing dentistry today.

"It's a chance to grow relationships not only between the ADA and AzDA leadership, but also a chance to grow relationships with the young leaders in the state," Dr. Pafford said. "It is through our strength in numbers and unified efforts that our membership model will succeed. How we respond to and learn from the successes and challenges that we face each day will define our lives and our profession." ■

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Indiana program develops diverse future leaders

Participants build their knowledge, skills, confidence

MEMBERSHIP

BY KIMBER SOLANA

Indianapolis—Noticing a lack of diversity in leadership roles in the Indiana Dental Association and local dental societies in the state, Dr. Suzanne Germain said she felt she had to do something to change it.

As of year-end 2012, of the 2,341 active, licensed IDA members, 22 percent are women; 3 percent are Asian; 2 percent African-American; and another less than 1 percent are Hispanic.

"Our leadership makeup doesn't necessarily reflect that," said Dr. Germain.

In addition, Dr. Germain said she wanted to find a way to get younger generation dentists more involved in leadership roles as members of the baby boomer generation retire.

Along with Jay T. Dziwlik, assistant executive director of the IDA, Dr. Germain launched the Indiana AIR (Acceptance, Inclusion, Respect) Leadership Program in the fall of 2012.

The program's goal: to provide targeted leadership training to a small group of promising leaders from various backgrounds—gender, age, race, sexual orientation and ethnicity—in hopes they will gain the knowledge, skills and confidence to take on leadership roles in organized dentistry and in their communities.

"We sometimes hear that young dentists are not leaders and they don't want to get involved," Mr. Dziwlik said. "At the root of the problem, some simply need to gain basic leadership skills and confidence. This program allows that."

Hoosier leaders: The inaugural class of the Indiana AIR (Acceptance, Inclusion, Respect) Leadership program visited the ADA Headquarters Sept. 24 in Chicago to tour the building and meet with Dr. Kathleen O'Loughlin, ADA executive director. They are, (front row) from left, Bola Bolanle (Indiana University School of Dentistry student); Drs. Sarah Herd; Renee Shirer; Susanne Benedict; Sue Germain (AIR program founder); LaQuia Walker; (back row) from left, David Austin; Kathy Pycinska; Caroline Derrow; Kelton Stewart. The AIR program trains a small group of promising leaders from various backgrounds in hopes they will gain the knowledge and skills to take on leadership roles in organized dentistry.

This year's Golden Apple Awards added extra reassurance to AIR organizers and students after the AIR program was selected in the "Outstanding Achievement in the Promotion of Diversity and Inclusion" category.

Dr. Germain, who has served in various leadership roles at the Indianapolis District Dental Society and the IDA, modeled the program after the ADA Institute for Diversity in Leadership, which she participated in with the class of 2011-12. As part of the program, participants take on a leadership project.

AIR participants enrolled in the two-year program are taught how to organize and run meetings, raise funds, speak in public and resolve conflicts. They are exposed to current leaders, including deans of dental schools and decision-makers at the state and national level. Similar to the ADA Institute for Diversity Institute program, participants will use their new skills to conceive, plan and execute their own project in their second year.

The AIR Leadership program has enrolled six dentists for its second class. They will begin training this fall.

The nine dentists from the first AIR class, meanwhile, are now working on their projects. These projects include the creation of a program that provides veterans with basic dental care in Johnson County, Ind., and another project looks at ways to address dental patients with mental health issues.

"Many new dentists coming out of school are women, but few are in leadership roles," said Dr. Caroline Derrow, AIR participant whose project seeks to create a dentists' group for women to identify and address barriers to women in leadership positions.

According to the ADA's 2012-13 Survey of Dental Education-Volume 1 report, 56.3 percent of first-year students at Indiana University School of Dentistry were women, compared to 47.2 percent of first-year students nationwide.

Another participant, Dr. David Austin, is hosting a panel discussion at the IDA's next annual meeting on the changes and trends in the dental profession, including the changing demographics of dentists and the patients they serve.

"Dentistry has changed tremendously in the 29 years that I've been practicing," he said. "Who knows what changes the next 29 years will bring?"

Ten years from now, Mr. Dziwlik and Dr. Germain say, they hope the program would have produced a diverse group of 60-90 competent leaders.

The two noted that, as they expected, the creation of the AIR program was met by some critics wary of the initiative.

"It was natural to wonder if the money, time and energy poured into a small number of future leaders would pay off," Mr. Dziwlik said.

However, after AIR participants gave brief presentations of their ongoing projects at a recent trip to the IDA House of Delegates, some of their critics had a change of heart.

"The class spoke so elegantly," Dr. Germain said. "Some of my biggest naysayers came up to me and said, 'That was amazing.' It's not that our current leaders are making bad decisions. It's about making sure our future leaders become more of a reflection of the organization."

The participants' skills and enthusiasm have been engaging and reassuring to current IDA members, Mr. Dziwlik added.

"The IDA discovered that leadership was there but just needed an incubator to bring it out," he said.

This year's Golden Apple Awards added extra reassurance to AIR organizers and students after the AIR program was selected in the "Outstanding Achievement in the Promotion of Diversity and Inclusion" category. The Golden Apple Awards are presented by the ADA to recognize dental society activities and excellence in leadership. (See story on Golden Apple recipients, page 17)

"We were thrilled because we believe in the program," Mr. Dziwlik said of receiving a Golden Apple. "The award was very reaffirming. We haven't hit a complete home run but this is an innovative model to produce future leaders." ■

—*solanak@ada.org*

ADA announces 2013 Golden Apple Awards

State dental societies, components from across country honored

BY KIMBER SOLANA

In recognition of excellence in leadership and dental society activities, the ADA announced the recipients of the Golden Apple Awards for 2013.

The Washington State Dental Association received the Golden Apple for Legislative Achievement for a constituent society with total membership of more than 1,000 dentists for its WSDA Advocates for Stronger Dental Safety Net program. For a constituent society with total membership of fewer than 1,000 dentists, the Golden Apple went to the Mississippi Dental Association for its Mississippi Rural Dentist Scholarship Program.

In addition, WSDA received the Golden Apple award for Excellence in Member-Related Services/Benefits for its program The Source. Along with Kitsap County Dental Society, WSDA also received the award for Excellence in Science Fair Program Support and Promotion for its Washington State Science and Engineering Fair.

The Golden Apple for Excellence in Membership Recruitment and Retention Activity, in the recruitment category, went to the North Carolina Dental Society for its NCDS Ambassador Program.

The retention category award went to the Illinois State Dental Society for its Finance and Fashion program.

In the category of Excellence in Dental Health Promotion to the Public, the award went to the Oregon Dental Association for its program ODA Presents "Teach Me How to Brushy."

Dr. William F. Vann Jr. from the University of North Carolina at Chapel Hill received the Golden Apple for Inspiring Careers in Dental Education.

The Indiana Dental Association received two Golden Apple Awards. The first was for Outstanding Achievement in the Promotion of Dental Ethics for its program Ethics Roadshow—Indiana Ethics Jurisprudence. The second award was for Outstanding Achievement in the Promotion of Diversity and Inclusion, in the constituent category, for its Indiana AIR (Acceptance, Inclusion, Respect) Leadership Program.

In the component category of the Outstanding Achievement in Promotion of Diversity and Inclusion, the award went to the San Gabriel Valley Dental Society, which also received the Golden Apple for Excellence in Access to Dental Care Programs for its Excellence in Access to Dental Care Program.

In Achievement in Dental School/Student Involvement in Organized Dentistry, the Golden Apple went to the Louisiana Dental Association for its LDA Outreach of LSU School of Dentistry program.

In Excellence in Dentist Well-Being Activities, the award went to the California Dental Association CDA Well-Being Program.

Nominations were received for the Open Category in this year's Golden Apple Awards. The California Dental Association received the constituent award for its program Component Services Self-Assessment Workbook. The Chicago Dental Society received the component award for the program CDS Supports Members' Development of a Free Community Dental Clinic.

The Green Apple for Excellence in Environmentally Sustainable Programs and Education in the constituent category went to the North Carolina Dental Association for its NCDS Communicating in a High Tech World; the component category went to the Dallas County Dental Society for its DCDS Shred-a-thon.

For individual winners, Dr. William F. Vann Jr. from the University of North Carolina at Chapel Hill received the Golden Apple for Inspiring Careers in Dental Education.

The New Dentist Leadership Award went to Dr. David White of the Nevada Dental Association; and Outstanding Leadership in Mentoring Award went to Dr. Daniel Edwards of the Michigan Dental Association. ■

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PHA04-0910-1

Ross Award

Continued from Page 1

he started in dentistry with a private practice in Oakmont, Pa. He soon turned to the academic setting and over the following 40 years earned many laurels in clinical research and spurred the advancement of safety and efficacy of drug therapy in dentistry.

"I have always been an inquisitive kind of person and I love research," Dr. Moore said. "I am delighted and always a bit surprised to see that my work has had an impact on dental practice. It's been a real joy. I've been fortunate enough to work at institutions like the University of North Carolina, Harvard, Forsyth and, of course, the University of Pittsburgh that have been willing to support me to pursue new knowledge and its application into the clinical setting of dentistry."

Dr. Moore graduated from the University of Pittsburgh School of Dental Medicine with a dental degree and Ph.D. in pharmacology. He later earned a Master of Public Health degree in epidemiology at the Graduate School of Public Health at the University of Pittsburgh.

His clinical expertise and areas of research include the safe use of local anesthetics in pediatric dentistry; pain management using long-acting local anesthetics; the development and U.S. Food and Drug Administration approval of the local anesthetic, articaine; the efficacy of the novel local anesthetic reversal agent, phentolamine; safe and effective use of nitrous oxide–oxygen analgesia and oral sedatives for pediatric dental patients; clinical utility of transmucosal fentanyl; effective intravenous sedation in adults; and the efficacy of flumazenil for reversal of benzodiazepines.

His many accolades include serving as principal investigator or co-investigator on more than 40 clinical research projects sponsored by the National Institutes of Health and private industry. He also has authored more than 250 articles, books, chapters and research abstracts on the topics of clinical pharmacology and dental therapeutics; and he has presented his research findings in more than 150 invited lectures nationally and internationally on the topics of local anesthesia, antibiotics, analgesics, sedation, drug interactions and oral complications of diabetes. Dental reviewers, book authors and others often cite his clinical research findings.

Many accolades: Dr. Moore has served as principal investigator or co-investigator on more than 40 clinical research projects sponsored by the National Institutes of Health and private industry.

"At every turn, Dr. Moore has demonstrated resoluteness in finding solutions to some of the greatest challenges associated with dental pain management and dental fear and anxiety," said ADA President Robert Faiella. "He brings a thoughtful and probing mind to his approach to clinical research, and he fully deserves to be honored with the 2013 Norton M. Ross Award for his many career accomplishments."

The ADA has presented the Norton M. Ross Award annually since 1991 to recognize investigators whose research has significant impact on some aspect of clinical dentistry. The late Dr. Norton M. Ross was a dentist and pharmacologist who made significant contributions to oral medicine and dental clinical research.

The ADA sponsors the award in Dr. Ross' honor with support from Johnson & Johnson Healthcare Products Division of McNEIL-PPC Inc., the makers of LISTERINE and REACH products.

"It is our pleasure to recognize Dr. Paul Moore with the Norton Ross Award," said Madeline Monaco, Ph.D., M.S., M.Ed., senior director, Global Research, Development and Engineering, Johnson & Johnson Consumer and Personal Products Worldwide. "Dr. Moore's clinical research has been critical to advancing safe and effective drug therapy in dentistry and his leadership in mentoring junior faculty in conducting clinical research is exemplary. Norton Ross would have been proud of Dr. Moore's impressive achievements and commitment."

Dr. Moore will receive $5,000 and a commemorative plaque at a Nov. 2 presentation luncheon during Annual Session.

Colleagues at the University of Pittsburgh School of Dental Medicine, Drs. Deborah Studen-Pavlovich and R. Donald Hoffman, nominated Dr. Moore. Dr. Studen-Pavlovich is a professor and chairs the pediatric dentistry department, and Dr. Hoffman is special assistant to the dean and president of the Pennsylvania Dental Association.

"Similar to Dr. Ross's career, Dr. Moore recognized the value of obtaining dual degrees in dentistry and pharmacology," wrote Drs. Studen-Pavlovich and Hoffman. "His contributions to the profession have focused on the development of drug therapies for the safe administration of local anesthesia, control of postoperative dental pain, and the elimination

See ROSS AWARD, Page 19

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CONTRAINDICATIONS Prilocaine is contraindicated in patients with known history of hypersensitivity to amide type local anesthetics and in patients with congenital or idiopathic methemoglobinemia. **WARNINGS** PRACTITIONERS WHO USE LOCAL ANESTHETICS SHOULD BE WELL VERSED IN DIAGNOSIS AND MANAGEMENT OF EMERGENCIES THAT MAY ARISE FROM THEIR USE. RESUSCITATIVE EQUIPMENT, OXYGEN AND OTHER RESUSCITATIVE DRUGS SHOULD BE IMMEDIATELY AVAILABLE. To minimize the likelihood of intravascular injection, aspiration should be performed before the local anesthetic is injected. If blood is aspirated, the needle must be repositioned until no blood can be elicited by aspiration. The absence of blood in the syringe does not assure that intravascular injection will be avoided. Citanest Dental with epinephrine contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening asthmatic episodes. Sulfite sensitivity is seen more frequently in asthmatic than in nonasthmatic people. **Methemoglobinemia**: Prilocaine has been associated with methemoglobinemia. Very young patients, patients with congenital or idiopathic methemoglobinemia, or patients with glucose-6-phosphate deficiencies are more susceptible. Patients taking drugs associated with methemoglobinemia (eg, sulfonamides, acetaminophen, acetanilid, aniline dyes, benzocaine, chloroquine, dapsone, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine and quinine) are at greater risk.**PRECAUTIONS General**: Prilocaine's safety and effectiveness depend on proper dosage, correct technique, adequate precautions, and readiness for emergencies. The lowest effective dosage should be used. Repeated doses of prilocaine may cause significant increases in blood levels with each repeated dose. Tolerance to elevated blood levels varies. Patients that are debilitated, elderly, acutely ill, and children should be given reduced doses commensurate with age and physical status. Prilocaine should be used with caution in those with severe shock or heart block. Local anesthetic injections containing a vasoconstrictor should be used cautiously in areas of the body supplied by end arteries or having otherwise compromised blood supply. Patients with peripheral vascular disease and those with hypertensive vascular disease may exhibit exaggerated vasoconstrictor response. Ischemic injury or necrosis may result. Preparations containing a vasoconstrictor should be used with caution during or after administration of potent general anesthetics, since cardiac arrhythmias may occur. Cardiovascular and respiratory (adequacy of ventilation) vital signs and the patient's state of consciousness should be monitored after each local anesthetic injection. Restlessness, anxiety, tinnitus, dizziness, blurred vision, tremors, depression or drowsiness should alert the practitioner to the possibility of central nervous system toxicity. Signs and symptoms of depressed cardiovascular function may result from a vasovagal reaction, particularly if the patient is in an upright position. Prilocaine should be used with caution in patients with hepatic disease. Patients with severe hepatic disease are at greater risk of developing toxic plasma concentrations. Prilocaine should be used with caution in patients with impaired cardiovascular function since they may be less able to compensate for functional changes associated with the prolongation of A-V conduction produced. Since many drugs used during the conduct of anesthesia are potential triggering agents for familial malignant hyperthermia, it is suggested that a standard protocol for the management of malignant hyperthermia should be available. Early unexplained signs of tachycardia, tachypnea, labile blood pressure and metabolic acidosis may precede temperature elevation. Outcome success is dependent on early diagnosis, prompt discontinuance of the suspect triggering agent(s) and institution of treatment, including oxygen therapy, indicated supportive measures and dantrolene (consult dantrolene sodium intravenous package insert before using). **Use in the Head and Neck Area**: Small doses of local anesthetics injected into the head and neck area, including retrobulbar, dental and stellate ganglion blocks, may produce adverse reactions similar to systemic toxicity seen with unintentional intravascular injections of larger doses. Confusion, convulsions, respiratory depression and/or respiratory arrest, and cardiovascular stimulation or depression have been reported. These reactions may be due to intra-arterial injection of the local anesthetic with retrograde flow to the cerebral circulation. Patients receiving these blocks should have their circulation and respiration monitored and be constantly observed. Personnel for treating adverse reactions should be immediately available. Dosage recommendations should not be exceeded. **Information for Patients**: The patient should be informed of the following: possibility of temporary loss of sensation and muscle function after infiltration or nerve block injections; to exert caution to avoid inadvertent trauma to the lips, tongue, cheek mucosae or soft palate when these structures are anesthetized; to postpone ingesting food until normal function returns; and to consult the dentist if anesthesia persists, or if a rash develops. **Clinically Significant Drug Interactions**: Local anesthetic injections containing epinephrine or norepinephrine in patients receiving monoamine oxidase inhibitors, tricyclic antidepressants or phenothiazines may produce severe, prolonged hypotension or hypertension. Concurrent use of these drugs should generally be avoided, but when necessary, careful patient monitoring is essential. Concurrent administration of vasopressor and ergot-type oxytocic drugs may cause severe, persistent hypertension or cerebrovascular accidents. **Drug/Laboratory Test Interactions**: Intramuscular injection of prilocaine may result in increased creatine phosphokinase levels and thus, the use of this enzyme determination, without isoenzyme separation, as a diagnostic test for the presence of acute myocardial infarction may be compromised. **Carcinogenesis, Mutagenesis, Impairment of Fertility**: Chronic oral toxicity studies of ortho-toluidine, a prilocaine metabolite, in mice (150–4800 mg/kg) and rats (150–800 mg/kg) have shown that ortho-toluidine is a carcinogen in both species. Ortho-toluidine (0.5 mg/mL) showed positive results in *Escherichia coli* DNA repair and phage-induction assays. Urine concentrates from rats treated with ortho-toluidine (300 mg/kg, orally) were mutagenic for *Salmonella typhimurium* with metabolic activation. **Use in Pregnancy**: *Teratogenic Effects* — Pregnancy Category B. Although reproduction studies performed in rats at prilocaine doses up to 30 times the human dose revealed no evidence of impaired fertility or harm to the fetus, animal reproduction studies are not always predictive of human response. This should be considered before administering prilocaine to women of childbearing potential, especially during early pregnancy when maximum organogenesis takes place. **Nursing Mothers**: Because many drugs are excreted in human milk, prilocaine should be used cautiously in a nursing woman. **ADVERSE REACTIONS** Swelling and persistent paresthesia of lips and oral tissues may occur. There have been reports of persistent paresthesia lasting weeks to months, and in rare instances paresthesia lasting greater than one year. Adverse experiences after prilocaine administration are similar to those observed with other amide local anesthetics. These adverse experiences are generally dose-related and may result from high plasma levels caused by excessive dosage, rapid absorption or unintentional intravascular injection, or may result from patient hypersensitivity, idiosyncrasy or diminished tolerance. Serious adverse experiences are generally systemic in nature. The following types are those most commonly reported: **Central Nervous System**: CNS manifestations are excitatory and/or depressant and may be characterized by lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred or double vision, vomiting, sensations of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness, respiratory depression, and arrest. Excitatory manifestations may be brief or may not occur at all. The first manifestation of toxicity may be drowsiness merging into unconsciousness and respiratory arrest. Drowsiness after administration of prilocaine is usually an early sign of a high blood level of the drug and may occur as a consequence of rapid absorption. **Cardiovascular System**: Cardiovascular manifestations are usually depressant and characterized by bradycardia, hypotension and cardiovascular collapse, which may lead to cardiac arrest. Signs and symptoms of depressed cardiovascular function may commonly result from a vasovagal reaction, particularly if the patient is upright. Less commonly, they may result from a direct effect of the drug. Failure to recognize the premonitory signs (eg, sweating, a feeling of faintness, changes in pulse or sensorium) may result in progressive cerebral hypoxia and seizure or cardiovascular catastrophe. Management consists of placing the patient in the recumbent position and ventilation with oxygen. Supportive treatment of circulatory depression may require administration of intravenous fluids, and, when appropriate, a vasopressor (eg, ephedrine) as directed by the clinical situation. **Allergic**: Allergic reactions are characterized by cutaneous lesions, urticaria, edema or anaphylactoid reactions. Allergic reactions as a result of sensitivity to prilocaine are extremely rare and, if they occur, should be managed by conventional means. **Neurologic**: Adverse reactions (eg, persistent neurologic deficit) associated with the use of local anesthetics may be related to the technique used, the total dose administered, the particular drug, the route of administration, and the physical condition of the patient. **OVERDOSAGE** Acute emergencies from local anesthetics are generally related to high plasma levels encountered during therapeutic use of local anesthetics. **Management of Local Anesthetic Emergencies**: The first consideration is prevention, best accomplished by careful and constant monitoring of cardiovascular and respiratory vital signs and state of consciousness after each local anesthetic injection. At the first sign of change, oxygen should be administered. The first step in the management of convulsions is immediately attending to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (eg, thiopental or thiamylal) or a benzodiazepine (eg, diazepam) may be administered intravenously. The clinician should be familiar with these anticonvulsant drugs. Supportive treatment of circulatory depression may require intravenous fluids and, when appropriate, a vasopressor as directed by the clinical situation (eg, ephedrine). If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest occurs, standard cardiopulmonary resuscitative measures should be instituted. Endotracheal intubation, employing drugs and techniques familiar to the clinician, may be indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated. Dialysis is of negligible value in the treatment of acute overdosage with prilocaine. Methemoglobinemia is generally dose related but may occur at any dose. While values of less than 20% do not tend to produce any clinical symptoms, cyanosis at 2–4 hours after administration should be evaluated in terms of the patient's general health status. Methemoglobinemia can be reversed when indicated by intravenous methylene blue at a dosage of 1–2 mg/kg given over five minutes.

PHA04-0312-1

Board names council chairs for 2013-14

Trustees also approve commission and committee leaders

During the ADA Board of Trustees meeting in October, the Board approved the 2013-14 council, commission and committee chairs. They are:

- Council on Access, Prevention and Interprofessional Relations, Dr. W. Roy Thompson, Tennessee;
- Council on Communications, Dr. Sally J. Hewett, Washington;
- Council on Dental Benefit Programs, Dr. Andrew G. Vorrasi, New York;
- Council on Dental Education and Licensure, Dr. Teresa Dolan, Florida;
- Council on Dental Practice, Dr. Kevin D. Sessa, Colorado;
- Council on Ethics, Bylaws and Judicial Affairs, Dr. Richard J. Rosato, New Hampshire;
- Council on Government Affairs, Dr. Carmine J. LoMonaco, New Jersey;
- Council on Membership, Dr. Thomas S. Kelly, Ohio;
- Council on Members Insurance and Retirement Programs, Dr. Robert A. Coleman, Michigan;
- Council on Scientific Affairs, Dr. Edward L. Truelove, Washington;
- New Dentist Committee, Dr. Brian M. Schwab, Pennsylvania;
- Commission on Dental Accreditation, Dr. John N. Williams, Indiana;
- Joint Commission on National Dental Examinations, Dr. Connie L. Drisko, Georgia;
- Council on ADA Sessions, Dr. James E. Galati, New York (chair, 2014); Dr. Robert E. Roesch, Nebraska (chair designate, 2015).

In 1998, the Board adopted Resolution B-95-1998 to name the chair-designate of the Council on ADA Sessions in June of each year so that he or she can begin during the summer to plan the number of programs to be presented, speakers needed and other specifics for the Annual Session. ■

Ross Award

Continued from Page 18

of dental fear and anxiety. It seems quite appropriate that Dr. Moore's clinical research contributions be recognized with this prestigious award."

While the bulk of Dr. Moore's work has centered on advancing pain and anxiety control in dentistry, of late he also has been keenly interested in developing educational strategies for preventing drug abuse and diversion of opioids in dentistry.

He has played pivotal roles in the development of a noninjectable local anesthetic that is administered as a nasal mist; demonstration of the safety of phentolamine when administered to young children; and development of a potentially safer lidocaine formulation that uses minimal vasoconstrictor.

Aside from clinical research projects, another joy for Dr. Moore has been his role as a dental educator. He has served as a research adviser and mentored more than 30 students and residents on their research projects.

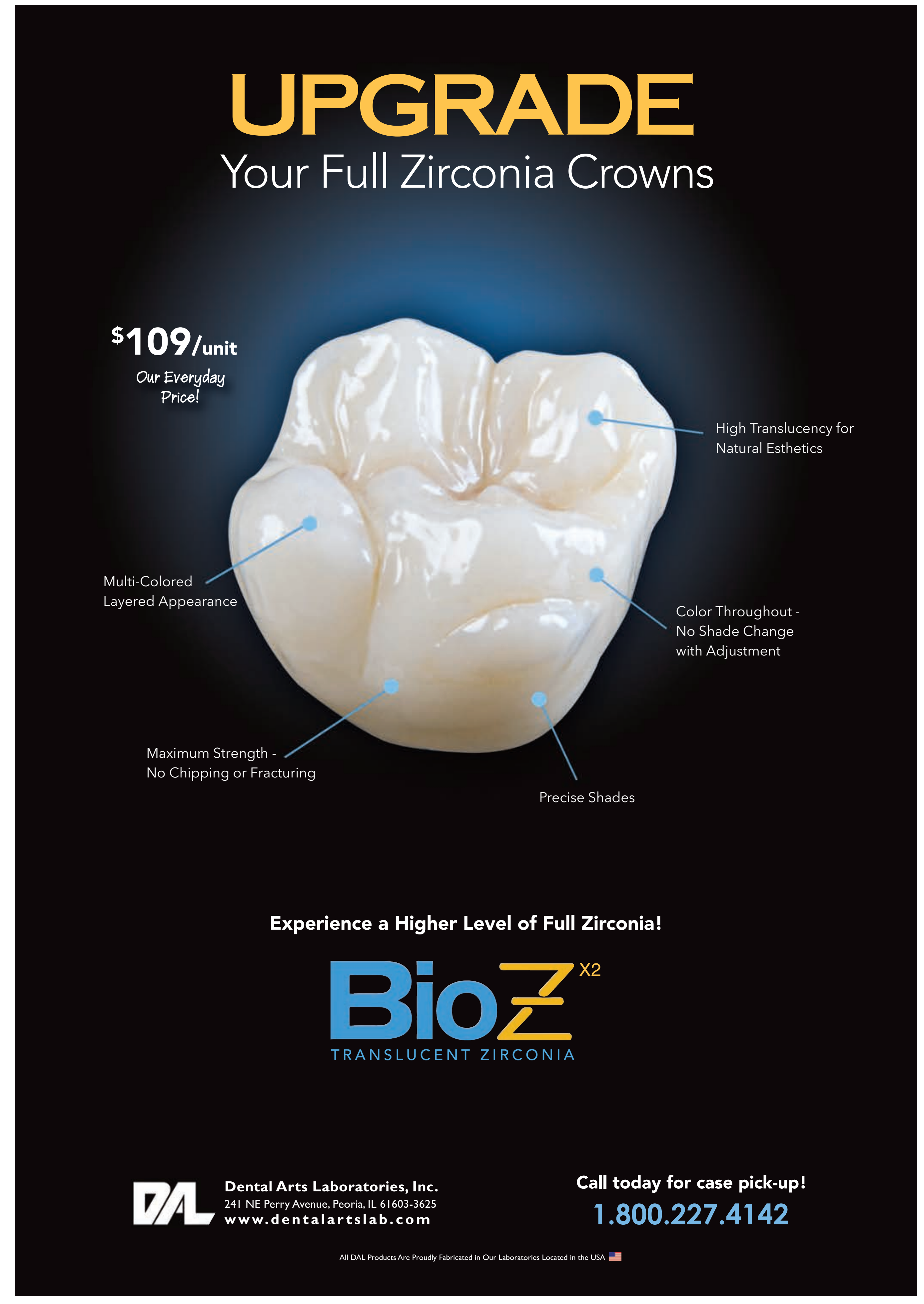
"I am amazed and pleased when students come up and remember me and my lectures and the principles and issues of drug efficacy and safety," Dr. Moore said. "It's always nice to see that you've communicated well with your students. Some of them have continued down the road to academic appointments and some are now pursuing research careers."

With passion, Dr. Moore promotes the establishment of dental anesthesiology departments at all U.S. dental schools, such as the one at University of Pittsburgh School of Dental Medicine, a unique entity.

"I think for the next couple of years I will continue to advocate that every school in the United States develops separate departments of dental anesthesiology to broaden the scope of clinical research and improve educational opportunities for our predoctoral students, hygiene students and graduate students," he said.

As for future studies and clinical research projects, he said, "I hope to be able to continue to investigate new agents that would be safe and effective for use in dentistry. There are several studies that I'm working on in terms of assessing post-operative pain. We have some interest in novel long-acting local anesthetic formulations. We have a project looking at that."

Dr. Moore goes quiet for a moment of further reflection and then quips, "And I'm thinking a lot about fishing for trout in Montana. I'm 66. I may now have time to dream about other challenges." ■



ADA members help shape future of dentistry at FDI congress

Istanbul—Representatives of the American Dental Association joined more than 16,000 dental professionals for the 101st FDI Annual World Dental Congress Aug. 28-31 in Istanbul.

Dr. Kathleen Roth, past ADA president (2006-07), was elected to a three-year term on the FDI Council, and Dr. Sally Hewett (incoming chair, ADA Council on Communications) was re-elected to a second three-year term to the FDI Education Committee.

Several other ADA members hold leadership positions in the global dental organization. Dr. Kathy Kell, past ADA trustee, is FDI treasurer. Dr. Kevin Hardwick, a member of the ADA International Development Subcommittee, serves on the Public Health Committee. Dr. Ira Lamster is a member of the Science Committee and Dr. Daniel Meyer, senior vice-president, ADA Division of Science, is a consultant to the FDI Science Committee.

Dr. Tin Chun Wong (Hong Kong) was installed as president for a two-year term. Dr. Patrick Hescot (France) was named president-elect.

U.S. representatives: Past and current ADA officers lend their leadership expertise at the FDI World Dental Congress General Assembly in August. Pictured, from left, are Dr. Gregory Chadwick, past ADA president (2001-02); Dr. Raymond Gist, past ADA president (2010-11); Dr. Robert Faiella, ADA president; Dr. Charles Norman, ADA president-elect; and Dr. William Calnon, past ADA president (2011-12).

New FDI leaders: Dr. Kathleen Roth, left, past ADA president (2006-07), and Dr. Sally Hewitt, incoming chair of the ADA Council on Communications, were elected to FDI World Dental Federation offices at the FDI World Dental Congress in August.

The ADA delegation helped shape future public health policy, reviewed issues affecting the profession, elected future leaders for the global organization and met with other dental associations from the around world. Delegates discussed a variety of clinical and public health policy issues during the general assembly, including the Minamata Convention on Mercury and oral health. The treaty, which calls for a phase down approach for dental amalgam use and increased prevention and health promotion activity, was signed at a ceremony in Japan this month.

The General Assembly also issued a declaration calling upon national, regional and global health leaders "to recognize oral health as an essential component of global health and promote a reinforced inter-professional collaborative approach in the development of global and national policies."

The FDI launched a new program, Observatory for Oral Health Prevention and Control, during the congress. The program was developed in response to recommendations from the FDI Vision 2020 project launched a year ago. Dr. Michael Glick, editor of The Journal of the American Dental Association, leads the Vision 2020 task team and provided an update on Vision 2020 and this newest resulting initiative during the meeting.

The FDI General Assembly welcomed the newest members of the FDI—the Afghanistan Dental Association as a regular member and the Circulo de Odontologos des Paraguay (Circle of Dentists of Paraguay) as an associate member. (See related story, page 21.)

The FDI is the global voice of dentistry, representing more than 200 national dental associations and specialty groups, comprising 1 million dentists in 130 countries worldwide. All individual members of the ADA are also members of the FDI through the ADA's membership and are welcome to attend the FDI Annual World Dental Congress.

The 2014 FDI Annual World Dental Congress will be held in New Delhi, the "land of one billion smiles." More than 4,000 attendees have already pre-registered to attend the meeting scheduled for Sept. 11-14, 2014. Online registration is now open at www.fdi2014.org.in. ■

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ADA leaders meet Afghan dental association president at FDI World Dental Congress

Istanbul—Dr. Farzana Nawabi doesn't know what it means to quit.

After seven years, she not only completed dental school, but helped to establish a national dental association in Afghanistan and serve as its first president.

She attended her first FDI World Dental Congress in August in Istanbul. ADA President Robert Faiella and President-elect Charles Norman met with Dr. Nawabi during the meeting.

"It is a great pleasure to welcome our newest member of the FDI," said Dr. Faiella. "The FDI congress offers a prime opportunity to exchange ideas and information with member associations worldwide. I have great hope that the Afghanistan Dental Association will help to meet the great oral health needs and challenges of its country."

Six months into her dental schooling, Dr. Nawabi said Afghan women were banned from leaving home unescorted by a male. As a single woman, she lacked an escort to get to dental school. She had no choice but to stay home for five years and wait the day when she could finally fulfill her dream.

Dr. Nawabi now spends her days working at the government hospital where 18 dentists and 24 teachers provide dental care. Afghan residents can either seek free dental care through the government hospital, or pay out of pocket for services from a private practice. Dr. Nawabi worked for three years as a general dentist in a private practice. She said she found this especially challenging as a woman, since most local residents prefer to see a male dentist.

"There are many challenges in Afghanistan. In some states there are no dentists. There is only one dental school—in Kabul—so students study there and then stay in Kabul rather than returning to their home. I want to help change this," she said.

"Oral hygiene and education is the main problem," said Dr. Nawabi. "With only one dental school in all of Afghanistan, it's very competitive and prospective students must pass a rigorous medical exam."

As a student, she was a member of the Afghanistan student dental association and attended monthly lectures held by the Canadian Armed Forces Dental Corps. She worked with the dental corps and the Canadian Dental Association to help establish the Kabul Dental Association in 2009. In 2012, the organization expanded to become the Afghanistan Dental Association and Dr. Nawabi was named its inaugural president.

Today, there are 87 members. With nearly 1,000 dentists in Afghanistan, the small association has great expectations for growth. In addition, there are currently 90 students in the student dental association who are conducting oral health education programs at elementary schools and orphanages.

"There are many, many advantages to attending the FDI Congress, including sharing knowledge and meeting new people, including so many women, in the field," said Dr. Nawabi.

At home, Dr. Nawabi worries every day about her safety.

"Everyone is worried about what will happen. Security is very scary; it's really dangerous. Everyone will die one day, so why should I be afraid? I must do this," she said.

Dr. Nawabi regularly meets with the Canadian military to discuss oral health issues and her association's future.

"A woman meeting with the military is not a common or welcome sight in Afghanistan," she said. "My hope—for me and my country—is to provide good oral health care." ■

FDI networking: Dr. Robert Faiella, ADA president, right, and Dr. Charles Norman, president-elect, left, welcome Dr. Farzana Nawabi and the Afghanistan Dental Association as the newest full member of the FDI.

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Joint initiative boosts ADA Foundation research endeavors

ADAF, ADA and Colgate-Palmolive commitments lead to renamed lab and student conference, new fellowship

Research hub: The ADA Foundation research center is located on the grounds of the National Institute of Standards and Technology in Gaithersburg, Md.

BY JEAN WILLIAMS

Innovation doesn't always come fast and cheap.

In the world of clinical research innovation that yields real-life, chairside applications often takes years of determination, focus, and concerted efforts from the best and the brightest—along with major resources.

To that end, three titans of dentistry—the ADA Foundation, the ADA and the Colgate-Palmolive Co.—have joined forces by making major financial gifts to support oral health care research and help attract promising young researchers to the field.

The combined funding will support basic and clinical research on three levels: by enhancing the ADA Foundation's ongoing research endeavors at its research lab; by bolstering the foundation's Dental Student Conference on Research; and by establishing and endowing a new scientific chair at the lab.

"For 75 years, the ADA Foundation has helped revolutionize dentistry through its significant contributions to the field of dental research," said Dr. William DeVizio, vice president for Oral Care Research & Development at Colgate-Palmolive Co. "As the world leader in oral care, Colgate is committed to improving oral health through the development of leading-edge technologies. Colgate recognizes the importance of ADAF's history and is proud to partner with the ADAF and ADA to enhance the Foundation's dental research laboratory in Gaithersburg, Md., and support and encourage promising young researchers. We believe that the support called for through this partnership will allow research scientists and clinicians to continue their focus on cutting-edge research and deliver revolutionary innovation that will benefit generations to come."

The greatest potential of the funding may lie in its role in attracting promising young researchers to the field of dental research, suggested Dr. David Whiston, president of the ADA Foundation.

"By recognizing the importance of and supporting the research pipeline, it fosters innovation, diversity and enthusiasm at the earliest levels, which is the level of the student," Dr. Whiston said. "The hope is, obviously, that it will play out as the years go on as the transition is made from research to treatment. It takes a considerable amount of time to make it from the lab to chairside, but we've been very successful throughout, as we've seen with the great history of the research facility. We want to accelerate those innovations in the immediate future."

Thanks to the funding, both the ADA lab and student conference have new names.

The lab, formerly known as the Paffenbarger Research Center, now honors Anthony Volpe, D.D.S, M.S., who retired as vice president of clinical research and scientific affairs at Colgate-Palmolive. The new Dr. Anthony Volpe Research Center is located on the grounds of the National Institute of Standards and Technology, in Gaithersburg, a federal government research campus where the PRC had been since 1928. Previously operated by the ADA and then jointly by the ADA and the ADA Foundation, the lab conducts unique research in cutting-edge fields of biomaterial and tissue engineering technologies.

The student conference's new name will reflect the relationship with Colgate, becoming the Colgate Dental Student Conference on Research. The conference will mark its 50th year in 2014 and annually attracts about 50 promising dental students from the U.S. and Canada who are interested in research careers.

The collective funding will also support the endowment of a new fellowship in Dr. Volpe's honor. A portion of the funds will be allocated to recruit a distinguished researcher to be known as the Dr. Anthony Volpe Research Fellow.

"I think the Volpe chair will provide leadership for the research team at the facility in

See RESEARCH, Page 23

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ADAF predoctoral dental scholarship applications due Dec. 9

The ADA Foundation is accepting applications for predoctoral dental student scholarships. Applications must be completed and submitted to the ADA Foundation by Dec. 9.

More than 50 scholarships worth $2,500 each will be awarded. The scholarship program aims to facilitate the education of academically gifted dental students and to help predoctoral dental students defray a part of their professional education expenses.

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The scholarships include approximately 25 Predoctoral Dental Student Scholarships, approximately 25 Underrepresented Minority Dental Student Scholarships, up to two Robert J. Sullivan Scholarships and up to two Robert B. Dewhirst Scholarships.

The Underrepresented Minority Dental Student Scholarships target African-American, Hispanic, and American Indian dental students, all of whom have been identified as underrepresented minorities in dentistry.

ADAF will select recipients of the Robert J. Sullivan and Robert B. Dewhirst Scholarships from the pool of applicants for the Dental Student and Underrepresented Minority Dental Student Scholarships. Criteria for the Robert J. Sullivan Scholarships are the same as for the Predoctoral Dental Student Awards.

The ADA Foundation may award two Robert B. Dewhirst scholarships, one to an applicant from the University of California at Los Angeles School of Dentistry and one to an applicant from the Ostrow School of Dentistry of the University of Southern California.

Visit adafoundation.org and click on "How to Apply" for more information. ■

Research

Continued from Page 22

Gaithersburg, and that leadership will drive innovation and will create a new enthusiasm among the team that is currently in place," Dr. Whiston said.

Dr. Volpe has conducted clinical research programs around the globe, establishing Colgate's important presence with all of the major global dental professional organizations.

"Dr. Volpe is known around the world for his commitment and valuable contributions to all areas of dentistry including industry, practice, academia, organized dentistry and public health," Dr. DeVizio said. "Dr. Volpe is the only dentist from industry ever elected president of the ADAF. We can think of no better way to recognize these valuable contributions and honor Tony for his lasting contributions. We are certain the research fellow and the research center's continuing mission will extend Tony's legacy and provide future valuable contributions to the field of dental research."

"By recognizing the importance of and supporting the research pipeline, it fosters innovation, diversity and enthusiasm at the earliest levels, which is the level of the student."

Dr. Volpe has received many prestigious dental awards and has published more than 200 scientific research reports in international dental journals.

"Tony Volpe has been a tireless advocate for dental research throughout a long career," said ADA President Dr. Robert A. Faiella. "His contributions to dental research, dentistry and the public's oral health cannot be overstated. But beyond that, he has been extraordinarily successful in instilling the excitement of research in generations of young scientists. We are delighted to honor his distinguished career and proud to place his name on one of the world's premier dental research facilities.

Dr. Gary Schumacher, director of administration for the Volpe Research Center, anticipates that the generous collective funding will catalyze projects already underway at the lab and lend momentum to new directions the lab is taking, including more dental therapeutics research.

"We were moving into those areas, but this makes it financially easier," Dr. Schumacher said. "Now we can move into these areas and be able to do the science that's necessary to get answers." ■

—williamsj@ada.org

DSA

Continued from Page 1

annually, the DSA is the highest honor conferred by the Board of Trustees.

Dr. Ferris said he was "absolutely stunned" to hear he was the DSA recipient this year, not believing it was ADA President Robert Faiella calling to notify him of the honor.

"I know so many deserving people who have made major contributions to the profession that it would take an hour just to list them," Dr. Ferris said. "At first, I considered the possibility that this was a practical joke and that one of my friends was impersonating Bob Faiella. Seriously. When I realized that it was the real thing, I wanted to tell my daughter and my son, but I didn't because it would have been unseemly. So I sat back and remembered all of the colleagues and friends who opened doors for me and made this possible."

Dr. Ferris attended dental school at Emory University and graduated in 1961. He signed up for the U.S. Navy Reserve in 1960 and was commissioned as a lieutenant in the U.S. Navy Dental Corps. Dr. Ferris was stationed at Oceana Naval Air Station in Virginia Beach, Va., for two years while he was a general dentist for enlisted and Navy personnel.

He fostered an interest in periodontics and received a master's degree in the field from Ohio State University in 1965. Following an internship in oral surgery, Dr. Ferris received a Ph.D. in immunology from Ohio State. He said his natural inclination was to continue in academic dentistry, which he did at Case Western Reserve in Cleveland, serving in the microbiology department in the medical school and as chair of periodontics department in the dental school until 1971.

Leader: Dr. Ferris has been active in organized dentistry and served as ADA vice president in 2005-06.

That was the year Dr. Ferris opened a solo periodontics practice in Altamonte Springs, Fla. In 1976, he assumed a position as a clinical professor of periodontics at the University of Florida College of Dentistry.

"For a long time I've been able to walk both sides of the street in academic dentistry and clinical practice," Dr. Ferris said. "There's an enormous benefit in being able to do both. A private practice can be very rewarding and fulfilling, but it puts you in what I call a cottage mentality because dentistry can be so rewarding it becomes habituating. But being part time in academics all those years kept up my views of what was happening in the profession: the new research, the new clinical tools. So I always felt like I had the best of both worlds."

Dr. Ferris eventually added a third tier of interest: organized dentistry. His resume includes a long list of appointments and leadership positions, including: liaison for the Florida Dental Association to the Florida State Board of Dentistry; two appointments by two governors from opposing political parties to the Florida State Board of Dentistry; president of the American Association of Dental Examiners; president of the Florida Dental Association; president of the American Academy of Periodontology; director and chair of the American Board of Periodontology; and ADA delegate.

"Because of all of this, he's very knowledgeable; not only about a great many of the issues that affect dentistry but he also has an innate knowledge of how to play in political circles, which is a whole different game," said Dr. S. Timothy Rose, past ADA president, who's known Dr. Ferris since dental school. "He is also very visionary. He can not only look at what may be coming up on the horizon and predict where we're going to be but he has the ability to sit down with people from different perspectives and come to some common agreement to what it all means."

Dr. Ferris was elected 2nd vice president of the ADA in 2004 and served as 1st vice president from 2005-06. When asked if he would describe himself as ambitious, Dr. Ferris pointedly said "no."

"Virtually every time one of these opportunities arose, some people persuaded me that I should do it," Dr. Ferris said. "They always pointed out that if I didn't, someone else would fill in that spot, and they just had more confidence in me. When they said they had confidence in me, it was a boost to the ego. I would think, 'Maybe I can do that job.'"

Dr. Ferris is now a minimal participant in organized dentistry, preferring to mentor up-and-coming leaders within the profession. Dr. Larry Nissen, a colleague of more than 20 years, said Dr. Ferris's devotion to dentistry is unparalleled.

"Not only has he served, he has also mentored many inexperienced volunteers, coaching and encouraging them throughout their careers. Bob's extensive knowledge and his ability to assimilate this knowledge into easily understandable conversation is a very unique characteristic of him," Dr. Nissen said. "He is always available to advise, counsel or just listen, whatever the situation may require. Our profession needs more people like Bob Ferris, and, hopefully, this recognition of him will remind us of the responsibility each of us has to our profession and our colleagues."

Dr. Ferris has not only impressed his friends and colleagues with his leadership skills, he's charmed them with his humor and personality.

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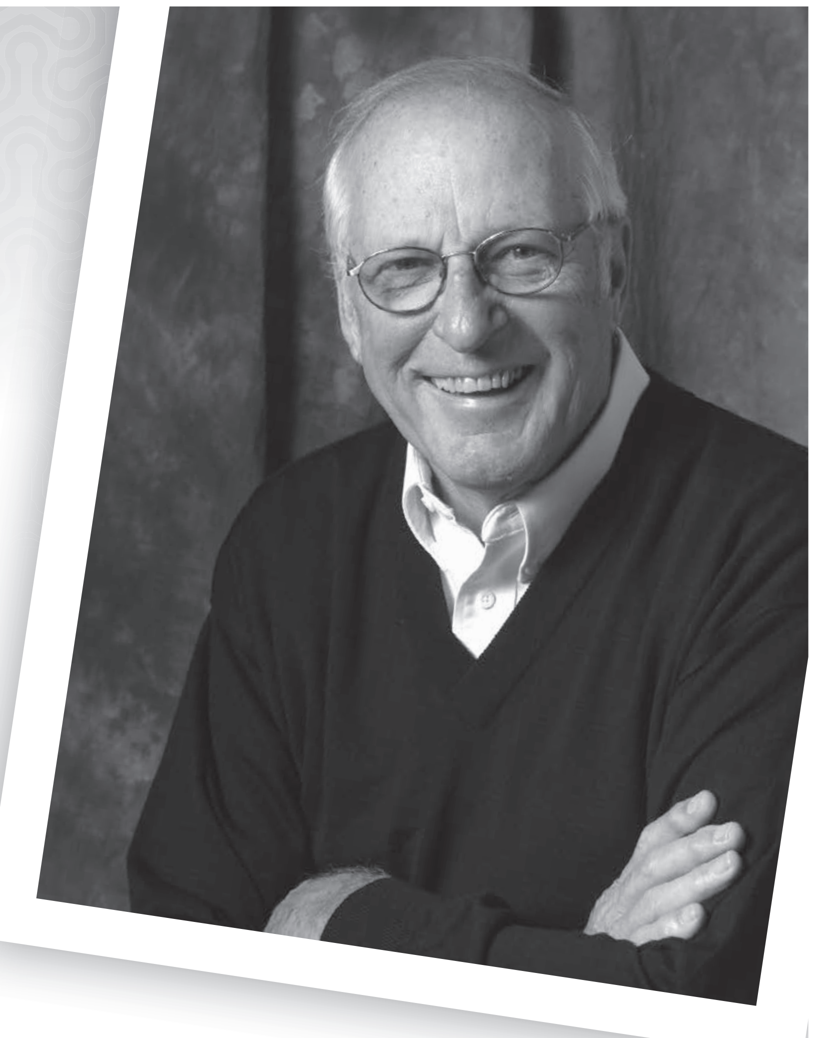

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"Dr. Ferris has a bright sense of humor and he embodies the idea of taking his responsibilities seriously, without taking himself too seriously," said Dr. Alan Friedel, who served in various leadership roles alongside Dr. Ferris. "Bob has worked hard over the years to maintain a consistently high standard of care for his patients, never forgetting that the root of the word doctor is teacher. He is a highly ethical man who can be forgiving and has always shown respect to all others, especially to those who were his political adversaries. He remains generous with his time, generous in sharing his gifts, both intellectual and financial, and is the very model of what a true professional should be. I am proud to call him my friend."

Dr. Ferris has certainly been generous to dentistry. He donated $1 million in 2006 to benefit both the Florida Dental Health Foundation and the American Academy of Periodontology Foundation. Both foundations were partner organizations of a national campaign to secure the future of dental education.

He donated $1 million in 2006 to benefit both the Florida Dental Health Foundation and the American Academy of Periodontology Foundation.

"I think it's important for everyone in the dental family to understand the pressing needs of the dental education system in our country," Dr. Ferris said at the time. "I hope that this gift will encourage people to ask questions, identify needs in education and make their legacy gift to a dental education project that is important to them."

Dr. Ferris's professional interests go beyond dentistry. He previously owned several hundred apartments at the University of Central Florida; developed and owned a chain of convenience stores in central Florida; and helped organize and sell three commercial banks.

"The wonderful thing about the practice of dentistry is you can make room for those other things in your life," said Dr. Ferris, who has two children, Leah Yankus, Ph.D., a psychologist, and Robert L. Ferris, M.D., Ph.D., the chief of head and neck cancer at the University of Pittsburgh Medical School.

Dr. Ferris, who enjoys golf and fly fishing, has been with his domestic partner, Jennifer Corey, for 16 years and still practices dentistry three days a week in Deland, Fla. He has no plans to retire and said a quote from the golfer Jack Nicklaus has resonated with him, where he talks about his amazement over being paid to do something he loves so much.

"That always stuck with me because I've never known someone who was excellent at what they did and didn't love it," Dr. Ferris said. "It's like that saying, 'If you love what you do, you'll never work another day in your life.' It's a great career." ■

MOM volunteers, sponsors set to transform lives at Big Easy Smiles

New Orleans—About a mile from the New Orleans Ernest N. Morial Convention Center, Mardi Gras World is a place where magic happens when ideas and fantasies turn into incredible parade floats for the city's annual Mardi Gras celebration.

On Nov. 3, hundreds of volunteers will gather there to roll up their sleeves and make magic happen for about 1,000 Louisiana area residents in desperate need of dental care at the first-ever national Mission of Mercy program.

big easy smiles
ADA American Dental Association® Mission of Mercy

The ADA is hosting the Big Easy Smiles MOM event from 5:30 a.m. to 5:30 p.m. in conjunction with the America's Dentists Care Foundation with the support of the Louisiana Dental Association and the New Orleans Dental Association.

Several generous sponsors have contributed funds, products and services to the ADA MOM event, including:

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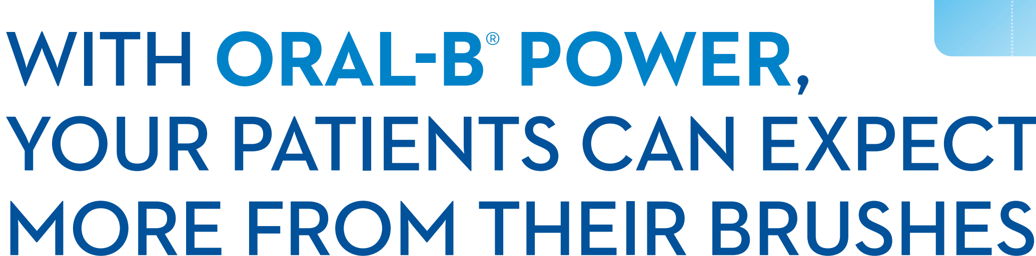

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CEO of The Partnership for Drugfree.org delivers keynote at wellness conference

BY KELLY SODERLUND

When it comes to prescription drugs, dentists play an important role in communicating the dangers and consequences of misuse to their patients and communities.

Dentists who attended the ADA Conference on Dentist Health and Well-Being Sept. 19-20 heard that message from Stephen Pasierb, CEO of The Partnership for Drugfree.org. Mr. Pasierb presented statistics on opioid use in the United States and provided an overview of The Medicine Abuse Project, a five-year education, awareness and action campaign to combat drug abuse.

The conference, which drew more than 150 dentists, dental team members, students and other professionals to ADA Headquarters, is dedicated to educating people on professional impairment, general health issues and ergonomics. Dentists shared stories about their lives, their battles with addiction, a loved one's struggle with drugs or alcohol, back problems and other health issues. With the exception of Mr. Pasierb's keynote address, dentists convened in small group workshops throughout the day, learning about topics they're interested in.

Keynote: Stephen Pasierb, CEO of The Partnership for Drugfree.org, discusses The Medicine Abuse Project, a five-year education, awareness and action campaign to combat drug abuse.

"This is a conference unlike any other at the ADA," said Dr. Jonathan Knapp, chair of the Council on Dental Practice, which oversees wellness for the Association. "It's a chance for dentists to share their personal stories and connect with their colleagues who have shared similar struggles. It's also an opportunity to learn about the latest statistics on the abuse and diversion of opioids and prescription drugs. These issues affect more than many might realize, and every dentist should be cognizant of the scope of the problem."

That's where Mr. Pasierb came in, pleading with the dentists to do more in their communities to prevent opioid abuse. The number one place where teenagers obtain the prescription drugs they abuse is from their friends and family, namely their medicine cabinets.

"You've got to communicate to your patients the responsibility they have," said Mr. Pasierb, who said it's important to dispose of extra medication properly by destroying the pills and putting them in solid waste. "We have to get this supply out of society."

The Partnership at Drugfree.org's Medicine Abuse Project is enlisting major organizations, including the ADA, to join in a concerted effort and a national call to action to prevent medicine abuse, Mr. Pasierb said. The two key messages are for parents or adults to clean out their medicine cabinets or secure their medication and to talk to their kids about medicine abuse.

The objective is to reduce the number of teens initiating medicine abuse by 500,000 over the next five years, Mr. Pasierb said. The seven federal partners are the Office of National Drug Control Policy; Drug Enforcement Administration; National Institute on Drug Abuse; Bureau of Justice Assistance; Centers for Disease Control and Prevention; U.S. Food and Drug Administration; and U.S. attorneys.

Mr. Pasierb encouraged the dentists at the conference to visit medicineabuseproject.org to view a sample press release, tweets, Facebook posts and emails they could use in their communities; logos; talking points; and statistics they can share with their patients. There is also a documentary, "Out of Reach," that local organizations can screen in their communities to initiate a dialogue about teen prescription drug abuse, he said. ■

—soderlundk@ada.org

Feeling well: Dr. Dan Stephens, of Marietta, Ga., left, and Dr. Michael Yarbrough, of Atlanta, listen to opening remarks at the ADA Conference on Dentist Health and Well-Being.

New dental products standards projects announced; review sought

The ADA Standards Committee on Dental Products has three new projects underway.

The ADA has played a key role in the development of dental standards since 1928 and is an American National Standards Institute accredited standards developer.

The projects are:

• Proposed ANSI/ADA Standard No. 57 on Endodontic Sealing Materials will be a modified adoption of ISO 6876:2012 Root Canal Sealing Materials and will revise and replace the current ADA Standard No. 57:2000 (R2012) Endodontic Sealing Materials. The revision is for materials used in endodontics within the tooth to seal the root canal space with the aid of obturating points/cones.

• Proposed ANSI/ADA Standard No. 128 Hydrocolloid Impression Materials will be an identical adoption of ISO 21563:2013 of the same name. This standard specifies the requirements and tests for helping determine whether the elastic aqueous agar and alginate hydrocolloid dental impression materials, as prepared for retail marketing, are of the quality needed for their intended purposes.

• Proposed ANSI/ADA Standard No. 149 tabletop dry heat (heated air) sterilization and sterility assurance in health care facilities will be an identical adoption of ANSI/AAMI ST40:2004 (R2010) of the same name, a standard written by the Association for the Advancement of Medical Instrumentation. Both ANSI and AAMI approved this standard, which provides guidelines for decontamination and dry heat sterilization procedures used in dentists' and physicians' offices, laboratories, ambulatory care clinics and other health care facilities.

These guidelines are intended to promote the assurance of sterility by identifying the special considerations that apply to this method of sterilization and by providing recommendations on the proper use of tabletop dry heat sterilization processing equipment. This recommended practice also covers facility design considerations, personnel considerations, work practices and other variables that affect sterility assurance.

This work project will establish a joint ANSI/ADA/AAMI standard.

Additionally, the Council on Scientific Affairs and the Standards Committee on Dental Products have approved circulation of the following draft standards for review and comment:

• Proposed ANSI/ADA Standard No. 132 Scanning Accuracy of Dental Chairside and Laboratory CAD/CAM Systems describes test methods used to evaluate the repeatability, reproducibility and accuracy of dental devices for 3-D metrology. The standard is applicable to dental chairside and dental laboratory computer-aided design/computer-aided manufacturing systems. The scope of this document is not intended to include unique systems with other specific applications of 3-D metrology in the dental field, such as 3-D computed tomography, magnetic resonance imaging and stereophotogrammetry.

• Proposed ANSI/ADA Standard No. 137 Essential Characteristics of Test Methods for the Evaluation of Treatment Methods Intended to Improve or Maintain the Microbiological Quality of Dental Unit Procedural Water is an identical adoption of ISO/TS 11080:2009 of the same name. This standard provides guidelines for type test methods for evaluating the effectiveness of treatment methods intended to improve or maintain the microbiological quality of procedural water from dental units and other dental equipment under laboratory conditions.

The working groups that develop ADA standards are a diverse group of expert volunteers representing dental practitioners, industry, government and academia. Professionals from all areas of interest may participate. Additionally, the Working Groups on Investments and Portable Dental Units seek additional members to participate on projects.

Volunteers contribute their expertise on documents that establish requirements for safe and effective dental products and technologies through a consensus-based process. Involvement is open to anyone who would like to contribute expertise anywhere from the initial planning phase through reviewing final drafts.

For more information or to participate in any of the projects, call ext. 2506, or email standards@ada.org.

To learn more about standards, visit ada.org/dentalstandards. ■

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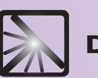

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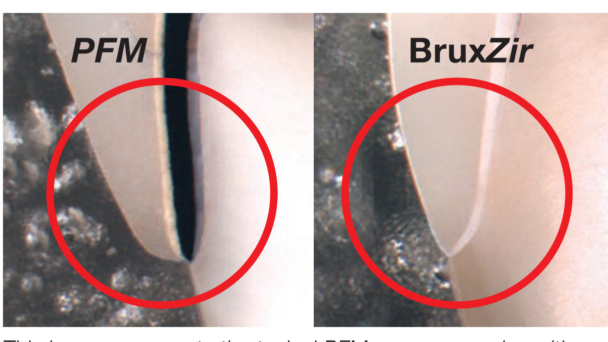
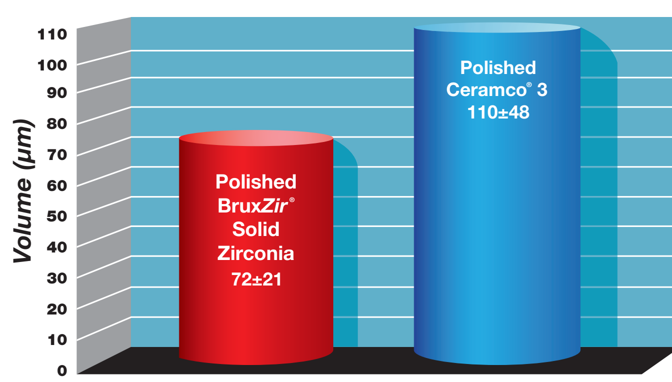


This image represents the typical PFM prep we receive with a PFM and a BruxZir® crown in place. Because a BruxZir crown is monolithic and can be milled to a feather edge, there is no bulk of material, or "speed bump," at the margin. Dentists tell us their explorer cannot detect where the tooth ends and the BruxZir crown begins.



In this comparative wear study done at the University Hospital Tübingen in Germany, the antagonistic (Steatite balls) wear shows BruxZir Solid Zirconia only with 72±21 microns, which is significantly lower than Ceramco® 3, with 110±48 microns. To view the full report, visit www.bruxzir.com.

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Authorized BruxZir™ Laboratories

LABORATORY	CITY	STATE	PHONE
Barksdale Dental Lab	Athens	AL	256-232-1772
Burdette Dental Lab Inc.	Birmingham	AL	800-624-5301
Capitol Dental Designs	Montgomery	AL	334-269-2700
Mobile Dental Design, Inc.**	Mobile	AL	251-634-2445
Oral Arts Dental Laboratories, Inc.**	Huntsville	AL	800-354-2075
Parkway Dental Lab	Opelika	AL	800-239-3512
Scrimpshire Dental Studio	Huntsville	AL	800-633-2912
Walker Dental Laboratory, Inc.	Decatur	AL	800-727-0705
Green Dental Laboratories, Inc.	Heber Springs	AR	800-247-1365
Continental Dental Laboratory	Phoenix	AZ	800-695-0155
Dentek Dental Laboratory, Inc.	Scottsdale	AZ	877-433-6835
Denticon	Nogales	AZ	800-284-7602
DW Dental Laboratory	Phoenix	AZ	602-973-2166
Lafayette Dental Lab	Phoenix	AZ	800-996-9482
Lakeview Dental Ceramics	Lake Havasu City	AZ	928-855-3388
New West Dental Ceramics**	Lake Havasu City	AZ	800-321-1614
Progressive Dental Services Laboratory	Phoenix	AZ	800-516-0789
A & M Dental Laboratories**	Santa Ana	CA	800-487-8051
Advanced Dental Technology**	Chula Vista	CA	619-656-9422
Atlas Dental	Gardena	CA	866-517-2233
BDL Prosthetics**	Irvine	CA	800-411-9723
Beverly Hills Dental Studio	Beverly Hills	CA	800-215-5544
Bigler Dental Ceramics**	Tustin	CA	714-832-9251
Calibre Dental Ceramics	Santa Monica	CA	310-394-0464
Continental Dental Laboratories	Torrance	CA	800-443-8048
Creative Porcelain	Oakland	CA	800-470-4085
Crowns R Us	Brea	CA	866-315-8338
DentalLab.com	North Hollywood	CA	877-437-4647
Dental Masters Laboratory	Santa Rosa	CA	800-368-8482
G & H Dental Arts, Inc.**	Torrance	CA	800-548-3384
Glidewell Laboratories**	Newport Beach	CA	800-854-7256
Great Smile Dental Lab	Northridge	CA	877-773-8815
Hogan Dental Laboratory	Huntington Beach	CA	800-622-9592
Ikon Dental Design	San Leandro	CA	510-430-9659
Iverson Dental Laboratories	Riverside	CA	800-334-2057
Killian Dental Ceramics	Irvine	CA	800-317-7100
Mr. Crown Dental Studio	Santa Ana	CA	800-515-6926
Nash Dental Lab, Inc.	Temecula	CA	877-528-2522
NEO Milling Center	Cerritos	CA	562-404-4048
Nichols Dental Lab	Glendale	CA	800-936-8552
Noel Laboratories, Inc.	San Luis Obispo	CA	800-575-4442
PCS Dental Lab	Foster City	CA	650-349-1085
Perfect Smile Dental Ceramics, Inc.	San Diego	CA	877-729-5282
Polaris Dental Laboratory**	Anaheim	CA	866-937-1563
Precision Ceramics Dental Laboratory**	Montclair	CA	800-223-6322
Riverside Dental Ceramics**	Riverside	CA	800-321-9943
Robertson Dental Lab	Lompoc	CA	800-585-3111
San Ramon Dental Lab	San Ramon	CA	800-834-4522
So Cal Dental Lab	Colton	CA	909-633-6462
Solitaire Smile Dental Laboratory LLC	San Diego	CA	619-819-7526
Williams Dental Laboratory	Gilroy	CA	800-713-5390
World Lab U.S.A.	Irvine	CA	800-975-3522
Dahlin Dental Laboratory	Lakewood	CO	800-536-8241
Gnathodontics, Ltd.	Lakewood	CO	800-234-9515
Zinser Dental Lab, Inc.	Westminster	CO	303-650-1994
Yankee Dental Arts Laboratory	Wethersfield	CT	800-447-3941
Dodd Dental Laboratories	New Castle	DE	800-441-9005

LABORATORY	CITY	STATE	PHONE
Carlos Ceramics Dental Lab	North Miami Beach	FL	305-940-4040
Biotech Dental Prosthetics	Palm Beach Gardens	FL	800-564-0556
DigiTech Dental Restorations	Doral	FL	888-336-1301
DSG - Clearwater	Clearwater	FL	800-237-1723
Fox Dental Laboratory	Tampa	FL	800-282-9054
Knight Dental Group	Oldsmar	FL	800-359-2043
TLC Dental Laboratory	Orlando	FL	800-262-2547
Daniel Dental Laboratory	Macon	GA	478-997-0201
New Image Dental Laboratory**	Morrow	GA	800-233-6785
Oral Arts Dental Lab Georgia	Chamblee	GA	800-229-7645
Ridge Craft Dental Laboratory	Lagrange	GA	800-516-0281
The Lab 2000, Inc.	Columbus	GA	800-239-3947
Eclipse Dental	Waterloo	IA	319-232-6020
Oral Arts Dental Lab Iowa	Dubuque	IA	800-747-3522
Eastside Crown & Bridge Inc.	Pocatello	ID	208-237-2525
Accudent Dental Laboratory	Lansing	IL	800-895-3565
Artistic Dental Studio, Inc.	Bolingbrook	IL	800-755-0412
Dental Arts Laboratories, Inc.	Peoria	IL	800-322-2213
Dental Arts Lincolnshire	Lincolnshire	IL	800-779-5089
Distinctive Dental Studio, Ltd.	Naperville	IL	800-552-7890
Prosthotech**	Sugar Grove	IL	630-466-8333
Quad City Dental Laboratory Inc.	Moline	IL	888-797-5707
Rockert Dental Studio	Wheaton	IL	800-665-1401
Vitality Dental Arts**	Arlington Heights	IL	800-399-0705
Image Dental Arts	Fort Wayne	IN	866-496-1160
Ito & Koby Dental Studio	Indianapolis	IN	800-288-6684
Lumident, Inc.	Indianapolis	IN	866-586-4336
Heumann & Associates Dental Laboratory	Topeka	KS	800-255-2412
Heumann Dental Laboratory	Fairway	KS	800-888-1925
Myron's Dental Laboratory	Kansas City	KS	800-359-7111
Pearce-Turk Dental Laboratory	Wichita	KS	800-835-2776
Keller Dental Laboratory	Louisville	KY	800-292-1894
CDS Dental Studio**	Bossier City	LA	800-259-7775
Crown Dental Studio	Shreveport	LA	800-551-8157
Pfisterer-Auderer Dental Lab	Metairie	LA	800-288-8910
Arcari Dental Lab	Wakefield	MA	781-213-3434
Custom Automated Prosthetics LLC	Stoneham	MA	877-977-7889
Dental Studios of Western Massachusetts, Inc.	West Springfield	MA	413-787-9920
Northshore Dental Laboratories, Inc.	Lynn	MA	800-338-5850
Yankee Dental Arts Agawam Laboratory	Agawam	MA	800-732-2891
Aronovitch Dental Laboratory	Owings Mills	MD	800-441-6647
Eliason Dental Lab	Portland	ME	800-498-7881
Apex Dental Milling	Ann Arbor	MI	866-755-4236
Artistic Dental Lab**	Allen Park	MI	800-437-3261
Coulter Dental Lab	Flint	MI	810-733-3310
D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
Davis Dental Laboratory	Wyoming	MI	800-253-9227
Davison Dental Lab	Flint	MI	800-340-6971
Dental Art Laboratories	Lansing	MI	800-444-3744
LaDouce Dental Lab	Saginaw	MI	989-799-0472
Nelson Dental Laboratory	Rochester Hills	MI	800-570-2131
Olson Dental Laboratory	Clinton Township	MI	800-482-3166
Spartan Dental Lab	Lansing	MI	800-678-2227
U.S. Dental Laboratories	Southfield	MI	248-557-8029
Xcel Dental Studio	Flint	MI	810-733-0909
Boos Dental Laboratory	Golden Valley	MN	800-333-2667
Custom Crown Craft	Alexandria	MN	800-568-5414

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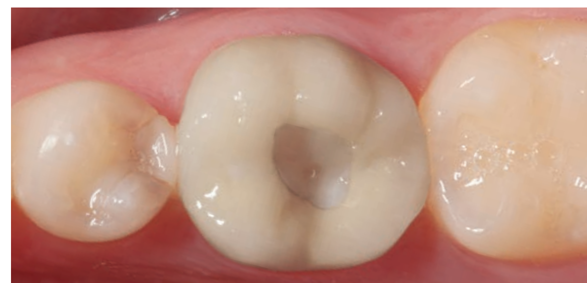
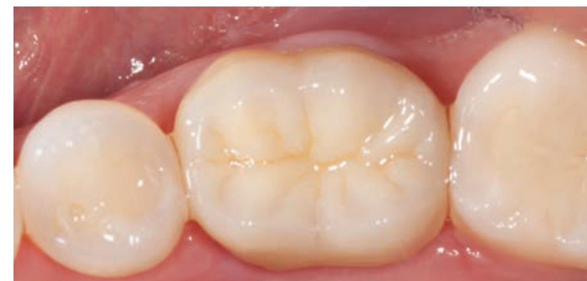
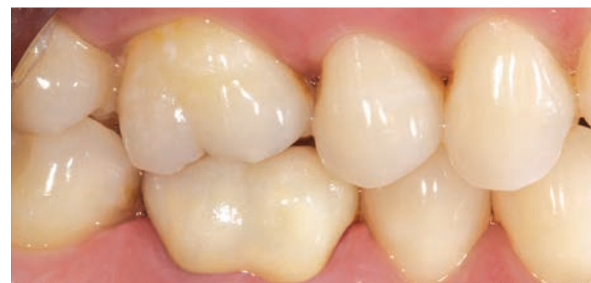


Before: *This patient recently had an endodontic procedure through this lower molar PFM crown and recurrent decay on the distal of the bicuspid. The patient had never been particularly happy about the gray hue of the PFM, and he didn't like having a hole in the top of the crown, even though it was patched with composite.*



After: *According to lab statistics, crowns on first molars fracture more than any other crowns, so I chose a BruxZir® Shaded crown for its combination of strength and esthetics. Nearly all of the more than 200 Authorized BruxZir Labs now exclusively use the BruxZir® Shaded material.*



Buccal After: *While these BruxZir Shaded crowns won't be mistaken for enamel when compared to the surrounding natural dentition, they do a very good job of blending in with these teeth. They don't stick out like a PFM restoration. I consider solid zirconia to be the best blend of strength and esthetics for molar restorations.*

Clinical dentistry by Michael C. DiTolla, DDS, FAGD

Authorized BruxZir™ Laboratories

LABORATORY	CITY	STATE	PHONE
Dental Services Group	Minneapolis	MN	800-259-3717
Dimension Dental Design	Hastings	MN	888-793-3682
Excel Dental Studios Inc.	Minneapolis	MN	800-328-2568
Harrison Dental Studio	West St. Paul	MN	800-899-3264
Saber Dental Studio	Brooklyn Center	MN	800-264-3903
Thoele Dental Laboratory	Waite Park	MN	800-899-1115
Trachsel Dental Studio**	Rochester	MN	800-831-2362
Webster Dental Laboratory	Saint Paul	MN	800-621-3350
Wornson-Polzin Dental Lab	North Mankato	MN	800-950-5079
Becker Dental Lab, Inc.	Herculaneum	MO	800-963-6691
Creative Dental Arts, Inc.	Raytown	MO	800-633-4083
Keller Laboratories, Inc.**	Fenton	MO	800-325-3056
Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Midwest Dental Laboratory	St. Louis	MO	800-325-8011
Stewart Dental Laboratories	Columbia	MO	866-724-5509
Verch Dental Ceramics	Ellisville	MO	888-868-3724
Oral Tech Dental Laboratory	Pearl	MS	800-321-6201
Western Dental Arts	Billings	MT	406-652-1652
Carolina Outsource Inc.	Charlotte	NC	704-814-0644
Drake Precision Dental Laboratory	Charlotte	NC	800-476-2771
Sirona InfiniDent	Charlotte	NC	800-659-5977
Natural Ceramics Inc.	Fayetteville	NC	910-425-8296
The Freeman Center	Stallings	NC	800-659-7636
Kiess Kraft Dental Laboratory	Omaha	NE	800-553-9522
H & O Dental Laboratory	Manchester	NH	800-543-4312
Excel Berger Dental Laboratory	North Brunswick	NJ	800-438-3384
Ceratek Dental Laboratory	Roswell	NM	575-623-7533
Ideal Dental Laboratory	Albuquerque	NM	800-998-6684
Core 3D Centres, LLP	Las Vegas	NV	888-750-9204
Crown Dental Lab, LLC	Las Vegas	NV	702-432-4012
Digital Dental Studio	Henderson	NV	702-992-4055
Las Vegas Dental Studio	Las Vegas	NV	800-455-1598
Las Vegas Digital Dental Solutions**	Las Vegas	NV	800-936-1848
Americus - New York	Jamaica	NY	800-222-8980
Creo Dental	New York	NY	212-302-3860
DP/Mt. Vernon Dental Laboratory	Mt. Vernon	NY	800-431-1797
Elegant Dental Laboratories	Brooklyn	NY	877-335-5221
GP Dental Lab	Brooklyn	NY	718-339-4995
Smile Design Dental Laboratory	Port Washington	NY	516-472-0890
AccuTech Dental Lab	Reynoldsburg	OH	614-751-9888
Dresch/Tolson Dental Laboratory	Sylvania	OH	800-843-4110
Form & Function Laboratory	North Royalton	OH	800-423-8453
John Hagler, CDT	New Albany	OH	614-560-5667
New Era Dental Arts, LLC	Sylvania	OH	800-971-8201
Northwest Ceramics Inc.	Columbus	OH	614-451-9597
ROE Dental Laboratory	Garfield Heights	OH	216-663-2233
Salem Dental Laboratory	Cleveland	OH	800-747-5577
Simon DeChatlet Dental Laboratory	Miamisburg	OH	800-448-6684
Flud Dental Laboratory	Tulsa	OK	800-331-4650
Great Southwest Dental Laboratory	Oklahoma City	OK	800-777-1522
Imperial Crowns Dental Laboratory	Broken Arrow	OK	866-207-0858
International Dental Arts, Inc.	Tulsa	OK	800-741-0002
Applegate Dental Ceramics	Medford	OR	541-772-7729
Ceramicraft Dental Lab	Bend	OR	541-318-7808
Abel Dental Laboratory	Uniontown	PA	800-524-1106
Albensi Laboratories**	Irwin	PA	800-734-3064
DeLux Dental Laboratory	Reading	PA	800-541-5642
Dental Services Group of Pittsburgh	Pittsburgh	PA	800-322-7080
Innovative Dental Arts	North Huntingdon	PA	866-305-5434
Maverick Dental Laboratories	Export	PA	866-294-7444
Muth & Mumma Dental Laboratory	Harrisburg	PA	800-932-0584
Newtech Dental Laboratories	Lansdale	PA	866-635-5227
Shu Dental Laboratory, Inc.	Morrisville	PA	800-929-9846
Thayer Dental Laboratory	Mechanicsburg	PA	800-382-1240
Windl Dental Laboratory	New Castle	PA	800-645-4576
Sherer Dental Laboratory	Rock Hill	SC	800-845-1116
Associated Dental Lab Inc.	Rapid City	SD	605-343-7437
Bauer Dental Studio	Mitchell	SD	800-952-3334
Dental Prosthetics Lab	Clarksville	TN	931-647-2917
Hermitage Dental Lab	Hermitage	TN	615-889-4949
Peterman Dental Laboratory	Nashville	TN	800-476-1670
Rogers' Dental Laboratories	Athens	TN	800-278-6046
Affordable Cosmetic Laboratories	Arlington	TX	860-258-0678
C & J Dental Lab	El Paso	TX	915-564-3800
Crystal Dental Ceramics	Richardson	TX	972-680-1660
Dental Dynamics Laboratory Inc.	Arlington	TX	800-640-8112
MDA Studio, Inc.	Corpus Christi	TX	888-544-3307
Natural Arts Dental Laboratory	San Antonio	TX	800-322-6235
Oral Designs Dental Laboratory, Inc.**	San Antonio	TX	800-292-5516
PCB Dental Lab	Richardson	TX	972-671-3894
Rose Dental Laboratory	Stafford	TX	281-565-3600
Stern Empire Dental Laboratory	Houston	TX	800-229-0214
Stern Reed Associates Dental Laboratory	Addison	TX	800-888-8341
Stern Tyler Dental Laboratory	Tyler	TX	800-926-1318
Accudent Dental Lab	West Jordan	UT	801-231-6161
Arrowhead Dental Laboratory	Sandy	UT	800-800-7200
Crown Laboratories Inc.	Sandy	UT	800-574-1911
Crystarr Dental Design	Salt Lake City	UT	800-343-2488
Epic Dental Studios**	American Fork	UT	801-756-1117
Evolution Dental Studio	Draper	UT	801-432-7446
Treasure Dental Studio	Salt Lake City	UT	800-358-6444
Via Digital Solutions	Sandy	UT	888-484-6842
Art Dental Lab	Chantilly	VA	888-645-7541
Marine Dental Lab	Annandale	VA	703-256-3601
NexTek Dental Studios	Manassas	VA	800-678-7354
The Point Dental Studio, LLC	West Point	VA	804-337-5477
Harrison & Cardillo Dental Laboratory	Renton	WA	800-525-5913
McElvain Dental Laboratory	Colville	WA	509-684-8620
Ziemek Aesthetic Dental Lab	Olympia	WA	866-943-6357
Gessler's Dental Laboratory	Tomahawk	WI	715-453-4383
Haag Dental Laboratory	Kenosha	WI	262-694-4732
Lord's Dental Studio	DePere	WI	800-821-0859
Saber Dental Studio	Waukesha	WI	800-365-3210
Winnebago Dental Lab	Appleton	WI	920-735-1208
Midtown Dental Laboratory	Charleston	WV	800-992-3368
Standard Dental Laboratory	Clarksburg	WV	800-842-6265
Tincher/Butler Dental Laboratory	South Charleston	WV	800-225-4699

INTERNATIONAL LABS SERVICING THE U.S.

LABORATORY	CITY	STATE	PHONE
Smith-Sterling Dental Laboratories**	Cartago	Costa Rica	800-479-5203
EPS Dental Studio	Cuernavaca	MO, Mexico	347-246-5203
Pacific Edge Dental Laboratories**	Baja California	Mexico	800-889-9323

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CAPIR chair outlines CDHC program success

When the Community Dental Health Coordinator pilot program was launched several years ago, some people were skeptical, some were optimistic, but most of us were willing to "wait and see."

We knew we weren't going to drill and fill our way out of the access crisis in oral health. The CDHC offered a unique opportunity to take a successful model in medicine, the community health worker, and translate that success to the dental arena.

The purpose of the pilot was to find out if the CDHC could be an efficient, sustainable and effective way to reach the people who currently don't access the oral health care system.

The pilot launched in 2008 with programs located in urban, rural and tribal areas. Now 34 CDHCs are working in eight states and the results have been nothing short of remarkable. These CDHCs have impacted over 11,000 patient lives within their communities and at their respective clinics. They have contributed total revenues of approximately $1.85 million.

The CDHC curriculum was administered through a community college in Arizona and is being readied for sharing with other community colleges interested in promoting this new member of the dental team.

New Mexico is the first state where CDHCs can be licensed and perform to the full scope of their training. Flexibility in the program allows other states to tailor a CDHC program that fits the duties and supervision that already exist in their current dental practice acts.

The patient navigation stories have been impressive, both from the human interest standpoint and the clinical outcomes achieved. A detailed report will be released at the 2013 House of Delegates meeting.

Many people ask, "How does the CDHC get paid?"

The straightforward answer to that is they get paid like everybody else—from productivity. CDHCs generate income by providing direct services and by filling the schedules of the dentists and hygienists in their home clinics. In some states, they can generate revenue from their case management services including educating patients about program eligibility, helping enroll them in insurance programs and assisting with transportation issues. In New Mexico, several managed care plans pay a monthly fee for case management of their most needy clients to oversee patient compliance.

As the CDHC transition phase goes into full swing, perhaps your state would be interested in having this new dental team member navigate patients into care in your office or health center. Your action could help address those critics who claim that there is a "shortage of dentists" and "no one takes care of the underserved."

Dr. Hebl: "The true success of this program lies in connecting patients with dental homes."

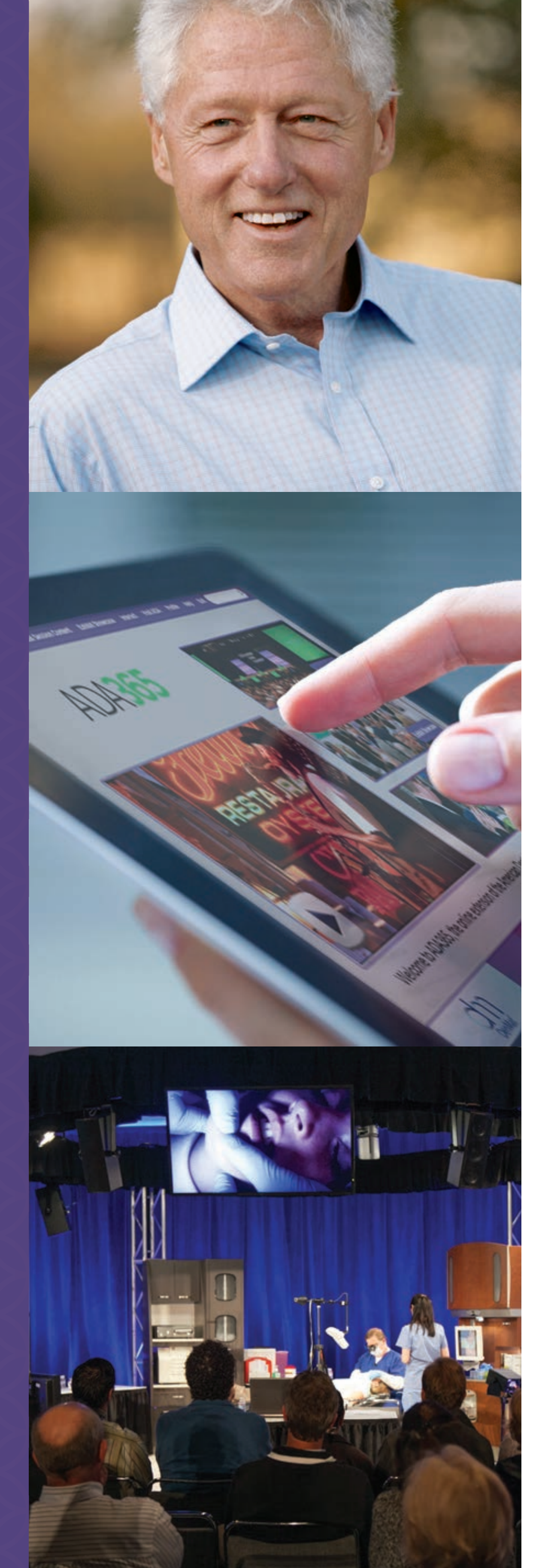
If a community college in your area would be interested in offering CDHC training, please let the ADA know.

The true success of this program lies in connecting patients with dental homes. Care that is available, but not accessed or utilized, is unfortunate; it can cost many more dollars when care is delayed and gets more serious.

For many reasons, it is no longer acceptable for dentists to wait for people to avail themselves of our services. As America's leading advocates for oral health, each and every dentist has a responsibility to do his or her part to ensure that we have the best oral health care system for all Americans. CDHCs have proven they can break down many barriers that exist in both the safety net and private practice for the people who have difficulty finding their way to dental care, but who need it the most. Please help us welcome and nurture the CDHC, a valuable new member of the dental team.

Monica Hebl, D.D.S.
Milwaukee
Chair, ADA Council on Access, Prevention and Interprofessional Relations

Editor's note: To inform the ADA Council on Access, Prevention and Interprofessional Relations about a community college's interest in offering CDHC training, contact Dr. Jane Grover, council director, at groverj@ada.org or at the toll-free number, Ext. 2751. ■



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CDHC

Continued from Page 1

oral health education and help them navigate getting comprehensive care at the community health center."

Ms. Wood was a participant in the third cohort of the ADA's Community Dental Health Coordinator pilot project, which will be completed at the end of the year. To date, 34 CDHCs have completed the training program and are employed in eight states, and New Mexico and Vermont have invited CDHCs to serve sabbaticals in their states. Several colleges and universities nationwide have expressed an interest in offering CDHC training in the future. The pilot project, funded by the ADA House of Delegates as well as an in-kind donation of equipment by Henry Schein Inc. and a contribution by the ADA Foundation, was completed within budget.

The ADA recently completed 46 case studies to evaluate the program. More than 11,000 patients have been served by CDHCs, generating $1.85 million in revenues at the clinics that employ them. The evaluation also determined that the CDHC model is sustainable in certain clinical settings and that CDHCs generate revenue through outreach activities.

"The CDHC has proved to be not only effective but extremely beneficial in our test sites," said Dr. W. Ken Rich, past ADA 6th District trustee from Dry Ridge, Ky. "The CDHC's role as a financially viable form of community outreach, as an educator and patient navigator have improved access to care significantly in areas of underutilization. The next step is to experience a more widespread utilization of this model as a demonstrated answer to the access problem."

In the northeastern Pennsylvania town of Honesdale, Ms. Wood serves patients from the town of less than 5,000 as well as many residents in the rural areas surrounding it.

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A conversation with the president-elect

Center for Professional Success offers an ‘opportunity to really make a difference’

Editor’s note: This is the second part of a conversation about the issues facing the profession with Dr. Charles H. Norman III, ADA president-elect, who will be installed as ADA president Nov. 5 during the Annual Session in New Orleans. Part 1 was printed in the Oct. 7 ADA News. ADA News Editor Judy Jakush interviewed Dr. Norman.

ADA News: How is dental practice as a business model changing? Do you see the ADA as the umbrella for all types of dental practice as new models emerge in group practice, corporate ownership as well as the traditional solo practice? How do you want to see ADA respond and grow with these changes?

Dr. Norman: Recent occupational data reveals a definite trend indicating growth in group practices as part of the dental delivery system. The economic reality of a modern dental office makes small and large group practices an attractive alternative to the more traditional single practitioner. As an organization, we welcome and embrace all dentists committed to the values of the ADA regardless of their practice setting. The rapidly changing practice models raise a significant operational question. Who in the practice makes the clinical decisions? Whether dentists are owners or employees, it is their responsibility to diagnose the clinical conditions and in consultation with the patient develop a treatment plan, including the selection of materials and laboratory that can produce the best result for the patient.

ADA News: The ADA Center for Professional Success (Success.ADA.org) debuted in September. What does it do for members?

Dr. Norman: This is the culmination of a major effort by the Association to deliver member value. When we did the 2012 Member Loyalty Research, the top two reasons members gave for belonging to the ADA were to support the profession and advocacy.

The ADA research on member value and loyalty reveals that member benefits have the biggest impact on member value overall, and analysis demonstrates the importance of providing practice management resources to help dentists succeed.

We are trying to respond to what our members need, which is help with managing the business part of their practice. The Center for Professional Success is designed to provide that kind of support. We have an opportunity to really make a difference with the practice lives of our members and provide a platform for assistance with education, lifestyle and practice management. I’m excited about this new benefit for members.

We talked about this initiative at the New Dentist Conference, and the fact we are including resources like student debt calculators was received very positively. The Center provides a reliable source of information in what is otherwise an endless sea of Internet information—some good, some bad.

This is the 21st century version of the ADA’s practice management resources. When I started my practice, the ADA provided practice management materials in paper form, such as information on how to start a practice, what kind of insurance was required, how to hire staff and other operational manuals. We still have those resources, but in addition, the Center will offer a wide variety of other content for professional development.

Family celebration: Dr. Norman and his wife, Sharon, have one grandchild, Claire Richards. Gathering at her baptism last year are (from left) Dr. Norman, Mrs. Norman, Brian Richards (son-in-law), Emily Richards (daughter), Chandler Norman (daughter-in-law) and Dr. Matt Norman (son).

ADA News: The Taskforce on Dental Education Economics and Student Debt has prepared a report with five proposed resolutions that the Board has endorsed. The resolutions include support for advocacy related to student finances, expanded relevant information resources on ADA.org, expanded research by the ADA in dental education financing, a comprehensive study of the current educational model and a request to the Commission on Dental Accreditation that it specifically include debt management and financial planning requirements in the standards for dental education programs. What are your thoughts/concerns about the ever-increasing costs of dental education and/or higher education in general?

Dr. Norman: We were at the New Dentist Conference this summer and I was asked what the ADA could do about the rapidly rising student debt. I told the dentists in attendance that while we sympathize with their concerns, we have to be realistic. How much direct control does ADA have over student debt? The simple answer is none. If you look at higher education in general, the rate of inflation for tuition to all schools is outpacing inflation in the general economy with no end in sight. There are things we can do to help students and influence policy, and the taskforce resolutions [which are posted in the House of Delegates pages on ADA.org in Board Report 13] are a multifaceted approach. We can also work together with the American Dental Education Association to develop strategies to educate students about debt management. We need more data about market opportunities for new graduates and whether their potential

President-Elect's Conference: Dr. Norman leads discussion during the January conference at ADA Headquarters.

incomes can support their debt. Students considering dentistry deserve realistic calculations about how much debt can be serviced over the course of their career.

ADA News: Why are universities interested in establishing a dental school? Some of the new schools are in universities that offer other health profession education programs such as osteopathic medicine, optometry, nursing and physical therapy. Is this a change in the overall setting of dental schools? Do you think this will have an effect on practice?

Dr. Norman: The demand for an education in dentistry is driving the interest in opening more dental schools. I'm a pretty big believer in the marketplace. I don't know how long it will take, but if the debt situation continues and the trends we see in net incomes continue, there is going to be a point where students are not as attracted to dentistry. Those that are passionate about service and treating patients and who want to go into a health care field will do so, regardless. But others, the ones looking for a profession based more on economic success will look to other places, other careers. That scenario may put pressure on dental school enrollments. It happened before in the mid-'80s and it could happen again.

I'm not sure we are losing research institutions, as some suggest. I believe my experience at UNC, which has a proud history as a research-intensive dental school, was enhanced by the research exposure. Is that absolutely necessary for success? Probably not. The burden on the Commission on Dental Accreditation is to assure that each program meets the quality assurance standards upon which each school is evaluated. The standards are considered minimums, and schools can teach to a level beyond the standard.

ADA News: Give Kids a Smile/NASCAR and other GKAS efforts are a yearlong effort. Another tool for outreach is the Ad Council and the Partnership for Healthy Mouths, Healthy Lives campaign—2min2x.org—brush kids' teeth for two minutes, two times a day. What is the value of these types of programs in your eyes?

Dr. Norman: ADA GKAS, the world's largest oral health charitable program, is a major avenue for increasing awareness about the importance of oral health, and now our collaboration with NASCAR, ADA Foundation, Henry Schein Cares, CareCredit and 3M ESPE Dental has taken public awareness to another level. NASCAR has one of the largest annual attendances of any professional spectator sport, so we are reaching very large audiences. We are educating the people who attend the races about the value of good oral health care for children. Of course, the Ad Council campaign reaches an even larger community with a targeted focus. Our participation in the Partnership for Healthy Mouths, Healthy Lives which supports the campaign allows the ADA to leverage limited resources for tremendous returns. Survey data after one year shows that we are reaching key audiences. More parents in 2013 reported that their child brushes at least twice a day compared to before the campaign launched. That is 55 percent of English-speaking parents in 2013, up from 48 percent last year and 77 percent of Spanish-speaking parents this year, up from 69 percent in 2012.

ADA News: How do you assess the progress the ADA Foundation has made in the past few years and what do you see as its role?

Dr. Norman: The Foundation has made great strides over the last couple of years. Under new leadership by the executive director, Gene Wurth, and Board president, Dr. David Whiston, the Board is committed to moving the Foundation forward in support of its four pillars: access to care, education, research and charitable assistance. Since its reorganization, the Foundation has refined its focus and a great example is the revitalization of the ADAF research center at the National Institute of Standards and Technology. The center, through funding from Colgate as well as ADA and ADAF, has been renamed the Dr. Anthony Volpe Research Center. A research fellowship has been established in Dr. Volpe's name, and the annual student conference is now known as the Colgate Dental Student Conference on Research.

From the member's standpoint, the progress of the Foundation is a tangible indication that we have a functioning philanthropic arm dedicated to the public and profession. In addition to research, education, and access, it is also ready to assist with emergency grants in times of crisis, such as the hurricane and tornado damage that occurred in the past year.

ADA News: The ADA Library has gone through a number of changes in the past year. The ADA Library Transition Plan Taskforce,

See DR. NORMAN, Page 34

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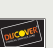
NOTE: We accept 

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A conversation with the president-elect

Dr. Norman

Continued from Page 33

working in response to Resolution 159H-2012, made several recommendations that the Board adopted (Board Report Six, posted in the House of Delegates area on ADA.org). What is the status now and where is it headed?

Dr. Norman: I thought the taskforce recommendations were very straightforward and sensitive to the needs of our members. All libraries are going through major changes as information technology advances. When considering changes to the Library, the role within the ADA must be addressed. The final plan must support our staff in their research needs and provide our members with enhanced resources. We modernized the Library for the 21st century by making a commitment to digitize many of our publications and add digital databases so our members will have better access to knowledge.

ADA News: The expansion of dental therapy in some states continues to raise concerns about how to address access to care issues for the profession. What's ahead?

Dr. Norman: Dental therapy will continue to be an issue depending on an individual state's needs. Different stakeholders are searching for that one solution that will solve all access to care barriers, and frankly, there is not one solution. Recent data suggest that there is adequate workforce to address the demand for care. Almost all the issues surrounding legislative initiatives to address access to care are really about the cost of access to care. We have data that shows many dental practices could treat more patients if demand were there. In fact, some states have demonstrated that there is as much as 25 to 30 percent excess capacity in the dental delivery system. Why are emergency rooms being inundated with dental problems when an office two blocks away says they can handle more patients? So what's keeping patients in need of care from presenting for treatment? In other words, what are the real barriers to care? Appropriate, effective solutions depend on identifying the specific barriers in each state that are impacting access, such as geographical ones, transportation shortfalls, cultural differences, oral health literacy or financing options.

As an association, we can advocate for solutions that can have an impact on access and ultimately oral health. For instance, we should continue to insist that there is a properly funded safety net. The Action for Dental Health is designed to help states select from a suite of initiatives that can address their unique access barriers.

ADA News: As you travel to dental meetings across the country, what are the concerns you hear from members?

Dr. Norman: No. 1, when I talk to leadership, they are concerned about their membership numbers and the resulting reduction of their organization's dues base.

No. 2, when I talk to younger dentists, the conversation is about student debt and the impact it may have on where and how they will practice.

No. 3, when I talk to established practitioners in a state with a high penetration of preferred provider organizations, they want to know what the ADA is going to do about rapidly eroding insurance reimbursements.

All those issues revolve around finances and the financing of care. I think all dentists want to know "How can I deliver good quality care in this changing environment?"

ADA News: What scientific developments intrigue you?

Dr. Norman: Implants, bone grafting and tissue engineering have certainly improved treatment options and patient outcomes, but I am most intrigued by the future of salivary diagnostics and early screening for chronic diseases. There is a significant percentage of the population that sees a dentist regularly and not a physician, so we could play a role in improving their overall health by performing early screening and then referring the patient for proper diagnosis and treatment. ■

—jakushj@ada.org

Before the House: Dr. Norman thanks delegates after his election Oct. 22, 2012.

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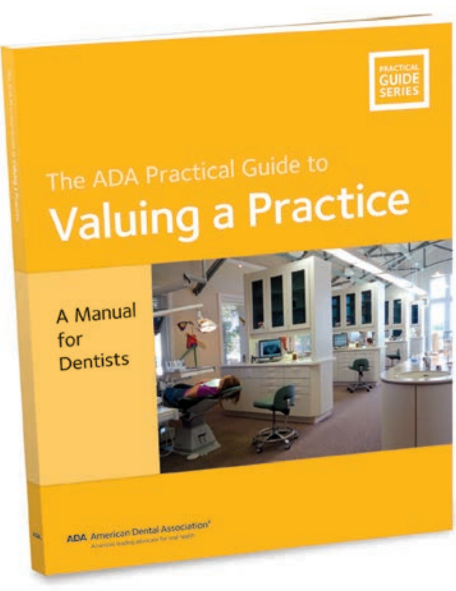

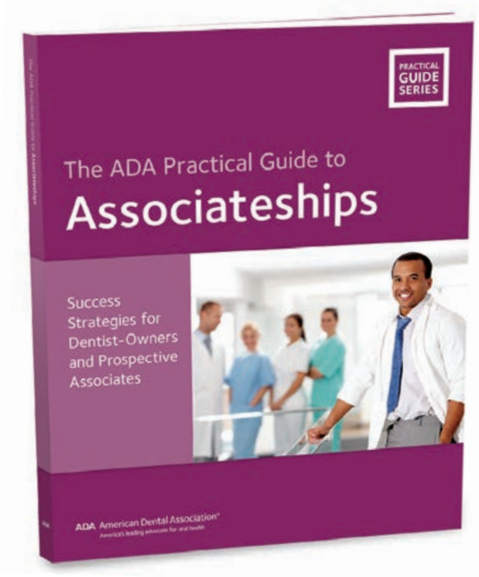

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Sue Ryser to take helm as AADA president

BY STACIE CROZIER

Cottonwood Heights, Utah—Sue Ryser's passion is to serve her community and make life better for residents in the Salt Lake City area.

Her drive to reach out with dental health education, legislative advocacy and leadership has prepared her to serve as the next president of the Alliance of the American Dental Association.

Mrs. Ryser will be installed Nov. 2 at the New Orleans Downtown Marriott, in a year that the Alliance makes a significant national leadership structure change.

"My favorite part of serving the Alliance is community involvement," Mrs. Ryser said. "I began a program in Salt Lake City that educated seniors about good oral health. The Salt Lake Council on Aging gave me a grant to put together oral hygiene kits for seniors living in senior housing units. Advocacy for oral health is critically important right now. I have found most legislators are poorly informed on oral health issues and appreciate our efforts to provide them with information. Every little bit that we can do through the Alliance helps—even a letter or simple phone call."

Mrs. Ryser

Mrs. Ryser graduated from Brigham Young University and worked in employer relations and job development. In addition to her work with the Alliance, she has served as a church youth leader and a Cub Scout leader. She has been involved with community planning for many years. She served as the chair of the Salt Lake County Community Council and as a city planning commissioner. She has also been a member of the Utah State Women's Legislative Council and a committee chair for a national women's conference.

Mrs. Ryser joined the Alliance as soon as her husband, Dr. Ralph Ryser, finished his oral surgery residency.

"At that time, the local Alliance met about eight times a year and was very involved with dental health education in the local schools," she said. "I served on the Dental Health Education Committee for several years and also on several state and local Alliance boards. I organized an Alliance project to donate a tree to the Primary Children's Hospital Festival of Trees, where decorated Christmas trees are auctioned off at a huge four-day festival. Our tree was the second-highest bid tree. I served the following year as the local Alliance president."

Mrs. Ryser also served as chair of the Alliance Council on Government Affairs for four years, serving as the liaison to the ADA Council on Government Affairs. She has also been national vice president and is currently the president-elect.

She said she has seen a lot of changes in the programs and the focus of the organization during her years of service.

"When I first joined the Alliance, the focus was largely on support, education and friendship for spouses," she said. "The community focus centered primarily on teaching oral care in the elementary schools. Our focus now is very outward oriented. Our purpose is to organize spouses and their talents and resources to be advocates for oral health in any way that is needed. We are stressing the importance of legislative advocacy to every member and emphasizing how significant even the little efforts are. We are raising money to fund dental health education projects that will benefit the communities in which we live."

Dr. and Mrs. Ryser have one son and four daughters—all married with children of their own—and 16 grandchildren who are scattered from California to Connecticut. Their son, Mark, is also an oral and maxillofacial surgeon in practice with his father.

Mrs. Ryser said her goal is to reach out to state and local dental associations to help them learn how a strong Alliance can strengthen and support their work.

"There is such a great need for good oral health education, from children, to young mothers to the elderly. Spouses today are very diverse with many talents. As president, it is my desire to better organize that talent to advocate for the profession, and to work for better oral health in this county and our communities."

For more information on the Alliance or its activities, visit the website, allianceada.org. ■

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CDHC

Continued from Page 1

oral health education and help them navigate getting comprehensive care at the community health center."

Ms. Wood was a participant in the third cohort of the ADA's Community Dental Health Coordinator pilot project, which will be completed at the end of the year. To date, 34 CDHCs have completed the training program and are employed in eight states, and New Mexico and Vermont have invited CDHCs to serve sabbaticals in their states. Several colleges and universities nationwide have expressed an interest in offering CDHC training in the future. The pilot project, funded by the ADA House of Delegates as well as an in-kind donation of equipment by Henry Schein Inc. and a contribution by the ADA Foundation, was completed within budget.

The ADA recently completed 46 case studies to evaluate the program. More than 11,000 patients have been served by CDHCs, generating $1.85 million in revenues at the clinics that employ them. The evaluation also determined that the CDHC model is sustainable in certain clinical settings and that CDHCs generate revenue through outreach activities.

"The CDHC has proved to be not only effective but extremely beneficial in our test sites," said Dr. W. Ken Rich, past ADA 6th District trustee from Dry Ridge, Ky. "The CDHC's role as a financially viable form of community outreach, as an educator and patient navigator have improved access to care significantly in areas of underutilization. The next step is to experience a more widespread utilization of this model as a demonstrated answer to the access problem."

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