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EDITOR'S NOTE





The COVID-19 pandemic has heightened several kinds of uncertainty, but one trend has become clear: it has vastly accelerated digital adoption.

All you need to do is search "digital transformation of the economy" to quickly find data demonstrating the rapid pace at which digital transformation is happening. McKinsey, the US global management consulting company, released a study showing that the rates of adoption are years ahead of the average rate, stating that "respondents are three times likelier now than before the crisis to say that at least 80% of their customer interactions are digital in nature."

But, in spite of the myriad benefits of digital operations, the fact remains: digitizing business operations is demonstrably hard. Over 70% of digital transformations fail, according to research. Of those companies that don't fail, only 16% see actual performance improvement.

So, while more people are going full steam on digital transformation, can anyone really explain what it actually means? At a very basic level, the answer is simple: the much-used term simply means adapting an organization's strategy and structure to capture opportunities enabled by digital technology. This is not a new challenge after all, computers and software have been around for decades and have brought changes both to products and services and to how we make and deliver them. But the point I am making is that it has become increasingly difficult for a company to translate that answer into an action plan.

As sexy as it is to speculate about new technologies such as AI, robots, and the internet of things (IoT), the focus on technology can steer the conversation in a dangerous direction. Because when it comes to digital transformation, *digital* is not the answer. *Transformation* is. Technology does not provide value to a business. It never has, except for technology in products. Instead, technology's value comes from doing business differently because technology makes it possible. E-commerce is not about the internet – it's about selling differently. Analytics is not about databases and machine language algorithms – it's about understanding customers better, or optimizing maintenance processes, or helping doctors diagnose cancer more accurately. Managers often think that digital transformation is primarily about huge new investments in technology. They might struggle to grasp what digital transformation actually means for them in terms of which opportunities to pursue and which initiatives to prioritize. Of course, technology change is involved–but smart companies realize that transformation is ultimately about better serving customer needs, whether through moreeffective operations, mass customization, or new offer. For sure, change is involved, and sometimes radical replacements for manufacturing processes, distribution channels, or business models are necessary; but more often than not, transformation means incremental steps to better deliver the core value proposition. Your company shall continue to serve the same core customers even in the digital era. The challenge is to find the best way to serve those needs using digital tools.

The digital forces are clearly very revolutionary and powerful and can be frightening at times. But be assured, keep your focus on strategic transformation, not technology adoption, and you will get more powerful results. Understanding that digital transformation does not change the reason your business exists will help you identify the technologies you should focus on, without ending up running in a thousand directions.

Infodent International spends its time and resources using and studying some of the greatest innovations and trends. I would personally never tell a company to avoid new technologies, and to ignore fast-emerging digital innovations. But I will continue to warn managers when I see a digital transformation conversation going in the wrong direction. Technology helps you do business differently, but the right strategy incorporates the right technologies for the right jobs. It uses high tech where those capabilities are important and low tech where a simple solution can do the job. And when technology is done right, it can help a company launch wave after wave of business innovation – innovation that becomes possible as new technologies become real.

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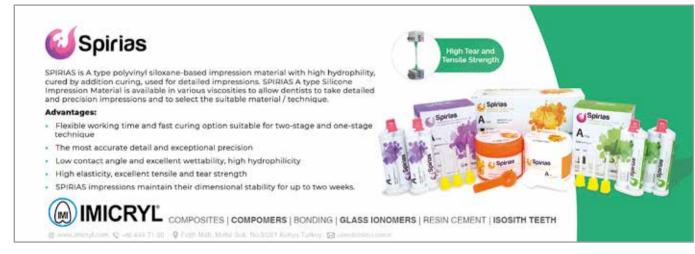
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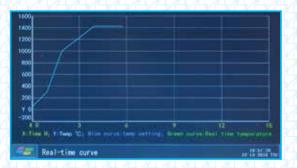
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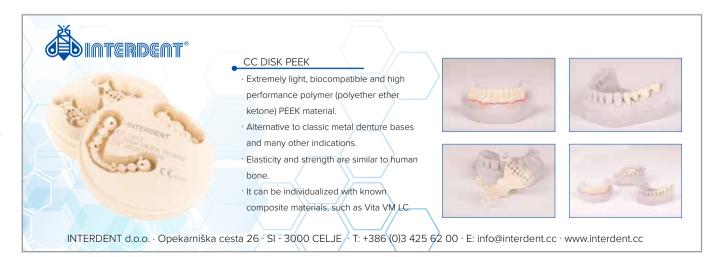
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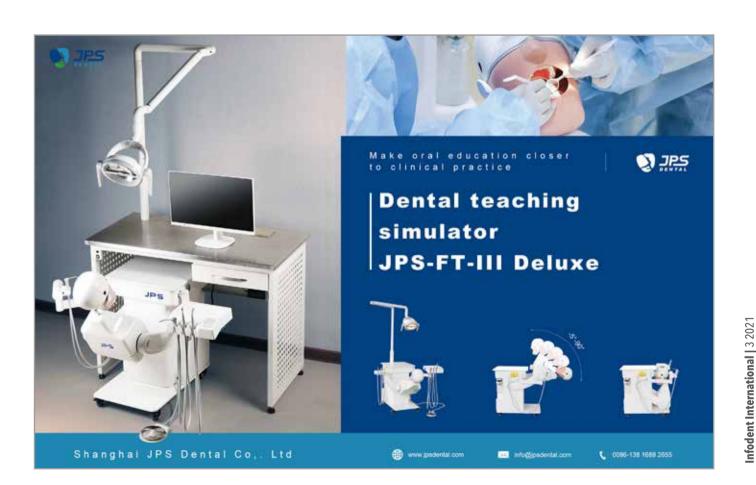
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21

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Model D

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25

X-VIEW

X-VIEW IS the most advanced CBCT- Cone Beam Computed Tomography- technology to acquire 2D, cephalometric and volumetric images.

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3D

X-VIEW provides volumetric HD images (up to 65 µm), obtained in a single scan to minimize exposure to rays, with multiple FOV that allow capturing fine details of specific areas for indepth analysis.

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The FOV ranges from a minimum of 5 x 5 cm to a maximum of 11 x 11 cm.

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Medifuge MF 200: a special blood separator for tissue and bone regeneration, platelets + concentrated growth factors



The Silfradent Medifuge MF200 is a dedicated medical plasma blood separator.

It is designed to prepare autologous concentrated growth factor (CGF) and CD 34 + cells using patient's own blood which is the ideal autologous source without the addition of exogenous substances. CGF represents a new generation of platelet that able to hold inside a higher concentration of autologous.

Growth factors are proteins which regulate the complex processes of wound healing and enhance the body's healing abilities without side-effects. The Medifuge prepares up to 8 test tubes of various levels of concentrate with active proteins in liquified or Fibrin form to create membranes, glue or other particulars for tissue regeneration and bone augmentation in a short period of 12 minutes. These features, together with the simple and standardized centrifugation protocol MEDIFUGE, make the CGF a superior autologous product which can be used in different areas of regenerative surgery; for example in dentistry, maxillofacial surgery, cosmetic surgery and orthopaedics.

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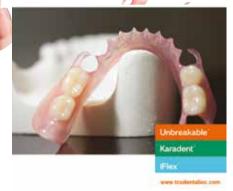
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Baolai develops waterless ultrasonic scaler for home use



Nanning Baolai Medical Instrument Co., Ltd was established in 2009, to mainly develop technological products for the worldwide dental equipment market. Baolai has ISO13485, CE, FDA certifications and 37 patents, and is one of only two Chinese scaler manufacturers having all these certifications. All products must pass a durability test for 2,000 hours use and are inspected for quality 3 times before leaving factory. Baolai was the first manufacturer, in the world, to launch an aluminium alloy scaler handpiece. Solving the traditional scaler handpiece problems such as cracking and yellowing caused by the disinfection process. It was granted 15 national patents for this innovation.

Baolai has developed not only piezo ultrasonic scaler, led curing light, periodontal treatment device, extraoral aerosol suction system, etc. for dentists use, but also waterless ultrasonic scaler for home use. All products are highly regarded by dentists and individual users from 112 countries and regions of the world.

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FOCUS



Author: Silvia Borriello Editorial Director silvia.borriello@infodent.com



Italy's struggles to keep its population healthy with new treatments and care, while balancing its books, embody the challenges facing much of the rest of Europe. But the country's broader financial crisis has hit the health sector in some ways more than its peers: while health spending in rich countries recovered after the financial crisis, it has contracted in Italy for several years, resulting in finance cuts, privatization, and deprivation of human and technical resources. But the EU recovery plan could be a chance to play right; many are the expectations, both of healthcare personnel and citizens, who are hoping for a real revolution, in the near future, both in terms of primary and local care as well as in digitalization, and in the entire health system.

EU Recovery Fund to Reshape the



Italian Healthcare System

4 1 10	Italy	EU
GDP per capita (EUR PPP)	28 900	30 000
Relative poverty rate (%)	20.3	16.8
Unemployment rate (%)	11.2	7.6
Median age	45.9	43.7
Share of population over age 65 (%)	22.3	19.4
Fertility rate	1.3	1.6
Health spending per capita, 2017	EUR 2483	EUR 2884

SUDOF

With a population of almost 61 million, Italy is the sixth most populous country in Europe. The country is made up of 20 regions, extremely varied, differing in size, population, and levels of economic development. The regions are subdivided into provinces, which are made up of municipalities (*comuni*). Italy has about 8,100 municipalities, which range in size from small villages to large cities such as Rome.

The majority of the Italian population has a high standard of living and guality of life resulting, in part, from well-established health policies and welfare measures. Life expectancy of Italians is among the highest in the world and second highest in Europe, after Spain, currently standing at 83.1 years for women and 79.9 years for men. In contrast, its fertility rate is one of the lowest in the world: 1.3 births per woman, far below the replacement level of 2.1, and immigration is the source of most of this growth. Estimates of avoidable mortality and care for chronic conditions compares well at an international level, although healthcare outcomes are inequitable across regions, genders, and socioeconomic groups.

The Italian National Health Service (NHS) was established in 1978 to grant universal

Life expectancy of Italians is among the highest in the world and second highest in Europe, after Spain, currently standing at 83.1 years for women and 79.9 years for men.

access to a uniform level of care throughout Italy. In spite of this, there are considerable variations in coverage and service quality mainly, but not exclusively, between the richer and better covered regions of the north and the poorer ones in the south. The gaps between northern and southern regions mainly reflect socioeconomic and cultural factors that are far beyond the healthcare system. A strong role for central government to equalize the starting conditions between regions may be required, but regional fragmentation leaves the Italian government with weak strategic leadership. This pattern is also substantially echoed in the geographical distribution of satisfaction levels with the healthcare system and its performance. Generally, however, over the last few years there has been a general decrease in satisfaction levels.

Regionalization - The Italian Health Service makes the right to health accessible to all citizens, without discrimination based on income, gender, or age. Since the early 1990s, considerable powers, particularly in healthcare financing and delivery, have been devolved to the regional level of government. Italy's healthcare system is a regionally based national health service that provides universal coverage largely free of charge at the point of delivery. The system is organized into three levels: national, regional, and local. At national level, the Ministry of Health sets the fundamental principles and goals of the National Health System (Servizio Sanitario Nazionale -SSN), determines the core benefit package of health services guaranteed across the country, and allocates national funds to the regions. The regions, in full autonomy, plan

	2018 (Euros)			Variation(%) 2012-2018				
	Public	Voluntary Funding Schemes	Family Direct Spending	Total	Public	Voluntary Funding Schemes	Family Direct Spending	Total
Treatment and rehabili- tation care (Hospital, Day Hospital, Outpatient, Homecare)	67952	1313	15592	84857	0.78	18.50	25.12	4.77
Long-term care	12430	145	3608	16183	10.48	81.25	13.71	11.58
Auxiliary services	9323	362	2931	12616	3.72	0.28	-5.30	1.37
Pharmaceuticals and other therapeutic devices	17770	228	13540	31538	16.85	-0.44	8.04	12.76
Preventive care	5811	721	70	6602	11.51	43.91	12.90	14.34
Health system and financing governance and administration	1654	1386	0	3040	-13.63	57.32		8.73
TOTAL	114940	4155	35741	154836	4.49	31.49	14.10	7.16

PRIVATE HEALTHCARE SPENDING

Source: Corte dei Conti processing on ISTAT data

http://www.quotidianosanita.it/studi-e-analisi/articolo.php?articolo_id=85877

and manage healthcare in the area, while the local health authorities (ASL – *Aziende Sanitarie locali*) provide the services.

The different regions have made different choices on how to use their increasing autonomy, with different organizational and funding models, resulting in great diversity. Thus, a large vertical fragmentation exists in the extent and the quality of such strategies between regions or ASLs of excellence, which are mainly found in the center-northern part of the country, and areas where self-directed initiatives are scant. The uncontrolled increase of regional healthcare spending since 2001 and the international financial and economic crisis that began in 2008 have led policymakers to reconsider full fiscal decentralization to regions. In fact, despite the country's federal structure, most regions cannot fund healthcare with their own resources, relying on the national transfers to compensate for the differences in regional incomes. The resulting financing system has an unevenly distributed tax base, and a need for poorer regions to increase tax rates more than high-income regions, with consequent disincentives for business location, for example. In recent years there have been attempts to place stricter controls over regions' health spending after a few incurred considerable deficits. Moreover, tighter cost-containment measures on public health expenditure have been proposed and are being slowly implemented (e.g., caps on specific spending areas). At the same time, higher and more extensive co-payments for outpatient (ambulatory care), diagnostics and drugs have been introduced by the regions, from late 2011, increasing the amount of additional private spending for services provided by the NHS.

Coverage and provision of services - Healthcare in Italy is provided to anyone in a mixed Public and Private system. The State, through the National Health Plan, establishes the Essential Health Services, so-called LEA (Livelli Essenziali di Assistenza), that must be guaranteed throughout the country, to all residents (including immigrants, documented or not), free or with cost sharing, using the resources collected through general taxation. Immunization and screening programs are considered to be priorities. Healthcare services (i.e., the LEA) provided within the NHS are identified by positive and negative lists using criteria related to medical necessity, effectiveness, human dignity, appropriateness, and efficiency in delivery. Primary



and inpatient care are totally free at the point of use for everyone. So, consultations with public primary general practitioner (GP) and pediatricians are free. They also have a gatekeeping role as they are responsible for prescribing medication and, after diagnosing a health problem, referring patients to specialist consultations or further levels of care if needed (except for dental care, obstetric and gynecological services, and pediatric care, which are services that can be directly accessed). Hospital admission is free if admitted for necessary procedures but would not be free for elective procedures (for example a preventive check-up). Only some specialist consultations, lab analyses, and diagnostic procedures are free and only if prescribed by the public primary GP/pediatrician, most services demand a cost-sharing, and many are provided at the patient's full expense, although fees are usually guite reasonable. Some medicines are also free (usually the ones related to serious illness or life-threatening conditions) while others are discounted with a prescription from the public primary GP. Negative lists include ineffective services; services that are covered only on a case-by-case basis, such as orthodontics and laser eve surgery; and inpatient services for which ordinary hospital admissions are likely to be potentially inappropriate (e.g., cataract surgery and carpal tunnel release).

Specialized outpatient care experiences long waiting lists – a common phenomenon in Italy that is often related to unsatisfactory quality of care. Overall, however, given the existence of such waiting lists, people often seek care within the private sector and significant inter-regional mobility of patients takes place, especially from southern to northern regions in order to access care faster.

Increasing role of the private sector - The NHS is largely funded through national and regional taxes, supplemented by co-payments (ticket) for pharmaceuticals and outpatient care. Given the containment measure adopted by the Italian government over the past years, according to OECD data, in 2019, total health expenditure accounted for 8.7% of GDP (from 9.2% in 2012), well below the EU average of 9.6%; to make a comparison, France and Germany employ more than 11% of their GDP.

The private sector is having an increasing role in public health. In 2018, total health expenditure amounted to 154.8 billion euros, of these, public sources made up 74.2% of total healthcare spending (down from 78.2% in 2012), and private

The gaps between northern and southern regions mainly reflect socioeconomic and cultural factors that are far beyond the healthcare system.

spending 23.1% (up from 21.8% in 2012), mainly in the form of out-of-pocket (OOP) payments (23.5%, among Europe's highest rates) - these OOP payments are mainly for diagnostic procedures (laboratory tests and imaging), pharmaceuticals, specialists visits (including dental services) putting a further burden on Italian families, where, on average, each Italian spends 612 euros per year. Only about 2.7% of total healthcare expenditure is funded by insurance funds. For specialist (outpatient) visits, the most recent estimate using the national ISTAT survey reports that 56.8% of total specialist visits are paid fully by patients, 27.8% applied a co-payment and the remaining 15% were free of charge. Dentist and gynecology outpatient visits are the most common privately paid visits outside the NHS.

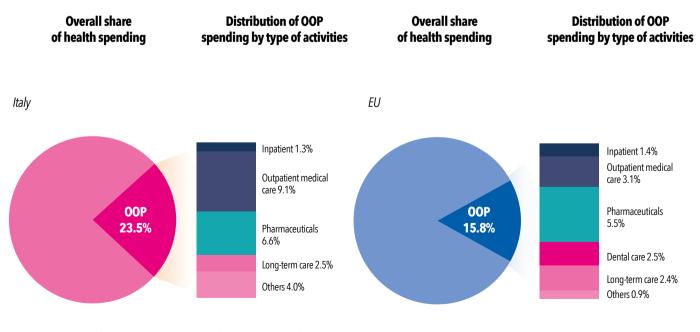
Only a few private hospitals in Italy are not accredited by the NHS and thus work only with private patients. To be accredited, private providers must meet safety and quality standards. According to the Italian Private Hospital Association, of the 520 private health facilities they represent, 93% (490) are accredited (*Privato convenzionato*) with the NHS, for a total of 52,000 beds. One million people are hospitalized in these institutions every year. Costs are incurred by the NHS and citizen using private accredited providers do not incur any additional expenses compared to public providers. Moreover, as an incentive to increase private sector utilization, and to help families bear the burden of co-payments, private health expenditure is eligible for tax credit, also in the attempt to lighten the burden on the NHS and to better assist those who cannot afford to go elsewhere.

Healthcare services that are not covered by the NHS may be offered, privately, either by public or private facilities. In a public facility, services outside NHS coverage can be offered within the *intra-moenia* framework i.e., where NHS professionals, mainly specialists, can also offer their services to privately paying patients within NHS facilities as part of their (part-time) private practice.

It is not possible to opt out of the public system, thus full substitutive voluntary health insurance (VHI) does not exist. With over 11 million Italians with VHI, it is steadily increasing and estimated to reach 21 million by 2025. Concentrated among higher socio-economic groups, those taking it up mainly do so for faster access to services, to choose a doctor and get reimbursements even for services not covered by the NHS, such as dentist (although partially), glasses, or a single room in the event of hospitalization. Moreover, as an incentive to increase private sector utilization, and to help families bear the burden of co-payments, private health expenditure is eligible for tax credit, also in the attempt to lighten the burden on the NHS and to better assist those who cannot afford to go elsewhere. With over 60 days national average waiting time to access NHS facilities, many people often resort to specialist visits in private settings. On this regard, healthcare federalism has favored increasingly marked territorial inequalities. In some regions, for example, the average waiting time for some diagnostic tests and specialist consultations is over 7.5 months.

Healthcare infrastructures and Human resources - Due to policies aimed at controlling health expenditure, increasing hospital efficiency, and reducing waste, there has been a consistent reduction in hospital bed numbers, further imple-

OOP PAYMENTS MAKE UP A HIGHER PROPORTION OF HEALTH SPENDING THAN THE EU AVERAGE



Note: OOP payments for dental care in Italy are included in outpatient medical care. Source: OECD/European Observatory on Health Systems and Policies (2019)

Private health expenditure (% GDP), by country

Italy	2.3%
Germany	1.7%
France	1.9%
Spain	2.6%
Portugal	3.1%

mented by a reduction in the number of healthcare facilities, particularly via the closure of small hospitals or the transformation of acute care facilities into other types of services to meet changing needs (for chronic diseases, ambulatory care or care for the frail and elderly). Italy has a disproportionately high number of small hospitals. The median size of Italian hospitals is one-third less than that of Germany, France, and Austria, and around half that of UK hospitals. This could be due to small hospitals compensating for poor community health services such as home care and long-term care, especially in non-urban areas. Italy has 3.4 hospital beds per 1000 people; 80% dedicated to acute care (higher than the EU average of 69%) and a bed occupancy rate that has been increasing steadily and is higher than the EU average. The NHS counts on about 191,000 beds for ordinary hospital admissions, 23.3% in accredited private facilities. In 2017, one thousand medical institutions provided hospital care, 51.8% public (dropping from 54% in 2010) and 48.2% private accredited (rising from 46% in 2010).

In general, doctors employed by the National Health Service are salaried and have civil servant status, although general practitioners (GPs) and pediatricians (primary care level) are self-employed and independent professionals, running solo practices, although national contracts and regional agreements encourage group practices by offering supplements to capitation, extra resources for the practice, including nursing and staff support. The average level of medical care is guite high compared to international standards and Italian doctors are usually highly qualified. With 3.9 practicing doctors per 1000 people, Italy is above the EU average of 3.6 - though, conversely, the number of nurses (not including midwives) is relatively low, at 5.7 per 1000 people, and the ratio of nurses to doctors (roughly 1:1) is among the lowest in the EU - the average is 2.5 nurses to every doctor.

Italy is predominantly a destination country as far as worker mobility, with low reliance on foreign medical doctors – less than 5%, when compared to UK, Ireland, and Switzerland (ranging between 22.5% and 36.8%) - with higher levels of inflows for nurses and care assistants (*badanti*), both legal and illegal, for the elderly care and home-care sectors, who are mainly undocumented workers working in the grey economy. The demand for informal care assistants is estimated to be three times higher than the demand for nurses.

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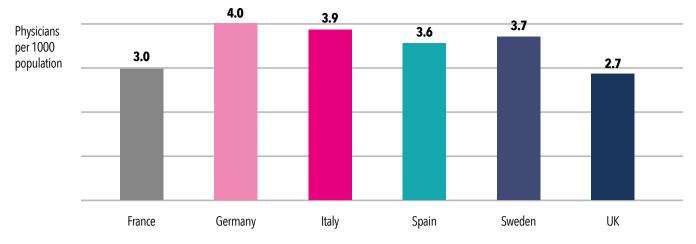


HEALTHCARE PERSONNEL, 2018

	Healthcare Personnel	Healthcare Personnel per 1,000 population
Specialized doctors	187179	3.1
Anesthetists	12966	0.21
Cardiologists	13358	0.22
Surgeons	8553	0.14
Gastroenterologists	3549	0.06
Geriatricians	4220	0.07
Neurologist	6535	0.11
Oncologists	4637	0.08
Orthopedics	9046	0.15
Otolaryngologists	4500	0.07
Urologists	4084	0.07
Other specializations	115731	1.92
General Practitioners	53109	0.88
TOTAL (General and specialized doctors)	240288	3.98
Dentists	49552	0.82
Midwives	16807	0.28
Nurses	346949	5.74
Pharmacists	71953	1.19

Source: Istat data, 2018





Source: OECD - Notes: Data refer to professionally active physicians, which include practicing physicians plus other physicians working in the health sector as managers, educators, researchers, etc. (adding another 5–10% of doctors); data refer to practicing physicians, which are defined as those providing care directly to patients.

EU Recovery Fund - Amid increasing political instability and faced with the current economic constraints, the largest challenge facing the Italian health system is to achieve budgetary goals without reducing the provision of health services to patients. As matter of facts over the period 2010-2019, the NHS suffered financial cuts of more than €37 billion and a progressive privatization of healthcare services, resulting in a public health system under much pressure. In the years, government interventions in the NHS have taken the form of either urgent decrees or entries in the annual state budget law, rather than systematic reforms, and have mostly consisted of cuts to public expenditure.

The Covid-19 pandemic is putting a further burden on the already strained health system but, unexpectedly, it is also shedding a light. The National Investment Program, that Italy is presenting to the European Commission as part of the Next generation EU plan to get out of the pandemic, allocates a total of 20.2 billion euro to strengthen and innovate public health. A unique opportunity that, if managed well, will reshape the Italian NHS. Primary care and community services are cornerstones of the recovery plan for health, together with technological modernization and the digitalization of the entire health system. Of these, 9 billion euros are intended to strengthen homecare and the local health network, together with development of telemedicine and more effective integration with social services. The Ministry of Health is betting on two organizational models that have already been tested in the past but have never really taken off, namely, community houses, and community hospitals. In community houses, citizens will find all basic social and health services offered by the NHS, provided by a multidisciplinary team made up of The National Investment Program, that Italy is presenting to the European Commission as part of the Next generation EU plan to get out of the pandemic, allocates a total of 20.2 billion euro to strengthen and innovate public health.

family doctors, pediatricians, medical specialists, community nurses and social workers. The scope is to have the over 53,000 GPs operate in a more structured system, together with specialized personnel and technologies to ensure the most effective treatments and the best assistance to patients' needs, abandoning the logic of solo or associated GPs practices. Community hospitals are intermediate level between home and hospital care, structures for short-term hospitalization of fragile but not serious patients who basically need nursing care, to avoid improper hospitalizations. The goal is to completely abandon the hospital-centered logic, which generates diagnostic waste, wards overloaded with non-complex cases, at the same time diverting energy and resources for local care and assistance.

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FOCUS



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Lack of relevant policies with a public health focus, absence of systematic oral health surveillance and limited access to care for large population groups are strong indicators that oral health is not a political priority. However, opportunities in the wider political environment could be used to facilitate analysis, discussion and change in order to improve political priority of oral health in Italy.

Italian Oral Health **Still Too Low on National Agenda**

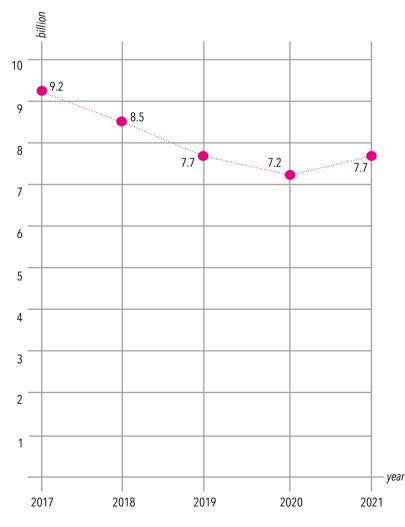


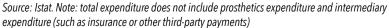
Oral health remains a neglected area and its political priority on most national agendas, including Italy, is low. As in most other Mediterranean European countries, in Italy oral healthcare is mainly provided under private arrangements, with very little public provision of dental care, and limited National Health System resources allocated to reimbursable services. The public healthcare system provides only 5-8% of oral healthcare services completely free of charge, with the remainder purchased privately, out-of-pocket, by patients. This percentage varies from region to region. Oral healthcare is included in the Legislation on Essential Levels of Care (LEAs) for specific populations such as children, vulnerable people (medically compromised and those on low income) and individuals who need oral healthcare in some ur-

Apart from the national benefits package, regions may also carry out their own initiatives autonomously, but must finance these themselves, making access to oral healthcare not homogeneous across the country.

Active dentists (2018, Istat)	49,552
Active dental offices (est.)	41,000
Dentist (active) per 1,000 population (2018, Istat)	0.82
Total oral health services expenditure (2019, Istat)	7.7 billion euro
% population visiting a dentist on average annual basis	37.9%

TREND FOR TOTAL ORAL HEALTH EXPENDITURE FOR DENTAL SERVICES





gent/emergency cases. For other people, oral healthcare is generally not covered.

The minimum set of services included in the benefit package are preventive and diagnostic services, treatments for caries and associated complications, periodontal diseases, dental occlusion and dental bone-related complications and emergencies. Orthodontics and dental prostheses are generally not covered (limited care is available to special groups of patients, defined according to age and specific clinical conditions). In order to access these services, co-payments are necessary, with exceptions granted to children aged 0–14 and vulnerable groups, although the availability of, and waiting times for, public and accredited health services vary across regions and areas of care.

Apart from the national benefits package, regions may also carry out their own initiatives autonomously, but must finance these themselves, making access to oral healthcare not homogeneous across the country. In Southern Italy (Istat data) only 27.7% of the population aged 3 and over resorts to dental treatment compared to the national average of 37.9%. Also, as far as number of visits for prevention in the South, the percentage of people making them is almost half (16.1%) of that of the North (30.7%), while the number of those who have never been to a dentist is double: 12.1% against 6.2%. A paradox is the increasing trend in the use of public or subsidized dental facilities within the country except for southern Italy, which has gone down from 4.4% to 4.1%.

There is no clear mandate for leadership or coordination within the oral health sector, resulting in fragmentation and in dominance of the private sector. As a consequence, oral diseases are mainly addressed through a curative rather than a preventive public health approach. Current, systematic, and representative data are lacking. Therefore, the real burden of oral diseases is unknown and thus cannot be addressed adequately. **Evidence-based, cost-effective,** and sustainable population-wide public dental health interventions are not implemented on a large scale, and growing inequities in terms of access to care are not seen as a concern. Yet, back in 2015 the Italian National Institute of Statistics (ISTAT) positioned the dentist in the first place in the basket of needs for the Italian population.

Oral health care is provided mainly by private dentists and dental hygienists, organized in self-owned and small-size practices (75% of dental practices), mostly made up of professionals with an average age of 53 years, or bigger organizations involving different specialists, laboratories, and technicians. According to Istat data(2018), there are 49,552 practicing dentists (59,324 including non-active dentists) with a ratio of around one dentist every 1,025 inhabitants, and about 7,854 dental hygienists. According to the National Association of Dental Laboratory Owners (ANTLO), there were 11,933 laboratories in 2017, down from 15,165 ten years before. Such reduction has mainly involved small individual laboratories which were 8,288 in 2017 (11,044 in 2007). In Italy, 44% of labs are made up of just one technician, 31% two technicians while only 25% have 2 or more technicians. Only dental laboratories in joint stock companies have almost doubled their number in ten years, 420 in 2017 against 264 in 2007.

To enroll in an Italian dental school a student must pass a competitive national entrance examination after obtaining a high school leaving certificate. In comparison with dental schools in other EU member states, the number of dental students per school is low with an average of 20 students per year. In line with the trend is also a declining demand for dental services by the Italian population, with 0.5 visits per capita (less than 1 visit per person), and consequent total expenditure on dental services, which amounted to 7.7 billion in 2019, down from 8.5 billion in 2018. Economic reasons account for 85.2% on the total of those who have deferred dental visits, maybe for many of those treatments that do not have to do with emergency or pain. Furthermore, in spite of an increase in oral care needs among the elderly, the percentage of visits to the dentists

ORAL HEALTH STATUS

	2005	2013
% population with 28 natural teeth	37.8	41.4%
edentulous patients	12%	10.8%

decreases with increasing age, with 36.1% of over 65 years old visiting a dentist against only 29.2% over 75 years. Despite all, the oral health of the total population has improved in the years.

According to data published by the Italian Dental Industry Association (UNIDI), the estimated turnover in 2018 was around 992 million euros worth of dental production, 61% of which was exported. Also, total dental market size (sell-out value) was worth approximately 1,339 million Euros, 62% of which made up of imported products. With a +5.2% average 2009-2018 compound annual growth rate (CAGR), the Italian dental industry demonstrates reliability and solidity. After significant declines in turnover in 2020, due to the Covid-pandemic, the market should start reviving in 2021.

Finally, according to an ISTAT report in October 2017, 11.7% of patients 15 years and older used the public service, 86.9% turned to the private sector but over 80% of expenses are out-of-pocket. Maybe the time has come for dentistry to be included in the national agenda, considering the correlation between oral diseases and systemic diseases has been widely proven. A better focus and more investments on prevention is a must within Italian dentistry as ISTAT calculates that on the one hand the percent-

age of those who take care of their teeth decreases, today there are about 37 Italians every 100 (i.e., 63 Italians give up dental care) and on the other side there are those who still go to the dentist but less frequently. Prevention is cheaper than cure!

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HOT TOPIC



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A Necessary Effort to Leave an Always Smaller Carbon Footprint

In the United Kingdom, primary dental services emit 676 tons of CO2 into the atmosphere per year, approximately 3% of total carbon footprints emitted by the British Health System services, and equivalent to 50,000 flights from the United Kingdom to Hong Kong.

Gradually rising temperatures, melting glaciers and drastically changing ecosystems are clear signs of a planet changing its attitude. Not that the Earth has a conscience, responding to a wrong it is suffering from but, as a closed system, it reacts to any large-scale imbalance, regardless of who triggers it. Today, thanks to the work of scientists and the media, we know a lot about global warming: the factors triggering it, the consequences on everyone's life but, most of all, we know a lot about the strategies to adopt to slow down this metaphorical snowball that has become heavier and faster over time. On a scientific level, the solution is rather simple: to basically reduce emissions of greenhouse gases. On the social level however, there could not be more of a complex solution.

Virtually every existing action, process or activity generates carbon dioxide, from humans breathing to food production, passing through any form of transportation of goods and people. This is precisely the problem. Carbon dioxide emissions are so intrinsically connected to the planet social fabric to be considered as clear evidence of the intense process of evolution that human civilization has undergone in recent centuries. Such fast growth required incredibly large amounts of energy that only fossil sources could satisfy, but that inevitably returned-back into the planetary ecosystem in the form of carbon dioxide. Nonetheless, in an historical period of awareness and change such as the one we are observing today, it is unthinkable to remain anchored to an outdated concept of development, it is instead necessary to rework and update all technological processes in a cleaner and more intelligent perspective.

In this regard, following the *Climate Change Act*, the British National Health System (NHS) is legally obliged to reduce its CO_2 emissions by 80%, by 2050, compared to 1990 levels. This gradual de-carbonization plan would involve a 34% cut in carbon dioxide emissions by 2020,



Instead, differently from what one might be expecting, consumption of gas and electricity plays a secondary role in emissions, contributing 7.6% and 7.7% respectively, for a total of 15.3%.

to reach the pre-established threshold over the next 30 years. It is essential that all countries set targets for cutting CO, emissions in such a way as to allow time for individual particles, making up the socio-economic fabric, to adapt to the pre-established thresholds. However, to implement the global process of emissions reduction, it is necessary to know the share of CO₂ produced, directly or indirectly, by individual processes and services provided in the examined sectors. In the Center for Sustainable Healthcare Report (Public Health England), relating to British dental services, CO₂ emissions associated with the most common dental procedures were measured to see how much they contributed to environmental pollution. The study observed that the procedures of major impact were represented by dental checkups which, due to the high frequency with which they are performed, they represent 27.1% of total CO, emissions. In addition, also due to the frequency with which they are performed, dental cleaning is responsible for 13.4% of emissions, followed by amalgams (9.7%), fillings with composites (9.5%), dentures (8.6 %), x-rays (6.4%) and, extractions having a 3.5% impact.

As noted from these data, the most polluting procedures are also those that are most frequently performed in dental offices. This is not at all surprising. The frequency of a procedure is a determining factor in *carbon footprint* and, if not possible to reduce the frequency, it is necessary to streamline the relative emission of greenhouse gases as much as possible.

Taken as a whole, primary dental services emit, into the atmosphere, 676 tons of CO_2 per year (tCO_2e), approximately 3% of total carbon footprints emitted by the UK Health System services, and equivalent to 50,000 flights from the U.K. to Hong Kong. However, as interesting as this can be, these data do not represent a real contribution, regarding the possible measures to adopt for de-carbonization, as they do not highlight the possible margins to be improved but only the actual impact each dental procedu-



re has. To understand what generates greater greenhouse gas emissions, within dental services provided by the National Health System, it is important to analyze all secondary processes evolving around individual dental procedures, and which are the basis for the functioning of the entire dental service ecosystem.

Therefore, in this report, *carbon footprints* for the main activities involving dental practice have been analyzed. These activities, each with its own environmental impact, are necessary for a dental practice to function and for the National Health System sector to be active.

From data presented in this report, it emerged that the largest contribution to CO_2 emissions is represented by the transportation sector: compared to the total amount of dental services' *carbon footprints* (in the year 2013/2014), 31.1% are caused by patients travelling to the dental practice, 30.3% are represented by staff commuting and 3.1% by healthcare staff business trips. It is from these data that one of the most environmental polluting sectors has emerged but, at

the same time, it has a great deal of room for improvement: the transportation sector. Instead, differently from what one might be expecting, consumption of gas and electricity plays a secondary role in emissions, contributing 7.6% and 7.7% respectively, for a total of 15.3%. Lastly, marginals are water consumption (0.1%), waste (0.2%) and the release of nitrous oxide (0.9%) which, although it does not release $CO_{2'}$ it is, by itself, a 300 times more powerful greenhouse gas.

In short, this report provides a series of fundamental data to be able to work on a de-carbonization plan and, as suggested by the authors, it focuses on habits rooted both in clinical practice as well as in patients. Currently, the trips made to go to the dentist are not optimized to reduce the overall number and, each family member, due to individual commitments, prefers making separate appointments, thus multiplying polluting emissions. This is the consequence of lack of awareness regarding the effects produced by this type of habits and the weight they exert on the overall carbon dioxide balance. In this sector, the change should necessarily start from dental offices which, through direct contacts, should incentivize patients to come to dental visits with the whole family or, when possible, prefer ecological means of transportation. Furthermore, this concept must also be adopted with dental procedures which, in some cases, can be combined and performed within the same session, limiting, in this way, the number of patients' trips to the dental office.

In short, overall, CO_2 emissions described and presented in this report are fundamental to be able to work on the decarbonization plan required by the United Kingdom. But such a change can be applied all over the world and requires an organizational effort by dentists and greater flexibility and efficiency from patients to lay the foundations for an ever cleaner and more sustainable society.

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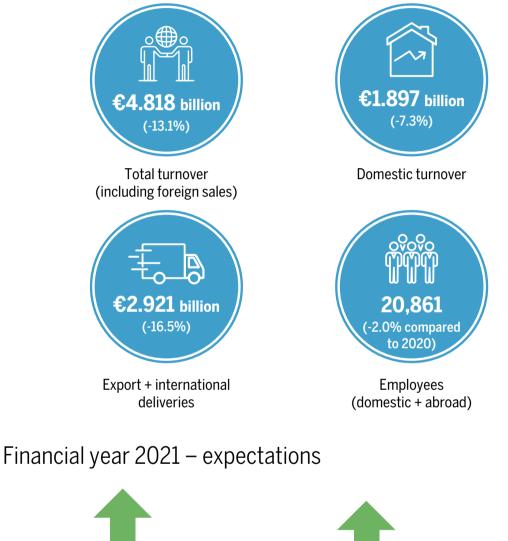
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The economic position of German Dental Manufacturers



Financial year 2020 - results





AT A GLANCE

The German Dental Industry Looks Ahead to the Coming year with Confidence

IDS 2021 will continue to revive the market situation after significant declines in turnover in 2020.

Cologne, Germany, 20 May 2021 - At the European press conference in preparation for the 39th IDS Chairman Mark Stephen Pace still remained confident about the future economic position given the significant declines in turnover in the 2020 financial year.

The **Treuhand survey of the Association from the beginning of 2021** produced the following result.

In 2020 the VDDI member companies again earned a total turnover of fewer than five billion euros (4.82 billion euros) for the first time since 2015. It was thus 13.1 percent below the 2019 result. Almost 2.92 billion euros of that was earned on export markets, a decline of 16.5 percent. "The Companies have made great efforts to ensure that declines were not higher, achieved in particular by measures to increase efficiency and lower costs", explained Mark Pace. The domestic market developed considerably more robustly than the export markets. Domestic sales in 2020 of 1.90 billion euros were about 7.3 percent below the comparable sales of the previous year. Slightly more than two thirds of the companies surveyed by the dental association recorded fewer domestic sales than in 2019. According to Chairman Mark Stephen Pace, it will take time for some companies to reach the level of 2019 again. A positive atmosphere meanwhile comes from the expectations the companies have for the current financial year and IDS year 2021. Fifty-one percent of the member companies forecast increases in turnover over the entire exhibition year and a further 42 percent a turnover at the level of the previous year. The results of the VDDI economic barometer from spring, which have just been evaluated, also confirm the positive estimates and expec-



Mark Stephen Pace, Chairman of the board, Association of German Dental Manufacturers (VDDI), ©VDDI

tations of German Dental Manufacturers for the current year 2021. With domestic turnover for the first half-year of 2021 almost 69 percent of those surveyed expect higher sales in comparison with the same period in the previous year. For export sales nearly 70 percent of the participants anticipate increases in turnover in this period. Mark Pace continues: "Not all regions will recover at the same pace, some economic regions are still occupied with overcoming the corona crisis. The health systems are under a high degree of pressure with the demands, but we can assume that in the medium-term the success of vaccinations will also lead to recoveries in these regions. The general health awareness and a need for health services resulting from this will increase."

The 39^{th} IDS from 22-25.09.2021 will play an important role in the further progress of oral and dental health.

VDDI/GFDI - Press Office

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IDS 2021: Driving Force of the Global Dental Industry

High Number of Registrations From Home and Abroad

Cologne, Germany, 20 May 2021 - Just over four months before the start of the International Dental Show 2021, the most important industry platform of the global dental industry in Cologne, and the preparations are in full swing. Whereby the leading international trade fair is taking on a very special responsibility this year and will sustainably underline its strong driving force for the participating industries. And with a new, hybrid trade fair format, IDS is proving to be the reliable compass for the safe navigation towards successful business in the post-Corona era. This includes for instance the integration of IDSconnect, a digital trade fair platform that enables a consistent, international reach and customer address and unites the key strengths of a physical trade fair with the forward-looking digital possibilities.

To-date around 850 companies from 57 countries have confirmed their participation at IDS 2021 - a remarkable intermediate result against the backdrop of the past months. In line with the pandemic-related framework conditions, IDS is being staged in Halls 2, 3, 10 and 11. All halls are connected via a simple circular route that has been optimised for visitors. The four entrance areas of IDS 2021 - the South, East and West entrances and the entrance on the trade fair Boulevard - ensure that the visitors will be evenly distributed throughout the exhibition halls - in line with the current protection regulation. A Food Court Area will be installed alongside the existing food service and recreational areas to additionally ensure the visitors and exhibitors are safely provided with food services. The hall planning accommodates all necessary measures and official require-



In addition to the physical exhibition, IDS 2021 is also offering the exhibitors and visitors the digital platform, IDSconnect.



ments for the protection of exhibitors and visitors, which Koelnmesse has taken into account in its safety and hygiene concept #B-SAFE4business. For its events at the Cologne fair grounds, Koelnmesse will furthermore take all precautionary measures deemed relevant by the responsible health authorities in accordance with the Coronavirus Protection Ordinance. The necessity of these procedures will be reviewed continuously until the event and prepared accordingly.

In addition to the physical exhibition, IDS 2021 is also offering the exhibitors and visitors the digital platform, IDSconnect. This hybrid approach enables visitors all over the globe, who are not able to travel to Cologne, to discover attractive trade fair profiles and products and con-

nect with contact partners via innovative channels. Because whether at a trade fair or during everyday business, the success of a company is based on three essential building blocks: inspiration, interaction and business. Where these crucial elements fall short, IDSconnect now offers additional opportunities. Extensive features make it possible to reach more potential customers easily, experience trends and presentations on demand and establish valuable contacts - from anywhere in the world. The digital platform of IDS is very easy and intuitive for everyone to use - even without previous digital experience - bringing the world's largest dental show directly to your screen at home or office for an authentic trade fair experience.

About IDS

IDS (International Dental Show) takes place in Cologne every two years and is organised by the GFDI Gesellschaft zur Förderung der Dental-Industrie mbH, the commercial enterprise of the Association of German Dental Manufacturers (VDDI) and staged by Koelnmesse GmbH, Cologne.

Your contact for IDS:

Volker de Cloedt, Communications Manager Koelnmesse GmbH Messeplatz 1, 50679 Köln, Germany Tel. +49 221 821-2960 Fax +49 221 821-3544 v.decloedt@koelnmesse.de www.koelnmesse.com

IDS - The definitive Date with Dental Destiny

Once every 2 years, the dental world has a rendezvous in Cologne. Dentists, dental technicians and industry tradesmen come to be expansively informed about the latest innovations and cutting-edge developments which promote success on the world dental market. The IDS is the exceptional event where the dental trade and the public at large get a first-hand look at what is being introduced into the dental market. Lectures and seminars given by experts in their fields are also a hallmark of the IDS.

The next IDS:

- 39th International Dental Show 22nd to 25th September 2021
- 40th International Dental Show 14th to 18th March 2023



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SHOW REPORT



Embracing innovative technologies and services at Dental South China 2021

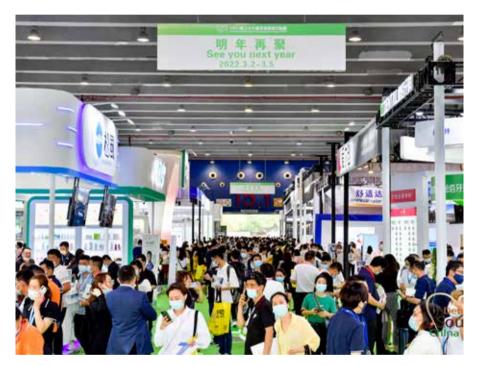
The 26th Dental South China International Expo (DSC) was successfully concluded on 13 May 2021 in China Import and Export Fair Pazhou Complex in Guangzhou. With the steady improvement of Chinese epidemic prevention and control, DSC made good efforts to provide business opportunities, enrich exhibition activities and innovate services. Operated by Guangdong International Science & Technology Exhibition Company, DSC 2021 covered an exhibition area of 55,000 square meters, drew more than 850 exhibitors and around 60,000 visitors. More than 200 professional seminars were held during the exhibition.

850+ brand exhibitors brought new products and technologies

As a professional platform, DSC does well in business cooperation, product display, new product release, information sharing and technical exchanges. Internatinal exhibitors including Kavo, Dentsply Sirona, Straumann, Ivoclar Vivadent, A-dec, Carl Zeiss, Zimmer Biomet and local brands including Runyes, Upcera, AIDITE, Besmile, Ajax, Trausim showed their new products and excellent technologies during the exhibition. New Products Launch Event presented advanced digital products, medical equipment, and new technology, which caught an intense attention from the dental industry and provided one-stop experience for visitors.

200+ academic conferences promoted communication and exchange

As an annual event, DSC 2021 held 200 + seminars together with nearly 300 experts. High-end forums offered advanced technological achievements, leading trend of clinical



treatment techniques and efficient clinic management methods. "Symposium on Reviews on Typical Cases" allowed dentists to improve their diagnosis and treatment thinking in the collision of ideas. In addition, special training courses helped dentists gain clinical skills through theoretical and practical training.

Multiple activities and innovative digital services strengthened interaction with visitors DSC conducted "dental industry job fair", gathering 62 dental schools, dental institutions and denture processing factories to provide a large number of high-quality jobs through online and offline recruitment. At the same time, a series of activities were organized to celebrate 5.12 International Nurses Day. As global trade is still under great resistance, the new development pattern is taking shape. To this end, DSC focused on building "Wetchat E-Show", an online exhibition platform that introduced a more convenient communication mode. Furthermore, live streaming helped to break geographical and time barriers, connecting exhibitors and visitors at home and abroad.

The 27th Dental South China International Expo will be held on 2-5 March 2022. Sincerely looking forward to meeting you in 2022 and let's witness a more professional DSC expo!

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nfodent International | 3 2021

Calendar

Here our trade shows selection. Discover all worldwide dental exhibitions at www.infodent.com/calendars/tradeshow

SEPTEMBER

09-11/09/2021 **Expodental Meeting** 2021

Infodent International Booth: Hall A7, Stand 177

Rimini - Italy

Promunidi Srl V.le Forlanini 23 - 20134 Milano, Italy Phone: +39 02 700 61 222 Fax: +39 02 700 06 546 Website: www.unidi.it General Manager: Linda Sanin Email: l.sanin@unidi.it Organizing Committee: Andrea Cighetti Email: a.cighetti@unidi.it Phone: +39 02 700 61223 Foreign Office: Fabio Catellani Email: f.catellani@unidi.it

22-25/09/2021 IDS 2021 - 39th **International Dental Show (Biennial Meeting**)

Infodent International Booth: Hall 2.2, Stand D-010g / E-011g

Cologne - Germany Organised by VDDI - Verband der Deutschen Dental-Industrie e.V. Aachener Str. 1053-1055 50858 Koeln Phone: +49 221 50 06 87 -0

Fax: +49 221 50 06 87 -21

Phone: +39 02 700 61229 Venue: Fiera Rimini Rimini Italy



www.expodental.it/en

E-mail: info@vddi.de Website: www.vddi.de, www.ids-cologne.de

GFDI Gesellschaft zur Foerderung der Dental-Industrie mbH Aachener Str. 1053-1055 50858 Koeln Website: www.gfdi.de

Realization: Koelnmesse GmbH Dept. Health, Lifestyle & Facilities Messeplatz 1 D 50679 Koeln

Venue: Koeln Messe/Deutz Cologne Germany

www.english.ids-cologne.de



Due to the current situation, double check trade shows dates, venues and booths location listed.



01/01-31/12/2021

SMART MEDICAL FAIR 2021

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Organized by: Infodent&Infomedix International www.smartmedicalfair.com

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25-28/09/2021 CDS - China Dental Show 2021 - The 23rd CSA Annual Meeting & 2021 China Dental Show

Organized by: Chinese Stomatological Association (CSA) and Reed Sinopharm Exhibitions Co., Ltd. 15th Floor, Tower B, Ping An International Einance Center, No. 1-3, Xinyuan South Road

Finance Center, No.1-3, Xinyuan South Road, Chaoyang District, Beijing, P.R. China Phone: +86 10 84556607 Website: www.reed-sinopharm.com

Contact person: Mr. Andy Bian Phone: +86 10 8455 6622 Email: ce.bian@reedsinopharm.com Venue: National Exhibition and Convention Center Shanghai China

www.chinadentalshow.com

Shanghai - China

26-29/09/2021 FDI 2021 -Virtual Special Edition - Annual World Dental Congress

** Due to COVID-19 travel restrictions, the

Congress has been moved 100% online for

FDI World Dental Federation Chemin de Joinville 26 1216 Geneva-Switzerland Telephone: +61 2 8815 3333 Email: FDIWDC2021@ada.org.au Venue: Broadcasted globally from International Convention Center Sydney Australia

https://2021.world-dental-congress.org



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World Dental Congress | Special Edition

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07-09/10/2021 Sofia Dental Meeting 2021 -14th International Sofia Dental Meeting

Sofia - Bulgaria

Sofia Dental Meeting str. Stoyan Zaimov 12 Sofia 1421, Bulgaria Phone: +359 2 866 2257 // +359 884 27 84 83 Email: sofiadentalmeeting@gmail.com sofiadentalmeeting@dir.bg office@sdm.bg

www.sofiadentalmeeting.com

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14-16/10/2021 Central Asia Dental Expo 2021 (CADEX) -5th International Dental Exhibition

Almaty - Kazakhstan

Organised by: CADEX (Central Asia Dental Expo) Phone: +7 707 950 11 12 / +7 707 823 53 67

Contacts: General Manager: Nursapaeva Saule Email: manager@cadex.kz Phone: +7 707 823 5367



General Manager: Kosuvalova Nursulu Email: koordinator@cadex.kz Phone: +7 707 950 11 12

Venue: ATAKENT Expo 11th Pavilion Timiryazev Str. Almaty, 050057 Kazakhstan

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21-23/10/2021 Colloquium Dental 2021 - Italian Dental Show

Montichiari, BS - Italy

Organised by: Teamwork media Srl Via Marconi 71/b 25069 Villa Carcina (BS) Phone: +39 030 8982985 Fax: +39 030 8981613 Email: redazione@teamwork-media.com info@teamwork-media.com Website: www.teamwork-media.com Venue: Centro Fiera Via Brescia, 129 25018 Montichiari (BS) Italy



www.colloquium.dental



21-23/10/2021 Dentex 2021 -International Dental Equipment Exhibition

Brussels - Belgium

Organised by: ARTEXIS EASYFAIRS Cluster Health&Care Maaltekouter 1 B-9051 Ghent Belgium

Contact Person: Catherine Bernaerts Phone: +32 9 241 94 46 Email: catherine.bernaerts@easyfairs.com

Venue: Tour & Taxis Brussels Belgium

www.dentex.be/en

NOVEMBER

03-06/11/2021

DenTech China 2021 -The 25th International Exhibition and Symposium on Dental Equipment Technology and Products

Shanghai - China

Shanghai Informa Markets ShowStar Exhibition Company Limited

Address: 9/F, Ciro's Plaza, No. 388 West Nanjing Road, Shanghai, 200003 China

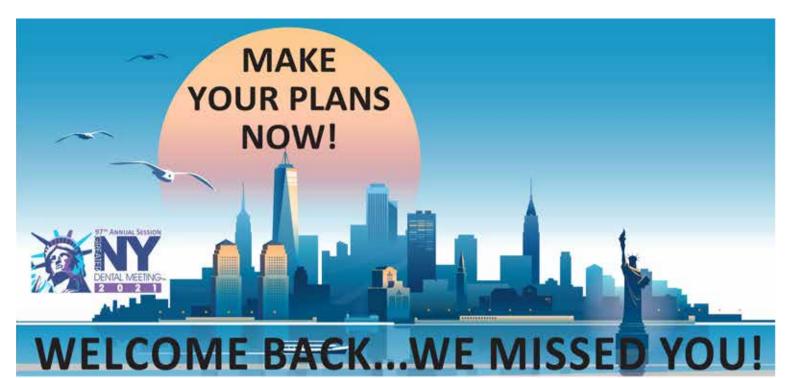
Exhibition Booking,Sponsorship & Advertisement Sandra Shen Tel.: +86 21 6157 3953 Email: Sandra.shen@informa.com

Singa Sun Tel.: +86 21 6157 7245 Email: Singa.sun@informa.com

Venue: Shanghai World Expo Exhibition and Convention Center Shanghai China

www.dentech.com.cn/en-us





FREE REGISTRATION!

Meeting Dates: November 26th - December 1st, 2021

Exhibit Dates: November 28th - December 1st, 2021

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9 SPECIALTY MEETINGS FOR EVERYONE



HEALTH AND SAFETY GUIDELINES ISSUED BY NEW YORK STATE WILL BE FOLLOWED



10-13/11/2021 AAID 2021 - American Academy of Implant Dentistry, 70th Annual Meeting

Chicago, IL - USA

American Academy of Implant Dentistry 211 E. Chicago Avenue, Suite 750 Chicago, Illinois 60611, USA Phone: +1 312 335 1550 Toll free: 877 335-AAID (2243) Fax: +1 312 335 9090 E-mail: info@aaid.com Website: www.aaid.com

Venue: Hyatt Regency Chicago Chicago, IL USA

www.aaid.com





23-27/11/2021 ADF 2021 - 49th Edition - The French Dental Association Annual Meeting

Paris - France

Association Dentaire Francaise 7 rue Mariotte 75 017 Paris France Phone: +33 1 58 22 17 10 Fax: +33 1 58 22 17 40 Website: www.adf.asso.fr

Venue: Palais des Congrès Add: 2 place de la Porte Maillot 75017 Paris - France

www.adfcongres.com/en

28/11-01/12/2021 Greater New York Dental Meeting 2021 (GNYDM) -97th Annual Session

New York City - USA

Meeting Dates: November 26th - December 1st Exhibit Dates: November 28th - December 1st

Greater New York Dental Meeting 200 W. 41st Street, Suite 1101 New York, NY 10036 Tel: +1 212 398 6922 E-mail: info@gnydm.com Website: www.gnydm.com

Referent:

Dr. Robert R. Edwab (Executive Director) E-mail: execdirector@gnydm.com Exhibits Manager: Ms. Carla M. Borg E-mail: exhibits@gnydm.com

Exhibition venue: Jacob K. Javits Convention Center 655 West 34th Street New York, NY 10001 USA

www.gnydm.com



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NON PROFIT Give Back a Smile

RESTORE A Smile. RESTORE A life.

Every year, more than five million people are affected by domestic violence in the United States and Canada.

While great efforts have been made to raise awareness of this issue, little has been publicized concerning the dental problems victims may face. Victims may experience trauma to the jaw, including broken, chipped and knocked-out teeth. There is a significant need for programs like Give Back a Smile, whose member dentists are giving back by restoring the smiles of domestic abuse survivors.

Give Back a Smile is dedicated to helping victims of domestic violence reclaim their smiles, their self-esteem and their lives. The Give Back a Smile program is a charitable foundation of the American Academy of Cosmetic Dentistry, a prominent national dental association committed to the art and science of cosmetic dentistry. Through the American Academy of Cosmetic Dentistry Charitable Foundation (AACDCF), the Give Back a Smile program is dedicated to providing cosmetic dental care at no cost to survivors of domestic violence by:

- Raising awareness
- Providing volunteer members of the AACD
- Giving survivors hope for a better tomorrow

Since its inception in 1999, over 900 dental treatment cases have been completed, resulting in over \$9 million dollars' worth of donated dental work. Today, over 350 patients are being treated through the program.

The American Academy of Cosmetic Dentistry's efforts to give back to the community has earned it worldwide recognition, including the 2001 Award of Excellence from the prestigious Associations Advance America Summit Awards, which recognizes excellence in charitable organizations.

The Whitening Fundraiser

You don't have to be a cosmetic dentist to parti-

There is a significant need for programs like Give Back a Smile, whose member dentists are giving back by restoring the smiles of domestic abuse survivors. cipate in Give Back a Smile. The recent establishment of the Give Back a Smile Whitening Program allows everyone to give back and help heal the effects of domestic violence while whitening their smiles.

Discus Dental, Inc., the makers of the Zoom![®] teeth whitening system, have agreed to donate whitening kits to volunteer dentists. Profits from the purchase of these dental products will be donated to the AACD Charitable Foundation.

For a list of participating providers, contact the American Academy of Cosmetic Dentistry.

Eligibility

Both men and women who have received injuries from a former partner or spouse are eligible for the Give Back a Smile program. Give Back a Smile is only responsible for correcting injuries to teeth in the smile-zone as a result of domestic violence. A volunteer dentist will perform an exam to finalize entry into the program and rule out other causes, such as previous neglect. To meet the Give Back a Smile program's requ

irements, individuals must have been out of an abusive relationship for at least a year. Survivors are required to provide proof of domestic abuse, such as a signature from a counselor, social worker or case manager.

Potential patients must fill out an application and undergo an interview process prior to being matched with a participating dentist who will make the final decision on the applicant's acceptance into the program.

Contact Information

If you or someone you know is a domestic abuse survivor in need of dental care, you can contact Give Back a Smile for help.

You may apply online at www.givebackasmile. com or call their hotline at (800) 773 4227 or send an e-mail to

givebackasmile@aacd.com.

Donations can be made to the AACD Charitable Foundation at the address listed below. There is a waiting list of applicants in some areas and volunteers are needed to help.

The AACDCF needs dentists, laboratory technicians and other dental professionals to donate time and services to survivors of domestic abuse. The Give Back a Smile program is a charitable foundation of the American Academy of Cosmetic Dentistry, a prominent national dental association committed to the art and science of cosmetic dentistry.

If you're interested in giving back to your community, consider participating in the Give Back a Smile program.

For further information on the Give Back a Smile program, please contact the American Academy of Cosmetic Dentistry.

American Academy

of Cosmetic Dentistry 402 West Wilson St. Madison, WI 53703 (800) 773 4227 www.givebackasmile.com

Article taken from: www.1800dentist.com/dental-charities/give-back-a-smile

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NON PROFIT Chiara, Step by Step



From Mlali, Tanzania

Hatua kwa hatua, step by step...

One Month in the Center for Disabled Children in Mlali

Curiosity.

A desire to live a different reality from what I am used to. A desire to search for new worlds and understand what is the path that the Lord has thought for me. I believe these are the main reasons that led me in October 2019, to Mlali Kituo, in the heart of Tanzania, as a guest of the Cappuccini friars.

A reality that welcomes children with severe physical and mental disabilities, whose families do not have the possibilities to take care of them. During my stay, I worked with the volunteers of the center, who look after these children every day, by feeding and washing them, by giving them physiotherapy, or simply by playing with them.

For the first time in my life, I found myself facing disability, the impact was really strong, especially considering the lightheartedness I started with. Gestures that were usual for the volunteers and that they performed with great naturalness, seemed forced to me: at first nothing I did seemed right. What really surprised me the most was realizing that those same children that I was supposed to take care of, were taking care of me.

They took me by the hand, accompanying me in this adventure, always making me feel loved, laughing at my little mistakes and rejoicing with me, until, day after day, I managed to fit into their everyday life. Without knowing how to speak, they taught me to use new words. Without knowing how to walk, they taught me that sometimes, to remain standing up, you just need to put one foot in front of the



other, without being afraid of falling. Because the Mlali Kituo children are never afraid.

About Smile Mission ONLUS

Smile Mission is an independent association founded in 2005 for the promotion of oral health in disadvantaged communities and in developing countries. Smile Mission operates with the contribution of volunteers and supporters, in collaboration with other national and international associations.

We strive to provide accessible healthcare also for emarginated people. Pathologies of the oral cavity are a fundamental determinant in the quality of life of an individual.

For more info: Headquarters Smile Mission onlus Via G. Zorzi, 7 37138 Verona Italv s.o@smilemission.it www.smilemission.it

Source: translated from Smile Mission website, https://smilemission.it/chiara-passo-dopo-passo-da-mlali

"... the path one takes is important, as each step brings us closer to the encounter with the other. It is for this reason that we set out on the journey." R. Kapuscinski

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