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Recommended Citation

American Dental Association, Publishing Division, "ADA News - 06/05/2006" (2006). *ADA News*. 488.
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ADA NEWS

JUNE 5, 2006

VOLUME 37 NO. 11

ADA, OSHA renew alliance

Voluntary agreement covers ergonomics issues

BY CRAIG PALMER

Washington—The American Dental Association and Occupational Safety and Health Administration renewed an agreement May 18 continuing “an effective means of collaborating on ergonomics matters.”

The agreement originally signed in

■ **Ergonomics agreement goals, page seven**

April 2004 established a voluntary alliance for information sharing on ergonomics issues. An OSHA repre-

sentative spoke at the ADA’s 146th annual session in Philadelphia in October 2005 and the Association is represented on the editorial boards of OSHA’s bloodborne pathogens and needlestick prevention and dentistry safety and health topics pages at “www.osha.gov”.

“The ADA is very supportive of the alliance agreement with OSHA because it provides an effective means of collaborating on ergonomics matters that both the agency and organized dentistry view as important to the health and well-being of dentists

See OSHA, page seven

BRIEFS

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ADA News Today, updated each business day, provides news about the ADA, dental profession and health care industry as well as the full text of many articles that appear in the print edition of ADA News and other coverage.

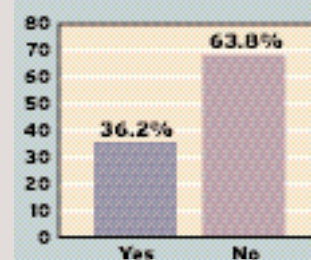
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JUST THE FACTS

Dental practice

More than one-third of general practitioners’ spouses work in the dental practice.



Source: ADA Survey Center
“survey@ada.org”; Dec. 2005

Salivary diagnostics poised for broadened applications



Dr. Philip Fox: Saliva is already used to rapidly diagnose HIV and soon will be widely available for detecting oral cancer.

BY CRAIG PALMER

Washington—Saliva research is on the verge of paying huge dividends to the health of the American people, a dental researcher told the U.S. Senate in testimony on the biomedical research budget.

“Imagine a future in which a saliva sample is used for quick, painless and less expensive diagnostic tests, monitoring for many systemic health conditions and exposure to chemical and biological agents,” said Dr. Philip C. Fox, who testified on behalf of the American Association for Dental Research and the American Dental Education Association.

He is director of clinical research, Department of Oral Medicine, Carolinas Medical Center, Charlotte, N.C.

Testifying at a May 19 hearing on funding for the National Institutes of Health, Dr. Fox said saliva is already used to rapidly diagnose HIV and soon will be widely available for detecting oral cancer.

Researchers supported by the National Institute of Dental and Craniofacial Research have shown that molecular signals in saliva can be amplified and used to reliably confirm the presence of disease, heralding the advent of new tests allowing for earlier diagnoses than currently possible, he testified.

After years of research, saliva is poised for use as a diagnostic fluid for oral and systemic conditions, allowing for development of new, rapid and non-invasive saliva-based diagnostic tests, rather than the blood or urine sample procedures in current use, the AADR said.

Dr. Fox testified at a special hearing on NIH funding called by Sen. Arlen Specter (R-Pa.), who chairs a Senate appropriations subcommittee on health and human services.

Congress is drafting a budget for the National Institutes of Health for fiscal year 2007, which begins Oct. 1. ■

Michigan builds on access success

BY JENNIFER GARVIN

Lansing, Mich.—The Michigan Dental Association’s Healthy Kids Dental program, considered one of the nation’s top models for improving access to dental care for children, has expanded.

On May 1, the program added 22 counties, thus enabling 43,000 additional low-income children to receive dental services and increasing the number of children affected by 25 percent. The program now reaches more than 217,000 children and includes 59 of the state’s 83 counties.

The MDA’s Healthy Kids Dental is administered by Delta Dental Plan and is partnered with Michigan’s state Medicaid program. The program works by reimbursing dentists who

See MICHIGAN, page eight

■ **Globalization series continues with a look at ‘offshoring’ jobs, page 12**



ADA/Kellogg management program seeks new members

BY KAREN FOX

The ADA/Kellogg Executive Management Program’s inaugural class enjoyed their experience so much they asked for more.

In late April, 18 members of the class reconvened for the Advanced ADA/Kellogg Executive Management

Program, a one-week course offering six advanced business topics.

“That half the original class sought additional sessions shows the value of the ADA/Kellogg collaboration, and one of the reasons why the Executive Management Program was renewed for 2006,” said Thomas R. Prince,

Ph.D., Kellogg professor of health industry management and professor of accounting information and management.

New class members are enrolling right now. (The registration deadline is June 15.)

See KELLOGG, page 14

ADA seeks volunteers for IHS clinics

The ADA is currently recruiting volunteers to serve in three Indian Health Service dental facilities in northern Minnesota: Cass Lake, Red Lake and White Earth.

The Association is also starting talks with the IHS Navajo Area Office (which serves remote areas of Arizona, New Mexico and Utah) to place volunteers there in the future.

Each volunteer is asked to commit at least two weeks of volunteer service to the IHS clinic.

A facility may contract with an individual dentist who can provide one month or more of dental care. Each contract is between an individual dentist and the clinic where he or she provides service. For more information about contracting or employment opportunities, visit the Indian Health Service Web site ("www.dentist.ihs.gov").

"Together, we can share our time and talents," said Dr. Robert E. Barsley, chair of the ADA Council on Access, Prevention and Inter-professional Relations.

"We can accomplish great things. Our work will help resolve critical oral health problems, strengthen communities, create substantial and important relationships between the dental profession and Native Americans and transform the lives of dentists as we participate fully in community service."

If you're interested in participating in this effort, contact Gary Podschun, manager of the ADA's American Indian/Alaska Native Dental Placement Program, at 1-312-440-7487 or "podschung@ada.org". ■

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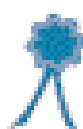
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AMERICAN DENTAL ASSOCIATION
ADANEWS
(ISSN 0895-2930)

JUNE 5, 2006

VOLUME 37, NUMBER 11

Published semi-monthly except for monthly in July and December by the American Dental Association, at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANEWS@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA NEWS are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office. Postmaster: Send address changes to the American Dental Association, ADA NEWS, 211 E. Chicago Ave., Chicago, Ill. 60611. © 2006 American Dental Association. All rights reserved.



American Dental Association
www.ada.org

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Dentist named AARP president

BY CRAIG PALMER

Baltimore—Dr. Erik D. Olsen, retired ADA member and former president and CEO of Delta Dental of California, assumed the AARP presidency last month at the organization's biennial National Leadership Conference.

"My passion is health care reform," Dr. Olsen said in a statement. "I will strive in these next two years to raise health care reform to the top of the national debate so that it must be a major campaign issue for both parties in the 2008 election campaign. And following that, I hope our country will be able to move forward rapidly to achieve comprehensive health care reform."

Dr. Olsen was a practicing dentist, a captain in the U.S. Army, the first recipient of the Hillenbrand Fellowship in Dental Administration from the American Dental Association and executive

director and managing editor of the Academy of General Dentistry. In 1977, Dr. Olsen at age 40 was named president and chief executive officer of Delta Dental of California, one of the nation's oldest and largest dental health



Dr. Olsen



For more information related to this story, visit the ADA's Web site, using the Web address above.

insurers.

After leaving Delta Dental he became an active AARP (formerly known as the American Association of Retired Persons) volunteer, was appointed AARP state president in Arizona in 1996 and elected to AARP's national Board of

Directors in 2000.

"Erik will be an outstanding leader as AARP president," said Marie Smith, whom he succeeds. "He will push the AARP to new heights and build on all that we have achieved over the last two years."

An AARP dental insurance plan developed in cooperation with Delta Dental Insurance Co. is available to AARP members in selected states. "We envision a society in which everyone ages with dignity and purpose," the 35 million-member AARP says. ■

ADA standards committees seek comments, publish revised standard

BY ARLENE FURLONG

The ADA standards committees have approved for circulation and comment six new proposed standards and technical reports and approved one revised standard for publication.

The ADA Standards Committee on Dental Products approved for circulation and comment the proposed ANSI (American National Standards Institute)/ADA Specification No. 32 for Orthodontic Wires, proposed ANSI/ADA Specification No. 47 for Dental Units, proposed ANSI/ADA Specification No. 63 for Root Canal Barbed Broaches and Rasps, proposed ANSI/ADA Specification No. 122 for Dental Casting and Baseplate Waxes and proposed ANSI/ADA Specification No. 109 for Procedures for Storing Dental Amalgam Waste and Requirements for Amalgam Waste Containers for Storage/Shipments.

The ADA Standards Committee on Dental Informatics approved for circulation and comment the proposed ADA Technical Report No. 1041 for Content of Electronic Laboratory Prescriptions.

Copies of these draft specifications are available by calling the ADA toll-free number, Ext. 2533, or sending an e-mail request to "standards@ada.org".

The revision of ANSI/ADA Specification No. 78 for Dental Obturating Cones was approved as an American National Standard and published.

The specification details the requirements for prefabricated metallic or polymeric-based cones suitable for use in the obturation of a root canal system restoration.

ANSI/ADA Specification No. 78 and all ADA standards and technical reports are available for download purchase from the ADA e-catalog at "www.adacatalog.org" or by calling 1-800-947-4746. Callers from abroad should call 1-312-440-2500.

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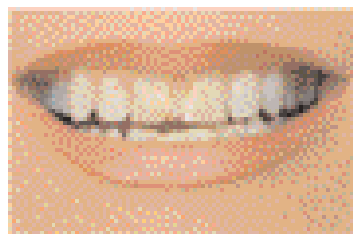
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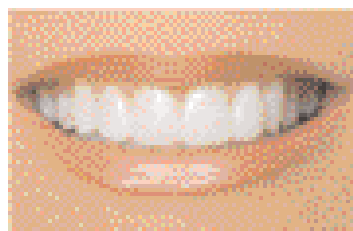
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What's in it for me?



Dana Davis

I have mentioned on numerous occasions the number of years I have been in association management (29 years). In a profession where the only constant is change with new leaders, new laws, new policy and new generations, there are some questions that never change.

"What does my association do for me?" "What are my membership benefits?" "What am I getting for the dues I pay?" "Why should I join?"

The "classic" responses are: continuing education, networking, newsletters, journals, reduced rates on insurance programs and other services, public relations and education programs, a "home" when you are a student or just entering practice,

legislative advocacy and a place to get reliable answers.

Association members are so accustomed to hearing these responses that I wonder if they really see them as benefits. I would like you to imagine for a few minutes that there is no such thing as the Oklahoma Dental Association or the ADA, let alone a local component dental society. Yet, you are still a dentist. I really mean this. Just stop and think how this could impact you and your practice. OK, so you are about a \$1,000 dollars richer, however:

- You need to obtain 60 hours of continuing education credit from an accredited CE provider. Numerous companies (some listed on Wall Street) have programs for \$1,500 per credit hour. Are they accredited? By whom? There are none being offered in Oklahoma so you have to travel to New York City.

- You want to purchase a subscription (electronic or print) to a peer-reviewed scientific journal to keep abreast of the latest technological advances in dentistry. You make a few calls to other dentists and each has a different recommendation. Of course, the cost is \$500 a year for the cheapest.

- Congress just amended the Indian Health Service Act, creating a dental health aide practitioner with 18 months of training after high school. Several have been employed in Oklahoma to provide dental care on Indian reservations.

- Your practice no longer does a denture business as most people go to a dentist because of lower rates.

- You want to purchase new equipment for your office and want to make sure you check out all that is on the market. You plan to attend the only annual dental trade show in the country and you guessed it, it's in New York City. The show is conducted by dental equipment and supply companies. You visit 100 companies, all claiming to have the best there is. You wonder who has tested this equipment. How do I select a company? Where do I turn?

- Blue Cross just sent you changes to your provider contract. You decide to pay an attorney to review it at a standard \$250 per hour fee.

- You want to propose a change to Oklahoma's Medicaid program, so you call your senator and representative who inform you they will look into it. Legislative session is over and no change. So you call the legislators again. They tell you that

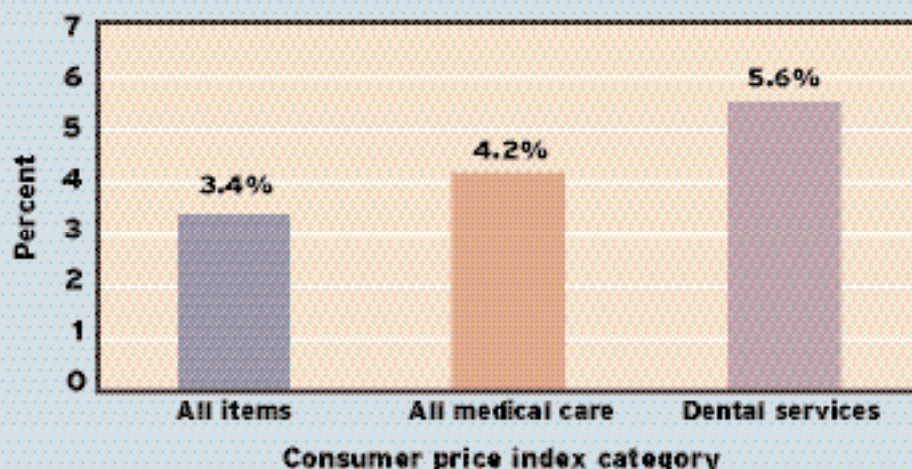
See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Dental services

Dental services continue their accelerated growth of prices relative to goods and services as a whole. In 2005, prices for dental services increased 5.6 percent from 2004, whereas general prices increased 3.4 percent.

2005 increase in consumer price indices for all urban consumers



Source: Bureau of Labor Statistics, U.S. Department of Labor.

Letters

Salt fluoridation

Thank you for carrying the article on Dr. Rosalie Warpeha ("Doctor Sister Dies," April 3 ADA News).

It is excellent. But, I fear, the real message of the article may be lost. In the United States and Canada, fluoridation of city water (costing about 50 cents per person per year) has helped give our nations' young people fewer cavities than previous generations.

But the fluoridation of common table salt can achieve much more dramatic results where decay rates are high—and at a cost of about 6 cents per person per year. Also, children in the rural areas as well as those in large cities benefit.

I did not know of Dr. Warpeha, but I had heard of the 87 percent reduction in tooth decay in Jamaica. I like her description—"miraculous."

The Pan-American Health Organization is working to get salt fluoridation into more countries and needs help. We need more miracles, and publicity on salt fluoridation in the dental community is a good start. Thanks again for telling that story.

*Barbara R. Pampalone, D.D.S.
Chatsworth, Calif.*

Editor's note: According to the ADA Council on Dental Access, Pre-

vention and Interprofessional Relations, some countries outside the United States (especially in Central and South America) that do not have piped water supplies capable of accommodating community water fluoridation have opted for salt fluoridation. Studies indicate



that when all salt destined for human consumption is fluoridated, the reduction in decay may be similar to that achieved with water fluoridation.

Good idea

For 10 years I have asked various dental computer distributors the following question:

Why can you not make us a battery driven, hand-held, digital monitor attached to a digital sensor to

allow us to see a digital X-ray without having to run the image through a large tower computer and complicated electronic network, and then on to a large and expensive monitor?

More often than not, when doing oral surgical procedures and endodontic procedures, I just need to just see an image fast. I do not need to "super-size" the image. I do not need to change the color or show the image to the patient. I certainly do not need to save the image.

Today I was looking at an iPod "Shuffle" device that one of my patients was holding while we did his work. It was about the size of a pack of chewing gum. He hold me his "other" iPod, a little bit larger, has a colored monitor that he can actually watch a full movie on, in addition to the hundreds of songs it will hold.

Apparently the technology is there, so why not let our profession participate, and give us dentists a hand-held portable digital monitor that will help us and not cost us as much as what is currently on the market?

*Lloyd Wallin, D.D.S.
Burnsville, Minn.*

Editor's note: Dr. Wallin's idea is an interesting proposition, says the Division of Dental Practice, however
See LETTERS, page five

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; e-mail to "ADANews@ada.org".

Letters

Continued from page four
making a digital radiographic image smaller has its limitations. The amount of information on the monitor is determined by the number of pixels available to display the image. With fewer pixels available on a smaller screen, there is less total information to interpret.

Studies have also shown that environmental factors such as ambient light, surrounding objects and viewing angle can affect diagnosis on full-size monitors. These factors could be even more problematic when attempting to read radiographs on a smaller screen.

Dentists who wish to remove desktop computers from their treatment rooms might want to consider the latest tablet computer applications. It's a good idea to retain all radiographic images related to patient treatment.

Adaptation

In your recent article "Globalization" (April 17 ADA News), I differ with your choice of example of a dental practice in response to global economic change.

Your article cites the case in Fontana, Calif., where the dominant industry in town was the steel mill. Like many communities across this country, this community depended on the trickle down from a major employer in town. When the economy and overseas competition caused

the company to fold, the dental practice lost patients.

The practitioner cited in the article made her choice. Fold your tent. Move elsewhere.

For the new practitioner who has a quarter million dollar educational debt and a near equivalent investment in a new practice, folding your tent should not be your choice of example.

For the seasoned practitioner who has human investment in a community, folding your tent and abandoning relationships cultivated over a career is not just an economic equation.

The author cites Thomas Friedman's book, "The World is Flat: A Brief History of the 21st Century." Mr. Friedman describes events and developments that lead to making this a smaller world. Various descriptions in the ADA article would leave the audience with the impression

that it's all those foreign companies causing the United States to lose competitive advantage and our economy to tank.

On the contrary, Mr. Friedman's book is very clear. Among the most important lessons: Recognize the changes in the new global economy and adapt. That is the key to survival.

The San Francisco Bay Area/Silicon Valley is the cradle of high tech. We are faced with change and adaptation to this rapidly changing market that other industries eventually encounter. The widgets are different. The model is the same.

In our part of the universe, high tech manufacturing has shifted offshore. The economy tanked. In our part of the universe, the highest concentration of high-tech companies (in Southern Alameda) are now owned by Asian

expatriates. They must enhance their presence here to broaden their markets. The workforce is changing. The population is shifting.

The shift in the supply chain can mean opportunity rather than danger. Recognizing the local changes of globalization can enable a dental practice to hone in on new markets.

The ADA article cited the phenomena of jobs, businesses and industries coming and going in a Darwinian cycle of survival. That's a fatalistic view leaving the audience the impression that a dental practice will just be a casualty of things they can't control.

There is the greater lesson from Darwin. Blaming nebulous overseas entities doesn't pay the bills. Adaptation will.

*Steve Chan, D.D.S.
Fremont, Calif.*

MyView

Continued from page four
when they looked into it by calling the Oklahoma Health Care Authority they were informed that there was no need for the change.

- You just received a photocopy letter from some organization called "CMS" requesting your Social Security number so you can be assigned an NPI (national provider identification number). You are told that by 2007 all insurance companies will require you to use your NPI to process claims. Who is CMS? Should you send your Social Security number?

- You have a patient who threatens to sue you if you do not refund his money. The patient claims you performed inferior dental work. You wish there was a professional group of peers to review the patient's records and advise you and the patient without going to court.

You are frustrated, but after two trips to New York City, you are happy that you live in Oklahoma and only have to pay \$1.25 for a cup of coffee. You spent \$3,000 to go to New York and still have not purchased your new equipment. You also attended a CE course at a cost of \$5,000 and you hope the board of dentistry will accept the hours. Your attorney charged you \$500 to review the Blue Cross contract. The Oklahoma Medicaid program has not changed, even though you contributed \$500 to your legislators' campaign funds. The new journal you are reading has some really weird articles and 60 percent of it is advertising. You still do not know what to do about the NPI thing. And the patient has filed suit.

You begin to wonder why you and other dentists haven't gotten together to create an association that helps you address these problems. Maybe you should call it something like the American Dental Association or the Oklahoma Dental Association.

Ms. Davis is the executive director of the Oklahoma Dental Association. Her comments, reprinted here with permission, originally appeared in the May issue of the ODA Journal.

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BY CRAIG PALMER

Washington—Dr. Christopher G. Halliday, ADA member and principal adviser on oral health for the Indian Health Service, is the new dental chief professional officer for the U.S. Public Health Service.

"I am honored with being selected as the chief

dental officer of the U.S. Public Health Service and I look forward to continued and expanded collaborations with public and private partnerships in the goal to improve the nation's oral health, especially among children," Dr. Halliday said. "In 2003, the Department of Health and Human Services released a National Call to Action

to Promote Oral Health aimed at improving oral health and preventing disease for all Americans. Through collaborations, I will strive to enlist the expertise of individuals, health care providers and communities in order to allow us to address the country's oral health needs."

He succeeds Dr. Dushanka Kleinman of the

National Institute of Dental and Craniofacial Research, who thanked the American Dental Association "for your constant and continuing support" during her July 2001-April 2006 term as PHS chief dental officer. She was the first woman to head the PHS dental corps since the chief dental officer position was established in 1923.

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Dr. Halliday

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Dr. Kleinman thanks ADA

BY CRAIG PALMER

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partnership with Surgeon General Richard Carmona provided the public with key messages for early detection of oral cancer and dental caries prevention.

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- See DR. KLEINMAN, page nine



Dr. Kleinman

Ergonomics communication, outreach goals summarized

BY CRAIG PALMER

Washington—The American Dental Association and the Occupational Safety and Health Administration May 18 renewed a voluntary ergonomics agreement setting goals for the next two years.

OSHA and the ADA will work together to achieve the following outreach and communication goals:

- work with OSHA to provide expertise in developing information on the recognition and prevention of musculoskeletal disorders, and to provide expertise in developing ways of communicating such information (including print and electronic media, electronic assistance tools and OSHA's and the ADA's Web sites) to employers and employees.

- speak, exhibit or appear at OSHA's or the ADA's conferences, local meetings, or other events such as the ADA annual session and meetings of the ADA Council on Dental Practice.

- share information among OSHA personnel and industry safety and health professionals regarding the ADA's best practices or effective approaches and publicize results through outreach by the American Dental Association and through OSHA- or ADA-developed materials, training programs, workshops, seminars and lectures (or any other applicable forum).

- work with other alliance participants on specific issues and projects on ergonomics that are addressed and developed through the alliance program.

OSHA

Continued from page one
and their staff," said ADA President Bob Brandjord.

Joining the ADA president in renewing the agreement, OSHA Administrator Edwin G. Foulke Jr. said, "We are happy to renew our partnership with the American Dental Association through the alliance agreement.

"OSHA will invariably benefit from the expertise of the ADA as we continue to strive for maximum health and safety standards for employees in the dental profession."

The two leaders penned the renewal agreement in a ceremony at OSHA's Capitol Hill offices.

Association Executive Director James B. Bramson said the renewal "continue(s) our relationship with OSHA in a manner that seeks voluntary means of addressing ergonomics issues that are of concern to both OSHA and the ADA."

The ADA and OSHA will continue working on specific issues and projects related to good ergonomic health in dentistry and will provide information for ADA members regarding the recognition and prevention of musculoskeletal disorders, OSHA said in a press release.

The alliance will continue looking into methods to communicate this information effectively by way of print, electronic media, electronic assistance tools and the respective organization Web sites.

Association resources on ADA.org, some of it member specific, include the A-Z Topics: Ergonomics and Issues Library: Ergonomics Regulation pages. The 2005 Survey on Ergonomics in Dental Education is also available for purchase. ■

The ADA and OSHA will work together to achieve the following goals related to promoting the national dialogue on workplace safety and health:

- develop and disseminate case studies illustrating the business value of safety and health

and publicize their results.

- convene or participate in forums, round table discussions, or stakeholder meetings on ergonomic issues to help forge innovative solutions in the workplace or to provide input on safety and health issues.

An implementation team representing OSHA and the American Dental Association will continue meeting to develop a plan of action, determine working procedures and identify the roles and responsibilities of the participants. ■

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1. "The Effect of P-Fluoride Peroxide Bleaching Agents on Sensitivity." JADA 136:1000-1004, 2003.
5. "The Effect of P-Fluoride Peroxide Bleaching Agents on Sensitivity." JADA 136:1000-1004, 2003.
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Changes in federal student loan regulations affect dentistry

BY CRAIG PALMER

Student loan applicants and borrowers face new choices and terms under legislation signed into law by President Bush Feb. 8, the Deficit Reduction Act of 2005.

Public Law 109-171 increases interest rates and lowers fees on popular Stafford loans. The fixed rate of 6.8 percent begins July 1 for all new

ADA MEMBER ADVANTAGESM

Stafford loans. Current rates are variable. Also beginning July 1, loan origination fees will be reduced from 3 to 2 percent and annually thereafter toward fee elimination in 2010.

Under the law, graduate and professional students, including dental students, are now eligible for PLUS loans previously available to parents as Parent Loans for Undergraduate Students. PLUS loans now will have a fixed rate of 8.5 percent. The current repayment rate is 6.1 percent.

Lenders will still be able to offer discount rates that can reduce Stafford and PLUS loan rates.

The new law eliminated a provision that allowed borrowers of federally financed loans to request early repayment of Stafford loans if the lender approves. Repayment is now defined as beginning no earlier than six months and one day after the date the student ceases to carry at least one-half the normal full-time academic workload as determined by the school.

Students may want to consult financial aid officers about these and other changes in law relating to student aid. Product information is available through ADA Member Advantage ("www.adamemberadvantage.com") and Citi-Connections for Dentists. Citibank developed a program custom tailored for ADA members, dental students and their families (call 1-866-863-6758).

ADA Member Advantage suggests students consider loan consolidation before rates increase. After July 1, students currently enrolled in school will not be able to consolidate until they enter repayment. ■

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Government Michigan

Continued from page one

care for children according to the same standard procedures and payment mechanisms as its private plans. Dentists do not have to be a Delta Dental provider to participate, but according to Kris Nicholoff, MDA assistant executive director, 90 percent of Michigan's dentists are members.



Dr. Gist



Mr. Nicholoff

In 2004, the ADA named Healthy Kids Dental one of the nation's top five programs for improving access to dental care to low-income populations. The program began in 2000.

According to The Detroit News, "Healthy Kids Dental has resulted in a 50 percent increase in children on Medicaid utilizing their benefits in counties where the program is in place."

"The 6,000-member MDA takes great pride in Michigan's expansion of this one-of-a-kind dental program, which serves as the best model in the entire nation," Mr. Nicholoff said. "Michigan Gov. [Jennifer] Granholm clearly recognizes that oral care is indeed primary care. We stand ready to continue our partnership in this great state."

The MDA eventually hopes to expand the program to include everyone in the state.

"The legislature has been very cooperative," said Dr. Raymond Gist, ADA 9th District trustee, and former MDA president. "Once they saw how effective it was, they wanted to expand. We are going to keep working until every county is covered. That's our goal." ■

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Government

PHS chief dental officer named

BY CRAIG PALMER

Washington—Dr. Christopher G. Halliday, ADA member and principal adviser on oral health for the Indian Health Service, is the new dental chief professional officer for the U.S. Public Health Service.

"I am honored with being selected as the chief

dental officer of the U.S. Public Health Service and I look forward to continued and expanded collaborations with public and private partnerships in the goal to improve the nation's oral health, especially among children," Dr. Halliday said. "In 2003, the Department of Health and Human Services released a National Call to Action

to Promote Oral Health aimed at improving oral health and preventing disease for all Americans. Through collaborations, I will strive to enlist the expertise of individuals, health care providers and communities in order to allow us to address the country's oral health needs."

He succeeds Dr. Dushanka Kleinman of the

National Institute of Dental and Craniofacial Research, who thanked the American Dental Association "for your constant and continuing support" during her July 2001-April 2006 term as PHS chief dental officer. She was the first woman to head the PHS dental corps since the chief dental officer position was established in 1923.

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See DR. KLEINMAN, page nine



Dr. Kleinman

Education model to target increased diversity in dentistry

BY CRAIG PALMER

Washington—A dental education panel offered a model “for realistically improving the proportion of underrepresented minorities in dentistry” that would engage minority-serving universities in preparing students to become dentists.

“We fully expect institutional interest will vary,” the committee said in a feasibility study released May 16 at a public briefing for a largely professional audience. The report, Bridging the Gap: Partnerships between Dental Schools and Colleges

to Produce a Workforce to Fully Serve America’s Diverse Communities, is available at “www.communityvoices.org”. Community Voices: Healthcare for the Underserved is supported by the W.K. Kellogg Foundation and located at the National Center for Primary Care at Morehouse School of Medicine.

ADA President Bob Brandjord, among dental

leaders commenting at the briefing, encouraged a full reading of “this very good report that gives us good food for thought.” He cited ADA efforts to increase access to care and diversity within the profession and offered Association research on the economic impact of dental practice in rural areas.

The report recommends pilot studies to implement the model, which adapts a medical educa-

tion model as a framework to educate greater numbers of students of color in dentistry. The report calls for foundation and government financial support so low income students will have the opportunity to enroll and “strongly recommends” that states without dental schools or those with workforce problems support a portion of the costs of education. ■

Harris Poll shows patients place high level of trust in dentists’ advice

BY JAMES BERRY

More Americans trust the advice they get from their dentist than from nearly all other professionals, a new Harris Poll shows.

Harris asked more than 2,300 U.S. adults to rank 11 different professions in terms of the trust they place in the advice those professionals give. Dentists ranked second, just a few percentage points behind physicians. Findings from the survey were released May 10.

Conducted in late March, the online poll asked respondents this question: “If you were getting professional help and advice from each of the following, how much would you trust them to give you advice which was best for you?”

Options to describe the level of trust included “Completely,” “Somewhat,” “Not at all” and “Not sure.”

Exactly 50 percent of respondents said they trust advice from their physicians “completely,” followed by dentists at 47 percent and nurses at 46 percent.

After that, the drop off in the “completely” category is precipitous: accountants, 28 percent; lawyers, 18 percent; bankers, 16 percent; financial advisors, 16 percent; mechanics, 12 percent; insurance agents, 9 percent; real estate brokers, 7 percent; stockbrokers, 6 percent.

“In general,” Harris said in a news release, “it seems that professionals who clearly try to sell something, such as stockbrokers, real estate agents and insurance agents, are less trusted than those who do not.” ■

Dr. Kleinman

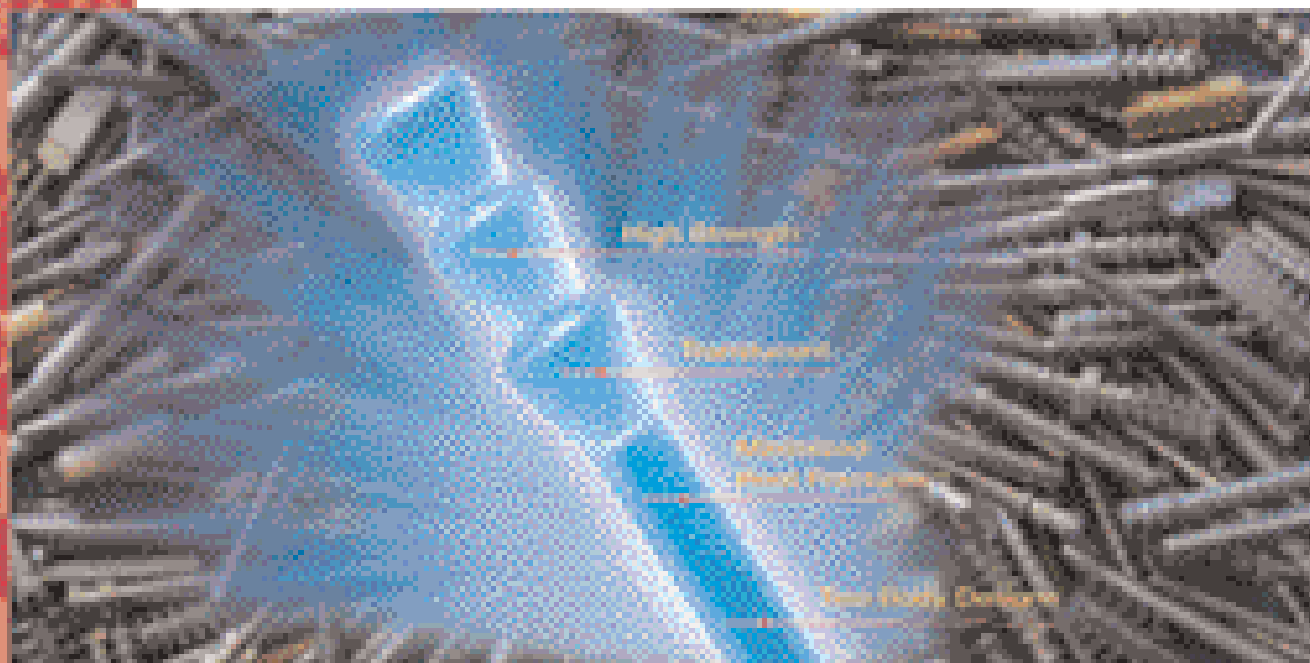
Continued from page six

to Action to Promote Oral Health and the emerging development of a national oral health coalition.

Dr. Kleinman is an assistant surgeon general and deputy director of the National Institute of Dental and Craniofacial Research. She also served as chief dental officer of the U.S. Public Health Service from July 2001 through April 2006. She is succeeded by Dr. Chris Halliday of the Indian Health Service. ■



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FDI Congress to meet in China

Shenzhen, China—The FDI World Dental Federation will welcome dentists from around the globe to this coastal China city Sept. 22-25 for the annual FDI World Dental Congress at SZCEC (Shenzhen Convention & Exhibition Center).

The scientific program features international speakers on the latest scientific topics affecting

dentistry. Continuing education courses are recognized by the ADA Continuing Education Recognition Program.

This year's program includes courses on CAD-CAM design, emergency preparedness, endodontics, esthetics, forensic dentistry, geriatric dentistry, implant dentistry, infection control, lasers, nutrition, oral cancer, oral surgery, orofacial pain,



Shenzhen skyline: The Chinese coastal city of Shenzhen will host the FDI World Dental Congress Sept. 22-25.

orthodontics, pediatric dentistry, periodontics, practice management, preventive care, prosthodontics, public health and much more. Presenters will also offer programs on oral health and practice trends in China as well as a variety of work-

shops and forums.

Meet with international colleagues by attending the FDI's welcome ceremony, gala dinner and a night in Shenzhen featuring ancient and modern Chinese music and food.

A variety of tours are also planned including tours to Shenzhen's attractions, visits to Hong Kong and Macau, shopping trips and more. Following the meeting, visitors can also explore Guilin, Yangshuo, Hong Kong, Macau, Shanghai, Xian and Beijing through four post-congress excursions.

For information on congress registration, social events, tours, accommodations and visas, contact the FDI USA Section toll-free, Ext. 2727, e-mail "hernj@ada.org" or log on to "www.fdiworlddental.org". ■

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Howard L. Bailit, D.M.D., Ph.D.

Professor Emeritus, University of Connecticut Health Center. Dr. Bailit is a national leader in health policy and managed care, and serves on many national committees and editorial boards. He has been a member of the Institute of Medicine, National Academy of Sciences since 1994.

Burton Edelstein, D.D.S., M.P.H.

Professor of Dentistry and Health Policy & Management, Columbia University School of Dental and Oral Surgery.

Dr. Edelstein is founding director of Children's Dental Health Project, a Washington, D.C.-based research and advocacy organization committed to improving children's oral health and dental care.

Alonzo L. Plough, Ph.D., M.P.H.

Vice-President of Program, Planning and Evaluation at The California Endowment. An expert in public health, Dr. Plough is leading the Endowment's efforts to expand access to quality health care for the underserved and all Californians.

Cathy Smithwick, R.D.H., M.A.

Principal and dental practice leader at Mercer Health and Benefits, San Jose, California. Ms. Smithwick is a nationally recognized health care benefits consultant.

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Global meetings focus on cancer, tobacco control

Washington—The international cancer control and tobacco control communities will meet in Washington this July for the International Union Against Cancer (UICC) Conference July 8-12 followed by the 13th World Conference on Tobacco OR Health July 12-15.

The conference schedule offers a rare opportunity for individuals interested in global cancer and tobacco control to attend both meetings, since the UICC World Conference is held every four years and the world tobacco conference convenes every three years. The U.S. Centers for Disease Control and Prevention is actively involved in both conferences, and will also hold its CDC Cancer Partners Summit July 12 and 13. The ADA is a sponsor for the world tobacco conference.

Regular registration rates are valid through June 15, although attendees can also register onsite. For more information, log on to "www.2006conferences.org". ■

Catch CE, fly fishing

Dillon, Mont.—The 2006 Montana Fly Fishing Dental Conferences will be here July 6-8 and Sept. 7-8. The July conference features Dr. Chris Travis, who will lecture on "Advanced Esthetics and Teeth in One Hour, CAD-CAM Composites and Implant Dentistry." Dr. Vince Meng will speak at the September meeting on "Implant Dentistry: Proper Treatment and Appropriate Management Planning for Predictable Results."

Each conference offers eight hours of continuing education credit and blue-ribbon trout fishing. For information, contact Dr. John B. McCollum by phone at 1-406-683-5125. ■

Dental Benefit Trends & Issues

National Dental Benefits Conference: July 28-29

BY ARLENE FURLONG

Representatives from leading insurance carriers and direct reimbursement programs will discuss emerging trends in dental benefits at the National Dental Benefits Conference 2006, July 28-29 at ADA Headquarters in Chicago.

Dr. Ronald E. Inge, vice president and dental director for Washington Dental Service, and John Foley, vice president of group dental plans at the Guardian Insurance Co. will lead a panel discussion on topics including:

- evidence-based dentistry in plan design;
- claims payment: the pressure on employers to deal with the escalating costs of medical plans;

“Because we’re intimately tied to third-party reimbursement, it’s important for dentists to be involved and aware of what’s going on in the industry.”

- ways carriers are working with dental offices to improve claims payment processes;
- the potential effect of national health insurance on dental plans.

Roger Schultz of The Employee Benefit Coach consulting company, a well-known and longtime promoter of direct reimbursement, will discuss subjects including claims reviews for more than 150 companies providing DR dental plans, stop loss insurance, plan designs and DR health plans.

John Stoner of Dental Decisions, a large DR marketing firm, will talk about a new fully insured dollar-based dental indemnity plan that he has helped create.

Participants will include DR brokers, consultants, third-party administrators, constituent and component dental society staff and dentists who are involved in the promotion of direct reimbursement or handle dental benefit third-party carrier issues.

“Because we’re intimately tied to third-party reimbursement, it’s important for dentists to be involved and aware of what’s going on in the industry,” said Dr. James Mercer, in reference to the value of attending the conference. The chair of the Council on Dental Benefit Programs continued, “We have to continue to strive to create more DR programs and keep DR a viable player in the industry.”

Constituent dental societies’ successful DR stories, brokers’ innovative marketing approaches and news on how DR plans can be successfully integrated into health reimbursement arrangements will be featured in the conference program.

“Although the 2006 National Dental Benefits Conference is about more than direct reimburse-

ment, DR is still a central theme,” said Dr. Mark Kampfe, CDBP member, in recalling the annual conference previously known as DR Days.

Companies that market DR-related products and services will be exhibiting at the meeting. A first-time attendee session will be held on July 27 from 3-4:30 p.m. for participants who have not attended the program before.

For further information about the conference and to register, go to “www.ada.org/goto/benefitsconf” or call the ADA toll-free, Ext. 2746, or 1-312-440-2500, ext. 2746. ■



Dr. Kampfe



Dr. Mercer

What is direct reimbursement?

Direct reimbursement is a self-funded dental benefits program in which the individual is reimbursed based on a percentage of dollars spent for dental care provided, and which allows beneficiaries to seek treatment from the dentist of their choice. ■

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As Seen On ...

THIRD IN A SERIES

Is 'offshoring' jobs really a threat?

Some say yes, others have their doubts

BY JAMES BERRY

Twenty years ago, nearly all examination gloves used by health care providers were manufactured in the United States. Today, most are produced overseas—in China, Malaysia, Thailand and Indonesia.

The exportation or “offshoring” of virtually the entire glove industry may be viewed as either a positive or a negative—or equal parts of both, depending on your point of view.

On the plus side, the price of gloves has plummeted in recent years, yielding major savings in supply costs for dentists and other health care professionals who use them routinely.

Curtis P. Hamann, M.D., president and chief executive officer of SmartPractice, an Arizona-based health care supply and practice-improvement firm, reports that latex examination gloves averaged about \$14 for a box of 100 in the mid-1980s.

That same box today, he says, averages about \$6, though, on the downside, the cost is likely to escalate in the near future, spurred by 30-year highs in raw materials pricing.

“Latex is costing 40 percent more [in 2006] than a year ago,” says Dr. Hamann, whose wife, Beth, is a general dentist in Phoenix. “Difficulty in passing along the pricing to the dentist is resulting in a lot of games—short cuffs, thinner gloves, replacement of rubber with cheap additives, shorting the box to 95 instead of 100. That’s very difficult to police.”

Also on the downside, offshoring has meant the loss of “hundreds of jobs,” says Michael Pierce, Ph.D., former worldwide director for infection prevention at Johnson & Johnson.

Long a major producer of examination gloves, J&J sold off its Texas-based manufacturing facilities in the late 1990s. “It got to the point where we weren’t competitive,” recalls Dr. Pierce.

Whether jobs are lost to overseas competition or to any number of other marketplace forces, the effects on workers are devastatingly the same. The regular paycheck and the benefits that came with it are gone.

At the same time, those who count on the patronage of the gainfully employed for their own livelihood—dentists, for instance—also feel the pinch.

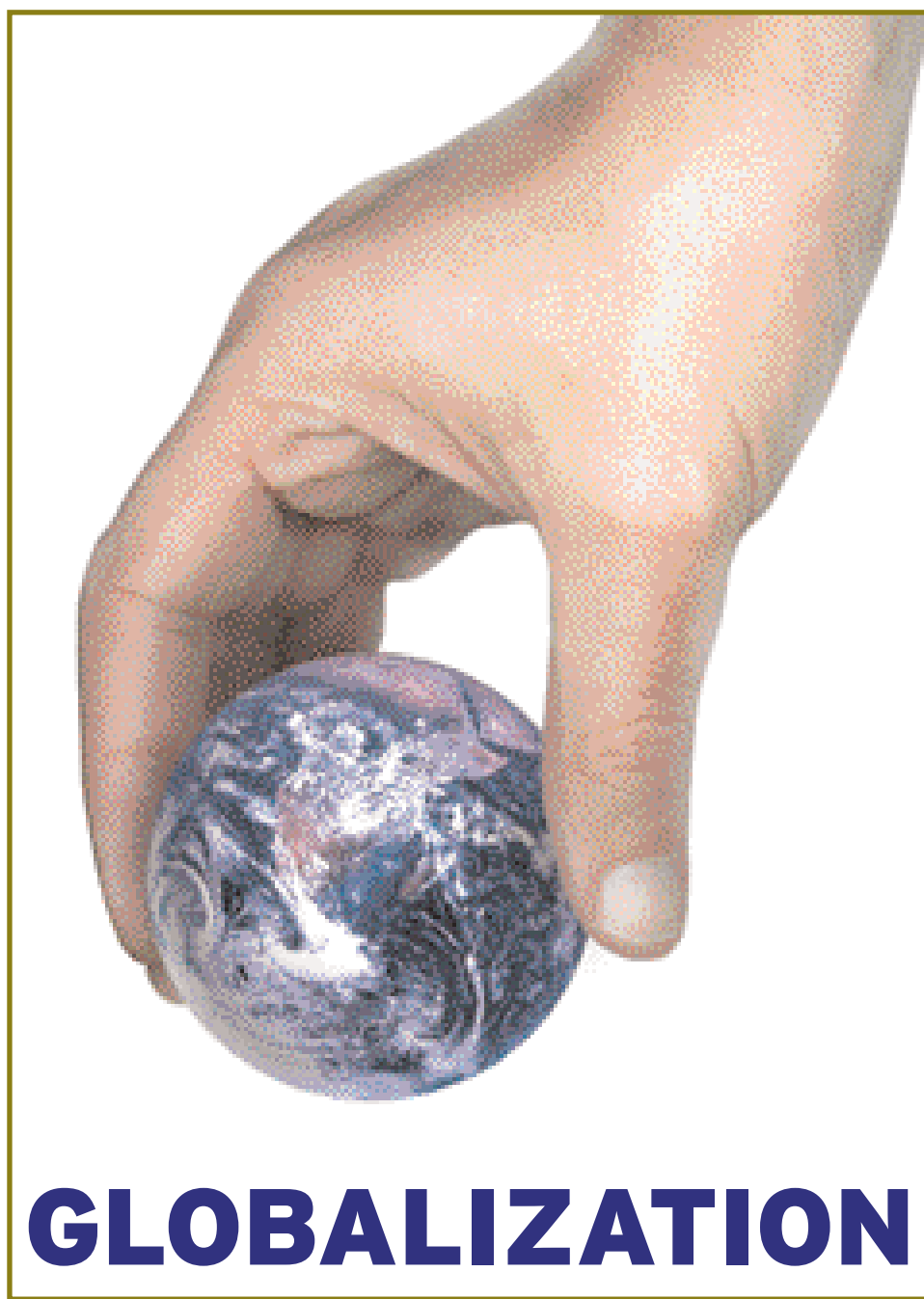
The migration of manufacturing and service jobs from nation to nation often is cited as a central feature of “globalization,” a rising dynamic that some regard warily as a major threat to the U.S. economy. But how big and how real is that threat?

In roughly the last three decades, China and India have emerged as major players in the world economy, and there’s no denying their expanding power and influence.

“China’s economy is growing at a blistering 9 percent to 10 percent [annually] and is predicted to continue on at that rate for two more years at least,” says Dr. Albert H. Guay, the ADA’s chief policy advisor.

In a report on globalization presented last week to the Board of Trustees, Dr. Guay notes that China’s fast-paced economy has centered chiefly on manufacturing, while India is identified more with service industries.

“Because of their large populations and poor economic status,” writes Dr. Guay, “they [China and India] are seen as potentially having an inexhaustible supply of low-cost labor.”



GLOBALIZATION

In his book *CHINA, INC.*, author Ted C. Fishman says the growth of China’s economy has no equal in modern history.

“Countries in the early stages of economic reform often come up fast, but not like China,” he writes. “The country is closing in on a 30-year run during which its economy has doubled nearly three times.”

In a March 6 cover story on “the new India,” *Newsweek* magazine reports that “over the past 15 years, India has been the second fastest-growing [economy] in the world—after China—averaging above 6 percent growth per year.”

India’s economic expansion “accelerated to 7.5 percent last year and will probably hold at the same pace this year,” reports Fareed Zakaria, editor of *Newsweek International*. “Many observers believe that India could well expand at this high rate for the next decade.”

If China and India and, to a lesser extent, other Asian nations are truly the economic juggernauts they’re made out to be—devouring American jobs, swallowing up whole industries—that fact should be plainly reflected in the U.S. economy. It isn’t.

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The federal Bureau of Labor Statistics reports that in the first quarter of 2006, just 2,682 private-sector jobs in the United States were lost to “out-of-country relocations,” down from 3,811 jobs lost overseas in the same period last year.

Also, if vast numbers of workers are losing their jobs—and their dental coverage as well—that should be reflected in insurance industry records. But it isn’t.

About half the U.S. population, roughly 163 million Americans, have some level of dental insurance coverage, a figure that hasn’t changed substantially in recent years. Industry sources say the numbers are flat but not declining.

“The insurance industry tells us that the numbers of covered lives are just keeping pace with the increase in the population in general, but not growing,” says a spokesman for the ADA Council on Dental Benefit Programs. “In other words, the relative percentage of lives covered has remained unchanged for several years.”

Jon Selteneim, who chairs the Board of Directors of the National Association of Dental Plans, says he hasn’t seen a major dent in coverage resulting from the exportation of jobs.

“I’m not aware of any substantial shifts in enrollment as a result of jobs being sent offshore,” says Mr. Selteneim, an executive with United Concordia.

Others insist that the threat of overseas competition, particularly from China and India, has been woefully overstated.

Guy De Jonquiere, a columnist for the business daily *Financial Times*, says the notion that China is “stealing American jobs” has become so common that “it has assumed the status of fact. Yet it is almost entirely false.”

He adds in his April 4 report, “The U.S. is still the top manufacturing nation, producing almost a quarter of global output, the same as in 1994, while Japan’s share has shrunk.”

China’s output, he writes, “is still less than half that of the U.S., and many of its industries are suffering a severe profits squeeze.”

The ADA’s Dr. Guay notes in his report to the Board that both China and India are plagued by internal problems that soon will demand their attention.

“Both nations realize that they cannot build a solid economy on cheap manufacturing or low-paying call centers, so [they] will try to move up the economic ladder. Both have to combat poverty, illiteracy and disease for great masses of their citizens.”

Dr. Alan E. Friedel, a Florida dentist and member of the ADA Council on Dental Benefit Programs, suggests that if any threat to the dental industry exists, it may not be emanating from overseas. The source may be closer to home.

“We have employees now who work for companies that are shifting benefit dollars from dental policies into medical health policies and asking [workers] to share the burden or pay the entire cost themselves,” says Dr. Friedel.

Some employers, he says, are dialing back on dental coverage to help manage costly retirement plans. “That’s the bad news,” he adds.

The good news is that two generations of Americans have grown up “believing that dental care is an important factor in their lives,” an essential service that they can’t or won’t do without.

Observes Dr. Friedel, “When you have two generations of people who are used to having dental care as part of their normal and routine health care, the fact that third-party payers may not be paying for it anymore does not change their mindset that it’s an important part of health care.” ■

The first and second installments of this series appeared in the April 17 and May 15 issues of the ADA News, respectively. The next installment, due in July, will look at the implications of “dental tourism.”

Raising a glass to fluoridation

Awards presented at 2006 National Oral Health Conference

BY STACIE CROZIER

Little Rock, Ark.—More than 100 community water systems received community water fluoridation awards last month.

The ADA Council on Access, Prevention and Interprofessional Relations in conjunction with the Association of State and Territorial Dental Directors and the Centers for Disease Control and Prevention at the National Oral Health Conference presented the awards in Little Rock May 1.

A total of 85 water systems in 26 states and Puerto Rico celebrated their golden anniversary of continuous water fluoridation in 2005, receiving Fifty Year Awards. Other awards bestowed at the annual conference include:

- State Fluoridation Quality Awards—this year recognizing Indiana, Nevada and North Dakota for maintaining the quality of fluoridation during the year as determined by the ability of water systems to conduct monitoring and maintain optimal fluoride levels during 2005;

- Community Fluoridation Initiative Awards—recognizing 13 communities in eight states that adopted water fluoridation in 2005;

- Community Fluoridation Reaffirmation Awards—recognizing Fort Collins and Glenwood Springs, Colo.; Eustis, Fla.; North Attleboro, Mass.; St. Ignace, Mich.; Jefferson City, Mo.; and Burlington, Vt.—communities that defeated initiatives to discontinue community water fluoridation or approved initiatives to maintain community water fluoridation in 2005;

- State Fluoridation Initiative Awards—this year recognizing Florida and Mississippi as the states that had the most new systems fluoridating

and/or the states that had the greatest increase in population with access to optimally fluoridated water in 2005;

- Healthy People 2010—Florida was recognized for reaching the goal of 75 percent of the state's population reached by fluoridated community water supplies.

- Community Water Fluoridation Merit Awards—recognizing Dr. Jayanth V. Kumar, director of the Oral Health Surveillance and Research Unit, Bureau of Dental Health at the

New York State Department of Health; and the CDC Division of Oral Health: Dr. William Bailey, Laurie K. Barker, Dr. Eugenio D. Beltran; Steven J. Cahill, Kip Duchon, Dr. Barbara Gooch, Susan O. Griffin, Ph.D., Dr. William Kohn, Dr. William R. Maas, Linda S. Orgain, Dr. Scott M. Presson, Karen Sicard and Claudia Vousden. All recipients were recognized for their outstanding contribution toward the progress of fluoridation.

For more information on community water fluoridation awards or complete list of this year's winners, log on to "www.ada.org/goto/fluoride". ■

Resolution encourages states to fluoridate

BY JENNIFER GARVIN

Lexington, Ky.—A national association of state officials adopted a resolution May 10 that encourages states to support and adopt community water fluoridation initiatives.

The Council on State Governments resolution comes as a result of groundwork laid by the ADA Department of State Government Affairs, working with the Council on Access, Prevention and Interprofessional Relations and the South Dakota Dental Association. The SDDA brought the proposal to South Dakota State Rep. Jean Hunhoff, co-chair of CSG's Health Capacity Task Force, who submitted it to the CSG. The CSG voted unanimously to accept the resolution as CSG policy.

"The adoption of this resolution by the Council of State Governments affirms that yet another national organization understands the universal health benefits of community water fluoridation and provides state legislatures with another resource from a trusted organization," said Paul Knecht, executive director of the SDDA.

The resolution asks states "to consider the effectiveness of community water fluoridation as an economical public health measure in preventing tooth decay" and urges policymakers to "favorably consider policies related to the important oral health benefits" of fluoride.

The CSG, which is headquartered in Lexington, Ky., is a nonpartisan and nonprofit organization that provides state-elected and appointed officials with model legislation, ideas and best practices for state officials to consult when issues arise in their communities. It also advocates multi-state problem-solving to maximize resources and competitiveness.

To see the resolution, visit "www.csg.org/policy/resolutions.aspx". ■

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Dr. Haught receives CAPIR award

BY STACIE CROZIER

Tulsa, Okla.—Dr. Richard Haught is the “Council’s Choice” for 2005.

The ADA Council on Access, Prevention and Interprofessional Relations presented the award to Dr. Haught in recognition of his “inspirational and enduring leadership in enhancing access to oral health care in America.”

CAPIR Chair Dr. Robert E. Barsley presented the award to Dr. Haught April 28 at the Oklahoma Dental Association annual meeting in Tulsa.

“Richard is truly a hero to the ADA and to our council,” said Dr. Barsley at the presentation ceremony. “As CAPIR chair and as [ADA] president, his devotion to oral health access was second to none.”

“I would like to thank Dr. Haught on behalf of patients and all members of the dental health care team for devoting so much of his efforts to improving access,” added Dr. Barsley. “He has inspired me and the members of CAPIR to keep pushing. I am proud to have had the opportunity to present the award.”

“CAPIR is honoring you with a 2005 Council’s Choice Award in recognition of your inspirational and enduring leadership in enhancing access to oral health care in America, especially for disad-

vantaged populations,” wrote Dr. Robert C. Lauf, CAPIR past chair, to inform Dr. Haught of the award. “The Council has appreciated your passionate stand on this issue of vital concern. Devoting your presidency to access-to-care initiatives will long be remembered by both the profession and the public. We applaud your vision, your leadership and most especially your altruism toward disadvantaged populations.”

“I am most appreciative to have been presented CAPIR’s Council’s Choice Award,” said Dr. Haught. “I accepted the award with a challenge to the entire dental team to keep doing their part to enhance access to care for all. My passion, vision and goal



Access champion: Dr. Richard Haught, left, ADA past president, receives the ADA Council on Access, Prevention and Interprofessional Relations’ Council’s Choice Award April 28 from CAPIR Chair Robert E. Barsley during the Oklahoma Dental Association annual meeting.

has been to educate and change the way public policy-makers view the access to oral health care in this country. Working together, we can do it.”

A general dentist in Tulsa, Dr. Haught is immediate past president of the ADA. He served on the ADA Board of Trustees and as CAPIR chair as well as a member of the board of directors of the ADA Foundation and a delegate to the ADA House of Delegates.

He is a past president of the Oklahoma Dental Association and on April 28 became the most recent recipient of the ODA’s highest honor, the James A. Saddoris Lifetime of Leadership Award. He was also honored with ODA’s Dentist of the Year award in 1990 and its Award for Professionalism and Ethics in 1997.

Dr. Haught is a past president of the Tulsa County Dental Association, which presented him with its Outstanding Dentist Award in 1984. He is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy.

The Council’s Choice Award is given to individuals or groups that have contributed to CAPIR’s mission and goals in its focus areas of access and community health, fluoridation and preventive health and interprofessional relations. ■

ScienceWatch

New strength Keflex approved

Germantown, Md.—The U.S. Food and Drug Administration issued a letter of approval for new strength antibiotic Keflex prescribed by physicians and dentists, Advancis Pharmaceutical Corp. announced May 15.

Advancis expects to begin marketing new strength Keflex products nationwide in July. The newly approved 750 milligram strength offers health professionals a more convenient way to deliver a total daily dose of 1500 mg a day in two daily doses, the announcement said. Keflex has been available in 500 mg doses taken three times a day. Advancis received approval to market 333 mg and 750 mg capsules.

Keflex is the brand name for a cephalosporin antibiotic used to treat infections and, according to Advancis, the most prescribed oral cephalosporin antibiotic in the United States. The generic name is cephalexin. Dentists prescribe cephalosporins for oral infections, said Dr. Ronald Zentz, senior director, ADA Council on Scientific Affairs.

NeutraGard recalled

Bethesda, Md.—The Food and Drug Administration has issued a recall for all lots and flavors of NeutraGard because it may be contaminated with bacteria known to cause health problems in people with weakened immune systems and/or chronic lung diseases.

The products, 0.05 percent Neutral Sodium Fluoride Anticavity Treatment Rinse and NeutraGard Plus 0.2 percent Neutral Sodium Fluoride Anticavity Treatment Rinse, were recalled

because they may be contaminated with *Burkholderia cepacia* and *Pseudomonas aeruginosa* bacteria. The FDA reported that the bacteria “pose little risk to healthy people.” The adverse effects of the bacteria can cause serious respiratory infections, particularly in patients with cystic fibrosis.

The FDA has advised dentists and their staff to discontinue using the product and to destroy it and return it to the place of purchase for further processing.

The ADA posts safety alerts at “www.ada.org/public/topics/safety.asp”.

Benzocaine alert

Bethesda, Md.—The Food and Drug Administration has issued a public health advisory to health care providers and patients regarding adverse events associated with the use of benzocaine sprays in the mouth and throat.

The advisory specifically identified methemoglobinemia—a condition where iron in the hemoglobin is defective, making it unable to carry oxygen effectively to the tissues—as one of the adverse events.

Benzocaine sprays are typically used in dental practices to numb the mouth and throat for minor surgical procedures.

In February, the Veterans Health Administration announced that it would no longer use the sprays. The FDA is currently reviewing all of the reported adverse events, but as of now has no plans to remove the sprays from the market.

For safety information and updated information about benzocaine sprays, visit “www.fda.gov/medwatch/safety/2006/safety06.htm#benzocaine”.

—Reported by Craig Palmer and Jennifer Garvin



Back for more: The Advanced ADA/Kellogg Executive Management Program concluded in Chicago April 25. Pictured are some of the class members, family, Kellogg faculty and ADA leaders and staff. Seated in the front row (from left) are Jill Gilbert, Dr. Delon Gilbert’s wife; Dr. Kathleen Roth, ADA president-elect who presented certificates to the class members; Dr. David White; Dr. Mark Braithwaite and Dr. Martha Villasenor. Standing from left are Vennie A. Lyons, Ph.D., associate dean and director of the Manager’s Program at Kellogg; Dr. Ezra Chan; Dr. Gary Lindner; Dr. Eric Anderson; Dr. Scott Preisler; Dr. Irvin Kaw; Dr. Steve Anderson; Dr. David Martin; Dr. Arwinder Judge; Dr. Delon Gilbert; Dr. Mark Huberty; Thomas Prince, Ph.D., Kellogg faculty; Joe Martin, ADA staff; and Robert Korajczyk, Kellogg professor.

Kellogg

Continued from page one

Dr. Gary Lindner, a member of the 2005 class, called the Executive Management Program “a real eye opener.”

“I have long felt that dentists lack knowledge of business which can benefit them both in the management of personal affairs and dental practices,” said Dr. Lindner, who practices pediatric dentistry and orthodontics in Bedford, N.H. “As a consequence, we are left to a combination of intuition and consultants. Both can be helpful but a formal background always gives you a better chance of achieving a successful result, whatever your goals.”

Dr. Mark Huberty, who has an interest in nonprofit management, participated in the Executive Management Program to enhance his leadership skills and business acumen.

“In dentistry, the way we run our business tends to be based on folksy information, what your neighbor says about you and the like,” said the general practitioner from Sheboygan, Wis. “This program looks under the covers more to give you the analytical tools to evaluate

your own practice.”

The Executive Management Program curriculum draws from the core content for Kellogg MBA students including business strategy, organizational leadership, marketing, finance, accounting, economics, quantitative methods and information systems.

Dr. Prince said “it was a pleasure observing the intellectual and analytical discourse among the dentists and instructors” in the ADA Kellogg Advanced Executive Management Program that met in April.

“The advanced strategic management and analysis performed by the dentists was intellectually stimulating and professionally complete,” he added. “The economic and financial analysis of entrepreneurship and innovation demonstrated a closure on decision-making activities that had not been achieved in the basic course.”

The 2006 ADA/Kellogg Executive Management Program begins next month. Sessions are scheduled for July 22-26, Sept. 15-20 and Nov. 3-7.

For program details, visit “www.ada.org/goto/kellogg” or contact Joe Martin, director, ADA Dental Society Services, Ext. 2597 or “martinj@ada.org”. ■

Dr. Kaufman, past NYU dental dean, dies at 86

BY KAREN FOX

New York—The dean who led the New York University College of Dentistry through a period of growth in which applications doubled and the endowment grew by millions has died.

Dr. Edward G. Kaufman, dean emeritus, passed away April 26 at age 86. He served as NYU dean from 1985-98.

"Ed Kaufman was consistently guided by a commitment to clinical excellence, improved access to care for New York's poor, and increased resources for dental education," said Dr. Michael C. Alfano, the current dean of the NYU College of Dentistry. "For his dedication to quality and the highest standards of patient care; for his immense loyalty and devotion to NYU, its College of Dentistry and the dental profession; and for the impact he made on so many lives, Ed Kaufman's memory is ensured a lasting place of honor at the NYU College of Dentistry."

Initiatives undertaken during Dr. Kaufman's tenure as dean led to increases in the dental school's endowment and research grants and numerous community outreach programs for the underserved.

In his distinguished career, Dr. Kaufman also valued organized dentistry. He was a former ADA delegate, served a term as president of the Nassau County Dental Society and was a member of the New York State Dental Association's board of governors.

In a 2001 letter to the NYSDA, Dr. Kaufman

wrote: "My goals in the area of dental education, understandably, have been to help provide a comprehensive curriculum for our students; emulate the ideals and ethics of our noble profession; maintain the stability of alma mater; and enhance the lifestyle of the students as they pursue a most challenging and difficult educational program."

"I continue to have deep affection for all of my former students," he continued. "They are all part

of my expanded family."

Dr. Kaufman was born in Bayonne, N.J., and attended the University of California-Los Angeles and NYU, where he received his dental degree in 1943. He entered the U.S. Army Dental Corps and in 1946 became a faculty member at NYU.

He is survived by daughters Edwina Friedman and Diane Weiss, and a son, Dr. Matthew P. Kaufman. ■



Leader: Dr. Kaufman's tenure at NYU saw growth in the dental school's endowment, research grants and community outreach programs for the underserved.

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The ADA Survey Center has joined ADA Catalog Sales and Services to provide a new way to place orders for ADA surveys.

To order visit "www.adacatalog.org", call the ADA Member Service Center at 1-800-947-4746 weekdays, 8:30 a.m. to 5 p.m. CST; fax 1-312-440-3542; or mail to the American Dental Association, Survey Center Catalog Sales, 211 E. Chicago Ave., Lower Level, Chicago 60611-2678.

Most Survey Center reports are now available for downloading.

Also, ADA Catalog Sales and Services has expanded its e-catalog features. ADA brochures are available for perusal prior to purchase and selected ADA practice management resources and books are downloadable. American National Standards Institute/ADA standards and technical reports are also downloadable. ■

CLARIFICATION

ADA CE Online update: The ADA's comprehensive e-learning system for dental professionals, ADA CE Online, will launch later this month.

The new feature had originally been scheduled to launch in May. Thank you for your patience while the technical issues are resolved. Watch the ADA News and ADA.org for updates on the launch date. ■

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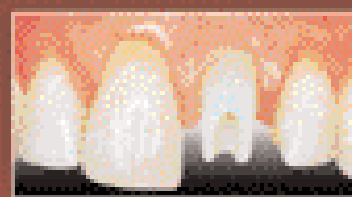
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Influenza pandemic

JADA, the ADA tell dentists what they need to know

BY ARLENE FURLONG

U.S. dentists may play an important role in dispelling public misconceptions about the dangers of a worldwide influenza epidemic (pandemic), commonly called the avian flu.

It's a focus of a special editorial by JADA Editor Dr. Michael Glick in the June issue of *The Journal of the American Dental Association*.

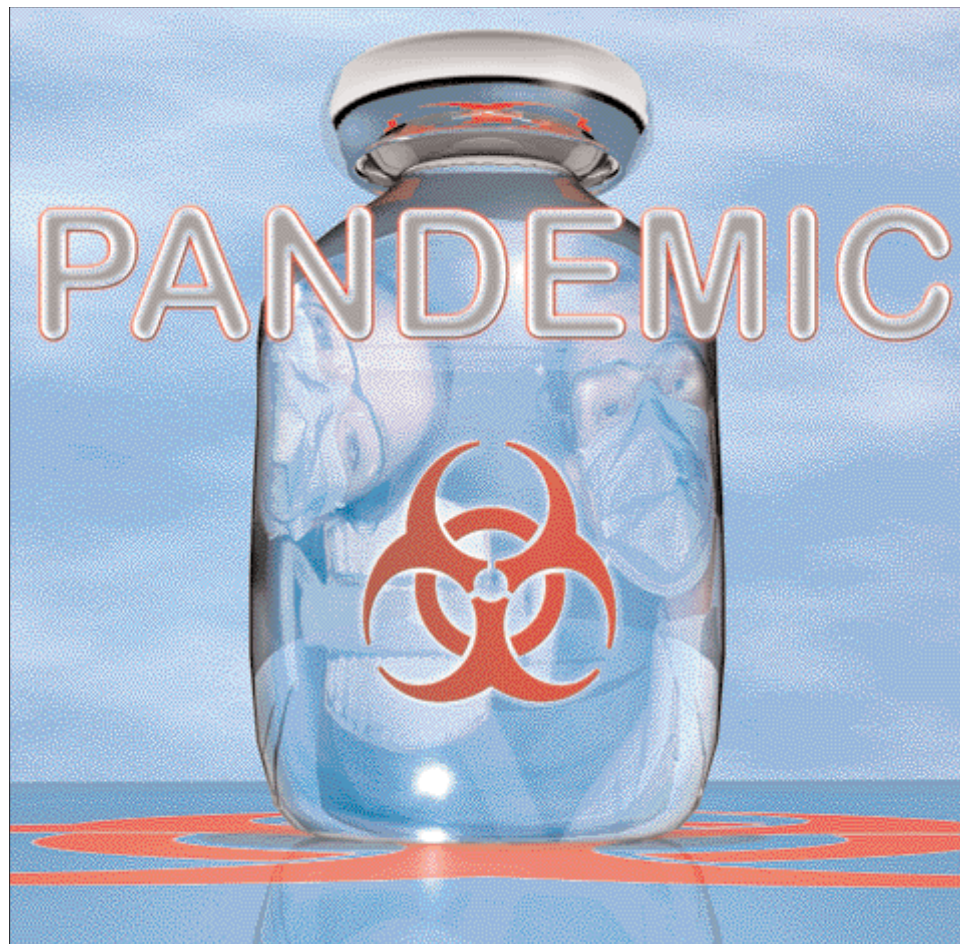
"To minimize any potential panic associated with an influenza pandemic, it is essential that all oral health care professionals familiarize themselves with the necessary information regarding transmission, contagion, treatment and prophylaxis," says Dr. Glick in his editorial. In "Vaccines, Epidemics and Us," readers learn "such efforts will greatly reduce misconceptions, myths and rumors, and potentially will save lives."

Dr. Glick reports that to date more than 200 people have been infected with H5N1, the influenza A virus that has become endemic in birds in Asia, and more than 100 infected people have died.

"Although only a handful of these infections are suspected to have occurred through human-to-human transmission, a genetic drift of this virus—an exchange, or reassortment of genetic material between avian and human influenza viruses, or direct transmission of strains from an animal source to humans—could create a new virus with the potential for effective human-to-human transmission."

Drawing on insights gained from the recent mumps epidemic developing in the United Kingdom, Dr. Glick points out the unpredictable efficacy of vaccines when the course of a virus is unknown. He raises difficult questions national health agencies are now considering:

- If the vaccine that has been developed targets a specific strain or H5N1 and the pandem-



ic is caused by a different strain, or even another type of avian influenza virus, will the existing vaccine still provide some level of protection?

- Should a vaccine that is only partially protective still be distributed?

- Will only one vaccination be enough?

"These are questions that may be posed to all health care providers, including dentists," Dr. Glick reports. ■



Dr. Guay: "By the time a threat is real, there will be information accessible to dentists."

Dentistry's role in event of pandemic

Dr. Albert Guay, chief policy advisor for the American Dental Association, said that if a pandemic were to hit the United States dentists could play an important role in controlling the disease.

"The planning and integration of the primary response by dentists in the event of a bioterrorism attack or mass casualty event recommended to the state societies should be of great value in preparing dentists to aid in the event of an influenza pandemic," Dr. Guay said in a report to the ADA Board of Trustees on influenza pandemic. He believes dentists may be called upon to provide similar services, including vaccinations, the dispensing of medications, medical care and surveillance.

"Priority lists for distribution of vaccines and medication will be established in some areas and dentistry should strive to have dentists, their staffs and their families included in the highest level of priority, Dr. Guay advised the Board.

Although there is no way at this time to predict what mutations the [H5N1] virus will undergo to allow it to be easily transmitted from person to person, state dental societies should establish a collaborative relationship with local health departments to provide a framework dentists can follow to provide information and assistance to the public.

"By the time a threat is real, there will be information accessible to dentists. If there's a case of avian flu anywhere in the world, the CDC (Centers for Disease Control and Prevention) and World Health Organization will likely know the next day," he said. "This situation is not the same as the recent SARS (severe acute respiratory syndrome) epidemic, when emerging cases were initially kept secret."

Dr. Guay believes that media hype may be responsible for sensationalistic scenarios pervading the public consciousness, but that a pandemic entering the United States at some point is a viable threat and raising awareness in dentistry is important.

"Even with the yearly flu shots, scientists take an educated guess on whether or not the vaccine will target the strain of flu that will emerge in any given year," commented Dr. Guay.

In his report, he notes that flu epidemics occur in the United States almost annually in the winter months and have been responsible for about 36,000 deaths each year between 1990-1999.

Look to a future issue of *ADA News* for an update on the avian flu from Dr. Guay and recommendations on preparing the dental office for what might happen during a severe influenza outbreak. ■

New York strives to encourage dentists to 'start making contingency plans'

Albany, N.Y.—The New York State Dental Foundation developed an educational program entitled "Emergency Preparedness: Responding to Catastrophes and Bioterrorism." Distributed to all NYSDA members, the CD-ROM provides information on the signs and symptoms of a variety of threats and discusses response modes. The CD-ROM course includes a free poster containing emergency response numbers for use in dental offices.

"This was a challenging project," said Dr. Edward Downes, chair of the NYSDA Foundation. "What made this particularly interesting, if at times maddening, was the ever-changing nature of the information we were presenting."

"We are hopeful that taken together, the CD and poster will get dental professionals to start making contingency plans," said Dr. Robert Raiber, vice-chair of the NYSDA Foundation. "We want them to begin thinking about how they operate and to allocate personnel and resources to ensure that response plans are in place, to the best of their ability."

The project was funded through a grant from the New York State Department of Health, Health Research Inc., and the Centers for Disease Control and Prevention. The content, including two continuing education courses, was developed with help from the New York University College of Dentistry.

For more information go to "www.nysdental.org/news/details.cfm?ID=111" or call the New York State Dental Foundation at 1-518-465-0044. ■

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ADA.org keeps dentists informed

To keep dentists abreast of new developments, the ADA maintains current information for dental team reference on ADA.org. Visit "www.ada.org/goto/avianflu" to read Dr. Guay's report to the ADA Board of Trustees, as well as government documents, journal articles and news reports. ■



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AnnualSession

New screens added for HSP 2006

BY STACIE CROZIER

Las Vegas—Participants in the the ADA Foundation's 43rd Health Screening Program will find four new screens and a free flu shot.

"The Health Screening Program is a great benefit to annual session attendees and to the public," said Dr. Arthur A. Dugoni, president of the ADA Board of Directors. "It's designed to make dental offices safer and to expand the scientific knowledge in areas of importance to dentists and their patients. In addition, participants are introduced to comprehensive oral screening methods that illustrate the complexities between oral and systemic relationships. Everyone attending annual session should plan to take advantage of this unique educational opportunity."

The HSP will be held Oct. 16-18, 8 a.m. to 4 p.m. and Oct. 19, 8 a.m.-noon in the Mandalay Bay Resort and Convention Center, Bayside D, Level 1, near the registration area. The first 2,000 participants will receive a free flu shot courtesy of Sullivan-Schein, a Henry Schein Co., as well as 20

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free screenings, including four new screens.

General health screenings:

- Blood pressure and weight;
- Comprehensive metabolic panel;
- Head, neck and oral examination;
- Hemoglobin A1c screening for type 2 diabetes;
- Mental health survey;
- Periodontal screening and recording.

Cardiovascular health and risks screenings:

- Resting electrocardiogram;
- Cholesterol HDL/LDL;
- C-reactive proteins (inflammation-related conditions such as rheumatic diseases and coronary artery disease).

Oral cancer screenings:

- Oral CDx;
- Oral salivary detection of mRNA (new).



Health check: Dr. David Christian of Orlando, Fla., prepares to perform a head and neck screening for Dr. Gil Spivey Jr. of Canton, Miss., Oct. 7, 2005, during the ADA Foundation's 42nd Health Screening Program at annual session in Philadelphia.

Potential occupational concerns or risks screenings:

- Carpal tunnel;
- Genetic component of latex allergy (new);
- Hepatitis B & C markers;
- Latex hypersensitivity;
- Legionella pneumophila;
- Presence of microorganisms associated with damaged skin (new);
- Prevalence of irritant hand dermatitis (new);
- Skin patch allergy test;

• Urinary mercury.

For a nominal fee, participants can also choose to add elective screenings, including:

- C-telopeptide (osteoporosis), \$68;
- Prostate specific antigen (PSA), \$20;
- Thyroid stimulating hormone (TSH), \$15;
- VAP cholesterol test, cost: \$55.

For more details, contact Marcia Greenberg, staff coordinator, by calling toll-free, Ext. 2535, e-mailing "greenbergm@ada.org" or log on to "www.ada.org/goto/healthscreening". ■

Win a Las Vegas wedding

Las Vegas—Are there wedding bells in your future?

If you and your intended have a dedication to dentistry as well as to a future together, you'll want to enter to win a Las Vegas-style wedding at elegant Mandalay Bay Resort during annual session courtesy of the ADA.

The winning couple will exchange vows Oct. 17 at 6 p.m. at the Mandalay Bay Wedding Chapel surrounded by a grove of exotic



island foliage on the shores of an 11-acre lagoon. The lucky couple will also receive a reception for up to 50 guests, flowers, garter, wedding pho-

tographs and photo albums, a DVD recording of the service, a unity candle, pianist for the event, a one-night stay in the honeymoon suite, deluxe fruit basket, bottle of champagne and Mandalay Bay champagne flutes, champagne dinner for two at Shanghai Lilly, breakfast in bed for two from room service, facial at Spa Mandalay and more.

Your ADA colleagues will also help you celebrate your union in style with a reception in the ADA Marketplace exhibit hall with coffee and cake, congratulations at the ADA General Session on Oct. 18 and a wedding announcement in the ADA News Convention Daily.

To enter for your chance to win this special wedding package, send a 50- to 100-word description of why you and your intended should tie the knot at annual session. Include details such as why you want to get married or renew your wedding vows at annual session, how you met, how important dentistry is to your relationship, whether any wedding guests



Photo courtesy of Mandalay Bay Resort

I do: Enter to win a Las Vegas wedding package at annual session from the American Dental Association.

will be joining you for the big event and your name and phone number.

For details on the wedding package and full contest rules, log on to "www.ada.org/prof/events/session/2006_wedding.asp". Send your entry to Cathy Haibach, meetings marketing manager, at "haibachc@ada.org" or Council on ADA Sessions, American Dental Association, 211 E. Chicago Ave., Ste. 200, Chicago 60611. ■

Entertainment!

Buying show, tour tickets is easy

Las Vegas—After a productive day learning in continuing education courses, shopping for new products in the ADA Marketplace and networking with your colleagues at annual session Oct. 16-19, it'll be time to relax and enjoy the excitement of Las Vegas.

Evening entertainment

Vegas comes alive at night. Seven nights a week, the Entertainment Capital of the World serves up scrumptious dining opportunities, unrivaled shopping and, of course, elaborate big-production shows.

There's so much to do, in fact, that the ADA has chosen not to host any evening events during this year's annual session.

To help you plan your evening entertainment, the ADA06 Web site ("www.ada.org/goto/session") lists some of the most popular shows. These shows sell out quickly, so the Council on ADA Sessions encourages you reserve your ticket early, and to contact the show for details on when ticket sales open.

How to buy tickets

Visit "www.ada.org/goto/session" and click on the "Las Vegas Nightlife" section. You will find information on some of the hottest shows available, along with a link that will allow you to search even more Las Vegas entertainment options.

For individual tickets, you may purchase tickets online directly with each individual show.

For groups of 20 or more, call Scott Washburn with Baskow & Associates at 1-702-733-7818. Baskow & Associates—your one-stop shop for your entire evening—can arrange group tickets, dinner reservations and transportation for your convenience. (All show pricing and availability is subject to change. Times and dates are subject to change. Contact the individual event office for



Photo courtesy of Jubilee

Show time: Jubilee is just one of the shows you can see while you're in Las Vegas.

current schedules.)

Tours

The ADA is offering a variety of exciting tours to help you make the most of your free time in Vegas. Baskow & Associates, the official ADA tour company, has planned more than 15 different tours, all given by expert tour guides and offered in several different time slots during annual session.

A few of the exciting tours available include: Horseback Riding at Sage Brush Ranch; Hoover Dam Discovery; Black Canyon River Float; Las Vegas City Highlights; Outlet Shop 'Till You Drop!; Jubilee Backstage Pass; Wolfgang Puck Restaurant Experience; and Red Rock Photo Adventure.

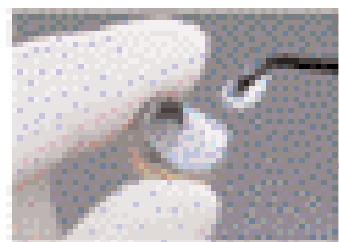
Visit "www.ada.org/goto/session" for complete tour descriptions and registration options. ■

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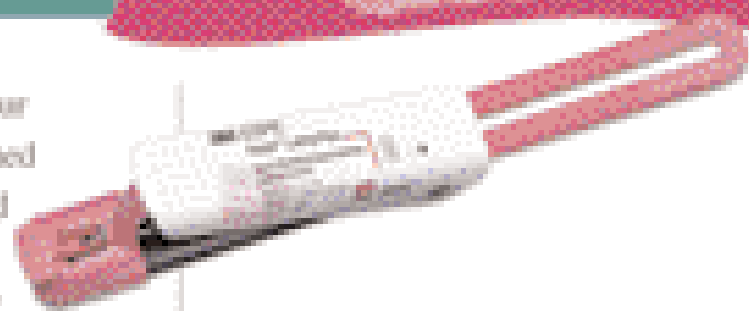
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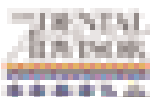
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