



Lee Ann Engle

Designing a User-friendly Web Site

By Dell Richards

Today, most dentists have Web sites or are planning on one. An educational tool, Web sites also can begin the relationship building with a potential patient even before that person has made an appointment.

But, having a Web site and having an

effective, user-friendly Web site are two very different matters. Like most businesses, dentists create Web sites they like. They come up with a site plan they think works, use words that show their expertise, and choose colors that speak to them.

Rarely, do they step aside and ask what the patient wants. If they kept three



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basic areas in mind, they could create a more user-friendly Web site. Those three areas are:

- Site plan,
- Design and copy, and
- Color.

When it comes to site plan, the first question to ask is: “What is the largest revenue-generating service?” “What is the reason someone is visiting the site and turning the dollars for them,” said Eric Lay, president of Rocklin Systems, a Web site design and hosting firm. “The most important question to ask is ‘Why are people coming to me and my site?’”

Lay suggested looking at business model, referral base, and revenue generated from each service. Then rank them.

“Those are the ones you want to emphasize the most,” Lay said. “You want them to have a primary spot on your navigation.”

This is especially true of the services page, where the most lucrative services should go on top. Presumably this would be the area of specialization and expertise, but not always. It depends on the practice.

While the bottom line is generating new patients, a Web site’s secondary function is to educate the public on the services that separate one practice from another. In these cases, it should be something truly unique, at least in the local area. It might be something like a diagnostic laser. Or a Waterlase. Not an intraoral camera.

While the tag line and initial copy appeal to people who make decisions based on emotions, the educational aspect will satisfy people who are more analytical in their decision-making.

One huge mistake professionals often make is creating Web sites that speak to other professionals rather than the patient. This is where simple copy becomes paramount. (If the Web site needs to appeal to other dentists, have a separate, password-protected portal that also can be used for

patient referrals and records.)

“You have to make sure the content is directed to the audience,” said Lay. “You have to use words the patient uses. Do not use terms a patient wouldn’t understand.”

Because Web sites are a visual, scannable medium like television, language actually should be targeted to a third-grade level, an even lower level than articles or columns dentists might write for newsletters or publication in the popular press.

One prime example is the word “caries.” Only dentists use that word. The public uses “cavities.”

The reason for simplicity is simple: Every time a person hits a word they don’t understand, they are likely to leave the site without acting, the last thing the dentist wants.

When it comes to language, dentists also need to make their Web site search engine friendly. Like everyone else, dentists want their name to come up first when a potential patient uses Google or another search engine to look for a dentist. “The idea is for a dentist to be on the first page as close to the top as possible,” said Ed Williams, chief technology officer of American Web Services.

When looking up a dentist for the first time, potential patients generally use the name of their city (or neighborhood), then add the type of dentist they want. This is why many dental Web site design firms insist that patients register their practice with domain names such as “Sacramento family dental” or a variation thereof. If the dentist already has the practice registered in his or her name, a roll-over to that site can take them instantly to the dentist’s original site.

Using specific key words in the text also will help raise the dentist on the search engine listing. As such, sprinkling the phrase “Sacramento family dental” through the copy is a good idea (if that is the domain name registration).

To find key words, however, dentists and Web site designers have to think like patients first, dentists and designers second. Not always an easy task.

Another way to raise visibility is simply to pay for sponsorships on Google, Yahoo and other major search engines. (Those are the list of links on the right-hand column of the screen.) While these can be very expensive, especially for a phrase like “cosmetic dentist” that are used in millions of pages across the Internet, other words can be less costly. Figuring out which ones are reasonable, while still being used often enough can be tricky.

Also, remember that flash animation does not help search engines. Pretty and exciting as it is, search engines cannot read copy in flash format.

When it comes to Web site design, an even more subtle aspect is color. Color creates emotional states in people that can be useful to the site or not.

One reason why blue is so popular not only on Web sites but logos, is that blue is universally favored by people. The color of sky and crystal clear water, blue is the most trustworthy and credible color not only on the planet, but on the color palette.

“Blue makes us feel comfortable,” said Andy Markley, owner of Art 101, a Sacramento graphic design firm. “It’s soothing and contemplative — and makes people want to stay on your site.”

Its opposite — orange — makes people feel lively. “Red and orange are used for fast-foods and gas stations because they want you to get it and get out,” Markley said. It pumps up the energy to make people want to hurry up, eat a Big Mac and sell a Happy Meal to someone else.”

An exception is Starbucks. With its rich, dark green, it sells the idea of relaxation and the enjoyment of the Starbucks experience. And makes a pretty penny off a cup of coffee in the process.

Although often ignored but still a key

component of design, class makes a difference in color choices. “It’s tied to income,” said Markley. “The higher the income, the richer the color people like.”

That’s why dark versions of colors such as blue and grey as well as black symbolize authority. Deep, rich wines and greens also are associated with wealth and higher status.

As men and women not only tend to see color differently and prefer different shades of the same color, another factor is gender. While fire-engine red is great for a sports car targeted to a male, auto manufacturers know that women tend to go for wine-colored cars more.

No matter what the final Web site choices are, taking these points into consideration will help the site be more effective.

A practicing journalist, Dell Richards runs Dell Richards Publicity, a public relations firm specializing in dentistry and health care.

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Fast Facts on Floss

A few things to ruminate, according to a recent issue of *The Dental Assistant*, the next time when reaching for the floss:

- Women are almost twice as likely to floss their teeth daily as men (40.2 percent versus 23.1 percent).
- The average American will spend \$7 on dental floss this year. Americans bought 1.9 million miles of floss in 2001.
- Wax floss was introduced in the 1940s, and tape floss followed in the 1950s. On their heels were cinnamon- and mint-flavored floss.
- Charles Bass, a medical physician, is credited with making flossing an integral part of dental hygiene. After World War II, he also developed nylon floss as a replacement for the silk variety.
- The first commercially available dental floss, released in 1882, was an unwaxed silk floss by Codman and Shurtleff Co., a firm in Randolph, Mass.
- Levi Parmlly, a New Orleans dentist, invented dental floss, a silken thread, around 1815.
- Marks from “flossing” have been found on the teeth of early humans.



Some Carriers Mulling New Insurance Options

Many insurance carriers are looking at combining their dental and medical coverage plans as evidence mounts that oral and systemic health are closely linked, according to an article in an issue of *Managed Dental Care*.

While it's too early to tell what the final shape of dental benefits will be, whether grouped together dental-medical plans or as stand-alone plans, industry leaders, the article stated, are looking at ways to offer packages that combine both types of insurance.

Indiana and Ohio, according to an ongoing study funded by Delta Dental of Michigan, has shown early evidence that diabetics who have periodontal disease are healthier if they obtain more frequent professional teeth cleanings.

"If the early findings prove correct, we plan to incorporate coverage of additional cleanings into benefit plan designs for our members with diabetes and periodontal disease, possibly as early as 2007," said Jed Jacobson, Delta Dental senior

vice president of professional services and chief science officer.

Blue Shield of California, has introduced an enhanced small-group dental benefit for pregnant women on the basis of growing evidence that pregnant women with gum disease are more likely to deliver preterm babies.

But despite these developments nationwide, most insurance carriers are not quite ready to commit to hybrid dental-medical packages.

"Evidence does suggest that there may be a cost savings relationship between dental care and medical costs, but the data are not definitive at this time for a major change that would give an advantage to either carrier type," said Bob Clifton, vice president of Blue Shield of California's ancillary services. "It's a natural fit and it's possible that companies that offer both kinds of benefits could have a competitive advantage in the marketplace as market pressures change, but evidence of marketplace advantage remains to be fully demonstrated."

New Strength Antibiotic Approved by FDA

The U.S. Food and Drug Administration has issued a letter of approval for new strength antibiotic Keflex prescribed by dentists and physicians, Advancis Pharmaceutical Corp. recently announced.

In July, Advancis began marketing new strength Keflex products nationally. The newly approved 750 milligram strength offers health professionals an easier way to deliver a total dose of 1500 mg a day in two daily doses. Keflex has been available in 500 mg doses taken three times a day. Advancis received approval to market 333 mg and 750 mg capsules.

Keflex is a brand name for a cephalosporin antibiotic, which is used to treat infections. And according to Advancis, it is the most prescribed oral cephalosporin antibiotic in the United States. Generically known as cephalexin, dentists prescribe cephalosporins for oral infections, said Ronald Zentz, RPh, DDS, senior director, ADA Council on Scientific Affairs.



Combating Caries

Although service personnel receive care at makeshift dental offices the U.S. armed forces has scattered throughout the region, senior military dentists have said it is nearly impossible for them to fight caries in all active duty soldiers serving in Afghanistan and Iraq. What's more, because of the potential workload, one dental office, located on Tallil Air Base in Iraq, performs all treatment except for routine cleanings, according to Drs. Sean Boynes, DMD, MS, and Anne Lemak, in an issue of *The Bulletin*, the official publication of the Dental Society of Western Pennsylvania.

To help alleviate caries among the women and men on active military duty, the Pentagon has ordered xylitol gum in MREs or "meals ready to eat." Since these MREs have an elevated carbohydrate content, the risk for tooth decay among carb-consuming soldiers tends to be high.

Defense health officials are hopeful that including xylitol gum in the meals will help neutralize the effects of the meals and the poor dental hygiene habits that are common to military personnel living in war zones.

ADA to Honor Humanitarians

The American Dental Association has established a new award to annually honor a member whose work sets a shining example of humanitarianism for others in the profession.

The new ADA Humanitarian Award, which will be conferred by the ADA Board of Trustees, is set to debut in 2007. The ADA Center for International Development and Affairs will administer the new award, which was developed by the association's Committee on International Programs and Development. A member of the Council on Access, Prevention and Interprofessional Relations will assist CIDA with nomination review.

"So many dentists just give so much of their time and resources to help others," said Greg Chadwick, DDS, MS, and CIPD chair. "They don't do it looking for thanks, but we think it's important that the ADA recognizes them and their extraordinary efforts."

The award recognizes "individuals who have distinguished themselves by outstanding, unselfish leadership and contributions to their fellow human beings in the field of dentistry through the dedica-

tion of extraordinary time and professional skills to improve the oral health of underserved populations within the United States and/or abroad."

Potential recipients are those whose volunteer work and leadership:

- Contribute significantly to alleviate human suffering and improve the quality of life and oral health of those served,
- Demonstrate significant leadership and outstanding humanitarian volunteer accomplishments that bring honor to the profession,
- Serve as an inspiration to the dental profession,
- Show a commitment to humanity and selflessness in regard to direct personal or organizational gain or profit, and
- Establish a legacy of ongoing value and benefit to others.

More information will be available in upcoming issues of the *ADA News* or by contacting CIDA, (800) 621-8099, ext. 2727, or contacting John Hern at hernj@ada.org.



Honors



Marc Geissberger, DDS, associate professor and chair, Department of Restorative Dentistry, University of the Pacific Arthur A. Dugoni School of Dentistry, was named president of the Omicron Kappa Upsilon National Dental Honor Society's Supreme Chapter for the 2006-2007 term.

Potential Shortage of Anesthetic

Because of a recent change in suppliers for Cooke/Waite Marcaine, the American Dental Association is trying to alert dentists to a possible shortage of the product. Whenever there is a supply change for a product, the new supplier is required to file an application with the U.S. Food and Drug Administration.

Marcaine is distributed by Kodak, which learned last year that the previous supplier had decided to stop production. The new supplier, whose name has not been made public, currently is waiting for FDA approval to supply Marcaine. Kodak will announce the new availability date once approval is received.



"There is no direct replacement for single cartridge dental local anesthetic Marcaine," according to Kodak's new fact sheet.

Dentists looking for an alternative to the dental cartridges should note that 0.5 percent bupivacaine with epinephrine, the same strengths as Marcaine, is available in a multidose vial.

Kodak's fact sheet is available online in a PDF format at www.kodak.com or by calling (800) 933-8031.

Upcoming Meetings

2006

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| Oct. 7-11 | Pacific Coast Society of Orthodontists 70th Annual Session, Honolulu; Oct. 11-13 post-meeting program, Poipu Beach, Kauai; www.pcsortho.org , (415) 674-4500. |
| Oct. 16-19 | ADA Annual Session, Las Vegas, (312) 440-2500. |
| Nov. 2-4 | Hispanic Dental Association 14th Annual Meeting, Universal City, www.hdassoc.org or (217) 793-0035. |
| Nov. 5-11 | United States Dental Tennis Association, Palm Desert, www.dentaltennis.org . |
| Nov. 12-18 | 57th American Academy of Oral and Maxillofacial Radiology 57th Annual Session, Kansas City, MO., www.aaomr.org . |
| Dec. 3-6 | International Workshop of the International Cleft Lip and Palate Foundation, Chennai, India, (91) 44-24331696. |

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| April 15-21 | United States Dental Tennis Association, Sarasota, FL, www.dentaltennis.org . |
| May 3-6 | CDA Spring Session, Anaheim, (866) CDA-MEMBER (232-6362). |
| June 27-July 1 | Academy of General Dentistry Annual Session, San Diego Convention Center, (888) 243-3368. |
| Nov. 27-Dec. 1 | American Academy of Oral and Maxillofacial Radiology 58th Annual Session, Chicago, www.aaomr.org . |

To have an event included on this list of nonprofit association meetings, please send the information to Upcoming Meetings, *CDA Journal*, 1201 K St., 16th Floor, Sacramento, CA 95814 or fax the information to (916) 554-5962.