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# AMERICAN DENTAL ASSOCIATION News®

DECEMBER 15, 2003

[www.ada.org](http://www.ada.org)

VOLUME 34, NO. 22

## YEAR IN REVIEW

# It was a very good year

## Highlights of 2003 chronicled

BY JAMES BERRY

In an October presentation to the House of Delegates, ADA Executive Director James B. Bramson described 2003 as "quite a year." Later, he dubbed it "a year of many highlights" and later still, "a busy year."

In such observations does Dr. Bramson reveal an appropriate caution, an aversion to overstatement, a desire to let the facts speak for themselves.

Your ADA News, on the other hand, is feeling much less constrained on these matters, this being just one of many reasons why we are not the executive director.

As we see it, the unbridled truth is that 2003 was a year of momentous achievement on many fronts. It was a year in which the ADA quickened the pace, demanded more of itself, renewed its mission of service to the profession and the public, and set the stage for even bigger things to come. It was a year of exceptional progress for an organization long pegged as stodgy, a year to be cele-

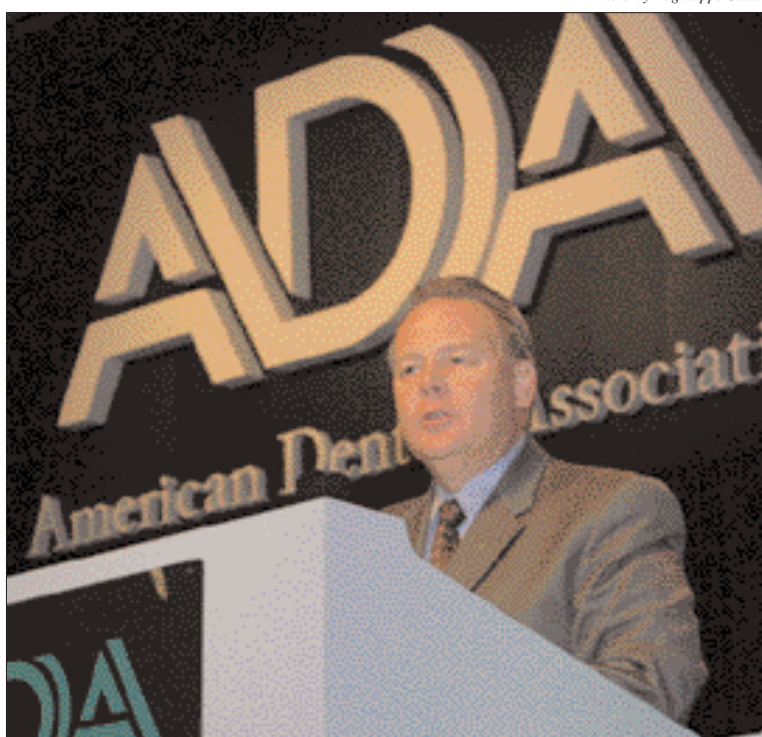


Photo by Lagniappe Studio

**Quite a year:** The Association is focusing on "programs and services that have high impact, and on getting the members the assistance they need," ADA Executive Director James Bramson tells the House of Delegates.

brated and remembered.

Give Kids A Smile, the Aetna settlement, the still-pending lawsuits against other insurers, the HIPAA seminars, the oral cancer campaign,

the action plan on wastewater handling, the successful defense of amalgam in multiple court cases, the diabetes campaign, the bioterrorism

See YEAR, page 22

## Pursuing that 'WOW' experience

BY JAMES BERRY

Beyond its many program activities meant to add value to membership, the Association this year has focused heavily on helping staff "perfect their already strong customer-service skills" through an ongoing series of seminars and workshops, ADA Executive Director James B. Bramson told the House of Delegates in October.

The objective, he said, is to create what customer-service experts call the "WOW experience," defined in ADA terms as delivering more and better service than members might expect.

"We know that our key to success is getting and retaining loyal, long-term members," Dr. Bramson told the House Oct. 28. "It is important for us to keep an ear to the ground, listen to our constituents and try to understand what's going on in their world."

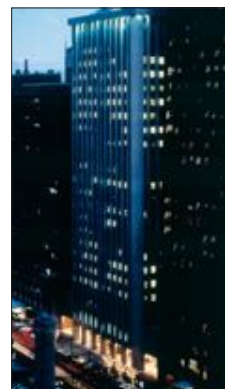
Along with a Tripartite Grassroots Membership Initiative involving the national, state and local levels of

See 'WOW,' page 22

## BRIEFS

**Holiday closures:** ADA offices will be closed during the holidays on Dec. 24, 25 and 26 as well as Jan. 1 and 2, 2004.

This holiday schedule applies to all Association offices, including the Chicago headquarters, the ADA Foundation, the ADA Washington Office and the Paffenbarger Research Center in Gaithersburg, Md.



## Orthodontic standard:

The ADA Standards Committee on Dental Products has approved for circulation and comment the proposed American National Standards Institute/ADA Specification No. 100 for Orthodontic Brackets and Tubes.

This specification pertains to brackets and tubes as components of the orthodontic appliance.

The specification is available online at "[www.ada.org/scdp](http://www.ada.org/scdp)". Click on "Information on the Standards Committee on Dental Products."

Free copies are available by calling the ADA Division of Standards Administration toll-free, Ext. 2533. ■

## INSIDE



## Times Square

GKAS message hits the big time in Manhattan. This and other GKAS stories inside, starting on page 12.

# Infection control guidelines ADA helping members on changes

BY CRAIG PALMER

Atlanta—The Centers for Disease Control and Prevention plans a holiday mass mailing to the dental community of new infection control guidelines for dentistry, the first comprehensive update since 1993 of dental-specific recommendations. The guidelines take effect immediately upon expected mid-December publication as Recommendations and Reports on Infection Control in Dentistry.

## January JADA on new guidelines, page 10

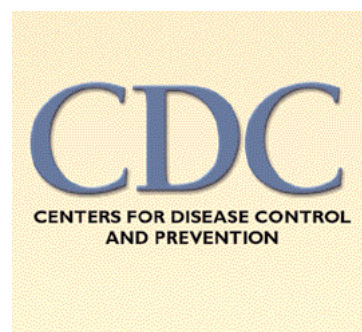
Using ADA and other organizational mailing lists, the CDC expects to mail by year's end to dentists and other "dental health care personnel" 200,000 copies of guidelines "applicable to all settings in which dental treatment is provided." The term "DHCP" refers to dentists, dental

hygienists, dental assistants, dental laboratory technicians, students and trainees, contract personnel and others in administration or house-keeping not involved in patient care.

The new guidelines will replace those currently in effect and posted at the CDC Web site, Recommended Infection Control Practices for Dentistry, MMWR, May 28, 1993.

"CDC believes that dental offices that follow these new recommendations will strengthen an already admirable record of safe dental practice," said Dr. William G. Kohn, associate director for science of the CDC

See CDC, page 10



**ADA online roadmap to new guidelines:**  
"[www.ada.org/prof/resources/topics/cdc/index.asp](http://www.ada.org/prof/resources/topics/cdc/index.asp)"



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# Member e-mail addresses removed from public side of ADA.org member directory

BY JOE HOYLE

In response to membership concerns about increasing numbers of unsolicited e-mail messages, the ADA Board of Trustees Dec. 7 adopted an interim policy to remove member e-mail addresses from the publicly accessible ADA.org member directory.

According to a report presented to the Board, a marked increase in the number of "spam" e-mail messages has left some members with the impression that the Association is selling lists of member e-mail addresses.

The report notes that the ADA has never sold such lists, considering member e-mail addresses to be proprietary, used only for "member-to-member, member-to-Association and Association-to-member" communications and

not released "to any entity outside the Association, other than Association subsidiaries."

While member e-mail addresses no longer appear in the publicly accessible online directory, they are still available through the portion of the online directory available only to ADA members and protected by the members-only login mechanism.

A full report on the use of member e-mail addresses will be presented to the 2004 House of Delegates. ■



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# VIEWPOINT

*Snapshots OF AMERICAN DENTISTRY*
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*Editorial*JUDY JAKUSH, *ADA News*  
*Editor*

## MYVIEW

# Heebie-jeebies

I got the worst case of the heebie-jeebies I've ever had. It takes a lot for them to get to me. I used to fly hang gliders and heights usually don't bother me. But a recent return to my youthful hiking spot gave me a bad case of them.

In the late 1970s and early '80s, my neighbor and I annually climbed Devil's Castle [Utah]. It is a dramatic rock formation that looms above Alta's Albion basin. Black shale cliffs seem to teeter on the verge of collapse. The hike to the top is steep but demands no risk of exposure to these cliffs—except for the final 20 feet.

A narrow path about two feet wide allows passage to a final steep scramble to the top. This narrow path requires that you traverse across the uppermost edge of the cliff. You are unprotected while the winds scream and vertigo seems to pull you over the edge. I should not have looked down.



R. Blake Nielsen, D.M.D.

I traversed half way across this dangerous section when a downward glance pegged my fun meter to zero and my heebie-jeebie glands began excreting profusely. I intimately hugged the rock and returned posthaste to the safety of the south side. I was amazed at how this queasy feeling lingered.

Recently, I felt dental heebie-jeebies when I was reminded that schools are selling soda to supplement their revenues.

Dentists should be appalled at this. Our mothers did not need the 1984 Journal of the American Dental Association researchers to show them that soft drinks destroy teeth. They didn't like how we acted when we got too much sugar.

The problem is not only limited to teeth. Sugar and diets high in refined sugars have also been associated with childhood and adult obesity, heart disease and kidney stones.

Our school districts now care more about their coffers than they do our children's teeth and health. And big business is thrilled with their attitude. Coke and Pepsi, utilizing marketing techniques reminiscent of the tobacco industry, try to establish brand loyalty at an early age. They offer large amounts of money for multi-year exclusive marketing rights. Schools provide the ideal location to market this madness, placing large numbers of vending machines in ideal locations to peddle their product. The Deseret News recently reported that there is an average of six vending machines per high school in Utah.

California has successfully lobbied their school and state regulatory agencies to make healthy choices available in school vending machine programs. Bottled water, fruit juices, salads, trail mix, yogurt and bagels have been substituted in vending machines. And California has reported that some schools are increasing their revenues from these healthy choices than when soda was offered.

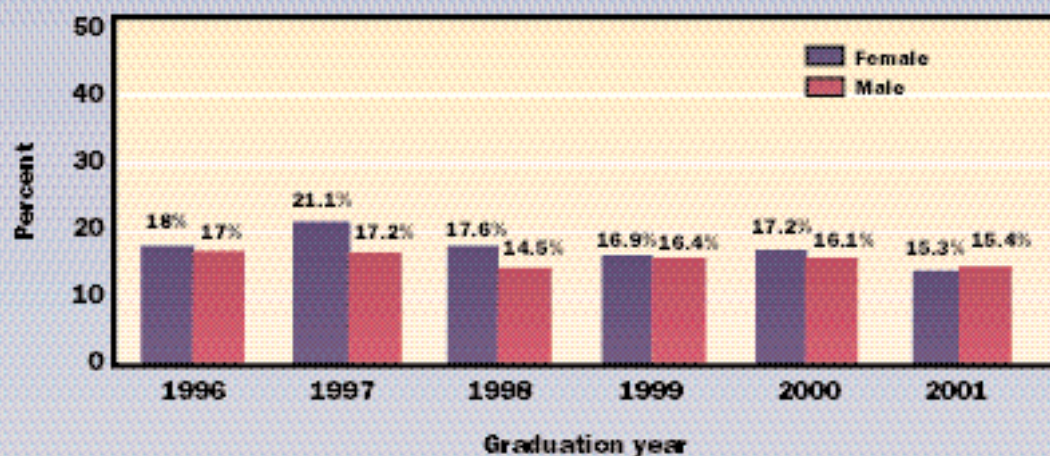
Some have suggested that the legislature should consider a tax on soft drinks. They argue that the revenue raised would exceed that from alcohol. They continue

*See MY VIEW, page five*

## Dental education

The proportion of dental school graduates older than 30 years of age has remained steady since 1996.

Percentage of dental school graduates older than 30 at graduation, by gender



Source: American Dental Association, Survey Center, Survey of Dental Graduates.

## LETTERS

### Give Kids A Smile

It is with some trepidation that I write this letter to the editor in opposition to the apparent direction of our leadership to seek greater government involvement for dental health care for indigent people. I was branded insensitive and selfish when I discussed this concern at a state-level forum on Give Kids A Smile.

Let me begin by saying that I participate in free school screenings, ID programs, provide treatment through our local free community dental clinic, our state dental society's Dental Options program for the poor and within my own practice.

Secondly, I have no problem with ADA sponsorship of non-governmental truly charitable events that demonstrate we are doing our part to help the needy obtain dental care. However, the recent Give Kids A Smile legislative lobbying efforts as well as association-sponsored testimony before the recent senior forum in the U.S. Senate ("Senior Forum: ADA, Dental Community Testify on Oral Health Care Among Older Americans," Oct. 6 ADA News) give me great concern about the direction in which our leaders are taking us. The

ADA should be involved in legislative efforts to assure broadest availability of quality dentistry in a free market. It should not be in the business of promoting government-subsidized social services that will further burden already exploding federal and state budgets.

Unfortunately, the cost of treating this unmet dental need would run in

think they'll get the money? One solution enacted in the Minnesota and West Virginia legislatures is a health care provider tax. Ohio has friendly-to-seniors legislation that doesn't allow the nonparticipating providers to charge the extra 15 percent over the Medicare allowable that is provided for in federal law. It is very likely that the legislators will find a solution at our expense.

Let's try to keep government participation limited to medical need (pain, infection, trauma and so on) that might actually be affordable. Let's not agitate legislators to take care of this "crisis" by law. If history is any indication,

the program will likely be funded largely by provider taxation and/or mandated reduced fees, credited mostly to the legislator for benevolent legislation, and after the government takes a large percentage to operate the program, will be mostly inadequate due to lack of funds (for which we will fight unsuccessfully each year).

*Geoffrey R. Bauman, D.M.D.*  
*Newark, Ohio*

**Editor's note:** ADA President Eugene Sekiguchi responds: "Dr. Bauman's letter is a good example of the 'crisis' where do you

### LETTERS POLICY

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated.

For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".



## LETTERS

*Continued from page four*

man should not fear being branded insensitive or selfish. A massive, government-run system of dental care is the last thing anyone wants. Fortunately, the very issues that Dr. Bauman raises—the billions of dollars such a system would cost, the attending burden on already distressed budgets—make the ill-conceived notion of ‘socialized dental care’ so farfetched that it need not concern us.

“That said, the Board of Trustees and the House of Delegates find the opposite extreme—in which organized dentistry ignores as ‘not our problem’ the increasingly prominent issue of oral health access disparities—equally unacceptable. Instead, we seek a realistic, humane middle ground, in which dentists, allied professionals, governments and society at large work toward common-sense, market-based solutions.

“For many years, dental access was a non-issue in the media and state and federal legislatures. If we didn’t talk about it, the subject didn’t come

up. Those days are gone. Beginning in the late 1990s, we saw a dramatic increase in media and legislative activity—at both the state and national levels—focusing on the great number of Americans who don’t receive regular care and suffer the painful and costly consequences. The vast majority of the attention focuses on the unmet needs of children.

“Given this new reality, that lawmakers increasingly perceive oral health access as a problem and that they will attempt to take corrective steps, it would be irresponsible—even negligent—if the ADA and state societies failed to secure a seat at the table.

“Give Kids A Smile represents a fundamental change in the ADA’s approach to these issues. In one sense, it simply builds on the charitable activities Dr. Bauman and thousands of others have

always done—providing free care to people who otherwise couldn’t afford it. Dentists are the unsung volunteers, donating more care every year than the total amount funded through government programs. But silence no longer serves us. It matters that we tell the story of the degree of need that exists, the extent of our charitable efforts to stem that tide and the inescapable fact that no amount of charity will ever solve the problem, because charity is not a health care system.

“So in addition to having a big impact on the lives of some 1 million children who were served, we felt it important that the ADA and, especially, state societies, be able to use Give Kids A Smile to deliver messages to policymakers. Give Kids A Smile creates opportunities to educate government and the media about the types of solutions that would work to address the very problems that

you point out, such as inadequate reimbursement and poor education, that have encoded many state Medicaid and CHIP programs for failure. The ADA deliberately refrained from advocating specific reforms, recognizing that one size never fits all, and that the specifics should be left to the discretion of the states.

“Dr. Bauman is right to worry about government efforts to correct perceived problems in the oral health system; the possibility always exists that we will be unhappy with their ‘solutions.’ But if we fail to advocate the kinds of steps that may actually improve the lot of the dentally underserved, if we let government act without our input, the possibility of unfortunate outcomes increases substantially.”

For more on Give Kids A Smile planning, go to page 12.

## MYVIEW

*Continued from page four*

arguing that increased cost of soft drinks would reduce its consumption and provide a positive impact on public health.

From the Salt Lake Tribune, “It’s no wonder that the Utah Soft Drink Association spent \$11,160.50 on an annual legislative reception. For years, some legislators have looked at vending machine soft drinks as a potential cash cow for schools, while others have wanted to raise taxes on them.”

As of 1998 soda production increased nine times and is responsible for one-third of refined sugar in the diet. The most avid consumers are 12- to 29-year-old males.

M. Douglas Ivester, Coca-Cola’s chairman and CEO, defending marketing in Africa, said, “Actually, our product is quite healthy. Fluid replenishment is a key to health ... Coca-Cola does a great service because it encourages people to take in more and more liquids.”

This attitude should give us a bad case of the heebie-jeebies and motivate us to educate our patients, families and ourselves. Because soft drinks are readily available, accepted part of our culture and low cost, they are a routine part of our diet. They should, however, be considered an occasional treat, not replacement for a nutritious diet.

As health care providers, we should not be disinterested in this trend. Next time you have an educator in your chair, share with them the dangers of soft drink habits today.

I don’t care if you call it soda, pop, soda pop, Coke or soft drink. We should all call it bad for our kids in school.

*Dr. Nielsen is the editor of UDA Action, the publication of the Utah Dental Association. His comments, reprinted here with permission, originally appeared in the September/October issue of that publication.*

**Editor’s note:** The ADA House of Delegates in October adopted Resolution 1H-2003, renaming Association policy, “Pouring Rights Contracts and Marketing of Soft Drinks to Children,” and reiterating the ADA’s opposition to contractual arrangements that influence consumption patterns. The House actions also call for the ADA and its agencies to continue to gather scientific data on soft drinks and work with health and education professionals and the public to increase awareness of healthy vending choices in schools. For more information on pouring rights and associated health risks, go to “[www.ada.org/profl/resources/topics/diet.asp](http://www.ada.org/profl/resources/topics/diet.asp)”.

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## ADA Reports

# A disabled dentist is still a dentist

## ADA helps members stay members and dentists to help each other

BY ARLENE FURLONG

Wasilla, Alaska—It's been 28 years since Dr. Curtis Menard lost his dominant hand. And for 28 years he's been practicing dentistry without it.

"I was convinced my career in dentistry was

finished, but my patients weren't," he explained. "Once they were over the shock of my accident, they kept calling, asking when I was going back to work."

Back then, Dr. Menard's daily routine entailed a short airplane commute to his prac-

tice in Anchorage, from the homestead he was building in Wasilla, Alaska. Too impatient to wait for the electric company to put markers on the power lines crossing his small airstrip, Dr. Menard set out to do it himself. A power line drew his right hand into its field, shooting 7,100

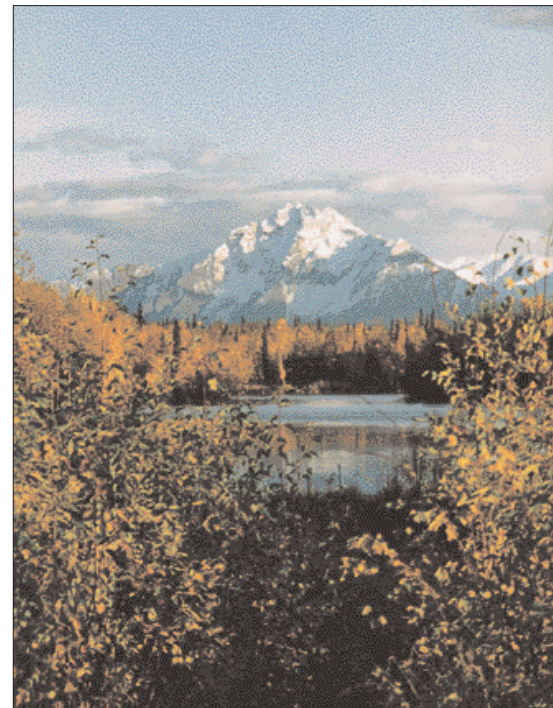
volts of electricity. The hand couldn't be saved.

That was May 1975. Dr. Menard was 31 years old, a 1968 graduate of Marquette University and a veteran of the U.S. Air Force. He, his wife Linda and their three small children were living in the only finished construction of a home he was still paying for: the basement.

"All I had was potential," Dr. Menard now says about his circumstances at the time of the accident. "With the loss of my hand, I felt that was gone."

Three months later, he was back in practice, defying the predictions of doctors and counselors who encouraged him to change professions, consider teaching.

"When I look back on it all, I think my recovery was quite fast," says the dentist who has since served on the Alaska state legislature, fathered two more children, served on the local school board and continues to hunt and fish. He credits his family and friends for his quick comeback to the profession and most notably, Rod Cottle, who just wouldn't take "no" for an answer.



**Breathtaking views:** Long winters haven't stopped Dr. Menard from enjoying fishing and hunting in Wasilla, Alaska. Above is the view from his homestead, overlooking Memory Lake and the mount beyond.

It was mid-August 1975, and Dr. Menard had not yet been fitted with a prosthesis. Mr. Cottle, a Wasilla resident, had fractured his lower left molar very severely and needed a crown. According to Mr. Cottle their conversation went something like this:

Dr. Menard: "I can't do this."

Mr. Cottle: "Yes you can."

Dr. Menard: "It'll take me all afternoon."

Mr. Cottle: "Then I'll sit here all afternoon."

"I knew he could do it," Mr. Cottle told the ADA News in November. "That crown has held up all these years."

A few months later, Dr. Menard was fitted with a stainless-steel, two-pronged hook. He uses a glove over the prosthesis by inverting it, blowing it up, and placing two fingers over the hook. He says the power of friends, family, spirituality and positive thinking often surprised

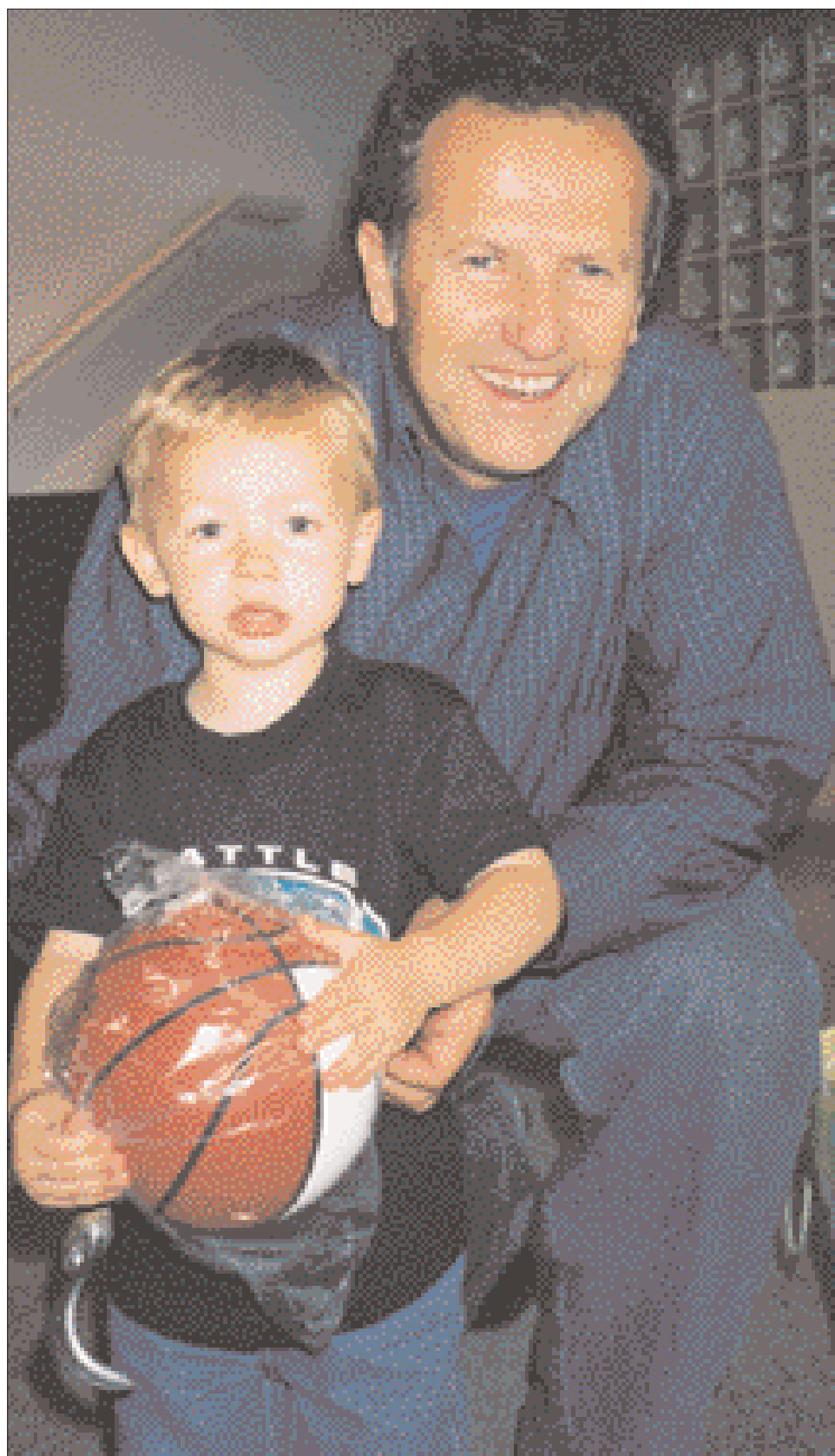
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**Proud Grandpa:** Dr. Menard enjoys spending time with one of his grandchildren, Sullivan.

him as he adjusted to change.

"I was constantly amazed that I'd get new patients and that it would sometimes take them two or three visits to notice I was wearing a hook," Dr. Menard recalls. "That showed me how important it is to project confidence."

He remembers the struggles of the first year and thinks it would've helped to have a mentor. For example, he says it took awhile for him to learn to adapt rather than completely change his practice.

"It's always helpful to know someone who has plowed the same ground before," says Dr. Menard, who has used his own experience to help mountain climbers go on with their lives after losing limbs.

"There aren't many places a disabled dentist can turn for help," noted Dr. Max M. Martin Jr., chair of the ADA Ergonomics and Disability Support Advisory Committee, which reports to the ADA Council on Dental Practice. "We [the committee] thought making available a physical disability support network would be the most caring and effective thing we could do as an association."

The ADA physical disability support network went online at ADA.org in June of 2002. It's a chat room for dentists with permanent and temporary disabilities to discuss their unique situa-

tions and share ideas that may help some rehabilitate or re-enter dentistry.

"The network gives colleagues an opportunity to share their struggles and successes related to being a dentist with a disability," says Dr. Connie Verhagen, who also serves on EDSAC. "Perhaps the modifications one dentist made could help another maintain a private practice. Or, perhaps one dentist knows of a position opening that would allow a disabled dentist to continue with his or her career along an alternate path."

Member dentists can go to the Discussion Forum on ADA.org and look for the Disabled Dentist's Network topic ("www.ada.org/forum").

Disabled dentists may be eligible for a dues waiver. Information and applications are available at "www.ada.org/ada/join/form\_waiver.pdf#wavier" or, call Dr. Don Collins of the ADA Council on Dental Practice, toll-free at Ext. 2895. Completed applications should be sent to members' local dental societies for processing and for eligibility determination.

"The dues waiver program allows a disabled dentist to still be part of his or her professional family," explains Dr. Verhagen. "An accident or disabling condition can be just around the corner; it can happen to any of us." ■



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## Government

# President Bush inks resolution

## Dr. Samuel D. Harris National Museum of Dentistry is officially the country's national dental museum

BY CRAIG PALMER

Washington—President Bush signed into law

Nov. 11 a joint resolution of the U.S. Congress designating the Dr. Samuel D. Harris National

Museum of Dentistry in Baltimore, Md., the nation's official dental museum.

The legislation had the strong support of the American Dental Association and the Maryland congressional delegation. The joint House and Senate resolutions enacted by President Bush were offered by Rep. Elijah E. Cummings (D-Md.) with 12 bipartisan House cosponsors and Maryland Sens. Paul Sarbanes (D) and Barbara Mikulski (D).

Public Law 108-122 extends congressional recognition to the newly designated "official national museum of dentistry in the United States," a museum located on the campus of the University of Maryland, Baltimore, and affiliated with the Smithsonian Institution. The Dr. Samuel D. Harris National Museum of Dentistry invites family and professional celebration of oral health and "the great heritage of dentistry" with an array of educational, interactive and entertaining exhibits and programs.

MouthPower, for example, helps young peo-

**■ "We have truly reached a lofty goal that will bring greater public awareness of the national importance of our work," said Rosemary Fetter, the museum's executive director.**

ple make informed choices about their oral health. Through a partnership with the ADA, the MouthPower program will be available nationally through the Internet and resource kits for dental professionals to use in the community, a museum spokesperson said.

An exhibit paying tribute to African American dental professionals, The Future is Now! African Americans in Dentistry, will begin a national tour next fall as the museum's second traveling exhibit.

Currently on the road, Branches, Bristles and Batteries: Toothbrushes Through Time is expected to attract 2 million visitors to children's and science museums.

"The museum will continue to expand and develop programs and exhibitions that demonstrate to the public and especially to children the importance of oral health," said Dr. Jack Gottschalk, founding benefactor and chair emeritus of the NMD Board of Visitors. "Its mission is to provide oral health education in a fun and entertaining way to preserve the history of our great profession."

"With recognition as the only health museum in the Smithsonian Affiliations program and designation as the official museum of dentistry in the United States, we have truly reached a lofty goal that will bring greater public awareness of the national importance of our work," said Rosemary Fetter, the museum's executive director. ■



\*Has been shown to cause patients to brush longer.†

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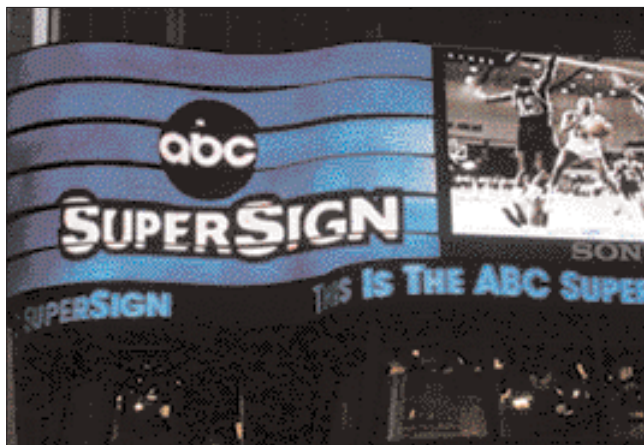
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Reference: 1. Dental Hygiene & Oral Care  
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Illustration





**Seasons Greetings:** Tourists on holiday in New York City and shoppers from all over saw an oral health message from the American Dental Association last month ...



... The 60-foot wide Times Square ABC SuperSign from "Good Morning America" featured messages from the ADA on children's access and the upcoming Give Kids A Smile ...



... From Nov. 17-30, the messages ran 140 times on the Supersign and its accompanying ribbon. Messages were even shown during the Macy's Thanksgiving Day Parade ...

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## Crest repeats as consumer product sponsor, ups support for GKAS 2004

Crest Healthy Smiles 2010 again will be the exclusive consumer product sponsor for Give Kids A Smile in 2004.

Crest Healthy Smiles 2010's support for the inaugural program in 2003 played a key role in its success. Nearly 470,000 dental product sample bags were donated to access programs nationwide.



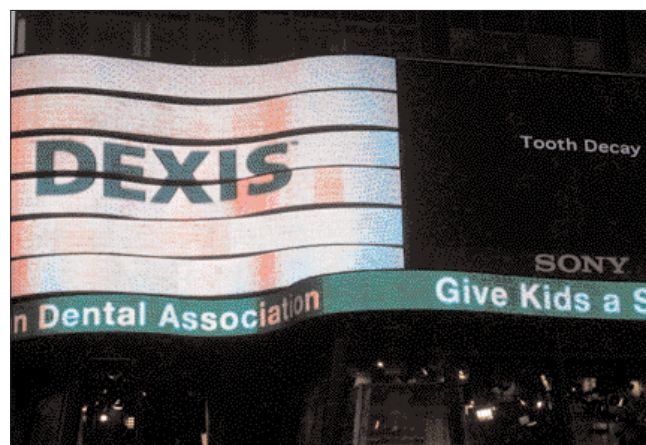
For 2004, Crest Healthy Smiles 2010 will increase that level of support, and most sample bags will again contain SpinBrushes. Age-appropriate educational materials in English and Spanish are included. As in 2003, Crest Healthy Smiles 2010 also will award \$5,000 dental school scholarships to the state and local dental society that stage the best Give Kids A Smile programs.

"Crest Healthy Smiles 2010 again has stepped forward and demonstrated its commitment to the oral health of underserved children," said ADA President Eugene Sekiguchi. "We welcome their participation in Give Kids A Smile and value their important contribution to our program."

"Crest Healthy Smiles 2010 is devoted to providing substantive, long-term solutions to the oral health crisis facing America's youth," says Diane Dietz, North American marketing director for Crest. "By partnering with the ADA on a program like Give Kids A Smile, we can meet our goal of improving the oral health of underserved communities."

In its first year, Give Kids A Smile volunteers cared for an estimated 1 million children nationwide. Sign up now for the 2004 program (Feb. 6, 2004) at [www.ada.org/goto/gkas](http://www.ada.org/goto/gkas). Crest Healthy Smiles 2010 sample bags can be ordered as part of the registration process and will be available through Jan. 15. ■





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... Adding visibility to the only nationwide access-to-dental-care event. More than 23,000 dental professionals are gearing up to celebrate Give Kids A Smile on Feb. 6, 2004.

# Sites gearing up for GKAS 2004

BY KAREN FOX

Some 1 million children received free dental care in 2003 Give Kids A Smile activities.

It may be a challenge to achieve the same level of success, but many dental societies, schools and clinics are determined to do just that.

"Give Kids A Smile is what organized dentistry is all about," said Dr. Sally Cram, president of the District of Columbia Dental Society.

The D.C. Dental Society has its sights set on follow-up care this year. About 180 children were referred for additional care after last year's GKAS event, but only one patient sought the recommended care from a volunteer dentist.

This year, the DCDS and Howard University College of Dentistry are focusing their efforts on one school—the Bruce-Monroe Elementary School—that has a high level of need and is located in close proximity to the Howard University College of Dentistry.

"Our goal is to draw attention to the fact that there are

working poor families who fall between the cracks," said Dr. Cram. "We want to help them and show the government that more needs to be done for these people. We can keep doing these projects, but we can't reach every child in every school."

On Dec. 10, a group of 12 DCDS members screened 350 children (Head Start through grade five) at Bruce-Monroe. Those needing follow-up care will be bused to the Howard University dental school on Give Kids A Smile Feb. 6, 2004.

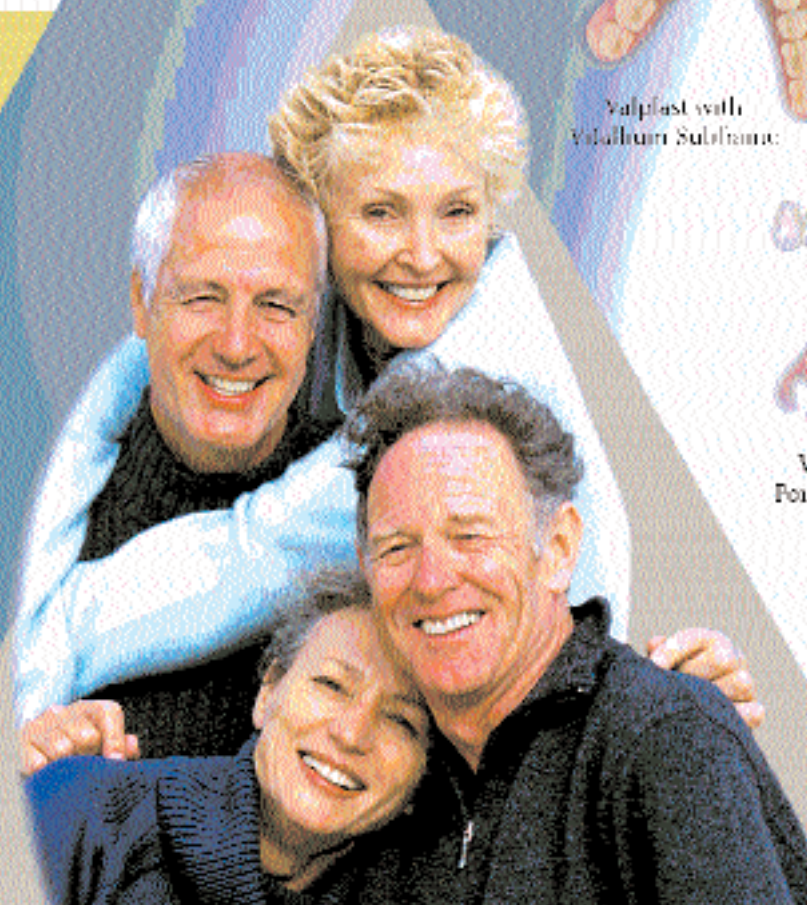
Another problem last year was that few students returned the necessary consent forms to participate in Give Kids A Smile. This year, See SITES, page 20




Dr. Cram

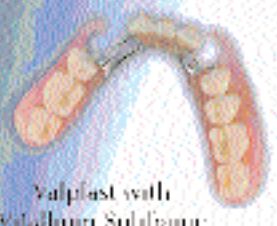
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# ADA calls for congressional fellowship applications

BY CRAIG PALMER

Washington—A dentist reading this report will begin working next fall with a member of Congress or a congressional committee as an ADA congressional fellow. The House of Delegates approved the fellowship in setting the Association's 2004 budget at annual session in San Francisco.

Doctor, your application is due Jan. 15.

ADA congressional fellows bring a wealth of professional experience to the legislative

process, heightening awareness of lawmakers to oral health issues while assisting congressional hearings, preparing briefs, writing speeches or engaging in other legislative activities. Former fellows have worked on pay legislation for military dental officers, aging, Medicaid, privacy, tobacco and other issues, some moving into health policy positions in government after completing fellowships.

Dr. Conan Davis, the most recent ADA fellow, is now chief dental officer for the Centers

for Medicare and Medicaid Services in the U.S. Department of Health and Human Services.

"This program has been of great value to the ADA," said the budget proposal offered by the ADA Washington Office. "This program was terminated last year for budget considerations, but we think it is time to reconsider its value again." The Board of Trustees, in the budget presented to the House of Delegates, approved the fellowship as a new project supporting the Association's strategic priorities.

The Association last supported a congressional fellowship in 2001 for a term extending through 2002. The budget funds a one-year endowment for a fellowship beginning next fall and extending through May 2005. The fellowship is administered by the American Association for the Advancement of Science in cooperation with the ADA as a sponsoring society. The endowment includes a \$75,000 ADA fellow stipend and a \$3,100 AAAS management fee.

The stipend is intended to provide a source of income for the ADA fellow. The management fee provides for an orientation, with other public policy fellows, on congressional and executive branch operations and a seminar series throughout the fellowship term on issues involving science and public policy.

ADA members and dentists with pending membership applications are eligible to apply for the fellowship.

Applications due Jan. 15 should include:

- a curriculum vitae highlighting professional experience and professional published articles, education, appointments and public policy/legislative experience;
- a 500-word statement describing the applicant's interest in a congressional fellowship and what he or she hopes to gain from it;
- two letters of recommendation from ADA members.

Direct your application to Dorothy Moss, ADA Washington Office, 1111 - 14th St. N.W., Suite 1200, Washington, D.C. 20005. ■



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## Musculoskeletal disorders series continues in December JADA

JADA readers should note that the second part of the article series on musculoskeletal disorders in dentists that began in the October issue of JADA will conclude in the December issue.

The October article, "Mechanisms Leading to Musculoskeletal Disorders in Dentistry," provided a foundation for the December article, which is titled "Preventing Musculoskeletal Disorders in Clinical Dentistry: Strategies to Address the Mechanisms Leading to Musculoskeletal Disorders." The series was written by Bethany Valachi, M.S., P.T., C.E.A.S., and Dr. Keith Valachi. ■

## ADA Library changes fees

Fees for ADA Library services will change in January 2004.

The per-page fee for photocopies will be replaced by a flat fee of \$5 per article (up to 20 pages), whether delivered by mail, fax or electronically.

Electronic delivery is a new service that should be available by the end of January. The Library will drop the surcharge for domestic fax but retain the limit of 20 pages per fax.

The new basic fees are:

- journal articles—\$5;
- book loans—\$10, one to two books; \$15, three to four books;
- reference packages—\$20.

Surcharges may apply for articles over 20 pages, rush shipping and international faxes. Some services are available to nonmembers at a higher fee. The new fees will be posted on ADA.org. ■



# Building on success

## ADA Institute for Diversity in Leadership to expand

BY KAREN FOX

When the eight members of the first ADA Institute for Diversity in Leadership returned to ADA Headquarters for their second session last week, there was good news to report.

The 2003 House of Delegates voted to expand the program, increasing the number of participants from eight to 12.

"The House's action was an overwhelming endorsement of the program and its objectives," said Dr. Clifford Marks, 17th District trustee and chair of the Board of Trustees' Standing Committee on Diversity.

When introduced last year, the Institute generated a considerable amount of interest. More than 130 applications were submitted for the eight available slots.

The ADA Institute for Diversity in Leadership is a personal leadership training program designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles.

The ADA offers the program in collaboration with faculty from the Kellogg School of Management at Northwestern University.

Current Institute class members have their sights set on completing the personal leadership projects that are the program's cornerstone. Class members have selected projects that provide them with hands-on experience with identifying and taking action on a community and/or professional issue of personal importance.

The eight inaugural class members came to ADA Headquarters last week with clear ideas on how to complete their projects, which they will accomplish between January and September 2004.

Last week's session also featured "The Corporation, Dentistry and Community," a panel discussion that gave Institute class members an opportunity to interact with senior-level corporate leaders from the program's current sponsors: Colgate-Palmolive Co., GlaxoSmithKline, Procter & Gamble and

Sullivan-Schein Dental, a Henry Schein Co.

With an eye toward the development of the class members' personal leadership projects, the corporate panel gave participants a framework for understanding corporate goals as they relate to the dental profession, oral health care and their projects. The corporate representatives were also asked to share advice they received early in their careers as they were tapped to become leaders in their fields.

The eight class members currently enrolled

ADA INSTITUTE  
for Diversity  
in LEADERSHIP

in the Institute will return to ADA Headquarters for a third and final session Sept. 9-10, 2004—enabling the inaugural class to

interact with the incoming 2004 Institute class.

"We hope to see the first class act somewhat like mentors for the incoming class," said Dr. Kathleen Roth, 9th District trustee and a member of the diversity committee. "It is our hope that they will network with all future classes of the ADA Institute for Diversity in Leadership—making connections that last throughout their lifetime."

Application materials for 2004 will be on ADA.org by Jan. 5, 2004. You will be able to download the application, reference forms and a text version of the brochure. The application deadline is May 3, 2004.

For more information on the ADA Institute for Diversity in Leadership or a hard copy of the brochure when it's available, contact the American Dental Association at Ext. 4699 or "starsiaks@ada.org". ■

## Domestic violence education materials

San Francisco—Although the annual observance of the Health Cares About Domestic Violence Day takes place every October, dentists can be vigilant with routine screening and familiar with the health implications of domestic violence all year long.

The Family Violence Prevention Fund offers a variety of materials to help educate health care providers and enable them to reach out to victims, including comprehensive guidelines for health care professionals, reference cards, posters, buttons, educational materials for patients, community outreach materials and much more.

The FVPF estimates that one in every three women report being abused by a husband or boyfriend at some point in their lives. For more information call toll-free 1-888-Rx-ABUSE or visit the Web site: "www.endabuse.org". ■



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# Boris bears root canals

## Years of bad nutrition add up to poor oral health for polar bear

BY STACIE CROZIER

Tacoma, Wash.—Things are looking up for Boris, a 1,000-lb. polar bear and resident of Point Defiance Zoo and Aquarium here. Thanks to a team of local dentists and veterinarians, he has good reason to smile.

Boris and another polar bear, Kenneth, came to Tacoma in November 2002 after being rescued by federal Fish and Wildlife officials from inhumane conditions with a Mexican circus. After almost a year of sound nutrition—specially formulated polar bear chow, raw meat and fresh fish—and daily salt-water swims, Boris' health had improved enough to concentrate on his dental health needs.

A long-time diet of white bread, fruit, lettuce, dog chow plus a once-a-week treat of fish and a nervous habit of rubbing his canine teeth against his circus cage bars left Boris with broken-down teeth and abnormal plaque buildup, said Dr. Edmund Kwan, an endodontist in Tukwila, Wash.

On Nov. 1, Boris was anesthetized, carried on a special stretcher to a forklift, then loaded onto a flatbed truck and transported to the zoo's brand-new animal hospital. Dr. Kwan performed two root canals on Boris, the first surgical patient treated in the new facility.

"It was amazing," said Dr. Kwan. "I mean, whoever gets to touch a polar bear or other kind of wild animal?"

Dr. Kwan has volunteered his services at the zoos in Tacoma and Seattle for about five years. He's treated a variety of creatures, including a leopard, ocelot, hyena, sea otter, gorilla, orangutan and wolf.

"Those animals look so enchanting, but they're also as tough as nails," he adds. "They have muscles like you wouldn't believe. It's a thrill to work with them. I think it's important to volunteer for your community, and that's another reason I do this."

Two other local dentists, Dr. Rhonda



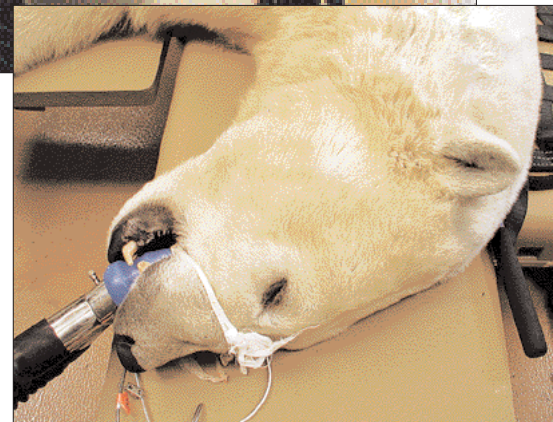
**Beary large patient:** Dr. Edmund Kwan performs a root canal on Boris the polar bear in Point Defiance Zoo and Aquarium's brand-new animal hospital operator. Boris, at right, is shown close up while anesthetized.

Savage of University Place, Wash., and Dr. Keiko J. Wada of Vaughn, Wash., also served on Boris' team to make sure he had a thorough cleaning as well as his necessary root canal procedures.

While anesthetized, Boris also had two sebaceous cysts on his right elbow drained and cleaned, his ears cleaned and received a com-

plete physical examination and vaccinations.

Zoo veterinarians have treated Boris for parasitic and fungal ailments and chronic foot abscesses on his rear feet. The 19-year-old bear also suffers from arthritis, but veterinarians are pleased that Boris' new regimen has led to weight gain, improved muscle condition and better condition of his skin and fur. ■



Photos courtesy of Port Defiance Zoo and Aquarium.

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**2003 winners:** From left are Ms. Davis, Ms. Baysac, Ms. Ku, Mr. Salib and Mr. Pinsky.

## Student winners honored

San Francisco—The winners of the 2003 ADA/DENTSPLY Student Clinician Program were recognized Oct. 26 during annual session.

Category I—Clinical Application and Technique Winners: First place: Tracy D. Davis, University of Missouri, Kansas City School of Dentistry, "Storage Phosphor Plates: How Durable Are They as a Dental Digital Imaging System?"; Second place: Mary Anne S. Baysac, University of California at San Francisco School of Dentistry, "Oral Cancer Information in Health Education Textbooks"; Third place: Tyrone F. Rodriguez, University of Texas Health Science

Center at Houston Dental Branch, "Sialolithiasis: A Case Report."

Category II—Basic Science and Research: First place: Chia-Yu S. Ku, New York University College of Dentistry, "Denaturing Gradient Gel Electrophoresis (DGGE) Analysis of 16S rDNA Amplicon Mobility of Oral Bacteria"; Second place: Nader K. Salib, University of Southern California School of Dentistry, "Oral Squamous Cell Carcinoma Invasion" Third place: Matthew S. Pinsky, University of Michigan School of Dentistry, "Ablation of Tumor Microvessels Upon Dimerization of iCaspase-9." ■

Photo by Lagniappe Studio



# Nice office?

If you're proud of its new design, there's a contest just right for you

BY KAREN FOX

New Year's hasn't arrived yet but the "2004 Dental Office Design Competition" is already under way.

Two offices will win the Matsco-sponsored competition: Best Office Design (one to two practitioners) and Best Office Design (three or more practitioners).

Newly built offices and offices with leasehold improvements or renovations completed between Jan. 1, 2001-Dec. 31, 2003 are eligible.

"The competition has been very successful, and is the only vehicle that I know of that allows the dental industry to showcase the top practices with the emphasis on esthetic quality and efficient flow," said Allison Farey, senior vice president and managing director of Matsco.

A panel of industry and design experts is set to review the entries in early 2004. Winners



m a t s c o

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receive a \$2,500 Bonus Marketing Fund to invest in their practice, media coverage and other benefits.

All entries must be postmarked by Jan. 31, 2004. For more information, call Matsco at 1-800-810-3778 or go to "www.matsco.com/dodc04".

An ADA Member Advantage provider, Matsco offers complete practice financing for dental professionals including acquisition, start-up and expansion financing.

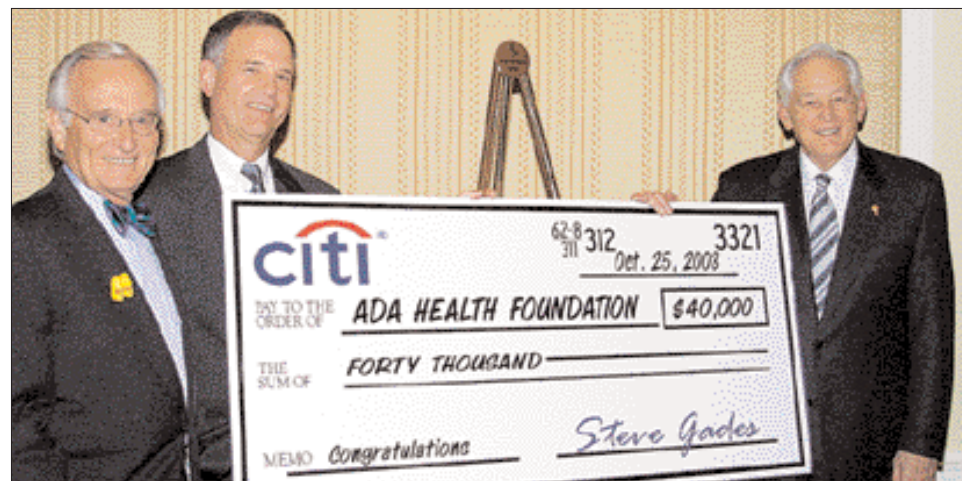
"We do a tremendous amount of expansion-type financing and we know that many are done riddled with problems," said Ms. Farey. "So it's our mission to help the dental community understand the rights from the wrongs, some of the pitfalls and help give them a roadmap for doing it right."

All dentists contemplating major building projects should consult the ADA's "Dental Office Design: A Guide to Building, Remodeling and Relocating," a comprehensive manual on the latest trends and tips from design professionals and dentists who have been through the process.

The guide includes actual floor plans and vital information on ergonomics, technology, interior design, landscaping and more. Cost is \$59.95 for members; \$89.95 for nonmembers.

To order "Dental Office Design: A Guide to Building, Remodeling and Relocating," call ADA Salable Materials at 1-800-947-4746, fax to 1-312-440-3542 or go to "www.adacatalog.org". ■

## DENTAL OFFICE DESIGN COMPETITION 2004



**Education donation:** Donald S. Hunt (left), chairman of ADA Business Enterprises Inc. and Eugene Oaksmit, senior vice president of Citibank, present a check for \$40,000 to Dr. Arthur A. Dugoni (far right), president of the ADA Foundation, at a special Oct. 26 reception in San Francisco. This generous gift was earmarked for the ADA Foundation's Dental Education Fund.

Photo by Lagniappe Studio

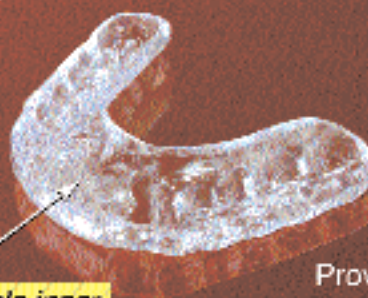
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# 'Sparkley' comes to Ohio libraries

## Ohio Alliance project reaches kids statewide with oral health message

BY STACIE CROZIER

Dover, Ohio—Just in time for National Children's Dental Health Month, children in Ohio will see some added sparkle during story time at their local libraries thanks to a community dental health project conducted by the Alliance of the Ohio Dental Association.

The state Alliance worked with author Mary Casey, a member of the Alliance of the Wisconsin Dental Association, to secure 450 copies of her book, "Sparkley the Tooth Fairy," at a fraction of retail cost. The Alliance distributed the 32-page hardcover books to 220 public libraries in the state. Each branch received one copy for its shelves and one copy for use in local Head Start, day care and bookmobile programs.

"We wanted to reach children throughout the state on our very limited budget and we got an amazing opportunity to accomplish this," says Connie Karlowicz, AODA treasurer. "Ms. Casey gave us a really, really, really big discount on the books and she even volunteered to drive them to the Alliance's national office in Chicago."

From there, AADA President-elect Jan Hagedorn transported them to Fort Wayne, Ind., where Mrs. Karlowicz met her and took the books to her Dover, Ohio, home for packaging.



**"Sparkley" success:** AODA volunteers Connie Karlowicz, treasurer; Kathy Kne, president; Sue Gardner, dental health education chair; and Peggy Taylor prepare books for distribution.

"It was a real cooperative effort with Alliance members from three states and with the state libraries," says Mrs. Karlowicz, who is also the Alliance's national treasurer. "After volunteers prepared the packages, I dropped them off at the state's central library, and the library distributed them to the branches."

The packages included a letter urging librarians and others using the books to schedule "Sparkley the Tooth Fairy" for story times in February in conjunction with National Children's Dental Health Month.

"We've gotten many letters and e-mails from libraries thanking us and letting us know they will read the book to groups in February, Mrs. Karlowicz adds. "It's so satisfying to know that this book will be going beyond the shelf and touching children across Ohio."

Susan Harbaugh, children services coordinator for the Troy-Miami County Public Library was one of several library representatives to express her gratitude for the donated books.

"I would like to thank the Alliance of the Ohio Dental Association for their donation to the library of 'Sparkley the Tooth Fairy' by Mary Casey," Ms. Harbaugh wrote. "One copy will be put in our main library and the other copy will be placed in our Pleasant Hill branch. This donation will be a valued addition to both our library collections."

The Alliance of the Indiana Dental Association and the Alliance of the American Dental Association are also selling copies of the Sparkley book as a fundraiser. For more information, to view pages of the book or to order, log on to the AADA Web site: "www.allianceada.org". ■

## ADA president lauds Alliance

For nearly 50 years, the Alliance of the American Dental Association has worked alongside the ADA "to support the values and goals of organized dentistry" and to "raise the public's awareness of oral health issues, while improving the quality of life for the dental family," notes ADA President Eugene Sekiguchi in a statement encouraging dental spouses to join the Alliance, the national association of dental spouses.

"The Alliance's impact on our image as dentists is powerful," says Dr. Sekiguchi. "On the legislative front, they distribute dental kits to legislators, host legislative receptions, meet with

legislators at the state and national levels, and participate in political campaigns as well as the Washington Leadership Conference."

Dentists who participated in the March Leadership Conference received dental health kits to deliver to legislators in Washington.

"Those kits were provided by the Alliance," notes the ADA president. "Dentistry's future is in large part decided in the legislative arena, and these projects send a positive message to our legislators about our profession."

Alliance members also are active in community-based oral health education, visiting schools to teach students about the harmful

effects of tobacco, about the benefits of mouthguards and healthy eating habits.

"Alliance members also provide oral health care supplies to shelters and clinics, participate in health fairs and instruct groups on proper oral hygiene techniques," says Dr. Sekiguchi, whose wife, Claire, is a long-time Alliance member.

The Alliance's current membership is just under 8,000. "This group does tremendous work on our behalf and for our profession, but can you imagine the impact of the Alliance if membership numbers increased?" asks Dr. Sekiguchi.

For more information on how spouses can join, contact the Alliance of the American Dental Association at Ext. 2865. Web site: "www.allianceada.org". ■

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## Sites

*Continued from page 13*

the DCDS is reaching out to parents of Bruce-Monroe students by working with the school's parent-teacher association well in advance. Dr. Cram calls it a "learn-as-we-go" approach.

Give Kids A Smile in the nation's capital would not be successful without the support of Howard University faculty and staff, she added.

"There is a great relationship here between the dental school and the dental society, and Give Kids A Smile only strengthens it," she said. "It's also a great experience for the dental students to see the dental community come together for this project. It shows how organized dentistry can do so much for the community."

Like D.C., the Ohio Dental Association is building on last year's successful statewide effort but with an eye toward reaching more children through new programs.

Working with the state's Boys and Girls Clubs and county social service agencies, the ODA and its components are planning education, oral hygiene instruction and distribution of Healthy Smiles 2010 kits, treatment, screenings and referral for follow-up care at the state's two dental schools, Ohio State University and Case Western Reserve University.

About 30,000 children were treated and \$250,000 estimated value of care donated in Ohio's 2003 activities, but ODA officials believe that 2004 could top that. All 25 component societies in Ohio are signed on to participate in 2004, which includes a corps of more than 800 volunteers.

"It's such a concerted effort, and we're glad



**Tell-show-do:** A State University of New York at Buffalo dental student, left, teaches kids how to brush their teeth in February 2003. Above, children from the Cleveland Boys and Girls Club enjoy Give Kids A Smile activities at the CWRU dental school in 2003. Nearly 200 children were seen that day.

the components jumped in with such dedication to access to care," said Dr. Ronald Lemmo, ODA president. "Charity is not a health care system but it sure brings a lot of attention to access, and that is our goal."

Many ODA components work with local dental assisting and hygiene schools to sponsor GKAS programs, but even those without large-scale clinics make do. The dentists in Akron hold GKAS activities in their own offices, with the local child health services agency providing transportation directly to the dental offices.

A new facet of Give Kids A Smile in Ohio is an outreach program through the women's prison prerelease centers in Cleveland and

Columbus. Inmates within three months of release from minimum security prison are required to attend health and betterment programs for families. In February 2004, two pre-release centers will feature ODA dentist volunteers.

"Our goal is to provide educational programs that will give these women basic information on oral health," said Dr. Lemmo. "We offered this outreach and the centers really jumped on it."

Delta Dental Plan of Ohio also got into the spirit of giving by providing the ODA with a \$6,000 grant to cover Tooth Prints, an identification tool that will be used throughout the statewide GKAS activities.

Buffalo, N.Y., is the hometown of Ivoclar Vivadent, one of the four founding GKAS sponsors (Crest Healthy Smiles 2010, Sullivan-Schein Dental and DEXIS Digital X-ray Systems are the others).

Western New York's Give Kids A Smile activities are in for an expansion in 2004. Officials from the State University of New York at Buffalo School of Dental Medicine say the demand is high, and news of GKAS has traveled fast by word of mouth.

"The more the community is aware, the more demand shows up at our doorstep," said Dr. Paul Creighton, SUNY at Buffalo's community dentistry outreach director and clinical assistant

professor of pediatric and community dentistry.

"That's the whole point," he added. "Go after kids who can't get the care, let them know that the UB Smile Team is here and make people aware of the fact that their systemic health is affected by their oral health."

The dental school has an affiliation with Head Start, but quickly expanded the regularly scheduled oral health screenings on schoolchildren when the need became apparent.

Ivoclar Vivadent has been an asset to the dental school in developing public relations for Give Kids A Smile.

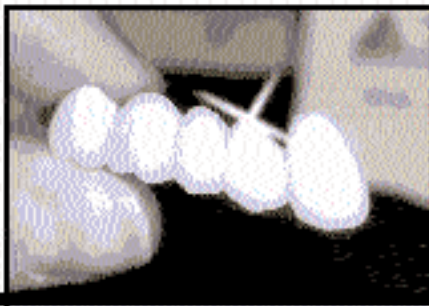
Buffalo happens to be Ivoclar Vivadent's "backyard," said John Isherwood, marketing communications manager.

"This is where we host a site and bring all our nationwide efforts full-circle," said Mr. Isherwood. "The dental school does outreach like this on a daily basis, and we are glad to support that."

The dental school is also working with the Eight District Dental Society of New York. Just last week 15 dentists from that component signed on to be GKAS volunteers.

"We are lucky to be able to utilize the entire dental work force here, from private practice dentists to educators, students and industry," said Dr. Creighton. "Give Kids A Smile has been a real positive event for us." ■

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## ADA annual session's 2003 technical exhibit draws crowds

*San Francisco*—In a city filled with magnificent attractions and wonderful distractions, this year's three-day technical exhibition at annual session was a blockbuster draw for dentists, staff, families and guests who attended the meeting.

"This year's technical exhibit was an overwhelming success," said Alison Owings-Cinelli, associate executive director of the Division of Conference and Meeting Services. "More than 725 companies filled over 500,000 square feet of exhibit space and the ADA annual session 2003 was the first meeting at the Moscone Center that used all three of the convention center buildings: the North Hall, South Hall and the new West Hall."

On Oct. 24, crowds waiting to enter at the start of the exhibition's opening day were at maximum capacity, prompting the fire marshal to mandate that the exhibition open its doors 10 minutes early, said Ms. Owings-Cinelli. On day two—Oct. 25—the ADA had already distributed its entire supply of 30,000 meeting tote bags in the exhibit hall. By the end of day three—Oct. 26—the ADA had distributed

more than 3,500 commemorative pins to registered dentists who visited the ADA Member Services Pavilion on the exhibit floor.

"Despite all the great distractions San Francisco has to offer, this year people were on the exhibit floor and we had a very good meeting," said Bill Oestreich, vice president, sales and marketing for Pentron Clinical Technologies, a dental materials supplier in Wallingford, Conn.

The Pentron booth was inundated with customers during the three-day exhibition, Mr. Oestreich added.

"From 9:30 a.m. the very first day, we were busy with customers buying both our old and our new products. I take it as a good sign for the economy and for consumer confidence."

Bill Staser of A-dec Inc. said the Newberg, Ore., company, which markets dental office equipment, had an "incredible meeting."

"We were caught off guard because so many people were at our booth," he said. "We wish we could have flown in another three or four representatives so that our customers didn't have to wait in line to talk to someone." ■



# Year

*Continued from page one*

conference, the ADA Institute for Diversity in Leadership, the preservation of the National Institute of Dental and Craniofacial Research, the establishment, at long last, of a National Endowment for Dental Education.

These things and much more were accomplished, begun or continued in a year that also witnessed a dramatic rise in membership, a sharp decline in membership non-renewals, a balanced budget and (here's the capper) no net increase in membership dues.

"We all know that members have to put value on what we do or they take their interests elsewhere," Dr. Bramson told the delegates gathered Oct. 28 in San Francisco's Moscone Convention Center. "That's why we try to focus clearly on programs and services that have high impact, and on getting our members the assistance they need."

## Give Kids A Smile

He began with a candid admission that he had underestimated the scope and impact of Give Kids A Smile, the Association's first-ever nationwide access-to-care event for children, held Feb. 21.

"I was not very good at reading the tea leaves when we were making predictions for this program. I was laying odds on maybe 200 programs and 1,000 members getting involved," said Dr. Bramson, well advised to stay out of Vegas.

Consider these numbers from this year's GKAS debut:

- more than 5,000 treatment programs nationwide;
- about 15,000 member dentists providing care having an estimated value of \$100 million;
- screening and treatments for more than 1 million needy children;
- about \$7 million in equipment and supplies donated by corporate partners Crest Healthy Smiles 2010, Sullivan-Schein Dental, Ivoclar Vivadent Inc. and DEXIS Digital X-Ray Systems.

Next year's GKAS event is scheduled for Feb. 6, and about 10,000 dentists and more than 12,000 dental-office staff already have signed up to help. The ADA's industry partners are back onboard as well, "and we thank them from the bottom of our heart," Dr. Bramson said, as delegates nodded in agreement.

## Give Members More Value

Turning his attention to membership service, the executive director chronicled a variety of "new and innovative programs or advocacy efforts" begun or continuing in 2003.

For many member dentists, the masterstroke of recent years has been the Association's show of force against insurance industry practices that, in Dr. Bramson's words, "have been driving dentists across the country up the wall" for decades.

The Association disclosed in August that it had settled a federal lawsuit against insurance

industry giant Aetna Inc. The settlement is expected to eliminate certain unfair business practices, speed claims processing, reduce administrative burdens on dental offices and, ultimately, improve patient care.

The agreement bars Aetna from automatically "downcoding and bundling" claims, eliminates "gag clauses" from contracts with participating dentists and requires the company to use an explanation of benefits statement that doesn't suggest to patients that their dentist is overcharging.

Still pending in the courts are two additional ADA lawsuits against insurers:

- A class-action civil complaint against Wellpoint Health Networks Inc., filed in March 2002;
- a racketeering suit against Cigna Corp., MetLife Inc. and Mutual of Omaha Insurance Co., filed in May 2003.

This most recent complaint invokes the Racketeer Influenced and Corrupt Organizations Act, a set of laws originally adopted to fight organized crime and drug cartels, and better known by its acronym, RICO.

"Our suit alleges that these companies aided and abetted each other in a conspiratorial 'dental enterprise,' which downcodes, denies payment, leaves claims pending, slows claims and uses economic power and market dominance to coerce providers," Dr. Bramson told the delegates.

In short order, the executive director also briefed the House on other selected highlights of what he understated as a "busy year."

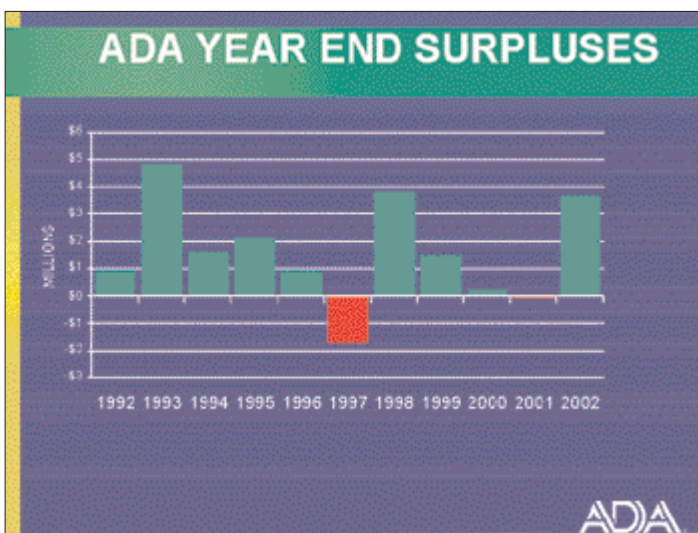
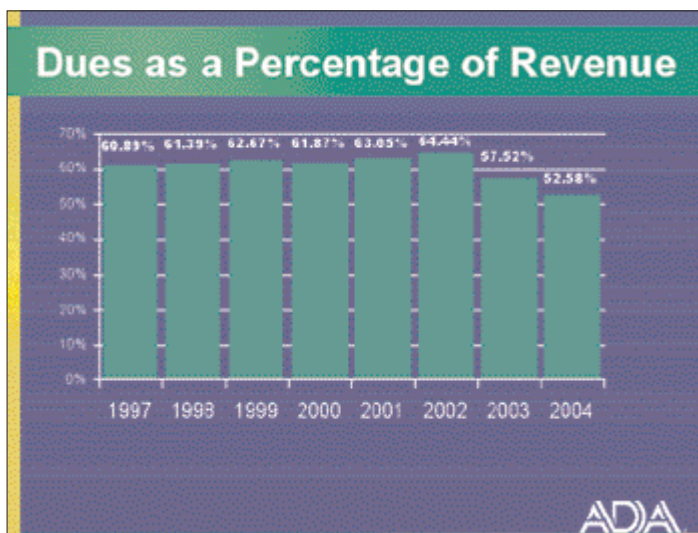
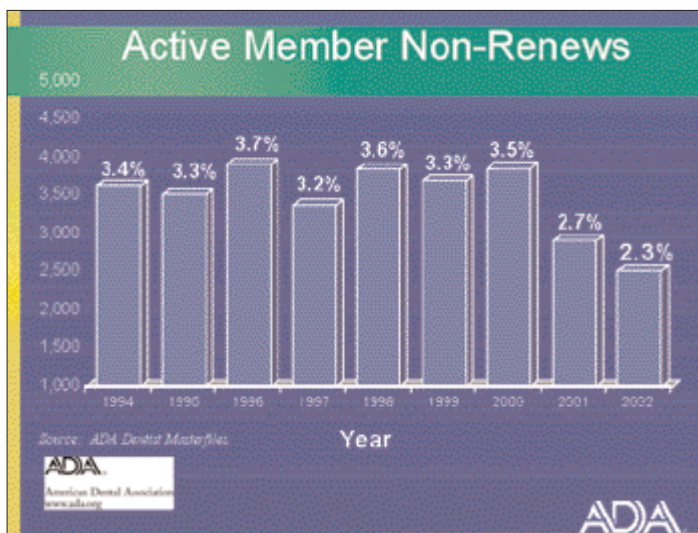
- The Health Insurance Portability and Accountability Act of 1996, with its privacy requirements and security regulations, challenged the ADA to help members understand and comply with new rules on records handling.

was just 2.3 percent in 2002—the lowest non-renew rate for active members since the ADA started tracking that statistic in 1987.

Other figures Dr. Bramson shared with the House showed substantial gains in first-time members, members from the Federal Dental Services and student members.

"We have focused efforts on transitioning recent graduates from dental school and retaining new dentists out of dental school," noted the executive director.

(To help attract new graduates, the House of Delegates in October expanded the ADA Reduced Dues Program from three to four years; grads pay a percentage of full dues in their first four years after dental school, full



**House view:** These graphics are from Dr. Bramson's Oct. 28 presentation to the House of Delegates in San Francisco.

The Association developed a plain-language informational kit on HIPAA and hosted HIPAA seminars across the country. It also marshaled its publications and Web site to bring HIPAA information to the membership. "We boiled everything down to what you need to know and put it in a format that made it easy to digest," Dr. Bramson said of the ADA's response to HIPAA.

dues in their fifth year.)

Dr. Bramson noted, too, that the Association is extending a welcoming hand to an increasingly multicultural population of dentists emerging from the dental schools and taking their place in a changing community of professionals. Example: the newly formed ADA Institute for Diversity in Leadership.

The ultimate goal of the Tripartite Grassroots Membership Initiative and its 625 volunteers across the country is to boost ADA membership market share from 70.4 percent today to 75 percent by year-end 2005.

"I applaud all our volunteers who are reaching out to help us make our collective goal," said Dr. Bramson. ■

- The Association signed an agreement this year to partner with the Dr. Samuel D. Harris National Museum of Dentistry on an oral health education campaign called MouthPower. The campaign is targeted to reach preadolescent and adolescent children, "and we are looking for a corporate partner to help launch this program nationally," said the executive director.

- During the year, 30 lawsuits challenging the safety of dental amalgam and naming the ADA and others as defendants were dismissed or withdrawn.

- The Association was awarded a multiyear \$1.2 million grant from the National Cancer Institute to help dentists with cancer prevention education.

- An oral cancer awareness campaign, kicked off in 2001, urged patients to see their dentist for a cancer test; the campaign has entered a second phase of awareness programming, and this time the message is aimed at member dentists.

- The Association strengthened its charitable activities by absorbing several gift-giving agencies and functions into a reorganized ADA Foundation, where a National Endowment for Dental Education is being formed to address a looming crisis in dental education and research.

- The Association partnered with Colgate-Palmolive Co. in a campaign on diabetes and oral health; the campaign included a major report on treating diabetic patients, published as a limited-run supplement to The Journal of the American Dental Association.

- The ADA successfully lobbied to retain the National Institute of Dental and Craniofacial Research as a separate entity within the National Institutes of Health.

- The Association developed an amalgam wastewater action plan and met with the Environmental Protection Agency to review the plan and its "best management practices" for amalgam disposal; JADA also published a report on what dentists should look for in purchasing an amalgam separator, and the ADA trained state dental society representatives to conduct waste disposal workshops for dentists.

- To clarify the dentist's role in bioterrorism response, the Association joined the U.S. Public Health Service to convene a March conference on bioterrorism.

- The Association unveiled the ADA Institute for Diversity in Leadership, a cooperative venture with Northwestern University's Kellogg School of Management, "to develop leadership potential in underrepresented segments of our profession," Dr. Bramson said.

- The ADA entered an agreement with the U.S. Occupational Safety and Health Administration to help dentists learn more about ergonomics.

- As an outgrowth of GKAS, the Association received a \$300,000 grant from Volunteers in Health to help boost community-based dental access programs.

- The Association also secured a \$100,000 federal grant to study factors affecting the dental work force.

Dr. Bramson talked to the House about core values, about the need to form solid relationships bound together by trust and mutual respect. He talked about the role of staff and about "building community" by reaching out to state and local dental societies and related dental groups—the larger family of organized dentistry.

"Our relationships are going to build our success," he said, "whether it be in membership initiative, an access-based program, a corporate-sponsored awareness initiative or just the day-to-day operations of data dialogue between the ADA and the tripartite."

Later he said, "My staff and I have tried very hard these past two years to earn your trust through our open and consistent actions, showing our genuine intent to listen and make things better for you."

"I thank you for your support, encouragement and feedback." ■

# 'WOW'

*Continued from page one*

organized dentistry, the staff training is meant to show current members that their Association's overriding mission is to serve their needs—and to persuade nonmembers that joining is worthwhile.

These efforts, combined with other Association activities, are paying dividends.

Since a low point in 2000, the ADA has attracted 4,513 new members, including a gain of 1,111 full-dues paying, active members in 2002 alone. Even more compelling, the Association's rate of nonrenewing members