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10-17-2016

## ADA News - 10/17/2016

American Dental Association, Publishing Division

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### Recommended Citation

American Dental Association, Publishing Division, "ADA News - 10/17/2016" (2016). *ADA News*. 542.  
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# ADA News

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OCTOBER 17, 2016

VOLUME 47 NO.19

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## BRIEFS

### MouthHealthy offers Halloween treats, tips

Frankentooth's Molar. Count Bicuspid. Pirate Toothy.

With Halloween around the corner, the ADA's MouthHealthy.org and MouthHealthyKids.org are featuring more activities, games and advice to scare away those unwanted tricks that sugary treats can play on



children's dental health.

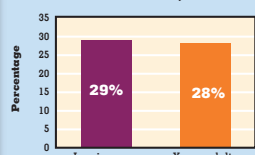
MouthHealthy Kids' Halloween Headquarters includes downloadable activity sheets with puzzles and games, along with coloring sheets for family fun at home or in the dental office. The headquarters added a "Pin the Mouth on the Monster" game and two new coloring sheets this year. Pumpkin carving stencils are also available,

See HALLOWEEN, Page 27

## JUST THE FACTS

### Oral health and job interviews

About one in three low-income and young adults report that the condition of their mouth and teeth affects their ability to interview for a job.



Source: ADA Health Policy Institute, hpi@ada.org, ext. 2568

## ADA Foundation offers emergency relief to dentists affected by Hurricane Matthew

BY DAVID BURGER

Dentists suffering damage to their primary residence as a result of severe storms and flooding from Hurricane Matthew can apply for immediate aid from the ADA Foundation's Emergency Disaster Grant program to cover urgent personal needs such as lodging,

food, clothing and medicines.

The program was designed to quickly provide up to \$2,000 in aid to dentists with immediate emergency personal needs in the wake of a natural disaster.

Dentists may apply by submitting an application form directly to the Foundation. The application is

available at ADAFoundation.org by entering "emergency disaster" in the search engine. Dentists need not be ADA member dentists to receive aid.

Hurricane Matthew was the first Category 5 Atlantic hurricane since Hurricane Felix in 2007. More than 1,030 deaths have been attributed to

the storm, including 1,000 in Haiti, one in Colombia, four in the Dominican Republic, one in Saint Vincent and the Grenadines and 28 in the U.S., making it the deadliest Atlantic hurricane since Stan in 2005.

Several states in the southeastern

See RELIEF, Page 16

## Dental implant pioneer recognized with Norton M. Ross Award

BY MICHELLE MANCHIR

Evidence-based dentistry was still an emerging field when Dr. Jocelyne Feine graduated from the University of Texas dental school.

In 1980, Dr. Feine joined the dental faculty part-time and practiced the rest of the time, treating many people with chronic temporomandibular disorders. Eager to fully understand and provide the best TMD treatments for her patients, Dr. Feine traveled throughout the U.S. taking continuing education courses from experts in the field.

Finding that expert opinion couldn't explain why she still had some patients who continued to suffer after undergoing conventional treatment methods, Dr. Feine said she "hoped science would have the answers" that she sought, and returned to the University of Texas

See NORTON ROSS, Page 17

## 'Happy to do something for these kids' Chicago dentist treats Syrian refugee children



**First dental home:** Kamal, 4, was a little uneasy during his dental exam with Dr. Flavia Lamberghini, who opened her dental office in Chicago to serve children of Syrian refugees.

BY MICHELLE MANCHIR

Four-year-old Kamal held tightly on to his father's arms as Dr. Flavia Lamberghini gently tried to coax him to a dental chair, trying to avert his attention to brushing the "teeth" of a stuffed dog.

The boy and his family had been in the U.S. for only about five weeks after leaving his native Syria when, in October, he was able to get his teeth examined by a dentist thanks to a Chicago dental team's generosity.

Dr. Flavia Lamberghini and others at Apple Dental Care offered a clinic for children of Syrian refugees.

"I want to give them continuity of care and I want them to feel welcome and that they have a dental home in Chicago if they end up staying in Chicago," said Dr. Lamberghini, who said she regularly participates in

See SYRIAN, Page 20



# Workshop gets dental candidates ready to run

BY JENNIFER GARVIN

Washington — What does it take to go from practicing dentistry to practicing politics? That was the focus of the 7th Annual Specialty Physician and Dentist Candidate Workshop supported by the American Dental Political Action Committee.

Seven ADA member dentists attended the Sept. 29-Oct. 1 workshop to learn what it

takes to run for local, state or federal office. They are Drs. Richard Andolina, Tom Blaisdell, Paul Hsiao, Lisa Knowles, Charles Norman (a past ADA president), Nipa Thakkar and James Wanamaker.

The sessions focused on the ins and outs of constructing a successful campaign, including how to build a campaign organization and grassroots campaign. The workshops also ex-



**Ready to run:** ADA members learn the ins and outs of running for office. From left are Drs. James Wanamaker, Richard Andolina, Tom Blaisdell, Charles Norman, Nipa Thakkar, Lisa Knowles and Paul Hsiao.



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plained how to understand political polls and use them to a campaign's advantage.

"The best way to drive the debate is to lead from the inside — from the halls of our nation's and states' capitals," said Dr. Andolina, ADPAC chair-elect. "We need more of our dentists and medical colleagues in political offices to advocate for our professions and the patients we treat."

Other sessions explained messaging and why keeping a campaign's message simple, direct and easy to understand is paramount. Social media, fundraising, marketing and advertising tactics were also covered.

"This workshop was extremely well-organized and the insight gained from the speakers was invaluable in educating individuals who are contemplating running for political offices," Dr. Andolina said.

"I was extremely pleased with the number of dentists who were in attendance and impressed to see some of our younger members there.

"The efforts ADPAC has put forward and the excellent work of the ADA Washington office were mentioned numerous times by the speakers."

In addition to ADPAC, other hosts of the event included the American College of Radiology RADPAC, American Association of Orthopaedic Surgeons, American Society of Anesthesiologists, National Emergency Medicine PAC, American Congress of Obstetricians and Gynecologists OB-GYN PAC and American Osteopathic Information Association PAC. ■

—garvinj@ada.org



**Show me the money:** At left, Kate Better, political director for Epiphany Productions, gives Dr. Lisa Knowles tips on how to make a fundraising call.



# ADA News

(ISSN 0895-2930)

October 17, 2016 Volume 47, Number 19

Published semi-monthly except for monthly in July and December by the American Dental Association, at 211 E. Chicago Ave., Chicago, IL 60611, 1-312-440-2500, email: ADANews@ada.org and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.

Postmaster: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, IL 60611. © 2016 American Dental Association. All rights reserved.

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**First class:** The inaugural class of the Touro College of Dental Medicine at New York Medical College, which held its grand opening ribbon-cutting ceremony Sept. 28, poses for a photo with administrators and staff. The dental school is the first to open in New York in 50 years. The dental school includes a four-year pre-doctoral program for students; a continuing education program for practicing dentists; and a 132-chair community dental clinic. Touro's inaugural class has about 110 students. When at full capacity, the school will include about 440 students.

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# VIEWPoint

## MyView

# Lessons from 'Hamilton'



Jay Banez, D.D.S.

If you've been watching late night talk shows or national news programs like "60 Minutes," you may have heard about the Broadway phenomenon, "Hamilton." The production is written by and stars musical genius Lin-Manuel Miranda and has been grabbing headlines across the nation. I had the opportunity to see this musical in New York City this past summer and have learned a lot about one of our nation's founding fathers in a new, more engaging way. If you haven't heard about "Hamilton," I encourage you to at least listen to the original Broadway cast album, which has a hip-hop, rhythm and blues, and even Beatles-

esque style influence.

Aside from its media accolades, the story about the "\$10 founding father" has quite a few pointers on how to establish yourself from nothing. Through trials and tribulations, Alexander Hamilton was a self-starter, well-educated, determined man who influenced even the most powerful of politicians (at the time, President George Washington). Hamilton's history would take volumes to examine, but a few lessons worth noting can be learned from this man's resilient, unforgiving, go-getter attitude. All quotations are lyrics from the Broadway play, not specifically Alexander Hamilton's exact words.

**"Stand for something"** — When Alexander Hamilton met Aaron Burr, his boisterous introduction caused Burr to advise Hamilton, "Don't let them know what you're against or what you're for," after which he responded with "If you stand for nothing, Burr, what'll you fall for?" In our profession, we advocate for the health and wellness of our patients through patient education and sometimes face adversity from people who argue against fluoridation, amalgam and other health initiatives that have proven benefits. Whether through ASDA Engage, attending national meetings like the American Student Dental Association annual session and getting involved in our communities, we are taking a stand for our profession and protecting our future careers. "Rise up" and stand for something.

**"Nonstop"** — Hamilton was a scholar and relentless when it came to learning and education. The father of the U.S. Treasury and defender of the U.S. Constitution was referenced as "writing like [he] was out of time." He bought his way to America by teaching himself law and economics in the Caribbean. Hamilton never allowed himself to become stagnant in life. The lesson here is never become complacent in life. Dentistry is a profession that is constantly evolving, just like the national landscape during the infant years of our nation. Just as Hamilton sought after ways to improve America's democracy, we too should constantly feed ourselves with knowledge and training that will better our profession. Through continuing education courses, shadowing opportunities and mentorship, we can add to our clinical competencies and ensure we provide the best care to our patients.

**"Don't throw away your shot"** — Even with many highs in

See MY VIEW, Page 5

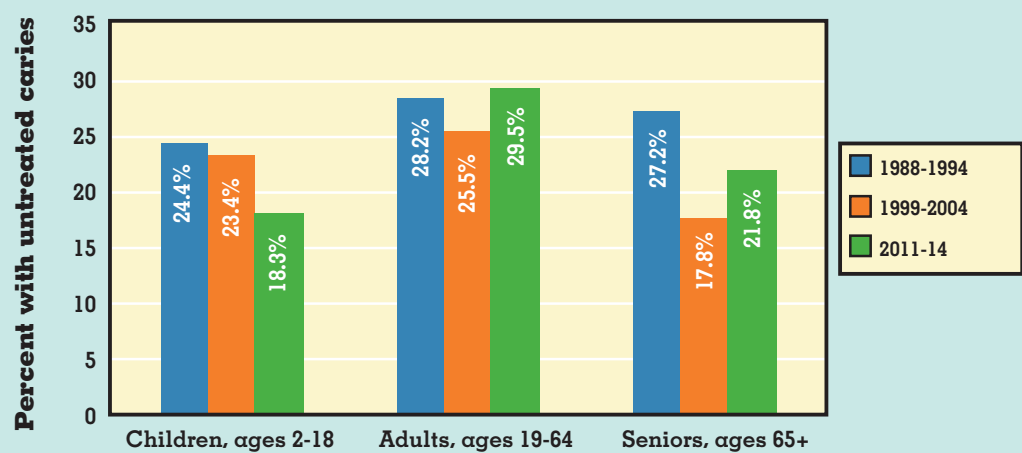
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## SNAPSHOTS OF AMERICAN DENTISTRY

### Prevalence of untreated caries

While untreated caries rates — a measure of unmet needs — are declining for children, they are rising among adults and seniors.



Source: American Dental Association, ADA Health Policy Institute Infographic, Untreated Caries Rates Falling Among Children, Rising Among Low-Income Adults and Seniors. Available from: [ADA.org/hpi](http://ADA.org/hpi).

## Letters

### Opioids in the U.S.

I am an oral and maxillofacial surgeon and am keenly aware of the abuse of narcotic medications in our country having lost friends and patients to overdoses. Other than short-term use, I have never met anyone where narcotic use has worked out well. Our literature is replete with articles on this topic, yet the solutions offered are, I believe, not going to affect any change in the current crisis. Professionally, we are being called upon to check pharmacy records prior to prescribing any narcotic pain medication. This new policy places a burden of regulation upon us as practitioners without any power of enforcement. It also does not provide a solution to the narcotic issue since the abuse of prescription narcotics is down, with heroin and its additives on the rise. Which raises another issue: how would one know if the patient is using illegally obtained narcotics? Fundamentally, as a condition of licensure, we are being asked to check if patients are lying to us and then confront them. I do not believe that a patient will become imbued to enroll in a rehab program if I review the evidence with them. I do believe most certainly that same patient will just seek nar-

cotics from other sources.

In regards to the federal and state government record in this area, for over 40 years the war on drugs has been a total failure. Recently, the head of the Centers for Disease Control sent all practitioners a letter about how all of us are responsible for the problem. But when I saw him in an interview, he was vehement that we



are all part of the problem and cited the rubbish we were fed in the 1990s; that we must relieve patients' pain, the addiction issue should not be a big concern and we were victims for having received this advice. I never bought into that line of reasoning, since it made no sense having seen friends from high

school succumb to narcotic addiction. I continued to do what was logical, give patients no more than a three-day supply of pain medication, which is now the current guidelines: three to five days for post-surgical pain management.

The federal programs have been an abject failure as there has been no coherent focus on demand, only on interdiction. One of those programs was in allowing drug dealers in Mexico to obtain weapons, with the belief that the weapons could be tracked. That program was poorly thought out by the attorney general's office and only resulted in more deaths.

We, as practitioners of health care, must take a longer view of this problem and propose solutions that can affect a positive change on the addiction issue in the United States. What are those solutions? First, they must be aimed at demand; for without that, there is no solution to this problem.

As realists, we must look at history and know that this is an age-old problem, which goes back to the dawn of civilization, where it has waxed and waned. The most successful removal of narcotics from society was by the Chinese when

See LETTERS, Page 5

# Letters

*Continued from Page 4*

opium became endemic in their society; from which the British received tremendous profits. The solution that the Chinese enacted were draconian and would never be legal in the United States. Popular culture needs to re-evaluate its stance on the issue, and we need to engage it to act more responsibly and not provide glamour to this problem.

This argument should be well-received, since on a percentage basis that subculture in society has had more than its fair share of drug abuse issues.

We need to be engaged in the discussion as to what works and what doesn't work, and not be delegated a responsibility that will not effect a change and places us in jeopardy.

*Kenneth G. Miller, D.D.S.  
Clarks Summit, Pennsylvania*

# MyView

*Continued from Page 4*

Hamilton's life, there were also lows. Alexander was disliked by many because of his outspoken personality. He was involved in infidelity and was kicked out of his influential government position because of it. Though unfavorable to run the U.S. government, he never "gave up his shot" and persisted through the tough times with resilience. So should we during the tough times in our lives, namely the four-year institutions we have given our blood, sweat and tears to. Never give up because something is too hard. Studying for part II boards seemed to loom over my head and dragged me down to despair but knowing great effort brings forth many blessings, giving up is not an option. (Also, don't be 100 percent like Hamilton — be faithful to your significant other.)

Whether you're a history buff or not, Alexander Hamilton is a historical figure worth learning about. In the infamous duel between Hamilton and Burr, Hamilton fell by the bullet of Burr's gun. Though the end of life brought sorrow to his wife, Eliza, Hamilton was revered by his fellow founding fathers. George Washington, Thomas Jefferson, John Adams and James Madison (to name a few) tell "[Hamilton's] story" — a story filled with foundations of the America we live in. With the help of Broadway, Miranda and his lyrics, learning about history just got more interesting. Telling the story of Alexander Hamilton through modern theater and hip-hop influence makes relating history's greatness to our own lives exciting.

So who "tells your story?" If you stand for something, work nonstop to defend it, and don't give up your shot. Your story as a student ambassador to the field of dentistry and involvement in ASDA will allow you to further the work of our profession going forth. In the words of Miranda's Hamilton: "I'm young, scrappy and hungry, and I'm not throwing away my shot."

This article, reprinted with permission, originally appeared on Dec. 14, 2015, on Mouthing Off, the blog of the American Student Dental Association. Dr. Banez wrote this while a student at the Marquette University School of Dentistry and is now in a general practice residency at the University of Colorado School of Dental Medicine.

## FQHCs and numbers

On Sept. 12, NPR's "Morning Edition" had an incomplete story: "A Good Dentist is Hard to Find in Rural America." By inference, a listener could easily think we dentists could solve the Medicaid/Affordable Care problem by simply opening our doors to those patients. NPR and Pew Charitable Trust lauded the Family Health Center of Marshfield (Wisconsin), for providing much-needed dental and medical care in its 10 locations in Wisconsin. A Pew spokesperson called them "visionary." That was appropriate, but it makes the rest of us look bad for not participating, and they missed the rest of the story.

Federally qualified health centers can provide seemingly low-cost or no-cost dental care by charging an extremely high "per-visit fee," which greatly exceeds the actual procedure fees for most Medicaid dental treatment. For example, when I last participated in Medicaid, I would charge \$150 for a simple extraction, and get paid \$30, which happens to be 20 percent. FQHCs would also get paid that \$30 but additionally receive a per-visit fee of about \$345, for a total of \$375. A fiscal abuse at some FQHCs has been to focus on the per-visit fee and split up the treatment into more visits, even charging a second per-visit fee if the patient saw two different providers on the same day. Some clinics have had to pay back millions, due to such tactics.

Here's another way to look at the numbers. In my imaginary grocery store, I want to sell bread for \$1. It costs me 80 cents to bake, shelf and sell it. Then, the state comes along and wants to buy it for 20 cents. How long can I stay in business, losing 60 cents on each loaf? (Never mind a profit.) Across the street, the FQHC grocer will sell the bread to the state for 20 cents, but with a surcharge of \$2.30. (If you want a second loaf, you might need to come back tomorrow.) Thus, the state won't pay me \$1 for the bread, but will pay \$2.50 to the FQHC grocer. To top it off, we general dentists get bad publicity for not accepting 20 cents.

*See LETTERS, Page 6*

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## GOVERNMENT

## Panel talks challenges facing older adults seeking oral health care

BY JENNIFER GARVIN

Washington — The oral health issues facing older adults were the focus of an Oct. 4 briefing hosted by Research!America on Capitol Hill.

“Oral Health in an Aging Nation: An Unmet Public Health Challenge” was designed to show policymakers the importance of oral health in older Americans. Topics covered included the connection between oral health and systemic diseases, the economic and soci-

etal impact from the lack of access to services and the need for more oral health research.

“People who get dental care have lower overall health bills,” said Dr. Michael Alfano, president of the Santa Fe Group and former dean at New York University.

Marko Vujcic, Ph.D., chief economist and vice president of the ADA Health Policy Institute, shared HPI’s analysis that while unmet dental needs are falling among children, the oral health of older adults is “going in the

wrong direction.”

During her presentation on policy solutions, Dr. Judith Jones, director, Center for Clinical Research at the Boston University Henry M. Goldman School of Dental Medicine, explained how poor overall health affects overall health, compromising the “quality of life.”

Dental services are the “No. 2 unmet need,” according to a statistic Dr. Jones used from the National Associations of States Unit-



**Discussion:** Dr. Shenam Ticku, a research fellow at the Harvard School of Dental Medicine, engages the panel on delivery models during the Oct. 4 briefing “Oral Health in an Aging Nation: An Unmet Public Health Challenge” on Capitol Hill.

ed for Aging and Disabilities.

Beth Truett, president and chief executive officer, Oral Health America, shared data from OHA’s state-by-state analysis of oral health care delivery and the public health factors that impact older adults. She stressed that engaging communities to drive policy change is imperative.

These are tools to “give people the ability to take action,” she said.

Dr. Fotinos S. Panagakos, Ph.D., global director, Scientific Affairs, Colgate-Palmolive Co., said Colgate is involved because “prevention is the end to everything we’ve been discussing,” adding that corporate partnerships are necessary to support research.

Following the presentations, Ellie Dehoney, vice president, policy and advocacy at Research!America, moderated a question-and-answer session among the 50 attendees.

“Why is there this kind of disconnect?” asked Ms. Dehoney, who questioned why senior oral health issues and oral health issues in general still don’t capture the attention of policymakers despite the evidence.

“Is it lack of awareness? Cost? Misperception?” she said. “What is the biggest challenge concerning policy?”

The panel experts cited an antiquated Medicare system and the separation of medicine and dentistry among the reasons. ■

## Letters

*Continued from Page 5*

For many reasons, including fiscal responsibility, I quit all Medicaid as of March 2015, after writing off \$100,000 in 2014, and around \$1 million in my career.

The general public, NPR, Pew Charitable Trusts and most dentists don’t understand this two-tier system of Medicaid reimbursement. Though the Marshfield clinics are doing great work, we general dentists can’t try the same without going out of business. NPR and Pew settled for the popular misconception, rather than digging deeper, figuring out the economic realities and telling the complete story.

*Stephen L. Kirkpatrick, D.D.S.  
Olympia, Washington*

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# Court bans company, executives following FTC lawsuit

## Association advises dentists to be on the lookout for scams

*Chicago* — A federal court has banned a Slovakia-based company and two of its executives from the business directory business following a 2013 suit the U.S. Federal Trade Commission filed.

In 2013, the agency filed a complaint against Construct Data Publishers (also called Fair Guide), and requested a permanent injunction against its executives Wolfgang Valvoda and Susanne Anhorn for scamming small businesses and other retailers, according to a FTC release.

The ADA on the Center for Professional Success website reminds members to be on the lookout for scams and to train staff to be “skeptical of unsolicited, or cold, calls.” In particular, the FTC urges businesses and or-

ganizations to read the fine print and to share suspicions with authorities and colleagues.

In the complaint against Construct, the FTC alleged that by using direct mail the defendants scammed the businesses into signing a form “confirming or updating their contact information for a trade show they had attended or planned to attend.” However, the FTC said that by signing and returning the form, most of the signees failed to notice they were

“agreeing to pay \$1,717 annually to the company for a listing on its website.”

In the final orders announced Sept. 19, the U.S. District Court for the Northern District of Illinois, Eastern Division, imposed a \$7 million default judgment and banned the defendants from the business directory business and also prohibited them from “misrepresenting any product or service, attempting to collect payment for their business directory

listings, profiting from consumers’ personal information, or failing to dispose of consumers’ personal information properly.”

If you’ve spotted a business directory scam — or been a victim of one — file a complaint at [ftc.gov/complaint](http://ftc.gov/complaint). Learn more about the FTC’s tips for spotting scams here.

The ADA Center for Professional Success also has tips to help ADA member dentists safeguard their practice from scams. ■

## FAQ addresses provider access to protected health information

*Washington* — Business associates may not block a provider’s access to protected health information maintained on behalf of the provider, according to the U.S. Office for Civil Rights.

In a FAQ published Sept. 28, the agency states, for example, that it would be an impermissible use of PHI if an electronic health record developer attempted to resolve a payment dispute by keeping data away from a Health Insurance Portability and Accountability Act covered entity.

For dental offices, an example might be if a software vendor were to lock the staff out of patient data files due to a payment dispute.

“Generally, if a business associate blocks access to the protected health information it maintains on behalf of a covered entity, including terminating access privileges of the covered entity, the business associate has engaged in an act that is an impermissible use under the Privacy Rule,” according to the Office for Civil Rights.

The FAQ also states that business associates are required by the HIPAA Security Rule “to ensure the confidentiality, integrity and availability of all electronic protected health information” that it “creates, receives, maintains or transmits” on behalf of covered entities.

The Office for Civil Rights also notes that business associates are required by HIPAA to “make protected health information available to a covered entity as necessary to satisfy the covered entity’s obligations to provide access to individuals.”

Finally, the Office for Civil Rights notes that a covered entity is responsible for ensuring the availability of its own protected health information.

The new FAQ is available on the Office for Civil Rights website, [hhs.gov/ocr](http://hhs.gov/ocr). ■



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# Dentist finds purpose with Army Reserve

## Periodontist Dr. John Endow joins military group at age 51

BY JENNIFER GARVIN

*Downey, Calif.* — In 2011, with nearly 20 years of dentistry under his belt, Dr. John Endow was looking for a new challenge.

He found it in the U.S. Army Reserve.

“It’s such a good feeling to serve your country,” said Dr. Endow, a periodontist. “I’m proud of putting on the uniform and acting as a soldier.”

Dr. Endow is one of many dental professionals looking to serve a higher purpose through service and humanitarian efforts in the Army Reserve.

A native of West Los Angeles, California, Dr. Endow graduated from the University of California at Riverside before attending Northwestern University College of Dentistry. After graduating in 1987, he fur-

thered his education with a two-year residency in periodontics as well as completing an Advanced Education in General Dentistry program.

He was always intrigued by the idea of overseas mission trips to help the underserved. He just never imagined the Army would be the instrument in helping him find purpose at this stage of his life.



**Service:** Dr. John Endow joined the Army Reserve in 2011 after practicing dentistry for nearly 20 years.

“I wanted something that felt like a challenge, physically and mentally, and to give something back,” said Dr. Endow, a married father of two sons and two daughters.

During officer basic training at Ft. Sam Houston in San Antonio, Dr. Endow found himself one of the oldest participants. At the time, he was 51 and estimated that of some 400 people at basic training only about five were over 50.

“They got a kick out of it,” he said of his fellow officers.

The team aspect of training was especially encouraging.

“They put us in stressful situations and taught us to count on each other,” he said.

His first mission took him to El Salvador and was entirely dedicated to providing dental care. Subsequent trips took him to Kuwait (for a three-month deployment) and Guatemala as well as a return trip to El Salvador. Excluding that first mission to El Salvador, all of the trips have been medical missions, meaning his role is that of general dentist.

During his time away, he keeps his practice open but operating on a scaled-back basis. When not overseas, his time commitment to the Army is one weekend a month.

For dentists interested in signing up, he recommends they talk to a local recruiter to set up a time to observe the nearest dental unit in action.

“If they have an interest and do a site visit, they’re usually hooked,” he said.

On Sept. 17 he was promoted to lieutenant colonel. Now 56, he is scheduled to end his commitment in 2019 but already has plans to extend.

“The most satisfaction I get isn’t just from missions,” said Dr. Endow. “Being a part of the Army team gives me a strong sense of purpose. I didn’t have any idea of that before I joined. It’s such a great thing to be with a group of people who have a strong sense of service.”

“That’s a lot of responsibility on you and that’s something you don’t take lightly. Everyone helps everyone — the physicians, physician assistants, pharmacists and nurses. It’s a great feeling. You meet your best friends every time you go.”

For more information about the Army Reserve, visit [goarmyreserve.com](http://goarmyreserve.com). ■

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ADA\_M\_1016



# ADA pledges support for Partnership for Drug-Free Kids campaign

## Search and Rescue project aims to stop overuse and abuse of opioids with education

BY JENNIFER GARVIN

Washington — In its continuing efforts to stop the overuse and abuse of opioids, the Association has joined the Partnership for Drug-Free Kids' Search and Rescue project, an education campaign designed to connect prescribers with training, information and resources to help patients who may be at risk for opioid addiction.

In a Sept. 15 letter to Marcia Lee Taylor, president and chief executive officer for Partnership for Drug-Free Kids, the Association pledged

its support for the campaign, calling it an "opportunity for dentists to revisit their knowledge about how to safely manage dental pain."

"The Search and Rescue campaign complements what the ADA has been doing for several years to help dentists manage pain safely and effectively for patients who may be at risk for opioid addiction," wrote ADA President Carol Gomez Summerhays and Executive Director Kathleen T. O'Loughlin. "Working together, we can help reverse the trend of opioid abuse that has been devastating our

families and communities."

In 2014, more than 47,000 people died from drug overdoses, and 40 percent of those cases involved opioid analgesics, according to a 2016 Centers for Disease Control and Prevention fact sheet. The Substance Abuse and Mental Health Services Administration has reported nearly 2 million Americans abusing or being dependent on prescription pain relievers.

To assist prescribers, the campaign's website contains educational materials about screening for patients who may be at risk for

developing an opioid addiction. It also contains resources on the use of non-narcotic alternatives to opioid analgesics, and ways to counsel patients about how opioids can be addictive and how to safely secure, monitor and discard them at home.

For more information on the Search and Rescue campaign, visit [searchandrescueusa.org/reduce-opioid-abuse/](http://searchandrescueusa.org/reduce-opioid-abuse/).

For more information about the ADA's work to combat opioids abuse, visit [ADA.org/opioids](http://ADA.org/opioids). ■

## Learn about conducting research with online course

Health professionals interested in learning how to effectively conduct clinical research can take a course offered online at no cost from National Institutes of Health.

The course, Introduction to the Principles and Practice of Clinical Research, "focuses on the spectrum of clinical research and the research process by highlighting epidemiologic methods, study design, protocol preparation, patient monitoring, quality assurance and Food and Drug Administration issues," according to the National Institutes of Health.

The course for the first time this year is being offered entirely online, with content available 24/7 so participants



can learn at their own pace and schedule, according to the National Institutes of Health. The entire course takes approximately 50 hours to watch, but participants need additional time for course readings, discussion board participation and the multiple choice final examination.

While no academic credit or continuing education credits are offered for the course, participants can receive an electronic certificate of completion if they take and pass the final exam with a score of 75 percent or above.

For more information about or to register for the course, visit [clinicalcenter.nih.gov/training/training/ippcr1.html](http://clinicalcenter.nih.gov/training/training/ippcr1.html). Email the course coordinator at [IPPCR2@mail.nih.gov](mailto:IPPCR2@mail.nih.gov) with questions. ■



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## A conversation with the president-elect

# Dr. Roberts: Code of Ethics sends 'powerful message' to public

*Editor's note: This is the second part of a conversation about issues facing dentistry with Dr. Gary L. Roberts, ADA president-elect, who will be installed as the 153rd president of*

*the American Dental Association Oct. 24 in Denver. Part 1 was printed in the Oct. 3 ADA News. ADA News Editor Judy Jakush interviewed Dr. Roberts.*

**ADA News:** You've been an ADA member some 42 years. How did it begin for you?

**Dr. Roberts:** I was very fortunate to practice next door to a gentleman named Dr. Kay-

lan Worley, who was the editor of the Journal of the Louisiana Dental Association. I started my practice in August. In September he came next door and said, "I'll pick you up to go to the dental meeting tonight." I said, "Teresa is sick and Zachary's been a handful all day long, and I need to go home



**Dr. Roberts**

and take care of them." And he looked me in the eye and said, "Fine, I'll pick you up at 5:30." So that's how I got to my first dental meeting, and after that I was pretty much hooked.

I worked on committees locally; I went through chairs in component societies, then I was elected editor of the LDA Journal, and served on the constituent board of directors for eight years and then ran for president-elect and won. And I served as LDA president-elect through past president, and stayed out a year or two, and then was elected speaker of the LDA house, which I did for six years. I was a delegate or alternate delegate for many years. The 12th District trustee position came up, and I won that and here I am.

When I became a trustee I had no intention whatsoever of running for ADA president-elect. I thought I'd serve my four years and be done with it. After my sophomore year, I had three or four trustees and a couple of officers ask me if I would run. After much discussion with my family, we decided that might be the right thing to do. It was a wonderful experience: no matter how it would have turned out, I would not have traded that experience for anything because we met so many wonderful people and went to so many great places, and we really had fun.

One insight I gained during that year was that we all have the same problems, but different regions of the country have very different ideas on how to solve those problems. As the president, you have to meet the members and come to a consensus on what you think needs to be done so that we can act as one and not be splintered in our approach.

**ADA News:** How do you communicate the value of the Association to nonmembers?

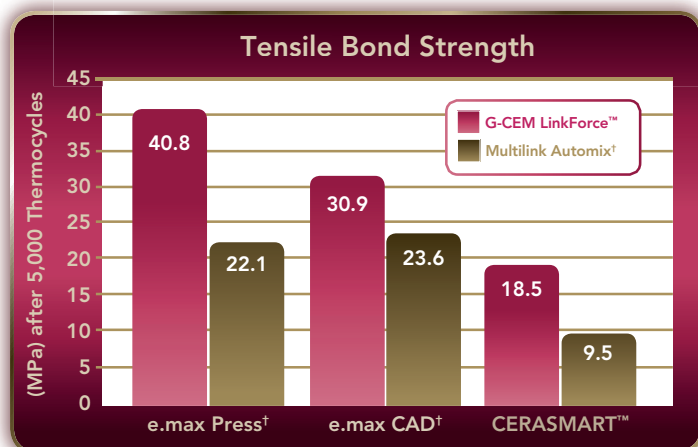
**Dr. Roberts:** We do things that no one else does. We are the only dental group that leads in standards and informatics. We are the group that has a true lobbying capacity for advocacy for dentists. Without standards, we are not a profession. Our science keeps us on the right track with evidence-based dentistry, and we are the only membership group that does that. We are able on a national and international level to lobby for science-based decisions — like keeping amalgam on the market — before regulations or laws affect our members.

We are currently celebrating the 150th anniversary of the ADA Code of Ethics. We have 159,000 dentists who have agreed to abide by the Code, and that sends a very powerful message, especially to patients. There was a study done last year that said four out of five patients would choose an ADA dentist knowing that we

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abide by a code of ethics. It's ultimately a very simple code. Do no harm. Put the welfare of patients first. Do good. Be truthful and honest with people.

**ADA News:** What should members know about current ADA advocacy efforts?

**Dr. Roberts:** We are out there working hard trying to make sure our members are not regulated to death. This year we've got \$6 million designated for military for research to help treat and rehabilitate our injured soldiers. We've advocated for a \$17 million increase for the National Institute of Dental and Craniofacial Research. We are working hard again to repeal the McCarran-Ferguson Act.

We helped delay for two years the 2.3 percent medical device tax. Let's hope it will be like the Red Flag rule and the 1099 rule — it will get delayed until we are exempted from it.

Another success was Section 179 of the IRS tax code that allows businesses to deduct the full purchase price of qualifying equipment and/or software purchased during the tax year. This is good for purchases up to \$500,000. So you can write off the expense in the same tax year and not spread it out over 20 years. It saves a ton of money.

**ADA News:** The ADA has designated money for an innovation fund. What value do you see in becoming a more innovative organization? How will this support the ADA mission of helping members succeed? And what types of innovations do you see on the horizon?

**Dr. Roberts:** It is one of the most important things we've done in a long time. The innovation fund takes new ideas and fast tracks them. It is strictly for member value. The new ADA Credentialing Service, powered by Wonderbox Technologies Enterprise System, came out of our business innovation group. It launched nationally in September after a soft launch in the summer. Dentists enter their license and other information. It is a secure portal. This information will be available by request for a nominal fee to all payers, including insurance companies, federal agencies, hospitals and employers. This will save dentists time and expense by avoiding duplicate credentialing.

**ADA News:** Third-party payer issues are a hot button among members. What's new on that front?

**Dr. Roberts:** ADA President Carol Gomez Summerhays and Executive Director Kathleen O'Loughlin earlier this year sent Delta Dental a letter protesting a proposed disallow policy for procedures performed on the same day.

The thing we've worked on for years and will continue to work on until we get it, is the repeal of the part of the McCarran-Ferguson Act that relates to health insurance. All we are asking for in this is a level playing field.

If you remember, several years ago we actually sued one of the insurance companies on behalf of four or five members and won. That made an impact on people. They realized we are willing to do more than just talk.

The Association has also put together a resource page on ADA.org for dentists on third-party payer issues. It provides easy access to the latest information on third-party issues that affect dentists.

**ADA News:** Give Kids A Smile will celebrate its 15th anniversary during your tenure as president. What has the initiative achieved? Where is it headed?

**Dr. Roberts:** I think it's a wonderful program. We've treated over 5 million children in the past 15 years. I was the Board liaison to the GKAS project for three years when I was a trustee. I got to work on a much closer basis than most trustees. We are always looking for innovative ways to make it better. We can't get stagnant. Like the Missions of Mercy, GKAS is not meant to be a health care system. But it emphasizes prevention, which is the be all and end all. We have been extremely successful with our GKAS corporate sponsors, Henry Schein, Col-

gate and DEXIS. We couldn't do it without this type of support.

**ADA News:** More and more women and minorities continue to pursue dentistry. What can the ADA do to encourage more women and minorities to pursue leadership roles in their communities and organized dentistry?

**Dr. Roberts:** Women are approximately half of every class. The incoming class this year at LSU is 56 percent female. We need to recruit underrepresented minorities while these students are still in college. We want them to know dentistry is a great career and that they are welcome in the ADA.

Our boardroom looks like my dental school class. In 20 years the Board of Trustees will look like the current dental school class. As I

travel from state to state, I would be worried if I didn't see young, diverse leaders in those states on the local component and constituent level. But I am seeing those leaders. It's going to take a while, but change is going to get here. I believe from traveling the country and seeing young, diverse leaders coming up that we will be in good shape.

**ADA News:** Alternative practice models such as dental service organizations and large group practices continue to grow. What is your message to those dentists about the role of the ADA in their practice lives? What is the ADA's role?

**Dr. Roberts:** The dental service organizations are as different as daylight and dark. You cannot paint all large group practices with the same brush, because they are similar to many small pri-

vate practices in one important sense: while the vast majority are very, very good, you do occasionally see some groups and practitioners who do not perform to the standard we expect.

Some dentists just don't want to be handling the business end of a dental practice, and as long as that dental service organization or large group practice doesn't dictate treatment planning, I think they ought to be able to do anything that a dentist can hire somebody else to do to support the business end of a practice. These young people working in dental service organizations need the ADA for the same reasons every member needs the ADA. For our advocacy, for our standards, for our science — because those are things that a dental service organization cannot provide them. ■

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# Big changes for Alliance of the American Dental Association

## Group gets new president, website and governance model; holds convention

BY MICHELLE MANCHIR

Launching a new interactive website and undergoing an organizational overhaul are among the ways the Alliance of the American Dental Association is remodeling itself as the new year approaches.

It is also installing its 2016-17 leadership on Oct. 22 as its annual convention wraps up.

Teresa Theurer, an Alliance member for more than 30 years, will follow Susan Gardner as the Alliance's president.

"It is my hope that the Alliance of the ADA

can provide opportunity for members to help each other as we implement a forum on our new and improved website," said Ms. Theurer, who has previously served as the Alliance's reference committee chair and is the Alliance liaison to the ADA Council on Government Affairs. "I also hope that we can do more to mentor new members, especially those whose spouses have recently



Ms. Theurer

graduated from dental school."

The mission of the Alliance is to be a support community for its members and for the ADA through public education and outreach. It is made up primarily of spouses of active, life, retired or deceased ADA members. It also spearheads community service and educational projects, such as the Healthy Smiles from the Start initiative, a multifaceted prenatal and postnatal

dental health care education program packed with important oral health care information targeting new moms and infant caregivers. Healthy Smiles from the Start kits, which are available in English and Spanish, have been distributed in 31 states and internationally.

Ms. Theurer, of Logan, Utah, takes over at a time when many new developments surround the Alliance.

In addition to building a more interactive website with a member chat forum, the Alliance recently switched its governance model from a 25-member board of trustees to a nine-member leadership council. It is also relocating its central office from Chicago to a virtual office model, and creating a new relational database with increased member and leader access, said Susan Gardner, outgoing president.

"AADA leaders are working to use our limited resources wisely and put them to use mainly in support of our programs and members," Ms. Gardner said. "Education, advocacy and well-being are where we do our best, and how we best support and further the initiatives and priorities of the ADA. For ADA-member dentists, we are an integral part of your professional life, and we are excited, determined and moving forward at your side."

The Alliance's annual convention is Oct. 20-22 in Denver.

For more information about the Alliance, their projects, or to become a member, visit AllianceADA.org. ■

—manchirm@ada.org

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### Dental experts mark health literacy month with video

October is Health Literacy Month and a good time for dental professionals to brush up on health literacy basics, such as using plain language and confirming comprehension when talking with patients.

The ADA House of Delegates adopted in 2006 policy defining health literacy as the degree to which individuals have the capacity to obtain, process and understand basic health information and services need to make appropriate oral health decisions (Resolution 13H: 2006).

Earlier this year, the ADA created a webpage dedicated to health literacy in dentistry. It offers links to online resources related to provider-patient communications; best practices for using, learning and teaching nonscientific language; and other related articles and links, including some targeted for the patient.

In September, the ADA National Advisory Committee on Health Literacy in Dentistry convened at ADA Headquarters. Some of its members shared their insights on health literacy and what it means for dental professionals with ADA News. Highlights of their interviews are featured in an ADA News video.

To watch the ADA News video online, visit <https://youtu.be/ah7if5CyPwM>. ■



## New dentist blog launches DRB series on finances

New Dentist Now, a blog featuring resources for new dentists and dental students, launched a new weekly series on finance from Darien Rowayton Bank.

The first article in DRB's fall financial series, posted Sept. 28, focuses on tackling credit card debt. The second, posted Oct. 5, provides tips on paying off dental school student loans faster while saving money. New blog posts from DRB will be posted every Wednesday this fall.

To visit New Dentist Now, visit [newdentistblog.ADA.org](http://newdentistblog.ADA.org). To read DRB's series, search "DRB fall financial series." ■

### Corrections

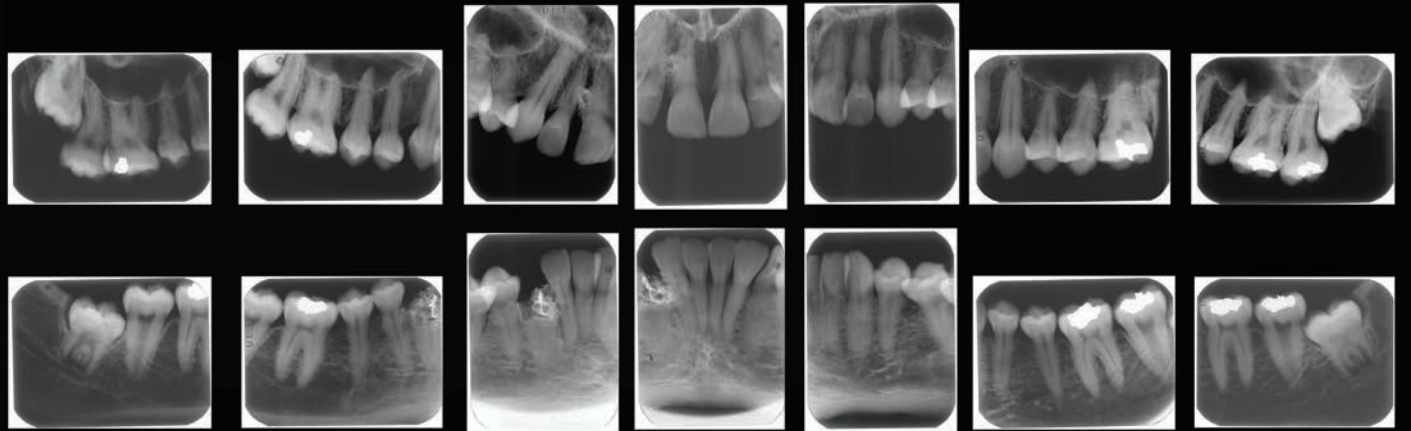
The article "Get Ready for Give Kids A Smile 2017" in the Oct. 3 ADA News incorrectly named the source of the donated sealants to GKAS programs in 2017. The source is 3M.

The article "From Childhood Hobby to Dental History" in the Sept. 19 ADA News incorrectly listed the contact information of Dr. Kim Freeman. Contact Dr. Freeman at 1-979-297-0633.

The ADA News regrets the errors. ■

# Nevada police seeking dentists' assistance identifying woman

Arroyo Grande Jane Doe Clark County Coroner / ME Case # 80-01221 NIC U000026035 NamUs 46



RIGHT

**Radiographs:** The Clark County Coroner's Office in Nevada released these images taken from the deceased woman. Officials are hoping a dentist may remember treating the woman when she was alive.

### BY KELLY SODERLUND

*Henderson, Nev.* — Police are seeking dentists' help in identifying a woman who was found slain on the side of the road in 1980.

The victim was found on Oct. 5, 1980, near Arroyo Grande and Lake Mead Parkway in Henderson, Nevada. Detectives with the City of Henderson police department have investigated this case since the day the victim was found, and

believe she is from the greater Las Vegas Valley area, said Joe Ebert, homicide investigator.

The white female, known to investigators as Jane Arroyo Grande Doe, is believed to have been between 15-19 years old, weighed 103 pounds, was 5 feet 2 inches and had brown hair and blue eyes. She had ligature wire in the area of tooth #27, believed to be the result of a jaw fracture.

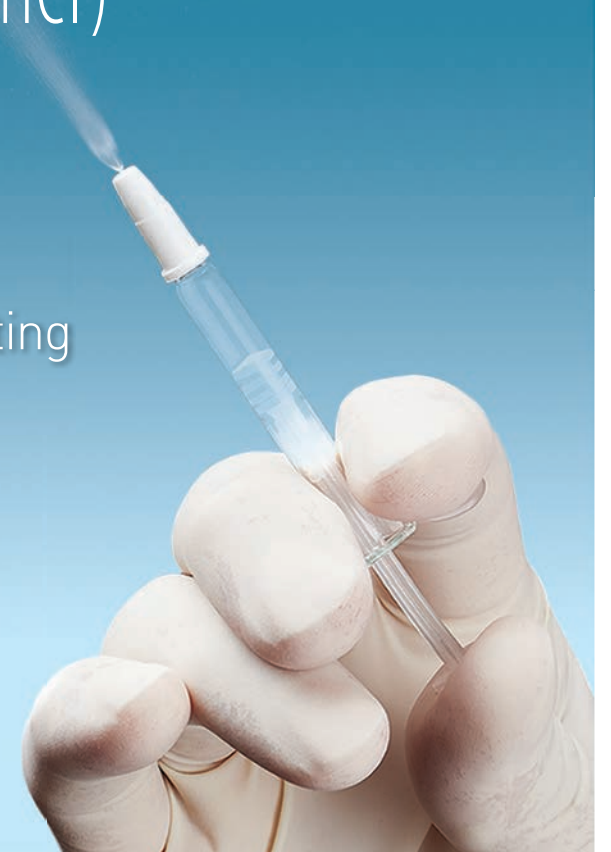
Because of her X-rays and the condition of

her teeth, Mr. Ebert believes the victim visited the dentist on a regular basis. He encourages dentists to look at the radiographs in case they may have treated her in the past. Anyone with information can contact the Henderson Police Department at 1-702-455-4275 or the National Center for Missing & Exploited Children at 1-800-843-5678 or [missingkids.com](http://missingkids.com). ■

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# ADA Foundation grant program targets Give Kids A Smile continuity of care

BY DAVID BURGER

A new ADA Foundation grant can assist Give Kids A Smile programs in their efforts to provide continuity of care following the initial GKAS event visit.

The ADA Foundation is accepting applications for its new Give Kids A Smile Continuity of Care grants program through Nov. 11.

These grants will assist GKAS programs that offer continuity of dental care to underserved children after their initial GKAS visit, because a goal of any GKAS program is to establish a process by which a child can get continued care over several years.

The Foundation defines continuity of care as the ongoing relationship between the dentist who is the primary oral care

provider and the patient and his/her parents or guardians. This continuity of care approach includes comprehensive oral care, commencing before age 1, and continuing throughout the patient's lifetime, with appropriate referral as necessary, and involving other care providers such as school nurses, pediatricians and others.

The grants offer financial assistance

only to GKAS programs that have registered through the Foundation's GKAS sign-up system to conduct a GKAS event



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in 2017, and which are identified as IRS 501(c) (3) organizations.

The Foundation will award up to a total of \$50,000 in GKAS Continuity of Care grants in 2017. Each grant awarded will provide funding not to exceed \$10,000.

Funds are limited to two types of expenditures item, both of which must have a clear, direct impact on oral care and a direct link to providing continuity of dental care for GKAS participants after the initial GKAS event. The items are:

- Transportation expenses to ensure that providers and/or underserved children with their caregivers make it to and from the appropriate location for continued oral care.

- Dental supplies to provide continued oral care to underserved children following an initial GKAS event.

This grant program would not be possible without the continued support of CareCredit, the founding donor of the ADA Foundation's GKAS Fund. CareCredit has contributed \$1 million since the inception of the GKAS Fund in 2007.

"As CareCredit approaches its 30th An-

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niversary, and Give Kids A Smile's 15th Anniversary is in 2017, we have primarily focused our funding on oral health treatment, education and screenings for underserved children beyond the GKAS national kickoff day in February," said Cindy Hearn, senior vice president at CareCredit. "At CareCredit, we are eager to help take our participation to a level that will assist GKAS programs offering continuity of care after the child's initial GKAS visit, enabling more comprehensive care."

The grant application can be accessed by visiting ADAFoundation.org.

To sign up a GKAS program, visit ADAFoundation.org/gkas. Programs that register before Nov. 7 may be eligible to receive donated dental product for their charitable program including Henry Schein Dental product kits, which include masks, gloves, prophylaxis paste, fluoride varnish, toothbrushes, toothpastes, plastic bags with the GKAS logo, oral health education cards and new for 2017, dental sealants; or Colgate consumer dental product kits which include toothbrushes, toothpastes, plastic bags with the GKAS logo and oral health education cards. ■

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# Dr. William Calnon elected president of ADA Foundation

BY DAVID BURGER

Dr. William Calnon is the new president of the ADA Foundation after elections in September.

Dr. Calnon's presidency follows the two-year term of Dr. Renaida E. Reyes, a pediatric dentist in Brooklyn, New York. He has been a member of the ADA Foundation's board of directors since 2013, where he served as vice president of scientific research.

Dr. Calnon, who practices general dentistry in Rochester, New York, was the 2011-12 president of the ADA after serving a four-year term on the ADA Board as the trustee from the 2nd District, which represents New York.

"I recognize from being on the Foundation's board the unbelievable potential the Foundation has and it continues to do excellent things for the public," Dr. Calnon said. "I also recognize that with all those tremendous opportunities come challenges. I'm ready to take on those challenges."

Dr. Calnon said his goals for his term include further strengthening the bond between the Association and the Foundation, spurring the involvement of more stakeholders in its programs, and showcasing the impact of the Foundation's initiatives to the public.

Dr. Reyes said a good Foundation president is many things. "You need good leadership qualities and be a good listener," she said. "You need a sensitivity to where needs exist and the best response to those needs." Dr. Calnon "definitely" embodies those qualities, she said. "We are going to maintain a high level of success."

Dr. Calnon's previous responsibilities with the ADA include serving as a leadership representative at the 2010 National Summit on Diversity in Dentistry, as a member of the Council on Dental Practice and on key committees and subcommittees, including one on ergonomics and disability support services.

Dr. Calnon is a past president of the New York State Dental Association, the Seventh District Dental Society and Monroe County Dental Society. In addition, he is a fellow of the American College of Dentists, the International College of Dentists and the Pierre Fauchard Academy.

Dr. Calnon graduated magna cum laude from the State University of New York College of Environmental Science and Forestry at Syracuse University and received his dental degree from University at Buffalo School of Dental Medicine. He completed the general practice residency program at the Eastman Institute for Oral Health at the University of Rochester.

The Foundation board of directors also elected several new and continuing members to its board.

Newly elected Foundation board members are:

- Ann Bruck, U.S. industry relations and professional services manager, 3M Oral Care, St. Paul, Minnesota.

- Dr. Howard I.A. Lieb, Staten Island, New York.

- Dr. Mary J. Hays, Chicago.

Directors chosen to renewed terms are:

- Dr. Maritza Morell, Boston.

- Michele Penrose, director of global professional relations, Henry Schein, Melville, New York.

Directors newly elected to the ADAF executive committee from among the ADAF

board of directors are:

- Vice president of scientific research: Dr. Gary Jeffers.

- Vice president of finance: Dr. Roger L. Kiesling.

Visit [ADAFoundation.org](http://ADAFoundation.org) or call 1-312-440-2547 for more information on the Foundation's board of directors or to make a donation. ■

—[burgerd@ada.org](mailto:burgerd@ada.org)



**Carrying the baton:** Dr. William Calnon presides over the ADA Foundation board meeting shortly after he was elected president on Sept. 28 at ADA headquarters in Chicago.



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# Fluoridation championed in cities; ADA earns award

## 45 of 50 largest American communities have optimally fluoridated water

BY MICHELLE MANCHIR

Five years after voting to fluoridate its water supply, the Santa Clara Valley Water District in California has the system and the money in place to take action.

The district, which supplies water to a number of communities including San Jose, in December “will join a majority of the country’s public water suppliers in adjusting the fluoride level of drinking water in order to prevent tooth decay,” the district announced in September.

The water district voted in November 2011 to fluoridate its water supply. With the system and funding now in place, eastern Santa Clara County will begin receiving fluoridated water in December, and west Santa Clara County in 2020.

“For a large and complex community like San Jose, which had only a small part of its community served by fluoridated water, it took many years by a group of dedicated individuals to plan, develop a strategy, build advocacy groups and ultimately urge policymaking by the legal entity responsible for the water system,” said Dr. Howard Pollick, who served as vice-chair in 2005 of the California Fluoridation Task Force and made public presentations to the Santa Clara Valley Water District regarding the benefits of fluoridation.

With the fluoridation of San Jose, 45 of the 50 largest U.S. cities will enjoy the benefit of optimally fluoridated water, according to an email in October from the ADA to state and

executives and officials. The five remaining cities in order of size are Portland, Oregon, Albuquerque, New Mexico, Tucson, Arizona, Fresno, California, and Wichita, Kansas.

“Water fluoridation is very important for reducing the burden of tooth decay for children and adults, particularly for the poor and underserved members of communities who experience more cavities and pain from what has been shown to be the most common chronic disease,” said Dr. Pollick, who is the chair of the Fluoridation Advisory Committee of the California Dental Association Foundation and also a health sciences clinical professor at the department of preventive and restorative dental sciences at the University of California, San Francisco School of Dentistry.

### Shrewsbury, Massachusetts

For the second year in a row, voters at a town meeting in Shrewsbury rejected an article that would have ceased the town’s practice of fluoridating its drinking water, according to a news report from the local Telegram & Gazette newspaper.

The town of an estimated 36,000 has had fluoridated water for about 63 years, according to the news report.

### Wilkesboro, North Carolina

The city council here voted unanimously Oct. 3 to restart fluoridation.

According to a news report in the local Jour-

nal Patriot, the vote came after council members learned in September that fluoridation had been discontinued in June 2015. The town mayor indicated that while the medical and dental professionals presented him with results of research and scientific data to support fluoridation, according to the news stories, those opposed were not able to support their opinions with significant data or scientific evidence. Wilkesboro had been fluoridated since the early 1960s, according to the Journal Patriot.

### Clay City, Indiana

As reported by the Brazil Times, in planning for the future, the Clay City town council voted 3-0 in October to continue including fluoridation as part of the water treatment process. Clay City had halted fluoridation while repairs were being completed to the town’s water treatment system. Final repairs are expected to be completed next year.

### Duxbury, Massachusetts

About 15,000 people in Duxbury will continue receiving fluoridated water after a town vote in September favored the public health measure.

Dr. Andy Wiemeyer, who has a dental office in Duxbury, was among the local advocates for fluoridated water. He attended public meetings and also wrote a column the Boston Globe published that laid out the benefits of fluoridation.

“Public health policy is built on a strong base of scientific evidence,” Dr. Wiemeyer wrote. “When you consider the depth and breadth of research related to fluoridation that has been conducted over several decades, the overwhelming weight of that evidence supports its safety and effectiveness.”

With the 105-70 vote, water fluoridation will remain, Dr. Wiemeyer said, adding that he was among many dentists in the community that outspokenly favored fluoridation, which was key to earning support from residents.

“Dentists are the ones that are going to be asked about this issue, so dentists should be knowledgeable on water fluoridation’s benefits,” he said, adding that he used the ADA publication, Fluoridation Facts, as a resource.

### Flagler County, Florida

County commissioners in Flagler County,



Florida, voted in August to initiate water fluoridation for its utility customers and to also apply for a state water fluoridation grant to fund the project.

Four of five commissioners present Aug. 15 voted to approve plan, which the local public health department and local dentists and dental hygienists vocally supported.

Flagler County Health Department director Robert Snyder supported the effort, calling water fluoridation a “very important public health initiative,” according to local news reports.

“It is about time for Flagler to do something about tooth decay for both children and adults,” he said.

The vote will benefit about 10,000 people living on the water supply, according to the Florida Dental Association.

### ADA recognized for fluoridation initiative

The ADA has been recognized with a Power of A Gold Award from the American Society of Association Executives, which recognizes how well an association advances industry/profession performance, solves problems, kickstarts innovation or improves world conditions.

The ADA was recognized for its Our Communities program, a proactive social media campaign to prompt the safety and effectiveness of water fluoridation.

To see some of the ADA’s efforts to educate the public on water fluoridation, visit MouthHealthy.org/fluoride or watch the video at ADA.org/fluoride. ■

## Relief

Continued from Page 1

U.S. declared a state of emergency for either entire states or coastal counties; widespread evacuations were ordered for extensive areas of the coast.

On Oct. 6, President Barack Obama declared a federal state of emergency for Florida, later extending to include Georgia and South Carolina.

In Florida, over 1 million lost power, with nearly 500,000 losing power in Georgia and South Carolina. While damage was primarily confined to the coast in the Florida and Georgia, torrential rains spread inland in the Carolinas and Virginia, causing widespread flooding.

In addition, the ADA has information on disaster recovery and emergency planning on ADA.org, and visitors should enter “disaster recovery” into the search engine.

The ADA Foundation accepts contributions for its Emergency Disaster Grant program in its efforts to provide grant assistance to those in need. Donations are needed because the Foundation has provided more than 17 grants with a total value of \$32,500 so far in 2016 alone to help dentists affected by flooding, tornadoes and other disasters.

The amount given this calendar year is significantly higher than any recent year.

To support the Foundation’s Disaster Fund, call 1-312-440-2547 or go online and select the How to Help page on ADAFoundation.org. ■

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# Norton Ross

Continued from Page 1

to obtain a master's degree in neurophysiology.

It was there that she discovered her love of "playing detective," diving head first into the research process.

These days, Dr. Feine is an internationally recognized clinical scientist, especially in the field of dental implants.

In July, Dr. Feine was named the 2016 recipient of the ADA Norton M. Ross Award. The ADA has presented the annual award, financially supported by Johnson & Johnson, since 1991 to recognize investigators whose research has significant impact on some aspect of clinical dentistry. "From your initial step as a practicing dentist interested in pain-related research to becoming a leading expert in the field of dental implants, your contributions are voluminous," said Dr. Carol Gomez Summerhays, ADA president, in a letter to Dr. Feine announcing the recognition.

"This year's recipient, Dr. Feine, has been a leading pioneer in evidence-based dental care and in the promotion of the preferences and needs of dental patients," said Dr. Michael Lynch, global director of oral care and fellow of global scientific engagement at Johnson & Johnson Consumer Inc.

Dr. Feine will receive \$5,000 and a commemorative plaque during a ceremony at ADA 2016 – America's Dental Meeting.

"This award is particularly gratifying to me," said Dr. Feine, "because it is a recognition of my work from the American Dental Association, an organization that I greatly admire for its dedication in leading the momentum to assist dentists in providing evidence-based care to their patients."

## Dental implant research pioneer

Currently a professor at McGill University Faculty of Dentistry in Montreal and the inaugural editor-in-chief of the Journal of Dental Research (JDR) Clinical & Translational Research (an International Association of Dental Research/American Association of Dental Research journal), some recognize Dr. Feine as one of the "world's leading expert in the field of dental implants," according to Dr. Paul Allison, Ph.D., dean of the dental school, who nominated Dr. Feine for the award.

Dr. Allison said Dr. Feine is remarkable because she is among the first to take her research projects and approaches "beyond classical epidemiological methods to encompass

psychometrics, economic assessments, health technology assessments and mixed methodological approaches," he said.

Some of her most important research concluded that patients who suffer from chronic conditions, including pain or lack of teeth, are the best judges of palliative therapies and devices designed to improve their function and quality of life, Dr. Allison said.

Dr. Feine's work has led to changes in education and practice around the world.

Perhaps most notably, her work alerted the dental profession to the fact that a minimal number of mandibular implants could improve the quality of life of many denture wearers.

As a result of the McGill Consensus State-

ment, dental faculties throughout the United States and worldwide now teach students to provide mandibular overdentures retained by two implants.

## Addressing barriers

Dr. Feine is recognized for making the needs of stakeholders a key factor in her research. She is considered among the first researchers to use oral health-related quality of life questionnaires in the assessment of dental prostheses, Dr. Allison said.

In researching the important questions related to the use of dental implants, she pursued a series of rigorous randomized controlled trials, using patient-based outcomes on satisfaction and oral health-related quality

of life as primary indicators, while including clinical and other indicators as secondary outcomes, Dr. Allison said.

Dr. Feine has also explored economic models of implant costing that could make them financial available to more people.

In Dr. Summerhays' congratulatory letter to Dr. Feine, she said, "your innovative approach has advanced the thinking surrounding dental implant research by primarily using patient-based outcomes of satisfaction and quality of life including clinical and other indicators as secondary outcomes as well as addressed barriers in translating research findings from publication to clinical care."

See NORTON ROSS, Page 18



## Periodontal disease treatment in progress

Even after they've left your chair, you can help your appropriate patients keep fighting their periodontal disease. In a clinical study, ARESTIN® (minocycline HCl) Microspheres, 1 mg + scaling and root planing (SRP) reduced harmful bacteria by nearly twice as much as SRP alone.<sup>1-3\*</sup>

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When incorporated into a routine oral maintenance program along with SRP, ARESTIN:

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Targeted periodontal bacteria to fight infection at <b>30 days</b> <sup>1</sup>	Provided significantly greater pocket depth reduction for up to <b>90 days</b> vs SRP alone <sup>4</sup>	Resulted in reduced pocket depth after 1 month and maintained at <b>9 months</b> <sup>5</sup>

The effects of ARESTIN on microorganism overgrowth have not been studied beyond 6 months.

†ARESTIN, a sustained-release locally applied antibiotic, remains active in the pocket for an extended period of time.

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\*Single-blind, randomized, parallel-group study of 127 patients with moderate-to-severe periodontitis who had at least 5 teeth with  $\geq 5$  mm pocket depths. Mean RCB numbers at day 30 were reduced from  $18.9 \times 10^5$  to  $9.50 \times 10^5$  (50%) by ARESTIN + SRP ( $p=0.002$ ) and from  $19.3 \times 10^5$  to  $14.2 \times 10^5$  (26%) by SRP alone ( $p=0.002$ ).

‡In 2 multicenter, investigator-blind, parallel-design studies of 748 patients with generalized moderate to advanced adult periodontitis characterized by a mean probing depth of 5.90 and 5.81 mm, subjects received 1 of 3 treatments: (1) SRP, (2) SRP + vehicle, and (3) SRP + ARESTIN. Retreatment occurred at 3 and 6 months after initial treatment, and any new site with pocket depth  $\geq 5$  mm also received treatment. Patients treated with ARESTIN were found to have statistically significantly reduced probing pocket depth compared with those treated with SRP alone or SRP + vehicle at 9 months after initial treatment. ARESTIN vs SRP alone ( $n=250$ )  $p<0.01$ ; ARESTIN vs vehicle + SRP ( $n=249$ )  $p<0.001$ ; ARESTIN + SRP vs vehicle ( $n=249$ )  $p<0.001$ .

## INDICATION

ARESTIN® (minocycline HCl) Microspheres, 1 mg is indicated as an adjunct to scaling and root planing (SRP) procedures for reduction of pocket depth in patients with adult periodontitis. ARESTIN® may be used as part of a periodontal maintenance program, which includes good oral hygiene and SRP.

## IMPORTANT SAFETY INFORMATION

- ARESTIN® is contraindicated in any patient who has a known sensitivity to minocycline or tetracyclines. Hypersensitivity reactions have been reported with its use. Post-marketing cases of anaphylaxis and serious skin reactions such as Stevens Johnson syndrome and erythema multiforme have been reported with oral minocycline, as well as acute photosensitivity reactions.
- THE USE OF DRUGS OF THE TETRACYCLINE CLASS DURING TOOTH DEVELOPMENT MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH, AND THEREFORE SHOULD NOT BE USED IN CHILDREN OR IN PREGNANT OR NURSING WOMEN.
- Tetracyclines, including oral minocycline, have been associated with development of autoimmune syndromes. In symptomatic patients, diagnostic tests should be performed and ARESTIN® treatment discontinued.
- The use of ARESTIN® in an acutely abscessed periodontal pocket or for use in the regeneration of alveolar bone has not been studied.
- The safety and effectiveness of ARESTIN® has not been established in immunocompromised patients or in those with coexistent oral candidiasis. Use with caution if there is a predisposition to oral candidiasis.
- In clinical trials, the most frequently reported nondental treatment-emergent adverse events were headache, infection, flu syndrome, and pain.

Please see brief summary of Prescribing Information on adjacent page.

REFERENCES: 1. Goodson JM, Gunsolley JC, Grossi SG, et al. Minocycline HCl microspheres reduce red-complex bacteria in periodontal disease therapy. *J Periodontol.* 2007;78(8):1568-1579. 2. Doherty F, Lessem J, Hanlon A, Rose T. Efficacy of Arestin in perio maintenance patients. *J Clin Periodontol.* 2003;30(suppl 4):19-100. 3. Grossi SG, Goodson JM, Gunsolley JC, et al. Mechanical therapy with adjunctive minocycline microspheres reduces red-complex bacteria in smokers. *J Periodontol.* 2007;78(9):1741-1750. 4. Williams RC, Paquette DW, Offenbacher S, et al. Treatment of periodontitis by local administration of minocycline microspheres: a controlled trial. *J Periodontol.* 2001;72(11):1535-1544. 5. ARESTIN® (minocycline hydrochloride) Microspheres, 1 mg. Prescribing Information. OraPharma; 2015.

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**Internationally recognized:** Dr. Jocelyne Feine will receive \$5,000 and a commemorative plaque during a ceremony at ADA 2016 – America's Dental Meeting.



# Norton Ross

Continued from Page 17

## Published editor

Dr. Summerhays said the reward also recognizes Dr. Feine's "large body of research published in the highest impact journals in dentistry."

Dr. Feine's CV swells with more than 140 peer-reviewed publications, two books, more than a dozen invited papers and book chapters and more than 150 abstracts. She has also been invited to present her research more than 160 times throughout the world. She has been recognized with an IADR Distinguished Scientist

Award in Prosthodontics in 2005 as well as an IADR Distinguished Service Award in 2013.

Dr. Feine was appointed in August 2015 as the inaugural editor of JDR Clinical & Translational Research. That publication, launched earlier this year, is a peer-reviewed journal dedicated to original dental, oral and craniofacial research at the interface between discovery science and clinical application. In a press release announcing her appointment, American Association of Dental Research president Dr. Paul Krebsbach called Dr. Feine "a highly qualified, internationally recognized and respected scientist and academic leader."

## From a family of dentists

Dr. Feine, who lives in Montreal and speaks

fluent French, said she grew up in Pennsylvania and Texas in a family of dentists. Her mother and aunt were general dentists while her uncle was an oral surgeon.

Outside of teaching and research, she enjoys music — especially rock from the 60s and 70s, photography, art and traveling. She has been to Africa and also to India seven times, where she speaks at dental meetings in combination with visits throughout the country, she said.

In reflecting on her work and the Ross award, she told ADA News, "I firmly believe that clinical and translational research should be grounded by the needs of the stakeholders, the patients, practitioners, policy makers, insurers and educators. Research must address the health issues of the community; it is all about public health." ■

## Dentists receive 2016 Shils Awards for contributions to profession

Philadelphia — The Dr. Edward B. Shils Entrepreneurial Fund held its 2016 Shils Awards ceremony on Oct. 5, recognizing people, organizations and programs that positively influence the dental community and the public oral health arena.

The Dr. Edward B. Shils Entrepreneurial Fund is a nonprofit organization dedicated to innovative leadership in health care and named after the late Dr. Edward B. Shils, the executive director of the Dental Manufacturers of America and the Dental Dealers of America for almost 50 years.

"This year's honorees exemplify Ed's dedication to the values of entrepreneurship and education, and I believe that he would be incredibly proud to see the impact their talent, compassion, and leadership have had in our communities," said Steven W. Kess, president of the Dr. Edward B. Shils Entrepreneurial Fund's board of directors.

The 2016 Shils-Meskin Award, given at the discretion of the board of directors to an individual of great character and modesty in the face of renowned achievement and well-deserved recognition, was given to Dr. Lawrence A. Tabak, the principal deputy director and the deputy ethics councilor of the National Institutes of Health. Dr. Tabak was recognized for his dedication to and advocacy for the advancement of dental research and leadership at the NIH.

This year's Shils Awards were presented to:

- Dr. Laurie M. McCauley for her outstanding leadership as a health educator as the dean of the University of Michigan School of Dentistry, and for her commitment to researching the prevention of early tooth decay.

- Dr. Carolyn Primus, the president of Avalon Biomed Inc., for her innovation and development of many products for fixed prosthodontics, orthodontics and endodontics to enhance dental procedures and advance the dental profession.

- Dr. Othman Shibly, the director of the postgraduate program in periodontics for the University at Buffalo School of Dental Medicine, for his exceptional leadership as a dental educator and for his participation in medical missions to help Syrian refugees in Jordan, Turkey and Lebanon.

- The Stephen and Sandra Sheller 11th Street Family Health Services, an organization that provides quality, comprehensive health services to residents of the public housing units in Philadelphia's 11th Street Corridor.

- Dr. Sidney Whitman, the director of pediatric dentistry at Newark Beth Israel Medical Center, received this year's Special Recognition Award for his advocacy for and lifelong dedication to improving the oral health of thousands of children living in the Delaware Valley and New Jersey.

The awards were presented at the Shils Fund Dinner at the Union League of Philadelphia. ■

BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION FOR ARESTIN (MINOCYCLINE HYDROCHLORIDE) MICROSPHERES, 1 MG  
This Brief Summary does not include all the information needed to use ARESTIN safely and effectively. See full Prescribing Information.

ARESTIN® (minocycline hydrochloride) Microspheres, 1 mg

Rx only

### INDICATIONS AND USE

ARESTIN® is indicated as an adjunct to scaling and root planing procedures for reduction of pocket depth in patients with adult periodontitis. ARESTIN® may be used as part of a periodontal maintenance program which includes good oral hygiene and scaling and root planing.

### CONTRAINDICATIONS

ARESTIN® should not be used in any patient who has a known sensitivity to minocycline or tetracyclines.

### WARNINGS

THE USE OF DRUGS OF THE TETRACYCLINE CLASS DURING TOOTH DEVELOPMENT (LAST HALF OF PREGNANCY, INFANCY, AND CHILDHOOD TO THE AGE OF 8 YEARS) MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH (YELLOW-GRAY BROWN). This adverse reaction is more common during long-term use of the drugs, but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. TETRACYCLINE DRUGS, THEREFORE, SHOULD NOT BE USED IN THIS AGE GROUP, OR IN PREGNANT OR NURSING WOMEN, UNLESS THE POTENTIAL BENEFITS ARE CONSIDERED TO OUTWEIGH THE POTENTIAL RISKS. Results of animal studies indicate that tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Evidence of embryotoxicity has also been noted in animals treated early in pregnancy. If any tetracyclines are used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Patients apt to be exposed to direct sunlight or ultraviolet light should be advised that this reaction can occur with tetracycline drugs, and treatment should be discontinued at the first evidence of skin erythema.

### PRECAUTIONS

#### Hypersensitivity Reactions

Hypersensitivity reactions that included, but were not limited to anaphylaxis, angioneurotic edema, urticaria, rash, swelling of the face, and pruritus have been reported with the use of ARESTIN®. Some of these reactions were serious. Post-marketing cases of anaphylaxis and serious skin reactions such as Stevens-Johnson syndrome and erythema multiforme have been reported with oral minocycline.

#### Autoimmune Syndromes

Tetracyclines, including oral minocycline, have been associated with the development of autoimmune syndromes including a Lupus-like syndrome manifested by arthralgia, myalgia, rash, and swelling. Sporadic cases of serum sickness have presented shortly after oral minocycline use, manifested by fever, rash, arthralgia, and malaise. In symptomatic patients, liver function tests, ANA, CBC, and other appropriate tests should be performed to evaluate the patients. No further treatment with ARESTIN® should be administered to the patient.

The use of ARESTIN® in an acutely abscessed periodontal pocket has not been studied and is not recommended.

While no overgrowth by opportunistic microorganisms, such as yeast, were noted during clinical studies, as with other antimicrobials, the use of ARESTIN® may result in overgrowth of non-susceptible microorganisms including fungi. The effects of treatment for greater than 6 months has not been studied.

ARESTIN® should be used with caution in patients having a history of predisposition to oral candidiasis. The safety and effectiveness of ARESTIN® has not been established for the treatment of periodontitis in patients with coexistent oral candidiasis.

ARESTIN® has not been clinically tested in immunocompromised patients (such as those immunocompromised by diabetes, chemotherapy, radiation therapy, or infection with HIV). If superinfection is suspected, appropriate measures should be taken.

ARESTIN® has not been clinically tested in pregnant women.

ARESTIN® has not been clinically tested for use in the regeneration of alveolar bone, either in preparation for or in conjunction with the placement of endosseous (dental) implants or in the treatment of failing implants.

#### Information for Patients

After treatment, patients should avoid chewing hard, crunchy, or sticky foods (i.e., carrots, taffy, and gum) with the treated teeth for 1 week, as well as avoid touching treated areas. Patients should also postpone the use of interproximal cleaning devices around the treated sites for 10 days after administration of ARESTIN®. Patients should be advised that although some mild to moderate sensitivity is expected during the first week after SRP and administration of ARESTIN®, they should notify the dentist promptly if pain, swelling, or other problems occur. Patients should be notified to inform the dentist if itching, swelling, rash, papules, reddening, difficulty breathing, or other signs and symptoms of possible hypersensitivity occur.

#### Carcinogenicity, Mutagenicity, Impairment of Fertility

Dietary administration of minocycline in long-term tumorigenicity studies in rats resulted in evidence of thyroid tumor production. Minocycline has also been found to produce thyroid hyperplasia in rats and dogs. In addition, there has been evidence of oncogenic activity in rats in

studies with a related antibiotic, oxytetracycline (i.e., adrenal and pituitary tumors). Minocycline demonstrated no potential to cause genetic toxicity in a battery of assays which included a bacterial reverse mutation assay (Ames test), an *in vitro* mammalian cell gene mutation test (L5178Y/TK+/- mouse lymphoma assay), an *in vitro* mammalian chromosome aberration test, and an *in vivo* micronucleus assay conducted in ICR mice. Fertility and general reproduction studies have provided evidence that minocycline impairs fertility in male rats.

#### Teratogenic Effects

Pregnancy Category D. (See WARNINGS.)

#### Labor and Delivery

The effects of tetracyclines on labor and delivery are unknown.

#### Nursing Mothers

Tetracyclines are excreted in human milk. Because of the potential for serious adverse reactions in nursing infants from the tetracyclines, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother. (See WARNINGS.)

#### Pediatric Use

Since adult periodontitis does not affect children, the safety and effectiveness of ARESTIN® in pediatric patients cannot be established.

#### ADVERSE REACTIONS

The most frequently reported non-dental treatment-emergent adverse events in the 3 multicenter US trials were headache, infection, flu syndrome, and pain.

Table 5: Adverse Events (AEs) Reported in ≥3% of the Combined Clinical Trial Population of 3 Multicenter US Trials by Treatment Group

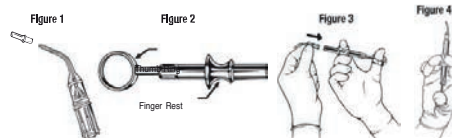
	SRP Alone N=250	SRP + Vehicle N=249	SRP + ARESTIN® N=423
Number (%) of Patients			
Treatment-emergent AEs	62.4%	71.9%	68.1%
Total Number of AEs	543	589	987
Periodontitis	25.6%	28.1%	16.3%
Tooth Disorder	12.0%	13.7%	12.3%
Tooth Caries	9.2%	11.2%	9.9%
Dental Pain	8.8%	8.8%	9.9%
Gingivitis	7.2%	8.8%	9.2%
Headache	7.2%	11.6%	9.0%
Infection	8.0%	9.6%	7.6%
Stomatitis	8.4%	6.8%	6.4%
Mouth Ulceration	1.6%	3.2%	5.0%
Flu Syndrome	3.2%	6.4%	5.0%
Pharyngitis	3.2%	1.6%	4.3%
Pain	4.0%	1.2%	4.3%
Dyspepsia	2.0%	0	4.0%
Infection Dental	4.0%	3.6%	3.8%
Mucous Membrane Disorder	2.4%	0.8%	3.3%

The change in clinical attachment levels was similar across all study arms, suggesting that neither the vehicle nor ARESTIN® compromise clinical attachment.

#### DOSAGE AND ADMINISTRATION

ARESTIN® is provided as a dry powder, packaged in a unit dose cartridge with a deformable tip (see Figure 1), which is inserted into a spring-loaded cartridge handle mechanism (see Figure 2) to administer the product.

The oral health care professional removes the disposable cartridge from its pouch and connects the cartridge to the handle mechanism (see Figures 3-4). ARESTIN® is a variable dose product, dependent on the size, shape, and number of pockets being treated. In US clinical trials, up to 122 unit dose cartridges were used in a single visit and up to 3 treatments, at 3-month intervals, were administered in pockets with pocket depth of 5 mm or greater.



The administration of ARESTIN® does not require local anesthesia. Professional subgingival administration is accomplished by inserting the unit-dose cartridge to the base of the periodontal pocket and then pressing the thumb ring in the handle mechanism to expel the powder while gradually withdrawing the tip from the base of the pocket. The handle mechanism should be sterilized between patients. ARESTIN® does not have to be removed, as it is bioresorbable, nor is an adhesive or dressing required.

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# NYC dentist plays small part in NBA history

## Dr. Daniel Rudolph helped connect Joakim Noah with Knicks

BY MICHELLE MANCHIR

*New York City*—When NBA star Joakim Noah was introduced as a New York Knick in July after leaving the Chicago Bulls, he offered a shout out to “the dentist.”

That dentist, it turns out, is New York City’s Dr. Daniel Rudolph, 71, who has owned his general dentistry office in the city’s Greenwich Village neighborhood for more than 40 years.

Dr. Rudolph’s connection to the NBA star was highlighted in an August story published in the New York Daily News by sports reporter Stefan Bondy, who tracked down Dr. Rudolph as “the dentist” that Mr. Noah mentioned.

Mr. Bondy wrote, “Before ... the \$72 million deal [referring to Mr. Noah’s contract with the Knicks] consummated at a Disney World resort — there was the dentist from Greenwich Village.” Adding that Dr. Rudolph, “was the facilitator of the unusual relationship between Noah and Jackson, playing the dual role of teeth cleaner and NBA intermediary.”

The “Jackson” in the story is — who else? — Phil Jackson, former NBA coach and player and currently the president of the New York Knicks. For years, Dr. Rudolph played in the same pick-up basketball league at a Manhattan public high school gym as Mr. Jackson. Their relationship came into play after Dr. Rudolph got a call from Noah’s agent — a friend of his son’s — who shared with Dr. Rudolph Mr. Noah’s interest in playing for Knicks, Dr. Rudolph said.

The call wasn’t Dr. Rudolph’s first encounter with Mr. Noah, who grew up partially in New York City. Mr. Noah had occasionally shown up with friends to the pick-up basketball league Dr. Rudolph plays with and even occasionally saw Dr. Rudolph for some dental care. “His friends came to me so he came to me,” Dr. Rudolph said.

Mr. Rudolph is credited with making the first introduction between Mr. Noah and the Knicks president earlier this year.

“I’m not an agent; I was just sort of the go-between,” Dr. Rudolph told the ADA News.

Mr. Noah remains an occasional patient for Dr. Rudolph, who keeps season tickets “behind the basket” at Madison Square Garden, where the Knicks play, according to the New York Daily News story.

Other national press, including CBS

Sports, picked up Mr. Bondy’s article. Dr. Rudolph called the spotlight put on his office and work “pretty cool.”

Still, having famous patients is nothing new for him, Dr. Rudolph said, being

that his office is in the heart of Manhattan. But he’d never “bump anyone’s appointment for a celebrity,” adding that his level of care is the same high quality for all of his patients.

To read Mr. Bondy’s story, visit [nydailynews.com](http://nydailynews.com) and search for the headline: “How a Greenwich Village dentist brought Joakim Noah and Phil Jackson together.” ■

—[manchirm@ada.org](mailto:manchirm@ada.org)



**Making a connection:** Dr. Daniel Rudolph, left, said he helped connect Joakim Noah, right, a former Chicago Bulls basketball player, with New York Knicks president Phil Jackson, whom Dr. Rudolph met decades ago through a pick-up basketball league with which he plays.

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# Syrian

*Continued from Page 1*

clinics offering care at no cost in churches, schools and health centers around Chicago.

Dr. Lamberghini is also a clinical assistant professor in the department of pediatric dentistry at the University of Illinois at Chicago, where she earned her masters in public health, and discovered the how deep the access to care issue goes for many children, notably minorities, refugees or those who live in underserved neighborhoods, she said.

So when she opened her dental office more than 10 years ago, “I wanted to make it available for kids that don’t have a dental home.”

Her plan has come to life. She said her office is well known in Illinois as one of few that accepts Medicaid and is available for child patients who need care.

“We’ve been very successful — three years ago we opened a second office (in Chicago) and we see kids from everywhere in the state of Illinois,” Dr. Lamberghini said, adding that her office gets referrals from as far away as Springfield, more than 200 miles southwest of Chicago.

Her accessibility makes the office an important one for people including Samer Almasri, who brought his three young sons to Dr. Lamberghini’s office in October for the refugee event.

Kamal, his youngest son, was resistant to a cleaning, but Dr. Lamberghini said just making contact with him and getting him acquainted with the office is a good first step. She hopes her office on Chicago’s Northwest side, which is kid-friendly with a big yellow slide and play area, can become a dental home for children in Kamal’s situation.

For the October event, a staff member at the office dressed as a giant smiling tooth to greet children. To assist with care for patients who spoke Arabic, volunteers from the Chicago-based Syrian Community Network were on hand, helping translate for Mr. Almasri and others. The group worked with Dr. Lamberghini and other volunteer dentists, Drs. Amy Martin, Wendy Yang and Brian Burseth to invite Syrian families in the Chicago area to the event.

Many of the refugees who attended are part of a federal resettlement program, said Syrian Community Network coordinator Maya Atassi, and they receive Medicaid, including dental care for children.

An event like the one at Dr. Lamberghini’s office, where parents could bring more than one child at a time for an appointment, are especially helpful for refugee families, Ms. Atassi said.

“A lot of times dental practices may have one appointment open, but a lot of families have two to four children and it’s hard to find a dentist on short notice who can make an appointment for each child,” she said.

By the end of the day, volunteer dentists had provided treatment to 32 children. Dr. Lamberghini said she looks forward to holding more events for Syrian refugee families.

“I am happy to do something for these kids,” she said.

For Dr. Noor Obaisi, whose parents moved to the U.S. from Syria before she was born, helping patients at the event in Chicago at Dr. Lamberghini’s office with any orthodontic work they need is a valuable way to promote good in the community.

“This is a population that may not know where to go for dental care,” she said. “It’s important to show them that their community supports them.” ■



**Uncertainty:** Dr. Flavia Lamberghini, right, shows Kamal, 4, that taking care of your teeth is fun and important with the help of a stuffed friend during a clinic at her office in Chicago Oct. 8.



**Providing care:** Dr. Noor Obaisi, left, assists Samer Almasri, who brought his three sons to the clinic on Oct. 8, fill out paperwork. Mr. Almasri and his family had arrived in the U.S. from Syria about five weeks prior to the clinic.



**Fun at the office:** Kamal, 4, enjoys the slide and play area at Apple Dental Care in Chicago.

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## ‘Their enthusiasm is contagious’

### Iowa MOM event volunteers provide \$875K in dental care for patients

BY MICHELLE MANCHIR

Dubuque, Iowa — For many of the patients at the Sept. 23-24 Mission of Mercy event here, it was the first time they’d had access to dental care in many years — or ever.

Dental volunteers provided cleanings, restorations, extractions and more to 919 people over two days at the clinic organized by the Iowa Dental Foundation.

More than 180 dentists from all over Iowa and a few from surrounding states provided about \$875,000 in care, said Kathy Salisbury, program manager at the Iowa Dental Foundation who, along with a local committee, organized the fundraising, arrangements and volunteers for the clinic held at the Five Flags Center in downtown Dubuque.

“Iowa MOM makes a big difference in the patients’ lives,” she said. “Most of our patients cannot afford dental care and have been living with diseased teeth and gums for a long time. Iowa MOM is vital to helping them get back to better health. I am always touched to see patients after they have gotten a ‘flipper.’ When they see their complete smile for the first time, their enthusiasm is contagious.”

More than 120 patients were provided with flippers (removable partials), Ms. Salisbury said.

Furthermore, more than 1,000 community volunteers helped out during the two days, Ms. Salisbury said. Many of the volunteers return each year for the event to help.

“It’s the reward of seeing people’s lives improved when they leave. These are people that maybe haven’t ever been to a dentist — or they can’t afford it,” Ms. Salisbury said. “To talk to them and see their smiles when they leave and know their lives are going to be better because we’ve gotten rid of their dental problems — I think that’s why volunteers come back.” The Dubuque event is the ninth Mission of Mercy organized by the Iowa Dental Foundation. The event next year, for its 10th anniversary, will be in Cedar Rapids, Ms. Salisbury said.

For more information about the Iowa Dental Foundation, visit [iowadental.org](http://iowadental.org). ■

—[manchirm@ada.org](mailto:manchirm@ada.org)



**Happy days:** A young guest at the Iowa Dental Foundation Mission of Mercy event poses alongside a patient getting care. More than 900 people got care during the two-day event in downtown Dubuque, Iowa, Sept. 23-24 with the help of more than 180 dental volunteers.

## WHO report: Taxing sugary drinks can lower consumption

Geneva — Putting a tax on sugary drinks “can lower consumption and reduce obesity, type 2 diabetes and tooth decay,” according to a World Health Organization report issued Oct. 11.

The report, “Fiscal Policies For Diet and the Prevention of Noncommunicable Diseases,” says that fiscal policies “that lead to at least a 20 percent increase in the retail price of sugary drinks would result in proportional reductions in consumption of such products.”

The report includes the results of a 2015 World Health Organization meeting of experts and also an investigation of 11 systematic reviews of the effectiveness of fiscal policy interventions for improving diets and preventing noncommunicable diseases.

Using fiscal policies to reduce sugary drink and food consumption, the need to reduce sugar intake and the increasing prevalence of obesity worldwide are discussed in the report, which is available online.

In November 2015, the ADA House of

Delegates formally endorsed the World Health Organization’s recommendation to limit added sugar consumption to less than 10 percent of daily caloric intake.

Furthermore, in January, The U.S. Department of Health and Human Services and Department of Agriculture released updated nutritional guidelines that advise limiting the intake of added sugars to less than 10 percent of total calories consumed each day.

To view the report online, visit [WHO.int](http://WHO.int) and search for the report title. ■



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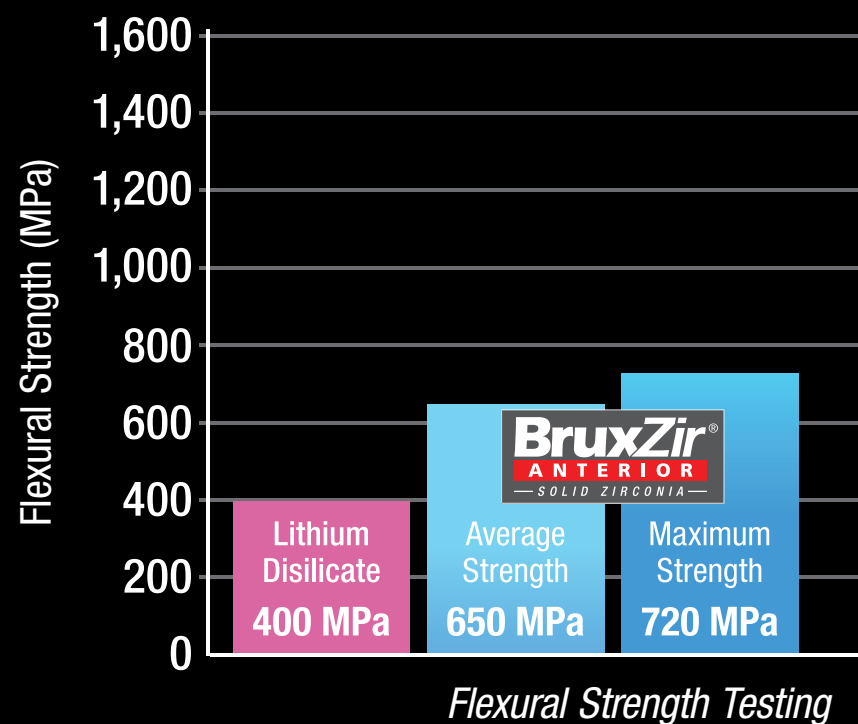
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# Investment in online marketing provides potential boost for dental practices

*Editor's note: This is the fifth in a series of articles about internet marketing for dental practices. In today's world it's critical to create a brand and manage a reputation on the Internet. This series of articles features interviews with several ADA members who are addressing the marketing challenges dentists are facing today with the help of PBHS, the website and marketing services provider endorsed by ADA Business Resources.*



**Dr. Nigro**

Working with PBHS, the Internet marketing company endorsed by ADA Business Resources, Ms. Nigro's marketing campaign increased the practice's revenue year-over-year as well as increasing new patients by 29 percent in 2015. Her brother, Dr. Anthony Nigro, had hired her to help modernize and upgrade his practice's market-

**L**ynne Nigro, dental marketing consultant for O-G General & Family Dentistry in Glandorf, Ohio, is proud of the practice's new website, but she's even prouder of the results it has brought to the practice's bottom line.

Working with PBHS, the Internet marketing company endorsed by

ing strategy. Dr. Nigro purchased the practice in 2012.

"At first I wasn't sure we needed to invest in the website for our practice," Dr. Nigro said. "Now I believe that it's crucial to building the practice's brand, increasing referrals and maintaining communication with our existing patients."

Like Dr. Nigro, thousands of ADA members have purchased or acquired practices with poorly functioning websites or none at all. PBHS helps dentists, especially those new to the field, understand the importance of investing in modern internet marketing to boost their dental practices while taking the guesswork out of building a website, utilizing search engine optimization and increasing their social media presence.

"We live in a rural community, and many of our patients are referred through word of mouth. Almost all of our new patients mentioned that they browsed our website before they made an appointment," said Dr. Nigro.

Jay Levine, president of PBHS, said he understands the concerns that many dentists have about investing in online marketing.

"Today's world has changed," he said. "Gone are the days when a dental practice could limit their advertising structure to phonebooks and billboards. About 35 percent of our recent customers are setting up their very first webpage for their practice."



For Ms. Nigro, the first step was to build a brand for the practice.

"We enlisted PBHS to help us build a brand identity and responsive website to enable practice growth and new patient acquisition. Once we selected a logo, we worked with the team to build our website, which we launched on time and on budget," said Ms. Nigro.

Internet marketing is important for today's dental practice because it's a great way to gain new patients or secure a larger referral base, Mr. Levine said.

"Prospective patients are able to more quickly find you because of your high ranking on a Google search, research your practice, and register online," he said, adding that increasing a practice's visibility online can promote the authority of the practice. In addition, patients referred to specialists have an easier time finding the practice because of higher rankings on Google.

"Remember that a website gives patients their first glimpse of your practice, and patients are likely to associate a professional, quality website with professional, quality care," Mr. Levine said.

In addition to a website, PBHS can help practices with search engine optimization and social media. According to PBHS, social media can help maintain a patient base and encourage patient loyalty, which may be as important as securing new patients. Social media also provides the chance to convey a practice's personality.

Dr. Nigro couldn't agree more. "The investment in our website combined with the search engine optimization and social media campaigns provided impressive returns," he said.

PBHS is the leading provider of website design and online search engine marketing services for the dental community. Their team has helped over 5,000 dental practices create a strong Internet presence with state-of-the-art website design, search engine optimization, social media, logo design and branding and advertising. Their team of experts can help dentists create a professional, engaging website that can help them establish trust and confidence with both current and potential patients.

PBHS offers packages on websites as well as packages that includes social media, search engine optimization and other advertising. ADA members receive a \$500 discount on their package, a selection of free ADA online patient brochures and videos, plus a complimentary analysis of their current branding and online presence. For more information or to set up a free consultation, contact PBHS at 1-855-932-4232. ■

## Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)

1. Publication Title: American Dental Association ADA News; 2. Publication Number: 0895-2930; 3. Filing Date: October 1, 2016; 4. Issue Frequency: Semi-monthly, except July/December; 5. Number of Issues Published Annually: 22; 6. Annual Subscription Price: Members-\$22, Non-Members-\$96, Institutions-\$142; 7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®): 211 East Chicago Avenue, Chicago, IL 60611-2678, Contact Person: Gilbert Munoz, Telephone (Include area code): 312-440-2783; 8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer): 211 East Chicago Avenue, Chicago, IL 60611-2678; 9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank), Publisher (Name and complete mailing address): Michael D. Springer, Senior Vice President, Business and Publisher, 211 East Chicago Avenue, Chicago, IL 60611-2678; Editor (Name and complete mailing address): Judith Jakush, Editor, 211 East Chicago Avenue, Chicago, IL 60611-2678; Managing Editor (Name and complete mailing address): This title does not exist; 10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.): Full Name, American Dental Association, Complete Mailing Address, 211 East Chicago Avenue, Chicago, IL 60611-2678; 11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box: NONE; 12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one) The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes: Has Not Changed During Preceding 12 Months; 13. Publication Title: American Dental Association ADA News; 14. Issue Date for Circulation Data: May 16, 2016

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a. Total Number of Copies (Net press run)	162,393	187,535
b. Paid Circulation (By Mail and Outside the Mail)		
(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	120,167	122,772
(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	0	0
(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	0	0
(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail®)	0	0
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))	120,167	122,772
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)		
(1) Free or Nominal Rate Outside-County Copies Included on PS Form 3541	40,889	63,600
(2) Free or Nominal Rate In-County Copies Included on PS Form 3541	0	0
(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-Class Mail)	0	0
(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	0	0
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))	40,889	63,600
f. Total Distribution (Sum of 15c and 15e)	161,056	186,372
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))	1,337	1,163
h. Total (Sum of 15f and g)	162,393	187,535
i. Percent Paid (15c divided by 15f times 100)	75%	66%

	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
16. Electronic Copy Circulation		
a. Paid Electronic Copies	0	0
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (line 16a)	0	0
c. Total Print Distribution (Line 15f) + Paid Electronic Copies (line 16a)	0	0
d. Percent Paid (Both Print & Electronic Copies)/(16b divided by 16c X 100)	0	0

17. Publication of Statement of Ownership: If the publication is a general publication, publication of this statement is required. Will be printed in the October 17, 2016 issue of this publication.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner *Michael D. Springer* Sr VP, Business & Publishing, Date: October 1, 2016

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).



**Honoring:** The ADA awarded three individuals with honorary memberships in 2016. The ADA Board of Trustees nominated the trio for their outstanding contributions to the art and science of dentistry. The honorees are Dr. Jens O. Andreassen, a Danish pioneer in the field of dental trauma; Grace L. DeShaw-Wilner, who retired in April after 36 years of service to the Michigan Dental Association; and Dr. Mitsuo Okubo, president of the Japan Dental Association from 2006-15. In the top photo, Dr. Gary Jeffers, 9th District Trustee, left, and Dr. Larry DeGroat, Michigan Dental Association president, right, present Ms. DeShaw-Wilner with her award at the 9th District Caucus in September. In the bottom photo, ADA President Carol Gomez Summerhays poses with Dr. Andreassen, left, and Dr. Kenro Hori, right, president of the Japan Dental Association, who accepted the award on Dr. Okubo's behalf, in Poznan, Poland, the site of the FDI World Dental Congress in September.



# INDUSTRY Watch

News from the dental industry

## Directa Dental Group acquires Parkell, Inc.

Directa Dental Group, a manufacturer of dental consumables and materials based out of Sweden, announced Sept. 16 the purchase of Parkell, Inc.

"Directa Dental Group is an ideal entity for allowing Parkell to continue developing new business and achieving the next level of growth," said Karen Mitchell, prior CEO of Parkell, in a Directa Dental news release. Ms. Mitchell will remain with Parkell under the title of president. ■

## Henry Schein reveals Tree of Peace statue at dental school in France

Henry Schein Inc. and other dental industry leaders unveiled a Tree of Peace statue on campus at the University of Strasbourg Dental School in France. The statue is a symbol of the relationships built through oral health. This is the first Tree of Peace statue installed in Europe.

"The University of Strasbourg Dental School has long championed the power of dental education and the oral health industry

to break down barriers and advance the cause of globalization, interprofessional relations and trust," said Stanley M. Bergman, chair of the board and chief executive officer of Henry Schein. "We are so pleased to know that a Tree of Peace statue now has a prominent place in Europe as we expand the reach of this program." ■

## Sunstar pledges \$250,000 for periodontology research grants

Sunstar Americas announced Oct. 7 that it pledged \$250,000 to the American Academy of Periodontology for research grants over a three-year span starting in 2017.

"By awarding our Sunstar Innovation Grants over the next three years, we will be able to further support not only our mission

but the crucial efforts of AAP members to significantly reduce the impact of periodontitis in America," said Marie Wilson, Sunstar Americas senior manager of scientific affairs and professional relations, in a news release.

Sunstar has headquarters in Schaumburg, Illinois. ■

—Compiled by Matt Carey

## ADA Business Resources endorses Lenovo Computers

ADA Business Resources announced Sept. 12 it endorsed Lenovo Computers as the business- and home-use computer products provider for ADA members.

The new endorsement offers members special pricing and discounts from Lenovo's entire line of technology products.

"We did a survey last year in which 64 percent of members reported planning to purchase computer equipment in the next 12 months, so we believe this endorsement fills



a gap in our portfolio of association member offers," said Deborah Doherty, managing director of ADA Business Resources.

Through the endorsement, members can save up to 30 percent off the everyday public online price of laptops, tablets, desktops, all-in-ones, workstations, servers, accessories and more. This includes savings on top products, such as the ThinkPad notebooks and multi-mode YOGA tablets.

ADA members also receive free ground shipping on all online orders, monthly limited time special offers, access to energy-efficient green technologies and service and support before, during and after purchase.

For more information and ordering options, contact Lenovo at 1-800-426-7235 ext. 4886 or visit [www.lenovo.com/ADA](http://www.lenovo.com/ADA). ■



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# ADA launches Manage My Debt portal

BY KIMBER SOLANA

As the average educational debt for senior dental students continue to grow, the ADA launched in September Manage my Debt — a new web portal dedicated on money-saving resources and tools to help dentists achieve financial stability.

“This is a great resource for members and sorely needed, especially for new dentists,” said Dr. Chris Hasty, New Dentist Committee chair.

“I’m so glad the ADA is advocating for me on student debt and has created a web area to help us find information quickly and easily,” added Dr. Emily Ishkanian, New Dentist Committee vice chair.

Educational debt for senior dental students in 2015 averaged about \$255,000, according to the American Dental Education Association.

The website, ADA.org/mydebt, is a one-stop shop for dentists seeking information on debt and finance management.

Features include “Debt Facts,” which helps dentists better understand and track various debts such as student loans, credit cards and mortgages.

Looking to consolidate? The portal includes information on consolidation, such as the exclusive benefit from Darien Rowayton Bank to ADA members.

The ADA endorsed DRB’s student loan consolidation/refinancing program giving ADA members an opportunity to refinance existing federal and private undergraduate and graduate school loans at 0.25 percent lower rate.

As of August 2016, ADA members are saving nearly \$33,000 on average through DRB refinancing over the life of their loan, according to the new web portal.

In addition, the new site features budgeting tips, debt load and loan repayment calculators, and resources on federal and state loan repayment options to help dentists get out of the red faster.

For more information, visit ADA.org/mydebt. ■

—solanak@ada.org



**Town hall:** Dr. Carol Gomez Summerhays, ADA president, held a town hall discussion with students during her Oct. 6 visit at the University of North Carolina Chapel Hill School of Dentistry. Dr. Summerhays discussed issues dental students face including accreditation, student debt, licensure portability and the importance of being involved in organized dentistry.

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# Halloween

*Continued from Page 1*

including two new tooth-shaped characters dressed as a cowboy and Frankenstein’s monster.

In addition, MouthHealthy.org — the ADA’s consumer website — updated its Health Halloween Tips and added a new Halloween Candy Survival Guide, which features quotes from Dr. Ana Ferraz-Dougherty, ADA spokesperson. In a video, ADA member dentists also share their favorite types of candy and reveal what they hand out to trick-or-treaters.

To visit MouthHealthy’s Kids’ Halloween Headquarters, visit MouthHealthyKids.org. ■

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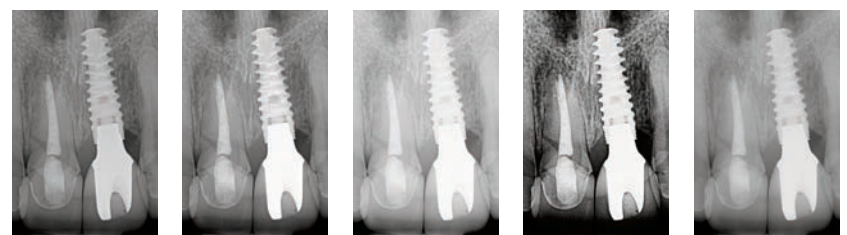




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