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## ADA News - 03/02/2015

American Dental Association, Publishing Division

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# ADA News

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

MARCH 2, 2015

VOLUME 46 NO.5

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## BRIEFS

### International volunteer nominations sought

Applications are due to the ADA April 1 for the Certificate for International Volunteer Service.

This program recognizes ADA members who have volunteered in developing countries to improve the oral health and overall health of individuals. Eligibility requirements include serving



in an international location with a program sponsored by a dental school or recognized nonprofit organization for a minimum of 14 days, either in one period or in several visits, in any 24-month period. Students are also eligible to apply.

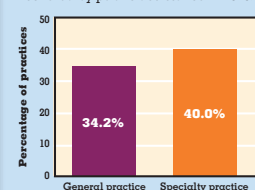
For more information, contact Genevieve Koester at

See **VOLUNTEERS**, Page 15

## JUST THE FACTS

### Patients covered by public assistance

Specialty practices were more likely than general practices to have patients covered by public assistance in 2013.



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

# Association offers comments to 'improve' EPA separator proposal

BY CRAIG PALMER

Washington — The Association filed regulatory comments with the Environmental Protection Agency Feb. 20 “as a continued evidence of

INSIDE

Update on 2015 dental benefits market, Page 8

the ADA’s good faith and its commitment to a reasonable and effective amalgam separator standard.” The EPA published a proposed rule Oct. 22, 2014, that would require

amalgam separators in some dental settings.

“The vast majority of dentists

See **EPA**, Page 6

Photo by NASA

## CODA seeks written documents on dental therapy education

BY KIMBER SOLANA

The Commission on Dental Accreditation is seeking written documentation through June 1 before proceeding with a process of accreditation for dental therapy education programs.

CODA adopted accreditation standards for dental therapy education programs during its Feb. 6 meeting at ADA Headquarters.

However, further information on Criteria 2 and 5 of the “Principles and Criteria Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation” is needed to ensure all elements of the criteria are fully

See **CODA**, Page 15



**Spaceflight:** A bone study mission is set for 2016 at International Space Station U.S. National Laboratory onboard SpaceX-Dragon capsule. Story, Page 14.

## Supreme Court rules against North Carolina dental board

Editor’s note: The ADA Division of Legal Affairs provided the following analysis.

In a 6-to-3 decision issued Feb. 25, the U.S. Supreme Court ruled that a dental board that includes “market participants,” i.e., dentists, who control its decisions must be subject to “active supervision” by the state if the boards and their individual members are to enjoy immunity from federal antitrust laws

See **COURT**, Page 6

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# FDI launches app for dentists to customize World Oral Health Day posters for March 20

Want to personalize your observation of World Oral Health Day? A new app allows you to do just that.

World Oral Health Day is observed internationally each March 20. The new app, launched Feb. 16, allows dentists to customize the 2015 WOHD poster with a photo.

The FDI World Dental Federation, which organizes WOHD annually and encourages participation by FDI member dental associa-



tions — including the ADA — schools, companies and other groups, plans to create a logo from a collage of all the customized posters. FDI will share the logo through social media, such as Facebook and Twitter.

A YouTube video (search #WOHD15 campaign) demonstrates how quickly a customized poster can be created with the app.

To use the app, visit [worldoralhealthday.org/picture](http://worldoralhealthday.org/picture).

For more information on how to participate in WOHD, and to download the toolkit, visit [worldoralhealthday.org](http://worldoralhealthday.org). On social media, see #WOHD on Twitter and Facebook and visit Facebook for the latest on the upcoming observation. ■

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## SCIENCE

# Symptoms of measles may appear in oral cavity before other manifestations of disease

BY JEAN WILLIAMS

Polio. Tuberculosis. Whooping cough. In the 20th century, thanks to vaccines and drugs, these diseases were under control in the U.S. But the needle is moving again on infections worldwide among certain thought-to-be-contained diseases. One of them is measles.

The first signs of measles occur typically in the head and neck region and in the oral cavity. But some dentists may not have had the occasion to actually see these symptoms due to years of successful control of the disease.

"It's been rare among oral diseases," said Dr. Catherine Flaitz, a spokeswoman for American Academy of Pediatric Dentistry. "All of a sudden, this viral infection has resurfaced. In the past, we educated our students about this disease with the caveat that it is unlikely that they will diagnose a case among their patients. And now with this lack of universal vaccination, we're beginning to see these oral manifestations present themselves again."

Measles outbreaks have been reported in pockets around the country. Officials traced a California outbreak to a popular theme park. In a Jan. 23 health advisory on its website, the Centers for Disease Control and Prevention

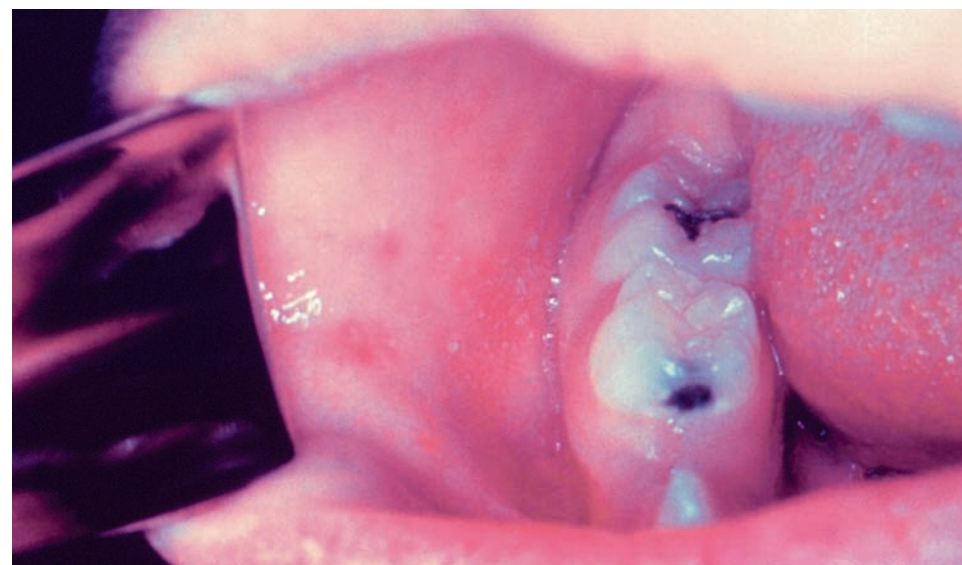
said of that incidence, "The United States is experiencing a large multi-state measles outbreak that started in California in December 2014 and has spread to six additional states and Mexico. The initial confirmed case-patients reported visiting Disneyland Resort Theme Parks in Orange County, CA, from December 17 through December 20, 2014."

Later in February, five babies reportedly acquired the disease at a suburban Chicago day-care center. In the backdrop of the outbreaks, a national debate rages on between pro- and anti-vaccination components.

In the wake of the Disneyland outbreak, the California Dental Association began issuing advisories on its website to remind members to be vigilant, including information about reducing risk to aerosol transmissible diseases and sharing recommendations from the California Department of Public Health that health care workers get the measles, mumps and rubella combination vaccination, if they have not already been immunized.

Meanwhile, Dr. Flaitz advises dentists to be prepared in the event a patient shows up with certain signs and symptoms of the disease. Because the disease presents in the head and neck region and/or the mouth first, a parent may head to the dentist for care, Dr. Flaitz said.

"I'm a pediatric dentist and an oral and maxillofacial pathologist," she said. "So I see a number of children who have viral infections, and you never know what gets them in



**Clinical case:** Koplik spots indicate measles inside a mouth. Because the disease shows up in the head and neck region and/or the mouth first, a patient may head to the dentist for care.

the front door. It may be that the child's running a fever, but it's not so high. But then the parents look inside the mouth and they see these sores, so they assume that these sores are actually the cause for the fever. Sometimes they will go with a fever straight to their primary health care provider, such as a pediatrician, who notices the oral problems and makes the referral to the dentist. But other times, if there are sores or irritations that are present in the mouth, they may seek the advice of the dentist first."

Dr. Flaitz described three main signs in the oral cavity indicative of measles: Koplik spots; atypical gingivitis with pustules and necrosis; and operculitis.

"Some of these signs and symptoms are subtle," she said. "So it's very important to do a thorough soft tissue examination along with the dental examination. Lots of times, a number of these oral lesions are the first indication that a person has either an infectious disease or an underlying systemic disease. Sometimes this is the very first sign besides maybe more nondescript findings, such as a fever."

Other signs and symptoms can help dentists recognize patients with undiagnosed measles.

"They typically at this time, too, will have a high fever, often 104 or greater," Dr. Flaitz said. "They also will have malaise; they don't eat well; they are very fussy. Those are the primary, nondescript signs and symptoms that they may have."

Dr. Flaitz said dentists should note, too, the three Cs in the head and neck region: conjunctivitis, coryza and cough. "Photophobia, periorbital swelling and myalgia may be concurrently seen," she said. "This is followed by an itchy, red rash that starts on the face and then moves down the neck to the rest of the body."

As outbreaks continue, dentists should brush up on all potential signs and symptoms for measles in the head and neck region and the oral cavity, Dr. Flaitz advises.

The ADA Center for Professional Success offers additional guidance on measles for dental professionals. See "Infectious Disease and Workplace Liability" at [Success.ADA.org](http://Success.ADA.org). ■

—williamsj@ada.org

## Stem cells from dental pulp can be turned into corneal cells, study says

**Pittsburgh** — Stem cells from the dental pulp can be coaxed to turn into cells of the eye's cornea and could one day be used to repair corneal scarring due to infection or injury, according to researchers at the University of Pittsburgh School of Medicine.

The findings, published online Feb. 23 in *STEM CELLS Translational Medicine*, indicate they also could become a new source of corneal transplant tissue made from the patient's own cells. Corneal blindness, which affects millions of people worldwide, is typically treated with transplants of donor corneas, said senior investigator James Funderburgh, Ph.D., professor of ophthalmology at Pitt and associate director of the Louis J. Fox Center for Vision Restoration of UPMC and the University of Pittsburgh, a joint program of UPMC Eye Center and the McGowan Institute for Regenerative Medicine.

"Shortages of donor corneas and rejection of donor tissue do occur, which can result in permanent vision loss," Dr. Funderburgh said. "Our work is promising because using the patient's own cells

for treatment could help us avoid these problems."

Experiments conducted by lead author Fatima Syed-Picard, Ph.D., also of Pitt's Department of Ophthalmology, and the team showed that stem cells of the dental pulp, obtained from human third molars, or wisdom tooth, extractions performed at Pitt's School of Dental Medicine, could be turned into corneal stromal cells called keratocytes, which have the same embryonic origin.

The team injected the engineered keratocytes into the corneas of healthy mice, where they integrated without signs of rejection.

They also used the cells to develop constructs of corneal stroma akin to natural tissue.

"Other research has shown that dental pulp stem cells can be used to make neural, bone and other cells," Dr. Syed-Picard noted.

"They have great potential for use in regenerative therapies."

In future work, the researchers will assess whether the technique can correct corneal scarring in an animal model. ■

## Bob has second surgery



BY KIMBER SOLANA

In Robert "Bob" Hartman's first surgery his upper teeth were extracted, bone grafts were placed and an immediate denture was delivered as his provisional restoration.

In the lower arch his teeth were extracted, alveoplasty was performed using a bone reduction guide and six implants were placed. A screw retained provisional was fabricated by retrofitting an immediate lower denture.

Next, Bob had to wait four months to heal before proceeding.

"It's just human biology," Bob said. "There's a lot of healing and waiting."

In August 2014, Dr. David Little, of San Antonio, placed four implants in Bob's upper arch.

The procedure was accomplished using guided surgery. A soft tissue-supported Simplant guide was used with the Ankylos Expert Ease guided surgery kit.

The process was documented as part of an upcoming course in the "Follow Bob" CE online series, which tracks a patient's full-mouth reconstruction procedure from diagnosis to surgery.

The process, which began April 2014, is expected to take 18 months. It will culminate in a three-hour Education in the Round course at ADA 2015 in Washington, D.C., led by Dr. Joseph Massad, who co-treated Bob with Dr. Little.



**Second surgery:** Dr. David Little (right) and his dental assistant Erica Mesa work on Robert "Bob" Hartman during Bob's second procedure for his full-mouth reconstruction. The second surgery occurred Aug. 19, 2014, in San Antonio, where Dr. Little placed four implants in Bob's upper arch using guided surgery.

Both dentists have used the latest technologies to map the course of Bob's treatment from surgery to final restorations

The second procedure was another success as Bob now waits for the implants to osseointegrate, or fuse, into the bone and create an anchor for the final prosthesis.

To view the first online course, visit [ADA-CEonline.org](http://ADA-CEonline.org) and search for the session titled "Treatment of a Failing Dentition with Prosthetic Driven Implant Considerations. A 4 Part Series Part 1: Diagnosis and Prognosis of a Failing Dentition." ■

—solanak@ada.org

# New direct website allows access to PatientSmart dental content

There's a new way members can access top patient education content with the ADA's PatientSmart.

PatientSmart is a subscription-based Web portal leading to a library of concise ADA patient education information. Previously, subscribers accessed the content via their own websites that displayed the PatientSmart link. Now the videos and brochures are accessible with or without your own website.

The just-launched "in-office view" allows access through a sign-in form that opens PatientSmart as a direct website — instead of

from a practice's own website. With this option, a practice may play videos for patients, email them links to articles, or print handouts for them bearing the dentist's contact information.

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## FDI World Dental Congress abstracts due mid-April

*Bangkok* — Interested in sharing your work on a global stage? Prepare and submit a scientific abstract for the 103rd FDI World Dental Congress Sept. 22-25 here at the Bangkok International Trade & Exhibition Center.

Abstracts for oral, poster and poster discussion are due April 15 and must be prepared in English.

Topics can include general dentistry and oral health, preventive dentistry, dental treatment and restorative dentistry, oral surgery, oral medicine, oral pathology and oral immunology.

Organizers will send abstract acceptance letters by June 5. Presenters must register to attend the meeting, so at least one author of an accepted abstract must register by June 30. The early bird deadline is June 15.

For abstract submission guidelines and rules, and more information about the congress, visit [fdi2015bangkok.org](http://fdi2015bangkok.org). ■

## UIC student-run clinic honored

CommunityHealth Chicago, the largest free medical clinic in Cook County that provides comprehensive medical and dental services for the uninsured, honored the University of Illinois at Chicago College of Dentistry for its student-run dental program at the facility.

The 3-year-old student volunteer program received the recognition for providing services once a month at the clinic to those who are uninsured. About 50 dental students volunteer during the course of the year.

The students ideally would like to increase to two to three Saturdays per month, and volunteers typically see up to 10 patients per session, said Dr. Michael Dunlap, UIC clinical assistant professor, restorative dentistry.

"Students from the college's chapters of the Student National Dental Association and Hispanic Student Dental Association volunteer every fourth Saturday to provide free dental services," said Dr. Dunlap, who is also the dental school's faculty member who works with the SNDA and HSDA at the clinic. ■

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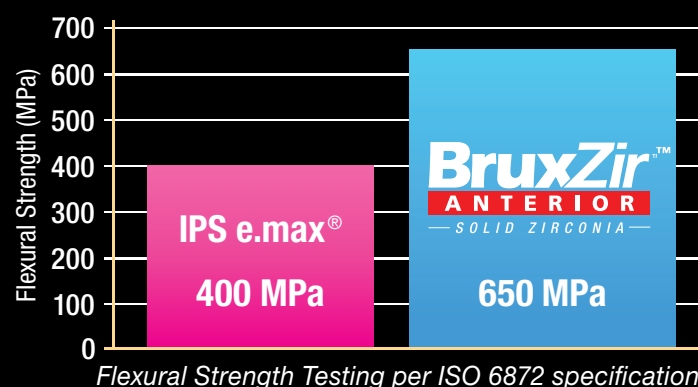
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# Court

*Continued from Page 1*

under the State Action Doctrine.

The American Dental Association believes the decision constitutes a radical departure from the court's established law and throws into question the regulatory, licensing and disciplinary authority of thousands of professional boards across the country.

The underlying case involved the Federal Trade Commission's view that the North Carolina board violated the antitrust laws when it sent cease and desist notices to nondentists offering teeth whitening services. For its part, the board took the position that it was acting under its authority to prohibit the unlicensed practice of dentistry and relied on the state's Dental Practices Act, which includes "removing stains and accretions from the teeth," in its definition of dental practice. After FTC administrative proceedings concluded, the board appealed the unfavorable rulings by the FTC to the U.S. Court of Appeals for the 4th Circuit.

Seeming to focus on the fact that the dentist members of the North Carolina board are elected by other dentists — in accordance with state statute — the 4th Circuit upheld the findings of the FTC and ruled that the board had acted improperly. At the time the decision was handed down, many professional boards expressed the view that the 4th Cir-

cuit's ruling would not affect them because their members were not elected by their peers, but were appointed by the governor, selected by a professional panel or chosen by some other means.

The Supreme Court subsequently granted the board's request for review of the 4th Cir-

cuit's decision. Concerned about the negative impact that the lower court's ruling could have on the ability of professional boards to regulate their respective professions, the ADA spearheaded an effort, joined by the American Medical Association as well as a host of other health care organizations, to submit a friend of the court brief urging reversal of the 4th Circuit's ruling.

The amicus argued that the members of the North Carolina board, as a state agency established by state legislation and pursuing the responsibilities assigned to it by state statute, were immune from federal antitrust law liability under the State Action Doctrine as enunciated by the Supreme Court in its 1943 landmark decision, *Parker v. Brown*, 317 U.S.

341. *Parker* involved a challenge on antitrust grounds to California's establishment of a state agency to oversee and regulate certain agricultural products. This agency's power included imposing quality standards, sales quota and pricing on the raisin industry.

The court rejected the antitrust challenge to

the California agency lodged by a group of raisin producers. In its decision, the court conceded that the agency's complaint of actions were anticompetitive and would likely violate federal antitrust laws if those laws applied. But the court found that the state of California acted as a "sovereign" in creating the agency. The court held that anticompetitive conduct by a state may

serve public health and safety concerns that override the interests served by imposition of the federal antitrust laws and that it is the state that should be able to make that decision for itself. Applying its newly created State Action Doctrine, the Supreme Court ruled that the agriculture regulatory was a state agency acting as the state. Who the members of the body were or how they were chosen did not

concern the court. The members' exemption from enforcement of the antitrust laws existed by virtue of the fact that they were serving on a state agency created by the sovereign state of California.

The ADA believes that the well-established, 70-year-old precedent announced in *Parker* should have applied in the North Carolina case, where the board is unquestionably a state agency created by the sovereign state of North Carolina. The court's analysis should not have gone any further than this in the ADA's opinion.

Unfortunately, what the court did instead was to impose on a bona fide state agency a rule that in the past it only applied to nonstate bodies. The court held "active supervision by the state" is required in order to shield the board and its members from federal antitrust liability. But as the ADA's general counsel, J. Craig Busey, explains, "The court's decision leaves professional boards across the country in a quandary, with no explanation as to what level of active supervision is necessary to invoke immunity for each board. In addition, boards are likely to be extremely reluctant to take actions that may subject them to legal exposure, and individual members may be justifiably concerned about possible liability. We will be working with other organizations to provide some kind of guidance for the boards, but it will not be an easy task. We are extremely disappointed with the Supreme Court's decision." ■



# EPA

*Continued from Page 1*

utilize the services of their local sewage treatment plants (also called publicly owned treatment works or POTWs)," ADA outside legal counsel, Pepper Hamilton LLP, told the EPA. "The issuance of a pretreatment rule governing the discharge from dental offices would directly and significantly impact dentists and their patients. Additionally, dentists are concerned about the impact of environmental pollutants on their communities."

In a standby statement prepared for response to public media inquiries, the Association pledged to "continue working closely with the EPA on crafting a suitable and workable amalgam separator rule that balances protecting the environment and the concerns and needs of dentists and their patients."

"The ADA hopes that its comments will be viewed by the EPA as constructive suggestions to improve its proposal so that ADA can support it," the Association said in one of five documents submitted for the public record. "However, as currently written, ADA cannot support EPA's proposal."

In a letter filed on behalf of the Association, Pepper Hamilton LLP told the EPA that Association support "is contingent only on the final

rule complying with nine common-sense principles (see related article, this page), including use of amalgam separators that comply with the ISO Standard 11143. The ADA re-affirms its support of a pretreatment rule that requires amalgam separators consistent with these nine principles."

The Association has promoted best management practices for dental offices since 2002, the letter said. In 2009, the Association amended its BMPs to include the use of amalgam separators that comply with the ISO Standard 11143. The ADA partnered with the EPA to encourage the voluntary installation of amalgam separators. In 2010, the ADA House of Delegates passed by unanimous consent a resolution supporting promulgation of a Clean Water Act pretreatment rule governing applicable dental offices.

The letter (ADA.org/en/advocacy/advocacy-issues/dental-amalgam) highlights six Association concerns with the regulation as proposed and offers further detail on each concern. Other documents submitted to the EPA include ADA-proposed regulatory language and offer additional details on what Mr. Hamilton's letter cites as "these disagreements."

• First, the implementation of the rule imposes undue and unnecessary burdens on dentists and the municipalities that operate POTWs.

• Second, the proposed rule is inconsistent with several aspects of the ISO Standard 11143. The standard requires demonstration of the ca-

pability to remove at least 95 percent of the amalgam particles entering the separator based on the ISO 11143 Standard testing methodology.

• Third, the EPA's choice of a new 99 percent removal efficiency requirement is particularly troubling to the ADA because it is inconsistent with prior EPA statements.

• Fourth, the incremental amalgam (and therefore mercury) captured by a separator with a purported amalgam removal efficiency of 99 percent is de minimis compared to the amount of amalgam removed by a separator with a 95 percent removal efficiency.

• Fifth, the EPA's calculated cost-effectiveness for the proposed dental amalgam separator standard is flawed and grossly overstates the proposal's cost effectiveness.

• Sixth, the EPA fails to estimate even roughly the reduction in methylmercury levels in fish due to the implementation of the proposed dental amalgam standard (i.e., the benefit of the proposal) even though the EPA and other federal agencies have historically done so in other regulatory proceedings and peer reviewed in studies. In fact, such historic evaluations of the contribution of mercury concentrations in fish from electric utility emissions consistently demonstrate that discharges of dental amalgam related mercury into rivers and other waterbodies has little contribution to the methylmercury levels in fish from all sources.

The ADA called for a de minimis exemp-

tion for certain practices that place or remove few amalgams and suggested changes in the proposed rule's "applicability" language.

Provisions of the proposed rule, with certain exceptions, would be "applicable to discharges of wastewater to publicly owned treatment works from facilities where the practice of dentistry is performed ('dental dischargers'), including but not limited to institutions, permanent or temporary offices, clinics, mobile units, home offices and facilities, and including dental facilities owned and operated by federal, state or local governments." ■

## ADA amalgam separator principles listed

The 2010 ADA House of Delegates by unanimous consent adopted principles that should be used to develop a mandatory national pretreatment standard for dental office wastewater.

"Resolved, that the appropriate agencies of the ADA engage the United States Environmental Protection Agency in a negotiated rulemaking process regarding a national pretreatment standard for dental office wastewater, and be it further,

"Resolved, that the following principles guide the Association's position in any negotiations with the United States Environmental Protection Agency:

1. Any regulation should require covered dental offices to comply with best management practices patterned on the ADA's best management practices including the installation of International Organization for Standardization compliant amalgam separators or separators equally effective;

See PRINCIPLES, Page 9

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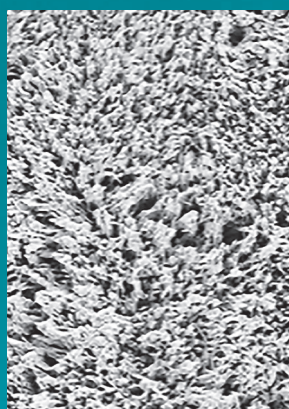
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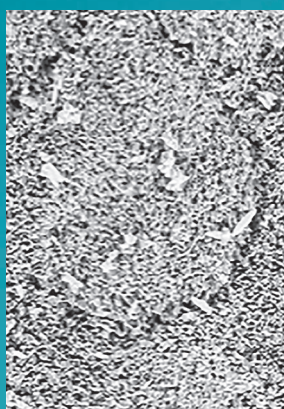




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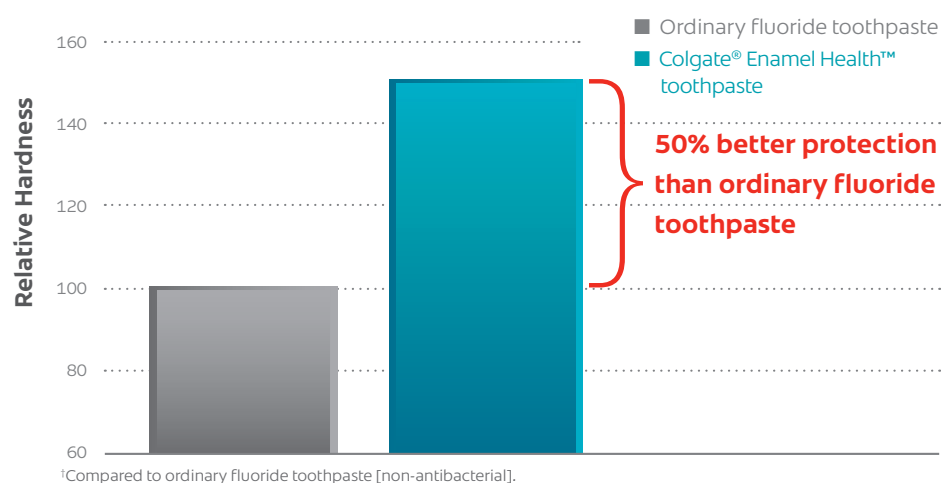


Chart depicts relative resistance to acid of Colgate® Enamel Health™ toothpaste compared to ordinary fluoride toothpaste when bovine tooth is exposed to acid challenge.

\*Demonstration of Colgate® Enamel Health™ mode of action. Images were captured using an electron microscope.

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# Americans have more choices for dental benefits in 2015, Health Policy Institute says

BY KELLY SODERLUND

The dental benefits market in 2015 provides more choices for Americans, and increased transparency by the federal government makes it easier to navigate the system, according to a new research brief from the ADA Health Policy Institute.

But even with more choices, the cost of purchasing dental insurance may be too high for consumers, according to the brief, which is available at [ADA.org/hpi](http://ADA.org/hpi).

The Affordable Care Act extended health insurance to millions of Americans in 2014. About 6.7 million Americans gained health insurance and 1.1 million gained stand-alone

medical plans had embedded pediatric or family dental benefits.

The number of states in which none of the medical plans included embedded pediatric dental benefits declined from eight in 2014 to three in 2015. The number of states where all medical plans included pediatric dental benefits increased from two in 2014 to four in 2015, according to the research brief.

Understanding these plans is also easier in 2015 than in 2014.

“Healthcare.gov is providing consumers with more information on dental benefits options through both embedded medical plans and SADPs this year compared to 2014,” the researchers wrote. “In 2014, we had to call individual embedded medical plans to understand which dental services were covered and at what cost to the consumer. In 2015, Healthcare.gov clearly states whether a medical plan includes pediatric and/or adult dental benefits and the level of cost-sharing associated with those services.”

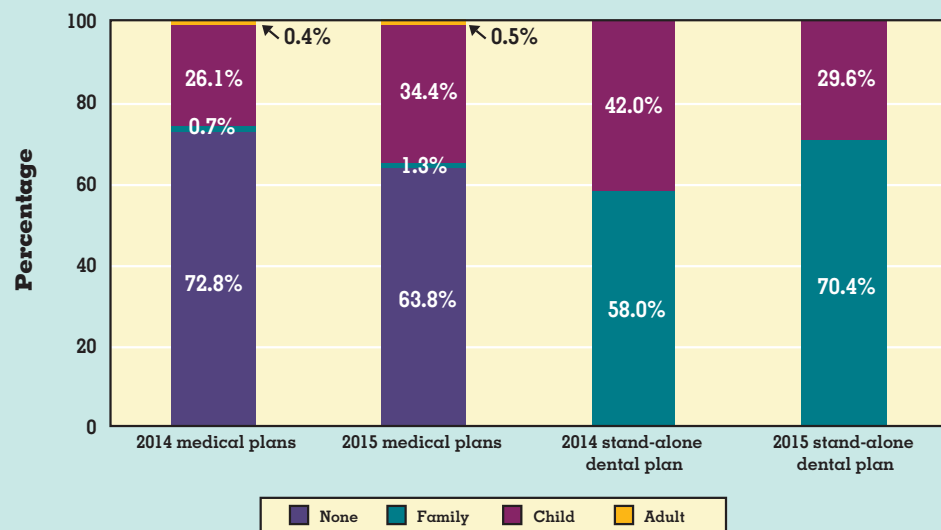
The research brief also points out the differences in coverage between embedded medical and stand-alone dental plans. Embedded medical plans are more likely to provide first dollar coverage for pediatric preventive services than stand-alone dental plans. First dollar coverage means the consumer does not have to meet a deductible or pay a copay or coinsurance when they receive treatment.

“Without first dollar coverage, some consumers may be unable to afford the costs associated with preventive services,” according to the research brief. “This lack of first dollar coverage, despite pediatric dental services being part of the essential health benefits package, may have to be addressed.”

HPI is pursuing further analysis on this issue. ■

—soderlundk@ada.org

Dental benefits available within medical and stand-alone dental plans



Source: ADA Health Policy Institute analysis of data from the 2015 federally facilitated marketplace and select state-based marketplaces.

**“Without first dollar coverage, some consumers may be unable to afford the costs associated with preventive services.”**

dental benefits through the health insurance marketplaces in 2014. Individuals had until Feb. 15 to meet the law’s individual mandate requirement to enroll in a health plan, facing tax penalties if they failed to do so.

More medical plans in more states include embedded dental benefits, and there are more family stand-alone dental plans available than last year, according to “More Dental Benefits Options in 2015 Health Insurance Marketplaces,” by Cassandra Yarbrough, health policy researcher, Marko Vujicic, Ph.D., chief economist and vice president of HPI, and Kammyar Nasseh, Ph.D., HPI economist. In an analysis of 40 states, 35.7 percent of medical plans offered through the marketplaces have embedded pediatric or family dental benefits, an increase over 2014 when 26.8 percent of

## ADA chief economist examines consumer spending in JADA

BY KELLY SODERLUND

Americans are spending more money on vacations, cell phones and alcoholic beverages but not on their dental care.

That’s the conclusion of Marko Vujicic, Ph.D., chief economist and vice president of the ADA Health Policy Institute, in “Of Lawyers, Lattes and Dentists,” a column he wrote for the March 2015 issue of the Journal of

the American Dental Association. Dr. Vujicic based his conclusion not only on HPI research and data from the Bureau of Economic Analysis but on the anecdotal stories provided by the practicing dentists he’s met across the country.

“Results from numerous Health Policy Institute studies show that dental spending has been sluggish for several years, that adults are going to the dentist less — a trend unrelated to the recent economic downturn — and that a substantial share of U.S. adults report they delay getting dental care because it is too costly,” Dr. Vujicic wrote in his column. “When I ask dentists whether they are seeing these trends in their practices, most say yes. And then, with surprising frequency, the conversations spontaneously turn to lattes, tattoos and cell phones — namely, dentists tell me time and again that it is not that dental care is becoming ‘too expensive’ but rather that patient priorities are changing.”

According to data Dr. Vujicic looked at from the Bureau of Economic Analysis, household spending on dental care and many other items decreased during the Great Recession. But since the recession ended, spending on cell phones and package vacation tours has been growing by about 10 percent per year and spending on alcohol has been increasing at 5 percent annually, Dr. Vujicic wrote. Household spending continues to contract for only three items: legal services, coffee and tea and dental care.

While there are several reasons household spending on dental care could be declining, Dr. Vujicic argues that the data suggests strongly that the value proposition of dental care could be changing among U.S. adults. HPI is doing further research in this area.

To read the full column, visit [jada.ada.org](http://jada.ada.org). ■

—soderlundk@ada.org

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References: 1. Earl JS and Langford RM. Am J Dent 2013; 26 (Spec Issue): 19A-24A. 2. Parkinson C et al. Am J Dent 2013, 26 (Spec Issue): 25A-31A. 3. GSK Data on File Clinical Study RH01460, 2013. 4. GSK Data on File Clinical Study RH01515, 2014. © 2014 GlaxoSmithKline. Read and follow label directions.

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Consumer Healthcare



Dr. Vujicic



# Dental groups offer student loan principles at Senate hearings

BY CRAIG PALMER

*Washington* — The ADA, American Dental Education Association and American Student Dental Association urged Congress to prioritize student debt as the Senate education committee opened hearings on reauthorization of the Higher Education Act.

“We are extremely concerned about the alarming levels of educational debt that dental students face at graduation,” the dental education, professional and student organizations told the Senate Health, Education, Labor and Pensions Committee in a letter posted on ADA.org (search for “student debt”).

“In 2014, the average educational debt per graduating dental school senior was \$220,892,” they told the committee, citing the annual American Dental Education Association survey of dental school seniors, 2014 graduating class. “Factoring out the 10.7 percent of dental school seniors who graduated with no debt, the average debt per graduating dental school senior was \$247,227 (\$216,437 for graduates from public dental schools and \$289,897 for graduates from private and private state-related dental schools).”

Dental educational debt at graduation has been climbing since 1990 and was at the highest level last year, according to tabular data in ADEA’s 2013 survey of dental school seniors.

As the committee began work on a ninth reauthorization of the Higher Education Act, the dental organizations offered a set of principles for Congress to consider. The HEA provides statutory authority for most federal student loan

programs to operate.

“The cost of dental education should not be a prohibitive factor for those wanting to enter the profession,” organizations’ volunteer and staff leaders said. For that reason, we urge you to prioritize the following when reauthorizing the HEA and considering other student loan legislation.”

- Lower federal graduate student loan interest rate(s) and the total amount of interest that can accrue on federal graduate student loans.

- Enable federal graduate student loans to be refinanced more than once to take advantage of lower interest rates and better economic conditions.

- Extend the period of deferment for repaying federal graduate student loans to the maximum extent practicable.

- Simplify and add more transparency to the federal graduate student loan application process.

- Remove the barriers that prohibit those with private graduate student loans from taking advantage of federal student loan

forgiveness/service payback programs.

“Though not part of the HEA, we will also be calling on lawmakers to expand and enhance the federal income tax deduction for student loan interest,” said the letter signed by ADA President Maxine Feinberg, ADA Executive Director Kathleen T. O’Loughlin, ASDA President Kristopher Mendoza, ASDA Executive Director Nancy R. Honeycutt and Dr. Richard W. Valachovic, ADEA president and chief executive officer. ■

—palmerc@ada.org

## Principles

*Continued from Page 6*

2. Any regulation should defer to existing state or local law or regulation requiring separators so that the regulation would not require replacement of existing separators compliant with existing applicable law;

3. Any regulation should exempt dental practices that place or remove no or only de minimis amounts of amalgams;

4. Any regulation should include an effective date or phase-in period of sufficient length to permit affected dentists a reasonable opportunity to comply;

5. Any regulation should provide for a reasonable opportunity for covered dentists to repair or replace defective separators without being deemed in violation of the regulation;

6. Any regulation should minimize the administrative burden on covered dental offices by (e.g.) primarily relying upon self-certification (subject to verification or random inspection) and not requiring dental-office specific permits;

7. Any regulation should not include a local numerical limit set by the local publicly owned treatment works;

8. Any regulation should not require wastewater monitoring at the dental office, although monitoring of the separators to assure proper operation may be required, and

9. Any regulation should provide that compliance with it shall satisfy the requirements of the Clean Water Act unless a more stringent local requirement is needed.” ■



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LTAD215



# ADA Business Resources, 29 state dental associations endorse ADA Visa from U.S. Bank

Fourteen state dental associations joined ADA Business Resources in endorsing the ADA Visa from U.S. Bank for its rewards and benefits — bringing the total of state dental associations endorsing the card to 29.

“We selected U.S. Bank as our ADA Visa provider for so many reasons but primarily because we believe our members will receive one

of the best travel reward cards combined with the highest level of service,” said Dr. John J. Liang, president of the New York State Dental Association.

The 14 new state dental associations that



confirmed their endorsement of the ADA Visa from U.S. Bank are: Alaska, Arkansas, Indiana, Iowa, Maine, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Dakota, Pennsylvania and South Carolina.

The dental associations of Colorado, Georgia, Idaho, Kansas, Kentucky, New York, North Carolina, Rhode Island, South Dakota, Utah, Vermont, Washington, West Virginia, Wisconsin, and the District of Columbia Dental Society had already endorsed the ADA Visa from U.S. Bank.



Cardholders earn one reward point for every net \$1 in purchases (purchases minus credits and returns). They earn five reward points for every ADA purchase (CDT, CE and registration at ADA 2015). Points can be redeemed for cash back, merchandise, gift cards or air travel. Earning 25,000 points equals up to \$450 airline ticket on more than 150 airlines with no blackout dates or online redemption fees; 100,000 points equals up to \$1,800. Accounts must be open and in good standing to earn and redeem points.

ADA members are encouraged to apply for the U.S. Bank ADA Visa should they be using a previous version of the card.

For more information or to apply, call 1-888-327-2265 or visit [usbank.com/ADA94593](http://usbank.com/ADA94593).

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- COURSE IN PEDODONTICS
- COURSE IN PERIO-IMPLANTOLOGY
- COURSE IN ENDODONTICS
- HANDS ON COURSE IN RESTORATIVE DENTISTRY
- HANDS ON COURSE IN FIXED PROSTHETICS

FRIDAY JUNE 12, 2015

SYMPOSIA AND CONGRESS morning

- COURSE GIOVANNI ZUCHELLI
- SYMPOSIUM AIO-SIE (Italian Society of Endodontics)
- SYMPOSIUM AIO- SIDOC (Italian Society of Restorative Dentistry)
- SYMPOSIUM AIO-SIDO (Italian Society of Orthodontics)
- INTERNATIONAL SYMPOSIUM

FRIDAY JUNE 12, 2015

afternoon

- CONGRESS with PASCAL MAGNE (Friday and Saturday)
- CONGRESS with RENATO COCCONI

SATURDAY JUNE 13, 2015

- COURSE OF COMMUNICATION for Dental Hygienists and Chair-Assistants

PASCAL MAGNE

RENATO COCCONI

NITZAN BICHACHO

GIOVANNI ZUCHELLI

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RWJF seeks research award applications

Princeton, N.J. — The Robert Wood Johnson Foundation is seeking applications, due March 18, for the 2015 Harold Amos Medical Faculty Development Program.

RWJF created the program, named after the first African-American to chair a department at Harvard University’s medical school, to help increase the number of underrepresented minorities on medical faculties.

The program offers four-year post-doctoral research awards to increase the number of faculty from historically disadvantaged backgrounds who can achieve senior rank in academic medicine and dentistry, and who will encourage and foster the development of succeeding classes of such dentists and physicians.

The program will fund up to 10 four-year awards. Scholars will received an annual stipend of up to \$75,000 each, complemented by a \$30,000 annual grant to support research activities.

For more information, including key dates and eligibility and selection criteria, visit [rwjf.org/en/grants/funding-opportunities](http://rwjf.org/en/grants/funding-opportunities) and click on the program title.



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**FLORIDA**—Practice opportunities. 142 Florida practices for sale statewide, associateships, relocation experts (1031 tax deferred exchanges). **Contact: Kenny Jones, (561) 746-2102 or [www.doctorschoice1.net](http://www.doctorschoice1.net).**

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## Institute for Diversity in Leadership seeks applicants

The American Dental Association Institute for Diversity in Leadership is accepting applications through April 30 for its 2015-16 class.

The Institute is designed to provide education and leadership skills to dentists who are members of racial, ethnic and/or gender groups that have been traditionally underrepresented in leadership roles within the profession and their communities.

Sixteen applicants will be selected for the program which includes attendance at three leadership training sessions conducted by faculty from Northwestern University Kellogg School of Management at ADA Headquarters in Chicago on Sept. 10-11, Dec. 7-8, and Sept. 8-9, 2016. Participants will be reimbursed for their hotel and travel expenses.

The Institute for Diversity in Leadership is made possible by generous support from Henry Schein Dental and Procter & Gamble.

To learn more about the Institute and how to apply, visit [ADA.org/diversityinstitute](http://ADA.org/diversityinstitute) or contact Leadership Team Services at [IDL@ada.org](mailto:IDL@ada.org) or call the ADA toll-free number at ext. 2600. ■



**Challenges and opportunities:** Dr. Amanda Hemmer, 2014-15 class member of the Institute for Diversity in Leadership, speaks during a Dec. 10, 2014, panel discussion with the ADA Board of Trustees.

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## Opioid webinar set for March 18

Dentists can learn how to manage controlled substances in their dental practices in an upcoming ADA webinar.

"Management of Controlled Substances in Dental Practice" is scheduled for March 18 from 2-3 p.m. Central time. Michael O'Neil, Pharm.D., professor of pharmacy practice at South College in Knoxville, Tennessee, will lead the webinar and identify regulations most commonly violated by dental practitioners; discuss record keeping requirements for prescribing, dispensing and storing controlled substances; and talk about due diligence activities necessary to minimize diversion and abuse of controlled substances by patients and staff.

To register, contact Alison Siwek at [siweka@ada.org](mailto:siweka@ada.org). ■



# Organizations team up for dental infection prevention and safety

The Organization for Safety, Asepsis and Prevention and the International College of Dentists said in a Feb. 23 press release that they will promote dental infection prevention and safety in a formal collaboration outlined in a memorandum of understanding.

The two groups' joint goal is to enhance dental infection prevention and safety practices worldwide to protect patients and health care workers from diseases and other hazards encountered during the provision of oral health care.

The collaboration will include organizational symbiosis, such as mutual conference participation and linking website content; education and training, such as sharing resources, possible collaboration on a joint

update of OSAP's Guide for Safety and Infection Control for Oral Healthcare Missions and the development of global regional infection control training programs; and partnering on other relevant matters.

The three-year memorandum of understanding may be renewed. For more information on ICD, visit [icd.org](http://icd.org). For more information on OSAP, visit [osap.org](http://osap.org). ■

## Root canal beats the flu, survey finds

The American Association of Endodontists has gotten to the bottom of an important issue: Which would Americans prefer, a root canal or the flu?

Just in time for Root Canal Awareness Week, observed March 22-28, an AAE survey says they'd rather have the root canal.

According to the survey, 78 percent of respondents expressed a preference for avoiding the flu over avoiding a root canal. The same number of respondents said they would rather avoid losing a permanent tooth, which a root canal treatment can help prevent.

The ninth annual Root Canal Awareness Week is a chance for AAE to dispel misconceptions surrounding root canal treatment. For more information about observing Root Canal Awareness Week, visit [aae.org/rcaw](http://aae.org/rcaw), follow AAE on Facebook and Twitter or search #rootcanal. ■

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Visit [Success.ada.org/DPS](http://Success.ada.org/DPS) to see the Winter 2015 issue, as well as an archive of past issues.

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## Indiana dentist is first sued by state for violating HIPAA

BY KELLY SODERLUND

**Kokomo, Ind.** — An Indiana dentist has agreed to pay a \$12,000 settlement for allegedly mishandling patient records and is the first person sued by the state for violating the Health Insurance Portability and Accountability Act.

Dr. Joseph Beck, who practiced at the Comfort Dental clinic, was sued for mishandling records containing sensitive information of more than 5,600 patients, according to a statement from the Office of the Indiana Attorney General.

In March 2013, Dr. Beck hired a private company called Just the Connection Inc. to retrieve and dispose of his patient records, which included names, medical records, phone numbers, birth dates, Social Security numbers, insurance cards, insurance information and state ID numbers, according to the Indiana AG's office. Less than a week later, more than 60 boxes of patient records from Dr. Beck's clinic were found discarded in an Indianapolis dumpster, containing records from 2002-07. The attorney general's office recovered the files and fielded inquiries from individuals who were concerned that their records might be at risk. No identity theft was identified or reported.

"In an era when online data breaches are top of mind, we may forget that hard-copy paper files, especially in a medical context, can contain highly sensitive information that is ripe for identity theft or other crimes," Indiana Attorney General Greg Zoeller said. "This file dump was an egregious violation of patient privacy and safety."

In December 2011, the Indiana Board of Dentistry permanently revoked Dr. Beck's license to practice dentistry, following an investigation by the attorney general's office that cited fraudulent billing and negligence.

The ADA Practical Guide to HIPAA Compliance has tools to help dentists comply with the law. The kit — \$300 for members and \$450 retail — includes sample policies and procedures; a revised sample business associate agreement; a revised sample of a notice of privacy practices; a glossary of key terms; and a CD-ROM to help tailor the content to a specific practice.

The kit also includes the ADA Practical Guide to HIPAA Training — a two level CD-ROM training program. Visit [adacatalog.org](http://adacatalog.org) to order these products. ■



# Kaiser Permanente integrates vaccination services at Give Kids A Smile observance

BY JEAN WILLIAMS

Nearly 40 dentists, among 230 total volunteers, offered free dental services to underserved children Feb. 7 when Kaiser Permanente Northwest observed Give Kids A Smile Day at seven of its dental offices.

The seven sites offered free dental sealants, fluoride varnishes and other dental treatments — and even vaccinations — to low-income, uninsured and underinsured children in Oregon and Southwest Washington in collaboration with the ADA Foundation and in celebration of the ADA's National Children's Dental Health Month.

Dr. Shelby Setter, a pediatric dentist who has worked with Kaiser Permanente for three years, participated at the system's Hillsboro, Oregon, location.



Dr. Plunkett



Dr. Setter

She said she treated a variety of young patients. "There were people who came in from the coast," Dr. Setter said. "There were people who came in from underserved populations in the community. I treated a wide range of kids from all over the state."

"Anyone who walked in the door, whatever care they needed we were at least able to provide for any urgent needs that they had, any pain issue or education."

Dr. Setter said a most memorable moment for her was helping a 5-year-old complaining of tooth pain. "He had been in pain for quite some time," she said. "We were able to get him out of pain. The moment we numbed him up, he looked over and said, 'It doesn't hurt anymore.' It breaks your heart, but it also makes you feel like you're making a difference."

Registered and licensed practical nurses were on hand to provide vaccinations to the

participating children who needed them.

"We call it closing the care gap," said Dr. Michael Plunkett, senior director for Dental Care Delivery, Kaiser Permanente. "For us to do this in our Give Kids A Smile events was just a natural extension of what we already do in our clinical system, which is work to coordinate total health and total care for the patients."

"We see children coming through the

clinic, and it's a perfect opportunity whether they're a Kaiser Permanente member or not to provide them with their vaccinations."

Dr. Plunkett said Kaiser Permanente got a good deal of attention from local media for its GKAS efforts, especially due to the added service of offering vaccinations, a timely topic with the Kaiser Permanente GKAS events coming on the heels of measles outbreaks in December at

Disneyland in California. But the added measure of care was unrelated to the hot topic issue, Dr. Plunkett said.

"I know that's getting a lot of attention nationally, but we in our system, both dental and medical, try to follow as much evidence-based care as possible," he said. "It's completely natural for us to provide the vaccines." ■

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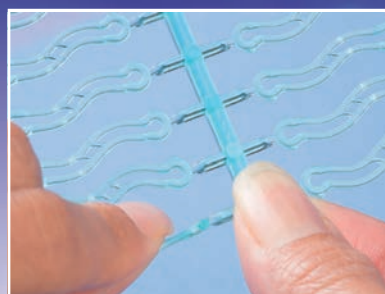


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**Treated well:** Kaiser Permanente's Dr. Felix Lee provides 7-year-old August Ebalaroza with free dental care on Feb. 7 at their Glisan Dental Office in Portland, Ore., as part of Give Kids A Smile.



# Annual ADA membership recruitment, retention conference coming in April

BY KIMBER SOLANA

Dental society volunteer leaders and staff seeking new ideas and strategies on membership growth efforts can register for this year's Membership Recruitment and Retention Conference, set for April 16-18 in Chicago.



Dr. Durbin

"The Membership Recruitment and Retention conference offers membership volunteers and staff an excellent opportunity to hear and share best practices related to the recruitment and retention of members," said Dr. Michael Durbin, ADA Council on Membership chair. "It also offers the opportunity for the ADA to demonstrate the resources that are available to aid in this process, from data analytics to specific programming. This is truly a Power of Three initiative in action."

Those attending the conference may:

- Obtain new ideas and strategies about emerging, promising and best practices from the ADA and state and local dental societies.

- Connect with membership peers from across the country to discuss common membership challenges and brainstorm solutions.

- Develop actionable recruitment and retention plans for use within your dental society.

Volunteer leaders and staff involved with dental society membership growth efforts — including society leaders, membership chairs, executive staff, membership staff and other stakeholders — are encouraged to attend. The event is a chance to recharge and elevate membership focus through a combination of presentations, educational sessions, peer-to-peer learning opportunities and discussion forums.

For more information about the conference and registration, visit [ADA.org/membershipconference](http://ADA.org/membershipconference). Seats for the conference are limited and available on a first-come, first-served basis. ■



**Meet and greet:** (Left) Anete Masters, of the San Fernando Valley Dental Society, and Jane Evans, of the Texas Dental Association, smile and hold up pieces of paper during a group activity that encouraged networking among the attendees of the 2014 ADA Conference on Membership Recruitment and Retention.

## Knowledge in orbit

### Bone growth research in space engages dental faculty

BY CRAIG PALMER

*International Space Station* — A bone growth research mission involving UCLA dental faculty and "initial seed funding" from the AAO Foundation is scheduled to dock here in 2016.

The mission will allow astronauts on the space station and scientists on Earth to test a potential new therapy for accelerating bone growth in humans, according to announcements by the foundation of the American Association of Orthodontists, NASA and University of California, Los Angeles. The research team includes Drs. Kang Ting, Ben Wu and Jin Hee Kee, UCLA faculty members.

Dr. Ting, professor and chair in the Section of Orthodontics at the UCLA School of Dentistry, was involved in AAOF-funded research projects concerned with bone loss ailments in the mid/late 1990s and later discovered the NELL-1, a bone-forming molecule, which led to a National Institutes of Health grant and to the ISS mission, "Systemic NELL-1 therapy for Spaceflight-induced Osteoporosis."

Dr. Wu, a professor of bioengineering and dentistry, modified the NELL-1 molecule to make it useful for treating osteoporosis. Dr. Kwak, an assistant professor of dentistry, will manage the study's daily operations.

The four-person UCLA research team,



Photo by NASA

**Research:** Studies on International Space Station will allow astronauts to test the ability of a bone-forming molecule to direct stem cells to induce bone formation.

which will begin ground operations this year, hopes the study will provide new insights into the prevention of bone loss or osteoporosis as well as the regeneration of massive bone defects that can occur in wounded military personnel.

Chia Soo, M.D., a UCLA professor of plastic and reconstructive surgery and orthopedic surgery, will lead the UCLA team.

Dr. Soo is a member of the Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research, one of the project supporters, and research director for UCLA Operation Mend, which provides medical care for wounded warriors.

"NELL-1 holds tremendous hope, not only for preventing bone loss, but one day even restoring healthy bone," said Dr. Ting. "For patients who are bed-bound and suffer-

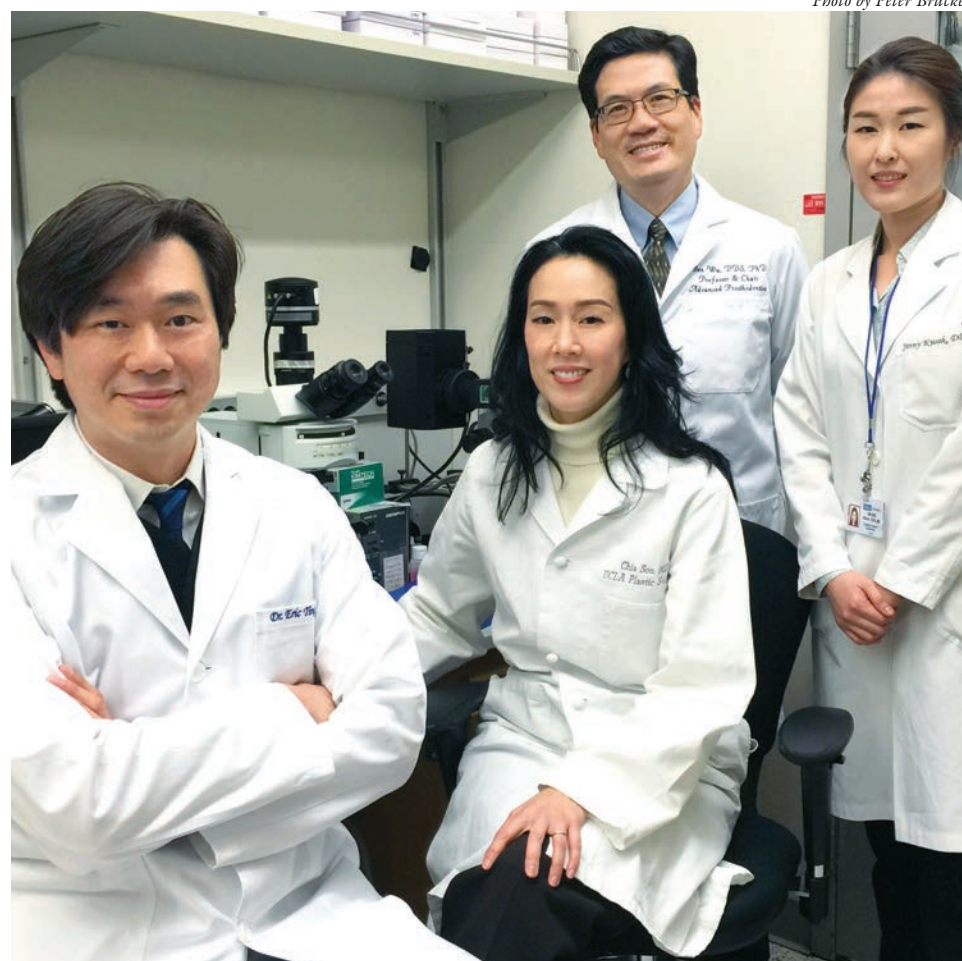


Photo by Peter Bracke

**UCLA faculty:** (From left) Drs. Kang Ting, Chia Soo, Ben Wu and Jin Hee Kwak, the research team behind the Systemic Therapy of NELL-1 for Spaceflight-induced Osteoporosis; International Space Station study may help to identify key characteristics of the NELL-1 protein for use in future bone growth treatments on Earth.

ing from bone loss, it could be life-changing." He cited the AAO Foundation as "the very first group that put not only their support but also their trust in an orthodontic junior faculty 18 years ago and proved that reaching for the sky — or heading into space — is not a dream but rather a reality 18 years later."

UCLA received grant funding from the Center for the Advancement of Science in Space to lead the research mission, the school's Jan. 22 announcement said.

The research is also supported by grants from the National Institutes of Health. Additional funding and support are provided

by the Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research at UCLA, the UCLA School of Dentistry, UCLA Department of Orthopaedic Surgery and the UCLA Orthopaedic Hospital Research Center.

The UCLA team will oversee the ground operations of the mission in tandem with a flight operation coordinated by CASIS and NASA.

For more information see the AAO Foundation news page ([aaofoundation.net](http://aaofoundation.net)); [UCLA.edu](http://UCLA.edu); and [nasa.gov](http://nasa.gov). ■

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# CODA

*Continued from Page 1*

satisfied before the commission will implement an accreditation process for dental therapy education programs.

"At this time, CODA has not received substantive documentation that specifically addresses Criteria 2 and 5," said Dr. Perry Tuneberg, CODA chair. "CODA takes seriously its responsibility to ensure all criteria are met, for protection of students and the public within the accreditation process. Consequently, the commission has postponed the implementation of education standards for dental therapy until it has determined that all criteria have been satisfied."

Communities of interest with information on Criteria 2 and 5 may submit written documentation demonstrating that the two criteria and elements within the criteria are met. The criteria are as follows:

2: Has the allied dental education area been in operation for a sufficient period of time to establish benchmarks and adequately measure performance?

5: Is there evidence of need and support from the public and professional communities to sustain educational programs in the discipline?

Should information on the criteria be submitted, the commission will then consider, at its Aug. 6-7 meeting, whether the submissions show that the criteria have been met. The discussion will occur during the open portion of the meeting.

If the commission believes at the summer meeting that the submissions fully satisfy the issues as outlined in Criteria 2 and 5, then CODA would authorize the establishment of a process of accreditation for dental therapy education programs. This process includes drafting a self-study guide; outlining a formal application process; sending out a call for site visitors and training these individuals; and formally assigning review of the dental therapy education programs to a CODA review committee.

Because of the time and effort required to complete the necessary steps, the earliest an existing or developing dental therapy program could be accredited is estimated to be August 2016.

However, if the commission does not receive documentation or the information it receives does not adequately address the two outstanding criteria, the accreditation standards will remain unimplemented and existing dental therapy programs will not be accredited by CODA.

CODA began development of the accreditation standards in 2012, following appointment of the Task Force on Development of Accreditation Standards for Dental Therapy Education Programs.

CODA, which serves the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental-related educational programs, directed the task force to draft standards in

2012 in response to a request from the University of Minnesota. In Minnesota, the state dental board is currently accrediting the dental therapy education programs. CODA, established in 1975, is nationally recognized by the United States Department of Education as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level.

Send written documentation regarding the criteria to CODA director Sherin Took, Ed.D., 211 E. Chicago Ave., Chicago, IL 60611 or by email at [tookss@ada.org](mailto:tookss@ada.org). For a copy of the Accreditation Standards for Dental Therapy Education programs, go to [ADA.org/en/coda/accreditation/accreditation-news](http://ADA.org/en/coda/accreditation/accreditation-news). ■

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

## FBI workshop set for Sacramento

Registration is open for an FBI-sponsored National Crime Information Center Dental Coding workshop in Sacramento, California, March 28-29.

The FBI's Criminal Justice Information Services Division designs the training sessions to provide NCIC dental coding and National Dental Image Repository instruction to forensic odontologists and licensed dentists who wish to provide assistance to law enforcement in identifying missing and unidentified persons cases.

The workshop is set for 8 a.m.-6 p.m. at

the Embassy Suites Sacramento Riverfront Promenade. Participants will receive a certification for 16 hours of training.

The training is free, but attendees must pay for their own travel and lodging. Those who choose to stay at the Embassy Suites should reference "dental coding workshop" when booking their reservation.

There are 50 slots available, and registrations will be accepted first-come, first-served. Registrants must be licensed dentists. For a registration form, email Kathleen Oldaker at [kathleen.oldaker@leo.gov](mailto:kathleen.oldaker@leo.gov). ■



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## Volunteers

*Continued from Page 1*

1-312-440-2726 or email [international@ada.org](mailto:international@ada.org).

To complete the online application form, visit the Member Center on [ADA.org](http://ADA.org) and search for Certificate for International Volunteer Service. ■



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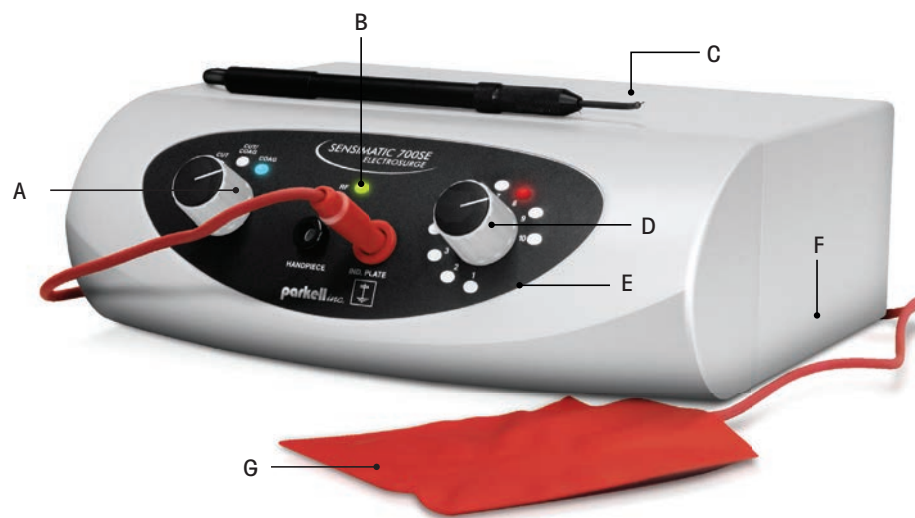
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