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ADA NEWS

MAY 17, 2010

VOLUME 41 NO. 10

Oral health initiative HHS announces activities across agency spectrum

BY CRAIG PALMER

Washington—Oral health is essential to overall general health and well-being, the Department of Health and Human Services said in announcing a multi-agency HHS Oral Health Initiative 2010.

“But as Healthy People 2020

■ New Mexico Dental Association award, page eight

national oral health objectives are being finalized, there is growing recognition that many challenges identified

20 years ago have not been adequately addressed,” says the initiative posted at the HHS Health Resources and Services Administration website (“www.hrsa.gov/publichealth/clinical/oralhealth/hhsinitiative.html”).

“Dental caries (tooth decay) is the single most common chronic child-

hood disease; there are striking disparities in oral diseases among various disadvantaged and underserved population subgroups, and approximately one-third of the U.S. population has no access to community water fluoridation.”

See INITIATIVE, page 10

BRIEFS

Annual session: Dentists who are not yet members of the ADA can try out some of the benefits of ADA membership that 157,000 of their colleagues already enjoy by attending the annual session at a reduced rate—\$75 instead of \$750 (if registered on or before Sept. 10). Dentists can only take advantage of this offer once, so those who attended annual session in a previous year (2005-2009) at the reduced rate are not eligible. Simply select this special rate when you register before Sept. 10 at “www.ada.org/goto/session” Other session highlights start on page 34 of this issue.

Personalize it: The ADA Catalog has added 20-plus new styles to its line of personalized recall cards, including—for the first time—four birthday cards. A 15 percent discount is available until June 30 with any personalized product order of \$100 or more by using priority code No. 10402. The entire selection of personalized products is online at “www.adacatalog.org” or available by phone, 1-800-947-4746. ■



Sedation update: American Dental Society of Anesthesiology members who are facilitating the ADA's first CE course on proper monitoring and airway management demonstrate a simulation exercise for ADA President Ron Tankersley (center) during ADSA's annual meeting May 1 in Key Biscayne, Fla. From left are Dr. Daniel Becker; Dr. Karen Crowley, ADSA president; Dr. Tankersley; Dr. Morton Rosenberg, ADSA treasurer; and Dr. James Phero.

ADA workforce conference set for July 18

BY JAMES BERRY

The ADA in July will convene an all-day conference to engage volunteer dental leaders from across the country in a dialogue on workforce issues, including a close-up look at the various workforce models under consideration in dentistry.

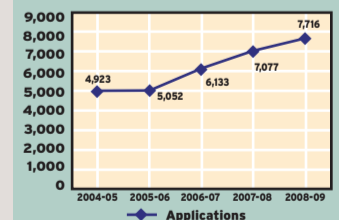
Billed as the 2010 ADA Conference on Workforce Issues, the invitation-only conference will take place Sunday, July 18, from 8 a.m. to 4:30 p.m. at ADA Headquarters in Chicago. The conference is purely informational and will not involve debate of ADA policies, which are the exclusive purview of the House of Delegates.

“As dentists, we are united in our commitment to provide our patients with the finest oral health
See WORKFORCE, page 37

JUST THE FACTS

Applications to pediatric dentistry

Applications to advanced dental education programs in pediatric dentistry grew nearly 57 percent between the 2004-05 and 2008-09 school years.



Source: ADA Survey Center “survey@ada.org”, Ext. 2568

Sedation, airway management course to debut later this year

BY KAREN FOX

Three years in the making, a new continuing education course for dentists that focuses on proper monitoring and airway management for dental office sedation and anesthesia will debut this fall in two parts.

Recognition and Management of Complications During Minimal and Moderate Sedation is geared toward

■ JADA publishes EBD review of oral cancer detection, page 18

all dentists who administer minimal or moderate sedation in their offices. ADA CE Online will host Part I of the course in July. Part II, a hands-on

course, will take place in five-hour sessions on Oct. 28-29 at ADA Headquarters. Participants must complete Part I before taking Part II.

The course has been in development since the ADA updated its anesthesia guidelines documents in 2007. At the time, one of the only training options available to dentists who
See AIRWAY, page 23

ADA Foundation assists members following devastating floods

The ADA Foundation is assisting member dentists and other individuals and organizations interested in making a financial contribution toward relief efforts in the wake of the devastating flooding in Tennessee, Mississippi and Kentucky.

According to the Associated Press, 31 people have died as a result of the flooding and it's esti-

imated that Nashville alone suffered \$1.5 billion in damages.

The purpose of the ADA Foundation disaster assistance grant program is to provide assistance to members of the dental profession who have lost

ADA Foundation

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property due to widespread disasters and support emergency

dental care in areas affected by disasters.

The ADA, with help from the Florida Dental Association, has a five-step disaster planning and

recovery package that offers guides and resources, worksheets and applications. To access it online, visit "www.ada.org/prof/prac/disaster/index.asp".

There is an Occupational Safety and Health Administration page for employers and employees affected by the floods and tornadoes with links to more than two dozen fact sheets and health tips on decontamination and other hazards.

Topics include: Atmospheric Testing in Confined Spaces; Asbestos Hazards; Chain Saw Safety; Cleanup Hazards; General Decontamination; Demolition Safety; Downed Electrical Wires; Working Safely with Electricity; Falls; Filling, Moving and Placing Sandbags; Flood Cleanup; Fungi Hazards; Grounding Portable Generators; Hand Hygiene and Gloves; Heat Stress; Hydrogen Sulfide; Lead Hazards; Lead in Construction; Mold Fact Sheet; Portable Generator Safety; Search and Rescue; Tree Trimming and Removal Tips; Trenching and Excavation Safety; West Nile Virus; Working Outdoors; and Work Zone Traffic Safety.

For details or to download fact sheets, log on to the OSHA page at "www.osha.gov/OshDoc/flood-tornado-recovery.html".

There is also additional information at "www.bt.cdc.gov".

To make a donation to the ADAF Disaster Assistance Fund visit "www.adafoundation.org" and click donate. Check the box for the Disaster Assistance Fund to designate your donation to assist dentists with a home or practice affected by a natural or man-made disaster. Members can also call the toll-free number, Ext. 2547, or 1-312-440-2547 and specify that their donation is for disaster assistance. (Master Card, Visa and American Express are accepted online or by phone.)

Those members seeking assistance in Tennessee—the state that was affected most by the flooding—can contact the Tennessee Dental Association at 1-615-628-0208. ■



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Schein's hotline open to help dentists affected by flooding

Melville, N.Y.—Henry Schein Inc. wants to remind dentists and other office-based practitioners that its toll-free hotline is open and ready to assist those health professionals affected by the recent tornadoes, thunderstorms and flooding in Tennessee, Mississippi and other states.

Dentists who need assistance may call 1-800-999-9729. The hotline is open from 7 a.m.-7 p.m. and is monitored 24 hours a day.

"We recognize that some of our dental, medical and animal health customers' practices may have been adversely affected by these natural disasters, and as a long-term partner in their practice success, Henry Schein is ready to offer our support," said Stanley M. Bergman, chairman and chief executive officer for Henry Schein. "We encourage our customers in Mississippi, Tennessee and other affected areas to call our hotline for assistance." ■

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Registration open for GKAS symposium

Registration is now open for the fourth annual symposium, "Raising the Momentum Through Continuity of Care: Finding Dental Homes for America's Children."

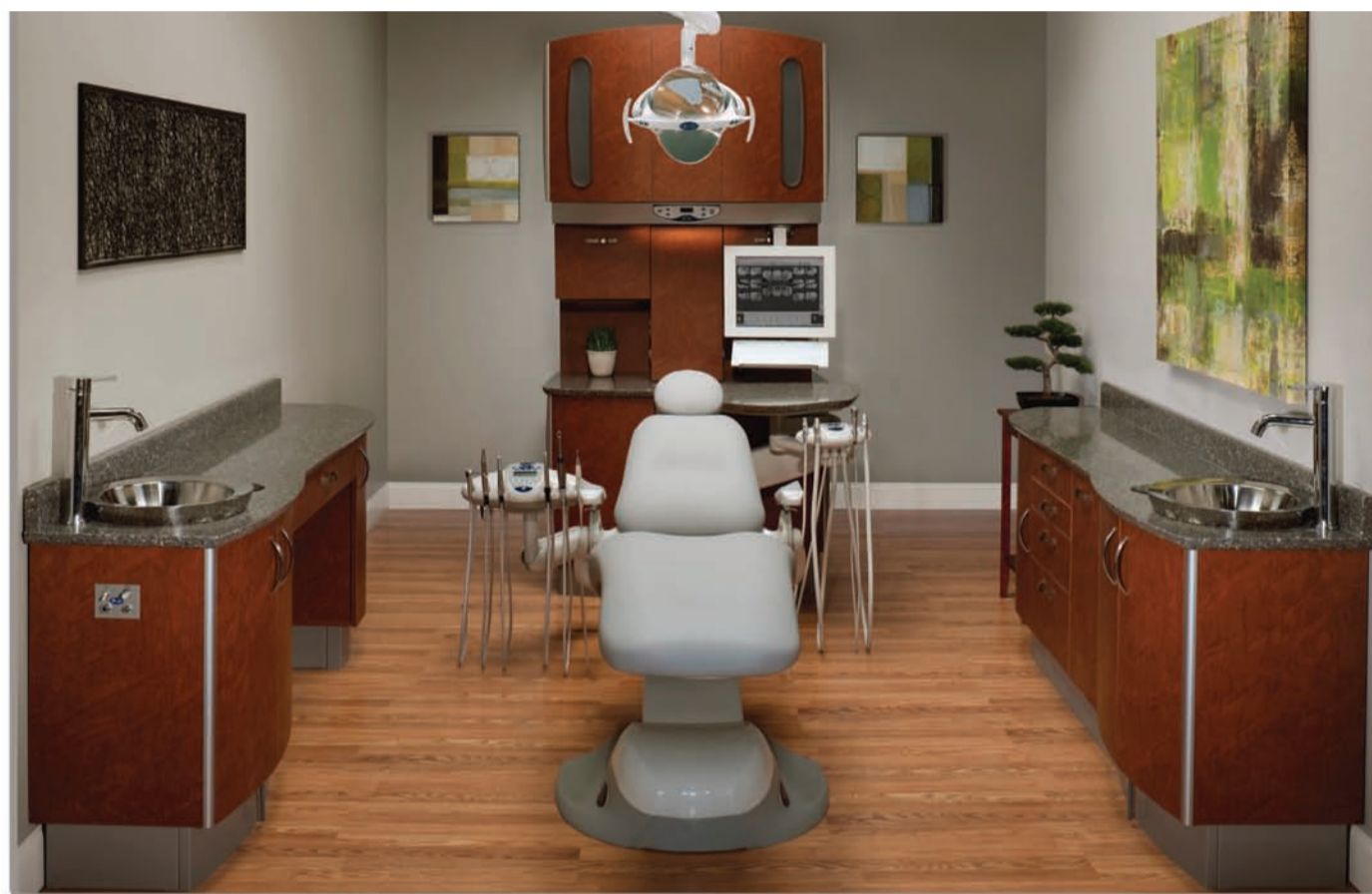
The free symposium, hosted by the Dental Trade Alliance Foundation, the American Dental Association Foundation and the American Dental Association, is planned for July 22-23 at ADA Headquarters. Registration ends June 30, and space is limited.

The symposium will convene July 22 at 3 p.m. and continue July 23 from 8 a.m.-4:30 p.m. Symposium sponsor DTAF will provide participants with all materials and all food and drink, including a reception July 22, and breakfast and lunch on July 23. Participants are responsible for their hotel and travel costs.

A discounted block of rooms at the Affinia Hotel (directly behind ADA Headquarters) has been reserved for registrants until June 30 at a cost of \$129 plus tax per night. Attendees are required to make their own hotel arrangements. To book a room at the Affinia, call 1-312-787-6000 or log on to "www.affinia.com". Mention the group code "GKIDS" to receive the special symposium rate.

Ten travel stipends will also be awarded for participants who might otherwise not be able to attend. Participants interested in applying for a stipend must submit an application with their registration form by May 21.

For more information or to register, log on to the GKAS website ("www.ada.org/3955.aspx") or e-mail "gkas@ada.org". ■



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It's time to help a child

You must give some time to your fellow men. Even if it's a little thing, do something for others—something for which you get no pay but the privilege of doing it.

—Albert Schweitzer (1875-1965)



Robert S. Roda, D.D.S.

Childhood is an interesting time in our lives. While we all have had different experiences growing up and many of them are lost to fading memory, some things stand out in my memories.

Time moved slowly when I was a child. The time it took for the school week to be over was long. The time it took for summer vacation to arrive was immense. And, the time from one birthday to the next was an eternity.

I'm not sure anyone has explained to me why it was that time used to move at the speed of cold molasses then, but now it zooms along on fast forward. I have a theory, however.

I think that the apparent passage of time is slower when one is learning new things, and having new experiences. I suspect that our brains need to somehow process these novel situations and the result is the perception that time is moving slowly. As we age (and I'm aging!) less and less time in our lives is spent encountering new situations. Yes we do learn new things daily (I hope) but the sheer volume of novel input is only a fraction of that encountered by a child. As your younger self soaked up all there was to see and do and learn in your environment, there just wasn't time to sense time.

Use some of your time to help shorten the time that a child lives like this. Only you can relieve this child's pain.

aggravation (more for my parents than for me, I'm sure), there were times when it was just plain bad.

Being sick was no fun and something like the flu lasted forever. I remember the first time I had a blood draw (age 6) and that was a really long event. Dental visits took forever, and, unlike today, the practitioners of my youth were not as concerned with making it a fun and painless experience!

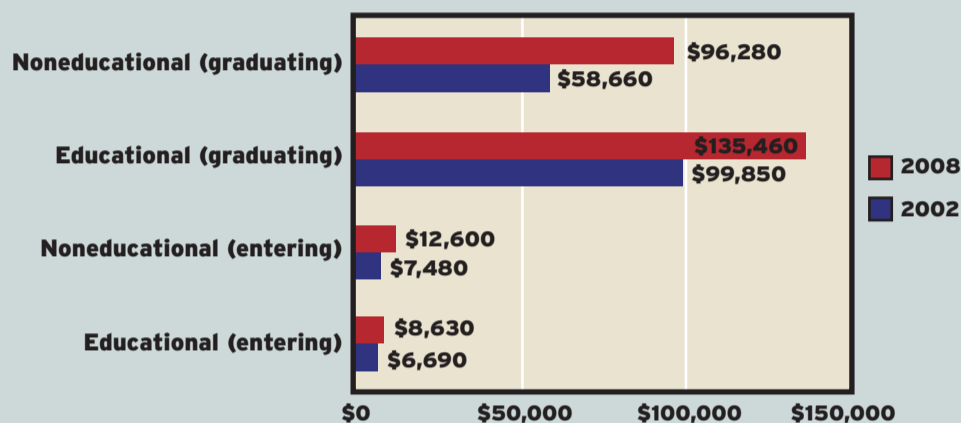
I can't imagine how hard it is for a small child with tooth pain who has a family that either cannot recognize how the child is suffering or who does not have the knowledge or resources to get the kid to a dentist. I have heard it said that many of the children who live in underserved populations just learn to live with a toothache. They continue to go to school, play with other children, eat their

See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

New dentists' debt

New dentists in 2002 had less educational and noneducational debt than new dentists in 2008. On average that year, total debt was \$21,230 upon entering dental school and was \$231,740 by the time of graduation. In 2008, nearly 41 percent of new dentists' debt was educational when they entered dental school; upon graduating, nearly 59 percent of new dentists' debt was educational.



Source: American Dental Association, Survey Center, 2008 Survey of New Dentists.

Letters

Making fees public

For the record, I was in favor of some sort of national health care bill. I think something should be done. However, I wanted something for everyone, especially the actual taxpayers.

We have out of control medical insurance premiums and polices. That is a well-accepted fact and should be dealt with. Dr. Nicholas Mosca ("Letters," April 5 ADA News) seems to think that the bill doesn't go far enough, and that openness and transparency in dental care delivery should be accomplished by publicly posting fee schedules.

I submit that every dentist who is in private practice has nothing to hide. I have to ask: is there anyone in the country who wouldn't make their fees public? If you have ever owned and operated a private office, you understand that the basis for fees is not necessarily related to profiteering. We have geographic issues like property tax, prevailing wage base, rent, utilities and the like to consider when setting fees.

I can understand the criticism with regard to hidden fees, but I do not believe this to be a problem. The real problems are associated with those who seem to be out of the loop of reality. I think this includes the general public and experts.

So, I believe that anyone who does not own or operate a private practice should not be providing input as to how it should be in an ideal world. Non-Medicaid providers should not have input as to how that system should function. Nondelivery personnel should refrain from telling the providers how the system will work. The health



care workforce should design the system or it will never work.

I will send my fee list to anyone who requests it.

Kurtis E. Wirth, D.D.S.
Rockford, Ill.

Hib meningitis

I am writing in response to Dr. Norman Tinanoff, et al. ("Letters," March 1 ADA News) regarding early childhood caries as a "different disease."

The ADA recently sponsored a Symposium on Early Childhood Caries in American Indian/Alaska Native children. The proceedings of the symposium noted that both the prevalence and severity of ECC were far greater in AI/AN children than in the general population. Interventions such as behavioral counseling and water fluoridation that have been successful in other populations have not reduced either the caries rate or disease burden in AI/AN children.¹ Given these findings, the panel report of the symposium noted that various participants had described ECC in AI/AN children as being a "different disease" from the ECC found in most American communities. This

prompted a response letter by 21 distinguished academicians who took strong issue with the concept that caries in AI/AN children is different.

It is well-recognized that AI/AN children have a much higher burden of many infectious diseases.² It was proven many decades ago that caries has an infectious etiology, with the primary pathogen being *Streptococcus mutans*. There is emerging evidence that the epidemiology of *Streptococcus mutans* is different in AI/AN children and that this may account for some of

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

the marked disparity in ECC. Perhaps the notion of how ECC in AI/AN children is different could best be understood by looking at the experience of AI/AN children and another infectious disease. The epidemiology of *Haemophilus influenzae* type b (Hib) meningitis is an example of how an infectious disease can be “different” in AI/AN children.

In the 1970s the rate of Hib meningitis in AI/AN children in Alaska and the Southwest was 10 times higher than the U.S. population.^{3,4} The first vaccine developed for Hib disease was released in 1982. It was a single dose and given at age 2. It was less immunogenic in AI/AN children⁵ and had no effect on rates of Hib disease in AI/AN children though it was effective in the general U.S. population.⁶

A second generation Hib vaccine was developed in the mid-1980s. It was a four-dose series given at 2, 4, 6 and 15 months. This vaccine was

very successful and eliminated Hib meningitis in the general U.S. population. It decreased, but did not fully eliminate, Hib meningitis in AI/AN children.⁷ Why not? It was discovered that AI/AN infants acquired Hib disease at a much earlier age (before 6 months) than the general U.S. population.⁸ The infectious organism was the same, and the pathophysiology of disease was the same, but the epidemiology of the infection was very different in AI/AN infants. A vaccine that was efficacious in the general U.S. population did not work for AI/AN infants. The breakthrough was the development of a third type of conjugated Hib vaccine that was immunogenic as early as 2 months. With the use of this vaccine in AI/AN infants, the rates of Hib meningitis have been reduced 99 percent and are now close to

those of the general population.⁹

What if in the 1980s everyone had insisted that Hib meningitis was no “different” in AI/AN infants? We would still be using an ineffective vaccine, and I would have seen another 100 infants die in my small reservation hospital in the past 20 years.

Thus, I was disappointed to find that a group of academicians—none of whom have experience working with infectious diseases among AI/AN children—would make such a sweeping statement about the nature of ECC among these children. The overall pathophysiology of how a cavity forms may be no different, but based on our extensive knowledge and experience with Hib and other infectious diseases, it is very likely that the infectious disease epidemiology of ECC in AI/AN

children is “different.” Research—rather than dogma—is desperately needed to find ways to remedy this marked health disparity for AI/AN children.

*Steve Holve, M.D.
Tuba City, Ariz.*

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See LETTERS, page six

MyView

Continued from page four

meals and otherwise manage. Yes, the tooth pain at school distracts them and their grades will suffer. Sure, they may not play as vigorously as they otherwise might. Absolutely, for them eating is not enjoyable. But they manage, I'm told.

But think about time. From the time the pain starts as a minor sensitivity when they eat a candy, through to the beginnings of a throb, and on to the time when they tell their mom that something hurts, to the child, this is an age. Soothing words help a little, but now the time has come for suffering. Pushing on the tooth doesn't help. Putting water on it doesn't help. Watching TV doesn't help. Even crying doesn't help. And it's been hurting so long ... so long!

Mom wants to help, but she doesn't know what to do. There's no money for this, and she's got so much on her mind. The child has only one thing on his or her mind. And a lot of time to think about it, feel it, experience it. Mommy will take her to the doctor. They get there (it takes so long), but the doctor can't help. They want her to see someone else, someone called a dentist. What is that, the child thinks. It's going to take how long? An eternity. She takes some medicine that helps a little, but how long 'til it stops? She goes to school on the bus and every bump and bounce hurts. As the other children jostle and bump her in the hall, it hurts. School is forever. What did the teacher say? “No thanks, I'm not hungry.” Why is my face getting bigger? I feel hot. Why does this take so long ...

Don't let a kid do this. Sign up for Give Kids A Smile or call the Arizona Dental Foundation to get involved with Donated Dental Services. Volunteer to see kids in your office through the Boys and Girls Clubs or another children's dental program. Volunteer to conduct oral health screenings in your local elementary school. Treat these kids at a hospital-based clinic. Use some of your time to help shorten the time that a child lives like this. Only you can relieve this child's pain. And do it all year, not just during National Children's Dental Health Month. The time you spend giving of yourself is small, but to a child, it's all the time in the world.

Dr. Roda is the editor of Inscriptions, the Journal of the Arizona Dental Association. His comments, reprinted here with permission, originally appeared in the February issue of that publication.

Editor's note: Those interested in finding out more about Give Kids A Smile and ways to get involved can visit “<http://givekidsasmile.ada.org>”.

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Letters

Continued from page five

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Protect the public

I would like to thank Dr. Thomas P. Conaty for his riveting analysis in "Taking Over the Dialogue" (April 19 ADA News).

As president-elect of the Academy of General Dentistry, I wholeheartedly agree with the points raised by Dr. Conaty. Education has been the

hallmark of the AGD for more than half a century, and yet in this battle to provide patients with quality care, many of us seem to have lost confidence in this basic element that makes us who we are—dentists!

It is critical for our organizations to engage the public so that they may have a true understanding of the importance of their own oral health and to achieve solutions that offer true improvements. We already have the workforce in place to accomplish this, but we need funding and public support. Dr. Conaty hit the nail on the head: Medicaid funding, prevention, oral health literacy—these are some of the solutions that will truly close disparities in terms of the public's oral health.

I'm sure that your readers are familiar with AGD's "White Paper on Increasing Access to and Utilization of Oral Health Care Services," which also promotes solutions that are tried and true. I thank Dr. Conaty again for the astute points that he raised and look forward to further opportunities for collaboration as we move forward in our fight to protect the health of the public.

*Fares M. Elias, D.D.S.
2009-10 President-Elect
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Time now to enroll in 2010 ADA/Kellogg Executive Management Program

The application deadline for the 2010 ADA/Kellogg Executive Management Program is May 24.

The program is designed for dentists who want to learn more about management from the nation's top-rated management school, Northwestern University's Kellogg School of Management. The curriculum draws from the core content areas for Kellogg MBA students, including business strategy, organizational leadership, marketing, finance, accounting, economics, statistics and operations. The Executive Management Program is not a practice management course.

Dentists completing the Executive Management Program since 2005 represent diverse interests, including those who:

- own a large dental practice;
- own or are seeking to buy a nondental business, such as a franchise;
- serve on a board for a nonprofit or investor-owned corporation;
- provide leadership in the dental insurance field, dental manufacturing or consumer goods, education, government, research or the military;
- are contemplating a career change;
- are seeking quality management education.

The program's three sessions are held on Northwestern's Chicago campus near ADA Headquarters. Program dates for 2010 are July 8-13; Sept. 10-15; and Nov. 4-9. Participants receive a Kellogg certificate and continuing education credit from the ADA.

For more information, go to www.ada.org/3774.aspx. ■

Nominations open for dental editor awards

BY JENNIFER GARVIN

Milwaukee—The ADA Council on Communications and American Association of Dental Editors are seeking nominations for two dental editor awards for presentation at the AADE annual conference Oct. 7-8 in Orlando.

The Distinguished Dental Editor Award recognizes tripartite constituent and component editors who have brought exceptional credit to their society, dental journalism, the dental profession, the ADA and organized dentistry through the production of high-quality publications and superior leadership and example.

The Dental Editor Service Award recognizes

the continuous service of tripartite editors marking their 10-, 15-, 20-, 25-year anniversaries or more in 2010.

For the Distinguished Dental Editor Award, all tripartite dental editors, including those from American Student Dental Association publications are eligible, and retired editors of no more than one year may also be nominated.

Nominators are asked to provide a statement of approximately 250 words describing the nominee's qualifications and to include examples of the editor's work. Publication content (including quality of writing, timeliness and interest of arti-

cles, editorials and commentaries), design, format and other features will be considered, as will specific instances of editor leadership as it reflects on a publication, the dental society, the dental profession and organized dentistry.

For the Dental Editor Service Award, the nominee's name, date of appointment or hire, dental society and title of the publication must be provided in a letter on society letterhead stationery signed by the society's president and/or executive director to attest to the validity of the required information. Editors may self-nominate; all nominators must provide name, mailing

address and telephone number, and the name and address of the nominee.

Any tripartite leader, member, executive director, editorial staff member or fellow is welcome to make a nomination for either award. All entries must be received at the American Association of Dental Editors, 750 North Lincoln Memorial Drive, Suite 422, Milwaukee, Wis., 53202 by June 11.

Details about what materials are required for submission are available from the the AADE by phone at 1-414-272-2759 or online at "www.dentaleditors.org". ■

Editors to hold discussion on publishing, news production

The ADA Publishing Division will hold a special panel discussion for dental editors and all interested members Oct. 8 in Orlando during the American Association of Dental Editors annual conference which is held in conjunction with the ADA annual session. Topics include the Business of Publishing, moderated by Laura Kosden, managing vice president and publisher, Publishing Division, ADA; and Getting Out the News, moderated by Jim Berry, associate publisher, Publishing Division, ADA.

For more information about programs at ADA annual session, visit ADA.org. ■

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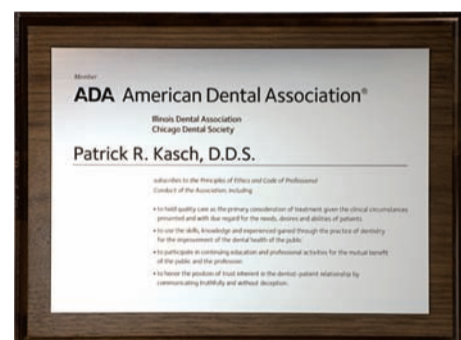
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Government

NMDA campaign garners gold and silver awards

BY CRAIG PALMER

Albuquerque, N.M.—The New Mexico Dental Association and its state public affairs consultant won gold and silver Cumbre Awards from the Public Relations Society of America's state chapter for internal communications and media relations. "Cumbre" is Spanish for peak or summit.

"It's an honor to receive recognition from within the public relations industry," said Dr. Robert Manzanares, NMDA president-elect. "We are excited to utilize our past success with these programs as we move forward."

The NMDA activities recognized for excellence are part of an ADA-assisted public affairs effort.

The gold award for internal communications: The NMDA and consultant agency DW Turner created and implemented statewide grassroots training to educate members on the Brighter Smiles for New Mexico campaign ("www.nmdental.org"), and other issues includ-



Award winners: Accepting the Cumbre Awards are (from left) Mark Moores, New Mexico Dental Association executive director; Laura Drangmeister, director of the consultant DW Turner; and Dr. Robert Manzanares, NMDA president-elect.

ing Medicaid cuts, tax increases, workforce expansion, the environment, a feasibility study to determine need for a dental school and the first New Mexico Mission of Mercy event scheduled for Oct. 15-16. Members also learned how to contact their state representatives and make their voices heard on professional issues.

The silver award for media relations: The NMDA and DW Turner received significant media coverage for Give Kids A Smile and National Children's Dental Health Month activi-

ties. DW Turner interviewed participating member dentists and developed news releases for six communities to inform news coverage in all six markets. The NMDA received positive feedback from member dentists who participated.

The New Mexico Dental Association expects to extend grassroots training to even more dentists in 2010 and will focus media relations on public education about the Brighter Smiles for New Mexico campaign. ■

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New best practice approaches

Reports cover school-based oral health programs, early childhood caries

The Association of State and Territorial Dental Directors Best Practices Committee has released two new reports covering best practice approaches to early childhood caries and school-based oral health programs.

The new reports, available on the ASTDD website, were developed in collaboration with the ASTDD School and Adolescent Oral Health Committee and the Children's Dental Health Project.

The ASTDD Best Practices Project promotes best practices for state, territorial and community oral health programs. Best Practice Approaches reports are designed to help programs develop their best practices within the context of their environment and facilitate achieving Healthy People 2010 Oral Health Objectives and meeting the National Call to Action to Promote Oral Health.

Best Practice Approach reports include public health strategies for state and community oral health programs that are supported by research, expert opinion, field lessons and theoretical rationale for impact and effectiveness. Best practice approaches may have different but successful implementation methods, such as program activities and operations, which emphasize efficiency, sustainability, collaboration or integration.

State and community success stories are also available online to illustrate successful implementation of best practice approaches.

For more information, log on to "www.astdd.org". ■

A look at the ADA State Public Affairs Program

The ADA State Public Affairs Program works with state dental societies to develop and implement strategies for "effective advocacy" and "position" in the public policy arena.

Established in 2006 and operational in 2007, the SPA invites state dental societies to apply to the program annually for public affairs support. Volunteer leaders, member dentists, are involved in almost all phases of the SPA, and the ADA Board of Trustees and House of Delegates receive reports on the program. See also American Dental Association Strategic Plan: 2007-2010 PDF at "www.ADA.org". ■

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HHS initiatives listed

BY CRAIG PALMER

Washington—Presented here is a summary of the Health and Human Services Oral Health Initiative 2010 activities related to multiple HHS agencies and the National Academy of Sciences Institute of Medicine.

Head Start Dental Home Initiative

The HHS Office of Head Start has awarded a five-year, \$10 million contract to the American Academy of Pediatric Dentistry to establish a

Government

national network of dental homes for Head Start and Early Head Start children.

This initiative will use a public-private partnership to develop a national infrastructure focused on recruiting and supporting pediatric dentists and general dentists from public and private sectors to serve as dental homes for young, racially and ethnically diverse children at high

risk for dental disease.

The Head Start-AAPD partnership will offer parents, caregivers and Head Start staff the latest evidence-based information on how they can help prevent tooth decay and establish a foundation for a lifetime of oral health. The AAPD is recruiting and training private sector pediatric and general dentists in optimal oral health care practices for working with high-risk populations, such as Head Start's.

(Administration for Children and Families;

HHS contact Robin Brocato at "robin.brocato@acf.hhs.gov")

National Oral Health Surveillance Plan

The National Institute of Dental and Craniofacial Research and CDC's Division of Oral Health have launched an effort to enhance the nation's oral health surveillance data capability and develop a long-range plan for surveillance of oral diseases, conditions and behaviors. There has never been a comprehensive national oral health surveillance plan, HHS said.

This project starts a process that aims for a coordinated and integrated approach for data that is "vital" to create an oral health "report card," track oral health inequalities, initiate public health action and guide state- and national-level policy to improve oral health. Better use of data and dissemination of findings are important aspects of this initiative.

Initial steps involve convening a panel of experts to examine the characteristics of current oral health surveillance, discuss the spectrum of data needed and suggest strategies; prioritize and create a plan of action, and develop a memorandum of understanding to facilitate and guide the work and outline areas of responsibility.

(Centers for Disease Control and Prevention and National Institutes of Health; HHS contact Dr. William Kohn at "wak8@cdc.gov", Dr. Isabel Garcia at "garcial@mail.nih.gov" or Dr. Bruce Dye at "bfd1@cdc.gov".)

Review of Innovative State Medicaid Dental Programs

The Centers for Medicare & Medicaid Services has begun a review of state-reported dental data and requested input from external partners

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Initiative

Continued from page one

The Association is participating in the 2020 goal-setting effort and commended HHS for emphasizing oral health goals to emphasize oral health. The ADA said the decennial campaign has inspired "highly effective collaborations" since its 1990 inception.

The Oral Health Initiative 2010 "utilizes a systems-approach to create and finance programs" to emphasize oral health promotion/disease prevention, increase access to care, enhance oral health workforce and eliminate oral health disparities, HHS said.

The initiative includes activities under way or in development and involves multiple HHS agencies and the National Academy of Sciences Institute of Medicine (See story, this page.):

- Head Start Dental Home Initiative;
- National Oral Health Surveillance Plan;
- Review of Innovative State Medicaid Dental Programs;
- National Study on an Oral Health Initiative;
- National Study on Oral Health Access to Services;
- Early Childhood Caries Initiative;
- Clinical and Translational Science Program;
- Cultural Competency E-learning Continuing Education Program for Oral Health Professionals;
- Oral Health as Part of Women's Health Across the Lifespan.

HHS agencies involved in the initiative include the Administration for Children and Families, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, Office of Minority Health and the Office on Women's Health.

"This new effort seeks to improve coordination and integration among programs to maximize outputs," says HHS Oral Health Initiative 2010. ■

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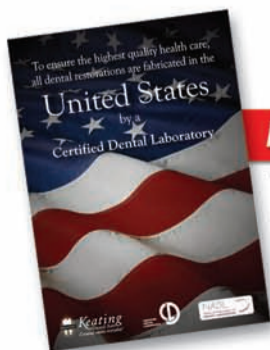


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to help CMS identify Medicaid dental programs of interest. The review includes dental programs that have implemented innovative strategies that increased access to dental care.

Information is being gathered from reviews performed in eight states with innovative practices and/or higher dental utilization rates. CMS will share information from these reviews with other states for the purpose of improving the overall delivery of dental services throughout all Medicaid programs. The focus area: increase access to care and eliminate oral health disparities.

"CMS considers access to dental care for our beneficiaries a priority," says the HHS initiative.

(Centers for Medicare & Medicaid Services; HHS contact Dr. Conan Davis at "conan.davis@cms.hhs.gov".)

National Study on an Oral Health Initiative

The National Academy of Sciences Institute of Medicine will assess the current oral health care system, examine preventive oral care interventions, their use and promotion, explore ways of improving health literacy for oral health, and review elements of a potential Department of Health and Human Services oral health initiative.

"The 'Initiative' study will assess the current oral health system, taking into account recent evaluations and prior recommendations; examine preventive care interventions, their use and promotion, including greater health literacy; and review elements of a national oral health initiative encompassing regulations, statutes, programs, research, data, financing and policy," says the HHS description of the IOM study.

"A final report and recommendations to the Department will be available in draft form on March 31, 2011. The report will propose short-term and long-term activities for the Secretary of HHS and the HRSA administrator to consider implementing an HHS Oral Health Initiative; include a strategic plan and a way to evaluate and support an oral health initiative; and recommend messages and a strategy to increase the visibility of existing HHS oral health activities and improve awareness of oral health services available to the public."

(Health Resources and Services Administration; HHS contact Jeffery Johnston at "jjohnston@hrsa.gov".)

National Study on Oral Health Access to Services

The National Academies' National Research Council and Institute of Medicine through collaborative efforts between the Board on Children, Youth and Families and the Board on

HRSA seeks grant reviewers

BY CRAIG PALMER

The ADA Council on Access, Prevention and Interprofessional Relations cited a recent Health Resources and Services Administration appeal for grant reviewers as an opportunity for private practice dentists and members of other ADA councils.

HRSA, an "access agency" within the U.S.

Department of Health and Human Services, called for reviewers ("www.hrsa.gov/grants/reviewers") with experience in health professions training, HIV/AIDS, maternal and child health, organ transplantation, primary care for underserved people and rural health. Grant reviewers help select programs for HRSA support from competitive groups of applicants.

"As private dental practitioners interfacing more and more with the public sector, this experience could be very informative, especially for those dentists working within, volunteering for, or advising federally funded programs," said Dr. Steven P. Geiermann, CAPIR senior manager for access, community oral health infrastructure and capacity.

Council on Government Affairs members have served as reviewers of grants for federally qualified health centers, which are also funded through the HRSA. ■

Health Care Services will study the oral health system of care with particular focus on issues that disproportionately impact the underserved who are most vulnerable to oral disease and the public and private safety net providers intended to serve them.

The access study will assess the current U.S. oral health system of care, exploring its strengths, weaknesses and future challenges; describing a desired vision for how oral health care for these populations should be addressed by public and private providers focusing on safety net programs serving populations across the lifecycle specifically women and children.

A final report and recommendations will be issued by Aug. 29, 2011.

(Health Resources and Services Administration; HHS contact Dr. Mark Nehring at "MNeiring@hrsa.gov".)

The Early Childhood Caries Initiative

Dental caries is a significant problem for American Indians and Alaska Natives of all ages but the magnitude of the problem is greatest among very young children. To reduce the burden of dental disease, age-specific prevention programs must be developed and targeted at those at highest risk.

The IHS Division of Oral Health developed and is implementing and expanding the reach of an Early Childhood Caries Initiative to promote prevention and early intervention of dental caries in young children through an interdisciplinary approach.

The initiative includes early oral health assessments by community partners such as Head Start; the Women, Infants, and Children Program; nurses, physicians and community health representatives; fluoride varnish application by these community partners and dental teams; dental sealants on primary teeth at an early age by dental teams; use of interim therapeutic

restorations to reduce the need for children to go to an operating room to receive dental treatment; and establishment of a national oral health surveillance system to measure the initiative's impact.

(Indian Health Service; HHS contact Dr. Chris Halliday at "Christopher.halliday@ihs.gov".)

Clinical and Translational Science Program

The NIH National Center for Research Resources is supporting and promoting an effort to build a national dental consortium research infrastructure network. The American Recovery and Reinvestment Act of 2009 provided funding for development of a Web-accessible clinical research toolkit to be used by investigators to facilitate the standardization of dental research across the consortium of dental schools/programs.

The nation's progress against oral disease will be accelerated by rigorous clinical studies whose outcomes have the potential to fundamentally change dental practice and improve oral health, says the HHS initiative.

This project, part of NCRR's clinical translational science award program, will help ensure that new discoveries lead to improved public health by reducing the time it takes for laboratory discoveries to become treatments for patients, engage communities in clinical research, and train future clinical and translational researchers.

(National Institutes of Health; HHS Contact Dr. Renee Joskow at "Joskowr@mail.nih.gov".)

A Cultural Competency E-learning Continuing Education Program for Oral Health Professionals

In response to "the pervasive nature of oral health disparities," the HHS Office of Minority Health will launch a cultural competency e-learning oral health continuing education program in

2010 that will target oral health disparities.

This Web-based project will be evidence-based in nature and will include needs assessment focus groups, extensive literature reviews and the input from experts in the field who will serve on a national project advisory committee.

The OHM has developed a cultural competency training program in an effort to ensure that all people entering the health care system receive "equitable and effective treatment."

(Office of Minority Health; HHS contact Guadalupe Pacheco at "guadalupe.pacheco@hhs.gov".)

Oral Health as Part of Women's Health Across the Lifespan

The Office on Women's Health has developed "www.womenshealth.gov" and "www.girlshealth.gov" as "two of the most reliable online and offline information resources on women's and girls' health." Neither website represents commercial interest and both provide information on a wide range of health issues.

"In its new role supporting the HHS Oral Health Initiative, the Office on Women's Health will set out to change the perception of oral health's impact on overall health by incorporating accurate oral health information into existing OWH educational programs for health professionals and the public.

"Avenues for enhanced messaging include the OWH national network in support of the Text4baby (Healthy Mothers, Healthy Babies) initiative, National Women's Health Week, BodyWorks and Best Bones Forever Programs, and the Quick Health Data Online toolkit. OWH also will work with regional programs to highlight oral health activities."

(The Office on Women's Health; HHS contact Dr. Marian Mehegan at "marian.mehegan@hhs.gov".) ■

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FBI seeks fugitive couple

BY KELLY SODERLUND

Boston—Only Osama bin Laden has a higher reward for his capture.

James “Whitey” Bulger, 80, was the leader of the Winter Hill gang, a crime syndicate in Boston, directing extortions, murders, narcotics distribution and trafficking. People have speculated that the Jack Nicholson character in the Oscar-winning Martin Scorsese movie, “The Departed,” draws parallels to Mr. Bulger.

“He pretty much took over the city and also

Law

worked hand in hand with La Cosa Nostra,” said Richard Teahan, supervisory special agent for the Boston Federal Bureau of Investigation.

What does Mr. Bulger have to do with dentistry? Well, Mr. Bulger, who is among the 10 most wanted people in the United States, has been on the run for 15 years and is believed to be travel-

ing with his girlfriend—a former dental hygienist.

Not only is Catherine Greig, 59, a licensed dental hygienist in Boston, but it’s believed she has several porcelain dental implants and has her teeth cleaned every month. Mr. Teahan describes Ms. Greig as “extremely vain about her appearance” and said she’s been a fugitive since 1997.

The Boston FBI wants the dental community’s help, and they’re especially interested in finding Ms. Greig.

“We’re trying to reach as many dentists as possi-

ble throughout the nation,” Mr. Teahan said. “This is a way for developing leads for us in locating both her and Bulger.”

By placing photos and information about Mr. Bulger and Ms. Greig in the ADA News (FBI poster, page 13), the FBI is hoping a dentist who may have cleaned Ms. Greig’s teeth will recognize her and contact the authorities.

“Based on her pattern of living prior to flight, she was extremely concerned about her teeth,” Mr. Teahan said.

Ms. Greig is wanted for a harboring charge for aiding and abetting a fugitive. Mr. Bulger is being sought for his role in numerous murders committed from the early 1970s to the mid-1980s.

Mr. Bulger has a Boston accent, pronouncing words such as “idea” as “idear” and “mother” as “mothah,” said Gail Marcinkiewicz, special agent and media spokeswoman for the Boston FBI. He is known to have a violent temper and always carry a knife.

Ms. Greig is white, 5 feet 6 inches tall and weighs between 130-150 pounds. Mr. Bulger is also white, stands 5 feet 7 to 5 feet 9 inches tall, has white or silver hair and blue eyes and weighs around 150-160 pounds.

The FBI website describes Mr. Bulger as an avid reader with an interest in history, frequenting libraries and historic sites. He may be taking heart medication and maintains his physical fitness by walking on beaches and in parks with Ms. Greig.

The couple love animals and Mr. Bulger has been known to alter his appearance through disguises.

There’s a reward of up to \$2 million for anyone who provides information that leads to Mr. Bulger and Ms. Greig’s location. Those with any information about the couple should call 1-617-742-5533 or e-mail “findwhitey@ic.fbi.gov”.

Editor’s note: The ADA Division of Legal Affairs here addresses the FBI’s statement on page 13 concerning the Health Insurance Portability and Accountability Act:

The FBI notice on page 13 of the ADA News states that “disclosing that you have treated these individuals would not violate the privacy protections of the Health Insurance Portability and Accountability Act (HIPAA), Title 45, Code of Federal Regulations, Section 164.512(f)(2).” Under specified circumstances, this section of the HIPAA Privacy Rule permits a covered entity to disclose certain limited protected health information (PHI) to law enforcement officials without an individual’s written authorization.

According to the U.S. Department of Health and Human Services website, “<http://www.hhs.gov/ocr/privacy/hipaa/faq/permitted/law/505.html>”, disclosures for law enforcement purposes are permitted to “respond to a request for PHI for purposes of identifying or locating a suspect, fugitive, material witness or missing person; but the covered entity must limit disclosures of PHI to name and address, date and place of birth, social security number, ABO blood type and Rh factor, type of injury, date and time of treatment, date and time of death, and a description of distinguishing physical characteristics. Other information related to the individual’s DNA, dental records, body fluid or tissue typing, samples, or analysis cannot be disclosed under this provision, but may be disclosed in response to a court order, warrant, or written administrative request.”

For a more complete understanding of the conditions and requirements for such disclosures, visit the HHS website to review the exact regulatory text at 45 CFR § 164.512(f)(2).

In addition to HIPAA, covered entities must also comply with certain applicable state privacy laws, including those that are more stringent than HIPAA. Dental practices that are not HIPAA-covered entities must comply with applicable state law regarding the privacy of patient information. Violating privacy laws can result in potential liability, including significant monetary penalties. Dentists are strongly encouraged to consult legal counsel prior to disclosing information about a patient to a law enforcement official. ■

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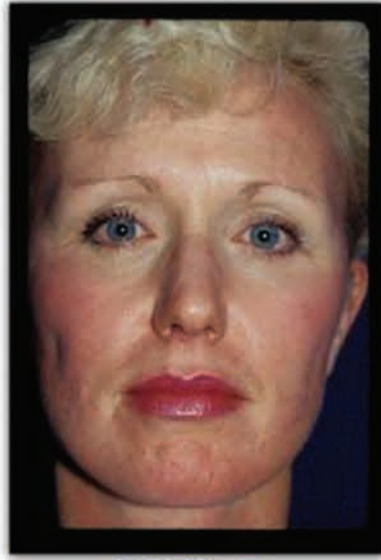
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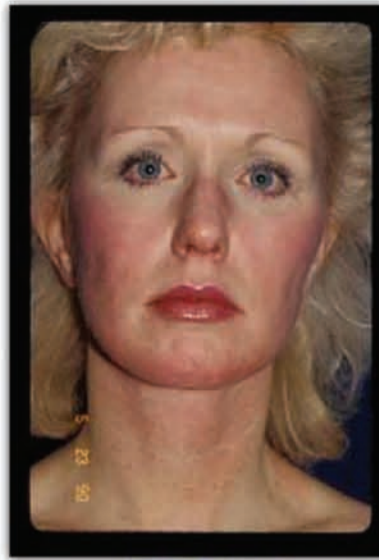
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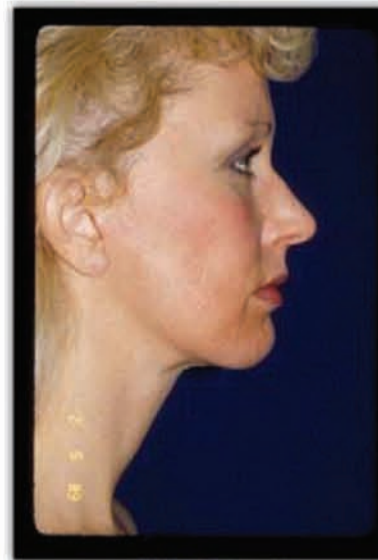
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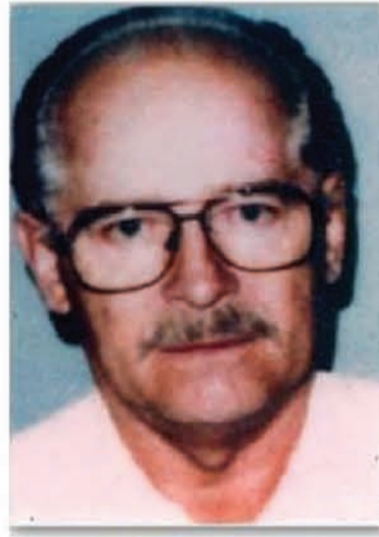
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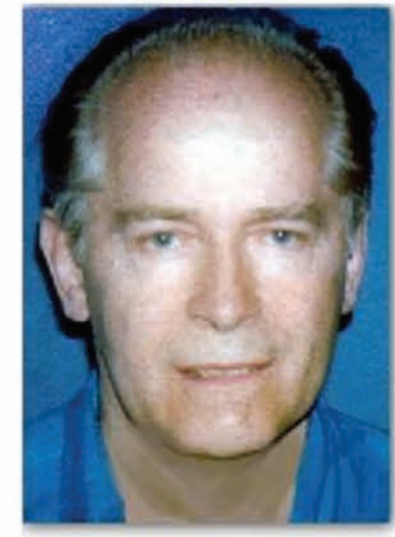
1982 Photo



1996 Photo



1994 Photo



1980's Photo

The above photographs depict **JAMES "Whitey" BULGER** and **CATHERINE ELIZABETH GREIG**. The above photographs are dated, as BULGER and GREIG have been on the run together since 1995. BULGER and GREIG are fugitives from the Boston, Massachusetts area. BULGER has been charged with committing 19 murders in the Boston area, and is an **FBI Top Ten Most Wanted Fugitive**. There is a \$2 million reward for anyone who provides information that leads to their location. [There is a 21 year age difference between the two of them.](#)

GREIG was formerly a **licensed dental hygienist** in Boston. GREIG was known to have several **porcelain dental crowns** and have her teeth cleaned on a monthly basis. It is also possible that GREIG acquired porcelain dental implants since becoming a fugitive.

GREIG is further described as: White/Female, DOB: 04/03/1951, Age: 59, Height: 5'6", Weight: 130-150 lbs. BULGER is further described as: White/Male, DOB: 09/03/1929, Age: 80, Height: 5'7" to 5'9", Weight: 150-160 lbs.

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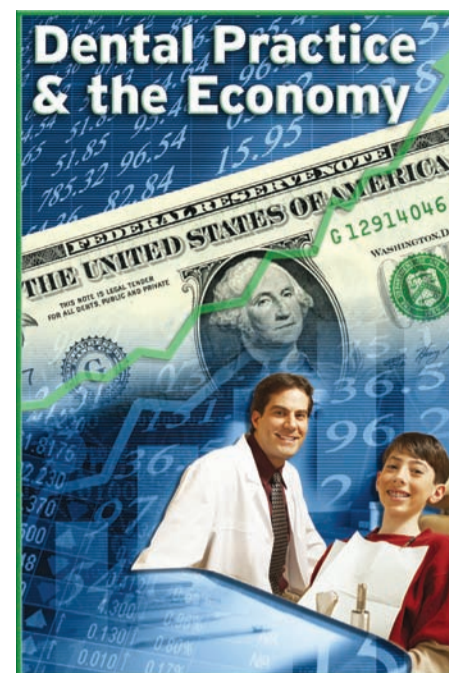
Patient financing options explored

Editor's note: This is the first in a three-part series educating members about patient financing. Part one focuses on the benefits to the dental practice.

BY KELLY SODERLUND

From the patient's point of view, the cost of a dental procedure can be a little less daunting with more time to pay.

In this economy, consumers are less willing to put more debt on their regular credit card and don't always have money on hand to shell out for a one-time payment. Many dental patients have



also lost their insurance or have weaker coverage than in years past, prompting them to offset extra costs from their own wallets or opt out of recommended health procedures.

These circumstances and a willingness to make dental expenses easier on patients are why many dental practices are offering patient financing services. These types of programs were thriving before the economy tanked, but a weaker economic climate gave dentists even more of an incentive to offer patient financing to their patients.

Allowing patients to finance their bills through a third-party company allows dentists to be paid for their services in a timely fashion. It also allows patients the time to spread out the payments so it's not a huge strain on their budgets. It can work similarly to a department store credit card, and patients can find out on the spot how much credit they're allotted.

Doctors have found patients are more willing to take advantage of elective or necessary procedures; they spend fewer resources on in-house billing; and are able to preserve a positive doctor/patient relationship, according to Dave Fasoli, president and CEO of CareCredit, the largest player in the patient financing sector among dentists, holding about 64 percent market share.

"What we hear from consumers is if they owe the dentists money and sometimes they're behind, they're sometimes less likely to go to that follow-up care than if the debt was associated with a third party," Mr. Fasoli said.

About 130,000 medical practices utilize CareCredit, with 85,000 being dentists, Mr. Fasoli said. Other companies like Citibank also offer patient financing services for dental practices.

Doctors will typically approach patients with a financing plan after they diagnose what procedures need to be performed, said Kay Valentine, office manager for Dr. Gary Llewellyn, a dentist practicing in Indianapolis, who contracts with CareCredit. The patient then meets with a treatment coordinator, and they work on a plan that fits within the patient's budget, and they're given options for how to make it work, Ms. Valentine said.

"It's just like if you were going to go to Sears and apply for a credit card," Ms. Valentine said. "They tell you right there on the spot if you were approved."

Once the patient figures out how much money he or she is allowed to finance, a payment schedule is developed. They can finance their treatment at no interest anywhere from six to 24 months or do an extended payment plan up to 60 months with a competitive interest rate, Ms. Valentine said.

CareCredit pays the dentist, and the patient pays the company. CareCredit is the only patient financing company endorsed by ADA Business Resources.

DentalBanc, a Chattanooga, Tenn.-based
See FINANCING, page 16

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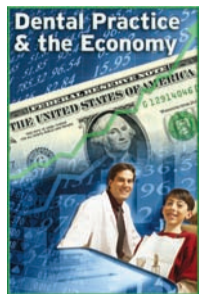
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Financing



Continued from page 14
company, offers an alternative way for patients to finance their bills. DentalBanc acts as a collection agent for dentists and helps them establish patient financing within their offices, said Marla Merritt, director of sales and marketing for DentalBanc.

Dentists purchase a credit recommendation from DentalBanc, which will state what each patient's risk is; whether they are likely to pay

their bill on time or default on their payments, Ms. Merritt said. Based on the rating, DentalBanc recommends a payment plan and timeline for the patient, she said.

If the doctor decides the patient warrants a financing schedule, DentalBanc will electronically draft money from the patient's credit card or checking account on a monthly basis. If the person isn't able to pay, DentalBanc does the grunt work of contacting the patient, Ms. Merritt said.

"We do all the patient interaction, but we're not guaranteeing the funds, and we're not providing the funds up front," Ms. Merritt said. "It's not creating extra work for the dental staff, because we are totally managing it."

More than 2,000 dental practices utilize DentalBanc, Ms. Merritt said. Among all the dental and orthodontic practices the company contracts

with, DentalBanc maintains a 99 percent success rate in collecting the funds within 30 days of the original due date, she said.

Citibank offers flexible payment plans through its Citi Health Card program, which supplies consumers who qualify with a credit card dedicated to health care needs.

"The biggest obstacle to treatment acceptance is often affordability, so patients/clients value the flexibility of low monthly payments and no down payment. Plus, it can be used as needed for additional treatments and other family members, up to their credit line," according to the Citibank website. ■

—soderlandk@ada.org

Part two of the ADA News' patient financing series, scheduled to appear this summer, will discuss the criteria for choosing patient financing programs.

Dr. Paul Homoly communicates on case acceptance via ADA CE Online

In "Making it Easy for Patients to Say Yes," a continuing education course available on ADA CE Online, Dr. Paul Homoly discusses communication techniques that could be used by the dental team when it comes to case acceptance by patients, including the importance of discussing budget and financing with the patient prior to treatment.

Dr. Homoly's course is at "www.adaceonline.org". Special pricing is available for ADA members and dental team members. ■

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Annual water reports available soon

Between now and July 1, water suppliers nationwide will be supplying consumers with annual Water Quality Reports or Consumer Confidence Reports—giving dental professionals the opportunity to check on the status of their community's water—and in particular—its fluoride levels.

"In some instances, this may be the only notice that something has changed," said Dr. Leon Stanislav, member of the ADA Council on Access, Prevention and Interprofessional Relations and chair of the National Fluoridation Advisory Committee.

"That change may very well be the discontinuance of fluoridation and it may only be in fine print. It should be in a range close to 1 ppm (part per million) or 1 milligram/liter. Sometimes utilities, especially private utilities, have a change in policy that may be influenced by antifuoridation activity, economic reasons, supply or other issues. Just be sure to take a close look."

The reports, which detail quality and content of water may be mailed to consumers' homes (often with the water bill), published in local newspapers or posted online.

Water systems are required by the U.S. Environmental Protection Agency to issue these annual reports.

For more information or to view selected CCRs, log on to the EPA website at "www.epa.gov/safewater/ccr/index.html" or visit the Centers for Disease Control and Prevention website to check on local water system fluoridation status at "http://apps.nccd.cdc.gov/MWF/Index.asp".

Or contact the local water supplier or the local, county or state health department for more information about the fluoride content of your water system's water.

For more information on fluoride and fluoridation, visit "www.ada.org/goto/fluoride". ■

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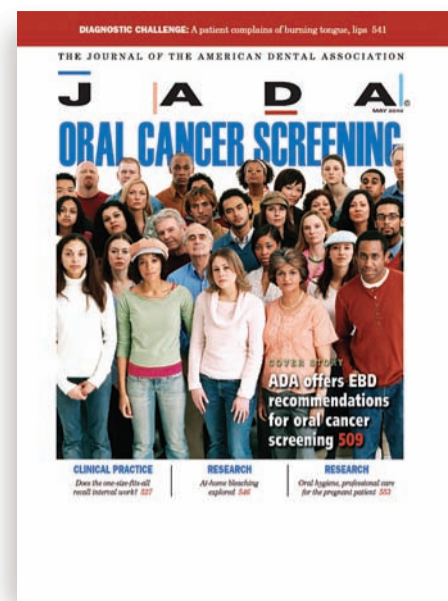
ADA unveils oral cancer EBD recommendations

BY JENNIFER GARVIN

A panel convened by the ADA Council on Scientific Affairs explored the potential benefits

and risks of screening for oral squamous cell carcinomas and the use of screening aids to detect malignant or potentially malignant oral lesions.

The panel's findings are published as the cover story in the May edition of The Journal of the American Dental Association.



"Evidence-Based Clinical Recommendations Regarding Screening for Oral Squamous Cell Carcinomas" were developed by a CSA expert panel convened in April 2009, and join similar recommendations on topical fluoride and sealants as the Association's only evidence-based recommendations.

Though EBD recommendations do not represent a standard of care, the CSA hopes practitioners will use the recommendations as a resource in their clinical decision-making process alongside a clinician's judgment and experience in the context of a patient's individual needs.

The panel worked with ADA Center for Evidence-Based Dentistry staff and assessed five systematic reviews and four clinical studies as a basis for developing the recommendations. They addressed whether or not screenings help reduce morbidity and mortality, and whether or not oral cancer detection devices aid in detecting potentially malignant or malignant lesions.

The panel concluded that while oral cancer
See JADA, page 20

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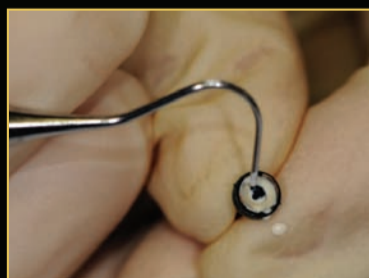


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ADA plans oral cancer CE course for Orlando

Orlando, Fla.—The ADA will address oral cancer and oral cancer screening during a course sponsored by the ADA Council on Scientific Affairs and The Journal of the American Dental Association at annual session in Orlando.

Moderators are Dr. Daniel Meyer, senior vice president, ADA Division of Science and Professional Relations, and Dr. Michael Glick, JADA editor.

The no-fee course (Code 5329) is scheduled for Oct. 9 from 1-2:30 p.m. and participants will earn 1.5 continuing education credits.

At the end of the course, participants will be able to:

- understand differing views on oral cancer and oral cancer screening;
- share the newest developments on oral cancer screening and treatment;
- provide comprehensive oral cancer information to dental patients.

For more information about CE at annual session, visit "www.ada.org/goto/session". ■

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(1) Holt J, Sturm D, Master A, Jenkins W, Schmitt P, Hefti A. A randomized, parallel-design study to compare the effects of the Sonicare FlexCare and the Oral-B P40 manual toothbrush on plaque and gingivitis. *Comp Cont Dent Educ.* 2007;28. (2) Milleman J, Putt M, Jenkins W, Jinling W, Strate J, data on file, 2009. (3) Heasman PA, McCracken GI, De Jager M. Changes in localized gingival recession with manual and powered toothbrushes. *J Dent Res.* 2009;88 (special issue A):3505. Oral-B, Triumph, and SmartGuide are trademarks of The Procter & Gamble Company.



Dr. Rethman: "There's an incredible need for more research on this topic."

ADA, Forsyth team up for EBD course

BY JENNIFER GARVIN

Boston—On the heels of last year's successful inaugural course, the ADA Center for Evidence-Based Dentistry and Forsyth Institute are again teaming up to host an interactive evidence-based dentistry course Sept. 27-Oct. 1 at the Forsyth Institute.

The course is open to all dentists, dental team members, educators, researchers and other professionals involved in dentistry and will once again be led by Dr. Richard Niederman, director, Center for Evidence-Based Dentistry at the Forsyth Institute, and Dr. Derek Richards, director, Center for

Health&Science

Evidence-Based Dentistry at Oxford University.

The weeklong course links the ADA Center for EBD initiatives with the Forsyth Institute's scientific research and will cover the primary aspects of evidence-based dental practice, including:

- asking precise, structured clinical questions;
- finding the best evidence via laptop computer;
- rapid critical reading and appraisal;
- implementing best evidence in clinical practice and teaching;

• clinical statistics made simple: using statistics in practice and teaching;

• using evidence-based clinical guidelines, recommendations and systematic reviews;

• understanding clinical trial design (therapy, diagnosis and qualitative assessment);

• how to navigate the ADA EDB website to find critical summaries of systematic reviews.

In a survey of last year's course, 95 percent rated it "excellent," and many of the accompanying comments proclaimed the ADA/Forsyth Course to be the "best course I have had."

One participant enthused, "this course will

JADA

Continued from page 18

screenings may detect potentially malignant and/or malignant lesions, clinicians are urged to remain alert for signs the lesions may become cancerous or early stage cancers while performing routine visual and tactile examinations in all patients, particularly those who use tobacco or consume alcohol heavily.

"What's most important is that this (review) points to the need for more research on the natural history of squamous cell carcinomas in the mouth and the epidemiology of oral cancer," said Dr. Michael Rethman, CSA chair. "We still don't understand the answers to a lot of fundamental questions like the progression of the disease and whether intervention helps. It's plausible that early diagnosis helps, but we don't even know that," he added.

"There's an incredible need for more research on this topic," he added.

For more information about the ADA's clinical recommendations, visit "<http://ebd.ada.org>".

To see the May issue of JADA, go to "<http://jada.ada.org>". ■

—garvinj@ada.org

Four questions considered in EBD oral cancer effort

In developing the evidence-based clinical recommendations for oral squamous cell carcinomas, the ADA Council on Scientific Affairs considered the following questions:

• Does screening through visual and tactile examination performed by a dentist reduce morbidity and mortality resulting from potentially malignant or malignant lesions?

• Does the use of the following adjuncts (autofluorescence, tissue reflectance and transepithelial cytology) by a dentist, in conjunction with visual and tactile examination, reduce morbidity and mortality from oral cancer to a greater extent than that experienced with visual and tactile examination alone?

• In comparison with visual and tactile examination alone, do the currently available oral cancer detection devices enhance the diagnostic properties (such as sensitivity, specificity, positive and negative predictive values) in detection of potentially malignant or malignant lesions?

• Are there specific population subgroups—defined by age, sex, ethnicity, risk factors or other characteristics—in which oral cancer screening has relatively high positive and negative predictive values, resulting in detection of potentially malignant or malignant oral lesions? ■

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forever change how I do research” and a clinician participant said, “I am learning with a greater sense of confidence in my ability to practice EBD.”

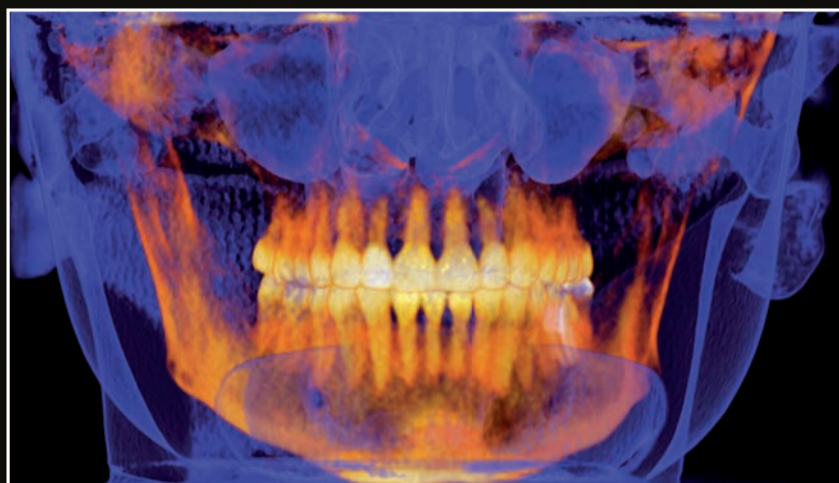
The course is limited to 30 participants and the deadline for applications is Aug. 1. All interested candidates are asked to fill out an online questionnaire that may be accessed at “<http://ebd.ada.org>”. Applications will be reviewed on a rolling admission process and all accepted applicants will be notified no later than Aug. 1. The cost for the course is \$2,500, with ADA members receiving a 20 percent discount, and participants are responsible for their travel and housing expenses.

For more information, visit “<http://ebd.ada.org>” or contact Julie Frantsve-Hawley, director of the ADA Center for EBD, by e-mail at “frantsvej@ada.org” or by calling the ADA’s toll free number, Ext. 2519. ■



EBD at NYU: From left, Sundaralingam Pre-maraj, Susan Tierney, Shabnam Sabounchi, and Ahmed Elkhadem attend the March ADA Evidence-Based Reviewers workshop in New York.

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EBD hits the road

Workshops held in Louisiana, New York, Pennsylvania

BY JENNIFER GARVIN

Since receiving a grant from the National Library of Medicine and the National Institute for Dental and Craniofacial Research, the ADA Center for Evidence-Based Dentistry has held three ADA Evidence-Based Reviewers workshops across the country.

The workshops, in support of Grant Number G08 LM008956 from NLM and NIDCR, took place Nov. 19-20, 2009, at the Louisiana State University School of Dentistry; Jan. 13-14 at the Maurice H. Kornberg School of Dentistry at Temple University; and March 15-16 at New York University College of Dentistry.

As a result, some 60 participants learned how to critically appraise systematic reviews and in turn, write critical summaries of those reviews. They also committed to writing 10 critical summaries for future posting on the EBD website.

At NYU, Dean Charles Bertolami praised the program for assisting in his school’s mission.

“NYU College of Dentistry has committed itself to an evidence-based curriculum, which focuses on using the best available evidence, combined with clinical expertise and patient preferences, to inform clinical decision-making,” he said. “The recent workshop has advanced this initiative by strengthening participants’ ability to search for, read and interpret clinical practice guidelines, as well as individual research studies and systematic reviews summarizing findings from multiple clinical studies, with a view to learning how to translate those findings into clinical practice,” concluded Dr. Bertolami.

Said Dr. Amid Ismail, dean of the Temple University Kornberg School of Dentistry, “Our mission is to educate dentists with advanced clinical skills and knowledge who provide patient-centered care using evidence-based clinical protocols. The workshop not only provided faculty with access to a repository of current research on all facets of general and specialty dentistry, but also with a new philosophy of teaching for dental students and postdoctoral residents.

For more information about EBD, visit “<http://ebd.ada.org>”. ■

Dr. Sameroff appointed ADA CE Online editor

BY KAREN FOX

The ADA announced the appointment of Dr. Jeffrey B. Sameroff of Pottstown, Pa., as editor-in-

chief of ADA CE Online April 19.

"The ADA's CE Online's peer review process sets this program apart from its competition in

the dental community," Dr. Cyril Meyerowitz, chair of the ADA Council on Dental Education and Licensure, wrote in an appointment letter to Dr. Sameroff. "Your leadership will provide stability for the volunteer editorial board as it reviews courses for CE Online and identifies new content for the program."

A general dentist in private practice for 38 years, Dr. Sameroff has experience in organized dentistry and continuing education activities. From 2005-09 he was a member of the ADA Council on Dental Practice, and in that capacity served as a content reviewer for ADA CE Online and later became a member of its advisory board. As chair of the Pennsylvania Dental Association's Council on Dental Practice (1996-2000), Dr. Sameroff worked with state regulators to determine CE requirements for dental professionals.

ADA CE Online's user base grew 50 percent last year, and one of Dr. Sameroff's goals as editor-in-chief is to spread the word throughout the dental community about the benefits of online learning.

"I'd like to see more people take advantage of the program," he said. "This is a great opportunity for dentists and dental team members to take quality, convenient continuing education. I encourage everyone to go to the site and become familiar with it, maybe even take a free course. This is an outstanding member benefit."

A 2010 survey of practicing dentists shows that 94 percent would consider taking an online CE course through the ADA. There are usually limits on the number of units that can be taken online, said Dr. Sameroff, but online learning provides many opportunities that live CE cannot.

"For instance, in my practice we have office meetings in our practice once a month. Sometimes we offer a CE online program during these meetings."

Additionally, requirements for the Occupational Safety and Health Administration can be completed online, and dental assistants and hygienists can take a number of courses online during the day—which is a convenient option for unexpected openings in the daily schedule. (Courses for dental team members are marked "DT" on the website.)

Live CE, like courses offered at annual session and dental society conferences, is still Dr. Sameroff's personal preference, but online and live CE "both have their place," he said.

"I grew up on live CE; there was no CE online," he said. "As I became more computer literate, and worked with the council to review CE Online courses for the advisory board, I found online CE much easier to do."

"You can take courses at your own convenience,

there is no travel required, and you can stop and start as you like. It has a lot of advantages in today's world."

Dr. Sameroff has close interaction with new dentists through PDA's mentor program, and sees the distinct advantages of online CE delivery for new generations of dentists.

"New graduates have a lot of educational debt and are usually working part time or looking for a job. They have a need for CE requirements to keep their licenses up to date," he said. "A portion of that CE could be online, so I recommend that option to them. They can learn specific procedures, or take courses in practice management. Some courses are even free."

"Young dentists and dental students are so used to getting information online that this is an automatic option for them," added Dr. Tariq Javed, chair of the Council on Dental Education and Licensure's Committee on Continuing Education.

"By offering quality CE courses online, the ADA is meeting the demands of our members."

As editor-in-chief, Dr. Sameroff's long-term vision for ADA CE Online would be to provide users with course offerings that match topics they've already taken, and develop a master's educational program through collaboration with dental schools.

A past delegate and alternate to the ADA House of Delegates, Dr. Sameroff served on a number of ADA committees as part of his CDP appointment, including the JADA Editorial Review Committee, the Evidence-Based Dentistry Advisory Committee and the Dental Practice Model 2020 Committee.

He received his dental degree from the University of Pennsylvania School of Dental Medicine in 1971 and became the editor of the Bulletin of the Montgomery-Bucks Dental Society in 1977—a post he held for 19 years. Dr. Sameroff has served terms as president of the MBDS (1997-98) and Pennsylvania's Second District Dental Association (2004-05), and is the current secretary of the Pennsylvania Dental Association. He served as general chairperson of the Valley Forge Dental Conference in 1989 and 2008.

Dr. Sameroff is a member of the Pierre Fauchard Academy, the International College of Dentists and American College of Dentists. ■



Dr. Sameroff

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New courses sought for ADA CE Online

ADA CE Online offers a variety of clinical and practice management courses for dentists and members of the dental team. There are many convenient no-cost options, and courses are available 24 hours a day, 7 days a week at "www.adaceonline.org".

Dr. Tariq Javed, chair of the Council on Dental Education and Licensure's Committee on Continuing Education, is also encouraging faculty members and practicing dentists to consider developing new courses for ADA CE Online.

"This is a scholastic activity for faculty members and an outstanding opportunity to be associated with a credible, peer-reviewed educational website," said Dr. Javed, who is also a professor of periodontics and associate dean for academic and student affairs at the Medical University of South Carolina College of Dental

Photo by Steve Horne



Dr. Javed

Medicine. "Some may already have presentations and resources that are designed to be used for Web-based learning."

Dentists and faculty members who would like to develop new courses on ADA CE Online can e-mail

"ce_online@ada.org".

ADA CE Online offers special pricing for ADA members on fee-based courses. In addition, the ADA continues to offer many no-cost CE courses in difficult economic times.

Corporate sponsorships are also available. Call Ext. 2662 for more information. ■

Airway

Continued from page one

chose to administer minimal and moderate sedation was Advanced Cardiac Life Support. ACLS training, however, does not emphasize complications related to sedation, such as airway obstruction and respiratory depression.

When the ADA House of Delegates approved the new anesthesia guidelines documents, the ADA Foundation provided a grant for the development of a new CE course for dentists that would focus on proper monitoring and airway management and serve as a complement to ACLS training. The Anesthesia Research Foundation of the American Dental Society of Anesthesiology received the grant to develop the course.

The course faculty—Drs. Morton Rosenberg, Karen E. Crowley, James C. Phero and Daniel E. Becker—are some of dentistry's most distinguished experts in sedation and anesthesia. They also have expertise in a range of other relevant issues, including dental education, emergency management, pharmacology, simulation education and patient safety.

"For the American Society of Anesthesiologists class II and III patients, the preponderance of medical emergencies related to sedation and general anesthesia are related to difficulties with the airway," said ADA President Ron Tankersley, who participated in an ADSA simulation course for oral and maxillofacial surgeons earlier this month and called it a true learning experience.

"The course's pragmatic approach is relevant to what dentists actually do in their offices and, therefore, will maintain their interest," said Dr. Tankersley. "This practical approach should result in dentists retaining the important information and principles necessary for them to appropriately handle medical complications when they occur in their offices."

"This is going to be an important educational offering to enhance the profession and protect the public," said Dr. Rosenberg, professor of oral and maxillofacial surgery and associate professor of anesthesia at the Tufts University Schools of Medicine and Dental Medicine, and a member of the workgroup that developed the course. "This offering encourages dentists who are educationally qualified to continue to have the right and privilege to administer minimal and moderate sedation to dental patients."

The course the Anesthesia Research Founda-

Course emphasizes sedation, proper monitoring and airway management

The goal of Recognition and Management of Complications During Minimal and Moderate Sedation is to train the practicing dentist in the proper recognition and management of respiratory complications that may be associated with the use of moderate sedation. Particular emphasis is on proper monitoring and airway management.

There are two parts:

- Part I (three CE units) is an electronically mediated didactic component that participants will complete via independent study before taking Part II.

- Part II (five CE units) is a live, five-hour presentation consisting primarily of laboratory exercise and clinical simulations. Part II will be offered

three times at ADA Headquarters Oct. 28-29.

To take the course, participants must hold current certification in Basic Life Support at the health care provider level, which includes experience with bag-mask ventilation and automated external defibrillators.

Part I will be available on ADA CE Online ("www.adaceonline.org") in July.

To register for Part II, participants must have successfully completed Part I within the previous 6-12 months. Registration for Part II will take place on ADA.org in September. Attendance in Part II is limited.

Course fees have not been determined; however, ADA members will receive a discount rate on Parts I and II. ■

tion delivered to the ADA Foundation in 2009 was well-researched through two pilot courses and two proof of concept courses, Dr. Rosenberg added.

"It's very dynamic and kept changing as we came to understand the educational backgrounds and needs of dentists administering minimal and moderate sedation," said Dr. Rosenberg. "We learned a lot from the debriefing we did for pilot course participants."

"We were very honored to be chosen to develop this for the ADA," said Dr. Crowley, a workgroup member and an oral and maxillofacial surgeon in private practice in Londonderry, N.H. Dr. Crowley said she brought the private practitioner perspective to the course development.

"Members of the workgroup all had different experiences, and they all culminated in this course," she said. "We developed something that is academically sound and very practical."

Part I is an electronically mediated didactic component that participants will complete via independent study on ADA CE Online before taking Part II.

Part II consists of a pre-assessment, task training, high fidelity activities and a post-assessment. The task-training portion covers oxygen/ventilation, airway adjuncts, monitoring and drugs. The high fidelity activities use the Sim-Man manikins that are programmed with scenar-

ios on hypoventilation/apnea and obstruction (allergy/asthma). Participants work in teams first, then individually, to rescue their "patients."

"Overall, it's an arduous, intense course, but I think that patients are well-served by practitioners taking this as a baseline for sedation delivery," said Dr. Crowley.

"We're very encouraged about the ADA initiatives in patient safety regarding the need for our sedation practitioners to recognize and manage airway and ventilation rescue," said Dr. Phero, professor of clinical anesthesiology, pediatrics and surgery, University of Cincinnati Academic Health Center College of Medicine. Dr. Phero has served as faculty anesthesiologist at The University Hospital in Cincinnati for the past 31 years.

The contemporary approach to teaching a clinician to manage a critical situation begins with applying intellectual learning and task training, said Dr. Phero. But having the knowledge to manage a situation and being able to perform the tasks to manage the situation are two different things in a medical crisis.

"The ability to train for optimal performance in the team setting utilizing the resources of all the team members has been made possible by high fidelity simulators," said Dr. Phero, who is also vice chair of the Research Committee of the Society for Simulation in Health Care.

"The hands-on portion of the course features

technologically advanced high fidelity simulators that are programmed to mimic rare and difficult emergency health conditions and situations that a dentist administering minimal and moderate sedation might encounter in practice, such as loss of airway and asthma," said Dr. Phero. "These lifelike adult simulators teach the team to use all their knowledge and skills to produce a positive outcome, as would be done in the dental office."

The team-training concept is based on the way aviation pilots were trained in World War II, said Dr. Phero.

"The pilots were given a bad scenario in the cockpit, then they had to come up with a productive solution while working as a team," he explained. "One person does not have as good an outcome as when you have a team. Medicine adopted this approach and called it crisis resource management. The ADA course incorporates this format in a very powerful and meaningful manner for the participants."

The course workgroup credits Dr. Becker with developing the original curriculum for the course.

"Our original ADSA curriculum was a huge asset for developing the ADA course," said Dr. Becker, associate director of medical education for the general practice dental residency at Miami Valley Hospital in Dayton, Ohio. He also provides intravenous sedation services for dental practices in the Dayton-Cincinnati area.

"More and more dentists are beginning to utilize moderate sedation, and the ADA is to be commended for addressing the educational needs for this practice," said Dr. Becker, who would one day like to see principles of moderate sedation and the content of this course "appreciated as a required educational core in dental schools during undergraduate training."

Though, as Dr. Becker indicates, it's a logistical challenge to provide simulation training, the Council on Dental Education and Licensure's Committee on Anesthesiology is in the process of identifying course faculty and sessions for similar courses to take place beyond 2010.

"The teaching methods and technology used in this course address airway management more comprehensively than I've seen before," said Dr. Tankersley. "I congratulate the workgroup for so effectively bringing those elements together. This is an excellent example of the dental family working collaboratively to develop standards that are most appropriate for our profession." ■

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Common ground

National Oral Health Conference boosts public/private collaboration

BY STACIE CROZIER

St. Louis—With a focus on “Pursuing Excellence in Dental Public Health,” nearly 800 participants representing public health, dental public health, government, business, foundations and private practice gathered April 25-28 for the 2010 National Oral Health Conference.

The conference was presented by the Association of State and Territorial Dental Directors and the American Association of Public Health Dentistry; co-sponsored by the federal Health Resources and Services Administration and the Centers for Disease Control and Prevention; and supported by the ADA.



Photo by Dr. Eugenio Beltrán-Aguilar

Oral health initiative: Participants at the 2010 National Oral Health Conference April 26 in St. Louis listen during the opening plenary session, “The Refresh Button: HHS Leadership and the New Oral Health Initiative.”



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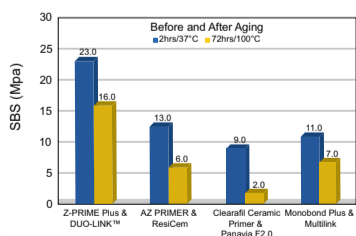
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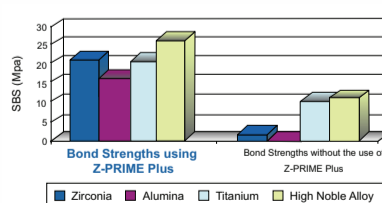
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“I am proud to reaffirm that the specialty of dental public health and all those who address the oral health needs of communities and the underserved are an integral part of our profession,” said ADA President Ron Tankersley during welcoming remarks at the conference. “Promoting greater public/private collaboration to strengthen the dental public health infrastructure and the dental safety net that it supports is fundamental to improving the oral health of the nation, particularly for those populations at highest risk for oral disease. The ADA is committed to increasing public awareness of the important relationship of oral health to overall physical health, promoting prevention as the cornerstone for good oral health, improving health literacy among providers and consumers, and improving access to care.”

Eighteen ADA leaders and staff attended the conference, some as presenters and some as participants, to focus on issues like health literacy, elder care, fluorides and fluoridation, access to care, collaborations with organized dentistry and more.

The conference offered more than 30 plenary and poster sessions, concurrent meetings and networking opportunities for more than 760 participants.

“I found the 2010 NOHC to be an outstanding event from start to finish,” said Dr. Nolan Allen, a member of the ADA Council on Access, Prevention and Interprofessional Relations and a private practice dentist in Clearwater, Fla. “The plenary sessions were very informative, and the one and one-half hour evidence-based continuing education offerings presented a wide variety of topics and speakers. Additionally, these events

See NOHC, page 26

GKAS grants presented April 13

Photos by www.greggibson.com



CORRECTION

The captions for the Give Kids A Smile grants in the May 3 ADA News erred in the description of donor and recipients. The photos with corrected captions are here.



TeamSmile: Dr. William Busch (left), TeamSmile, receives a \$15,000 grant from the ADA Foundation GKAS Fund during the GKAS Awards Gala April 13 in Washington. Representing the GKAS National Advisory Board and its committees are Candy Ross, Robert Henderson, Ph.D., and Steve Kess.



NDA: The National Dental Association receives a \$15,000 grant from the ADA Foundation Give Kids A Smile Fund during the GKAS Awards Gala. Pictured from left are Robert Henderson, Ph.D., ADA Foundation Board of Directors; Dr. Darrell Clark, NDA; Dr. Edward Chappelle, NDA; Steve Kess, ADA GKAS National Advisory Board chair; Dr. Hazel Harper, NDA; Dr. Belinda Carver-Taylor, NDA; Dr. Walter Owens, NDA; and NDA Executive Director Robert S. Johns.



HDA: From left, Dr. Ernie Garcia, ADA Foundation Board member; Robert Jones, vice president, Human Resources, GE Capital; Dr. Yolanda Bonta, executive director, Hispanic Dental Association; Cindy Hearn, GKAS National Advisory Board member; and Dr. Victor Rodriguez, HDA; are shown as the HDA receives a \$15,000 grant from the ADA Foundation GKAS Fund.



ADCF: Bruce Bergstrom (left), executive director, America's Dentists Care Foundation, receives a \$15,000 grant from the ADA Foundation GKAS Fund. Also shown are GKAS Advisory Board members Cindy Hearn and Steve Kess.



OHA: Dan Perkins, Oral Health America Board of Directors, and Beth Truitt, OHA president and CEO, receive a \$15,000 grant during the GKAS Awards Gala.

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Health literacy training, tools available

Atlanta—Health professionals looking for help responding to limited health literacy experienced by up to 9 out of 10 American adults today can log on to the Centers for Disease Control and Prevention website for a free training program.

“Health Literacy for Public Health Professionals Online Training” provides information and skills essential for health professionals to be more effective communicators, educators and service providers. Participants can readily begin using what they learn in the training in their everyday work.

The program, available 24/7 at any computer

with Internet access, takes 1.5-2 hours to complete and includes four modules offering knowledge checks, links to practical tools and resources and video clips. Specific learning objectives for the participants of this program include:

- obtaining background information on the concept of health literacy;
- recognizing the consequences of limited health literacy;
- determining who the stakeholders in health literacy are;
- recognizing the role of health literacy in meet-

ing core public health service goals;

- Applying lessons learned to improve health literacy;
- identifying practical strategies for improving health literacy.

Log on to “www.cdc.gov/Features/OnlineTraining” to access the program.

Another new resource available to health care providers, developed by the University of North Carolina at Chapel Hill for the Agency for Healthcare Research and Quality, is a health literacy toolkit.

The Health Literacy Universal Precautions Toolkit is designed to help adult and pediatric practices ensure that systems are in place to promote better understanding by all patients, not just those you think need extra assistance. The toolkit is divided into manageable chunks so that its implementation can fit into the busy day of a practice. It includes:

- quick start guide;
- path to improvement (six steps to take to implement the toolkit);
- 20 tools (two to five pages each);
- appendices with more than 25 resources such as sample forms, PowerPoint presentations and worksheets.

According to the AHRQ website, health literacy universal precautions refer to taking specific actions that minimize risk for everyone when it is unclear which patients have limited health literacy.

“Experts recommend assuming that everyone may have difficulty understanding and creating an environment where all patients can thrive,” according to the AHRQ. “Research suggests that clear communication practices and removing literacy-related barriers will improve care for all patients, regardless of their level of health literacy.

The toolkit can be downloaded at “www.ahrq.gov/qual/literacy”. ■

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NOHC

Continued from page 24

were staged so that attendees were able to visit the exhibit hall and network with colleagues throughout the day.”

Dr. Allen, a past president of the Florida Dental Association, is also a member of the ADA's National Elder Care Advisory Committee.

“The ADA and the public health community share common ground in the majority of issues covered at the conference,” said Dr. Gary Davis, CAPIR vice chair and a practicing dentist in Shippensburg, Pa. “The ADA wants to collaborate on these areas of common ground. The National Oral Health Conference is the ideal place to network, listen to diverse opinions and to begin the process of collaborating to develop shared solutions.”

Another CAPIR member, Dr. John Hanck, a general dentist in Fort Collins, Colo., was impressed with his first NOHC experience.

“It was almost like I discovered a parallel universe of people working hard to fight against decay and oral disease,” said Dr. Hanck. “Presenters used very much a data and research emphasis, and they offered best practices on topics like fluoride varnish, examining questions like, ‘Do they all work the same?’ and ‘Exactly how do they work?’ and ‘Does the resin inhibit the fluoride getting into the tooth?’ It was a very interesting approach. I really enjoyed it. It was amazing to see the amount of effort that’s being put in around the country to try to increase oral health and to decrease early childhood decay.”

CAPIR member Dr. A.J. Homicz, volunteer dental director at Families First Health Center in Portsmouth, N.H. and retired private practitioner, also attended the conference.

“It’s important that participants from all the stakeholder groups remember that addressing issues like access to care and oral health in communities will require organized dentistry to respond and for the private sector to adapt to new demands,” said Dr. Homicz. “The public and private can’t be separate. They must form a continuum that addresses the oral health needs of all populations.” ■

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Seminar Series to host conference June 25-26

The ADA is introducing its first Summer Seminar Series Conference, *Illuminate Your Practice and Embrace the Geriatric Patient*, June 25-26 at ADA Headquarters.

Featuring six distinguished ADA Seminar Series speakers, the event is designed to provide up-to-date continuing education on a range of topics for practicing dentists. Subjects include periodontal care, dental care for the aging baby boomer generation, optimal use of the Code in dental benefit scenarios, team-building and dental ethics.

Registration for the program began May 14.

Speakers include:

- Dr. Samuel B. Low—Successful Management of the Periodontal Patient (June 25, 9 a.m.-4 p.m.; six CE units). Professor of periodontology and associate dean for faculty practice and continuing education at the University of Florida College of Dentistry, Dr. Low maintains a practice in periodontics and is an advisory faculty member to the L.D. Pankey Institute. Incorporating quality periodontal care in the time-efficient practice creates a unique challenge. Dr. Low's program covers the decision-making process used in establishing periodontal therapy, which requires both the assessment of patient needs and personnel.

- Dr. Janet A. Yellowitz—Managing Older Adults in Your Practice (June 25, 9 a.m.-4 p.m.; six CE units). A past president of the Special Care Dentistry Association and American Society for Geriatric Dentistry, Dr. Yellowitz is director of geriatric dental programs at the University of Maryland Dental School. Older adults are a unique patient group with complex medical and cognitive conditions, and providing care can be facilitated through appropriate knowledge and skills. Dr. Yellowitz's program includes approaches to age-related physical changes and recognizing and working with cognitive impairments.

- Ben Bernstein, Ph.D.—Your Team is Your

Greatest Asset (June 26, 9 a.m.-noon; three CE units). A performance coach and psychologist specializing in stress reduction, Dr. Bernstein provides tools that can be used to create optimal team performance. With the dentist as its leader, a strong team creates enthusiastic relationships with patients and referral networks.

- Dr. Joe Hagenbruch and Dr. James G. Richeson Jr.—The Code Workshop (June 26, 9 a.m.-noon; three CE units). Dr. Hagenbruch is a general dentist and member of the ADA Council on Dental Benefit Programs who served as chair of CDBP's Subcommittee on the Code and an ADA representative to the Code Revision Committee. Dr. Richeson is a general dentist and past president of the District of Columbia Dental Society and Academy of General Dentistry, where he gained considerable experience with dental benefit programs, coding systems, quality assessment methodologies and cross coding.

The Code on Dental Procedures and Nomenclature enables dentists to maintain patient records, prepare claims and receive timely reimbursement for services. This workshop for dentists and staff members is an interactive session that features coding scenarios from actual clinical cases.

- Dr. Lillian Obucina—Ethics and the Law (June 26, 9 a.m.-noon; three CE units). A practicing dentist and attorney in Chicago, Dr. Obucina's program presents ethical dilemmas related to staff employment, advertising, patient billing and interaction with colleagues. Attendees will explore ethical and often legal implications of these situations.

Registration for the Summer Seminar Series Conference includes the selection of two seminars and one free course on ADA CE Online. Participants attending both days of the conference can earn up to 10 CE units, including one free online course.

Attendees can also sign up for an optional architectural cocktail cruise on the Chicago River and Lake Michigan that takes place June 25 at 6 p.m.

Registration forms for the Summer Seminar Series at ADA Headquarters and hotel reservation forms at Chicago's Affinia Hotel are available online at www.ada.org/4026.aspx.

Airline reservations can be made through United Airlines, the ADA's official airline (1-800-521-4041), or Best Travel, the ADA's official travel agency (1-800-745-6035).

Questions about the conference may be directed to Ext. 2908 or seminarseries@ada.org. ■



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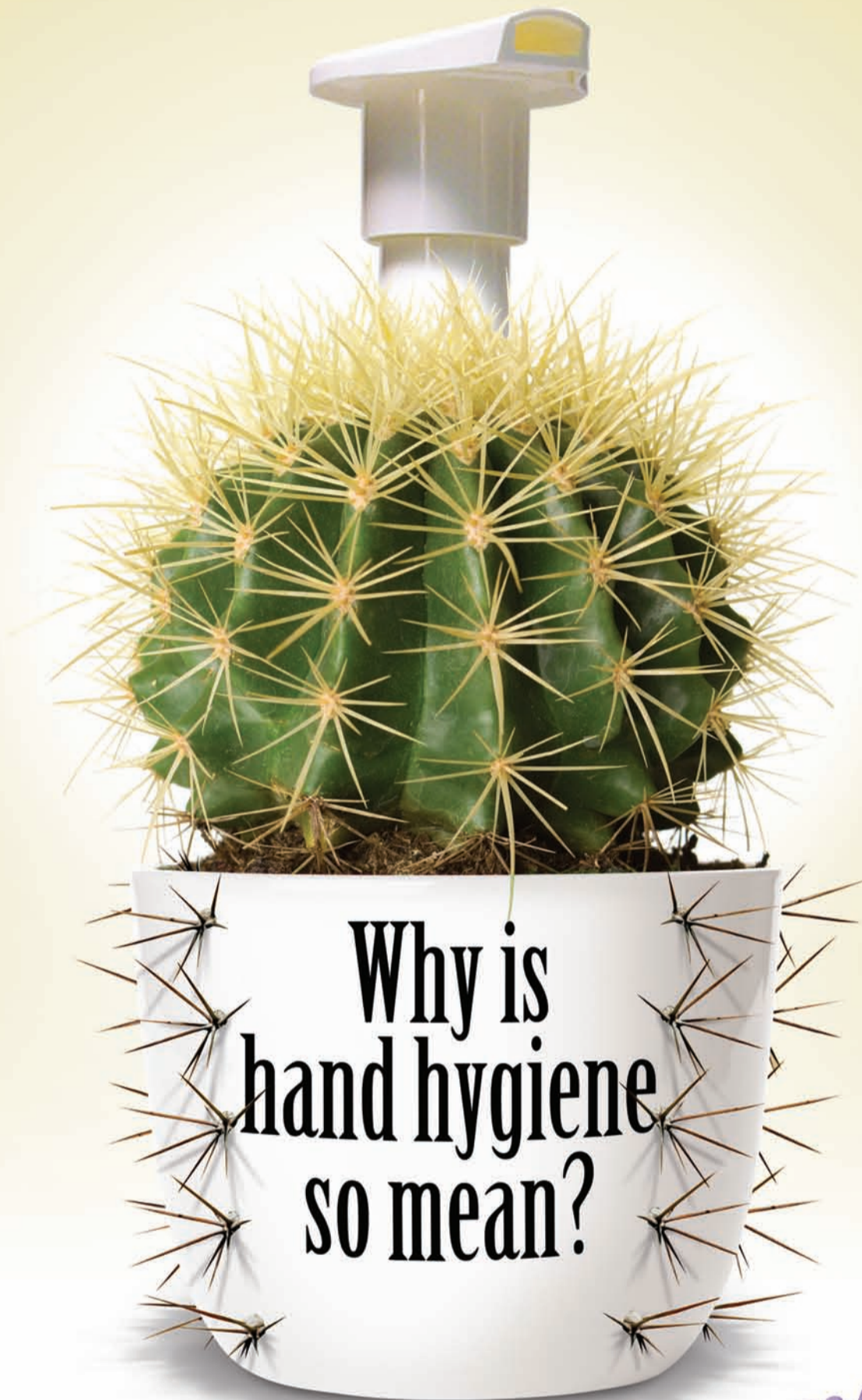
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Seminar Series now booking programs through 2012

The ADA Seminar Series—which offers high quality educational programs available for booking by dental societies, study clubs, universities, dental schools and dental organizations—is now booking programs for 2010-12.

Visit the website www.ada.org/goto/seminarseries to read more about seminars such as *Treatment and Planning and Simplification for Success: How, What, When and Why* (by Dr. Richard Williamson); *The Heart of Health* (by Tieraona Low Dog, M.D.); *Treatment of Snoring and Obstructive Sleep Apnea in the Dental Practice* (by Dr. Jonathan Parker); *Drugs in Dentistry* (by Dr. Robert Fazio); and *Oral Cancer: Diagnosis, Treatment and Management of your Dental Patient* (by Dr. Michael Zak). ■



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Photo by Carol Kaelson

Spin toward fame: Dr. Robyn Flores appears on the television game show "Wheel of Fortune" with host Pat Sajak.

Dentist wins on Wheel of Fortune

BY KELLY SODERLUND

Culver City, Calif.—Pat Sajak cares about flossing.

The "Wheel of Fortune" game show host's dentist told him he had "magnificent gums," and Mr. Sajak is really concerned about what type of electric toothbrush to use.

"Pat was really into oral hygiene and brushing and flossing and was asking me a million questions," said Dr. Robyn Flores, who met Sajak last month.

Dr. Flores, a general practice dentist in Nipomo, Calif., didn't just meet Sajak and his counterpart, Vanna White, she won \$38,624 and a trip to Cabo San Lucas, Mexico, on their game show. After being a fan of the show nearly all her life, Dr. Flores won the opportunity to appear as a contestant.

When she learned to read, it was the puzzles on "Wheel of Fortune" Dr. Flores fixed her eyes on. Dr. Flores, 27, has been watching the popular game show since she was a little girl, continuing to record it every night so she doesn't miss an episode. Finally, she gave in and applied online to be a contestant.

"It's been a fantasy dream, but I never thought

I would actually go and do it," said Dr. Flores, who graduated last June from the A.T. Still University Arizona School of Dentistry and Oral Health.

In September, Dr. Flores was invited to audition in Culver City, where she was put in a room with 60 people and had to play fake games of "Wheel of Fortune" and take a written test, which she said was "difficult, to say the least." She found out a couple weeks later she made the cut and filmed her episode in January.

"It was awesome," Dr. Flores said.

On a blog entry she wrote for the "Wheel of Fortune" website, Dr. Flores said, "Game day was the most nervous I have ever been in my life. It seems so easy from the comfort of your home, but it felt so surreal once I was actually there."

Dr. Flores made it to the final round and solved the puzzle: exact change.

"I felt like the happiest girl in the world, and when my family came running out, I couldn't have been happier," Dr. Flores wrote in her blog. "It was the moment I have been dreaming of since I started watching 'Wheel of Fortune,' and I couldn't believe it was actually happening." ■

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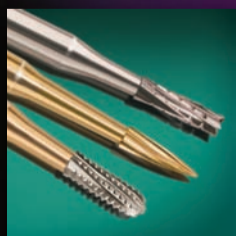


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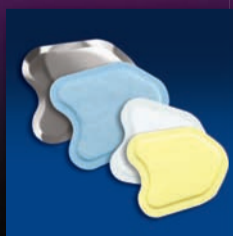


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BY KELLY SODERLUND

Augusta, Ga.—One generation already did their time: served in wars, raised their kids, completed their careers and is now enjoying the last years of their life in peace.

The other is working hard to plow through dental school, all the while practicing the skills they'll need in the "real world" once they start working on the older generation.

Once a month, they meet.

There's the simple goal of helping the older folks clean their teeth and providing them basic oral care. But a much broader goal is achieved.

The residents at the Georgia War Veterans Nursing Home get the opportunity for conversation and people to tell their stories to. Dental students at Medical College of Georgia get the opportunity to practice their skills on a population they'll no doubt see a lot of.

The monthly visits are part of "Dentists for Della," a project named in honor of Dr. Victor

"We wanted to reach outside the box for this service project, and who better to serve than the elder war veterans who fought for our freedom."

Della-Guistina, a founding faculty member of Medical College of Georgia, retired community dentist and resident of Georgia War. It was created by several dental students as a service project, and Dr. Katharine Ciarrocca, who specializes in geriatrics, serves as the faculty advisor.

"I think it gives them an incredible experience because of the aging of our population," said Dr. Ciarrocca, who brings about 20 students to the home and monitors them while they conduct the examinations. "It's the fastest-growing segment of our population, those people over 65. This is going to be their practice."

Students focus on preventive care by making sure the residents' teeth and dentures are clean and provide oral, head and neck examinations, Dr. Ciarrocca said. Georgia War houses about 200 veterans, many who lack the mobility or dexterity to maintain healthy oral health habits on their own.

"We wanted to reach outside the box for this service project, and who better to serve than the elder war veterans who fought for our freedom," said dental student Chris DeLeon, who created the project with classmates Ryan Fulchi and Ross Levine.

Patterson Dental has donated supplies, and Dr. Ciarrocca has used grant money to buy electric toothbrushes, toothbrush heads and denture care products. The students have also been proactive in soliciting monetary donations, she said.

Some of the students have never stepped foot inside a nursing home so "Della for Dentists" has become an invaluable experience for them to be able to see what it's like and how people live in

that situation, Dr. Ciarrocca said.

"A lot of these people are more sick than what they would see in the dental school. These are patients that wouldn't be candidates to come here," Dr. Ciarrocca said. "It just broadens the type of patient contact that they will have, and the patients love it too. They love having the students around and someone to talk to and tell their stories to." ■

—soderlundk@ada.org



Brushing up on skills: Dental students, from left, Chris DeLeon, Ben Yavari and Sara Khan watch as resident Grady Rogers practices his brushing techniques.



One-on-one: Wendy Cardenas helps a resident at the Georgia War Veterans Nursing Home with his brushing.



Outreach: Brett Ryan helps a nursing home resident clean his denture.

Entries must be received by July 31, 2010!



This Year's
Winner
Could Be You

Enter the ADA Adult Preventive Care Practice of the Year Competition and join us at the 2010 ADA Annual Session in Orlando.

The American Dental Association is offering a special opportunity to attendees of the 2010 ADA Annual Session in Orlando - a chance to be named the Adult Preventive Care Practice of the Year. This competition, sponsored by 3M ESPE Preventive Care, will recognize practices who are leaders in adult preventive dental care. Practices will be evaluated based on their:

- design and implementation of practical techniques
- oral health care, outreach, and patient education efforts
- implementation of a successful program through dental team communication and a work plan

All entries will be displayed at the Annual Session. The winner of the competition will be recognized at the session, featured in an article in the *ADA News* and receive this prestigious sculptured glass award signifying the accomplishment.

Visit www.3MESPE.com/preventivecare or www.ADA.org for complete program details and to download an entry form.



Orlando

American Dental Association
ANNUAL SESSION
OCTOBER 9 - 12, 2010

The Future of Dentistry Meets Here



PRACTICE OF THE YEAR
Sponsored by 3M ESPE

High-tech session

Social media, online tools, on-site technology enhance learning, shopping and networking

Orlando, Fla.—The ADA annual session offers unique networking opportunities and high-tech tools that registrants can use before, during and after the Oct. 9-12 meeting at the Orange County Convention Center.

Those who like to keep in touch with colleagues

via Facebook, MySpace, Twitter, LinkedIn or other social networking sites should be sure to opt in to SocialClix when registering for annual session.

SocialClix gives registrants a chance to select the networks and e-mail accounts they'd like to search to find out which of their colleagues is

also attending annual session. It also gives registered users a chance to invite colleagues to register for annual session.

"Sharing education, shopping and social activities with colleagues is one of the greatest advantages of attending the annual session," said Dr.



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Stephen W. Carstensen, 2010 general chair for the Council on ADA Sessions. "With social media, we create our own communities, connecting people we meet in many parts of our lives. SocialClix adds an exciting new way to include our communities in an activity that is important to us. When I sent a personal e-mail to all my contacts with this simple tool, it made me feel that I was giving everyone an opportunity to have a good time together. We hope many dentists take advantage of this new and exciting opportunity to connect with their colleagues."

Register for annual session and opt in to SocialClix at "www.ada.org/goto/session".

The ADA365 community ("www.ada365.org") also offers those registered for continuing education courses an online community where users can create a profile, network with colleagues, share research experience, participate in forum discussions and message boards and have access to articles and other supplemental course materials—all before annual session convenes.

Beginning June 1, ADA365 online community members can earn an extra hour of CE credit for each participating ADA365 course. Attendees who register for one or more of these courses can simply log on to the website, read the speaker-supplied material for the course and complete a four-question self-assessment exercise.

Even annual session competitions are displaying a new high-tech profile. Dental professionals who have made a professional discovery that can improve patient care and benefit the practice of dentistry should enter the Education Exchange Competition, sponsored by Cleankeys Inc.

This electronic poster competition gives a new



Orlando

American Dental Association
ANNUAL SESSION
OCTOBER 9 - 12, 2010

look to the traditional table clinics by giving participants a chance to showcase their entry at the ADA's high-tech multimedia Competition Hub on-

site at the Orange County Convention Center. Entrants can share clinical experience, educate fellow dental professionals from the U.S. and worldwide and raise awareness about a procedure, theory, service or emerging trend in dental practice.

The Adult Preventive Care Practice of the Year Competition, sponsored by 3M ESPE Preventive Care, recognizes and rewards offices that have:

- designed and implemented practical prevention techniques;
- provided preventive oral health care, outreach and patient education; or
- implemented a successful prevention program through a dental team communication and work plan.

To enter these annual session competitions, visit "www.ADA365.org" beginning in early June 2010.

Those registered can also use an easy online resource to plan their shopping at the ADA World Marketplace Exhibition before they get to Orlando.

The "My Expo Online" exhibitor search and World Marketplace floor plan are available at "www.ada.org/goto/session". Users can create a schedule and map of exhibitors they want to visit by creating a personal account, searching for exhibitors by name or product category, saving a list and printing a custom map of the exhibit floor with preferred exhibitors and their booth numbers clearly highlighted. Users can fine-tune their shopping list between now and annual session.

Both those attending annual session and those who cannot attend the meeting this year can enhance their educational experience by ordering the 2010 online multimedia recordings package.

This year's package offers more than 250 hours of educational content appropriate for the entire dental team for only \$99 if purchased with advance registration to annual session before Sept. 10. (Price beginning Sept. 10 and on-site is \$199; price

See *HIGH-TECH*, page 35

Universal ticket deals available

Orlando, Fla.—Thrills, movie-themed adventures and live entertainment await at Universal Orlando's theme parks.

Those attending annual session Oct. 9-12 can save time and money by purchasing exclusive, specially priced tickets in advance offered by the ADA through Hello Florida.

Guests can enjoy more than 40 rides, shows, movie sets and attractions at Universal Studios Florida, including the new Hollywood Rip Ride Rockit multisensory coaster (opening this spring), the wild and hilarious new The Simpsons Ride, Revenge of the Mummy, Shrek 4-D, Men In Black Alien Attack and more.

At Universal's Islands of Adventure, guests of all ages will enjoy the excitement of six islands—Seuss Landing, The Lost Continent, Toon Lagoon, Jurassic Park, Marvel Superhero Island and—opening next month—The Wizarding World of Harry Potter.

ADA registered attendees can take a stroll through Universal CityWalk—30 acres of entertainment that offer family fun, a great place to hang out with friends and romantic fun for couples. Live music, casual and fine dining, dancing, shopping, movies and more are open at no charge when showing an ADA badge. Guests can enjoy venues like Jimmy Buffet's Margaritaville, Bob Marley—A Tribute to Freedom, the groove, Red Coconut Club, Latin Quarter, Rising Star and Pat O'Brien's.

Ticket prices for Universal Orlando attractions include:

- Universal 1 Day/2 Park Pass—one ticket allows you unlimited admission to both Universal Studios and Islands of Adventure in the same day for \$116 (Adult), \$105 (Child 3-9);

- Universal 2 Day/2 Park Pass—entitles one guest admission to both Universal Studios and Islands of Adventure for two days, plus 14 consecutive days of admission to the paid entertainment venues of CityWalk for \$142 (Adult), \$128 (Child 3-9);

- Universal After 2 p.m. Ticket—not available at the gate, for admission after 2 p.m. to both Universal Studios and Islands of Adventure, \$64 (Adult/Child);

- CityWalk Pass—free to ADA attendees and guests for complimentary admission into CityWalk Oct. 8-12 by showing your ADA badge.

The ADA also offers discounted tickets to Disney World Resort, SeaWorld and a series of dinner shows.

Visit the "Plan Your Trip" section of "www.ada.org/goto/session" for complete park descriptions and purchasing information, including important ticket shipping information and deadlines. ■

High-tech

Continued from page 34

post-session or for those not registered for annual session is \$299.)

Multimedia recording users can experience each course virtually by viewing digitally captured audio synchronized to the original slides presented during the course. Video stream of live patient procedures and downloadable MP3 audio recordings are included in the package. (Courses are not eligible for continuing education credit.)

To order or to view sample courses captured in multimedia format, log on to "www.ada.org/goto/session". ■

ADA special event showcases magic and fun

Orlando, Fla.—ADA annual session goes can enjoy a private night at Universal's Islands of Adventure theme park on Sunday, Oct. 10.

The annual session special event, "ADA Night at Universal's Islands of Adventure," will offer ticket holders exclusive access to the theme park and all its unique islands—Seuss Landing, The Lost Continent, Toon Lagoon, Jurassic Park, Marvel Superhero Island and—opening next month—The Wizarding World of Harry Potter.

Ticket holders can enjoy entertainment

throughout the park and unlimited free play on all video games and pinball machines in the Kingpin Arcade at Marvel Super Hero Island. Select specialty shops will also be open throughout the evening.

Tickets are \$70 for adults and \$55 for children if purchased by Sept. 10. Prices include complimentary round trip shuttle service to and from ADA official hotels and the Orange County Convention Center, access to the park from 7-11 p.m. and a \$10 food coupon per guest to be used at any con-

session stand during the event.

Shuttle service to the park begins at 6:45 p.m., and the last shuttle departs the park at 11:30 p.m.

For more information or to purchase tickets, see the Preliminary Program, available by sending an e-mail to "annualsession@ada.org" or by calling 1-800-232-1432 (toll free, U.S. only) or 1-312-440-2388. Or see the digital Preliminary Program at "www.ada.org/goto/session". Tickets can be purchased when registering for annual session or added to an existing registration. ■

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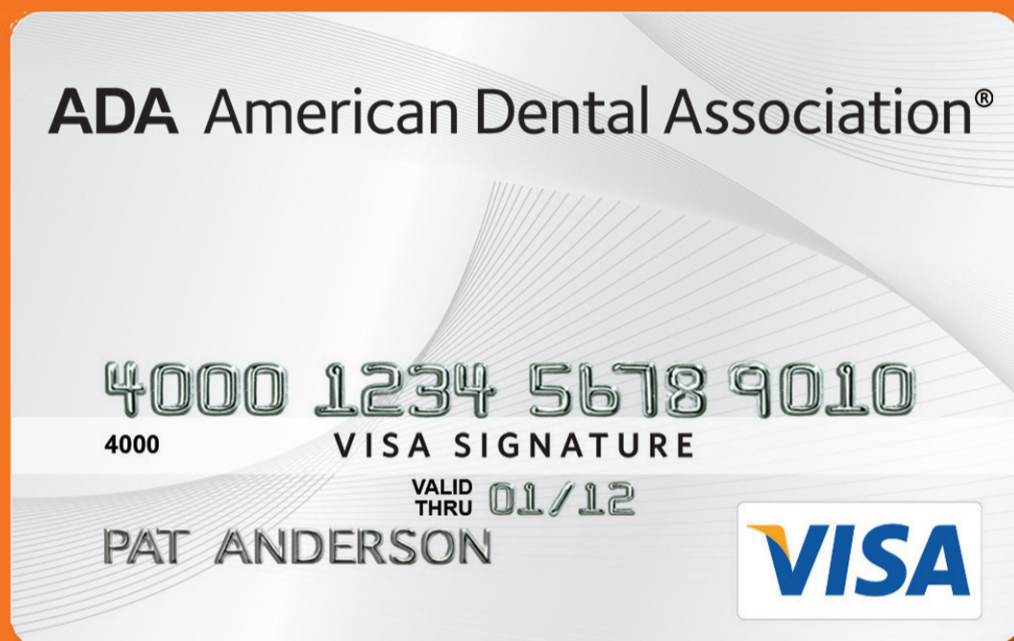
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All smiles: Dr. Gerald Ciebien (above) pauses with athletes he is escorting to the oral screening area at the Special Smiles event May 5 in Chicago. Dr. Ciebien is a member of the ADA Council on Access, Prevention and Interprofessional Relations. At right, Dr. Ricardo Mendoza takes a break from co-coordinating the event to bring oral health goody bags to two athletes.



Workforce

Continued from page one
care, with the dentist as the leader of the team,” said Dr. Ron Tankersley, ADA president, announcing the conference. “State dental associations vary on their views of dental workforce models. This conference encourages frank and open informed dialogue on the issue.”

Those invited to the conference include the ADA Board of Trustees, the Council on Dental Practice’s Subcommittee on Workforce Issues, selected ADA council representatives, and up to three representatives from each constituent dental society. Incoming ADA trustees are welcome to attend at their own expense. The deadline for conference registration is July 6.

As noted in the conference invitation, the purpose of this gathering is to “engage volunteer leaders in a facilitated, information-based dialogue related to workforce issues that will lead to a better understanding of workforce models, and a better appreciation of regional differences and perspectives on workforce issues.”

Observed Dr. Tankersley, “This issue is important to the dental profession and affects the patients we serve. I really see this conference as a learning opportunity for the constituent dental societies to come together, share what they’re experiencing and learn firsthand from each other what is going on in their states.”

In addition to the conference itself, the Association will offer toll-free, one-hour webinars before and after the conference. The pre-conference webinar will be offered June 18 and focus on the history of the dental team. The post-conference webinar will explore workforce models and be offered in August, the date and time to be determined.

The July conference and its subject matter are related to an ADA House resolution adopted last year (31H-2009), which emphasized that workforce needs are under the jurisdiction of the states, “and any proposed new member of the dental team should be established at the state level with the advice and counsel of the relevant ADA constituent dental society.”

The resolution also notes the ADA’s recommendation that any new member of the dental team be supervised by a dentist “and be based on the determination of need, sufficient education and training through a [Commission on Dental Accreditation]-accredited program, and a scope of practice that ensures the protection of the public’s oral health.”

This year’s House of Delegates, which meets in October in Orlando, will convene a Reference Committee on Workforce to consider all resolutions related to allied and dental workforce issues, including a report from the Council on Dental Practice on workforce policy matters referred by the 2009 House. House reference committees are open to all member dentists. ■

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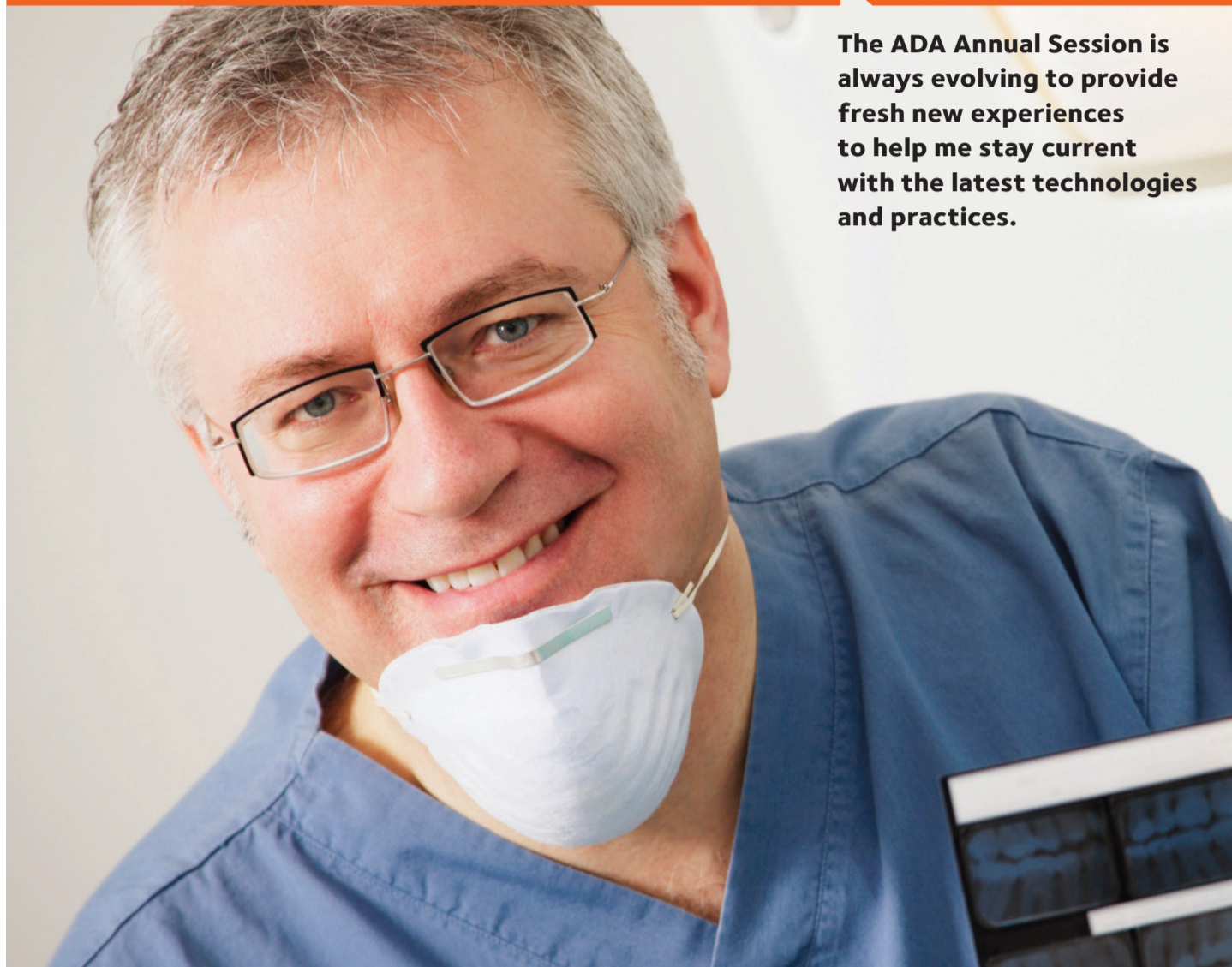
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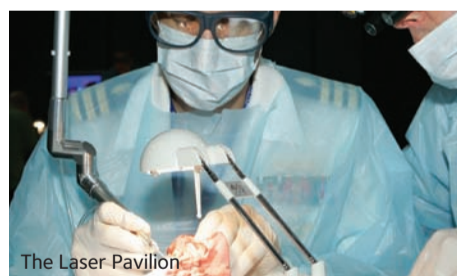


The ADA Annual Session is always evolving to provide fresh new experiences to help me stay current with the latest technologies and practices.

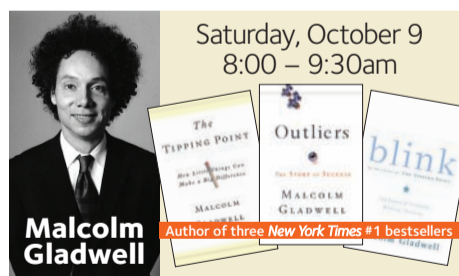
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AAE hosts its first Access to Care Project

BY JENNIFER GARVIN

San Diego—The American Association of Endodontists held its first Access to Care Project April 17 in conjunction with the AAE annual session.

The project took place in the University of Southern California School of Dentistry's Mobile Dental Clinics that were stationed in the San Diego Convention Center. Volunteers performed root canals on 54 underserved patients in the San Diego community and also provided about \$85,000 in free endodontic treatment.

"The patients treated in San Diego likely would have had extractions if we weren't able to help," said Dr. Gerald N. Glickman, AAE immediate past president and the driving force behind the Access to Care Project. "The services we provided will help these patients keep their natural teeth for a lifetime."

The patients were prescreened by community health clinics throughout the San Diego area, and were referred back to the clinics for restorative work and follow-up care.

"It's nice to know that there are organizations like yours (that) are willing to help people like me in this hard economy," said patient Katrina Leffingwell. "Without this program, I would not have been able to afford treatment."

"The AAE's first Access to Care Project is a very heart-warming example of what our members can do, but all dentists need to continue to provide that charitable care and improve access year-round," Dr. Glickman said.

Approximately 40 AAE members and faculty and residents from the School of Dentistry of the University of Southern California participated in the day-long event, which received support from Henry Schein Dental/Henry Schein Cares.

For more information about AAE, visit "www.aae.org". ■



Access project: From left, Drs. Thomas A. Levy, Gerald N. Glickman, Alan Gluskin, Marjorie Domingo and Santosh Sundaresan, organizers of the AAE Access to Care Project, share a moment during the event, which treated 54 underserved patients in San Diego.

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