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ADANEWS

JULY 11, 2005

VOLUME 36 NO. 13

Two national exams? ADA to send liaisons to ADEX, WREB panels

BY KAREN FOX

There's more progress to report on the creation of a national clinical licensing examination, including some unanticipated developments.

Perhaps most notably, it appears

■ **Status of ADEX, WREB clinical licensure examinations, page 12**

there will be not one but two national exams for initial licensure available to the states.

The American Board of Dental Examiners (ADEX) and the Western Regional Examining Board are now in

the process of developing national exams for their respective constituencies.

At the ADA Board of Trustees meeting last month, the ADA received and accepted offers from ADEX and WREB
See EXAMS, page 10

BRIEFS

Google comes to ADA.org: Visitors to the Association's Web site can now employ technology powered by Google, one of the Internet's most widely used search engines, to find the information they need.

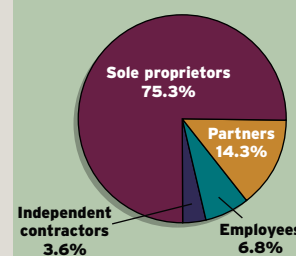
The search engine giant's technology promises easier and more complete searches of ADA.org content and greater relevancy of search returns. Visitors who've used Google to search the Web will recognize the navigation and formatting of search results and the simple user interface.

Advanced search options include searching by exact phrase, by page title or URL and sorting of returns by date or relevance. The Google-powered search can find results in Web pages as well as PDF and Microsoft Office documents posted on ADA.org and offers direct searching of much of the information delivered to the site via database, including the ADA Seal, annual session information and ADA News article databases.

For guidance on getting the most out of ADA.org's new and improved search engine, follow the link that says "Search Tips" at the top of the results page from any search. And remember, the search engine is accessible through the navigation bar at the top of any page on ADA.org. ■

JUST THE FACTS Employment

Employment status of all dentists in private practice, 2002.



Source: ADA Survey Center
"survey@ada.org", Ext. 2568

ADA budget headed to House

BY JUDY JAKUSH

Once again, the ADA Board of Trustees foresees the possibility of no dues increase for 2006.

If reserve funds are used to balance a projected deficit of nearly \$1.4 million, then there won't be a dues increase for 2006. However, to be prudent, the Board is formally giving notice that a \$6 dues increase is proposed in a resolution going to the House of Delegates.

In order to fund the budget deficit and other new expenses anticipated in conjunction with ongoing advocacy efforts in Alaska, the Board recommended a combination of the use of reserves and a \$6 dues increase.

The proposed budget and dues increase are consistent with the ADA's long-term financial strategy of dues stabilization, both in being far less than an inflationary increase and in maintaining a strong reserve position, said Dr. Mark J. Feldman, ADA treasurer.

"Ultimately, the dues level will be determined by the delegates in
See BUDGET, page 18



Helping hands: Dr. Tom Bunker (right), a general dentistry resident at Marquette University dental school, takes a breather with Marquette dental students (from left) Edward Polzin, Erica Johannes, Matt Smith and Ashley Bailey. Dr. Bunker and the students are among the many helping patients at Wisconsin's Tri-County Community Dental Clinic.

How a small group of Wisconsin dentists came together to address a rising need

BY JAMES BERRY

Appleton, Wis.—On a sunny Wednesday morning in early spring, the parking lot at the Tri-County Community Dental Clinic is filled to capacity. Inside the sand-colored, one-story building in this eastern Wisconsin city, the waiting area is crowded with patients, young and old, many of them here for the first dental examination of their lives.

A visitor remarks that every day at the clinic must seem like Give Kids

A Smile day, a reference to the ADA's yearly outreach to thousands of indigent children across the country.

"Except this is for mom and dad, too," notes Dr. Jim Killinger, who might have mentioned grandma and grandpa as well.

Dr. Killinger, retired after 35 years in general practice, is a Tri-County clinical adviser and one of 117 area general dentists and specialists who volunteer at the clinic.

Nestled in the Fox River Valley about 100 miles north of Milwaukee, the Tri-County Clinic opened in October 2003 to serve mainly low-income, Medicaid (Title XIX) and state-supported "BadgerCare" patients in Calumet, Outagamie and Winnebago counties, areas with a combined population of more than 350,000.

In its first 18 months of operation, the clinic treated about 5,000
See LOCAL ACCESS, page four

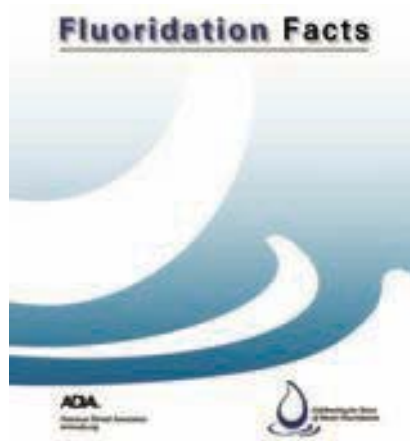
2005 Fluoridation Facts now available

BY STACIE CROZIER

Hot off the press, the new and expanded 2005 edition of Fluoridation Facts makes its debut in conjunction with the National Fluoridation Symposium July 13-16.

Issued as part of the 60th anniversary celebration of community water fluoridation, the 71-page booklet is a comprehensive encyclopedia of fluoridation facts. It is filled with over 350 scientific references designed to assist policy-makers and the general public in making informed decisions about community water fluoridation. The ADA has updated and published the resource since 1952.

Also included in Fluoridation Facts is an



expanded listing of organizations that recognize the public health benefits of community water fluoridation for preventing dental decay.

Fluoridation Facts is available through ADA Salable Materials at 1-800-947-4746 or online at "www.adacatalog.org".

The cost is \$11.95 for members and \$17.95 for nonmembers.

The booklet can also be viewed on ADA.org at "www.ada.org/goto/fluoride".

For additional information or assistance with fluoridation activities, please contact Nicole Stoufflet, coordinator, Fluoridation and Preventive Health Activities, at "stouffletn@ada.org" or Ext. 2858. ■

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Howard University dedicates dental clinic

BY CRAIG PALMER

Washington—A newly dedicated Howard University College of Dentistry dental clinic “stands poised to have a powerful impact on the oral health of this community,” said Dr. Leo Rouse, dental dean.

Howard and 14 other dental schools received funding from the Robert Wood Johnson Foundation and The California Endowment to develop community-based clinical education programs serving uninsured, working families. At a campus ceremony March 15, Delta Dental of the District of Columbia pledged an additional \$10,000 to the Thomas E. Jeter Dental Center.

The clinic is named for the late Dr. Jeter, a distinguished faculty member at Howard’s College of Dentistry for more than 33 years. Supported by the District of Columbia Dental Society and the Robert T. Freeman Dental Society, the clinic is serviced by faculty, students and volunteer dentists.

“We applaud and support this type of collaborative effort, which brings organized dentistry, students and educators together to prevent and treat the effects of dental disease for those who otherwise could not afford those services,” said Dr. Richard Klich, vice president of professional relations for Delta Dental’s mid-Atlantic region. Dr. Donna Mills-Grant, faculty member, said the collaborative project will integrate community-based practice experiences with the College of Dentistry’s education programs. ■

SCHIP programs improve access to dental care

BY MARK BERTHOLD

Cambridge, Mass.—Enrollment in a state’s Children’s Health Insurance Program improves a child’s access to dental care, says a new report from Mathematica Policy Research Inc.

In fact, most state CHIP programs met or exceeded the federal Healthy People 2010’s objective for dental care.

Healthy People stipulates that, by 2010, at least 57 percent of low-income children in the United States should receive a preventive dental visit each year.

“Through SCHIP, states have taken an important step toward closing the dental care gap between high- and low-income children,” explains Margo Rosenbach, a vice president at Mathematica.

The report, “SCHIP Takes a Bite Out of the Dental Access Gap for Low-Income Children,” is available at “www.mathematica-mpr.com” (click on “SCHIP and Dental Care”) or by calling 1-609-275-2350.

The report is based on data from 27 states gathered by Mathematica, which is conducting a national evaluation of SCHIP for the federal Centers for Medicare & Medicaid Services. ■

2005 diversity leaders selected

BY KAREN FOX

At its meeting last month, the Board of Trustees selected 12 applicants from a pool of 72 for the 2005 ADA Institute for Diversity in Leadership.

To date, 20 dentists have gone through the Institute, a three-part program designed to enhance leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles.

The 12 members selected for the 2005 class are Drs. Kevin Chang (California); Rosalynn Yvette Crawford (New York); Elsa D. Flores



(Texas); Mao Her-Flores (California); Zahra L. Hosseini (California); George Jenkins (New Jersey); Amar Kosaraju (Air Force); Marcia Martinez (Florida); Sancerie O'Rourke-Allen (Louisiana); Luis E. Ortiz-Quiles (Puerto Rico); Emmanuel Puddicombe (New York); and Meelin Chin Kit Wells (New York).

Class dates are Sept. 8-9; Dec. 12-13; and Sept. 7-8, 2006.

The ADA Institute for Diversity in Leadership is made possible by the ADA Foundation through corporate contributions from Colgate-Palmolive Co., GlaxoSmithKline, Procter & Gamble and Sullivan-Schein. ■

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Local access

Continued from page one

needy patients, providing donated care valued at nearly \$1.5 million.

"What you have here are local dentists giving back to the community," says Dr. Tim Brown, president of the board of directors that oversees the clinic.

"Many people give a little so that nobody has to give a lot," adds Dr. Tim Rose, a Tri-County board member and a past president of the ADA.

Wisconsin's Fox River Valley is mostly rolling farmland dotted with small to mid-sized cities and towns of working-class and white-collar families. But scratch the surface and you find a small but growing underclass of working poor of various races and ethnic backgrounds.

Today, about 30,000 people in the tri-county region live as much as 200 percent below the federal poverty level, set in 2005 at \$19,350 a year for a family of four.

In early 2002, "we began to recognize the need" for a facility that would cater to the underprivileged, recalls Dr. Rose, an Appleton periodontist and one of five tri-county dentists, including Dr. Brown, who joined forces to campaign for a clinic.

Though their chief motivations were decidedly altruistic, the local dental community also was "getting some heat" from area legislators and officials, says Dr. Rose. "They saw this as a problem that the dental community needed to address. People in pain were using the hospital emergency rooms for dental treatment."

That, of course, was not dentistry's fault, observes Dr. Rose, but he and his colleagues decided nonetheless that they wanted to be part of the solution.

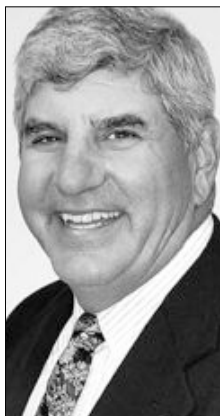
Along with Drs. Brown and Rose, dentists who pulled together at the outset to push for the clinic included Drs. Lisa Lang-Riegel, Loren Swanson and Phil Florek. All now serve on the clinic's 15-member board of directors that oversees policy and planning.

"Our focus was to help as many people as we could and to serve as an example in terms of giving," says Dr. Brown, adding that the clinic was envisioned to offer dental care in "an atmosphere of kindness, compassion, giving and respect" for needy patients.

Dr. Brown and others who led the drive for a clinic knew they wouldn't succeed without backing from the local dental community.



Dr. Rose



Dr. Brown

"We couldn't go out and raise money without support from the local dentists," says Dr. Rose. "We appeared before the boards of the dental societies in all three counties. We told them we wanted \$1,000 a piece as a starter. Instead, they gave us about \$125,000 as seed money."

That opened the way to other donors, in-kind contributors and influential supporters: area dentists, private citizens, local businesses, U.S. Sen. Herb Kohl (D-Wis.), State Reps. Dean Kaufert and Steve Wiecek, United Way, Delta Dental Plan of Wisconsin, various charitable foundations and dental industry sponsors too numerous to name here. In all, about \$1.2 million was raised.

One gift that must be singled out is that of Drs. Marissa and Jeff Kessler, the husband-wife orthodontists who donated the land that the clinic now occupies.

"They were going to build their own office there but decided to give it to us, and we can't thank them enough for that," says Dr. Rose.

(The complete list of donors and supporters covers six columns in the clinic's quarterly newsletter—in very small type. To review the list, go to www.tricountydental.org.)

As fundraising proceeded, clinic organizers linked with a local health official who had been vocal about finding solutions to the access problem.

John Rathman is deputy director of the Department of Health and Human Services in Outagamie County. Among other duties, he is a leader of the regional W2 steering committee. W2 is short for "Wisconsin Works," a state-supported program that helps find jobs for welfare recipients.



Giving back: Dr. William Farrow examines a patient at the Tri-County Clinic. Dr. Farrow is one of 117 dentists who volunteer their time and skills at the clinic.

Shanna Larsen, the clinic coordinator, talked about the satisfaction of "just helping somebody sleep at night." She said patients sometimes send flowers or cookies or freshly baked bread to show their appreciation.

Four dental students in their third and fourth years at Milwaukee's Marquette University dental school provide services three days a week. A general dentistry resident, also from Marquette, helps out two days a week.

"Students enjoy the interaction and understand the mission," says Dr. Sheila Stover, director of the dental school's Rural Outreach Programs. "This really opens their eyes to service."

Students in the dental hygiene and assisting programs at Fox Valley Technical College use the clinic as a practicum site. And this spring, eight pre-dental students from the University of Wisconsin-Oshkosh began assisting in the clinic to learn more about dentistry.

"The dental students provide care as part of their curriculum, under the supervision of the volunteer dentists," notes Barbara J. Uehling, the clinic's director since January 2004. "Many of them ask to come back on vacations or spring break."

Ms. Uehling, a soft-spoken certified public accountant, is one of just six paid staff members, several of them bilingual to communicate with Spanish-speaking patients who account for about 20 percent of the patient load.

Volunteer dentists and office staff interviewed for this report all talked about the rewards of helping needy patients. Students talked about the invaluable "real-world" experience of delivering chairside care under the direction of a seasoned professional.

Matthew Smith, a fourth-year dental student at Marquette, remembered helping relieve the suffering of a man in terrible pain. "He couldn't stop thanking me," says Matthew.

Shanna Larsen, the clinic coordinator, talked about the satisfaction of "just helping somebody sleep at night." She said patients sometimes will send flowers or cookies or freshly baked bread to show their appreciation.

Dr. Brown, the Tri-County board president, has a clear-eyed businessman's sense of things. "Charity is not a dental plan," he says flatly. But he also can't help feeling proud of what has taken place in the Fox River Valley.

"It's all fallen in to place," he observes. "Local dentists have done this. They stepped forward to meet a need." ■

National survey charts dental access for American children

BY CRAIG PALMER

Washington—Some 6 percent of American families say they can't afford dental care for their children, according to new data from the 2003 National Health Interview Survey.

Summary Health Statistics for U.S. Children puts a new face on access to dental and other health care for American children. It is based on a multipurpose health survey conducted annually by interviewers of the U.S. Census Bureau for the Centers for Disease Control and Prevention's National Center for Health Statistics. The report is posted at the NCHS Web site.

The report says 3.7 million children aged 2-17, or 6 percent of U.S. children under age 18, had unmet dental needs in 2003 because their families could not afford dental care. Other dental access data from the survey:

- 19 percent of uninsured children had unmet dental needs compared with 3 percent of children with private health insurance and 7 percent of children with Medicaid;

- 8 percent of children in single-mother families had unmet dental needs compared with 5 percent of those in two-parent families;

- Non-Hispanic white children were more likely to have had a dental contact in the past six months (63 percent) than non-Hispanic black children (48 percent) or Hispanic children (47 percent);

- Hispanic children were almost twice as likely as non-Hispanic white children to have had no dental contact for more than two years.

The latest information about this and other aspects of the National Health Interview Survey is located online at www.cdc.gov/nchs/nhis.htm. ■

NCQA revises criteria for annual dental visit

Assessment will include children from age 2, improve access, dental leaders say

BY ARLENE FURLONG

Children covered by Medicaid contracts in managed care plans will soon benefit from a change Association leaders say could help reduce the impact of early childhood dental disease.

The National Committee for Quality Assurance, which accredits health plans, revised its criteria for annual dental visit for children to apply to ages 2 through 21. Previously it applied to ages 4 through 21. NCQA assesses the quality of care provided by health plans through its Health Employer Data and Information Set.

What this revision means is that with the introduction of HEDIS 2006, NCQA will assess whether individuals who turn 2 through 21 years of age have at least one dental visit per year.

NCQA evaluates insurance programs according to HEDIS criteria. Purchasers of health plans, such as employers and the Medicare and Medicaid programs, consider HEDIS measures when selecting plans.

"Hopefully, the revision on the annual dental visit will be a step toward bringing third-party payers, including government programs, and dental organizations closer together in their policies," said Dr. Charles L. Greenblatt, chair of the Council on Dental Benefit Programs. "This is something we hope will improve access. If it improves access, it will improve oral health."

"Hopefully, the revision on the annual dental visit will be a step towards bringing third-party payers, including government programs, and dental organizations closer together in their policies."

NCQA ratings are widely perceived to be an indicator of quality, to show just how well health plans are managing health care. The idea is that the better plans are at meeting HEDIS criteria, the more efficiently quality health care will be delivered in the long term.

"The population most affected by this change is the group that needs this kind of help the most," explained Dr. Brian Powley, chair of the Council on Government Affairs. "Early intervention, prevention and nutritional counseling make a big difference in oral health down the road."

Health plan consumers—such as employers, federal and state governments and individuals—consider NCQA accreditation when choosing among competing health plans. Its health plan report cards, posted on the NCQA Web site, include ratings on commercial health plans as well as Medicare and Medicaid.

Dental experts say the revision is in keeping with the profession's views on oral health's relationship to overall health.

James B. Bramson, ADA executive director, provided support for the criteria in a Jan. 18 letter to NCQA.

"The ADA has long recognized early childhood dental disease as a significant public health problem," he noted in the letter. "We urge all health professionals and the public to recognize that a child's teeth are susceptible to dental disease as soon as they erupt into the oral cavity."

In its notice approving the revision, NCQA pointed out: "As visits for many 1-year-olds will be counted, because the specification includes children whose second birthday occurs any time



Dr. Powley



Dr. Greenblatt

OnlineXtra
www.ada.org/goto/newsextra

For more information related to this story, visit the ADA's Web site, using the Web address above.

during the measurement year, this change will more closely align the measure with current clinical guidelines, which recommend that the first dental visit for children, especially those at high-risk, should occur by age 1."

The Guidelines for Radiographs, which the

ADA developed with the Food and Drug Administration, recommend that children have an initial exam prior to the eruption of the first tooth.

The Council on Dental Benefit Programs and all members of the Subcommittee on Quality Assessment and Improvement (which includes representatives from the Council on Dental Practice, the Council on Dental Education and Licensure and the Council on Government Affairs) provided comments to NCQA on the revision. ■

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NAS X-ray study looks at risk

BY CRAIG PALMER

Washington—Low doses of radiation such as those from medical and dental X-rays, natural and other manmade sources pose some risk for cancer though the risk is small, a National Academy of Sciences panel said in a comprehensive update of the scientific literature. More information is needed to assess other possible low-dose health effects, the panel said.

American Dental Association guidelines posted on ADA.org and communicated in ADA publications recommend that dentists consider exposure risk in evaluating and diagnosing oral

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diseases and conditions. "The dentist must weigh the benefits of taking dental radiographs against the risk of exposing a patient to X-rays, the effects of which accumulate from multiple sources over time," says the ADA, Food and Drug Administration Guide to Patient Selection for Dental Radiographs.

"The dentist, knowing the patient's health history and vulnerability to oral disease, is in the best position to make this judgment in the interest of each patient," the ADA, FDA guidelines say.

When a radiograph is indicated, the ADA recommends that dentists:

- follow the "As Low As Reasonably Achievable" (ALARA) principle and order X-rays only when necessary for diagnosis;
- use protective thyroid collars whenever possible and aprons on all patients during X-rays;
- encourage patients to visit the dental office regularly to maintain good oral health.

An oral health topics page on ADA.org offers public information on frequently asked questions: How do dental X-rays work, how often should X-rays be taken, what are the benefits of a dental X-ray examination and how do dental X-rays compare to other sources of radiation.

The National Academies' National Research Council report says a preponderance of scientific evidence shows that even low doses of ionizing radiation, such as gamma and X-rays, are likely to pose some risk of adverse health effects.

New data have "strengthened confidence" in earlier estimates of some cancer risk from even low doses of X-radiation, the panel of scientists said. "It is unlikely that there is a threshold below which cancers are not induced, but at low doses the number of radiation-induced cancers will be small."

The panel called for continued medical radiation and occupational radiation studies, noting in summary, "Studies of medical and dental occupational exposures do not currently provide quantitative estimates of radiation related risks, due to the absence of radiation dose estimates."

About 400 million medical diagnostic exams and 150 million dental X-ray exams are performed annually in the United States, according to the report. A draft of the report from the NAS-NRC committee to assess the health risks from exposure to low levels of ionizing radiation is available online at the NAS Web site. The final report is in publication and not yet available. ■

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Dental access expert joins NIH committee

BY CRAIG PALMER

Bethesda, Md.—Dr. Linda M. Kaste, nationally recognized for oral health work in groups with limited access to care, will advise the National Institutes of Health on research related to women's health.

One of five newly named members of the NIH advisory committee on research on women's health, Dr. Kaste is an associate professor and director of predoctoral dental public health at the University of Illinois at Chicago College of Dentistry.

"We are delighted to welcome these five outstanding individuals as new members to the advisory committee," said Vivian W. Pinn, M.D., director of the NIH Office of Research on Women's Health. "They bring a wealth of knowledge and expertise about women's health, research, health professional education and biomedical career development to the NIH and we look forward to their guidance as we continue to address current scientific issues of importance for the public health."

The NIH Revitalization Act of 1993 charges the committee with advising the Office of Research on Women's Health on appropriate research activities to be undertaken by the research institutes with respect to research on women's health. The National Institute of Dental and Craniofacial Research is the leading NIH institute for oral health research.

The 18 advisory panel members serve four-year terms. The five new appointees, whose terms began Feb. 1, were announced June 17 by the NIH director. ■



Dr. Kaste

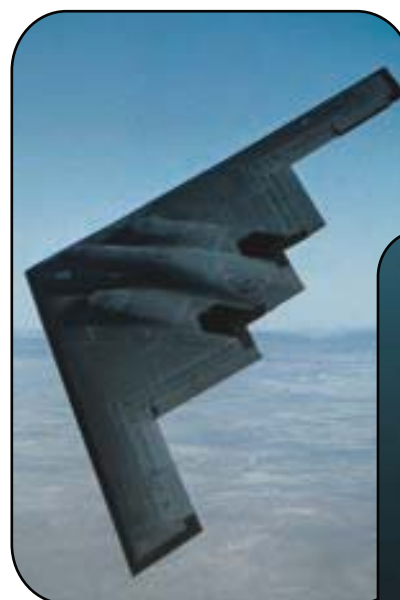


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Well-Being Institute 2005

BY ARLENE FURLONG

Being well isn't something to ignore until you're feeling the bumps in the road.

That's why the 11th National Institute on Dentist Well-Being will provide resources on issues and concerns all dentists, dental spouses and dental staff experience at one point or another in their lives.

Organized into three program tracks, this year's conference gives participants the option to select one area of concentration or choose specific courses from each.

"Keeping the Life in Your Life's Work," convening Sept. 15-17 at ADA Headquarters in

Chicago includes courses on:

- personal growth—track one;
- clinical issues in peer assistance—track two;
- advocacy and regulatory issues—track three.

"Anyone who attends is bound to be inspired," says Dr. Michael Stuart, chair of the Council on Dental Practice. "This is a nationally known program that helps people improve the quality of their lives."

Dr. John Drumm, chair of the ADA Well-Being Advisory Committee says, "Our featured presenters often stick around to attend other program sessions. This is a conference that offers an opportunity for any and every participant to

OnlineXtra
www.ada.org/goto/newsextra

For more information related to this story, visit the ADA's Web site, using the Web address above.

experience a new definition of wellness."

New to this year's Well-Being Institute is a course on ergonomics in dental practice; ergonomics being a term Dr. Michael Belenky, an expert in the field of dental ergonomics, describes as "much abused."

"The word ergonomics is bandied about to sell

everything from office supplies to chairs," explains Dr. Belenky, who serves as associate professor in the Department of Comprehensive Care and Therapeutics at the dental school of the University of Maryland, Baltimore. "But how would you like to sit for the rest of your life from the standpoint of comfort? How would you like to achieve your peak performance potential and enjoy what you do without suffering any consequences resulting from bad posture? I'll demonstrate how."

Dr. Belenky says a big mistake most dental practitioners make is giving priority to dental equipment instead of the internal sensors the body says about posture.

"The important issue in addressing ergonomics is addressing what the term means," Dr. Belenky explains. "It's a study of the human relationship to the performance of a task and the environment in which the task is performed. In dentistry, it ranges from very good to very bad and everything in-between."

Helping others eliminate pain in their lives is a central theme behind Robin Wright's course material teaching the secrets of how to present a powerful, interesting presentation.

"The success of any wellness program depends on the ability of its leaders and members to communicate the goals of the program—not just to educate, but to motivate," says Ms. Wright, a popular and experienced speaker in dental communications, who also serves as adjunct faculty at the University of Illinois of Chicago dental school. "Wellness programs need presenters who are clear, concise, motivational and inspiring."

Helping colleagues change for good is the subject of Dr. John Palmer's program. The retired general dentist practiced for 22 years prior to a vehicle accident and is now a licensed psychologist in Canada. He directs the dental professional advisory program at the British Columbia Dental Association.

Dr. Palmer, who works exclusively with health care professionals, says patients who use the right tools at the wrong time in their healing processes won't move forward in their well-being goals, may even lose ground. He intends to introduce simple formulas that will help dentists understand which tools are useful during various stages of the healing process. He will also discuss the importance of the interpersonal component of dental colleagues working with each other.

Patrick Sammon, Ph.D., a retired dental school professor and popular speaker on substance abuse issues, is also a co-leader of the dental section of the University of Utah School on Alcohol and Other Drug Dependencies. He will speak on the neurobiology of addiction. This session will demonstrate how psychoactive drugs affect the brain's reward pathway, interfere with cognitive and emotional development and lead to addiction and compulsive drug seeking behavior.

"Look at what you see in your patients, your children and yourself and know what you're looking at," advises Dr. Sammon. "There's so much that's new in understanding addiction as a brain disease."

New research on adolescents shows that neurological development isn't complete until much later in life than previously thought. Many young adults can't process information using the frontal cortex, where judgment and reasoning evolve, until they're 20 years of age or older.

"The new research just screams out to parents to be aware of what's going on," advises Dr. Sammon. "The earlier kids use drugs, the greater their risk factor for later problems in learning, emotional and physical development."

Participants will also learn what makes a great state well-being program from two dental societies that won Golden Apples for theirs.

Online registration for the 11th National Institute on Well-Being is available on ADA.org at "www.ada.org/prof/events/featured/wellbeing/index.asp". Learn more about these and other featured speakers at "www.ada.org/prof/events/featured/wellbeing/speaker.asp". Or, contact Linda Keating, manager of Dentist Well-Being Programs at "keatingl@ada.org" or toll-free, Ext. 2622. ■

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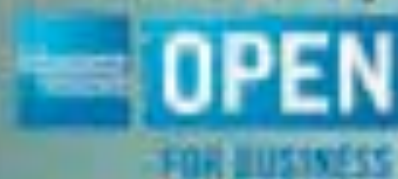
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Education

Exams

Continued from page one
to participate in their exam committees as well as a proposal to form a liaison committee of their respective organizations.

It's a positive development in what has been at times a divisive issue among the communities of interest in dental licensure, said ADA President Richard Haught.

"Throughout this past year, the ADA's overall goal has been to support a common, nation-

al clinical licensing exam and to ensure that all stakeholders had an opportunity to provide meaningful input," said Dr. Haught. "This action provides opportunities for us to have ongoing input in a national exam process that protects the public while facilitating greater freedom of movement for our members."

The Board resolution calls for appointing ADA representatives to the ADEX and WREB committees. Representatives had not been named at press time.

In addition, the Board of Trustees has urged state dental boards to evaluate both the ADEX

and WREB exams and to consider accepting their results.

"State support is crucial," said Dr. Haught. "We're hoping that states introduce legislation that would accept the results of these examinations."

ADA Executive Director James Bramson noted that "ADA policy promotes the mutual recognition of multiple examinations in order to facilitate greater freedom of movement" and that "this is a positive step toward increased mobility in dental licensure."

The Board resolution—B-42-2005—also



Dr. Bramson



Dr. Haught



Dr. Peterson



Dr. Shampaine

rescinds action taken in February that called for the ADA to collaboratively develop a proposal for oversight of the national exam and its ongoing evaluation by an independent third party.

"We're vigilant on this process as it's one that is a high priority for ADA members,"

said Dr. Bramson. "The Board took action in February based on the lack of collaboration in the exam development, but now that action is unnecessary."

WREB emerged as a key player in the national exam arena in 2004 when it formally broke from the ADEX exam effort based on, among other factors, a lack of collaboration among the communities of interest—that is, examiners, educators, students and the ADA. In May, WREB announced its intention to create a national exam for its constituents.

"We are stressing that we would like all states to accept both WREB and ADEX test results, and we're very pleased that the ADA resolution calls for that," said WREB President Lorin Peterson.

The WREB national exam is still in the works. ADEX is scheduled to introduce its national exam Aug. 5, said Dr. Guy Shampaine, communications chair of ADEX.

The ADEX board has voted to create a liaison committee, Dr. Shampaine added, to include representatives from all communities of interest—including the American Dental Education Association, the American Student Dental Association and additional representatives from the ADA.

See EXAMS, page 12

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CDEL to consider specialty request

The ADA Council on Dental Education and Licensure will consider a written request from the American Academy of Craniofacial Pain for recognition of craniofacial pain as a dental specialty.

The council plans to review the request at its Nov. 14-15 meeting, and its recommendation regarding the application will be forwarded to the 2006 House of Delegates.

Written comments pertaining to the AACF's request may be submitted by individuals and organizations before Sept. 1, 2005. Comments must relate directly to the "Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties" (located at www.ada.org/prof/ed/specialties/index.asp).

Comments should be forwarded to the council office in writing by fax to the attention of Dr. Roger E. Wood, CDEL chair, 1-312-440-2915; or by e-mail to boehmd@ada.org. ■

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WREB, ADEX give details on test status

Provided here is an update on the status of the two national exams for clinical licensure currently in development.

Western Regional Examining Board (WREB)

(1) Acceptance: While WREB's national exam is still in development, its licensure exam's reach has grown considerably.

WREB President Lorin Peterson said the WREB exam is now accepted by 30 states. In 2003, there were 1,349 candidates; in 2005 that number rose to 1,900; and in 2006, WREB estimates it will have 2,500-3,000 candidates.

To what does WREB attribute its growth?

"We tend to be more candidate friendly, in that we go out of the way to help candidates be as relaxed as possible and be organized ahead of time so candidates have a clear understanding of what the exam will be like," said Dr. Peterson.

(2) Status: Dr. Peterson said the WREB national exam is still several years from completion. WREB is not planning any drastic changes in its exam for 2006.

(3) Content: The national exam in development is not a portfolio exam, said Dr. Peterson. WREB is looking closely at incorporating parts of the exam process to take place during the school year and the use of human subjects. As

such, it plans to invite a group of educators to meet with the WREB exam development committee to provide input on both of these issues.

(4) Administration: Administration of the WREB national exam will be consistent in all states/regions that accept the exam, said the WREB president.

"The manner or consistency in which an exam is administered is as important to the quality of the process as is the exam content," said Dr. Peterson. "You cannot maintain consistency in a national exam if it is administered through many different testing entities."

(5) Cost: WREB's exam fee is \$1,175. Dr. Peterson anticipates that a modest increase will be

approved by its board of directors later this month, "but I doubt it will be significant," he said.

American Board of Dental Examiners (ADEX)

(1) Acceptance: Dr. Guy Shampaine, ADEX communications chair, said several testing agencies and independent states participated in the development of the ADEX exam, including the Central Regional Dental Testing Service Inc., North East Regional Board of Dental Examiners Inc., Southern Regional Testing Agency Inc., the Coalition of Independent Testing Agencies, California, Florida and Hawaii.

At this time, CRDTS, NERB and Hawaii recognize the ADEX exam. The other participants have either not met to consider recognizing the exam or are pursuing statutory changes in their state to recognize the exam, said Dr. Shampaine.

"We estimate that about 38 to 42 states will be recognizing the ADEX exam," he said.

(2) Status: ADEX is set to introduce its national exam next month—on Aug. 5.

(3) Content: The ADEX national exam is a series of five examinations, said Dr. Shampaine: applied diagnosis, treatment planning and outcome assessment (computer exam); prosthodontic (manikin); endodontic (manikin); restorative (patient based); and periodontal (patient based).

"The exam is uniform across all participants," said Dr. Shampaine. "States may choose to implement a special exam if their state has special needs, however it will be developed by ADEX and can be administered by any state."

Dr. Shampaine added that he is not aware of requests for special exams at this time.

(4) Administration: ADEX is an exam development committee created by the American Association of Dental Examiners.

"ADEX" role is to develop the exam that is uniformly administered by testing agencies," said Dr. Shampaine. At this time, CRDTS, NERB and Hawaii will administer the ADEX national exam.

(5) Cost: \$1,400. ■

Exams

Continued from page 10

"ADEX feels that all communications are going to improve the exam process and the understanding of the exam," said Dr. Shampaine, who is also a member of the ADA Council on Dental Education and Licensure.

WREB also intends to invite ADEA and ASDA to be part of its liaison committee that will be formed later this month, added Dr. Peterson.

"We strive to keep the lines of communication open with the communities of interest because we value their opinions," said Dr. Peterson. "Listening to everyone with open minds allows us to improve our exam."

Is the profession better served by having two national exams for licensure?

"In five to seven years, I believe the profession will get what it wants," Dr. Peterson said, referring to a single national examination. "And competition [between WREB and ADEX] in the interim will make for a better end result."

While ADEA declined to comment for this article, ASDA has declared its opposition to the ADEX exam in its current format.

"We are pleased that the ADA has been given an opportunity to make meaningful contributions to the ADEX creative process; however, it is not clear that the remaining members of the communities of interest will also have such a privilege," said Dr. Chris Salierno, ASDA president.

"ASDA has initiated a dialogue with the WREB concerning their new examination, and we are looking forward to making positive contributions to WREB's efforts," said Dr. Salierno. ■

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Health&Science

Dr. Dworkin wins Ross Award

Researcher studies behavioral side of chronic pain

BY STACIE CROZIER

Seattle—For more than three decades, Dr. Samuel F. Dworkin, the 2005 Norton M. Ross Award for Excellence in Clinical Research winner, has made pain his daily life.

He has focused his pioneering research on the relationship of acute and chronic pain to both patients' physical symptoms and to the stresses and events in their lives and how their emotions and behavior affect pain.

Professor emeritus of oral medicine at the University of Washington-Health Sciences School of Dentistry and professor emeritus in psychiatry and behavioral sciences at the UW School of Medicine, Dr. Dworkin graduated from New York University



Dr. Dworkin: "I decided to get into research and education as a way to give back."

College of Dentistry in 1958. He practiced general dentistry in Manhattan for 16 years.

As a practicing dentist, Dr. Dworkin became interested in behavioral issues surrounding acute dental pain and the anxiety many people associated with getting dental treatment. He completed a Ph.D. in clinical psychology at NYU through a special fellowship from the National Institute of Dental and Craniofacial Research.

"After I earned my Ph.D., I decided to get into research and education as a way to give back," Dr. Dworkin says. His work expanded from acute pain to chronic orofacial pain, and his body of work includes extensive research in treating temporomandibular disorders and chronic pain. He spearheaded the development of the Research Diagnostic Criteria for Temporomandibular Disorders, which has become the standard diagnostic classification system used in scientific TMD research worldwide.

Thirty years ago, he says, health care providers viewed chronic pain almost exclusively from a biological standpoint, looking for physical pathologies behind the pain. But research like Dr. Dworkin's has brought the medical and dental communities to "awareness that chronic pain is best understood by looking not just at the physical signs of pathology but also at psychosocial and behavioral issues of individual patients."

Dr. Dworkin says an important step in treating chronic pain is teaching patients coping skills.

"Over the course of 20 years, the average TMD patient's physical pathology is not dramatically different at year two as it is in year 20. It's not getting progressively worse, except for normal aging of course, but the patient can become emotionally drained over the course of their persistent pain problem. For an important segment of those patients with chronic pain, whether it's chronic back pain, headache or, as we have discovered, TMD, trying to deal with the problems of everyday living and chronic pain becomes too much for those patients to cope with," he explains.

For reasons not yet completely understood, Dr. Dworkin has shown that more women than men seek treatment for TMD and many other common chronic pain problems; also, perhaps somewhat surprisingly, researchers have found that TMD seems to resolve as a patient ages. Most TMD patients are under the age of 60. Some researchers speculate, he says, that more are women, perhaps because women's bodies seem more finely tuned and women are better sensory detectors than men.

Chronic pain affects patients differently because of their emotional and behavioral status, he adds. Of 100 people who report having chronic pain, about 80 would be functioning well although complaining of persistent pain. About half of those 80 would rate pain as mild to moderate, and the other half would call their pain moderate to severe. But about 20 people—most all characterizing their pain as moderate to severe—would be psychosocially disabled, in other words, not able to cope with their pain or other issues in their lives.

See DR. DWORKIN, page 15



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ADAF PRC scientists garner awards

BY CRAIG PALMER

Gaithersburg, Md.—ADA Foundation Paffenbarger Research Center scientists and the PRC director received awards for excellence in technology transfer from lab to market of new dental products including a sealant and cements.

"They are the first dental restorative materials that have an active remineralizing agent built into the material," said Dr. Frederick Eichmiller, director of the ADA Foundation PRC and one of five awardees for a "unique collaboration" producing the pit and fissure sealant and orthodontic and crown and bridge cements. "The whole effort from licensing to product took about three years.

"These products we hope will inhibit the formation of new decay around or under the

sealants, around orthodontic brackets and under and around cemented crowns," he said.

The Federal Laboratory Consortium for Technology Transfer awards honor individuals "whose vision and determination led them to great achievements in technology transfer." Dr. Eichmiller; Dr. David Eanes, National Institute of Dental and Craniofacial Research; Dr. Drago Skrtic, ADAF PRC; Dr. Joseph Antonucci, National Institute of Standards and Technology; and Herbert Pozen, H.J. Bosworth Co., were named as honorees.

The awards program credited the American



Dr. Eichmiller

Dental Association Foundation, NIST, NIH and the H.J. Bosworth Co. for a unique collaboration resulting in transfer and commercialization of calcium phosphate remineralizing technology for dental prevention and restoration.

Dr. Eichmiller said

the team collaboration was "a project where we developed three new dental products that are 'smart materials' using a technology developed here at the NIST and in our [ADAF PRC] labs" in this Washington, D.C., suburban community.

The awards were presented at ceremony May 4 in Orlando, Fla. The consortium represents all federal laboratories including those of the National Institutes of Health and Commerce Department. Other awards honored a new way to monitor the freshness of food, a more accurate and efficient protection from biohazards and a new cancer treatment. ■

Dr. Dworkin

Continued from page 14

Depression, inability to work productively and undue reliance on health care and medications are the most important indicators of the slipping away of ability to cope, his research has shown.

"The state of the person is a better predictor for debilitating chronic pain than their physical status," he adds. "Even if physical status doesn't change, there is reason for optimism because a person can be guided to behavior changes that give more power to manage chronic pain."

An ADA member since 1959, Dr. Dworkin has held memberships and offices in some 30 different organizations, and served as a member of the ADA Commission on National Board Examinations in Dentistry (1973-79), the ADA Planning Committee for the National Survey of Dental School Curriculums (1975), and a consultant to the former ADA Bureau of Health Education (1978-88). His honors and awards are numerous, and include the Distinguished Scientist Award, the Behavioral Sciences and Health Services Award and the Giddon Award for the best paper in behavioral science research in dentistry from the International Association for Dental Research. He was recently awarded an honorary doctorate in science from Université Laval, Quebec.

He has conducted continuous funded research since 1974, for the most part through projects funded by the National Institute of Dental and Craniofacial Research.

Dr. Dworkin has served as editor, reviewer or editorial board member of several scientific publications, has published 140 scientific articles and presented more than 100 invited lectures.

At the UW, he has served on 10 committees and was associate dean of academic affairs for the dental school and director of the psychophysiological disorders clinic in the Department of Psychiatry and Behavioral Sciences.

He is also active in community service projects and organizations, including the highly acclaimed Seattle Pro Musica choral ensemble. He has served as a member of the SPM board of directors for 18 years, and is now the only president emeritus in the organization's history.

Dr. Dworkin will receive a plaque and \$5,000 at a special dinner with the ADA Board of Trustees in August.

The Ross Award recognizes scientists whose clinical research has had a meaningful impact on diagnosis, treatment and/or prevention of craniofacial-oral-dental diseases as well as outstanding research endeavors in other areas. The award is sponsored by the ADA through the ADA Foundation, with support of Pfizer Consumer Healthcare.

The Ross award is given in memory of Dr. Norton M. Ross, a dentist and pharmacologist who contributed significantly to oral medicine and dental clinical research. ■

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Welcome to ADA annual session

Orientation Center, special reception planned for nonmembers

BY KAREN FOX

Philadelphia—Nonmember registration for this year's annual session is at one of the highest rates ever.

To help those attending annual session for the first time navigate the vast expanse of exhibits, scientific sessions and special events, the ADA is initi-

ating two new programs: a designated Orientation Center and a reception called "Forging New Futures: An Invitational Welcoming Event."

Sponsored by GlaxoSmithKline, the Orientation Center provides a venue for first-time attendees and nonmembers to interact with ADA volunteer leaders and have their questions regarding annual

session activities answered.

"The Council on ADA Sessions is pleased to introduce a new annual session Orientation Center at this year's meeting," said Dr. Paul Kattner, council chair. "Designed with first time attendees in mind, the Orientation Center provides attendees with a brief overview of the Pennsylvania Convention Center along with the highlights of the meeting program."

By using the Orientation Center and its services, Dr. Kattner added, "first-time attendees and nonmembers will be assured of making the most of their annual session experience."

Dr. Lidia Epel, chair of the Council on Membership, called the reception "a great time away from the hustle and bustle to mingle with ADA leaders and other members, experience camaraderie with your peers and ask questions about the ADA."

"We look forward to welcoming dentists new to the ADA and annual session at the reception," Dr. Epel stated.

Nonmembers and first-time session-goers are encouraged to pre-register for annual session in order to receive in an invitation to the reception. (To learn how to pre-register, see story, this page.)

Nearly 25 percent of nonmembers live within a five-hour drive of Philadelphia, and the ADA is seizing the opportunity to reach out to these dentists during annual session and share all that organized dentistry has to offer.

"Holding annual session in Philadelphia is a great opportunity for us to go the extra mile and meet many dentists who have not yet joined the ADA," said ADA President Richard Haught. "To date, we've had the largest nonmember pre-registration at this point in time, so I think those efforts are working."

Dr. Haught is one of several ADA leaders tapped for "Meet and Greets" in the ADA Pavilion during annual session. These events enable members, nonmembers and first-time attendees to discuss professional issues with ADA leaders, voice their opinion and learn more about organized dentistry and its benefits.

"Most of the time when you have the opportunity to talk to nonmembers, their concerns about the ADA focus on one issue that may be resolved, or an issue that we can share additional informa-



tion," said Dr. Haught. "I like taking those issues head on and explain why we're doing what we're doing."

"Many times," he continued, "a dentist who has never belonged to the ADA may not realize the depth of the initiatives that allow them to practice the kind of dentistry they

want to practice. Sometimes just hearing about the ADA from a peer gives them a better understanding, and they may join because of this interaction."

This year's annual session also offers the first-ever continuing education track of 11 courses specifically for federal service dentists and a reception for active duty federal dentists (Oct. 7 from 5:30 to 7 p.m.). A detailed list of CE courses for federal dentists can be found at "www.ada.org/goto/fds". ■

Special reduced rate for nonmembers

Philadelphia—Are you a dentist who doesn't belong to the ADA thinking of attending this year's annual session?

The ADA is offering a one-time only reduced rate of \$75 just for nonmembers—a savings of \$675 over the regular nonmember rate. With 12,000-plus dentists who don't belong living in a five-hour drive of Philadelphia, the ADA invites those dentists to acquaint themselves with organized dentistry at annual session—the profession's crown jewel.

First-time attendees and nonmembers are encouraged to pre-register to receive details on special services like the Orientation Center and "Forging New Futures: An Invitational Welcoming Event."

To register, fill out the forms found in the annual session preliminary program (call 1-800-232-1432 for the program, or e-mail "annualsession@ada.org") or download the program on ADA.org. The advance registration deadline is Sept. 2. ■



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Annual session women's, men's conferences focus on health concerns, well-being issues

Philadelphia—Both women and men will have a chance to focus on health and well-being issues unique to their own genders during a women's and a men's health conference Oct. 8.

The "2005 Women's Health Conference: Multiple Roles, Multiple Solutions for Everyday Success," focuses on stress management; preventive oral health care; heart disease, menopause, premenstrual syndrome, osteoporosis and more; and life issues for women in the "sandwich generation." Presenters include Drs. Shirley Brown, Linda C. Niessen and Barbara J. Steinberg, Tieraona Low Dog, M.D., and Ilene Nathanson; 8 a.m.-5 p.m., cost \$150 in advance, includes lunch. (Course code: L708.) The conference is underwritten by the Colgate-Palmolive Co. and the Compendium and presented in cooperation with the American Association of Women Dentists.

The "Men's Health Conference" covers health danger signs, reducing risks and developing an action plan for greater longevity. Specific topics include cardiovascular disease, prostate health, sexual dysfunction, sports injuries, back and neck health for dentists, diabetes and more. Presenters include University of Pennsylvania Medical Faculty members: Dr. Martin S. Greenberg; Andrew C. Axilrod, M.D.; R. Bruce Heppenstall, M.D.; Mark Schutta, M.D.; and Frank E. Silvestry, M.D.; 9:30 a.m.-4:30 p.m., cost \$150 in advance, including lunch. (Course code: L709.)

For more information on these or other annual session CE courses, check out the annual session preliminary program, (call 1-800-232-1432 for a copy of the program or e-mail "annualsession@ada.org") or download the program on ADA.org. ■



Photos courtesy of the Philadelphia Convention & Visitors Bureau

Dino fun: The Academy of Natural Sciences gives kids a chance to check out more than a dozen species of dinosaurs, wildlife and other natural wonders.

Enjoy family fun in Philadelphia

BY STACIE CROZIER

Philadelphia—You don't have to be a founding father—or a father at all—to enjoy Philadelphia's wonders. This historic city offers lots of fun, excitement, entertainment and education especially for kids.

Walkable Philadelphia is a great place for families to explore at their own pace, with chances for rest stops and snacks always nearby.

Are you ready for fun? Check out the Please Touch Museum, where kids can enjoy hands-on activities, storytelling and crafts. Frommer's calls it "one of the best indoor activities in town for a family with young kids."

Nearby, the Franklin Institute Science Museum is a must for kids of all ages. This four-part museum highlights a collection of Benjamin Franklin artifacts, science and technology exhibitions, a center dedicated to imagining the future, and the CoreStates Science Park—a wide lawn connecting to the Please Touch Museum that features high-tech playground equipment for energy-filled youngsters. The Franklin Institute Web site offers tons of specific information on traveling exhibits and special events plus lots of online learning modules to prepare youngsters and parents for your October visit.

Dinosaurs rule at the Academy of Natural Sciences and kids can even dig for fossils on the weekends. More than a dozen species of dinosaurs are displayed year round, plus North American, Asian and African wildlife, Egyptian mummies and a touchable exhibit for youngsters.

If you want to see wildlife in motion, the Philadelphia Zoological Gardens in Fairmount Park has nearly 1,800 animals, including rare white lions, primates, birds, reptiles and more. Take a Zooballoon ride to see the zoo from 400 feet up.

There's also great aquatic fun at the New Jersey State Aquarium. More than 4,000 aquatic critters, fish and sea birds reside here. The aquarium features a 760,000-gal-

lon tank, the second largest in the country, and the Camden Children's Garden with a carousel and train ride.

Kids will also enjoy America's most historic square mile, Independence National Historic Park, which houses the Liberty Bell and pavilion, Independence Hall and more. Start at the Independence Hall Visitor Center at 6th and Market Streets for tickets and information. Philadelphia's Lights of Liberty sound and light show is also a kid-friendly way to relive our nation's birth with a 1-hour guided nighttime tour.

Sightseeing, learning and playing take up a lot of energy, but Philadelphia has tons of kid-friendly eateries where you can relax and refuel. Check out Ben's Garden Café at the Franklin Institute for dogs, burgers and other fare. Or stop at the Food Court at Liberty Place for choices of deli fair, cheesesteaks, pizza and fast food favorites at reasonable prices. Famous Reading Terminal Market, near the Pennsylvania Convention Center, not only sells grocery items, gifts and fresh flowers, it also dishes up soft pretzels, Amish foods, bakery goods, candies, pizza and cheesesteaks.

Plan your family vacation to annual session 2005 in Philadelphia Oct. 6-9. For details on annual session scientific programs, tours, housing, registration and more, consult the preliminary program (call 1-800-232-1432 for a copy of the program or e-mail "annualsession@ada.org") or download the program on ADA.org. ■



Feathered friends: A youngster enjoys meeting birds at the Philadelphia Zoo.

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Budget

Continued from page one
Philadelphia this fall,” explained Dr. Feldman. “Depending on how things trend out financially as the year develops, there is a hope among the leadership of the ADA that we could reduce that \$6, but we won’t know until we get closer to Philadelphia.”

If there were no dues increase, it would be the third consecutive year under the Board’s dues stabilization program. Dr. Feldman notes that the \$6 proposal is far less than the current rate of inflation. “A three percent inflationary increase would have been \$13, so the \$6 proposal is well below that,” he said. The Board at its June meeting approved a 2006 budget proposal calling for \$102,263,200 in revenue and \$103,658,200 in expenses, income taxes and cash flow items.

Said Dr. Richard Haught, ADA president, “This is the first time we’ve had a budget over \$100 million. It involves \$2.1 million in new programs. We listened to members on what they’ve said they want and with input from the councils and agencies, we’ve aligned the budget to the ADA Strategic Plan. We’ve also had a lot of input from constituent and component societies and from the House of Delegates in formulating the Strategic Plan.”

Dr. Robert M. Brandjord, ADA president-elect, said the Board closely evaluated about 50 new programs for members. “While we’ve added new programs that benefit our members, we have also sunsetted some others that the councils had found were not as effective as in the past. We don’t continue programs just because they exist. We expect the department heads and councils to take a good look at those and recommend elimi-

nation of all activities and programs that no longer fit squarely within the Association’s priorities or provide low value return to the members.”

Dr. Feldman as treasurer chairs the Board’s Administrative Review Committee, which oversees the budget process. In addition to Drs. Haught and Brandjord, other committee members are 2nd District Trustee G. Kirk Gleason, 3rd District Trustee Ronald B. Gross, 10th District Trustee Kathryn A. Kell, and 12th District Trustee Frank C. Grammer. Staff includes Dr. James B. Bramson, ADA executive director; Mary Logan, ADA chief operating officer; and William Zimmermann, ADA chief financial officer.

“This is a budget that enhances membership value with a lot of new programs, with some very interesting things going on,” said Dr. Feldman. “For example, we are expanding and increasing our Membership Relationship Management Ini-

tiative. We’re going to enhance our computer technology so when a member calls in, he or she talks to one person who is able to direct and help them for whatever their needs are.”

Other new items include the Professional Product Evaluation Program, which will produce a new quarterly publication mailed with JADA.

Members will receive scientific and clinical evaluations of products that dentists use in their practices, reflecting input from a network of practicing dentists who evaluate products.

The direct reimbursement program is being integrated into the operating budget instead of being a separate funding resolution, as it has in the past. “The Council on Dental Benefit Programs is studying the feasibility of a new approach for the program, one in which we could possibly offer a TPA (a third party administrator), that would provide some administrative services to companies interested in DR,” said Dr. Feldman.

Dr. Haught said this was an example of the councils “being good stewards of member money, always evaluating their programs and trying to make them more effective.”

Nondues revenue continues to grow, showing a 15 percent increase over the 2005 budget. “We’re always looking for ways to develop more nondues revenue,” said Dr. Haught. “Another area of growth is in our membership initiative. As we march to our goal of 75 percent membership, that will increase resources at all levels of the tripartite.”

“Every year that I’ve been on the Board,” observed Dr. Brandjord, “the budget process has become better and better. The Division of Finance and the treasurer should be complimented on the way they put the budget together and present it to the Board.”

“I think it’s pretty remarkable that we have the potential to go for three years with no dues increase,” noted Dr. Haught. “We’re growing our membership and we’re offering programs that help the members and the public. That says volumes about our profession. Those I talk to from other professional associations ask me how we do it.

“Over the past six years, budget review has become a very sophisticated process,” Dr. Haught continued. “As it has become more sophisticated it has also become easier to understand. We used to carry around two budget books that were six-inches thick. Now we have one that’s three-inches thick and is organized so well that it’s easy for everyone on the Board, including new members, to get a clear grasp of the budget.”

The ADA’s reserve fund status is also strong, agreed Drs. Feldman, Haught and Brandjord.

“Right now our reserves are standing at about 47 percent of a year’s budgeted expenses,” said Dr. Feldman. “Of course, the new budget will have higher expenses, so reserves automatically drop down to about 45 percent.”

Having a strong reserve allows the Association to handle emergencies quickly that have an impact on the profession as well as to stabilize the dues level, Dr. Feldman said.

“We are going to ask the House this year to approve a change in the reserve policy that was adopted when our reserves were dangerously low at 18 percent,” he said. “We will present a report describing the dues stabilization program we have been operating under and asking delegates to change policy to reflect that we want to preserve reserves at a minimum level of 40 percent and to continue to implement the dues stabilization policy.”

The current policy recommends a target reserve level of 30 percent.

Most associations similar to the ADA that the Association has surveyed try to keep about a half-year’s expenses in reserve—the 50 percent level, said Dr. Feldman. “It’s important for everybody to understand that in order to be able to advocate effectively for the membership, you have to have financial strength. Financial strength depends upon having strong reserves available. The House will get the full report on reserves in Board Report 2 and they’ll know exactly what is going on with them as we approach annual session in Philadelphia.” ■

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Students attending the seminar will receive the SUCCESS Seminar Manual.

Dates and locations for the 2005-06 SUCCESS seminar season follow:

- Sept. 12, University of Minnesota;
- Sept. 12, University of Iowa;
- Sept. 21, Meharry Medical College;
- Sept. 26, University of Washington;
- Sept. 30, University of Illinois at Chicago;
- Oct. 17, West Virginia University;
- Oct. 20, University of Missouri;
- Oct. 24, Medical University of South Carolina;
- Oct. 25, University of Alabama;

- Oct. 27, University of Buffalo, Buffalo Niagara Dental Meeting;
- Nov. 4, University of Nebraska;
- Nov. 18, University of Florida;
- Dec. 8, State University of New York at Stony Brook;

- Dec. 15, University of Mississippi;
- Jan. 5, 2006, University of Tennessee Health Science Center;
- Jan. 11, 2006, Ohio State University;
- Jan. 13, 2006, University of Texas Health Science Center-Houston Dental Branch;
- Jan. 13, 2006, University of Texas, San Antonio;
- Jan. 21, 2006, Columbia University;
- Feb. 7, 2006, Baylor College of Dentistry;
- Feb. 16, 2006, Louisiana State University;
- Feb. 24, 2006, Indiana University;
- Feb. 25, 2006, Harvard University;

- Jan. or Feb., 2006, University of North Carolina, date to be determined.

Sponsors of the 2005-06 SUCCESS Seminar series include ADA Insurance Plans; A-dec Inc.; The Axa Equitable Life Insurance Co.; Collegiate Funding Services; The CNA Insurance Cos. and Brown & Brown Insurance; Dentsply International; Matsco; Patterson Dental Supply Inc.; Pfizer Consumer Healthcare Division, Pfizer Inc.; Sullivan-Schein, a Henry Schein Co.; Sunstar Butler; and Zimmer Dental.

If you are a new dentist and would like to attend a seminar at a school near you, contact the school directly to determine space availability.

For more information about the SUCCESS Seminar program, call GraceAnn Pastorelli or the ADA Council on Dental Practice, toll-free, Ext. 2882 or e-mail "pastorellig@ada.org". ■

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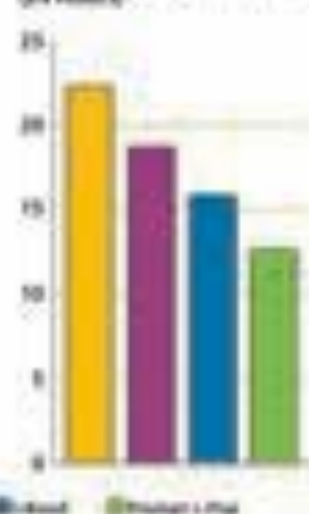


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