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## ADA News - 04/19/2004

American Dental Association, Publishing Division

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# ADA News<sup>®</sup>

AMERICAN DENTAL ASSOCIATION

APRIL 19, 2004

www.ada.org

VOLUME 35, NO. 8

## Ergonomic alliance

### ADA inks historic agreement with OSHA

BY CRAIG PALMER

Washington—The American Dental Association and Occupational Safety and Health Administration signed an agreement April 12 establishing a voluntary alliance for information sharing on ergonomic issues.

"The ADA is pleased to work with OSHA to promote safe and healthful working conditions for dental employees," said ADA President Eugene Sekiguchi. "We will work together to promote research and data collection toward a better understanding of musculoskeletal stress disorders in the dental office."

standing of musculoskeletal stress disorders in the dental office."

Dr. James B. Bramson, executive director, joined Dr. Sekiguchi in signing the agreement for the Association. "We are pleased to join OSHA in announcing an agreement to establish

an ergonomics alliance," Dr. Bramson said. "This is an historic opportunity to increase understanding between dentist and regulator in a cooperative non-enforcement atmosphere."

The ADA Board of Trustees approved development of a voluntary

See OSHA, page nine

#### BRIEFS

**Fee survey:** The 2003 Survey of Dental Fees is now available from the ADA Survey Center. The report lists fees for some 180 dental procedures, as reported by private practicing dentists in the United States.

Dentists interested in purchasing a copy of the report can call the ADA toll-free, Ext. 2568, or dial 1-312-440-2568. The cost of the report is \$100 for ADA members, \$150 for nonmembers and \$300 for commercial firms, plus shipping and handling.

**Conference:** Early registration for the ADA 18th New Dentist Conference is winding down. Register by May 14 to secure special rates.

The ADA 18th New Dentist Conference is June 24-26 at the Westin Horton Plaza in San Diego.

Early registration fee for ADA members is \$295. Undergraduate and graduate student members pay only \$95. Early registration ends May 14 at 12 p.m. Central Time. Participants can also register on-site June 24-26. Contact the ADA Committee on the New Dentist at Ext. 2779 or "newdentist@ada.org". Conference details and information are also online at "www.ada.org/goto/newdentconf". ■



**Alliance:** OSHA administrator John Henshaw (center) signs the historic agreement with Drs. Sekiguchi (left) and Bramson April 12 in Washington.

Photo by Anna Ng Delort

## Diabetes & Gum Disease Campaign goes live

BY KAREN FOX

Now entering its second year, the ADA/Colgate Diabetes & Gum Disease Campaign is reaching out to a wider audience to help dental professionals effectively manage the dental patient with diabetes—a disease now affecting about 6.2 percent of the U.S. population, according to the Centers for Disease Control and Prevention.

The campaign's second phase features "Dentistry & Diabetes," a May 27 live national satellite seminar broadcast in 15 metro areas across the country.

"This is an important issue for patients and professionals—physicians and dentists—to become aware of," said Dr. Eugene Sekiguchi, ADA president. "The consequences could be less suffering, more productivity and even lifesaving if we all become aware of the prevention, interventions and treatments available today."

Diabetes reduces the body's

See DIABETES, page 13

## What do they think?

### ADA survey offers up the scoop on your patients

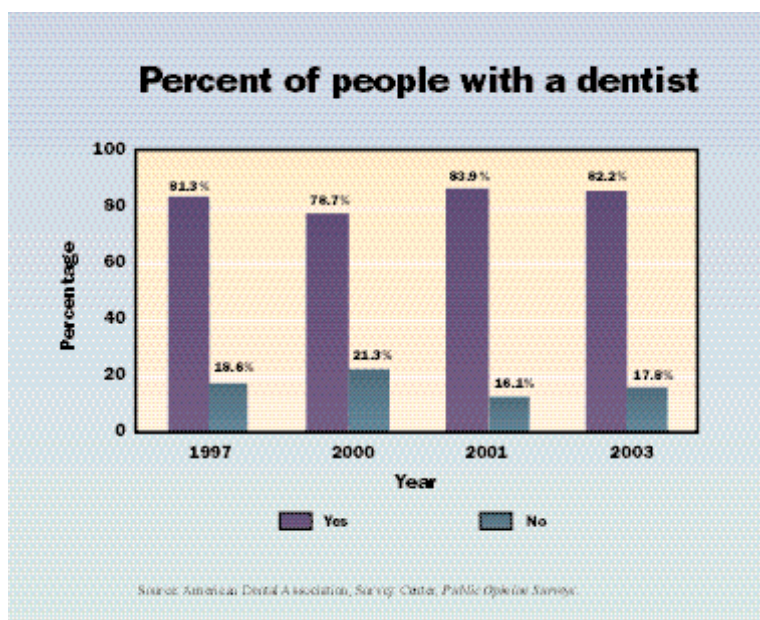
BY JAMES BERRY

Most of them have been seeing their current dentist for five or more years, have no plans to change practitioners and would recommend their dentist to others.

But if they were in the market for a new dentist, most would look for one who is a member of the American Dental Association.

Most brush their teeth at least once

See PATIENTS, page eight



#### INSIDE



#### 965th in Iraq

Dental assistant Sgt. Bagley en route to clinic. Story, page 10.



**Student achievement:** ADA President Eugene Sekiguchi welcomes the winners in Category I of the ADA/DENTSPLY Student Clinician Program to ADA headquarters Feb. 19. From left are Dr. Sekiguchi; Tracy Davis of the University of Missouri-Kansas City School of Dentistry, 1st place winner, "Clinical Application and Technique"; Aurelija Bedard, table clinic co-presenter; and George Rhodes, vice president of professional relations and corporate communications, DENTSPLY International.

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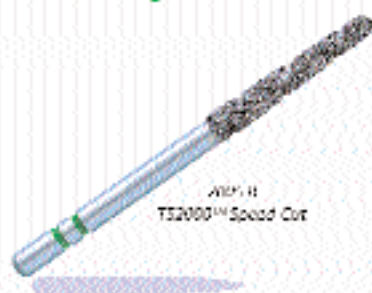
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# Spring ahead

## ADA Member Advantage offers new products and services

ADA members now have access to new products and services through ADA Member Advantage.

Some of the latest ADA Member Advantage services include Starwood Hotels & Resorts, expanding their value program from 200 to 260 luxury hotels; WebMD Dental, the provider of software WebMD Office; and Tel-a-Patient, offering automated appointment reminders systems at a discount for ADA members.

• Since launching their March 2004 to April 2005 value rate program for ADA members, families and dental staff, Starwood Hotels & Resorts expanded their program to include more than 260 of its most popular luxury hotels and resorts worldwide.

ADA member exclusive discounts at selected Westin, W, St. Regis, Sheraton and Four Point hotels range from 10 to 20 percent. The ADA member discount is not available once the hotel is projected at 90 percent capacity, so book your reservation early.

Participating hotels are located in beach, ski and golf resort destinations such as Hawaii, Arizona, Florida, Colorado, the Caribbean, Latin America, Europe, Hong Kong, Africa, Australia and more. Additional hotels have been added to the program in New York City and San Francisco.

To find out more, visit "www.adamemberadvantage.com" and click on "Hotel Discounts." A full listing of participating hotels and discount rates are available online. You can also make online reservations. ADA members may contact Starwood direct at 1-866-500-0380. Be sure and mention the ADA rate plan.

• WebMD Dental recently introduced a Web-based product, WebMD Office, that inter-

faces with multiple insurance carriers from one Web site. With a few clicks, dental staff has instant access to patient eligibility verification and in some cases, details such as the amount of the deductible, the specific services the patient is covered for and more.

The system includes features designed specifically for dental practices. ADA Members may try the system free for 90 days. Find out more at "www.webmdenvoy.com/dental" or call 1-888-545-6127.

• ADA Member Advantage recently endorsed Tel-A-Patient's automated appointment confirmation system—called "PowerCalls-USB"—for dental practices. This system eliminates hours of staff time handling appointment confirmation.

Text-to-Speech Technology makes Power-

Calls-USB the first fully automated calling system. The body of the message is spoken by a human voice; the rest is by PowerCalls. The sound is smooth, natural and crystal clear. The doctor or staff can record the outgoing messages. Use PowerCalls for everything from appointment confirmation to patient recalls, rescheduling missed appointments, placing collection calls, welcoming a new family to the community, announcing a new associate or introducing a new procedure.

To find out more about PowerCalls-USB and the ADA member discount, call 1-800-553-7373.

For more about these services, contact ADA Member Advantage at 1-800-ADA-2308. ■

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## Minnesota, Oregon name new deans

The dental schools at the University of Minnesota and Oregon Health and Science University have new deans.

Dr. Patrick M. Lloyd became dean April 1 of the University of Minnesota School of Dentistry, and Dr. Jack W. Clinton began his tenure as OHSU School of Dentistry's dean Feb. 1.

Dr. Lloyd, a prosthodontist, comes to UM from the University of Iowa dental school and before that, Marquette University dental school. He is president-elect of the American College of Prosthodontists, editor-in-chief of the Journal of Prosthodontics and a fellow of the Gerontological Society of America.

In appointing Dr. Clinton dean, the OHSU chose one of its own. A 1964 graduate of the school, Dr. Clinton served as clinical instructor and OHSU's associate dean for clinical affairs before becoming interim dean in September 2003.

He is currently vice regent of the International College of Dentists representing Oregon, Washington, Idaho, Montana and Alaska, and a member of the American Association of Dental Examiners. ■



Dr. Lloyd



Dr. Clinton



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# VIEWPOINT

LAURA A. KOSDEN, *Publisher*DR. MARJORIE K. JEFFCOAT, *Editor*JAMES H. BERRY, *Associate Publisher*JUDY JAKUSH, *ADA News Editor*

## MYVIEW

### Why do we allow our services to be demeaned?

Recently I have run across a number of articles encouraging patients to haggle with their doctors over their health care bill. I find the concept of haggling for health care services very interesting. Surely, many of us would be happy to save a few dollars on automobile repairs by opting for refurbished parts. How many of us in turn would opt for a second-rate heart or organ in a life-saving transplant procedure?

Should doctors cut costs by sacrificing safety concerns for their patients? In today's world, we all want the maximum benefit for our dollar. We must also realize that the costs of providing health care services are rising exponentially, while doctors' incomes are consistently dropping.

Additionally, doctors are expected to be able to offer the latest technology to their patients. These advances are not provided to clinicians gratis from the private sector, whose primary focus is their profit margin.

Who are these evil people anyway, these "doctors"? I for one have spent 31

years of my life training to be a periodontist. Four years of college, four years of dental school and three years of surgical training have not provided me with a Porsche but an educational debt of \$276,000.

Desiring to make a difference at an early age, I volunteered as an Emergency Medical Technician in my hometown for 10 years. I know that I have always enjoyed helping people, but my family and I have sacrificed greatly just to start my career after 11 years of advanced schooling ending in tremendous debt. How about my medical colleagues who spent equal, if not even more, time training in their chosen profession? These are also dedicated people, who have truly given up a large portion of their lives to learn how to



Lee R. Cohen, D.D.S.

treat diseases and save lives. It is disheartening to see people in our society treat health care—a service that can help cure illnesses and enhance life—the same as if it were a shopping trip for a spare car.

As in any service, there are numerous ways to cut corners and make additional money. I believe many health care providers, myself included, opt not apply these tactics when treating human lives. My philosophy is to provide the highest possible care to my patients. I have chosen not to work in a clinic or an HMO, so that the patient and I can determine the course of their treatment.

It is unfathomable to me that a non-clinician could even attempt to dictate a patient's therapy to me based on their bottom line. While seeking my health care administration degree, I was one of the three clinicians in my classes. It was amazing to see courses filled with future health care managers being trained with a "control the doctors" sentiment. None of the discussion was focused on the patient's well-being, but rather topics such as how quickly can a patient be discharged from the hospital and how can we minimize treatment to maximize profit?

See MY VIEW, page five

## 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.

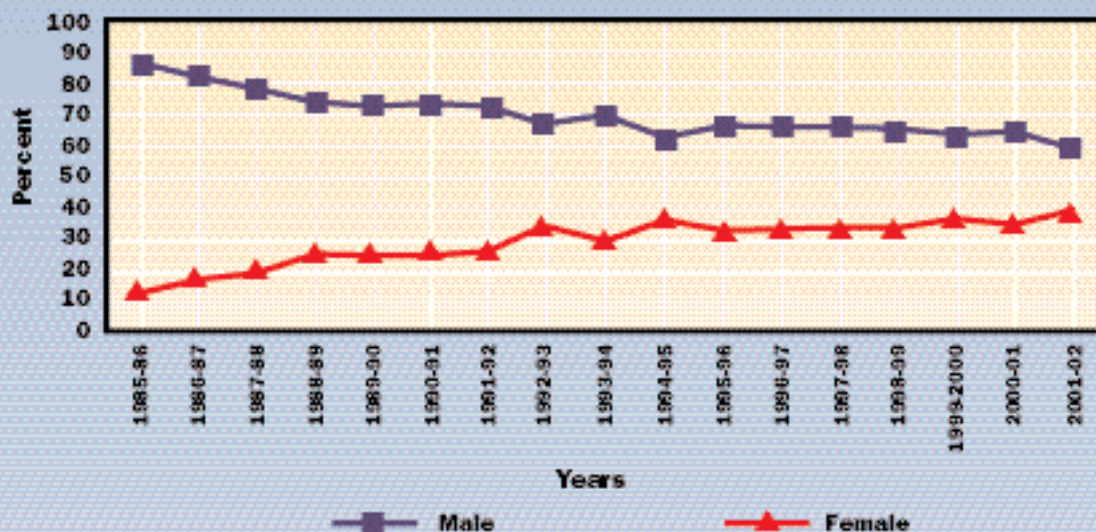
For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

## Snapshots OF AMERICAN DENTISTRY

### Dental education

Female enrollment in advanced education in general dentistry programs rose 27.6 percentage points between 1985 and 2001.

Enrollment in advanced education in general dentistry, by gender: 1985-2001



Source: American Dental Association, Survey Center, *Survey of Advanced Dental Education*.

## LETTERS

### Donating services

I read with great interest the article concerning the Donated Dental Services Program (Feb. 16 ADA News).

Donated Dental Services is truly a great program. I have been a member of DDS in Alabama since 1999. It has been a rewarding experience for me and my staff.

I would like to encourage others to join this great program.

It is an excellent way to give back to the community in a truly meaningful way. I would also like to thank those who help make this program work so well.

Todd Chastain, D.M.D.

Killen, Ala.

### Editor's note:

Kudos to Dr. Chastain for his commitment to the Donated Dental Services program. Dentists interested in joining Dr. Chastain and volunteering to help provide oral health care to people with disabilities and vulnerable elderly people in their state should visit "www.nfdh.org" or call 1-888-471-6388.

### New dentists

I would like to respond to Dr. Richard Simonsen's criticism of the

New Dentist Conference ("Letters," March 1 ADA News).

First, Dr. Simonsen should know that the ADA does not impose the content of the conference. The ADA Committee on the New Dentist, made up of young dentists, plan the conference. They pick subjects that they feel their colleagues want and need.

I think Dr. Simonsen is reading into the content. Just because a course is

ing their time to help their colleagues and organized dentistry better serve the public.

I urge Dr. Simonsen to attend the New Dentist Conference this year. It might even help him to be a better educator if he sees and hears the concerns of recent graduates.

Bernie Dishler, D.D.S.  
Member, ADA Council on Membership  
Elkins Park, Pa.

### Oral cancer

Recently my wife and I spent a weekend in New York. Usually we have a wonderful time when we go to the city. This time was quite different. We were

there to help console very close friends who had just lost their 32-year-old daughter to cancer.

The primary site was a squamous cell lesion on the lateral border of her tongue. Unfortunately, this lesion was not discovered in time to save our young friend's life. She went to her dentist. He told her it was probably just a canker sore. After all, she was only 32, had never smoked and was a light drinker. What were the chances it was anything else?

See LETTERS, page five



## LETTERS

*Continued from page four*

Most of us probably would have come to the same conclusion. Sadly, this was not the correct diagnosis. Even if the cancer had been diagnosed that day, I can't be certain our friend's daughter would have lived. I do know, however, that the earlier these lesions are detected and treated, the better the chance of survival.

Our ADA recently launched a campaign urging cancer screening on every patient. Cancer attacks anyone at any age. Cancer screening is not a courtesy; it is an absolute must. We cannot be complacent. We must screen every patient. We must become familiar with the proper screening techniques. We must learn to recognize cancer's early signs and symptoms. If we are health care professionals who are truly concerned about our patients, we must biopsy all lesions that might be the least bit questionable.

I beg all of you on the dental team to take cancer detection courses and to develop a cancer-screening protocol for your office. Go beyond a quick look at the time of prophylaxis. Look carefully whenever you see a patient. It takes just a few seconds of our time, but it can make a difference.

We can make a difference. We can save lives.

*Michael S. Swartz, D.D.S.*

*Past president, Massachusetts Dental Society  
Chairman, National Fluoridation Advisory Committee  
Sudbury, Mass.*

**Editor's note:** Through a grant from the National Cancer Institute, the ADA, in conjunction with internationally renowned experts, has developed a course on the early detection of oral cancer and tobacco use cessation counseling that is designed to provide dentists with information they can use in everyday patient care—information that may

just save a patient's life. In just a few minutes, dentists can make a significant impact on the oral and overall health and lives of their patients. For information on the schedule of courses, contact Mary Wheatley at Ext. 2839 or "wheatleym@ada.org".

Ensuring that oral cancer screenings are part of every visit to the dentist is a high priority for the ADA. Visit ADA.org for the latest information on this important issue.

### Toothprints

I read with interest the story on the Massachusetts tooth prints program in the June 16, 2003, ADA News ("Tooth Prints: A Unique ID Tool").

I applaud Dr. Tesini for his valuable work

and dedication on the CHIP Program. The doctors and staff here at Comfort Dental in Denver, Colo., recently began offering Toothprints free to the children of Colorado, much like the CHIP program does in Massachusetts. Working with the YMCA and our 80 partner dentists, we have printed over 1,000 kids since we started our program three weeks ago. We recently reached agreement with the Colorado Rockies to offer the Toothprints program at Coors Field as well.

The ease of use of Toothprints makes it a wonderful tool for helping protect the children of our community. We are in the process of adding Toothprints to our existing Kid Prints program, which is similar to the CHIP program your story describes.

Through Kid Prints, over 10,000 children

in Colorado have been fingerprinted, digitally photographed and had dental charts produced. Our Kid Prints program goal is to print 100,000 children in Colorado. As always, we invite and encourage all dentists in Colorado to join us in our efforts to protect our children.

The community support for this program has been broad-based and overwhelmingly positive, and we at Comfort Dental urge dentists everywhere to add this valuable service to their practice, or to find an existing program in their area and volunteer.

Let's all work to protect our children.

*Neil G. Norton, D.D.S.  
Executive Vice President  
Comfort Dental Inc.  
Lakewood, Colo.*

## MYVIEW

*Continued from page four*

It is simple to say doctors charge or make too much. I don't hear as frequently about the costs imposed on clinicians by the manufacturers of health care products or by the ever-growing health care regulations imposed by OSHA. If one were to evaluate the regulations imposed on health care providers and contrast that with those placed on our local fast food chains, the results would astound you.

I believe we must reprioritize the importance of quality health care. It would be refreshing to shift our concerns away from the almighty dollar and onto how we can improve patient care.

I find it interesting how much can be made of the cost of an initial visit to the doctor, especially when this fee can be less than a ticket to a professional basketball game. Many of us will pay that price, without blinking an eye or haggling with Ticketmaster.

Now that I think of it, I should have gone for the money. Maybe Nike or a sports drink company could use a periodontist spokesperson.

*Dr. Cohen is a periodontist in Boca Raton, Fla. He is a past president of the American Student Dental Association and a member of the Florida Dental Association's committee on the Florida National Dental Congress.*

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## Government

# ADA offers Medicare opt-out guidance

BY CRAIG PALMER

The American Dental Association, responding to member requests for information on new Medicare opt-out procedures, has published a package of guidance tools to help dentists make informed, individual choices "on whether opting out is right for them."

The information package developed by the

Association's government affairs and legal divisions is posted online in the March 2004 Legal Adviser (available to ADA members only) at "www.ada.org/members/resources/pubs/adviser/0403/adviser\_02.asp". Members can also request Medicare opt-out information by calling the ADA toll free number, Ext. 2875.

"Dentists who treat patients covered by

Medicare may already have obligations under the Medicare program, even if the dentist is not enrolled as a Medicare provider or does not wish to submit Medicare claims," says a co-authored briefing on opt-out procedures included in the ADA information package.

Materials in the information package include:

- a summary of the opt-out choice available

to physicians and newly extended to dentists by the Medicare Prescription Drug, Improvement and Modernization Act of 2003;

- a model for a private contract between dentists and Medicare-eligible patients;
- a model for an affidavit that privately-contracting dentists would file with Medicare carriers.

The summary document, *Private Contracting for Medicare-Covered Services: Dentists Have the Right to Opt-Out of the Medicare Program*, is co-authored by Thomas J. Spangler, director for legislative and regulatory policy, Council on Government Affairs, and Mark S. Rubin, associate general counsel, Division of Legal Affairs.

The summary discusses Medicare's exclusion of most dental services, Medicare-covered services a dentist might provide, emergency and urgent care services, Medicare claim and reimbursement requirements, carrier affidavits, dentist-patient contracts and the question, "Is Opting-Out Right for Me?"

Medicare reform gave dentists new authority to contract privately with patients for Medicare-covered services. ADA News publication Feb. 2 of a report on the Medicare options prompted calls from members throughout the country requesting information on opt-out procedures.

"The background on private contracting we prepared with government affairs will help dentists make informed, individual choices about whether opting out of Medicare is right for them," said Peter M. Sfikas, ADA chief legal counsel. The Association response, a cross-organization effort, also involved dental benefits and publishing staff. The report's authors also credit Association lobbying in the U.S. Congress for giving dentists the choice to opt out of Medicare. ■

## Dr. Genco to lecture at NMD in June

BY CRAIG PALMER

**Baltimore**—The National Museum of Dentistry invites dentists, dental professionals, students and the public to an evening lecture June 18 by Dr. Robert J. Genco on "Periodontal Infections: Role in Systemic Diseases." In celebration of the museum's eighth anniversary, a reception and tour will follow the lecture.

The annual Dr. Jack W. Gottschalk Distinguished Lectures present information on research relating to healthy lifestyles. Dr. Genco, renowned scholar and researcher, will discuss systemic risk factors for periodontal disease and periodontal disease in relation to diabetes, pneumonia, cardiovascular disease, stroke and low birth weight.

Guests may request one continuing education credit. Although the event is open to the public without charge, pre-registration at 1-410-706-8477 is requested. The 7 p.m. Davidge Hall lecture and 8 p.m. museum reception will be at the University of Maryland, Baltimore campus, at Greene and Lombard streets. The lecture is sponsored by the NMD Board of Visitors in partnership with Sunstar Butler. ■

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# Responding to change

## Profession's leaders join in Dental Diversity Forum

BY JAMES BERRY

If dentistry is to respond effectively to a more diverse, multicultural America, it will need the wisdom and planning of all segments of the profession, ADA President Eugene Sekiguchi told dental leaders gathered March 29 in New York City for a forum on dental diversity.

Sponsored by Henry Schein Inc., the diversity forum attracted leaders from a wide range of multicultural dental groups, dental educators and industry representatives. (See list of participants, this page.)

Louis Sullivan, M.D., past secretary of the U.S. Department of Health and Human Services, keynoted the meeting.

In his remarks, Dr. Sekiguchi observed that increasing numbers of women and nonwhite graduates are emerging from the dental schools. This cultural shift, he said, is slowly engendering a dental care system that is "better able to serve the needs of a diverse population as the profession itself becomes more diverse." For the most part, however, this broadening of the profession's cultural base has occurred without a strategic plan, said the ADA president.

"Just think of the difference that effort and planning will make," said Dr. Sekiguchi. And later he confided, "I have a vested interest in diversity and the issue of inclusiveness. As I see it, the dental profession becomes stronger through diversity in the same way that this country has always grown stronger through becoming more representative and inclusive."

Dental leaders recognize that being responsive to cultural change simply makes good business sense.

ADA Executive Director James B. Bramson noted that the ADA officers and trustees devoted part of their February meeting to a presentation and discussion of cultural diversity.

"What we learned," said Dr. Bramson, "is that there is substantial economic power in many of the growing multicultural groups, and a dentist's future practice growth ought to take this into account. Appropriate marketing will be very important. It's about serving a patient



Dr. Sekiguchi



Dr. Sullivan



Mr. Bergman



Dr. Bramson

population that is changing."

In his keynote address, Dr. Sullivan called for all "culturally specific" dental organizations to be active in their local, state and national dental organizations.

"In this way," he said, "you can make your voices heard, be represented in leadership positions, have the ability to vote, and support national, state and local oral health issues." Dr. Sullivan is the founding dean, director and president emeritus of the Morehouse School of Medicine.

Also addressing the diversity forum was Stanley Bergman, chairman, chief executive and president of Henry Schein Inc., which has established a social responsibility program called Henry Schein Cares.

High on the company's list of socially beneficial activities is its role as a major corporate sponsor of the ADA's annual Give Kids A Smile program.

Changes in the U.S. population, said Mr. Bergman, are bringing "diversity and inclusiveness" rapidly to the forefront for the nation.

Schein and other industry leaders, he said, "have a vested interest in helping the dental profession better reflect its patient population because successful dentists are healthy long-term customers" for dental manufacturers and distributors.

Dr. Bramson facilitated break-out sessions for the group, challenging participants to focus on three central questions:

- How can the ADA be more effective in working with culturally diverse organizations to improve community outreach programming?
- What resources do dentists need to serve patients in multicultural practice settings, and do these present opportunities for the ADA to add value to membership?
- How can all dental organizations work together to enhance the professional community?

Work-group recommendations covered a wide range of possibilities—from potential legislative initiatives, to outreach programs, to improved communications and sharing within the dental family. And much more.

Dental leaders described the March forum as a first step on a long journey toward improving the profession's response to a changing environment. Ideas that spring from this ongoing activity will be thoughtfully explored for their practicality and efficiency. More about that in the months ahead.

In his brief remarks, Dr. Bramson told the group about the ADA Institute for Diversity in Leadership, an initiative meant to ensure "that dentistry's leadership draws upon and benefits from the rich diversity in the profession."

The Institute's corporate sponsors include Sullivan-Schein, Procter & Gamble, Colgate-Palmolive and GlaxoSmithKline. To develop a curriculum for the Institute, the ADA partnered with the Kellogg School of Management at Chicago's Northwestern University.

The Association received more than 130 applications for eight available slots in the Institute's first class, prompting the House of Delegates to enlarge the second class from eight to 12 participants. ■

## Who attended the diversity forum?

Sponsored by Henry Schein Inc., the March 29 Dental Diversity Forum attracted more than 50 participants from multicultural dental organizations, as well as dental educators and industry representatives.

In addition to ADA and Schein, the following organizations were represented at the forum:

- American Association of Women Dentists;
- National Dental Association;
- Hispanic Dental Association;
- Indian Dental Association U.S.A.;
- Chinese Dental Association;
- Dominican Dental Association;
- Dominican Medical and Dental Society;

- Bangladesh Dental Association of North America;
- Punjabi Dental Society;
- American Dental Education Association;
- New York County Dental Society;
- New York University College of Dentistry;
- Columbia University School of Dental and Oral Surgery;
- Boston University Dental School;
- Morehouse School of Medicine;
- University of Colorado School of Dentistry;
- Colgate-Palmolive Co.;
- MESAB Bursary Program;
- Healthcare CitiCapital. ■

## Patients

*Continued from page one*

daily, usually twice, but only about half use floss or an interdental cleaner each day. Roughly three in 10 have tried bleaching or whitening their teeth at home, and six in 10 of those were satisfied with the product they used.

Most believe, by a wide margin, that over-the-counter fluoride products and public water fluoridation are good things, but sipping sugary soft drinks all day is not good.

They know that bacterial acids in the mouth cause tooth decay and that tooth decay is a disease. And they will tell you if asked that their primary source of information on dental health is you, their dentist.

These observations are drawn from the ADA's just-released Public Opinion Survey of the U.S. population for 2003, produced by the ADA Survey Center. Findings are based on telephone interviews conducted in December with a nationally representative sample of 1,014 adults—all 18 and older—who identified themselves as heads of households. The sample included 525 women and 489 men.

Some specifics from the survey:

- In 2003, 82.2 percent of U.S. adults had a dentist, about the same percentage as reported in 1997; at 89.2 percent, women were more

## New ADA public opinion surveys now available

The cost of both the Oral Health of the U.S. Population and ADA Seal of Acceptance surveys is \$20 for members; \$30 for nonmembers and \$60 for commercial firms.

Call the ADA toll-free, Ext. 2568 or dial direct, 1-312-440-2568. E-mail a request to "surveycenter@ada.org", including credit card number and mailing information. ■

likely to have a dentist than men, 74.6 percent.

- About 65 percent of respondents had been to the dentist within the past six months, while less than 20 percent had not seen a dentist within the past year.
- The majority (55.1 percent) had been with their current dentist for five or more years, and nine out of 10 said it was "very likely" or "somewhat likely" that they would recommend their dentist to friends or family.
- About 65 percent said they would be more likely to choose a dentist who is an ADA member over a nonmember; as a factor in selecting a dentist, ADA membership weighed most heavily with women and those with college degrees.
- Nearly 72 percent of respondents said their

dentist's fees were about right, not too high, not too low.

- More patients (19.3 percent) asked their dentist about tooth bleaching and whitening than any other dental topic in 2003, up from just 11 percent who asked about whitening in 2001.
- Also in 2003, 29.3 percent of patients used bleaching/whitening products at home, a major jump from the 10.4 percent who reported using such products in 2001.
- Two thirds of those who used a bleaching/whitening product last year said they were satisfied with it.
- Asked about their oral health habits, 18.9 percent of respondents said they brush once a day, 53.2 percent twice a day, and 24.8 percent said they brush their teeth after every meal, up from 11.5 percent who brushed after meals in 1997.
- Slightly more than half (50.5 percent) reported using floss or an interdental cleaner each day, compared to 48.2 percent in 1997.
- Just under 95 percent agreed that sipping soft drinks throughout the day encourages dental caries, and 91.3 percent said they limit the volume of soft drinks their children consume.
- Finally, asked to list their major sources of information on dental health, 54.3 percent cited their dentist first, followed by magazines (31.2 percent), dental hygienists (22.8 percent), television (19.9 percent) and family members (19.1 percent). ■



**Making an impression:** Dr. Joel Berg, chair of pediatric dentistry at the University of Washington School of Dentistry, helps provide 125 middle- and high-school students with mouthguards for the UW's Give Kids A Smile event Feb. 6.

# OSHA

*Continued from page one*  
alliance with OSHA, and the proposed agreement, 18 months in the making, was reviewed and approved by the ADA councils on Government Affairs, Scientific Affairs and Dental Practice.

The two ADA officials joined OSHA administrator John Henshaw in his U.S. Labor Department office afoot Capitol Hill for the ceremonial signing of the first written agreement between the professional organization representing more than 149,000 dentists and the government agency charged with enforcing workplace health and safety laws. The two-year renewable agreement is non-binding on either the ADA or OSHA and is not intended to represent a standard or a guideline.

“This cooperative effort has but one goal and that is to ensure that thousands of workers in the dental industry are afforded every means to have a safer and more healthful work environment particularly on ergonomic-related issues,” Mr. Henshaw said. “We’re pleased that we can draw on the expertise of the American Dental Association, and we look forward to a long and constructive relationship.”

The ADA and OSHA agree to promote “out-reach” and “communication” and use “their collective expertise to help foster a culture of prevention while sharing technical knowledge in the area of ergonomics and promoting safe and healthful working conditions for dental employees.”

The alliance calls for OSHA and the ADA to explore ways of determining whether ergonomics instruction is included in dental education and to encourage “incorporation of sound and proven ergonomics techniques into the schools’ curriculum.” The ADA and OSHA agree to convene or participate in forums and roundtable discussions on ergonomic issues in the dental workplace.

An implementation team of representatives from the ADA and OSHA will be appointed to develop a plan of action, determine working procedures and identify the roles and responsibilities of the parties to the alliance.

As Labor Department assistant secretary for occupational safety and health, Mr. Henshaw directs the Bush administration’s workplace ergonomics strategy, which emphasizes industry- and task-specific guidance. ■

## CDC reports silicosis in dental lab technicians

**BY CRAIG PALMER**  
*Atlanta*—The Centers for Disease Control and Prevention reports nine confirmed cases of silicosis among persons who worked in dental laboratories during the years 1994-2000. Three of the reported cases in Massachusetts, Michigan, New Jersey, New York and Ohio are discussed in CDC’s March 12 Morbidity and Mortality Weekly Report.  
“The findings in this report suggest that dental laboratory technicians might be at risk for silicosis as a result of uncontrolled exposure to airborne crystalline silica dust,” said a CDC editorial note. “For the patients described in this report, the only identified source of crystalline silica exposure was their work as dental technicians.”  
However, the CDC said the report is subject to several limitations: time of diagnosis and job history were not available for all cases, and risk for exposure to crystalline silica could not be quantified because data on exposure levels among dental laboratory technicians are limited. ■

## ‘Homeless Not Toothless’ ACCESS UPDATE

*Los Angeles*—Ten years and \$300,000 worth of dental services after it began, the “Homeless Not Toothless” program continues to provide dental care to homeless individuals in Los Angeles.

Dr. Jay Grossman, who launched the charitable dentistry program in 1993, says the “heartwarming stories of these patients make this all worthwhile.

“Recently a man I treated wanted to learn how to use a computer so he could find a job in an office,” says Dr. Grossman. So Dr. Grossman brought him to his home and showed him the

basics.  
“Not long afterward, I saw him in a real estate office near my office working at the front desk. He was back into society,” says Dr. Grossman. “Nine months later, when I went to a real estate open house, he was the listing agent.”

The program won the ADA Council on Access, Prevention and Interprofessional Relations’ Community Preventive Dentistry Highest Award in its first year. The program provides free dental care to homeless individuals in hopes that it will help them secure employment and rejoin society. Venice Family

Clinic, a clinic that provides free medical care to the homeless, refers some patients. Other program participants are residents in local sober living facilities, which refer patients with dental problems.

Today, Dr. Grossman averages treating one patient a week in his office and has several dozen other volunteer dentists who see at least one patient each month through the program.

“It’s hard to get a job if you don’t have front teeth,” he adds. “Through this program, we help a variety of people. Some need substantial dental care and others need smaller things, but it’s nice to be able to treat them using the optimal treatment plan available without regard to finances.” ■

—Reported by Stacie Crozier

AD 246044m172 to be placed at Quad!!!

# Iraq to Little Rock

## Dentist moves from war front to political arena

BY MARK BERTHOLD

*Pine Bluff, Ark.*—Since June 1971, the month that Dr. Tuck McDonald became both a dentist and a military officer, he’s felt an obligation to give back to his country and his profession.

Thirty-two years later, he’s still fulfilling those obligations. In fact, in a span of less than 12 months, he’s made the transition from full-time soldier to private clinician and to state dental leader.

Dr. McDonald was sworn in April 2 as presi-

dent of the Arkansas State Dental Association.

Last May, he was flying home from the war in Iraq after a military tour as member of the 965th Dental Company, the first-ever Army Reserve dental unit to be mobilized and deployed to a combat zone.

“I am not as young now as I was then,” he says, referring to the military transit that he experienced in the past—he was deployed to Berlin during Desert Storm in 1990-91. “I’ll be 59 years old, and I don’t spring back as quickly



Dr. McDonald

as I’d like. It’s taken me a bit longer to get back in the flow of things, socially and professionally.”

His modesty belies the flurry of activity that has defined his life since Feb. 9, 2003. It was on that lazy Sunday afternoon

when Dr. McDonald received a phone call, telling him to report for active duty with the 965th. He had less than 48 hours to join his unit in Seagoville, Texas.

“Being a sole practitioner, I had no choice but to close the dental office and trust that my wife and business manager could take of things,” he recalls. “But I’ve been very fortunate to have ASDA officers who kept me abreast of developments concerning dentistry in our state, filled in for me when I needed them. So I don’t feel that I lost anything while I was away.”

In Kuwait and Iraq, the tasks he performed and the transition to war and then back home, not to mention the sand and heat of southern Iraq—none have been pleasant. But Dr. McDonald has no regrets.

“Serving in the military is something I feel obligated to do. Someone has to do it, because if everyone just sat on the side, we all would suffer,” he says. “I’m fortunate to live in a free country and have a good profession. I feel honored that I’m able to give back to my government in some small way.”

That said, the new ASDA president looks forward to again serving the public interest, but with a twist.

“A dental society is a group working together to create our own policy. We’re not just following orders or enforcing a policy coming down from the Pentagon,” says Dr. McDonald. “Here, we first get the input of all members, the grassroots dentists, and then we decide policy. That’s the nature of a dental association.” ■

AD 246044m175 to be placed at Quad!!!!



**Convoy:** Dental assistant Sgt. Charles Bagley en route to one of seven clinics operating simultaneously in Kuwait and Iraq.

### U.S. Coast Guard Auxiliary seeks volunteer dentists

BY CRAIG PALMER

*Washington*—The U.S. Coast Guard Auxiliary is looking for more than a few volunteer dentists to reduce a war- and security-related backlog of unmet dental care, say officials heading an Auxiliary recruitment effort.

“This really got impetus with 9/11 (the Sept. 11, 2001, terrorist attacks),” said Richard Lavy, M.D., coordinating the search for dentists, as well as physicians and other professionals, to shore up the Coast Guard health system’s 30 dental clinics and address a growing backlog of unmet dental and medical care.

The Coast Guard cites homeland security and war in Iraq as important factors underlying the appeal for volunteers. The auxiliary is also seeking dental hygienist volunteers.

“Volunteer dentists and physicians are expected to provide an average two days a month of clinical care, with transportation

# 965th Dental Co.

## Set up seven clinics in theater

BY MARK BERTHOLD

*Camp Arifjan, Kuwait*—Col. Chris Cartwright's team of Army Reserve dentists had just touched ground March 23, 2003, when they received their first taste of combat.

As they landed at Kuwait International Airfield, the pilot informed his passengers they were in the middle of a Scud missile attack.

"We heard the sirens going off," recalls Dr. Cartwright, commander of the 965th Dental Company. "None of the Scuds made it, cause they were all taken out by U.S. Patriot missiles. But we stayed in chemical suits all night."

Many of the dentists in the Army Reserve dental unit had very little military experience up to that point. They also had only two days' prior notice to mobilization.

Yet, "they performed admirably under extremely adverse conditions," Col. Cartwright points out. "They never complained or fussed about anything and did an exceptional job. I'm most proud of them."

The 965th unit, which logged about 80,000 kilometers of convoy operations during its 90-day military tour, set up seven clinics in southern Iraq and Kuwait and treated up to 150 patients each day.

"We had general dentists, a prosthodontist, periodontist, endodontist, orthodontist, pediatric dentist, dental auxiliaries and support staff," says Dr. Cartwright. "Our equipment was extremely modern: state-of-the-art curing lights, fiber optic handpieces, quiet compressors, digital radiography and so on. We could perform any treatment that I do in my dental office here in Grand Prairie, Texas."

Living conditions weren't quite up to the same standard. At the dentists' first "residence" at Camp Wolf, males and females lived together in a 200' x 250' warehouse bay that bunked 600 soldiers. There was no running water and only four electrical outlets.

Temperatures reached 117 degrees Fahrenheit and sandstorms were a common occurrence. Using the phone meant waiting in line for four hours. When extra assignments were handed out, some dentists found themselves playing the atypical role of guard duty.

"The main entertainment was shaving your

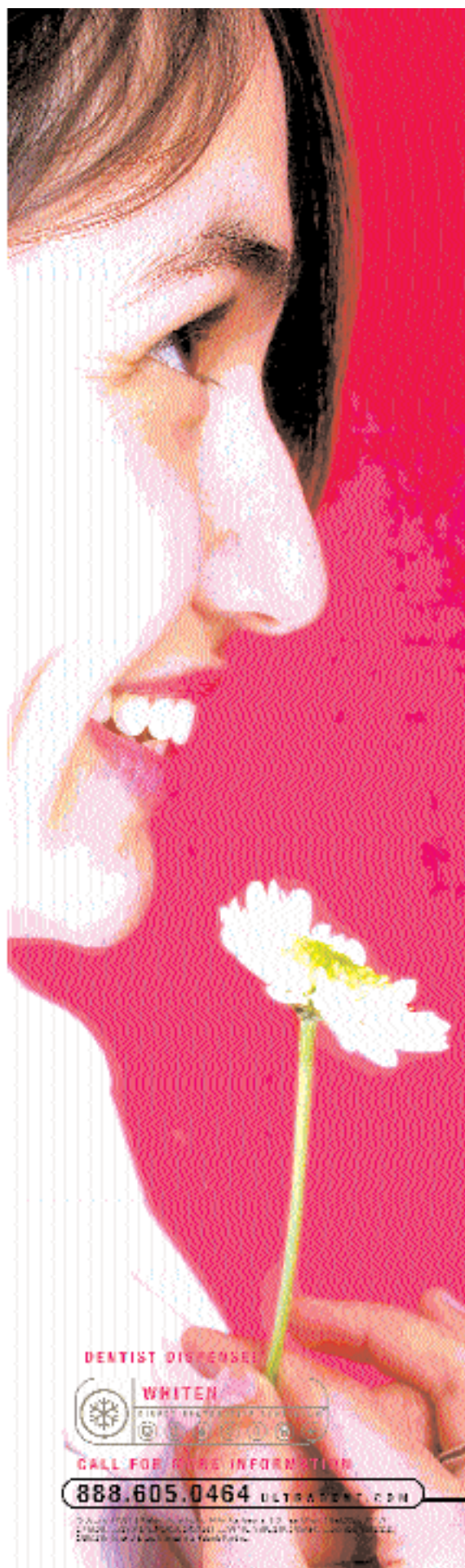
head or watching others shave their heads, officers and enlisted alike," notes general dentist Capt. René Scott.

In spite of the difficulties, Col. Cartwright insists everyone had a positive experience. "It was hot and dirty, but we did the job we were trained to do admirably, the Kuwaiti people were extremely supportive of us—and we got everybody there and home safely," he concludes.

Adds Capt. Scott, "The flight home was shorter than the flight to Kuwait, because we flew over Iraq instead of around it!" ■



**No waiting room:** Col. Cartwright and Staff Sgt. Kevin Thomas outside the 965th Dental Company's clinical operatory in Camp Virginia, Kuwait.



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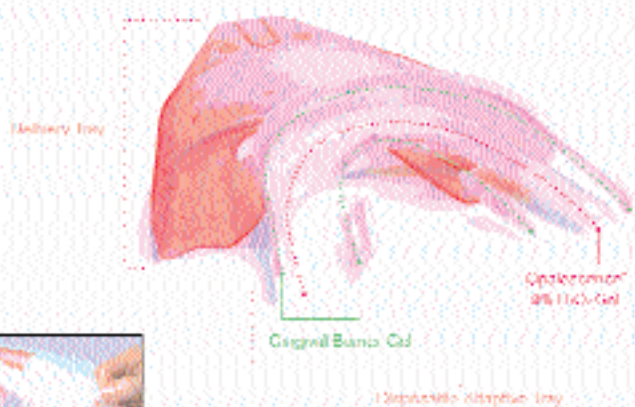
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and expenses covered but no compensation," said Dr. Lavy.

"Volunteers must be members of or join the Coast Guard Auxiliary. Those volunteers are covered by federal tort claim laws and will not be held individually liable for civil damages as long as they are acting within the scope of assigned duties," he said. Nor will they be involved in military operations or law enforcement.

Coast Guard clinics are served by Public Health Service dentists who may need backup "to see more patients and in times of emergency," said Dr. Lavy.

For more information contact Richard C. Lavy, M.D., United States Coast Guard Auxiliary, in this order of preference: e-mail Dr. Richard C. Lavy at "RLavy@comdt.uscg.mil", telephone 1-800-842-8740, ext. 7-0410; fax 1-202-267-4685; or via postal mail addressed to Dr. Richard C. Lavy, M.D., Office of Health Services, Room 5314, U.S. Coast Guard Headquarters (G-WKH), 2100 Second St. S.W., Washington, D.C. 20593-0001.

Web addresses offering relevant information include "www.uscg.mil" and "www.cgaux.org". ■

# Michigan fights for Medicaid

## Senate approves bill to boost funds, restore adult dental services

BY MARK BERTHOLD

*Lansing, Mich.*—Adult dental Medicaid could be restored in full, if support for SB 1062 keeps up.

The state Senate approved March 31 a proposal by its Appropriations Community Health Subcommittee, which voted March 18 to save the dental benefits by increasing—by nearly \$500 million—Gov. Jennifer Granholm’s proposed budget for the state’s Department of Community Health.

“It is certainly our desire for elected officials to begin to understand the importance of ongoing, preventive dental care for adults as well as children,” says Dr. Raymond Gist, president of the Michigan Dental Association.

“This action by the



Dr. Gist

Senate subcommittee is very encouraging news,” he continues, “and we hope it results in once again providing access to oral health care for this important segment of the population.”

A recent cut in dental benefits is affecting about 600,000 low-income adults at about 80 clinics statewide that provide Medicaid-paid dental care for adults, said Carol Parker Lee of the Michigan Primary Care Association.

Those hardest hit are low-income mothers, destitute nursing-home residents, the develop-

mentally disabled and the mentally ill. The cuts do not affect children’s services or those for adults facing emergency situations.

In addition to the significant increase in funding for adult dental Medicaid, the Senate subcommittee’s proposal involves other major financial decisions: no increase to the Healthy Michigan Fund and a one-year limit on contracts with Medicaid health maintenance organizations.

The \$9.74 billion budget would also require the state to study alternatives to Medicaid HMOs, such as possibly returning to fee-for-service or creating a primary-care case-management arrangement, as well as contract with an outside firm to “find Medicaid overpayments,” which the Senate subcommittee estimates to total \$5 million.

State Sen. Tom George (R-Portage), the only physician in the legislature, said restoring adult dental Medicaid could save the state on hospital emergency room costs, since research indicates good dental care is more critical than originally thought in maintaining good overall health.

The legislative measure, which depends in part on funding shifts and revenue from Gov. Granholm’s proposed 75-cent increase in the cigarette tax, has been sent from the Senate to the Michigan House of Representatives for its approval. ■

Ad 246044m184 to be placed at Quad!!!!!!

## NIDCR seeks study of special needs patients’ oral health

BY CRAIG PALMER

*Bethesda, Md.*—The National Institute of Dental and Craniofacial Research invites applications for investigator-initiated clinical research on the oral health of special needs populations including persons with developmental or acquired physical or mental disabilities, mental retardation and HIV/AIDS, and frail or functionally dependent elders.

Funding is available for research described in a National Institutes of Health Program Announcement posted at “[grants1.nih.gov/grants/guide/pa-files/PA-04-031.html](http://grants1.nih.gov/grants/guide/pa-files/PA-04-031.html)”. The NIDCR and National Institute on Aging invite studies aimed at understanding and improving the oral, dental and craniofacial health status, quality of life and health outcomes among elders and other special needs populations.

Applicants may propose health care, epidemiologic, behavioral/social sciences, patient-oriented and community-based studies. However, applications for clinical trials, which are eligible for separate funding, will not be accepted under this PA.

“Studies conducted in a variety of settings indicate that older people with impaired dentitions have trouble sleeping because of dental problems, avoid social contact and conversation and may be too embarrassed to laugh or smile,” the PA says. “The psychosocial impacts of oral diseases and conditions are of concern, given the growing evidence that social support is related to general health. Many older adults suffer from severe periodontal disease and there is evidence that periodontal disease or tooth loss may be associated with poor diabetic control, respiratory disease, cardiovascular disease, and stroke.” ■

# Diabetes

*Continued from page one*

resistance to infection. As a result, the gums are among the tissues likely to be affected. In addition, periodontal disease is often linked to the control of diabetes. New research suggests that treating periodontal disease and infection can even affect a patient's glycemic control.

The satellite seminar will be broadcast live in New York, Los Angeles, Chicago, Houston, Philadelphia, Phoenix, Dallas, Detroit, San Francisco, Baltimore, Boston, Atlanta, Miami, Seattle/Tacoma and Minneapolis.

"This is a convenient and cost-effective way to provide this information to a large number of attendees in a number of disparate locations," noted Dr. James Bramson, ADA executive director. "Further, it involves Colgate personnel on a

## Dentistry & Diabetes

local basis, which adds value to the messages that they can deliver and gives us an opportunity to reach out using new technology."

Four experts and an ADA consumer advisor comprise the seminar's panel:

- Dr. Maria Ryan covers the latest developments in diabetes and its treatment with attention to oral health aspects—specifically periodontal disease.
- Dr. Louis Rose addresses managing the diabetic patient in a general practice.
- Dr. Roger Levin discusses practice management for the dental patient with diabetes.
- JoAnn Gurenlian, dental hygienist, addresses the role of the hygienist as an educator of the dia-

### ■ New research suggests that treating periodontal disease and infection can even affect a patient's glycemic control.

betic dental patient.

- Dr. Richard Price, ADA consumer advisor, serves as moderator.

Those attending the seminar will receive a certificate of attendance for CE.

If you live in one of the 15 areas and wish to sign up, watch for your invitation by mail or call 1-800-840-3000 to register by phone. The first of three mailings went out last week. Space is limited to first-come, first-served. Seating is available for 150 to 200.

There is no charge for attending the event, and dinner will be provided. Both dentists and dental hygienists may attend. The satellite seminar takes place May 27 at the following times (includes dinner and lecture):

- Eastern Daylight Time: 6 to 8:30 p.m.
- Central Daylight Time: 5 to 7:30 p.m.
- Pacific Daylight Time: 5:45 to 8:15 p.m.


"Colgate is delighted to sponsor this historic broadcast on a topic of immediate and vital interest—diabetes management in the dental office," said Suzan Harrison, vice president/general manager of the Colgate U.S. Oral Care division, Colgate-Palmolive Co.

"Colgate has taken the lead in promoting increased awareness among the entire dental team of the special needs of this rapidly growing group," she added. "As the only FDA-approved, ADA-accepted dentifrice for the treatment and prevention of gingivitis, plaque and caries, Colgate Total is ideally suited to this patient population." ■




**ASDA networking:** The American Student Dental Association held its 2004 Western Regional Meeting in Chicago Jan. 29-Feb. 1, with ADA Executive Director James Bramson addressing the 120 attendees. Pictured are ASDA officers and trustees (front row from left): Richard Chan, Region 11; Jessica Robertson, vice president; Ryan Monti, speaker, ASDA house of delegates; (back row from left) Courtney Alexander, Region 9; Dr. Bramson; Camille Walker, Region 8; and David Newell, Region 10.

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# CAPIR honors fluoridation expert's work



**Fluoridation champion:** Tom Reeves, left, accepts the Council's Choice award from Dr. Paul Landman, chair of the ADA Council on Access, Prevention and Interprofessional Relations Jan. 23.

## Juneau dentists, citizens lobby for city to resume fluoridation

*Juneau, Alaska*—Is it on or is it off?

Juneau health care providers were stunned to learn last month that their "fluoridated" water supply hadn't been fluoridated since June 26 of last year. But after working together to address the issue, the city turned fluoridation back on, at least for a while.

Local dentists, physicians and health officials were not notified when the city stopped fluoridating its drinking water in June 2003, said Dr. Kristen Schultz, president of the Juneau Dental Society. When a routine test by an Indian Health Service clinic last month showed fluoride levels were too low, local health providers and the public started asking questions; then pressuring the city to resume fluoridation.

"We [local dentists] were a little disgruntled that they had discontinued fluoridation without notifying us," she added. "We discussed it at a dental society meeting and agreed to write a letter to the mayor and, the very next day, the local newspaper broke the story and the public started getting involved."

Local dentists even contacted the ADA Council on Access, Prevention and Interprofessional Relations for help and technical assistance in working with the city to restore fluoridation. "The ADA really came

through for us," said Dr. Phil Moritz. "They proved they're worth every penny we pay them. It shows they care about what's going on, even when it's way out here in Alaska."

According to Associated Press reports, City Manager Rod Swope said the public works department stopped fluoridating while trying to determine whether fluoride was involved in a problem with the water supply's copper levels.

The Juneau Empire reported that the department had not found any data showing the impact of fluoride on copper, and indicated the drop in copper levels since discontinuing fluoridation would not be enough to recommend the removal of fluoride from the system.

Additionally, the Juneau Empire reported that Mr. Swope announced that the city would "resume fluoridation after receiving public pressure," but he is calling for a public forum on the issue.

The Juneau Assembly will appoint a task force to study the effects of water fluoridation since it was first added to the city's water supply more than three decades ago.

For assistance with water fluoridation, please contact Nicole Stoufflet at Ext. 2858 or "stouffletn@ada.org". ■

## Attention volunteers VIH teleworkshop covers the latest developments on charitable immunity

*Pawtucket, R.I.*—Does new federal legislation give clinicians charitable immunity liability coverage when providing volunteer care services?

Find out the latest by participating in a special teleworkshop: "Charitable Immunity Legislation: Implications for Volunteer Clinicians" April 20, beginning at 2 p.m. Eastern time or order an audio CD of the teleworkshop following the event. Volunteers In Health Care is the sponsor for the teleworkshop.

The teleworkshop will review recent legislation that offers federal tort claims act coverage

for some free clinic volunteers, the limits and uncertainties surrounding the new law and state-level developments, including the charitable immunity program in Iowa, which provides coverage for volunteer clinicians and free clinics.

The cost to participate is \$50 per phone line, payable by check, Visa or MasterCard. Audio CDs of this and other VIH teleworkshops are available for \$35. Log on to "www.volunteersinhealthcare.org" to register or to download a VIH product order form. Call Volunteers in Health Care toll-free at 1-877-844-8442 for more information. ■

## Access honors

The ADA Council on Access, Prevention and Interprofessional Relations is pleased to recognize the 27 individuals who received its 2003 Access Recognition Award. This award honors individuals who have demonstrated leadership and inspiration in gaining access to dental care at the local level for those in need. Nominations for this award may be submitted to the council by a constituent dental society at any time. One recipient each year will receive the E. "Bud" Tarrson Access to Oral Health Care Award sponsored by the ADA Foundation. In 2003 the winner was Janet Walz Bartlett, R.N. For more information, contact the council by

### ALABAMA

Dr. John B. Thornton

### CALIFORNIA

Dr. Guy C. Lichty II  
Dr. Parvathi Pokala

### ILLINOIS

Dr. James L. Davis  
Dr. Gary Herberger

### MASSACHUSETTS

Dr. John F. Mancini

### NEW YORK

Dr. Stephen Patterson Dautel

### PENNSYLVANIA

Dr. Ahmed AbdelKader  
Dr. Elaine H. Berkowitz  
Dr. Daniel R. Bonnevie

Dr. James A. Bougie Jr.  
Dr. Jeffrey Ross Brenner  
Dr. Julius Eingorn  
Dr. Edgardo F. Enriquez  
Dr. Anthony E. Giannetti  
Dr. Thomas N. Good  
Dr. Glenn P. Goodhart  
Robert E. Lee  
Dr. Bernadette A. Logan  
Sister Lois McDonough, RSM

Patricia M. Rhodes  
Dr. Robert R. Zimmerman

### TEXAS

Janet Walz Bartlett, R.N.  
Dr. Howard P. Cassada  
Dr. Tonya Kay Fuqua  
Dr. David F. Nichols  
Dr. Jack B. Walker

# New e-mail address? No problem! E-mail forwarding service a ‘huge benefit’ for members

Ever had to change your e-mail address—and print new business cards, letterhead, inform friends, family and colleagues?

An ADA member benefit called the “ADAmember.net e-mail forwarding service” can forward e-mail sent to your new “ADAmember.net” address to your current service provider and distinguish you as an ADA member at the same time. And there’s no cost.

ADA President Eugene Sekiguchi calls it a “huge member benefit.”

“There is a growing dependence on e-mail communication since it can originate and be received anywhere, anytime, nearly omnipresent or at the convenience of the user,” said Dr. Sekiguchi. “Having an e-mail address that remains constant is an asset in this contemporary environment. This service will help members in this ‘connected world’ facilitate their business and personal correspondence.”

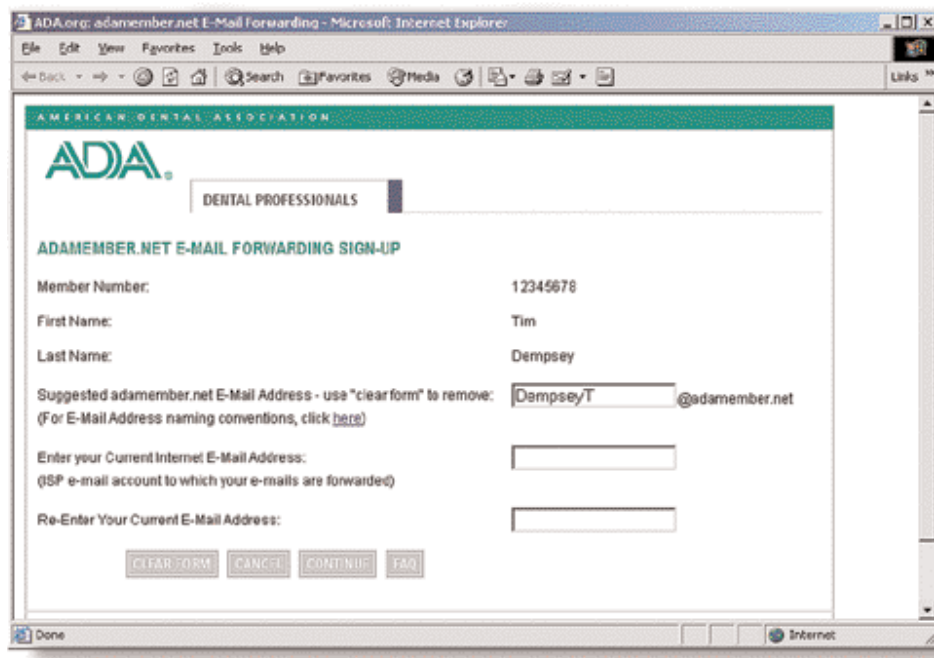
Members can sign up for one “ADAmember.net” e-mail address which will forward mail to one existing e-mail account. The Association does not have access to any member e-mail correspondence.

Once established, patients, professional contacts, family and friends can use the “ADAmember.net” address for members, significantly decreasing the potential for confusion or breakdowns in communication, regardless of how many times you switch your home or personal Internet service provider—or providers change ownership.

Users also gain the freedom to use their permanent “ADAmember.net” e-mail addresses to actively market themselves as ADA members. They can display the address on business cards, letterhead, in the ADA Member Directory or give it to patients and colleagues—even use it to stay in touch with dental school classmates, other ADA members and friends.

You can register easily online at ADA.org. Just follow these easy steps:

- Go to “[www.ada.org/members/e\\_Forward/index.asp](http://www.ada.org/members/e_Forward/index.asp)”.
- Click the “Sign Up” button.
- On the “conditions of use” page select the “Accept” button. ADA Member Information displays. If correct, click the “Continue” button.
- Sign up page—Enter your desired user name for the new “ADAMember.net” e-mail address. In the next box, enter your current ISP e-mail address (the destination for your new “ADAMember.net” e-mails). Retype that same ISP e-mail address in the third box and click the “Continue” button.
- Confirm that all information is correct, make corrections if necessary, then click the “Continue” button.
- Registration complete, print page for your records. Allow 24 hours to set up e-mail forwarding before you begin using your new address. ■



**ADAmember.net:** Easy e-mail forwarding at ADA.org.

## Resource for infants, young children online

Washington—Health professionals can go online to study the latest in managing oral health in infants and young children through the National Maternal and Child Oral Health Resources Center.

“A Health Professional’s Guide to Pediatric Oral Health Management” is a series of seven online learning modules that contain an overview, learning objectives, key points, self-assessment quiz, references and additional resources.

To access the modules, go to “[www.mchoralhealth.org/PediatricOH/index.htm](http://www.mchoralhealth.org/PediatricOH/index.htm)”. ■

## AD 246044m183 to be placed at Quad!!!