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ADA News - 09/16/2002

American Dental Association, Publishing Division

ADA gets oral cancer grant, page two ◆ ADA on access, page 10

AMERICAN DENTAL ASSOCIATION
ADA News®
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Give Kids a Smile

ADA, Crest Healthy Smiles 2010 partner in program

The ADA's Give Kids a Smile access-to-care initiative got a big boost with the Sept. 9 announcement of a partnership with Crest Healthy Smiles 2010.

Give Kids a Smile is a national umbrella for dental access activities set to take place across the country Feb. 21, 2003, with dentists and staff providing educational outreach, screenings, preventive care and treatment to underserved children.

The ADA created Give Kids a Smile as an annual vehicle to focus national attention on what the U.S. Surgeon General has called a "silent epidemic" of oral disease affecting children from low-income families, and to build support for public and private solutions that will help these children get regular oral care.

"In one sense, Give Kids a Smile is nothing new—dentists routinely provide free and discounted care to people who otherwise couldn't afford it, and Crest Healthy Smiles 2010 is a prime example of that company's deep and longstanding commitment to improving access to oral health for people everywhere," said ADA President Greg Chadwick. "What's different about this program is that in addition to helping a lot of kids, we're trying to effect real change in the state of oral health in America by calling attention to the extent of untreated dental disease and the need to improve access to dental care."

The Crest Healthy Smiles 2010 program is designed to help improve the state of oral health in America by providing education, oral care tools and increased access to dental professionals to underserved children and families across the country.

As the national co-sponsor of Give Kids a Smile, Crest Healthy Smiles 2010 will donate Crest toothbrushes, toothpaste and educational materials for all participating dentists to distribute at campaign events.

In addition, through Crest's national partnership with Boys & Girls Clubs of America, clubs nationwide will be encouraged to participate in Give Kids a Smile events in their communities.

Crest also will fund two $5,000 dental school scholarships to be

See SMILE, page 15

BRIEFS

Travel tip: Before you or one of your patients pack for a trip outside the United States, be sure that the world traveler reviews a copy of a new brochure prepared by the national Centers for Disease Control and Prevention and the Organization for Safety and Asepsis Procedures Foundation, the "Traveler's Guide to Safe Dental Care."

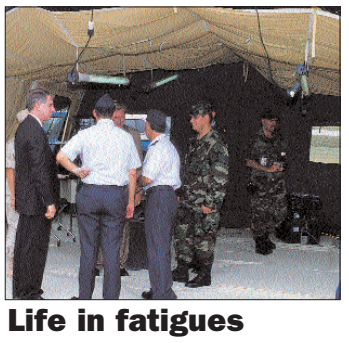
The guide is designed to help travelers handle an unexpected dental emergency. It includes steps to take before leaving home to minimize the potential for a dental emergency, a list of recommended vaccinations for travelers, tips on how to find a dentist abroad, advice on choosing medications and a checklist to assess a dental office's infection control practices and avoid exposure to infection.

For a free copy, visit "www.osap.org" or view the brochure online at "www.osap.org/patients/articles/travelguide.htm".

Revision: The ADA Standards Committee on Dental Products has approved for circulation and comment the proposed revision to ANSI/ADA Specification No. 33 Dental Product Standards Development Vocabulary.

Free copies of the above document are available by calling the ADA toll-free number, Ext. 2506 or 2533. ■

INSIDE



Life in fatigues

ADA officials view military dental life today. **Story, page 18.**

■ **President-Elect's Interview**

'We've made great progress'

Talking with Dr. Jones

Meet Dr. T. Howard Jones, a small-town general dentist with a "tremendous passion" for practicing dentistry.

On Oct. 23, he will assume the No. 1 elected position in organized dentistry when he is installed as the 139th president of the American Dental Association before the House of Delegates in New Orleans.

He lives and practices dentistry in Carrollton, Ga., a town of about 20,000 people southwest of Atlanta, near the Alabama state line. He and his wife, Lois, have lived there since 1971 and raised their three children (Ted, Amy and Dan) there.

Never having had a particular ambition to be president of the American Dental Association, he is most proud of his new role because of what it represents.

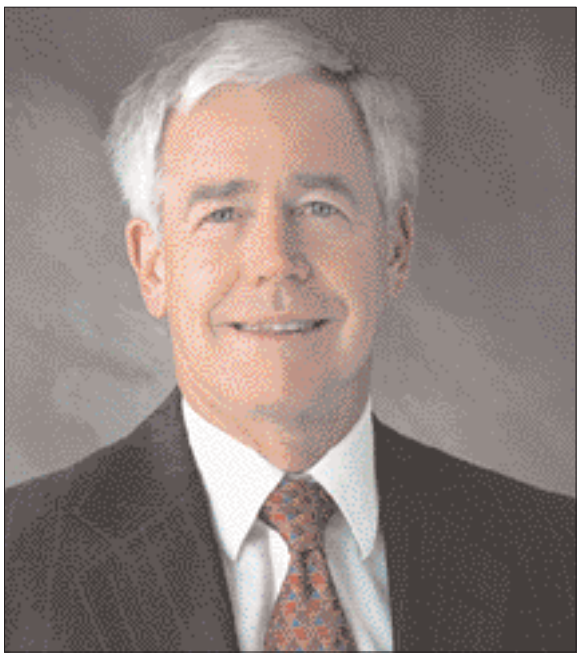
"I'm here because I got involved in organized dentistry locally, and I think it's a good message for people to know that a solo general practitioner can be involved at every level and even as president of the ADA and maintain a practice. You don't have to be in a group practice or a specialist or at the point of retiring to find time to participate."

How did he do it? Find the time to serve in local and state leadership positions and eventually as trustee for the ADA 5th District (Mississippi, Alabama and Georgia) and still keep his solo practice afloat?

"When I thought of going on the Board, I knew I would need someone to help me take care of my practice. In fact the person who first got me involved in organized dentistry,

See DR. JONES, page 34

■ **ADA officer candidate statements, pages four, 30 and 31**



Dr. Jones: "Regulatory agencies continue to concern me. We as citizens don't have the luxury of controlling regulatory agencies with our votes as we do with legislators."

ADA 2002 ELECTIONS

$1 million NCI grant targets oral cancer

ADA, researchers will launch 5-year education program

Putting money where patients' mouths are, the National Cancer Institute awarded the ADA a $1.2 million educational grant in August to fund a five-year program aimed at providing continuing education for dentists to increase their role in the prevention and early detection of oral cancer.

Developed in a collaborative effort involving the Association and prominent researchers, the program—"Behavior Modification, Dentists and Oral Cancer Control"—will develop a continuing education program that will be presented to dentists across the United States. The course will be designed to hone practitioners' skills in early oral cancer detection and patient risk assessment as well as intervention through tobacco cessation.

Investigators will survey participating dentists before, immediately after and six months following the course and use outcome assessment tools to measure its changes in dentists' professional behavior.

"This program will be unique," says Dr. Sol Silverman, principle investigator for the five-year project. Dr. Silverman is an internationally known

See GRANT, page three

To be Placed at Quad

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Grant

Continued from page two

oral cancer expert and consultant on oral cancer issues for the ADA Council on Access, Prevention and Interprofessional Relations. "By focusing on early detection and tobacco cessation training for dentists, we hope to develop and sustain an educational approach that will ultimately reduce oral cancer incidence, mortality and morbidity."

According to a survey of dentists' knowledge, attitudes and behaviors on tobacco cessation published in the June issue of the American Journal of Public Health, less than 10 percent of respondents said they'd had smoking cessation training and less than one-fifth had asked 80 percent or more of their patients about tobacco use in the month before the survey, says Dr. K. Vendrell Rankin, grant collaborator. Dr. Rankin is an associate professor at Baylor College of Dentistry, Texas A&M University System Health Science Center and the director of the dental oncology education program, a project of the Texas Cancer Council.

"But more than 95 percent of surveyed dentists said they were willing or very willing to receive training," says Dr. Rankin. "Dentists are in a key position to provide tobacco cessation services since more than half of all tobacco users visit the dentist at least once a year and patients in the 20- to 44-year age group—the group most likely to gain significant health benefits from tobacco cessation—are more likely to visit a dentist than a physician."

"By developing oral-cancer specific continuing education," says ADA President Greg Chadwick, "the ADA and the project collaborators will be

■ "Patients will leave the dental office after a thorough exam knowing whether or not they are at risk for oral cancer."

able to help dentists enhance their diagnostic and tobacco cessation skills and ultimately save lives."

"Ultimately what this means is that patients will leave the dental office after a thorough exam knowing whether or not they are at risk for oral cancer," says Dr. Silverman, "and whether or not they have pre-malignant lesions or oral cancer."

"Patients will also leave the dental office knowing that their dentist is concerned enough about their overall health and oral health to take the time to intervene by offering tobacco cessation strategies," adds Dr. Rankin.

From now through August of 2003, program investigators, collaborators, advisors and staff will formulate the course and materials, train educators to present the course and develop the outcome assessment tools.

Continuing education courses will be presented at locations nationwide from the fall of 2003 through February 2007. More specific information on courses will be published in future issues of the ADA News.

"This project is a model of ADA partnership with other entities to make a difference in the health and well-being of the public and provide dentists with helpful tools that they can use in everyday patient care," says Dr. James B. Bramson, ADA executive director. "The ADA is committed to working together with the National Cancer Institute, researchers, educators and our member dentists to help through this initiative to reduce the incidence, mortality and morbidity of oral cancer."

The project complements the ADA's recent nationwide oral cancer public service campaign, encouraging Americans to take an active role in learning the signs of the disease that kills one American every hour and to motivate them to visit their dentist for an oral cancer screening.

Oral cancer affects some 30,000 Americans each year, including more than 20,000 men, and claims the lives of nearly 8,000 people, according to the American Cancer Society. Although tobacco users and those who consume large amounts of alcohol are at higher risk for developing oral cancer, more than 25 percent of oral cancer victims fall outside of these categories.

"We know that certain site-specific oral cancers are on the increase, says Dr. Robert L. Nelson, chair of CAPIR, "and the five-year survival rate for oral cancers has remained the same for at least 25 years. This grant will allow the ADA to provide skills and tools to dentist members that will make a difference in their patients' lives." ■

Joint effort: ADA Executive Director James B. Bramson and grant collaborators Drs. K. Vendrell Rankin and Sol Silverman discuss plans for the continuing education program at ADA headquarters Sept. 6.

Campaign Statements

Candidates seeking ADA-elected offices prepared the following platform statements and profiles for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications. Publication of these statements and profiles should not be construed as an endorsement of any candidate by the ADA News or other staff of the ADA or its subsidiaries. These statements and profiles are printed as information for Association members.

The candidates included are those who—as of press time—had decided to seek office through the upcoming Association elections held concurrently with the Oct. 19-23 House of Delegates meeting in New Orleans. If more than one candidate is running for an office, the candidates are listed in alphabetical order. Elections will be held Oct. 22. See pages 30 and 31 for the statements from the ADA candidates for first vice president and second vice president.

James T. Fanno, D.D.S., M.S.

President-elect candidate

The ADA has much to be proud of. We are the nationally respected voice and leader on oral health care issues. Our members appreciate that the ADA has made a positive difference for the practice of dentistry.

However, we face significant challenges that, if unmet, will diminish our profession. The ADA must address these challenges to ensure the future offers the same opportunities that we have enjoyed.

We must protect the sanctity of the dentist-patient relationship from unnecessary interference. We must work with policymakers to develop and fund effective dental access programs to provide underserved populations with the opportunity to receive quality oral health care.

We must answer unfair and misguided attacks on our profession with facts and sound scientific information on the safety and effectiveness of current dental equipment, materials and techniques.

A strong dental profession with a consistent message is necessary to win the battles against those who would separate us, interfere with our ability to deliver patient care or overregulate us.

My goal is to ensure that our profession is united and speaks with one voice, not just for our benefit, but for the benefit of generations of dentists to come. ■

Profile

Candidate James T. Fanno, D.D.S., M.S.
Residence Canton, Ohio
Dental school attended Case Western Reserve University School of Dentistry
Year received dental degree 1966
Post-graduate education/specialty Orthodontics
Years of ADA membership (include ASDA membership) 36
Other professional memberships
Ohio Dental Association
Stark County Dental Society
American Association of

See DR. FANNO, page 26

Leo R. Finley, Jr., D.D.S.

President-elect candidate

There is an excitement with the "NEW ADA" and we are fortunate to be involved. Opportunities, and the obligations that go with them, are being afforded volunteers throughout the tripartite.

There are factions out there willing to use unsubstantiated facts to achieve their misdirected goals. There are also groups that wish to usurp our rights and destroy our profession. We have been given a legacy and we must be vigilant to safeguard our heritage, maintain our reputation and determine our future.

Diversity should be embraced as the ultimate strength, and every effort must be made to have an organization where all dentists feel welcome and needed. We must create an eagerness and excitement in all dentists to become members of the premier dental organization.

We must guard against change for the sake of change and minimal disruption should be our goal. All governance proposals must be scrutinized and weighed against the consequences they bring. The needs and requirements of all entities of our organizations must be considered.

If we use a common-sense response to any challenges to our profession and/or organizations, we will continue to meet the needs of all dentists and the public we serve. ■

Profile

Candidate Leo R. Finley, Jr., D.D.S.
Residence Orland Park, Illinois
Dental school attended Chicago College of Dental Surgery, Loyola University
Year received dental degree 1963
Post-graduate education/specialty General Practice
Years of ADA membership (include ASDA membership) 43
Other professional memberships
American College of Dentists
International College of Dentists
Odontographic Society of Chicago

See DR. FINLEY, page 26

Eugene Sekiguchi, D.D.S.

President-elect candidate

Relevance –it's the key to ensuring that the ADA remains an indispensable partner to all dentists. It takes a leader with commitment and unmatched experience to direct that vision in a collaborative effort within the tripartite and private and public sectors for our profession. I am that leader.

To be that "indispensable partner," the ADA must:

- make recruitment and retention of members its top priority—membership is power. (As a past constituent executive director and president, I have unique insight for innovative solutions.)
- be "member-focused," to provide what members need to directly benefit their patients and the profession.
- find solutions to workforce shortage and pipeline issues. We must leverage breaking technology and today's knowledge to positively impact the profession. (My dean's experience and engineering degree are advantages.)
- increase its role as national advocate and take necessary steps to ensure that patient freedom of choice and the sanctity of the dentist-patient relationship are upheld.

Three generations in my family have made dentistry their profession; our children look to us to improve the profession. To meet current and future generations' needs, we must stretch our horizons and challenge the status quo. We must become indispensable—we must be "relevant" now. I will lead you there if you allow me. ■

Profile

Candidate Eugene Sekiguchi, D.D.S.
Residence La Canada Flintridge, California
Dental school attended University of Southern California School of Dentistry
Year received dental degree 1974
Post-graduate education/specialty General Practice
Years of ADA membership (include ASDA membership) 28
Other professional memberships
International College of Dentists

See DR. SEKIGUCHI, page 27

Sigmund H. Abelson, D.D.S.

Speaker, House of Delegates candidate

The opportunity to be a candidate for ADA Speaker of the House is a heartfelt goal in my professional life. To serve the profession at the national level in this office would be a true privilege if elected.

I am well prepared to serve as the presiding officer of your House of Delegates. I have served as the speaker for the California Dental Association House of Delegates for eight years. I am a certified parliamentarian and an active member of both the American Institute of Parliamentarians and the National Association of Parliamentarians. I also regularly present seminars on conducting successful meetings, parliamentary procedure and techniques of presiding.

It is my goal to lead the ADA House of Delegates in a manner that is respectful and considerate of all delegates. The newest delegate must feel as important to the process as the seasoned representative. The speaker must develop a true partnership and a sense of trust with the delegates, so that the actions taken at the House accurately reflect the wishes of the majority while affording the minority the full right of expression. This is one of my main goals as speaker.

If elected, I will preside with respect, courtesy and humor. If we can occasionally laugh, the experience will be more enjoyable and rewarding. My desire is that the efforts the delegates put forth at the House in giving of their time and talents result in actions that enhance the value of membership in the ADA—the premier Association representing the interests of the dentists of America. ■

Profile

Candidate Sigmund H. Abelson, D.D.S.
Residence Los Angeles, California
Dental school attended University of the Pacific School of Dentistry
Year received dental degree 1966
Post-graduate education/specialty General Practice
Years of ADA membership (include ASDA membership) 36
Other professional memberships
American College of Dentists
International College of Dentists
Pierre Fauchard Academy
Academy of General Dentistry
American Institute of Parliamentarians

See DR. ABELSON, page 28

J. Thomas Soliday, D.D.S.

Speaker, House of Delegates candidate

The speaker is the watchdog of the democratic process as the ADA House of Delegates examines new ideas/initiatives and arrives at solutions. I would be an impartial facilitator ready to help members discuss issues and present motions. My focus would be on the total picture of dentistry without favor to one practice mode over another.

I consider myself a dentist first, an oral surgeon second. I enjoy being an ADA delegate. I'm proud I was president of Maryland State Dental Association in 1990. My 30-year private practice has shown me many of the problems we face as dentists firsthand.

I feel challenged to streamline the processing of business for the ADA House, like I've done as speaker for the American Association of Oral and Maxillofacial Surgeons (my specialty's national organization) over the last eight years. Using Priority Agenda more effectively could give extra time for issues of greatest importance and perhaps free us to enjoy the exhibits.

I have been a certified parliamentarian since 1992. The familiarity I gained working on the revision committee of the 4th edition of the Standard Code of Parliamentary Procedure by Alice Sturgis would only help me be effective as your speaker, since that's the parliamentary authority the ADA uses. ■

Profile

Candidate J. Thomas Soliday, D.D.S.
Residence Gaithersburg, Maryland
Dental school attended Baltimore College of Dental Surgery, University of Maryland Dental School
Year received dental degree 1963
Post-graduate education/specialty Oral Surgery
Years of ADA membership (include ASDA membership) 32
Other professional memberships
Fellow, American College of Dentists

See DR. SOLIDAY, page 29

ADA Reports

‘Our heroes’ lauded

Dental responders at Pentagon earn distinguished service awards

By Craig Palmer

Washington—The Department of Defense honored all military and civilian personnel on duty at the Pentagon Tri-Service Dental Clinic Sept. 11, 2001, as “our heroes,” citing every dental officer and staff for distinguished service awards in responding to the attack.

OneYearAfter

At a June 21 award ceremony and reception, the Pentagon honored as heroes 45 tri-service clinic and 10 Arlington, Va., annex personnel, including military general and specialty dentists, chairside assistants, dental hygienists, X-ray and lab technicians and administrative staff of the two facilities.

All dental staff responded “in various capacities” to the attack on the Pentagon, said Navy Capt. Gerald A. Santulli, a prosthodontist and medal recipient. Dental officers trained in emergency medical care responded as direct medical caregivers treating wounds, burns, broken bones and smoke inhalation, he said.

Dental officers who “distinguished themselves by heroism, meritorious achievement or meritorious service” and received Army commendation medals include Air Force Col. Steven Blanchard, AF Reserve Col. Dennis Fairbourn, Capt. Santulli, Navy Capt. Charles Turner, Army Lt. Col. Paul Coren, Army Lt. Col. Aldred Williams, AF Maj. Kathleen Gates, AF Maj. Baseemah Najeeullah, Navy Lt. Cmdr. Trent Outhouse, AF Capt. Christopher Baker and Army Capt. Richard Ritter.

Also receiving Army commendation medals were AF Senior Master Sgt. Jana Alvertos, AF Master Sgt. Tracy Putt, Navy Dental Tech. First Class Jose Rivera, AF Tech. Sgt. Jeffery McWaine, AF Staff Sgt. Shelley Seibert, Navy Dental Tech. 3rd Class Carlston Daniels, Navy Dental Tech. 3rd Class Cassandra Smith, AF Senior Airman Adam Dimke, AF Senior Airman Michael Gordon, AF Airman 1st Class Rori Allen, AF Airman 1st Class Jennifer Morris, Navy Dentalman Corwin Calloway, Navy Dentalman Steven Nguyen and Navy Dental Apprentice Victor Garza.

Army Lt. Col. Colleen Shull received the Soldier’s Medal for performance involving personal hazard or danger and the voluntary risk of life, and Navy Capt. William B. Durm and Lt. Sherma Saif received Navy-Marine Corps Medals for lifesaving actions at great risk to one’s own life.

Arlington annex personnel who distinguished themselves by meritorious service in a non-combat area clinic received Army Achievement Medals: Navy Capt. Carol Walker, AF Lt. Col. Kenneth Koenke, AF Maj. Janice Allison, Army Sgt. Darryl Bradley, Navy Dental Tech. 2d Class Lodewijk Woolridge-Jones, Navy Dental Tech. 3rd Class Mickolena Broadnax, Army Spec. Ryan Berry, AF Senior Airman Kyle Moran and AF Airman Jodie Smith. The Arlington annex is operated under auspices of the tri-service dental clinic.

The Commander’s Award for Civilian Service for skill and leadership in performing duties and demonstrating courage during emergency situations honored Frank Alexander, Carl Clay, Kimberly Cousins, Michelle Duvernay, Sherry Feggins, Carrie Green, Sterlene Hapner, Liza Jurey, Kinda Kasprzak, Livia Ramos and Carrol Sterling.

Achievement Medals for Civilian Service for initiative, skill and leadership were awarded to Deborah Bullit, Katrina Foreman, Patrice Gross, Mary Ann Nunnally, Natasha Patterson, Carolina Smith and Beatriz Solis. ■

Staying active

Combining retirement with cruise duty, service options

This is the fourth installment of a continuing series on retirement issues for dentists.

Retired dentists try the Peace Corps, page eight

By Arlene Furlong

The best way to retire from dentistry may be to not completely retire at all.

Staying in the game—and playing often and well enough to enjoy it—is an option many dentists don't consider until it's too late.

"They sell the practice, sell the house, move into the Florida vacation home and then realize they miss practicing," says Dr. Bernard McDermott, 4th District ADA trustee. "Dentists frequently have a total disconnect when it comes to retirement issues beyond finances."

Dr. McDermott

He learned this while leading work groups on retirement at his constituent dental society and talking with retired peers. He says dentists often retire under more emotional duress than they admit, leaving those approaching retirement behind them unprepared.

"Many dentists experience what I would call a loss of practice angst," he notes. "They miss making daily decisions and miss their patients."

Dr. Jay Hislop says his social life changed dramatically within just a few months after retiring from dentistry at age 48 due to a physical disability.

"You have these great doctor-patient relationships and a network of people you consider your friends, but it all changes when you leave the practice," he says. "All the people you saw on a regular basis just aren't around anymore."

His own experiences led him to co-author "Life after Dentistry: What Are You Going to Do With Your Extra 30 years?" (2002, Age Masters, Santa Maria, Calif.).

"That everything written on retirement is about money doesn't help," says Dr. Hislop, who attends to dentists' general legal needs such as estate planning and contracts, as well as phased exit strategies in his law and consulting firms.

He says because dentists often invest so much of their emotional selves into their work, they may not have enough outside interests to carry into retirement.

"I've seen this throw dentists into a state of depression many times," he says.

Even among those who "think they've got it all planned out," it can happen, according to Dr. McDermott. "Keeping a hand in dentistry can be a whole lot better for the psyche," he says.

Maybe now more than ever. In addition to personal or altruistic reasons to continue practicing, fiscal concerns can be a deciding factor, particularly since the latest economic downturn.

"Many dentists have about half of what they thought they'd have to retire on," says Dr. Hislop. "Some of them will have to reconsider how they spend all of their retirement years."

An ad in the newspaper for volunteer dentists to perform extractions at a nearby public health clinic helped introduce practice into Dr. Bernard Metrick's retirement.

"I hate extractions," hisses the endodontist, "always did." For the past 10 years, Dr. Metrick has maintained a steady schedule of one day each week at the clinic—17 years after retirement from private practice.

He says the reality comes as somewhat of a surprise to himself as he never imagined doing such work.

See RETIREMENT, page 25

Peace Corps

California dentist and his wife find new careers in volunteerism

By Stacie Crozier

Kiev, Ukraine—After serving the dental profession with a distinguished career as a practitioner, educator and volunteer, Dr. Hugo Schmidt and his wife Diana decided to "retire" to Eastern Europe and a longtime wish—to serve in the Peace Corps.

Dr. Schmidt sold his California dental practice in 1999, giving him and his wife more time to enjoy international travel and service opportunities. After spending 18 months as Peace Corps volunteers in Ukraine, the Schmidts returned to their California hometown of Laguna Beach, and then signed on for an assignment with Dentistry Overseas in Moldova that would begin this fall.

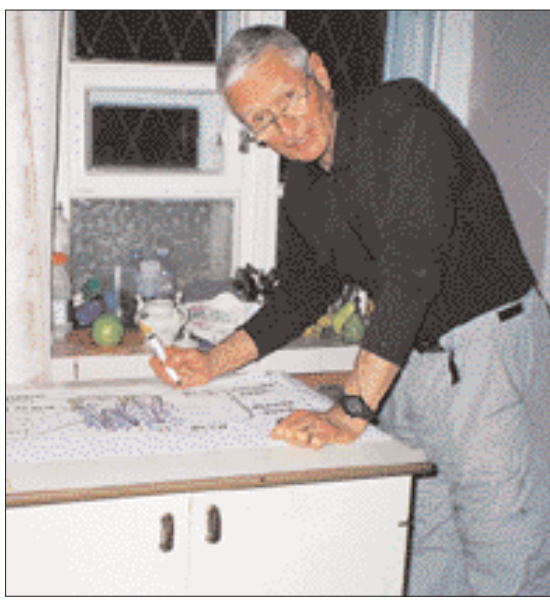
Options for part-time dentistry after retirement, page six

Common bonds: Dr. Schmidt pauses with fellow Peace Corps volunteers, from left, Sandra and Diana and language tutor and interpreter Sveta in front of a Ukranian movie theater with hand-painted posters plugging the American movies "Traffic" and "102 Dalmations."

Dentistry Overseas is one of 10 divisions of Health Volunteers Overseas, a private nonprofit organization dedicated to improving the quality and increasing the availability of health care in developing countries through training and education. The American Dental Association sponsors DO.

Wedged between Ukraine to the north and east, Romania to the west and the Black Sea to the south, Moldova is a former republic of the Soviet Union. Currently, Moldova is a site served by both the Peace Corps and Dentistry Overseas.

The Schmidts' initial decision to enlist in the Peace Corps was made several years ago in a hospital room in the south of France. While the couple was on a bicycling tour, Diana was hit by a car.



Cross-cultural communication: Dr. Schmidt prepares a dental anatomy illustration in Russian language.

"She told me that while she laid there, she realized working in the Peace Corps was something she had always wanted to do," Dr. Schmidt says. "So she asked me, 'If I recover, would you join the Peace Corps with me?' I said, 'Yes.' And we did."

This summer the Schmidts returned to Ukraine when Diana was selected for a 30-month assignment as administrator for the Peace Corps training program in Kiev. Dr. Schmidt jokes that he will be the "unemployed" spouse, but will take the opportunity to volunteer for the Dentistry Overseas site in Moldova, just an overnight train ride or a one-hour flight from Kiev. He also hopes to use his time and talents to continue his work as an American "ambassador."

"As a Peace Corps volunteer, I learned that in addition to your work, you need to be available to fulfill other roles in the community," Dr. Schmidt says. "During our first stay, I volunteered for schools, dental clinics, English

See CORPS, page 32

Dentistry takes on access

Landmark ADA study shows financial resources key to reform

By Mark Berthold

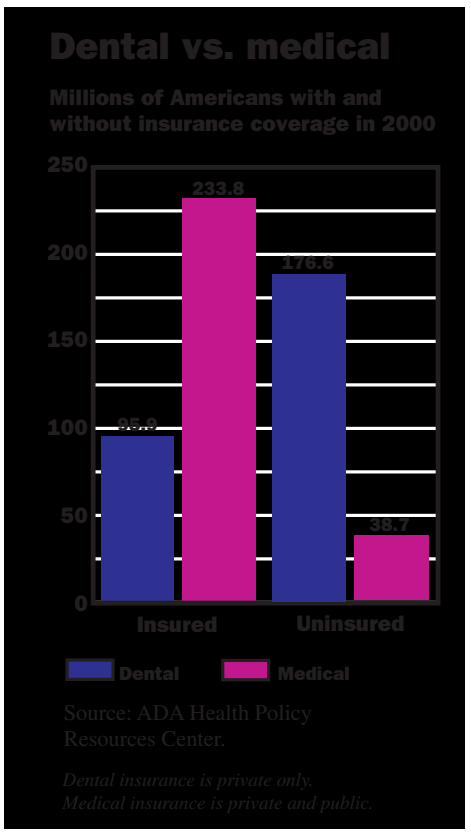
Our nation's policymakers must find the political will to provide adequate financial resources to address the issue of access to dental care for the disadvantaged.

In so many words, this is how the ADA Health Policy Resources Center concludes its 27-page white paper, "Unmet Need and Access Among Our Nation's Children: Issues and Options" by dental economists Dr. L. Jackson Brown; Donald R. House, Ph.D.; and Kent D. Nash, Ph.D.

Despite national improvements in oral health, utilization and dental expenditures, children in low-income American families have a growing unmet need for dental care, and their access and utilization remain "disappointingly low." Children age 2 to 5 living at or below poverty have not experienced a decline in untreated caries, whereas their counterparts living above poverty have enjoyed a "significant" decline.

According to Dr. Brown, associate executive director of the Policy Center, there is a consistent explanation for why public-assistance programs and past legislative efforts have failed to achieve the anticipated boosts in utilization.

"They aren't structured within the context of existing dental markets," he says, meaning that "typically, programs don't allocate enough funds to provide dental services to the intended eligible population, and don't reimburse providers at levels that would allow them to participate—or keep participating."



■ The dollar amount of free or discounted care that dentists provide to poor children runs well over one billion every year.

Any strategy with too many beneficiaries and too little financial backing is doomed to failure—and this reality is largely ignored by legislative attempts to increase access, leading to poor utilization by the children who need it most.

The dental profession has not caused this lack of access to dental care among the disadvantaged. In fact, the dollar amount of free or discounted care that dentists provide to poor children runs well over one billion every year. But the dental profession alone cannot solve these problems, says Dr. Brown, and the American public and policymakers should not be asking dentists to shoulder this responsibility alone.

"Although many dentists provide philanthropic care to underprivileged children, most dentists cannot assume the financial responsibility of large-scale care of patients, for whom fees are heavily discounted, as substitutes for those patients who are willing and able to pay full fees," Dr. Brown notes. "The issue of access to care for the disadvantaged is a wider social responsibility."

Most states are facing budget crunches. And when resources are scarce, Dr. Brown explains, policymakers tend to respond in one of two ways: either they slash broadly in the view that dental care is a non-emergency discretionary expense, or they attempt to stretch a shrinking budget even further.

"Children with unmet need who do not effectively demand care should be targets for a new policy," he concludes, "And the key to any successful policy is to translate unmet need into effective demand for dental care." ■

Access up in Michigan

Healthy Kids Dental surpasses Medicaid program

By Mark Berthold

Lansing, Mich.—Five months into the Healthy Kids Dental program, optimistic state officials decided to expand it from 22 to 37 counties.

As a yearling, the demonstration project was already creating a buzz as a model strategy for increasing access to dental services for the underserved populations.

According to a 12-month assessment of HKD, since its May 2000 inception, 43 percent more eligible children received dental care than in the previous state-run Medicaid program. The number of participating dentists tripled, and the average travel distance for patients was cut in half.

To anyone following the access trail, these numbers shine like a beacon in the night.

"This is a great breakthrough; an extremely positive outcome has resulted," says Dr. Stephen A. Eklund of the University of Michigan, which published the assessment.

"My job is to analyze the data, but personally as a dentist, I was also surprised at the speed of the response. I thought dentists might not participate because of past work with Medicaid, but they responded almost overnight."

"This one-of-a-kind program continues to set a higher standard for delivering dental service to the underserved," says Dr. John Buchheister, president of the Michigan Dental Association. "Each year, participation rates by MDA member dentists are increasing dramatically. Michigan legislators, MDA membership and patients are exceedingly pleased."

The experiment known as Healthy Kids Dental is an alternative to traditional state-run Medicaid programs. HKD is a public-private partnership between the Michigan Department of Community Health and Delta Dental Plan of Michigan to administer the Medicaid dental benefit to children.

"It is an excellent example of a public-private partnership that is improving the oral health of underserved children in Michigan," says Delta's Nancy Hostetler. "We believe it should serve as a model to improve dental Medicaid programs for children nationwide."

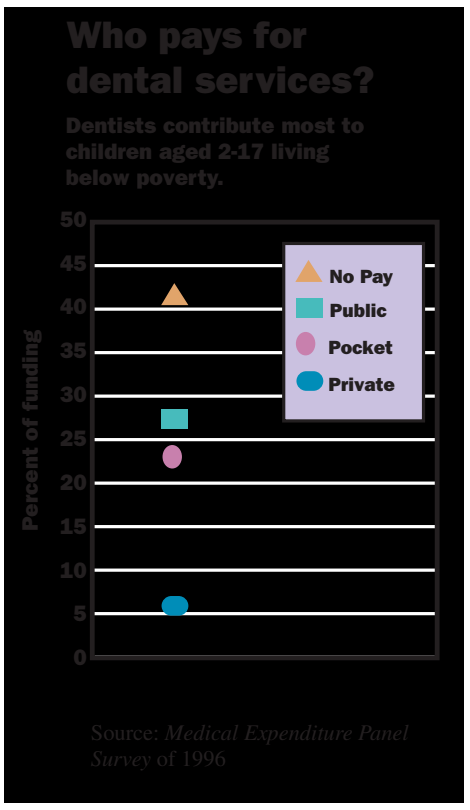
Christine Farrell of the Michigan Department of Community Health adds, "Access to oral health services has been a major priority for the DCH. Healthy Kids Dental represents that commitment by the DCH to improve access to quality oral health care for Medicaid beneficiaries."

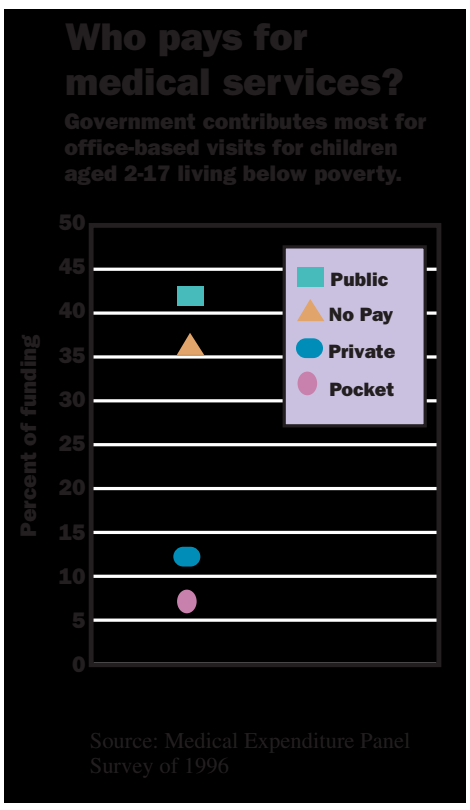
The 12-month assessment by the University of Michigan highlights a number of gains by Healthy Kids Dental over the previous traditional Medicaid program:

- 43 percent more eligible children receive dental care in HKD, and the total number of children "increased substantially each month" the program was implemented;
- 351 in-county dentists provide care to children in HKD, compared with 115 who participated in Medicaid;
- 15,814 children in HKD receive care in their county of residence, compared with 6,216 in Medicaid. Also, average travel distance was reduced, from 24.5 to 12.1 miles.

Data also indicate a higher cost per child in HKD over traditional Medicaid. This is expected, says Dr. Eklund, and reflects the initial expense of untreated restorative and reparative dental care, especially for teenagers who have deferred their unmet need.

"I expect the cost will be relatively modest in the long run as these children become regular dental patients," says Dr. Eklund. "Meaning, this program can work economically." ■





Program's success is reason for optimism

Studies consistently list three reasons for low access under Medicaid: the reimbursement is too low, administrative procedures can be troublesome and patients break their appointments, according to Dr. Stephen A. Eklund of the University of Michigan.

"Healthy Kids Dental eliminates the first two issues by paying dentists their usual fee and administering it using Delta Dental Plan [of Michigan]," he says. "So the dentist receives the same fee—and no unusual requirements for claims processing. Everything is done the way dentists are accustomed to; there is no separate system for Medicaid patients, no different than any other Delta group of beneficiaries."

■ "Traveling a long distance contributes to broken appointments, and since many more local dentists are participating, patients don't have to travel great distances to find a dentist."

And thousands of children with unmet need get to see the dentist.

"We've seen a rapid increase in access," says Dr. Eklund. "HKD really puts Medicaid patients into the mainstream, and although we can't really measure the number of broken appointments, the average distance traveled by the child dental patient has been cut in half.

"Traveling a long distance contributes to broken appointments, and since many more local dentists are participating, patients don't have to travel great distances to find a dentist."

Dr. Eklund is "quite optimistic" about the long-term sustainability of HKD, citing an "extraordinary climate of cooperation and preparation" between MDA and Delta that made dentists "ready and confident the project would work. The relatively troubled history of Medicaid can be dealt with. There is reason to be optimistic. "

UM recently received the raw data from Healthy Kids Dental's second year and preliminary data indicate the program remains successful—"even better," says Dr. Eklund.

"For recall patterns, the early signs are that these children have moved into the mainstream," he says. "Dental practices are treating them as 'normal' dental patients, and the kids are responding that way too.

"The big change," says Dr. Eklund, of HKD over traditional Medicaid is "many more children are now being treated in private practices in their own communities.

"This changes the stereotype of the child Medicaid patient, who has great difficulty locating a dentist, traveling a long distance, and having a dental problem dealt with as a one-time treatment," he concludes. "Instead, HKD brings them into a pattern of recall and regular maintenance, which will reduce costs in the long run." ■

Improving access policies

By Mark Berthold

Washington—Ever attended a local meeting, national conference or state summit on access to dental services? Chances are, you've heard Dr. Burton L. Edelstein speak.

The founding director of the non-profit Children's Dental Health Project—which works closely with organized dentistry, child and health advocates and policymakers to take oral health "from research to policy"—is a tireless traveler, giving lectures, meeting people and tweaking strategies toward a definitive goal: "To promote oral health and improvements in access through advancements in public policy and clinical policy."

Listening to Dr. Edelstein deconstruct policies and share insights, one learns to appreciate the depth of the access quagmire, starting with the fact that no single strategy will solve problems of utilization for the disadvantaged.

"There is tremendous frustration," he says, "that a program as well-conceived as Medicaid is such a failure in so many states, leaving so many low-income children still suffering the extreme consequences of preventable dental disease—and without effective access to routine dental care."

On the brighter side, Dr. Edelstein considers the dental problem to be much more "fixable" than other national health problems. And access continues to be a valid public policy issue for the ADA and has now become an issue for state and federal government.

But the task of enhancing public policies still faces a looming obstacle: lawmakers and dentists don't regard the issue of access in the same way.

"The fundamental difference [in viewing] health issues is that government policymakers focus on the entire population, whereas dentists tend to consider only their patients," he says. "We dentists do very well for our patients, but a myriad of factors still leave many people effectively locked out of dental care.

"As a result of this difference in perspective, policymakers may consider solutions that can seem strange or even unworkable to practitioners."

Dentists neither own the access problem nor can they solve it alone, Dr. Edelstein notes. Nevertheless, they must take a strong and active leadership role.

"Dentists are very socially empowered in our society, trusted by policymakers and patients, with a powerful political voice—albeit with little experience using it on behalf of the underserved," he says. "The other good news is that dentists have many allies, and we need to join with them to bring this issue and workable solutions to policymakers." ■

Budget cuts reduce access

Salt Lake City—Budget crunches have forced Utah health officials to make difficult decisions; two of them involve cutting dental care for the underserved.

"The amount of money allocated [to the State Children's Health Insurance Program] wasn't going to be enough at the current rate of enrollment in December 2001. A decision was made that, in order to make it to the end of fiscal year June 2002, the Utah Department of Health reduced the scope of dental benefits and capped the number of enrollees," explains Dr. Steven Steed, Utah dental director.

"Dental represented a fairly large chunk of the SCHIP budget, which would lead one to think it was being well utilized," he adds. "The dilemma was, by reducing the scope of dental benefits, [officials] could increase the number of children who could receive medical benefits."

For the children of Utah's working poor, this decision has effectively reduced their SCHIP dental benefits to only preventive and emergency treatments. Other dental care options, among them restoratives and stainless steel crowns, are no longer covered.

Though state legislators did not appropriate more money to add dental benefits back into the program or to increase the number of enrollees, "Dental and children's advocates will be working closely with legislators in the next legislative session to appropriate more funds," says Dr. Steed.

Utah's dental Medicaid system for adults was also hit hard by the economic downturn: all dental services were eliminated except for emergency exams and emergency extractions.

"The dental community has been philosophic about Medicaid for years," says Don Hawley, Utah Medicaid dental program coordinator. "Dentists are concerned that what is left for adults are only emergency services. Dentists are discouraged that dental health is not considered important."

Mr. Hawley points out that officials have made no cuts in the total funding of the children's portion of dental Medicaid. In fact, an estimated 15 percent increase in reimbursement fees for all remaining dental services will be implemented beginning Oct. 1. The existing Medicaid dental budget for children and adults has also increased by an average of 13 percent annually, which reflects more utilization by Medicaid recipients. ■

Oral health funds up

HHS award for community clinics to increase access

By Craig Palmer

Washington—The Department of Health and Human Services announced a major expansion July 18 of community health services, including more than $11 million to increase access to oral health services for low-income rural and inner city residents of 31 states.

The major share of a nearly $19 million government award will expand or establish new oral health services at 75 community health centers and clinics, said Health and Human Services Secretary Tommy Thompson.

The announcement and a list of grantees are posted online at the HHS Web site at "newsroom.hrsa.gov/releases/2002releases/serviceexpansion.htm".

"Health centers are the only source of health care available to many people in the communities that will benefit from these grants," he said. "By expanding vital services at health centers, these grants will markedly improve local residents' overall health and well-being."

The package includes:

- $11.1 million to 75 grantees in 31 states to establish new or expand existing oral health services;
- $6.6 million to 67 grantees in 35 states to establish mental health and substance abuse services at sites that demonstrate need for expanded capacity;
- $1.1 million to seven grantees in seven states to implement comprehensive pharmacy services through health center pharmacy networks. ■

Missouri eyes adult dental care

By Karen Fox

St. Louis—The state of Missouri violated state law by denying dental benefits to low-income adults, so says a St. Louis circuit judge who issued a preliminary injunction Aug. 21 that blocks the state from eliminating the benefits.

As part of a plan to help balance the state's budget and make up for shortfalls in revenue, Missouri Gov. Bob Holden and the legislature earlier this year withdrew the funding for adult dental services in the Medicaid program.

But Judge Timothy Wilson stated that the law requires the Missouri Department of Social Services to provide dental care, and that eliminating the benefits—which was effective July 1—violated state law. His ruling stemmed from a lawsuit filed on behalf of three Medicaid recipients.

"The governor is shifting expenses from dental offices to the emergency room, because these patients have to go somewhere for their pain," said Dr. Daniel Haney, president of the Missouri Dental Association. "In the long run, the state is going to be out more money than if it allowed the benefits to get patients in to see dental practitioners."

The MDA was in the midst of a three-year program to increase Medicaid dental fees to the 75th percentile when the governor and legislature began withdrawing coverage for dental care in 2001.

Plaintiffs' attorneys in the lawsuit brought against the state called Judge Wilson's ruling "a temporary victory for advocates for the poor." A final ruling in the case will have to wait until after a trial can be held.

About 88,000 Missourians utilized Medicaid dental benefits in 2001, the Associated Press reported. ■

Smile

Continued from page one

awarded to a constituent dental society and a component society that organize the best Give Kids a Smile programs. Details on applying for those awards will be announced soon.

"Crest Healthy Smiles 2010 is a program that provides substantive, long-term solutions to the oral health crisis facing America's youth," says Diane Dietz, North American marketing director for Crest. "Through partnerships with dental leaders like the ADA, we will improve the oral health of underserved communities, helping create smiles that will last a lifetime."

Dr. James B. Bramson, ADA executive director, said the Crest Healthy Smiles 2010 partnership enables dental societies, other organized access programs and individual dentists to take part on Feb. 21, 2003.

"We're negotiating similar arrangements on the professional product side and will announce those soon," he added.

In addition to the Boys & Girls Clubs network, the United Way of America and the Head Start Association have agreed to help participating dentists and staff identify children in need of free care. Local contact information for those organizations will be provided.

For more information on Give Kids a Smile and to sign up for the campaign, see ADA.org at "www.ada.org/prof/index.asp".

For additional assistance, contact Dick Green (1-202-789-5170, "greenr@ada.org"), Jane Jasek (Ext. 2868, "jasekj@ada.org") or Clay Mickel (Ext. 7450, "mickelc@ada.org"). ■

Starting Out

New dentists team up with ADA

By Karen Fox

San Antonio—What better place for new dentists and ADA leaders to meet?

San Antonio, the nation's ninth largest city, began adding fluoride to its water supply Aug. 1. (See story, page 20.)

"What a wonderful victory for public health and oral health," ADA President Greg Chadwick told the enthusiastic crowd Aug. 16.

With 371 in attendance, the National Conference on the New Dentist, "Bigger, Brighter Smiles: Deep in the Heart of Texas," featured a variety of networking, continuing education, leadership training and social activities.

"I think we accomplished all of what we set out to do," said Dr. Wendy Brown, chair of the ADA Committee on the New Dentist, which sponsors the event with substantial financial support for the 16th straight year from Mentadent. This year, the Texas Dental Association and several of its component societies also provided support.

"We planned to provide new dentists with a forum for networking, sharing information and experiences and having a good time," said Dr. Brown. "We did all that and more."

Dr. Wendy Brown

Taking advantage of proximity to military installations in San Antonio, Dr. Chadwick and 4th District Trustee Bernard McDermott toured Lackland Air Force Base and Fort Sam Houston Aug. 15. (See story, page 18.)

Army, Air Force and Navy dental officers were a notable presence at the conference.

"We were thrilled to have so many federal service dentists in attendance," said Dr. Brown, a member of the ADA 4th Trustee District that includes the federal dental services. "I hope it's not a one-time occurrence, because it's something we can build on in the future."

The conference kicked off Aug. 16 following opening remarks from Dr. Brown and Dr. Antonio Carlo Vanza Jr. of Mentadent—with a keynote address by Dr. W. Baxter Perkinson of Richmond, Va., the winner of the first Outstanding Leadership in Mentoring Golden Apple Award in 2000. Dr. Perkinson's motivational presentation addressed the professional future for today's young practitioners.

Early risers: A packed house listens to the welcome addresses at the 16th National Conference on the New Dentist Aug. 16.

Well-done: Drs. Jessica Meeske and Nick Minden receive their Golden Apple Awards at the conference.

This year's Golden Apple winners for individual achievement were honored during that day's luncheon. On hand to accept their awards were Dr. Jessica Meeske, Hastings, Neb., who received the New Dentist Leadership Award, and Dr. Nick Minden, a faculty member from the University of Florida College of Dentistry, who received the Outstanding Leadership in Mentoring award. Dr. Tricia Bradley, chair of the Florida Dental Association's new dentist committee, accepted the New Dentist Committee Outstanding Program Award of Excellence for "New Dentist Outreach-Building Membership through Education and Networking."

At the Aug. 16 luncheon that had conference participants seated with their ADA district trustee, Dr. Chadwick spoke on dentistry's advances and challenged all to go home and raise awareness of the importance of ADA membership in shaping the profession's future.

"We need to work together to make things happen in our profession," he said.

A sold-out Aug. 16 event found participants two-stepping at an authentic Texas ranch. "A Night at the Ranch—Texas Style!"

"It's always fun when you work hard all day and you can spend one evening, either continuing discussion from the day or just having fun," said Dr. Brown, adding: "When it comes to this conference, we always talk about the advocacy and issues discussed, but what tends to go unmentioned are the camaraderie and friendships. Myself, I look forward to spending time with these people again."

New dentists came prepared with serious business to discuss, too.

The conference provided several opportunities for new dentists to interact with ADA leaders, including the Aug. 16 New Dentist Committee Network Idea Exchange and the Open Forum/Q & A with the ADA President and President-elect.

Hot topics for discussion this year included dental amalgam, licensure, access, governance, direct reimbursement, loan repayment programs, student loan consolidation, cost of dental education and the need for more new graduates to pursue academic careers.

ADA Washington Office staff delivered presentations Aug. 17.

Mike Graham, senior lobbyist, focused on national issues that have a direct impact on new dentists, such as the ADA's support of the Student Loan Interest Deduction.

Richard Green, director of Washington communications, spoke on Give Kids a Smile, the ADA's first access day scheduled for Feb. 21, 2003. (See story, page one.) Following his presentation, 70 additional new dentists volunteered to lend local support to Give Kids a Smile.

Next year's National Conference on the New Dentist in Baltimore, "Bound for Baltimore: Charting Our Future," will take place Aug. 21-23, 2003. Scheduled speakers include Drs. Jeff Golub Evans, Dale Miles, Don Lewis and Roger Levin.

Member new dentists will receive a conference brochure in the spring. Others may request to be placed on the mailing list by contacting the Committee on the New Dentist at Ext. 2779 or "newdentist@ada.org". ■

Straight talk from the new dentists

BY KAREN FOX

San Antonio—What do you value about the National Conference on the New Dentist? Here's what some new dentists had to say:

● Dr. Karla Rothfus (Ashland, Ore.)—Member, Southern Oregon Dental Association's new dentist committee.

"I wanted to hear the course by Drs. Matt Bynum and Bill Dickerson and pick up some new techniques. But it's also a great opportunity to learn from everybody else's experiences: just meeting with other young dentists, hearing about their practices, how they started new or took over for someone else, their trials and tribulations. You don't get to see a whole lot of dentists together in one place, so you can network and talk."

■ "It's a great opportunity to learn from everybody else's experiences: just meeting with other young dentists."

● Dr. Pete Lemieux (Winter Park, Fla.)—Member, Florida Dental Association's new dentist committee.

"I came to learn more about the pressing issues facing us as new dentists, especially the news from Washington. It was reassuring to hear that our profession is being looked after and that we're doing things to prevent what's happened to medicine. The AMA only represents 30 percent of physicians so they have no voice in Washington. It's nice to hear that the ADA has 70 percent, and we're striving for 75. It gives me energy and excitement to go back to my dental society and try and get people out there to recruit nonmembers to help our cause."

● Dr. Jennifer Cunningham (Houston)—Chair, Greater Houston Dental Society's new dentist committee, and member, Texas Dental Association's new dentist committee.

"I want to learn more about things we can do to get new dentists excited and get them into leadership positions and on the track to be more active."

● Dr. Jim Dixson (Kansas City, Mo.)—Chair, Kansas City Dental Society's new dentist committee.

"You can do dentistry all day long and you might not know what goes on in Washington, and it has a direct impact on all of us. Some of the legislative affairs don't affect me [in the public health field] as much as they do solo practitioners, but I want to stay on top of things for when I make that transition to private practice.

"One thing I have learned and will pass on to students and new dentists is to take advantage of loan repayment programs. There are a lot of options out there. You can get a ton of experience, and you might do that for two years then be an associate, or try to do both. Do as much as you can in first few years out. You may even want to pursue a career in public health." ■

Speaking out: Dr. Jennifer Cunningham of Houston adds to the discussion on dental amalgam at the Aug. 16 Open Forum.

Volunteer spirit: New dentists pledge support for Give Kids a Smile, the ADA's first national access day. (See story, page one.)

Officers and dentists: Air Force, Army and Navy dental officers were a notable presence at this year's National Conference on the New Dentist.

Home of Army medicine: From left, Dr. Ronald Lambert, chief of staff, U.S. Army Dental Command; Dr. Robert Leeds, commander, U.S. Army Dental Command; Dr. Greg Chadwick and Dr. Bernard McDermott tour military dental facilities at Fort Sam Houston Aug. 15.

Military honors

Dental officers welcome ADA to San Antonio

By Karen Fox

San Antonio—Military dentists rolled out the red carpet for ADA President Greg Chadwick Aug. 15.

Taking advantage of the San Antonio location for the 16th National Conference on the New Dentist, Dr. Chadwick, 4th District Trustee Bernard McDermott and ADA staff toured the nearby military installations Lackland Air Force Base and Fort Sam Houston—giving the ADA leaders an opportunity to interface with Air Force and Army dental officers and visit their facilities.

"I felt it was important to thank these dental officers for what they do for our country and our profession," said Dr. Chadwick, who will also tour the Norfolk Naval Base in Virginia Sept. 18.

With a packed schedule that began at 0700 hours, the ADA contingent covered ground that gave a military insider's perspective on such varied topics as military careers for dentists, educational opportunities in the armed services, research and technology, patient care and the Health Professions Scholarships Program. Dental clinics, medical centers, educational facilities and officers' clubs comprised the many stops along the way.

"The dental officers explained to us what they're doing and talked about some of the challenges they're facing," said Dr. Chadwick. "Most of all, they went out of their way to accommodate us and make us feel welcome."

Col. Robert C. Leeds, commander, U.S. Army Dental Command—or DENCOM—called it a "special event" for the U.S. Army Dental Command.

"That the ADA president and the 4th District trustee spent an afternoon with the dental community at Fort Sam Houston, the home of Army medicine, speaks volumes of their support for the military services, Army dentistry and the soldiers we treat," said Col. Leeds.

Col. Gerard A. Caron, commander, 59th Dental Squadron, joined a group of Air Force dental officers who escorted ADA representatives throughout the facilities of the 59th, including its five dental clinics.

Col. Caron said the tour of the 59th, the Air Force's largest dental squadron, "reflected the ADA's commitment to the entire profession of dentistry and [Dr. Chadwick's] appreciation for dentists and dental auxiliaries who serve our men and women in uniform."

For Dr. McDermott, whose trustee district includes members of the federal dental services, the day underscored his support and admiration for military dentistry.

"I was impressed with the high morale and energy of the dental officers and staff that we had the pleasure of meeting," said Dr. McDermott, who served in Vietnam as a U.S. Army dentist in 1968. "The federal dental services have long been an important part of the 4th trustee district and the ADA, and our visit was a good opportunity to reaffirm this relationship."

Included among the day's activities were programs on military dentistry's role in the nation's war against terrorism and international missions.

See TOUR, page 20

Tour

Continued from page 18

Two Air Force dental officers—Lt. Col. Page McNall and Lt. Col. Grant R. Hartup—spoke on their recent deployments and humanitarian missions overseas.

Col. Leeds said that DENCOM's "primary objective is to provide a worldwide dental care system focused on quality dental care and oral wellness for America's Army."

Added Col. Leeds: "In the nation's current war against terrorism, Operation Enduring Freedom and Operation Noble Eagle, the U.S. Army has mobilized over 34,000 reservists, whom are evaluated by dental officers as part of mobilization and demobilization process."

The need for dental care is great. "Based on past mobilizations, approximately one-third of these soldiers require dental treatment to meet individual soldier readiness requirements," stated Col. Leeds.

Drill: Air Force dental officers display a fully equipped field operatory for the ADA leaders.

To give the ADA a visual image of dentistry in deployment, Air Force dental officers assembled a field dental clinic resembling a tent, similar to what is used in field conditions, said Lt. Col. Hartup.

"Air Force dentists deploy to various locations worldwide with the field equipment," he said. "The key concepts for our field equipment are to be capable, dependable, light and small, so as not to weigh down the aircraft."

In greeting an assembled crowd of the 59th Dental Squadron's active duty and retired dental officers, the ADA president invoked the powerful memory of Sept. 11, 2001.

"I have seen first-hand what happens when planes are turned into instruments to express hatred and contempt for human life and destroy it," said Dr. Chadwick, who spent time last November at the site of the World Trade Center in New York City. "It means a lot to me to be in a place today where the purpose of planes, and those who fly them, is to protect human life and preserve human freedom."

The trip struck a chord with Dr. Chadwick, who served four years on active duty as a supply corps officer in the Navy—including time with the Sixth Fleet in the Mediterranean—before going to dental school. For him, the tours illustrated the diversity of the profession within organized dentistry, and the abundance of collaborative opportunities the Association has with this segment of membership.

"Military dentists are an important area of our membership, playing a dual role as military officers and dentists," said Dr. Chadwick. "We go through different periods of practice, but the ADA is the lifelong constant. In the final analysis, the ADA is not for this group or that group but all of dentistry. To be effective, we must speak with one voice."

The tour ended with a visit to the Army Medical Department Museum at Fort Sam Houston, home to the Medal of Honor that was posthumously awarded this year to World War II hero Capt. Ben Salomon—the first Army dentist to receive the nation's highest military award for bravery.

"It was a moving experience, standing there and looking at the Medal of Honor, knowing the implication of that award," said Dr. Chadwick. "Here was this dentist in World War II, serving his country, taking care of patients and holding off the enemy while protecting wounded soldiers. We were so touched." ■

San Antonio taps into fluoridation

San Antonio—The new school year will give children here a chance for better oral health now that San Antonio has turned on the taps with fluoridated water.

"This is great," says Dr. Maria Lopez Howell, a San Antonio dentist and consumer advisor for the ADA. "Fluoride is new hope for better oral health."

Without fluoride in the water, San Antonio residents and health care providers until now have had to deal with a caries rate about twice as high as cities with fluoridated water, Dr. Lopez Howell adds.

All San Antonio Water System customers were turning on their taps to optimally fluoridated water by Aug. 15. ■

CDC weighs in on tooth decay

By Craig Palmer

Atlanta—The Centers for Disease Control and Prevention Aug. 27 called for broader community efforts to reduce tooth decay by extending water fluoridation and dental sealants to more children and adults.

"Two community-based interventions, applying dental sealants in a school setting and fluoridating drinking water, are both beneficial as well as equitable in preventing tooth decay among our most vulnerable populations," said CDC Director Julie Gerberding, M.D. "If more communities would implement these programs, we could save many children from needless pain and suffering and save the nation millions of dollars in dental care costs."

Dr. Gerberding

It was Dr. Gerberding's first public statement on oral health issues since becoming director of the disease control agency. The Bush administration announced her appointment July 3. Dr. Gerberding had been acting principal deputy director of the CDC and served as part of the leadership team directing the agency after the March 31 resignation of Jeffrey Koplan, M.D. Dr. Gerberding played a major role in leading CDC's response to the anthrax attacks last fall.

CDC officials responded to an oral health report issued in July by a national public health task force outlining recommendations for preventing dental caries, oral and pharyngeal cancers and sports-related craniofacial injuries. The report and supporting materials are products of a process organized by the CDC and published as a supplement to the American Journal of Preventive Medicine (Vol. 23, No. 1S).

The supplement is available online at the Guide to Community Preventive Services Web site ("www.thecommunityguide.org/oral"). To order a copy, call 1-770-488-6054 or send an e-mail request to "oralhealth@cdc.gov".

The report strongly recommends school-based dental sealant programs and community water fluoridation to prevent tooth decay, particularly among low-income families, families without private dental care and families at higher risk for oral health problems but finds insufficient evidence of effectiveness and therefore makes no recommendations for or against the other community-based interventions under review.

"There is considerable opportunity for communities to increase their use of these proven measures to decrease tooth decay for both children and adults," said Dr. William Maas, who directs CDC's oral health program. "The CDC recently made cooperative awards to several states to develop additional school sealant programs and to promote adoption of water fluoridation in communities." ■

Findings on fluoridation, dental sealants

By Craig Palmer

Atlanta—The Task Force on Community Preventive Services conducted a systematic review of studies of community water fluoridation and confirmed that fluoridation is effective in reducing tooth decay.

Based on the review, the task force issued a strong recommendation that water fluoridation be included as part of a comprehensive population-based strategy to prevent or control tooth decay in communities.

Preliminary findings:

- 21 reviewed studies compared optimally fluoridated communities with those that were not;
- in studies that measured decay rates before and after water fluoridation, the median decrease in tooth decay among children aged 4-17 was 29.1 percent;
- in studies that measured decay rates only after water fluoridation, the median decrease in tooth decay was 50.7 percent;
- fluoridation was found to help decrease tooth decay both in communities with varying decay rates and among children of varying socioeconomic status.

The Task Force also conducted a systematic review of studies of school-related dental sealant delivery programs and found these programs effective in reducing tooth decay.

Based on the review, the task force issued a strong recommendation that these programs be included as part of a comprehensive population-based strategy to prevent or control dental caries in communities.

Preliminary findings:

- the review included 10 studies that compared programs where sealants were applied vs. those where no sealants were applied; children were examined for tooth decay from 2 to 5 years later;
- the median decrease in occlusal caries (on the horizontal surfaces of molars and premolars) in posterior teeth among children aged 6-17 was 60 percent;
- application of sealants in programs either based in schools or linked through schools with private practice dentists was found to be effective among children of varying socioeconomic status and risk of decay. ■

Retirement

Continued from page six

His current patients—many of them indigent, migrant workers or prison inmates—don't reflect the patient base of his former practice, but provide the same degree of satisfaction.

"I talk to my patients and develop relationships with them the way I always did," he says. "It's very rewarding work. One inmate even brought his son to meet me after his release."

Dr. K. Denis Enua is another dentist who never imagined what he's now doing in his retirement—missionary work.

Relaxing: Dr. Plekker and Filipino patient and crew member John Angeles on board. "Like family," is how Dr. Plekker describes their relationship.

He warns: "Anybody who's finicky about what they eat or where they sleep shouldn't try this." Dr. Enua practiced one week each year from 1997-2000 in Mexico. Future missionary trips are in the planning stages.

Forced to practice without radiographs in a poverty-stricken environment, Dr. Enua says he worried before he left on his first adventure that he wouldn't be able to do it. "Once you get there, you just make the best of it," he says. "It's very rewarding to help people through practicing."

Dentists who don't want to rough it, but still want to practice and help others, might consider life on the high seas.

Dr. Robert Plekker was attending a dental meeting in Seattle just before his retirement in 1987 when he called Holland America cruise line on a whim, thinking, "If they've got physicians on board, maybe they have dentists."

His first trip led to more trips, then his creation of Sea Dentists Inc. The group of volunteer dentists employs what Dr. Plekker describes as superior qualifications to provide dental care to many of the 700-1,000 Indonesian and Filipino crew members who work on six of Holland America's ships, as well as passengers.

"After three world cruises lasting more than 100 days, I realized a great need for better care, says Dr. Plekker. Prior to Sea Dentists, dental services were provided on a random basis.

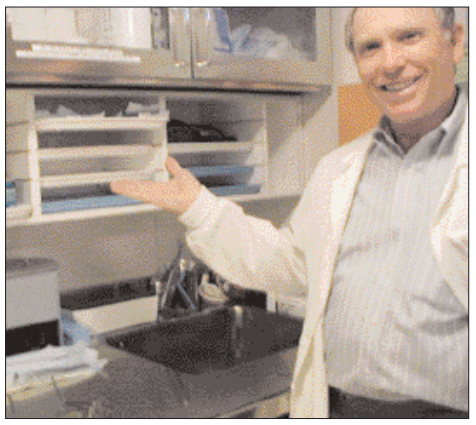
Volunteers offer a full range of dental services 20 hours each week while the ship is at sea and enjoy full passenger amenities.

"It all started out of curiosity," says Dr. Plekker. "I'd never even been on a cruise before my first trip practicing dentistry."

For those without wanderlust, post-retirement practice options can be as routine as working at your former practice.

"Staying on as an associate in your own practice can be the answer for those who may have miscalculated their income or interests," says Dr. Alvin Krasne, who talks to retired dentists on a regular basis in his role as curator of the dental museum at Southeastern dental school, in Florida. "For some dentists, practicing part time and drawing an income is the best way to retire." ■

Helping: Dr. Bernard Metrick with staff of Florida's Delray Beach Health Center. He provides endodontic treatment that otherwise wouldn't be available to patients at the clinic.



Seafarer: Dr. Carlton Walker in the dental clinic while aboard a 116-day world cruise. "Going around the world and helping people without access to dental care is an awful nice combination."

School's in session

UNLV's new dental school enrolls 75 freshmen

Las Vegas—Classes at the nation's newest dental school are under way.

The University of Nevada-Las Vegas School of Dentistry's first freshman class of 75 students marked the occasion in style with a "White Coat Ceremony" Aug. 23. Also on hand to celebrate were Dr. Greg Chadwick, ADA President; Dr. Pamela Zarkowski, the American Dental Education Association's immediate past president; and Dr. Robert Talley, the Nevada Dental Association's immediate past president.

"What a neat experience," said Dr. Chadwick. "It was a thrill to see a new freshman class in our country's newest dental school."

The ADA Commission on Dental Accreditation Aug. 1 granted initial accreditation to the university's pre-doctoral dental education program.

A publicly-funded institution, the UNLV dental school now joins the Nova Southeastern University College of Dental Medicine—a Fort Lauderdale, Fla., private school that opened its doors in 1997—as the nation's only new dental schools to begin operations in the past 20 years. Since 1986, seven dental schools—all private—have closed.

UNLV's pre-doctoral dental education program officially began Aug. 26, with a new permanent dean at its helm—Dr. Patrick J. Ferrillo Jr., former dean of the Southern Illinois University School of Dental Medicine.

Dr. Ferrillo: Dean at the new dental school at University of Nevada-Las Vegas.

"I am pleased to become a member of this

James T. Fanro, D.D.S., M.S.

Continued from page four

Orthodontists
Great Lakes Society of Orthodontists
American College of Dentists
Volunteer posts/elective offices held in organized dentistry
Speaker, ADA House of Delegates
Chair, ADA Council on Ethics, Bylaws and Judicial Affairs
President, Ohio Dental Association
Regent, American College of Dentists
President, Case Western Reserve University Alumni Association
What are the three most critical issues facing dentistry today? Ensuring all populations have access to quality oral health care; addressing the crisis in dental education; aggressively educating policymakers and opinion-makers on the safety and effectiveness of current dental equipment, materials and techniques, including the use of amalgam restorations.
What are your three main goals if elected? First, I will work to expand access to dental care by working with policymakers to develop and adequately fund effective dental access programs. Second, I will emphasize dental education by working toward filling dental faculty positions with quality educators and making dental education more accessible and affordable. Third, I will work with state and local dental societies to build programs that identify future leaders and develop their potential by making participation in organized dentistry a fulfilling and rewarding experience.
What are your main qualifications? My qualifications include my experience, my history of effective performance and my ability to build relationships of trust between diverse viewpoints. I have held numerous leadership positions, including president of the Stark County Dental Society and Ohio Dental Association and officer of the ADA for the last seven years. I have been chairman of an ADA Council and two ADA Committees, and served on six ADA Task Forces. In all of these leadership positions, and especially as ADA speaker of the House, I have demonstrated my ability to build consensus to achieve positive results for dentistry.
Why do you want to be an ADA officer? As a full-time practicing dentist, I know first-hand the issues and challenges dentists face on a daily basis. I want to be an ADA officer to use the skills and knowledge I have gained during the last 30 years of leadership in organized dentistry for the benefit of my colleagues and profession. As ADA president-elect, I will work to improve all levels of organized dentistry and help direct the future of the profession to ensure that the next generation of dentists has the same opportunities I have had.

Leo R. Finley, Jr., D.D.S.

Continued from page four

Psi Omega Fraternity
Chicago Dental Society
Volunteer posts/elective offices held in organized dentistry
Vice-chair, ADA Council on Governmental Affairs and Federal Dental Services
President, Chicago Dental Society
Vice Speaker, Illinois State Dental Society House of Delegates
Governor, Odontographic Society of Chicago
President, South Suburban Branch of CDS
What are the three most critical issues facing dentistry today? Educational concerns including lack of diversity, student debt, faculty shortages and initial licensure. Attracting minorities to the profession and the organization. Outside entities that use unsound science to attack the integrity of the profession and organization and challenge our authority and status as a profession.
What are your three main goals if elected? To guide and encourage the deliberations of the Board of Trustees and the ADA staff and make sure the dictates of the House of Delegates are implemented. To represent the Association whenever and wherever needed and further its strategic plan and goals, and I will be open for input from any member wishing to contribute to the process. To challenge all entities that, for whatever motivations, seek to undermine and usurp the authority and status of our profession and/or our organization.
What are your main qualifications? I have been a dentist in general practice for 39 years and have been involved in organized dentistry from the time I was in school until the present. As I have progressed through the levels of leadership I have learned, matured and become a capable leader who recognizes what needs to be done and how to get the job done expeditiously and effectively. As one of the members I share the concerns of the grassroots. I can identify with the problems facing dentists at their chairs and in their practices and have first-hand knowledge of the challenges we face. As a member of the Board for the last four years and as a member of the House before that, I bring an understanding and knowledge of the procedures of the organization. My excitement, energy and experience has prepared me and equipped me to further serve our Association.
Why do you want to be an ADA officer? For my entire professional life I have been involved in organized dentistry and believe that my service has made a difference. After serving as an ADA trustee for the last four years, it is a natural progression to want to ascend to the next and ultimate level of leadership. I owe a debt to my profession for all the benefits I have received and enjoy repaying that debt by my service to our profession.

innovative team at UNLV," said Dr. Ferrillo. "It will be our goal to develop a premier dental school recognized for its outstanding academic, research and community service programs."

Interim dean E. Steven Smith, who led the UNLV dental school through its start-up phase, has taken an associate deanship in the dental school.

Demand for the university's pre-doctoral dental education program continues to escalate, said Dr. Smith. The dental school has already received more than 100 applications for next year's incoming class.

"We have worked hard to have an adequate number of Nevada residents in our program," Dr. Smith told the ADA News. "Over half of this year's incoming class is comprised of Nevada residents."

In 2001, the Nevada legislature allocated $20 million in public funds to the dental school, largely based on the school's agreement to treat the oral health needs of the underserved in Nevada. State Sen. Ray Rawson (R-Las Vegas), a dentist who has backed the project since its inception, said more than 70 percent of the state's indigent population is in the Las Vegas area.

Last year, the dental school received a $1.3-million grant from the state in tobacco company settlement funds, which was used to launch a statewide smoking cessation and tobacco prevention program.

UNLV has had a faculty dental practice and general practice residency in operation since 1999. The university has a contract with the state which enables the dental school to treat 70,000 patients. ■

Violence awareness day Oct. 9

San Francisco—The Family Violence Prevention Fund will hold its fourth "Health Cares About Domestic Violence Day" Oct. 9.

This national annual awareness day is designed to raise awareness within the health care community about the importance of routine screening for domestic violence—a health issue the advocacy organization estimates affects nearly a third of all American women at some point in their lives.

To observe HCADV Day, health care providers, domestic violence advocates and other concerned individuals will hold local events, distribute information and begin routine screening for domestic violence in health settings.

For a free organizing packet that contains national guidelines on how to screen for domestic violence; simple steps health care providers can take to improve their response to domestic violence; patient and provider educational materials; ideas for Oct. 9 activities and more, call the National Health Resource Center on Domestic Violence toll free, 1-888-Rx-ABUSE or download materials from the Web site, "www.endabuse.org/health". ■

Eugene Sekiguchi, D.D.S.

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Omicron Kappa-Upsilon
Pierre Fauchard Academy
American College of Dentists
Academy of General Dentistry

Volunteer posts/elective offices held in organized dentistry

Trustee, ADA Thirteenth District
President, California Dental Association
Chairman, ADA Information Technology Committee
Chairman, ADA Wastewater Task Force
Interim Executive Director, California Dental Association

What are the three most critical issues facing dentistry today?

Organized dentistry must advocate for its members to decrease/eliminate unnecessary infringements by regulators and legislators onto the practice of dentistry.

We must address shortages in dental student and allied dental personnel classes, by developing programs that relieve student debt, break down licensure barriers and relieve declining faculty numbers.

ADA must strategically reposition itself to be more relevant, responsive and nimble, if it is to maintain its enviable position as the pre-eminent dental organization in the country.

What are your main qualifications?

In addition to my dental degree, I also hold an advanced degree in electrical engineering—an advantage which provides me with analytic and problem-solving skills. My extensive service throughout the tripartite has broadened my knowledge and experience. My roots stem from a multi-generational commitment to dentistry, which has cemented my respect for the profession's past and commitment to improve the profession for future generations. As a current USC associate dean and previous executive director of the California Dental Association, my administrative and managerial experience adds another layer of expertise necessary to view and direct "the big picture." I have the experience, training, motivation and heart to affect change for our profession.

Why do you want to be an ADA officer? I have learned through the various hats I've worn in dentistry that the best way to develop innovative solutions is to encourage collaboration and partnering. I have the breadth of experience necessary to bring together the necessary parties to lead our national organization to new heights. I love our noble profession and believe it must be nurtured to grow. I would be honored to serve as the ADA president.

A place to call home

AADA president-elect reaches out to all members

In 1987, when dental spouse Jocelyn Lance attended her first leadership conference with the Alliance of the American Dental Association, she was inspired not only to become more active in the political issues that affect dentistry, but also to land a job in the Virginia state legislature.

"My husband had always jokingly called me the 'queen of the W-2s,' " Mrs. Lance laughs, "but now I love what I do, both in my job and in the Alliance, and I've found a home in both."

In addition to her current position as a senate committee clerk for the Virginia legislature, Mrs. Lance has also served as president of her local and state Alliance groups; AADA 2nd District trustee, legislative chairman and treasurer; and a member of the ADA Council on Government Affairs and the American Dental Political Action Committee board of directors. She is also the only dental spouse ever named an honorary member of the Virginia Dental Association.

When Mrs. Lance is installed as AADA's 46th president next month, she wants to make sure all members have a place in the organization that they are comfortable with.

Her presidential year theme, "Your Place in the Dental Community," reflects the diversity of members' needs, concerns and roles in serving each other, the ADA, the profession and the public.

"The most important decisions people make in their lives are who they want to be and whom they want to be with," she says. "I want every individual to feel that the Alliance is a place where he or she can be the person they want to be with people in the dental community who share common goals and friendship."

On a personal level, beginning as a dental school spouse, newer AADA members can find a supportive place to turn when they're dealing with the stresses on the family when a spouse is in dental school or starting a new small business.

Lifelong resource: "The Alliance is a great support network" for dental spouses and families, says AADA president-elect Jocelyn Lance.

Continued from page four

Volunteer posts/elective offices held in organized dentistry
Speaker of the House of Delegates, California Dental Association
Chairman, ADA Council on Insurance
Delegate, ADA House of Delegates
President, Los Angeles Dental Society
Chairman, California Dental Association Council on Insurance

What are the three most critical issues facing dentistry today? Membership in organized dentistry—and the importance of organized dentistry to the new dental professional. Access to care for the underserved and needy. Regulations and legislation that are unduly burdensome to the dental professional.

What are your three main goals if elected? To ensure that the House of Delegates is conducted in a fair and efficient manner, with equal respect for all delegates. To increase communication with the ADA delegates throughout the year (use of e-mail/CD-ROMs). To work with staff to streamline the election procedure at the House of Delegates so that it does not interrupt the business in the House. An example is the necessity for delegates to leave the floor of the House to vote in case of a run-off election. This causes disturbance and disruption, resulting in many delegates being unavailable to vote on motions.

What are your main qualifications for the office you seek? I have been speaker of the House of Delegates of the California Dental Association for eight years, the largest constituent House of Delegates. I am a parliamentarian, member of both the American Institute of Parliamentarians and the National Association of Parliamentarians. I have been responsible for teaching presiding techniques and the successful running of meetings to component dental society boards and officers for eight years. I have been in charge of governance and strategic development at the California Dental Association. I have been involved in developing and revising bylaws for many dental societies as well as other organizations.

Why do you want to be an ADA officer? The opportunity to serve my profession, which has afforded me so very much, is important to me. My skills as a presiding officer, as well as my knowledge of governance, would enable me to ensure that the ADA House of Delegates, the supreme authoritative body of the association, is conducted in an efficient fashion, respecting everyone's rights. This is essential so that the decisions and actions of the House, which will affect all dentists in the United States, are a true reflection of the careful debate and deliberations of this knowledgeable body.

"We've all been there," Mrs. Lance explains. "Dental spouses have a personal stake in the profession whether they work in the practice or have a separate career. That's why they need to get involved. Starting and running a practice, marketing and other issues involve the couple or family, not just the dentist. The Alliance is a great support network for them. We've faced the challenges that they are facing now and we can help them. We can help them feel like they're not alone."

Reaching out to serve the community, the Alliance also focuses on serving the profession and the public by presenting local oral health education programs and promoting legislative advocacy.

Since she joined the Alliance 30 years ago, Mrs. Lance points out that the demographics of the organization have changed dramatically. The result is that members today can find a variety of flexible roles as volunteers. Many of the 1,000 or so male members of the organization have taken the lead in community education on issues like mouthguards and smokeless tobacco. Members from busy two-career families are encouraged to be active at the level that suits their talents and needs and helps them balance work and family.

"We try to break things down into manageable steps, so that a member with limited time can still play an important part in a program," she says. "We also pride ourselves on continuing to build an outstanding leadership program that helps members see the potential their efforts have in making a difference."

Not only will Mrs. Lance lead the Alliance in meeting its ongoing goals to increase membership through recruitment and retention, to bring oral health education to more than 1 million people each year, to continue to promote leadership and to work in the legislative arena, she will also focus on enhancing communication by establishing a communications committee and promoting information sharing through its newsletter and its Web site, "www.allianceada.org".

"Communication is the most important skill we need for success," she says. "We need to have a mutual network that will allow all our members to share ideas and inspire each other. I glow with pride when I see how enthusiastic our members are about the projects they are accomplishing. Our members are great people who started out by offering to help out in one small way. When they find out how much influence they can have, they're ready to move on to the next step as volunteers."

■ Members from busy two-career families are encouraged to be active at the level that suits their talents and needs and helps them balance work and family.

Mrs. Lance is married to Dr. James Lance, a retired endodontist who is now a part-time clinical professor at Virginia Commonwealth University dental school. Originally from Akron, Ohio, she and Dr. Lance were sweethearts during high school and college. They married while Dr. Lance was in dental school at Ohio State University. Following his dental school graduation and a stint in military service, Dr. Lance completed his endodontics training at OSU dental school. The couple settled in Richmond, Va., where Dr. Lance established his practice 30 years ago. The Lances have three adult children and four grandchildren. ■

J. Thomas Soliday, D.D.S.

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Fellow, International College of Dentists
Fellow, American Association Oral and Maxillofacial Surgeons
Director, American Institute of Parliamentarians
Diplomate, American Board of Oral and Maxillofacial Surgeons

Volunteer posts/elective offices held in organized dentistry

Speaker of the House, American Association of Oral and Maxillofacial Surgeons
President, Maryland State Dental Association
Delegate, American Dental Association
Parliamentarian, ADA Fourth District
Board of Directors, American Institute of Parliamentarians

What are the three most critical issues facing dentistry today? The erosion of active participation in organized dentistry, especially by the growing segments of the profession—women, all minority groups. The well-organized/financed litigation against dental organizations over amalgam. The growing shortage of qualified professors to fill teaching positions in the nation's dental schools.

What are your three main goals if elected? To increase the efficiency of the conduction of business of the ADA House of Delegates. To encourage participation of all delegates in the debate of the House. To bring my knowledge and experience to the decision-making process of the ADA House of Delegates.

What are your main qualifications for the office you seek? Certified Parliamentarian, American Institute of Parliamentarians
Speaker of the House, American Association of Oral and Maxillofacial Surgeons, eight years
Revision Committee, 4th Edition, The Standard Code of Parliamentarian Procedure, by Alice Sturgis
Parliamentarian, ADA Fourth District, six years
ADA Delegate, 9 years

Why do you want to be an ADA officer? I want to bring my unique education and experience to the position of ADA speaker, thereby assisting in the leadership of the one major voices of organized dentistry in the United States.

David Neumeister, D.D.S.

First vice president candidate

An effective association must operate on a model that provides management with the flexibility and authority to seek opportunities and exploit situations that are congruent with their mission. This active model requires three things: a well-informed membership; a future-focused Board and a talented staff that acts aggressively from policy guidelines. Dr. Bramson is the leader of such a team and the Core Precepts are its guiding values. The Board acts with assurance and has developed a consensus to exploit opportunities. The membership, however, at the micro level, does not understand or value what the national organization is doing for her or him.

I hope, as a member of your Board of Trustees, to engage the vision of those dentists who are working to serve the needs of their patients every day. I want to ask questions of the Board and of the staff to help our Association find more points of contact. It should be one objective of our Association to touch every dentist in the United States three or four times each year. I will work to make our services tangible to more dentists during 2003.

I look forward to being your representative. Thank you for this privilege. ■

Profile

Candidate David Neumeister, D.D.S.
Residence Vernon, Vermont
Dental school attended University of Nebraska Medical Center, College of Dentistry
Year received dental degree 1969
Post-graduate education/specialty General Practice
Years of ADA membership (include ASDA membership) 33
Other professional memberships
American College of Dentists
International College of Dentists
L.D. Pankey Alumni Association
American Academy of Dental Practice Administration
Volunteer posts/elective offices held in organized dentistry
Chairman, ADA Strategic Planning Committee, 1996; Chairman, ADA Council on Dental Practice, 1989; President, Vermont State Dental Society; Conducted biannual seminar with senior dental students, University of Nebraska, since 1989; Established two dental access clinics for Medicaid patients with full-time dentists 2000, 2002
What are the three most critical issues facing dentistry today?

- Making ADA services real and vital to every dentist in America. The Association, its staff and leaders face many challenges, but none are more important than touching, in a meaningful way on a regular basis, the community dentists who serve their patients faithfully every day.
- Dentists, because of their nature, are particularly vulnerable to seeing themselves as fixers of disease rather than facilitators of health. This confusion of purpose applies to some dental leaders, as well, who, on a dental committee, view their primary role to "fix what's broken" and to thereby "over-manage" tasks and "under-lead" issues.
- Limited access to services for an increasingly needful segment of our citizenry. The range of solutions means looking very creatively at provider numbers and duties, licensure and education. Access has the potential to explode with a momentum of its own that may, in some areas, be difficult to influence by the resources and policy we have used in the past.

What are your three main goals if elected?

- Represent the practicing dentist. Listen to every Board and committee discussion as if I were the dutiful young dentist working back in the office trying to fill the gap between what she/he knows and what their patients need and value. Then I will ask questions to make the needs of that dentist and the patient drive the services we offer.
- Remain driven by the mission. Understand, recall and focus on the objectives and metrics of the Strategic Plan of the American Dental Association. Do what I can to encourage the Board to remain dedicated to the "why" of an issue and not the "how".
- Encourage continued discussion about access. The Future of Dentistry Report stated that for children, 80 percent of the dental disease is in 25 percent of the population. How long must children remain in need?

What are your main qualifications? I have been involved with strategic planning for organizations both small and large for 20 years. I see patterns in issues when others may see only confusion. Active listening is a talent I have developed and I am even better at asking questions. Dentistry has forced me to think analytically and experience has allowed me to learn consensus building and teamwork. The nexus of these skills makes me feel qualified to be vice-president of the American Dental Association.
Why do you want to be an ADA officer? I am drinking from a well I did not dig. I believe my life experience and my dental training, from a small rural New England community to the University of Nebraska through the Pankey Institute to Vermont dental politics, has led me to a point where I owe my profession more than I can possibly repay. Being an officer of the ADA will give me an opportunity, however brief, to have a really meaningful impact on the oral health of millions of fellow citizens and, at the same time, help dentists and their team members move closer to their vision of an ideal dental office. I do believe that membership in our American Dental Association can be the foundation of a successful practice.

Internet users likely to surf before making health choices

Washington—Nearly two-thirds of all U.S. Web surfers—an estimated 73 million Americans—use the Internet to learn more about specific health conditions and prescription drugs, to prepare for doctors' appointments and to gather information on nutrition, exercise or weight control.

A national survey conducted in March 2002 by the Pew Charitable Trusts showed that 6 million people consult medical Web sites every day, outnumbering those estimated by the American Medical Association to visit a health care provider for routine appointments (2.27 million) and urgent care visits (2.75 million) combined.

But most survey respondents said they still rely on their health care providers for diagnosis and treatment and shun sites that are too commercial, post outdated information or information without a specified source, or are judged by their health care provider to contain inaccurate information.

A typical medical Web site researcher, notes the survey, is more likely to be female, in a middle age group, college educated and a longtime Internet user. About a quarter of health information seekers were classified as "vigilant" users who were likely to check sources, dates and privacy policies of Web sites and spend more than

a half-hour visiting many sites during a typical search. Another quarter was classified as "concerned" seekers, who were more likely to use search engines to locate Web sites and frequently checked sources, dates and privacy policies. About half were classified as "unconcerned" seekers, who rarely checked Web site information and spent little time on a typical search. Unconcerned users were least likely to be living with a chronic illness and least likely to discuss what they learned online with their health care professional.

The 43-page report, "Vital Decisions: How Internet Users Decide What Information to Trust When They or Their Loved Ones are Sick," is available as a PDF at "www.pewinternet.org/reports/". It also contains a listing of the Medical Library Association's "Top Ten Most Useful Consumer Health Websites." ■

Second vice president candidate

The ADA since its inception has been the leading advocate and representative of our proud profession. Today we are in the process of considering restructuring our organization in regard to governance. This is an issue that requires a great deal of thought and consideration before any final action is taken. I think we need to keep in mind that the ADA should always be a member-driven organization with a large base of member representation. This is what made us such a strong association (70 percent membership) compared to the problems other associations have encountered, such as the American Medical Association.

We must also continue to maintain and strengthen our position in regard to advocacy because, as has been said before, Congress, in a few short minutes, can change the way we have practiced for years. We especially need to increase and make our presence known with the federal agencies, as we are seeing more and more rulings affecting our practices.

I feel we need to continue and improve upon our already successful recruitment and retention efforts, as this will show the general public we are a unified group with our patients' interests in mind.

Profile

Candidate John E. Roussalis II, D.D.S., M.S.
Residence Casper, Wyoming
Dental school attended Creighton University School of Dentistry
Year received dental degree 1971
Post-graduate education/specialty Orthodontics
Years of ADA membership (include ASDA membership) 35
Other professional memberships
Omicron Kappa Upsilon
Fellow, Deputy Regent, International College of Dentists
Fellow, American College of Dentists
Fellow, Pierre Fauchard Academy of Dentistry
Natrona County and City of Casper Board of Health Service Award
Volunteer posts/elective offices held in organized dentistry
ADA Delegate
ADA Alternate Delegate
Chairman, ADA Council on Governmental Affairs
ADA Reference Committee on President's Address and Related Matters
Chairman, ADA Reference Committee on Legal and Legislative Matters
What are the three most critical issues facing dentistry today? Advocacy. Future of the ADA (membership). Protect the health and welfare of our patients and the patient/doctor relationship.
What are your three main goals if elected? To maintain a strong position of advocacy at all levels of government. Continue the new tripartite recruitment program and improve it wherever possible.
With the constant unwarranted intrusion of the patient/doctor relationship from such sources as the government, regulatory agencies, insurance companies and so on, I would like our ADA to take a proactive and aggressive stance when and wherever possible so that we can maintain the positive patient/doctor relationship we enjoy today.
What are your three main goals if elected? I have been in practice and involved at all levels of organized dentistry for 29 years. Having served as president of my component and constituent societies, chaired the ADA Council on Governmental Affairs, served on two ADA Reference Committees and chairing one have provided me a broad understanding of the Association and how it works. I have a great desire to listen and carry out the mandates of our membership, and a willingness to be there when needed.
Why do you want to be an ADA officer? Throughout my life I have enjoyed serving this wonderful profession of dentistry, and it would be my honor if I could serve it in the capacity of vice president. I welcome the opportunity to carry out our members' mandates, and provide solutions to the many issues that come before our organization.

ADA's Dentistry Overseas program uses dentists' skills and dedication

You can make a difference in the oral health of people in Bangladesh, Brazil, Haiti, Moldova, St. Lucia or Vietnam by giving one to four weeks of your time, talents and knowledge as a volunteer for Dentistry Overseas.

Dentistry Overseas is one of 10 divisions of Health Volunteers Overseas, a private nonprofit organization dedicated to improving the quality and increasing the availability of health care in developing countries through training and education.

The American Dental Association is DO's sponsor and volunteers must be members of the ADA or the Canadian Dental Association.

For more information, call Health Volunteers Overseas in Washington, D.C., at 1-202-296-0928 or e-mail "info@hvousa.org". Visit the Web site, "www.hvousa.org" for information and links to summaries about individual program sites, volunteer requirements and more. ■

Looking for active retirement ideas?

Corps draws many age 50-plus

By Stacie Crozier

Wanted: Individuals and/or couples with demonstrated professional experience and maturity, a love of travel and exploring new cultures, a sense of adventure, lots of energy and a propensity to serve others.

This "help wanted" profile is appealing to a growing number of older Americans—including dentists—who are passing up the rocking chair and the golf course for a more far-reaching retirement experience.

"Right now, over 10 percent of our volunteers are individuals over the age of 50," says Ellen Field, Peace Corps communications director. "Most countries are looking for people who are able to bring certain skills with them. Older people bring a lifetime of work and life experience to the Peace Corps, and they are very much enjoyed by the countries they serve in."

"A lot of these people remember when the Peace Corps was founded," says David Sox, who works on the Peace Corps' Balkans desk. "They were young people who may have been interested in joining at the time, but the events of their lives intervened. Now they've had rewarding careers, they've raised families and they are ready to return to their dream of joining the Peace Corps."

From Africa, Central and East Asia, Europe and the Mediterranean to the Pacific, Inter-America and the Caribbean, older Americans are an integral part of the Peace Corps mission:

- to help the people of interested countries in meeting their need for trained men and women;
- to help promote a better understanding of Americans on the part of the peoples served;
- to help promote a better understanding of other peoples on the part of Americans.

For more information on the Peace Corps or how to join, call 1-800-424-8580 or visit the Web site: "www.peacecorps.gov". ■

Corps

Continued from page eight

language clubs, scouting groups, summer camps, sports clubs and more. I hosted music appreciation classes that incorporated talks on American history and culture with country, jazz, blues and Motown using my compact disc collection. As a former U.S. Air Force Survival School graduate and combat pilot in Korea, I was also able to teach wilderness survival and first aid. I also taught gender studies and sexual health, an important task in a country with one of the fastest-growing rates of human immunodeficiency virus infection in Europe."

In a culture where most dentists work for the government, he explains, dental care focuses on emergency treatments and basic restorative care. Dentists in Ukraine might find innovations in cosmetic dentistry in the United States interesting, but not applicable to their practice needs.

"You learn to be flexible," he adds. "When you enter another culture with your American ideas, you quickly learn that not much of what you know will work there." ■

President-Elect's Interview

Dr. Jones

Continued from page one

Dr. Irving De Garis, is doing just that," Dr. Jones explains. "After serving on the Board of Dental Examiners for many years, he had just retired from practice. We're good friends, and I convinced him to postpone retirement because I needed someone part-time at my office. He's been doing that for the past five years.

"I'm also blessed with benefiting from the very generous coverage of my office by several other dentists in Carrollton."

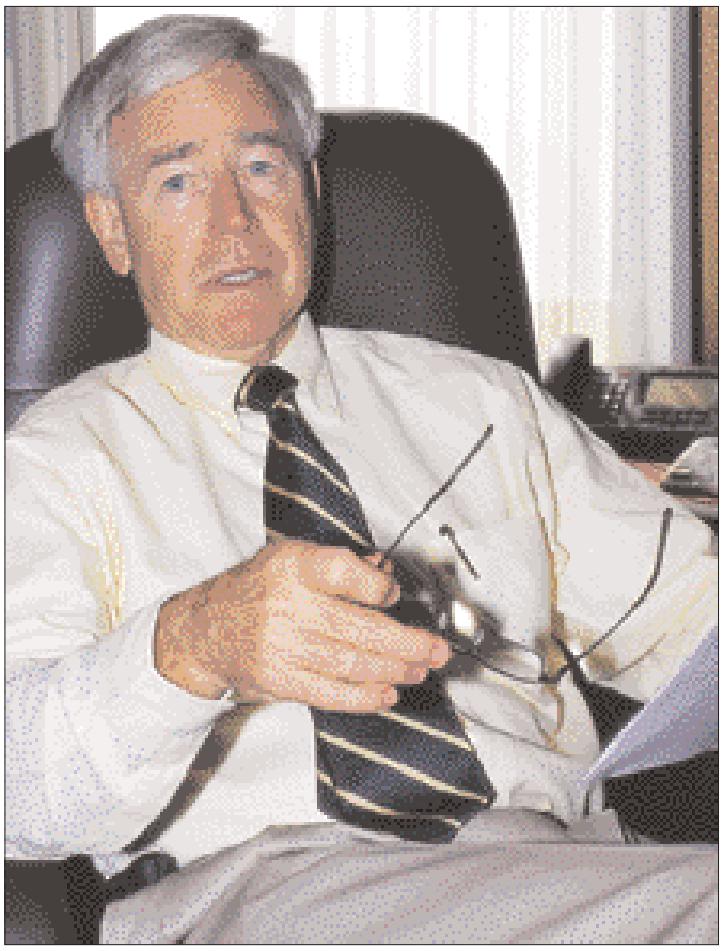
He also credits his "great staff" for maintaining the attention and care of patients on the daily basis necessary in a general practice.

The ability to earn and hold that kind of friendship and commitment is a large part of why Dr. Jones has been elected through the years to one leadership post after another. Besides the ADA Board, he served as an ADA Delegate and Georgia delegation chair, as the Georgia Dental Association president and on the ADA Council on Dental Benefit Programs. He was also on the Georgia Dental Education Foundation board of directors.

Dr. De Garis was the first dentist who invited him to a district dental meeting. "He said, 'There's a meeting tomorrow and I'll come by and pick you up.' He continued to do that for years and eventually the time came for me to take him to the meetings."

While Dr. De Garis prompted Dr. Jones' involvement on a personal level, it was when he found it impossible to find office staff, especially a hygienist, that Dr. Jones pushed himself to a higher level of activity. "My involvement grew because of that. One thing led to another. You always seem to be striving for a position that affords more impact and influence for change," he says, pausing. "Then you end up here."

The ADA president-elect eventually chose dentistry as a career, he says, because of his parents' influence to get a good education. "I grew up in a textile mill town, Tallassee, Ala., very typical of the South. Eighty percent of the population was employed in some industry related to the textile mills. My mother's attitude was, 'I want you to go to college and enter a profession to avoid the mills.' That's where it started, and I always had an interest in biology and science."



General dentistry: "I appreciate the variety within a specialty, but I enjoy the broader scope of general practice and the lifelong patient relationships. I find it exciting to now treat second and third generations."

Both his parents worked in the textile mills. "The textile mills opened in the late 1800s and literally owned everything in towns like Tallassee. The expression 'company store' was still around in the 1950s and '60s when I grew up."

He graduated Birmingham-Southern College, a small liberal arts school, and went on to dental school at the University of Alabama in Birmingham. Looking back, Dr. Jones believes one of the reasons he decided against a career in medicine was lifestyle. Some close childhood friends were the sons of a physician. "I spent a lot of time with them and never saw their father. That bothered me, knowing some day I wanted to be involved with family. Dentistry was a way of staying in health care while appearing a little easier to have a family life," he recalls.

After dental school, he spent two years in the Air Force before settling in Carrollton. "Lois and I were looking at several communities in Georgia and Alabama and a friend, an obstetrician, recommended Carrollton. It appealed to us as a wonderful place to raise our kids, and close enough to Atlanta—45 miles away."

Those 30 years have seen many changes and Carrollton is now almost a suburb of Atlanta. "When I moved here, there were just state roads. Now, within a half mile of my home, there are four-lane highways into Atlanta—making us closer than originally intended."

None of his three children have pursued a dental career. His son, Ted, is in law school at Georgetown; his daughter, Amy, after a graduate degree in art conservation at New York University and a recent fellowship at Harvard, is working at a New York museum. His third child, Dan, is working in Rep. Charlie Norwood's office, finding out first-hand what life on Capitol Hill is all about.

A jogger, skier and tennis player, Dr. Jones for years played competitive tennis with the Atlanta Lawn Tennis Association, one of the most competitive amateur associations in the country. But he hasn't picked up a tennis racket for nearly two years: his duties at the Association have taken precedence over his game. That energy is instead directed to the ADA.

Dr. Jones met with ADA News Editor Judy Jakush this past August to discuss the issues he will face during his term as president of the ADA. The first part of the interview follows here; the second installment will appear in the Oct. 7 ADA News.

ADA News: Your parents influenced your pursuit of a professional education. What made you decide to become a general practitioner?

Dr. Jones: UAB dental school had a focus on clinical dentists with an emphasis on general dentistry. The variety of the day-to-day practice appealed to me and still does. I appreciate the variety within a specialty, but I enjoy the broader scope of general practice and the lifelong patient relationships. I find it exciting to now treat second and third generations.

Several instructors influenced me, particularly Dr. Dwight Castleberry. I had a good relationship with him, and as a student worked for him a few years. He was a prosthodontist, and it was observing him that influenced my interest in restorative dentistry.

He planted seeds that influenced my professional life more than anything beyond school. He introduced me to Dr. L.D. Pankey and his philosophy of dentistry. I've participated in Dr. Pankey's lectures and the institute's continuum of clinical courses, and the Pankey philosophy has profoundly influenced my practice and life. The emphasis is on excellence and personal care dentistry. The philosophy of excellence, personal care, building relationships and striving for balance in our lives extends beyond just the office.

ADA News: You graduated dental school in 1969. What are the biggest changes in dentistry you've seen during your career?

Dr. Jones: We truly have for the most part made great strides in eliminating tooth decay in my career. This has allowed dentistry to grow far beyond crisis care. It opened the door to becoming more preventive and the move into esthetics, restorative and occlusal therapy. Implants have made a significant change. Granted, I understand we have approximately 20 percent of our population that doesn't enjoy the same access to care. Even within that population, the level of oral health has increased dramatically over the years. Overall, the knowledge base and the state of the art of dentistry in this country is unparalleled.

Another dramatic change has been the proliferation of laws and regulations that affect the practice of dentistry. At the Washington Leadership Conference last spring I saw this quote from Ben Franklin: "No man's life, liberty or fortune is safe while our legislature is in session." Mentioning this at meetings, I continue by asking, "What would Ben Franklin have said had he known about regulatory agencies?"

I also want to mention another change—third parties. When balanced out, dental benefits have been a great benefit in increasing access to oral health care for many people. At the same time, however, we've seen non-dentists interfering in the doctor-patient relationship. That's the downside—patient care managed on costs, not on patient needs. That is rarely in the best interest of the patient.

Regulatory agencies continue to concern me. We as citizens don't have the luxury of controlling regulatory agencies with our votes as we do with legislators. And often the decision-making process is not always based on good science. As an example, regulations that put such stringent requirements on water purity that water coming out of a dental office is expected to be cleaner than the water coming in. That doesn't follow good science; decisions sometimes don't follow logic. We've had similar occurrences in the past, whether it's the Environmental Protection Agency, the Health Insurance Portability and Accountability Act, the Internal Revenue Service, ergonomics or the Occupational Safety and Health Administration—you can go down the list of regulatory lingo that has entered our lives.

ADA News: Don't you think progress has

At the Washington Leadership Conference last spring I saw this quote from Ben Franklin: "No man's life, liberty or fortune is safe while our legislature is in session." Mentioning this at meetings, I continue by asking, "What would Ben Franklin have said had he known about regulatory agencies?"

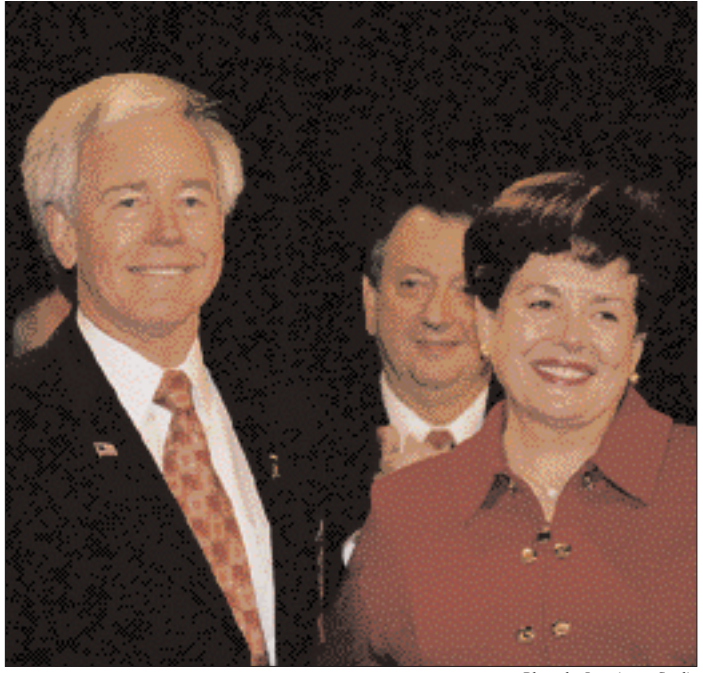


Photo by Lagniappe Studio

Kansas City: Dr. Jones and his wife, Lois, are congratulated by the House of Delegates at the 2001 annual session.

been made in dealing with regulatory agencies? Isn't the relationship today much smoother than it has been in the past?

Dr. Jones: Yes, I think we're making progress, and I believe there are several reasons for our success, but the matter requires constant vigilance. One, we realized we had to educate ourselves and be at the table. The dentists in Congress—Rep. Charlie Norwood (R-Ga.), John Linder (R-Ga.) and Mike Simpson (R-Idaho)—have supported the profession by their inside presence. Dorothy Moss does a very good job running the Washington Office. Quite honestly, his Washington experience was one of the primary reasons the ADA hired Dr. John S. Zapp as executive director in 1993. The Association needed strengthening in the legislative arena. He did a wonderful job at that and Dorothy has continued the good job along with her excellent staff.

A recent example of our progress in Washington is the issue of ergonomics. It was only two years ago that the regulation was issued and then repealed a few months later by Congress. It would have been extremely onerous for dentists to do everything it called for. Without valid scientific basis, the profession was faced with unreasonable and expensive regulations. The ADA staff calculated that it would have cost thousands of dollars for individual offices to implement such changes. Our efforts in Washington played a significant role in reversing the guidelines—a great benefit for our members.

ADA News: What has been the most unique or rewarding experience you've had so far in serving on the Board of Trustees and as president-elect?

Dr. Jones: The most significant involvement as a Board member was the opportunity to participate in the selection of an executive director. This was significant because few ADA Boards have that opportunity—we haven't had that many executive directors in our history.

As we looked for someone to deal with the issues facing the Association, we chose Dr. Jim Bramson, someone we believed could meet those challenges. He has met our expectations. I'm especially pleased with the internal staff changes such as the encouragement of identifying core values and staff missions. Our staff has always been highly competent, but recently I sense a heightened enthusiasm in serving ADA members. It certainly makes my job more fun.

ADA News: From your perspective, what are the major issues facing the profession?

Dr. Jones: During my campaign for president-elect I expressed concern with four foundation issues: membership, education, tripartite relations and federal regulations. I feel they are still quite relevant. The regulatory arena is of great concern to our profession. We have to continue to participate in this process by actively interjecting our presence. Staff and volunteer involvement is important. Our good friend, Charlie Norwood, has stated repeatedly that congressmen and senators want to hear the concerns directly from the volunteers, those who deliver health care. If we're not there, many others will lobby for what they think our profession should be doing. Dentists understand the problems and know the solutions.

The second area of significance is the tripartite relationship. We always talk about what G.V. Black gave to dentistry. I believe his son, Arthur D. Black, gave us a great deal when he led the effort to organize us into the tripartite relationship. This is one of the foundations that sets us apart from most other professions. It is the glue that binds 211 Chicago Avenue, the state organizations and the grassroots members. I plan to make that relationship stronger.

My third and fourth areas of emphasis are membership and education, without which we would cease to be a profession.

ADA News: Let's discuss membership. This fall, the ADA Division of Membership and Dental Society Services will begin with state membership action team leaders to orient membership field representatives who will personnaly recruit members locally for the

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President-Elect's Interview

Dr. Jones

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Tripartite Grassroots Membership Initiative. Do you see progress on the initiative?

Dr. Jones: I was thrilled to see [ADA President Greg Chadwick] and our Board come forth with the membership initiative last year—especially since it is one of the four areas of concern I cited. Without a significant and leading market share, we lose our ability to advocate effectively for our members.

Having an adequate market share is vital to the profession in the legislative and regulatory arenas. I have pledged my continuing efforts with this initiative (and I hope others will, too) because membership efforts go beyond a one-year proposition. Recruitment and retention of members is an ongoing endeavor. I believe this initiative will be highly successful because it focuses on a one-on-one relationship. It concentrates on the value of membership in the ADA at the grassroots level. That does not happen at 211 [ADA headquarters] or the central office at the state level either. We clearly understand that. The ADA nationally and the state society can provide great resources, we can organize and we can give the local societies what they need to reach members. But, it must happen locally because that is where membership is based, one member influencing and personally inviting another. That is the direction we are going and I sense we will be successful.

Students in dental schools and the American Student Dental Association represent our future. They do represent the vast majority of potential members, and it is their future as well. In the past, the practicing community waited until students graduated and passed their boards before establishing a relationship. People value relationships more than material things, and that leads to valuing membership. The practicing community must establish that relationship the first year the dental students are in school and take the steps needed to welcome students as colleagues that we can help through the process.

ADA News: What action do you support to relieve the crises affecting dental education?

On licensure: "More than 80 percent of the states recognize credentialing. The current communication and effort by the communities of interest to improve the process has never been brighter."

There are resolutions going to the House of Delegates to address the rising cost of education, faculty shortages and student indebtedness. Two sessions of the Dental Education Summit were held, and now a dental education endowment fund is being considered.

Dr. Jones: Practitioners and educators have had to re-examine their relationship in the past few years. The educational community is realizing it needs to produce appreciative graduates, graduates who leave school with a positive feeling about the dental educational process. That becomes a win-win situation for the school. We want graduates who join our alumni association and are ready to give back to the school. We are painfully aware of the shortage of faculty. The prestige of teaching must be encouraged, both full-time and part-time. As a group we can emphasize this more.

The federal and state dollars to support dental schools and dental research aren't as available as in past years. The practicing community must assume a greater responsibility; if we don't have excellent schools and excellent faculty graduating highly competent dentists, then the profession will face devastating problems. In the past five to six years the education and practicing communities have come to better appreciate our mutual needs and dependences.

Our education summits have been very positive. I am personally excited about the potential of a national educational endowment. I hope it will be a tremendous rallying point for both communities. Many dentists fail to realize their dental education is subsidized by as much as 50 percent through state or federal money. We don't in fact pay for our whole ride. Someone else helped us make our education possible. A national endowment would be a wonderful way to support our educational institutions and in part repay that debt and allow others the same opportunity.

We do have a number of programs that help students learn about handling finances because student indebtedness is a challenge. Learning to manage debt and plan for the future is difficult when you're involved in the day-to-day demands of dental school. By encouraging the practicing community to start building relationships with students their first year, those mentors can assist students to better manage their debt. We know people have decided against a career in dentistry simply because they were discouraged by the prospect of the debt incurred during school.

ADA News: Has the ADA achieved all it set out to do in the 1997 "Agenda for Change" regarding dental licensure? What goals will the ADA pursue now? New York passed landmark legislation that gives future licensure applicants the option of pursuing a residency in an ADA-accredited program in lieu of taking a clinical examination. Other states are interested in trying out new models as well. What's on the horizon?

Dr. Jones: I know in the students' minds we are moving at glacial speed. However, if you look back to 1997 and look at the Agenda for Change, we have made considerable progress. The licensure process has not been stagnant. The change has been positive, and now 42 states plus the District of Columbia offer licensure by credentials. A total of 27 states accept more than one clinical examination for initial licensure.

I had the pleasure of chairing the Task Force on Patient-Based Examinations last year. I was very impressed by the ability of the various communities of interest—American Dental Education Association, American Association of Dental Examiners, ASDA and ADA—to sit at the table and focus on what would be best for all the people involved in the licensure process, putting the patients' interest and welfare first.

Everyone agreed that an outside testing agency and an initial exam are vital. We have to build trust and a comfort level among the groups. There are various pilot programs around the country employing efforts to bring the exam within the last year of dental school. This can eliminate the one-day snapshot that seems to present so many problems. All the groups at the table want a fair evaluation process that fulfills the needs of all participants in the process.

"People value relationships more than material things, and that leads to valuing membership. The practicing community must establish that relationship the first year the dental students are in school and take the steps needed to welcome students as colleagues . . . "

We also must keep in mind that the examining communities have the responsibilities at the state level of protecting the health and welfare of the citizens. With great variance of state laws, some degree of local control exists. The public expects some system of checks and protection. This makes credentialing key to greater mobility.

Changes are taking place such as New York's PGY1 (post-graduate residency), testing agencies giving pre-graduation board exams, the extended process by the North East Regional Board of Dental Examiners and the 'Straw Man' project (Alternative Entry-Level Licensure Evaluation in Dentistry), which is a joint AADE/ADEA document. It proposes an alternative to the current clinical licensure examination via compilation of a portfolio and treatment of patients in the dental school setting.

More than 80 percent of the states recognize credentialing. The current communication and effort by the communities of interest to improve the process has never been brighter. Yes, I would say we have made great progress over the past five years. ■

Part two of this interview will appear in the Oct. 7 ADA News.

Are you registered for session?

Make your plans by Sept. 20 to save time, money and hassles

New Orleans—There's still time to enjoy the benefits of advance registration for annual session. But hurry—the last day to save time and money is Sept. 20. This is also the last date to submit your hotel reservation request.

Advance registration will make it easier for you to attend the ADA/Sonicare Distinguished Speaker Series Oct. 19 at 8 a.m. and Oct. 20 and 21 at 8:15 a.m. Although these early morning events don't require a ticket, you need to wear your ADA badge for admission. Tickets for other special events—including Jay Leno—are selling out fast. Purchase your tickets in advance so you can attend the events of your choice.

Take advantage of an outstanding lineup of courses for every member of the dental team when you attend registered clinics and participation workshops featured in the scientific session. Purchase tickets now for the courses you and your staff won't want to miss, such as:

- "Building Blocks For Success: Construct Your Ideal Dental Practice," by Drs. Nate Booth and Michael Unthank plus Richard Armstrong, Patricia Carter, John Devine and Allison Farey. Oct. 19, 10 a.m.-5 p.m. Tickets are $90 until Sept. 20 for new dentists, $100 on site (Course code C8); all others $125 until Sept. 20, $150 on site (Course code C8A); including lunch.
- "Oral Cancer: I Think I Found It … Now What Do I Do?," Oct. 19, 10 a.m.-5 p.m., by Drs. Susan Calderbank, Denis Lynch, Merry Seblik and Dennis Ulewicz and Gloria Tuttle Fischer. Tickets are $125 until Sept. 20, $150 on site, including lunch. (Course code: C9)
- "Creating a Successful Esthetic Restorative Dental Practice," by Drs. Jacinthe Paquette and Cherilyn Sheets, Oct. 19, 10 a.m.-12:30 p.m. Tickets are $55 until Sept. 20, $65 on site. (Course code: C11)
- "Practical Secrets for Providing Excellent Esthetic Results," by Drs. Jacinthe Paquette and Cherilyn Sheets, Oct. 19, 2 p.m.-4:30 p.m. Tickets are $55 until Sept. 20, $65 on site. (Course code: C13)
- Women's Leadership Conference, "The Business of Dentistry," by Drs. Cynthia Brattesani, Linda Niessen, Jacinthe Paquette, Bette Robin, Margaret Seward, Cherilyn Sheets and Barbara Steinberg plus Terry Savage. Oct. 20, 9:30 a.m.-5 p.m. Tickets are $50 until Sept. 20, $60 on site, including lunch. (Course code: C15)
- "Integrating Excellent Endodontics Into General Practice," by Dr. Stephen Cohen. Oct. 20, 10 a.m.-12:30 p.m. (Course code: C19A) or 2-4:30 p.m. (Course code: 19B). Tickets are $55 until Sept. 20, $65 on site.
- "ADA Aging and Oral Health Conference," by Drs. Paul Belvedere, Gregory Folse, Gretchen Gibson, Randy Huffines, Linda Niessen and Barbara Steinberg. Oct. 21, 9:30 a.m.-5 p.m. Tickets are $50 until Sept. 20, $60 on site, including lunch. (Course code: C23)
- "Adhesive Dentistry Materials and Techniques Simplified," by Dr. Jeff Brucia. Oct. 21, 9:45 a.m.-12:15 p.m. Tickets are $55 until Sept. 20, $65 on site. (Course code: C26)
- "Oral Systemic Diseases," by Drs. Raul Garcia, Michael Glick, Marjorie Jeffcoat, Brian Mealey and Sol Silverman. Oct. 21, 1:45-4:15 p.m. Tickets are $55 until Sept. 20, $65 on site. (Course code C22)
- "Mastering Adhesive and Esthetic Dentistry," by Dr. Jeff Brucia. Oct. 21, 1:45-4:15 p.m. Tickets are $55 until Sept. 20, $65 on site. (Course code C28)

Register in advance and avoid spending time standing in line to register in New Orleans. But, if you miss the Sept. 20 deadline, on-site registration and ticket sales hours are:

- Oct. 18, noon-5 p.m.;
- Oct. 19, 7:30 a.m.-5 p.m.;
- Oct. 20, 7:30 a.m.-5 p.m.;
- Oct. 21, 7:30 a.m.-5 p.m.;
- Oct. 22, 7:30 a.m.-4 p.m.

ADA Shuttle Service begins Oct. 18 at 7 a.m. (limited service) and at 7 a.m. October 19-22.

Visit "www.ada.org/goto/session" or refer to your July JADA for complete information. ■

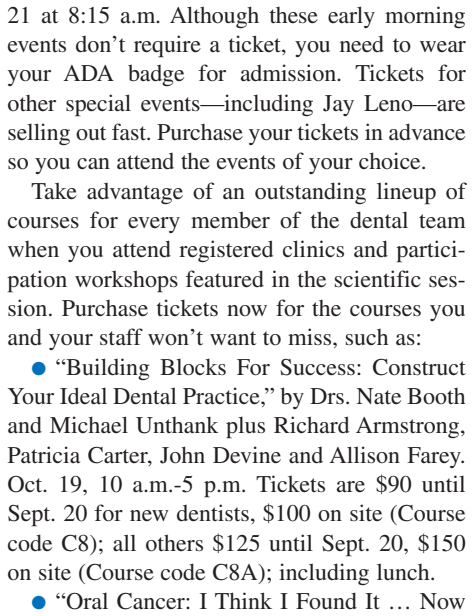

Photo by Richard Nowitz © New Orleans CVB

Register now: More time to explore New Orleans' French Quarter awaits those who register in advance for annual session.

Tee off with ADA accepted products

ADA Seal booth brings the fairway to the exhibit floor

New Orleans—Golf enthusiasts at this year's annual session can take a few swings on a simulated PGA golf course for a chance to win a luxury car, $5,000 in cash or other prizes, courtesy of the ADA Seal Program.

The 2002 ADA Seal Program Golf Challenge will tee off on the annual session exhibit floor Oct. 19, 20 and 21. Contestants can pick up an official scorecard at the ADA Seal Program booth, Booth 2322 in the ADA Pavilion, beginning at 9 a.m. each day, then visit the booths of the three official Golf Challenge sponsors: Johnson & Johnson Personal Products Co. (Booth 918), Nobel Biocare USA (Booth 1506) and Oral-B Laboratories (Booth 2120); plus five of 30-plus participating exhibitors who offer products with the ADA Seal.

Annual Session

Contestants who bring their completed scorecard to the Golf Challenge simulator will get a chance to take three swings using a real golf club and ball in a simulated closest-to-the-pin contest. Leaders will be posted on a special leader board display at the Golf Challenge simulator.

At 4:15 each day, the top 10 leaders for the day will receive one more swing for a chance to make a hole in one to win the grand prize, a new luxury car valued at $35,000 that will be on display at the ADA Seal Program booth.

At the end of the day Oct. 21, the 30 leaders from the competition will receive a special ADA golf pack, with a sleeve of golf balls, 10 ball markers and a hand towel, all with the ADA logo. They will also be entered in a drawing to win $5,000. (Contestants must be present to win.)

Contestants who present a completed scorecard will also win an ADA golf hat or a sleeve of Titleist NXT Distance golf balls (while supplies last) just for participating, plus the chance to learn more about how the ADA Seal works for them.

For more information, stop by the ADA Seal booth in the ADA Pavilion, Booth 2322, on the exhibit floor. ■

Health Screening Program to offer skin patch tests

New Orleans—Are you having skin problems that might be related to gloves or chemicals used in your office?

Be sure to mark your calendar to attend the first day of the Health Screening Program—Oct. 19—and receive patch testing free of charge.

This definitive test, when ordered by a physician, can cost more than $500, not including the expense of time away from work.

Patch testing can give added insight to those who have tested negative with a skin prick test but still have dermatological problems with their hands. It can detect delayed hypersensitivity to residual chemicals used in manufacturing gloves, as well as to many other chemicals used in a dental operatory: nickel, alloys, alcohols, ointments/soaps, topical antibiotics, cements, flavorings/fragrances, cinnamaldehyde, eugenol, acrylates, adhesives, sealants, disinfectants, rubber accelerators/antioxidants and mercury.

Participants can receive test patches on Oct. 19 only and must return to the test site on Oct. 20 and 21 for assessment.

"Or, if you participated in previous patch testing programs at the HSP, we want to talk to you," says Marcia Greenberg, HSP director. "We need to know if your allergies have since diminished or disappeared. Please stop at the latex allergy testing station to help us complete our study of this troublesome problem for dental professionals."

Test results will provide clues to the most effective treatment strategies for eliminating skin problems and help investigators to better understand the type and extent of problems associated with using chemicals or being exposed to other allergens in dental offices.

Detailed information about this test will be available on-site. Dentists, dental hygienists and dental assistants are eligible for this test and should talk to the attending physician at the latex hypersensitivity area at the HSP to be included in the test. ■