

Aspect

A QUARTERLY NEWS BULLETIN

Great Health Starts Here[®]

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Welcome to Aspect, Nevada Dental Benefits, Ltd.'s quarterly newsletter, through which we offer contemporary news information on oral health, the dental industry, the latest research and advice for providers.

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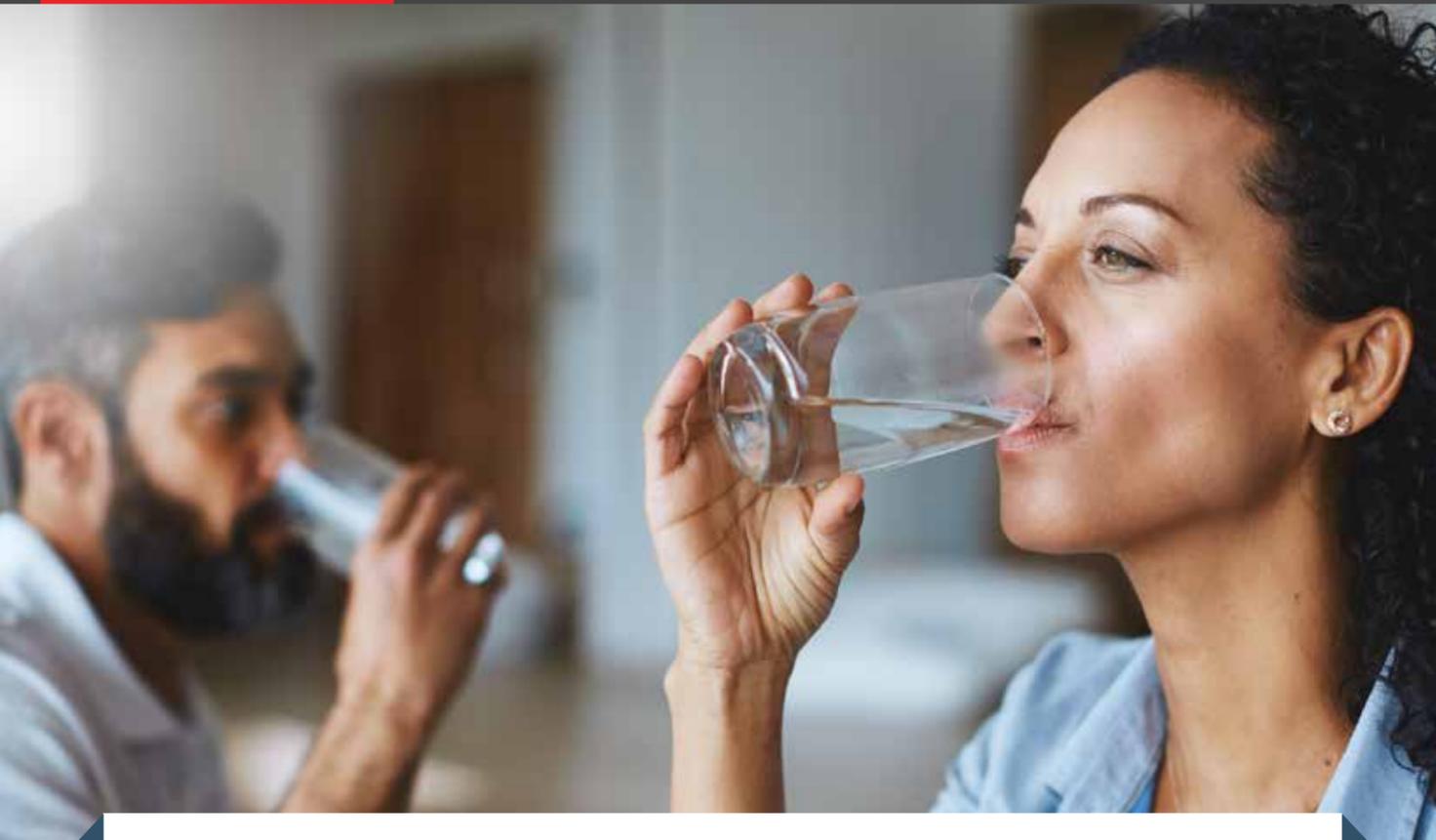
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SCIENCE SAYS FLUORIDE IN WATER IS GOOD FOR KIDS. SO WHY ARE THESE TOWNS BANNING IT?

By Elizabeth Chuck | NBC News

In the past five years, 74 cities have voted to remove fluoride from their drinking water, despite thousands of studies showing it prevents cavities.

It has been hailed by the Centers for Disease Control and Prevention as one of the top public health achievements of the 20th century. Numerous studies have proven its safety and efficacy. But fluoride - the naturally occurring compound that prevents cavities and tooth decay - is still sparking heated debates, seven decades after it was first added to America's water supply.

"Anti-fluoridationists" - a small but vocal minority - are disputing long-established science to say that fluoride added to tap water lowers IQ and causes everything from acne to anemia to Alzheimer's.

These anti-fluoride believers are active online but also at the polls: In the past five years, 74 cities have voted to remove fluoride from their drinking water, according to the American Dental Association. This year, there have been 13 votes around the country on fluoridation and at least three more cities have fluoride referendums on the ballot in November: proposed bans in Brooksville, Florida, and Houston, Missouri and a vote on bringing fluoridated water back in Springfield, Ohio.

The frets over fluoride are reminiscent of the unfounded fear that vaccines cause autism: disproved by science, yet steadfast nonetheless. The persistence of fluoride conspiracy theories - which emerged in the 1950s with claims that fluoridation was a communist plot to dumb down Americans - is alarming public health officials,

including the American Dental Association and the American Academy of Pediatrics, who say fluoride is a safe, inexpensive way to boost children's oral health.

Dr. Johnny Johnson, a retired pediatric dentist who is president of the nonprofit American Fluoridation Society, calls the anti-fluoride efforts "cult-like."

"You cannot tailor public health to the whims of a small group of people," he said. "If you are doing that, you are harming a large group of people."

The anti-fluoridationists, though, say that it's the fluoride supporters who are harming the public health. Some argue that the government uses fluoride as a form of mind control; others believe it's designed to boost the sugar lobby by enabling people to eat more sweets without getting cavities; and still others believe that health officials are afraid to reverse course on fluoride after promoting it for decades.

They spread the word on Facebook groups, like that of the New York State Coalition Opposed to Fluoridation, which blames fluoride for problems including thyroid damage and was slammed in 2012 for falsely claiming that the federal government "recommends avoiding fluoridated water when making infant formula." (The CDC says it's fine to use fluoridated tap water for formula, though the agency notes it may cause mild spotting on babies' teeth, so parents can use low-fluoride bottled water some of the time instead.) Reddit users claim fluoride kills gut bacteria. And on Twitter, fluoride is regularly called a cancer-causing neurotoxin.

The anti-fluoride movement has also made headway offline. In June, the Texas Republican Party opposed water fluoridation in its 2018 platform. In New Jersey, where more than 80 percent of residents do not have fluoridated water, the town of East Brunswick stopped fluoridating three years ago after Mayor David Stahl called it "mass medication of the public," a familiar refrain on anti-fluoridation forums. In Brooksville, Florida, a city of 8,000 about an hour north of Tampa, Mayor Betty Erhard has said for years that fluoride is a toxin and a waste of taxpayer money. Next month, at her urging, Brooksville will vote on removing it.

"I believe that people should consent to what's in their water," Erhard said. Some townspeople agree.

"Fluoride is a dangerous cancer-causing agent. I don't even like taking a shower in it," one wrote on Erhard's Facebook page.

CONTROVERSY FROM THE VERY START

The first place in America to receive fluoridated water was Grand Rapids, Michigan, in 1945, when residents there became guinea pigs for the theory that boosting existing natural fluoride levels in water would decrease tooth decay, particularly in children. The experiment, by the United States Public Health Service, was done without residents' consent - still a point of contention among anti-fluoridationists.

The experiment was so successful that 11 years into what was supposed to be a 15-year study, researchers announced the rate of cavities among Grand Rapids' 30,000 schoolchildren had dropped by 60 percent. But not everyone was pleased.

"I was called a murderer and a communist," Dr. Winston Prothro, director of public health in Grand Rapids during the early days of fluoridation, told The Washington Post in 1988. "I must have had letters from every city in America, and plenty from other countries, too. It fell on me to defend the physical and moral health of our entire city."

To view the full article, [click here](#).

BIG CHANGES PROPOSED FOR DENTAL LICENSURE

By Laird Harrison | Medscape

Dental licensure exams should be standardized nationwide and no longer include live patients, three dental organizations have proposed.

The change, supported by the American Dental Association (ADA), the American Dental Education Association (ADEA), and the American Student Dental Association (ASDA), would allow dentists to more easily move across state lines and would dispense with an ineffective approach to testing students' competency, Cecile Feldman, DMD, MBA, dean of the Rutgers School of Dental Medicine in Newark, New Jersey, told *Medscape Medical News*.

"We've got much more reliable ways of showing that a student is ready," said Feldman, the co-chair of a task force that developed the recommendations and whose members were drawn from the three groups.

On October 1, the organizations announced the formation of a new coalition to push for the changes.

However, the proposal faces opposition from the American Association of Dental Boards (AADB), whose president, Luis Fujimoto, DMD, from New York, New York, maintains that a student's clinical competency should be evaluated by someone other than the student's professors.

For the change to occur, individual state dental boards would have to agree to the proposal, and in some states this might require legislation, according to Phillip Marucha, DMD, PhD, dean of the Oregon Health Sciences University School of Dentistry, Portland, who represented dental school deans on the task force.

State dental boards would maintain their role in granting licenses and would be likely to continue requiring that dentists show knowledge of state laws.

States could apply different methods by which students could demonstrate their clinical competence. But these methods would be applied similarly enough so that every state would recognize a license granted by any of the others.

Dentists would still be required to pass the National Board Dental Examination.

Live patient exams date back many decades to a time before dental education was standardized and before dental schools were all accredited, Marucha told *Medscape Medical News*.

But dental schools must now meet national standards, and this includes about 2500 hours spent treating live patients under the supervision of professors, Feldman said.

It should be sufficient that the professors attest to their students' competence with live patients, she argued. Yet nearly all states still require that students prove they can carry out particular procedures on live patients in front of state examiners, she said.

As they are currently administered, the live patient exams require a student to find a patient with the type of dental condition required by the student's state board. The patients vary, which creates inequality in the difficulty of the exams, Feldman said.

To view the original article, [click here](#).

WATER, MILK TOP SOFT DRINKS IN WHAT KIDS DRINK

October 08, 2018 Soft drinks accounted for almost 20 percent of total beverage consumption among kids in 2013-16 in the U.S., according to a September report from the Centers for Disease Control and Prevention.

Water, meanwhile, accounted for 43.7 percent of total beverage consumption for kids 2-19 while milk accounted for 21.5 percent, juice 7.3 percent and other beverages 7.6 percent.

The report, using data from the National Health and Nutrition Examination Survey, showed that the contribution of milk and 100 percent juice to total beverage consumption decreased with age, while the contribution of water and soft drinks increased with age.

Soft drinks accounted for the greatest proportion of total beverage consumption for non-Hispanic black youth (30.4 percent), followed by Hispanic (21.5 percent), non-Hispanic white (17.5 percent) and non-Hispanic Asian youth (8.8 percent).

The 2015-2020 Dietary Guidelines for Americans recommend that water, fat-free and low-fat milk and 100 percent juice be the primary beverages consumed. The American Academy of Pediatrics supports this advice for youth, according to the CDC.

The ADA encourages dentists to stay abreast of the latest science-based nutrition recommendations and nutrition related screening, counseling and referral techniques. It also encourages collaborations with dietitians and other nutrition experts to raise interprofessional awareness about the relationship between diet, nutrition and oral health, according to an ADA House of Delegates resolution (Res. 60H-2016).

Dentists can refer patients to the ADA's consumer website, MouthHealthy.org, for more information about nutrition and oral health during all stages of life.

To view the original article, [click here](#).





Meet NDB's Dental Director Patricia Steiner, DMD. Currently a Dental Quality Alliance Ambassador, Certified Dental Consultant and member of the American Dental Association, Nevada Dental Association and Southern Nevada Dental Society, Dr. Steiner is using her 17 years of experience in the healthcare industry to provide valuable tips as our resident dental expert.

SUMMARY OF CDT CODE CHANGES FOR 2019

American Dental Association (ADA) has evaluated and updated several CDT codes that will go into effect on January 1, 2019. The following is a brief summary of the changes that may affect codes covered under a NDB Plan.

DELETED CODES

- ▶ **D1515** space maintainer - fixed - bilateral; replaced with new codes:
 - ▶ **D1516** space maintainer - fixed - bilateral, maxillary:
 - ▶ **D1517** space maintainer - fixed - bilateral, mandibular
- ▶ **D1525** space maintainer - removable - bilateral; replaced with new codes:
 - ▶ **D1526** space maintainer - removable - bilateral, maxillary:
 - ▶ **D1527** space maintainer - removable - bilateral, mandibular
- ▶ **D5281** removable unilateral partial denture-one-piece cast metal (including clasps and teeth); replaced with new codes:
 - ▶ **D5282** removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary:
 - ▶ **D5283** removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular
- ▶ **D9940** occlusal guard, by report; replaced with new codes:
 - ▶ **D9944** occlusal guard - hard appliance, full arch
 - ▶ **D9945** occlusal guard - soft appliance, full arch, and
 - ▶ **D9946** occlusal guard - hard appliance, partial arch

NEW CODE

- ▶ **D5876** add metal substructure to acrylic full denture (per arch). This code is intended to be used for fabrication of a new denture and not for repairs of existing dentures.

Please see schedule of benefits for each plan to determine benefit coverage and reference the CDT 2019 Dental Procedure Codes book from the ADA for a complete listing of all changes for 2019.



CHANGING DEMOGRAPHICS OF DENTISTS IN NEVADA

The American Dental Association Health Policy Institute (“HPI”) has published the results of its study on the demographic composition of dental practices in the United States. The number of solo practitioners has declined over the past 2 decades from approximately 65% in the 1990’s to approximately 50% as of 2017. While the average runs from approximately 32% in South Dakota to a high of 65% in Utah, Nevada represents the national average at approximately 50%.

If you examine the demographic composition of dental practices data by sex of the dentist, the data reveals that nationally, only 39% of female dentists practice in a solo environment while approximately 56% of male dentists practice alone. As approximately 50% of dental school graduates are now female, it is anticipated that the trend to not practice as a solo practitioner will continue and accelerate as older dentists retire. Also supporting this trend, is the fact that only 20% of dentists under the age of 35 are practicing solo.

The demographic composition coupled with the growth of Dental Service Organizations, is changing the landscape of dental practice across the country.

To view the data directly, visit the [HPI website](#).



This month, we had the opportunity to interview Dr. Puneet Brar, owner of New Image Dental. Dr. Brar moved to Las Vegas almost three years ago from Milwaukee, and said she instantly fell in love with the city. "I knew right away that this was home," Dr. Brar said.

Dr. Brar graduated from the Boston University School of Dental Medicine, and said the time she spent in Boston was one of the most memorable, instilling in her the principles of honest and hard work.

When asked what she likes to do in her spare time, Dr. Brar responded, "I love to spend my spare time with my three kids. I have two humans and a dog, and of course the dog's my favorite child. The four of us love to explore dog friendly restaurants in town. We also love to travel and visit our family in California and Arizona. I also love to read. I will basically pick up anything I can lay my hands on. However, I do enjoy fiction and espionage the most. My favorite authors are Jeffery Archer, Mary Higgins Clark, Robin Cook, Sidney Sheldon, and the list goes on."

Coming from a family of health care professionals, Dr. Brar said she believes she made a great choice in being a dentist, and it's clear her passion comes through as she explained, "Nothing gives me more pleasure than to treat my patients with love and care and provide them with the best treatment I possibly can. I wake up every morning with a smile because I absolutely love what I do. And in return, the love and respect I get back from my patients is all I could ever ask for."

Dr. Brar recently started her own private practice, New Image Dental, and it is her goal to provide the people of Las Vegas the best possible dental treatment. "My team and I are here to help and our motto is 'Our family serving yours,' Dr. Brar said."



If you know of a dentist that might like to be featured in one of our upcoming newsletters, please let us know. Email Tammy Ishibashi at tishibashi@nevadadentalbenefits.com.



Transform your plain balloons into beautiful New Year's Eve décor

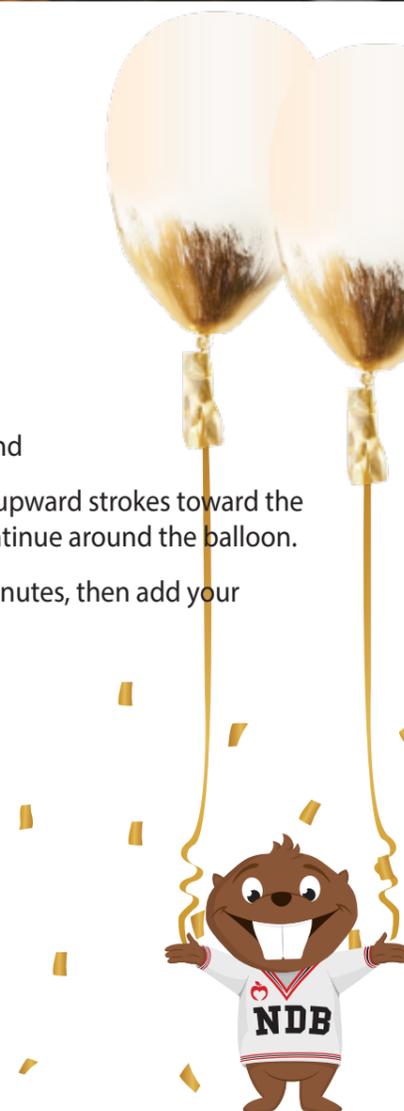
HERE'S WHAT YOU'LL NEED:

- ☆ Helium-filled white latex balloons
- ☆ Gold string
- ☆ 1 jar of gold enamel paint or liquid gold leaf
- ☆ Paint brush
- ☆ Latex gloves

INSTRUCTIONS:

- ☆ Mix paint
- ☆ Hold balloon by tied end
- ☆ Apply paint quickly in upward strokes toward the top of the balloon. Continue around the balloon.
- ☆ Drying time is a few minutes, then add your ribbon or string

Mix and match the colors of balloons, string and paint for any occasion.



To see the original Gold Brushed Balloons article, [click here](#).



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