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## ADA News - 11/17/2008

American Dental Association, Publishing Division

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# ADANews

NOVEMBER 17, 2008

VOLUME 39 NO. 21

## States vote on fluoridation issues

### Varied outcomes summon insights on past successes

BY STACIE CROZIER

Communities in Nebraska, Wisconsin, Maine and New York addressed fluoridation issues at the polls Nov. 4 and generated mixed results.

In Nebraska, only 12 of 60 communities voted to fluoridate in response to a state mandate passed in the state legislature in May.

"We're disappointed with the vote," said David O'Doherty, Nebraska Dental Association executive director. "More than 70 percent of Nebraskans already enjoy the benefits of community water fluoridation and we were hoping that that number would increase significantly. NDA will con-

■ **ADA councils study utility of scanned, printed images for claims submissions, page 16**

tinue to work with local and state officials to help improve oral health in our state."

The citizens represented in the 12 communities that voted to fluoridate will net about a 2 percent gain in state totals—about 30,000 more people who will have access to fluoridated

water, he added.

The other 48 communities, by voting against fluoridation, exercised their right to opt out of the mandate through a public vote before June 1, 2010.

In Wisconsin, voters in Holmen passed a fluoridation measure 2,118 to 1,856, while voters in Prairie du Chien rejected a fluoridation measure 1,542 to 1,014.

Coulecap, a nonprofit organization that helps low-income residents in Crawford, LaCrosse, Monroe and Vernon counties in western Wisconsin, serves both communities.

Martha McCabe, Coulecap's health advocate funded by the Wis-

consin Partnership Program, helped coordinate grassroots campaigns in both communities.

"Many low-income residents in our region don't have access to fluoridated water and dental health was recently identified as a priority for them," said Ms. McCabe.

Local coalitions that included health care professionals and other advocates in each community, using resources available from the Wisconsin Dental Association and the ADA, canvassed door to door, held education sessions, conducted letter to the editor campaigns, gave television and radio

See VOTES, page 18

## BRIEFS

**House actions:** The ADA House of Delegates met Oct. 17-21 during the annual session in San Antonio. Members can access a comprehensive listing of 2008 House actions (unofficial), annual reports, Board reports and resolutions at "www.ada.org/goto/hod".

**Annual session 2009:** Say aloha to a fabulous opportunity to learn, explore, network and celebrate



the ADA's 150th anniversary during the annual session Sept. 30-Oct. 4, 2009, in Honolulu at the Hawaii Convention Center.

Experient, the ADA's official provider of air travel, will monitor airfare and make adjustments if prices fall from the time of reservation until it's time to depart for Hawaii. Contact Experient at 1-800-974-2925 (toll-free, U.S. only) or 1-847-996-5876 for information.

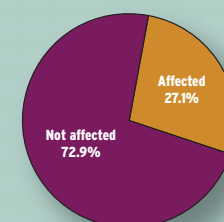
Registration and housing online booking begins Jan. 21, 2009, at "www.ada.org/goto/session" and CE courses and special events can be added to existing registration beginning March 31, 2009.

To request a 2009 annual session preliminary program, available in April/May 2009, send an email to "annualsession@ada.org". ■

## JUST THE FACTS

### Caretaking

Care for elderly or disabled family members affects 27.1 percent of dentists' practices.



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

## Faces of GKAS

### St. Louis program surpasses \$2 million in donated care



**What's next?** Beth waits to learn if she passed her brushing test.



**Stars and stripes:** Bryce shows off the face painting he selected.

BY ARLENE FURLONG

St. Louis—They were just like any group of kids, happy to be off of school for the day and on a field trip. Five and 6-year-olds bounced around with the enthusiasm only new adventure can evoke. Pre-teens maintained their pre-teen edge: "I know what I'm doing here," without a trace of negativity.

What attraction could such a wide-ranging age group appreciate?

Free dental care was the draw. It was the Oct. 24-25 Greater St. Louis Dental Society's 14th Give

Kids A Smile event.

In two days, some \$244,000 worth of dental care was provided to 659 kids. Since St. Louis' first GKAS, in February 2002, more than 7,000 St. Louis-area children have received \$2,221,866 worth of care.

"We're never satisfied," conceded Dr. Jeff Dalin. He co-founded GKAS in

St. Louis With Dr. B. Ray Storm in 2002, a year before it was adopted as a national program by the ADA in February 2003. "There's always

See GKAS, page 26



Photo by Lagniappe Studio

**Leadership:** The Oct. 17 ADA Student Ambassador Program at the annual session in San Antonio drew 55 dental students, a record high. Dental students will benefit from House of Delegates actions that expand funding for the ADA Student Block Grant Program. See story, page four.



# Dentistry for the handicapped

State, national groups give smiles to disabled, elderly or medically compromised patients without access to dental care

BY STACIE CROZIER

Peoria, Ill.—The Illinois Foundation of Dentistry for the Handicapped raised \$10,000 for its Donated Dental Services program through its “Giving Smiles” raffle.

“We are so grateful to all the hundreds of participants that took part in the raffle,” said Dr.

Sue Bishop, IFDH president. “This money comes at a time of real need for our program, which has recently experienced attrition in state funding and grant money.”

Dr. Bishop is an immediate past member of the ADA Council on Access, Prevention and Interprofessional Relations.

“Although the money we raise is important, our program would not be what it is today if it were not for the hundreds of caring Illinois dentists and dental laboratories that have graciously volunteered their time and talents,” Dr. Bishop added. “The IFDH DDS program is one of the few volunteer programs that is truly statewide,

serving vulnerable people in every county of the state. Volunteer dentists and labs have donated over \$8.3 million in restorative procedures to 4,300 elderly or disabled Illinois citizens who had nowhere else to turn for seriously-neglected problems.

IFDH is an affiliate of the National Foundation of Dentistry for the Handicapped, a charitable affiliate of the American Dental Association. More than 13,700 dentists and 2,800 dental laboratories nationwide volunteer through similar DDS efforts in other states and will help 7,200 of the nation’s most vulnerable people this fiscal year: disabled, elderly or medically compromised individuals who cannot afford necessary treatment nor get public aid. Volunteers are expected to contribute \$21.5 million in services.

With over 15,000 people waiting for care, more volunteers are needed. According to Fred Leviton, vice president and chief operating officer of the national organization, “Volunteering is easy and so satisfying. Dentists are asked to see one or two patients a year in their offices, and they determine the treatment plans. Patients are grateful and many specialists and labs help too.”

Call 1-888-471-6334 or visit “[www.nfdh.org](http://www.nfdh.org)” to sign up or to find more information on the organization, its volunteer programs or to make a charitable donation. ■



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**Help for at-risk kids:** Dr. Francisco Ramos-Gomez, presents “Help! I Have A One-Year-Old In the Chair,” Oct. 16 at the Henry B. Gonzalez Convention Center in San Antonio. A professor in the Department of Pediatric Dentistry, University of California, Los Angeles, faculty member of the University of California San Francisco School of Dentistry and National Institute of Dental and Craniofacial Research Center to Address Disparities in Children’s Oral Health and a diplomate of the American Board of Pediatric Dentistry, Dr. Ramos-Gomez told the audience at his annual session presentation that early childhood caries prevention starts with an expectant mother’s good oral health before birth.



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# ADANEWS

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**Council meets:** From left, Drs. Jeffrey Seiver, Daniel Klemmedson and Robert Plage, discuss dental benefit issues at the Nov. 6-8 Council on Dental Benefit Programs meeting at ADA Headquarters in Chicago. Among its activities, the council charged the Dental Benefit Information Service subcommittee with developing a Dental Insurer Report Card, similar to what the American Medical Association published earlier this year on medical insurers.



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# Dental students, ADA benefit from 2008 House actions on Student Block Grant Program

BY KAREN FOX

San Antonio—By passing two resolutions involving the ADA Student Block Grant Program, the 2008 House of Delegates gave a boost to outreach initiatives that build relationships with dental students and engage them in organized dentistry.

Last month, the House moved to fund student block grants for all constituent societies instead of only those with a dental school—expanding eligibility in the program to 16 more societies in 2009. In addition, starting next year, states that have schools with a student enrollment greater than 500 are eligible for more funding to conduct student outreach activities.

"These are wonderful developments for the Student Block Grant Program," said Dr. Susan

Becker Doroshow, chair of the ADA Council on Membership.

"Connecting with students during their dental

extend program eligibility to constituent dental societies that do not have a dental school within their state boundaries. Those societies are now

## AnnualSession

school years is critical to converting them to membership upon graduation," said Dr. Doroshow. "The block grants not only reinforce the importance and value of these connections to the Association, but provide a significant financial resource for the efforts our constituent societies make on behalf of the entire tripartite."

Resolution 54H-2008 calls for the ADA to

eligible for reimbursement of up to \$3,000 per year for the purposes of student outreach and tripartite membership recruitment activities providing that the society adheres to all the Student Block Grant Program criteria.

The 12th Trustee District forwarded Res. 54H to the House of Delegates. The Kansas Dental Association is one constituent society in that dis-

trict that conducts a significant amount of outreach with students outside the state. Kansas and the University of Missouri-Kansas City School of Dentistry have a long-standing agreement where the dental school accepts 20 students from Kansas per year in their class of 100 total dental students.

For many years now, the KDA has collaborated with University of Missouri-Kansas City and its Kansas dental students to sponsor student attendance at the American Student Dental Association annual meeting, booth sponsorship at the annual UMKC Student Exhibitor Fair, lunch and learn events at the school, a career opportunity fair for students and complimentary student membership and publications.

"The Kansas Dental Association is pleased with the action of the ADA House of Delegates

See GRANTS, page five

## Illinois dental students get glimpse into the future

BY KAREN FOX

More than 70 students from the dental schools at the University of Illinois at Chicago and Southern Illinois University traveled to ADA Headquarters Oct. 3-4 for the 6th annual Field Trip to the Future.

The event provides senior dental students an opportunity to attend Success Dental Student Programs in Chicago, tour the ADA building and interact with officials from the ADA and Illinois State Dental Society.

The ADA's Success Dental Student Programs offer educational programs to dental

**"We have had a remarkable increase in new dentist members since 2001, and programs like Field Trip to the Future are one of the contributing factors."**

schools on topics like financial issues, succeeding in dental school, patient care, technology, résumé writing, employment opportunities, ethics in dental practice and more. This year's Field Trip to the Future included programs on practice management and risk management, along with a social event that brought students together with ADA officers and staff, ISDS trustees, ISDS membership and new dentist committee members, and Illinois component officers.

The Illinois State Dental Society has hosted Field Trip to the Future since 2003 with funding from the ADA Student Block Grant Program. (For more information on the program, see story, this page.)

"We have had a remarkable increase in new dentist members since 2001, and programs like

Field Trip to the Future are one of the contributing factors," said Dr. Joseph Unger, ISDS president. First-year membership in ISDS has increased by 170 percent since 2001. Currently all dentists practicing in Illinois from the Southern Illinois University School of Dental Medicine's Class of 2007 are active ISDS members.

With positive feedback from the students,

ISDS plans to continue the program. Past student evaluations on Field Trip to the Future have included: "The ADA made me feel like a professional health care provider, not like a dental student," "the Illinois State Dental Society really went above and beyond for this seminar weekend," and "I learned a lot about associations and practice management; these are topics not covered in school so I'm glad that

the ADA presented them to us along with ISDS."

Additional sponsors of the event included the ADA, Chicago Dental Society, ISDS Foundation, Alliance of the ISDS, TDIC, Illinois AGD, Peoria District Dental Society, Xi Psi Phi International Dental Fraternity, the Illinois Section of the American College of Dentists and Illinois member dentists. ■



**Young leaders:** SIU students tour the ADA board room Oct. 3 during the Field Trip to the Future. Seated from left are Jaclyn Ackman, Jeffrey Whiteside, Ryan Johnson and Erica Hamm. Standing are Sarosh Shamsi, Terence Whitaker, Joseph Cutrona and Beau Moody.



# Grants

*Continued from page four*

to recognize the student membership recruitment efforts of Kansas and other states without a dental school," said Dr. Robert V. Herwig, KDA president. "Participation in the ADA Student Block Grant Program will allow the KDA to better meet the unique challenges of recruiting Kansas students who attend dental school out of state."

"Constituents that can identify their students studying out of state, like the Kansas Dental Association, do our Association a tremendous service through their outreach activities," added Dr. Doroshow. "I applaud KDA's past efforts and hope that other constituent societies without dental schools follow their lead, especially now that block grant funds are available. Such outreach is vital to the success of the tripartite."

Under the previous Student Block Grant Program, constituent dental societies with a dental school in their state were eligible for up to \$3,000 per dental school for student outreach and recruitment. With House passage of Reso-

**"Our constituent societies provide staff time to organize events, and volunteer dentists commit their time to meet students. This resolution begins to address the reality that even modest per-capita cost outreach activities were limited by the one-size-fits-all grants."**

lution 42H-2008, that limit is increased to \$5,000 for any dental school with a total enrollment greater than 500 students, and \$6,000 for enrollments greater than 750.

"Once we commit ADA resources to sharing the cost of student outreach activities, it only makes sense that states with larger dental school enrollments get more financial support," said Dr. Doroshow. "Our constituent societies provide staff time to organize events, and volunteer dentists commit their time to meet students. This resolution begins to address the reality that even modest per-capita cost outreach activities were limited by the one-size-fits-all grants."

Res. 42H-2008 originated with the 2nd Trustee District of New York, home to four dental schools, including the New York University College of Dentistry with its student population of 1,300. NYU is the largest school by a wide margin with 1,295 students enrolled in 2007-08, which is approximately 7 percent of the total dental student population and 600 more students than the next largest school.

"We are pleased with this development," said Sandy DiNoto, director of public relations for the New York State Dental Association. "This shows that the ADA is really committing itself to building relationships with the new dentist population through targeted student activities. New York has a high number of dental students and whether they stay here to practice or not, it's important that they have that introduction to organized dentistry."

NYSDA has worked with ASDA chapters at the dental schools for many years to identify collaborative activities. Included among past initiatives are support for white coat and senior graduate award ceremonies and NYSDA-sponsored courses on résumé writing, legal issues and practice management.

"Students and faculty have many program suggestions, but at the larger schools, we've

always been fairly limited as to what we can do," said Ms. DiNoto. "This will give us better representation at the schools and allow us to do more for the students and explore new topics for programs, such as career guidance and dealing with increasing levels of educational debt."

For more information about the ADA Student Block Grant Program, contact the Office of Student Affairs at Ext. 7470. To be eligible for the program, constituent societies must complete the Reimbursement Request Form in its entirety, include original receipts for all expenses and meet the annual deadline. Society staff can find information about the 2008 program online at "www.adadentalsociety.org". The 2009 forms and criteria will be posted by the end of this year, and will also be mailed and e-mailed to societies. ■

—foxk@ada.org



Photo by Leguippe Studio

**Discussion:** Dr. Doroshow participates in the ADA House of Delegates mega topic discussion during annual session Oct. 17.

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**New dentists:** Many attendees were invited to participate in special gatherings during the ADA annual session in San Antonio last month. At right, a group of dentists who have been in practice fewer than 10 years chat during the Oct. 16 New Dentist Meet-Up. From left are Dr. Courtney Alexander and Dr. Joshua Austin, both of San Antonio, and Dr. Ruchi Nijjar of Fremont, Calif. Dr. Nijjar is a member of the ADA Committee on the New Dentist.



Photo by Lagniappe Studio

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## House urges dental societies to create 'parallel' categories for nonpracticing dentist members

*San Antonio*—The House of Delegates took action last month to boost a new category of membership by encouraging constituent societies to create parallel membership categories like those established by the 2007 House.

The adoption of Resolution 10H-2008 and Resolution 11H-2008 will help members in the nonpracticing dentist category enjoy the many benefits of membership. Approved in 2007, the nonpracticing dentist category of membership includes dentists who hold a dental degree but not a U.S. license, and those not providing patient care for remuneration but living in the U.S. and/or its territories.

The new category was part of a 2007 comprehensive membership study that sought ways to encourage contributions from more dentists, including those not in clinical practice. Those dentists eligible to join the ADA under the nonpracticing dentist category include policymakers;

**"Parallel membership categories would provide new opportunities to engage these members at the state and local levels, which should result in higher member satisfaction and retention."**

government officials; dental industry representatives; dentists in the corporate world; as well as researchers, educators and deans of dental schools who were previously eligible to join as associate members.

"One of the great strengths of our Association is the tripartite," said Dr. Susan Becker Doroshow, chair of the Council on Membership. "At each level, our members receive different benefits and experience different levels of connectedness. Without personal association relationships, direct ADA members like nonpracticing dentists present retention challenges. Parallel membership categories would provide new opportunities to engage these members at the state and local levels, which should result in higher member satisfaction and retention."

Resolution 10H-2008 calls for constituent societies to develop opportunities for direct members to join the tripartite by creating parallel membership categories at the state and local

See PARALLEL page 10

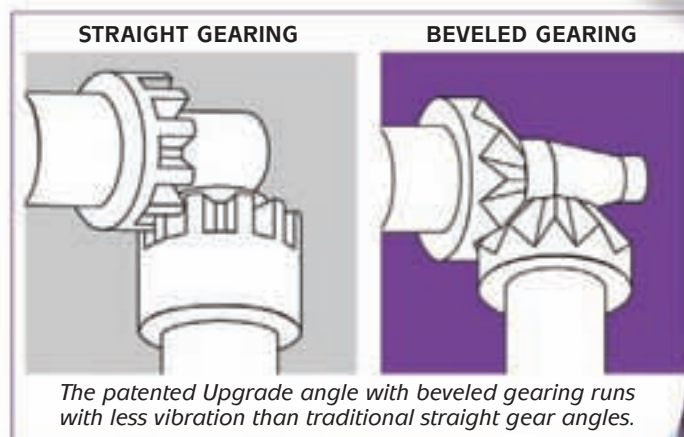


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# ADA House eyes tobacco control education materials

BY STACIE CROZIER

*San Antonio*—Are the smoking prevention and cessation educational materials you use in your dental office produced by a trusted source with expertise in tobacco control?

In passing Resolution 41H, the ADA House of Delegates urges dentists and health organizations to provide information to patients and consumers “developed by credible and trustworthy

sources with expertise in tobacco control.”

“Tobacco use is a leading preventable cause of oral disease, and dentists have a professional responsibility to educate their patients about tobacco and to help them quit, said Dr. Scott L. Tomar, professor and chair, Department of Community Dentistry & Behavioral Science, University of Florida College of Dentistry. “However, it is essential that the patient educational materials

distributed by dentists come from credible, respected health authorities, and not from tobacco companies that continue to aggressively promote their products.”

The resolution states that the ADA urge dentists and health organizations to avoid providing patients and consumers information or materials developed by tobacco companies or other groups aligned with the tobacco industry and that the

ADA not accept advertisements from tobacco companies or groups aligned with the tobacco industry concerning tobacco use prevention or cessation in any of its official publications, including *The Journal of the American Dental Association* and *ADA News*.

“Posters, brochures and advertisements produced by tobacco manufacturers may create the impression that these companies are acting socially responsible,” added Dr. Tomar, an ADA

**“It is essential that the patient educational materials distributed by dentists come from credible, respected health authorities, and not from tobacco companies ... .”**

advisor on tobacco use prevention and cessation. “The ADA is to be congratulated for joining the large and growing list of health organizations that have established such policies.”

For more information on ADA tobacco position statements, past articles in *JADA* or *ADA News* or links to tobacco prevention and cessation education materials, log on to “[www.ada.org/quitsmoking](http://www.ada.org/quitsmoking)”. ■

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<sup>1</sup> As of May 1, 2008, the program expense charge was reduced by approximately 15% based on current assets. (subject to change).

<sup>2</sup> As of 12/31/07.

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## 2008 budget actions

*San Antonio*—The following are budget, business and administrative matter resolutions adopted by the 2008 House of Delegates during the ADA annual session last month. (See the Nov. 3 *ADA News*, stories throughout this issue and stories in upcoming issues for additional summaries of key actions.)

**Resolution 59-2007H(2008)** urges the ADA to target liquid reserves at a level of 50 percent of the Association's annual budgeted operating expenses, and to consider any excess in developing the following year's annual operating budget consistent with the long-term strategy of dues stabilization taking into consideration any known contingent use of reserves. Liquid reserves are defined as the total uncommitted balance of the Reserve Division Investment Account. The resolution also asks that the Board rescind Res. 26H-2005.

**Res. 13H-2008** resolves that distribution of House of Delegates materials be transitioned to an electronic format no later than 2012 and asks the Board of Trustees to develop a timeline for the transition, identifying



# Oral health literacy continues to be HOD priority

BY STACIE CROZIER

San Antonio—The ADA House of Delegates continued to make oral health literacy a priority, passing three resolutions that build on its work to promote “clear, accurate and effective communication” in the profession.

“The ADA defines oral health literacy as ‘the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate oral health decisions,’ ” said Dr. Lindsey Robinson, immediate past chair, ADA Council on Access, Prevention and Interprofessional Relations.

“The Association has affirmed that limited oral health literacy is a potential barrier to the effective prevention, diagnosis and treatment of oral disease,” said Dr. Robinson. “The ability for oral health professionals to clearly communicate health information is an essential element to effective dental practice.

“People with limited health literacy are less knowledgeable of disease signs, symptoms and management; describe worse health; and are less likely to seek preventative services,” added Dr. Robinson. “In 2001, the U.S. Center for Health Care Strategies estimated that low functional literacy resulted in an estimated \$32 to \$58 billion in additional annual health care costs. And, a large-scale national and representative study found that only 12 percent of U.S. adults have proficient health literacy, meaning the majority of adults may not have adequate information to make appropriate health decisions.”

Resolutions 24H-2008, 25H-2008 and 26H-2008, submitted by CAPIR, were adopted by the

House during annual session last month.

Res. 24H says that “the ADA affirms that clear, accurate and effective communication is an essential skill for effective dental practice.”

Res. 25H directs the ADA, through CAPIR and other appropriate agencies, to “urge the National Institutes of Health, including the National Institute of Dental and Craniofacial Research to continue or expand its funding of health literacy research” through the NIH’s multi-institute health literacy program announcement.

Res. 26H directs CAPIR, in cooperation with other agencies, to “prepare a five-year strategic

action plan to improve the oral health literacy of the public and report to the 2009 House of Delegates.”

ADA and CAPIR activities addressing oral health literacy have included:

- convening its first-ever oral health literacy symposium Oct. 15 and 16 at annual session in San Antonio. The symposium featured keynote speaker Richard Carmona, M.D., the 17th U.S. Surgeon General (from 2002-2006), and a champion for health literacy;

- forming the ADA National Oral Health Literacy Advisory Committee, a 12-member panel that met in April and October;

- conducting oral health literacy surveys of dental team members and dental schools;

- participating in events held by other organizations, including the American Public Health Association annual meeting and the National Oral Health Conference;

- conducting an assessment of ADA educational materials.

For more information on ongoing oral health literacy projects, contact Gary Podschun, manager, Community Outreach and Cultural Competence for the Council on Access, Prevention and Interprofessional Relations, by calling toll-free, Ext. 7487 or e-mailing “podschung@ada.org”. ■

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all appropriate details and issues. The resolution also asks that all printed materials still be available for any delegate upon request and an informational report should be submitted to the 2009 HOD on the transition and related issues.

**Res. 14H-2008** approves the 2009 budget (as reported in the Nov. 3 ADA News).

**Res. 15H-2008** resolves that the ADA dues of active members will remain \$498, effective Jan. 1, 2009 (as reported in the Nov. 3 ADA News).

**Res. 17H-2008** resolves that the Board develop annual budgets and manage the Association's finances and reserves in accordance with the long-term financial strategy of dues stabilization. The dues stabilization strategy seeks to achieve long-term dues stability by keeping annual dues increases at or below the level of inflation, based upon the Chicago Consumer Price Index average for the prior three years. The strategy does not call for automatic inflationary dues increases.

**Res. 19H-2008** resolves that beginning in 2010, resolution worksheets will be distributed using a process that gives delegates the option of receiving materials either in a paper or electronic format. It also urges the Board to schedule its pre-annual session meeting so that it concludes no less than 20 days prior to the first meeting of the House of Delegates, beginning with its October 2010 meeting.

**Res. 59H-2008** resolves that where appropriate, electronic versions of policy statements should be embedded with hyperlinks to supporting documents, references and media. The resolution also urges that the supporting materials be reviewed with the same care as actual policy statements before publication by the appropriate ADA agencies. ■

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# ADA House OKs AI/AN strategic workgroup

BY STACIE CROZIER

San Antonio—The 2008 ADA House of Delegates passed Resolution 27H-2008 last month at annual session, which directs the ADA Council on Access, Prevention and Interprofessional



**Summit:** Gathered November 2007 in Santa Ana Pueblo, N.M., for the first American Indian/Alaska Native Oral Health Access Summit hosted by the ADA are, from left, Jean Othole, chief executive officer, Indian Health Service Division of Oral Health Zuni Service Unit; Dr. Alyssa York, dental director, Inter Tribal Council of Arizona; Dr. David Keim, Montana Dental Association; Dr. Ronald L. Tankersley, ADA president-elect; Dr. Roger Newman, immediate past president, Montana Dental Association; Dr. Howard Pollick, clinical professor, University of California, San Francisco, School of Dentistry; and Dr. Marty Lieberman, dental director, Puget Sound Neighborhood Health Centers.

Relations, in cooperation with other appropriate agencies, to continue to coordinate semi-annual meetings of the American Indian/Alaska Native Strategic Workgroup.

The AI/AN Strategic Workgroup was one outcome of the AI/AN Oral Health Access Summit, convened by the ADA, Nov. 12-14, 2007, in Santa Ana Pueblo, N.M.

"The workgroup's vision is to increase access to oral health care, reduce oral health disparities, improve prevention of oral disease and foster collaboration through effective advocacy, research, policies and programs at the local, regional and national levels," said Gary D. Podschun, CAPIR manager, Community Outreach and Cultural Competence. "The workgroup's mission is to coordinate, facilitate and communicate the implementation of strategies of the AI/AN Oral Health Access Summit action teams and other stakeholders."

The "Future Search" meeting model that was used for the AI/AN Summit will also be the format for the Access to Care Summit scheduled for March 2009, added Mr. Podschun.

For more information, contact Mr. Podschun by calling toll-free, Ext. 7487 or e-mailing "podschung@ada.org". ■

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Resin cement applied using a common method of putting the cement onto the post before placement. Voids, which can compromise bond strength, are visible as dark spots in the image on the left.

Source: Naumann M., Watzke R., University of Berlin, Charité



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## Parallel

*Continued from page six*  
levels to mirror those available at the ADA level.

Resolution 11H-2008 calls for the ADA to urge constituent and component societies to adopt the ADA four-year reduced dues structure for recent dental school graduates.

Under the four-year reduced dues structure, dentists will pay 0 percent of full national dues in the first membership year following graduation, 25 percent in the second, 50 percent in the third, 75 percent in the fourth, and 100 percent in the fifth and thereafter. For those completing an advanced dental education program immediately following dental school, the zero dues year and reduced dues payments begin following completion of their graduate program, so long as the dentist maintains ADA graduate student membership. ■

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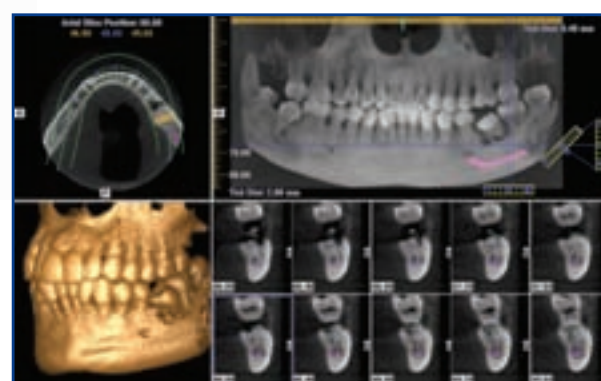


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# Elder care group begins research

## Committee works in response to 2006 ADA House resolution

BY STACIE CROZIER

The ADA Elder Care Research Committee, formed in response to Resolution 5H-2006, met at ADA Headquarters in Chicago Oct. 30 and 31.

The committee was formed to identify, collect and synthesize existing research on the oral health of the vulnerable elderly to identify knowledge gaps.

"These highly qualified individuals will identify knowledge gaps that affect the vulnerable elderly by finding effective ways to gather data on the oral health of this population group," said Barbara J. Smith, Ph.D., manager, Geriatric and Special Needs Populations for the ADA Council on Access, Prevention and Interprofessional Relations.

"They will also help stakeholders identify opportunities and funding for continued research in health areas that affect the oral health of vulnerable seniors and identify ways to disseminate knowledge to health care workers, policymakers



Dr. Gibson



**Gathering information:** Drs. Douglas Berkey, Judith Jones and Melanie Lang collaborate on strategies to assess and meet the needs of the vulnerable elderly during the ADA Elder Care Research Committee meeting at ADA Headquarters Oct. 31.

and the public."

The seven-member committee includes:

- Dr. Douglas Berkey, director of Gerontological Programs and professor of Dentistry and Medicine at the University of Colorado Health Sciences Center and dental director of Total Longterm Care, which serves the metro Denver area;



**At Work:** Drs. Frank Scannapieco, Robert Henry and Teresa Dolan brainstorm Oct. 31 at the elder care meeting.

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• Dr. Teresa Dolan, professor and dean at the University of Florida College of Dentistry, whose research has focused on access to care issues, oral health promotion and appropriate oral health outcomes for older populations;

• Dr. Gretchen Gibson, staff dentist at the Fayetteville Veterans Affairs Medical Center in Fayetteville, Ark., whose lectures, research and publications focus on the areas of geriatric dental care, salivary dysfunction and the oral health of the homeless.

• Dr. Robert Henry, director for Geriatric Dental Services, assistant chief of dentistry at the Department of Veterans Affairs Medical Center in Lexington, Ky., clinical associate professor at the University of Kentucky College of Dentistry, and a research associate at the Sanders-Brown Center on Aging;

• Dr. Judith Jones, professor and chair in the Department of General Dentistry at the Boston University Goldman School of Dental Medicine,

who provided expertise to ADA Elder Care Task Force 2004-2006, which served as the basis for the initiatives contained in Res. 5H-2006;

• Dr. Melanie Lang, an oral and maxillofacial surgeon in Spokane, Wash., and a member of the ADA Council on Access, Prevention and Interprofessional Relations who will report back to the Council regarding the activities of the research group;

• Dr. Frank Scannapieco, professor and chair of the Department of Oral Biology, School of Dental Medicine, State University of New York at Buffalo, whose research focuses on oral microbiology, molecular mechanisms of oral bacterial colonization and the interface between oral and systemic health, especially the role of oral conditions in the process of respiratory infection.

For more information on the research committee, contact Dr. Smith by calling toll-free, Ext. 2697 or e-mailing "smithb@ada.org". ■

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**Dr. Hansen:** Peer review done correctly “builds public trust.”

## Navigating peer review helps resolve disputes

BY CRAIG PALMER

*San Antonio*—When peer review is done correctly, it builds public trust, Dr. Henrik Hansen told an annual session audience Oct. 17. The mediation aspect of peer review, available in most states and where many cases are resolved, may be seen as “assisted facilitation” of dispute resolution, Dr. Stephen Simpson added.

“Peer Review and Dispute Resolution” explained how the profession’s peer review process is organized and how it operates to resolve disputes between dentists and patients. Some 40 dentists and dental team members engaged in lively discussion with the speakers, who are recent or current members of ADA’s

## AnnualSession

Council on Dental Benefit Programs.

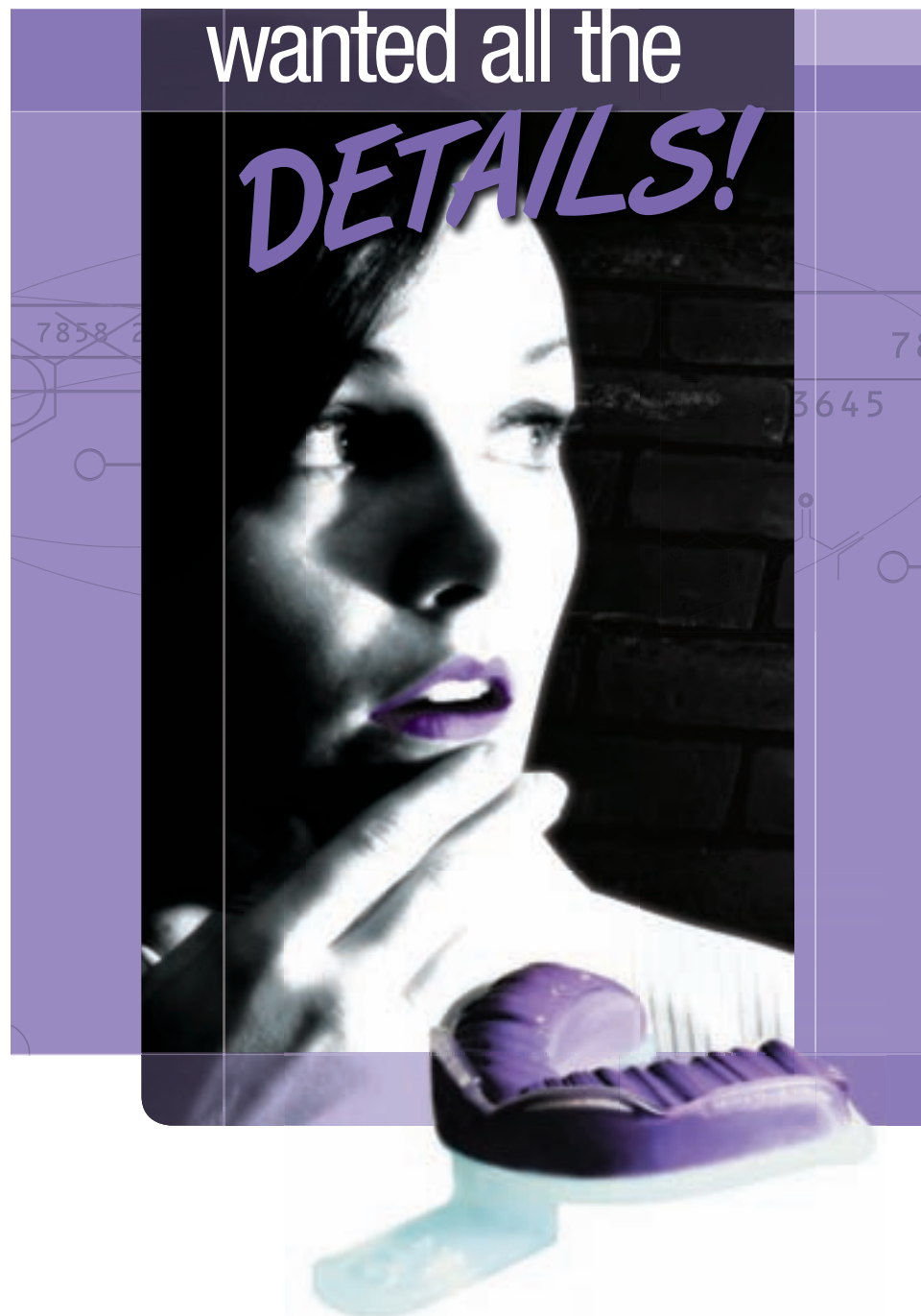
The course objectives: gain skills in resolving dental disputes, understand ADA recommendations on peer review and understand the benefits of using the peer review system.

There are commonalities—confidentiality is crucial—but the process varies by jurisdiction. Dentists engaged the speakers in a discussion of emerging peer review issues in several states. They were encouraged to bring these issues to the ADA council’s attention. ■



**Winners:** ADA/DENTSPLY Student Clinician Research Program winners pause at annual session Oct. 19 in San Antonio for a photo. From left, winners are Nejay P. Ananaba, University of Michigan School of Dentistry, 3rd place, Category I; Estee Wang, Harvard School of Dental Medicine, 3rd place, Category II; Rita Y. Chuang, University of Southern California School of Dentistry, 1st place, Category I; Neil Robertson, University of Pittsburgh School of Dental Medicine, 1st place, Category II; and Poonum Bharal, Virginia Commonwealth University School of Dentistry, 2nd place, Category II. Not pictured: Todd W. Walker, Tufts University School of Dental Medicine, 2nd place, Category I.

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# OralLongevity

## Drawing, hands-on activities at annual session showcase initiative's latest resources

BY STACIE CROZIER

San Antonio—Annual session attendees who visited the OralLongevity booth at the ADA Pavilion Oct. 16-18 were able to get the latest

news on the initiative to promote good oral health for older adults and test their knowledge through an online quiz.

Cynthia Eppstein, marketing manager for

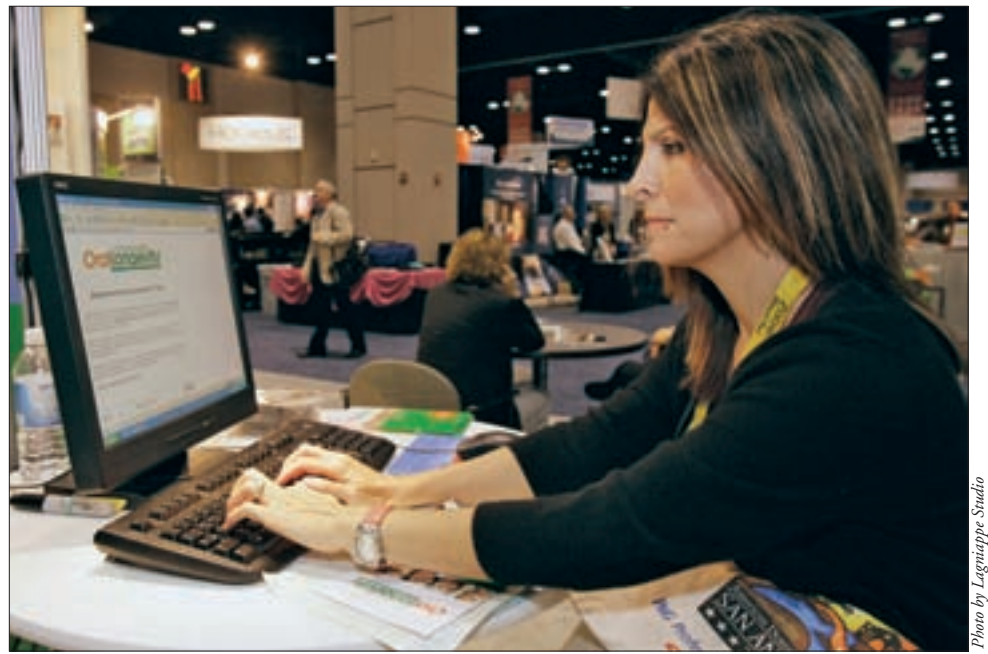


Photo by Lagniappe Studio

**Logged on:** An annual session attendee checks out the OralLongevity Web site in the ADA Pavilion at the annual session last month.



MicroDental, a dental laboratory in Dublin, Calif., not only learned more about OralLongevity, she also won a Nintendo Wii Fit system when her name was chosen randomly from those who had take the OralLongevity quiz.

"It's very exciting," said Ms. Eppstein. "I never win anything. I wondered if I should go buy a lottery ticket after I got the call from the ADA."

A dental practice manager for 10 years before joining MicroDental, Ms. Eppstein says she likes to keep abreast of what's going on in dentistry because the profession is near and dear to her heart.

"MicroDental takes a lot of pride in the services they can provide to older patients that help them maintain their health and quality of life," she says.

"When it comes to making partials and dentures, for example, many older patients have

**Dentists who visited the ADA Pavilion could also view the OralLongevity ad that recently appeared in AARP The Magazine and on the AARP Web site—which potentially reached 14.2 million mature adults and caregivers with its oral health message and access to the OralLongevity Web site.**

issues like bone loss or other fitting issues that can affect their quality of life if their appliances aren't correctly fitted."

Dentists who visited the ADA Pavilion could also view the OralLongevity ad that recently appeared in AARP The Magazine and on the AARP Web site—which potentially reached 14.2 million mature adults and caregivers with its oral health message and access to the OralLongevity Web site.

They could also pick up an information packet that included the OralLongevity brochure and DVD for use with patients in the office and health professionals in the community and check out case studies that showcased successful ways to use the materials.

For more information on the initiative, a joint effort of the ADA, the ADA Foundation and GSK Consumer Healthcare, log on to "www.orallongevity.ada.org". ■

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# AAE board supports ADA advocacy efforts

BY CRAIG PALMER

*San Antonio*—The American Association of Endodontists' 21-member board of directors joined the American Dental Political Action Committee Capital Club at the ADA annual session.

"Endodontists are motivated to support ADPAC because it not only advocates for the interest of organized dentistry but also for the health and well-being of our patients," said AAE President Dr. Louis E. Rossman of Philadelphia.

"In these turbulent times it is essential to identify political candidates who share our views on improving the dental profession and serving the public in key areas such as advancing science and working to keep dental care affordable."

"ADPAC is thrilled to have the AAE Board of Directors team together in our quest to advocate dental political action constantly," said Dr. Roger W. Triftshauser, ADPAC chair. "Joint efforts such as this are imperative in strengthening ADPAC as the leader in health care PACs."

Each AAE board member made simultaneous contributions at the ADPAC annual session booth. To become two-year Capital Club mem-

bers, individuals donate a minimum of \$200. The standard ADPAC contribution is \$49.

This initiative is currently the only one of its kind among dental specialty organizations and demonstrates AAE's conscious commitment to political outreach by its generous monetary contributions, an AAE spokesman said.

**"Endodontists are motivated to support ADPAC because it not only advocates for the interest of organized dentistry but also for the health and well-being of our patients."**

The AAE encourages member leadership and community service through its Step Up! Program. (See "www.aae.org" for more information.)

For more information on the American Dental Political Action Committee, visit ADA.org at "www.ada.org/prof/advocacy/adpac/index.asp". ■

## Health care personnel urged to 'set an example' by getting flu shots

BY CRAIG PALMER

*Washington*—Public health officials and private sector medical organizations initiated a national campaign for the fall and winter flu season to increase vaccination rates by urging the nation's health care personnel to "set an example for the patients they serve" and protect themselves.

Vaccination rates were less than 50 percent among the nation's health care personnel in 2007, the Department of Health and Human Services said in launching the public-private initiative. HHS wants to improve the health personnel rates to 60 percent by 2010 to meet a national Healthy People goal. National survey data demonstrated a vaccination coverage level during the 2005-06 flu season of 42 percent among health care personnel, according to the CDC advisory committee on immunization practices (Morbidity and Mortality Weekly Report, 2007, Vol. 56, pages 1-54).

Available data does not offer breakdowns by

**Vaccination of health care personnel has been associated with reduced work absenteeism and with fewer deaths among nursing home patients and elderly hospitalized patients.**

medical, dental or other type of health care personnel. Vaccination of health care personnel has been associated with reduced work absenteeism and with fewer deaths among nursing home patients and elderly hospitalized patients. The Centers for Disease Control and Prevention recommends annual vaccination against influenza for all health care personnel, defined to include dental personnel, as well as those in training for health care professions.

The HHS initiative to improve influenza vaccination offers a toolkit for health care personnel at "www.hhs.gov/ophs/programs/initiatives/vacctoolkit/index.html".

HHS plans to partner with national medical, hospital and other organizations to promote the initiative and to measure its effectiveness.

"By being vaccinated, health care personnel decrease their likelihood of contracting influenza and decrease the chance of infecting others," the HHS announcement said. ■

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# Dental Benefits

## ADA studies scanning

### Paper claim filers may benefit from sending scanned, printed radiographic images

BY ARLENE FURLONG

Although the ADA is urging industry standardization on radiograph requirement and return policies, third-party payers continue to use different criteria to determine when images are needed to support claims adjudication, and if and how those radiographs will be returned to dentists.

Dentists and their office staff report frustration in trying to keep track of varying policies.

Dentists who use digital radiography and file electronic claims can easily submit images electronically.

But for those who submit paper claims, recalling which payers require radiographs, which return them automatically and which don't with-

out a specific request or a self-addressed envelope, can be a challenge.

That's why the ADA Councils on Dental Practice and Dental Benefit Programs studied whether scanned, printed images could be substituted to third-party payers for claims determinations.

"These scans would not have to be returned by the payer and would give offices that submit paper claims an option for radiograph submission," said Dr. Jeffrey Sameroff, CDP member. "We still recommend dentists file electronic claims, but this option might be the next best thing for dentists who still submit on paper."

**"We still recommend dentists file electronic claims, but this option might be the next best thing for dentists who still submit on paper."**

Printed images of scanned periapical, panorex and full-mouth films may produce acceptable images for claims adjudication 90 percent of the time, ADA council members determined.

The ADA councils contacted four major payer groups, representing the majority of dental benefit plans, to learn if such printed images would be acceptable for benefits determination.

Delta Dental Plans Association members told the councils that printed images from scanned radiographs would be adequate for initial claim review. American Health Insurance Plans said the process "is nothing really new," and some 50 percent of radiographs already arrive from dental offices as paper prints of scanned radiographs.

"The usefulness of the image is proportionate to the original quality," the AHIP response included. Both payers said electronic files of images are preferred and original radiographs would be requested if the submitted scan was not adequate to determine benefits. (Blue Cross Blue Shield Association and the National Association of Dental Plans did not respond.)

Standard images, including single periapical films, panorex films and full-mouth films were scanned on four different scanners priced between \$99 and \$299. Scanners were equipped with standard requirements, including:

- the ability to scan 35 mm slides or negatives

## ADA backs DICOM

The ADA Standards Committee on Dental Informatics supports Digital Image Communications in Medicine.

DICOM is the international standard used to permit exchange of diagnostic images from different radiographic systems and is endorsed by the ADA as the standard means for exchange of all digital dental images.

DICOM creates the interoperability necessary for dentists to communicate digital radiographs to any third party, such as other dentists and specialists, and between practice management systems and software systems from different vendors.

The ADA SCDI Working Group 12.1 for Application of the DICOM Standard to Dentistry educates dentists about the benefits and usage of the DICOM standard. It has published a technical report, ADA Technical Report No. 1023, Implementation Requirements for DICOM in Dentistry; distributed DICOM interoperability demonstration CDs; and at the recent annual session in San Antonio, organized a DICOM interoperability demonstration exhibit. For more information about DICOM in dentistry, go to "<http://adastagenet/prof/resources/standards/informatics.asp>" or send an e-mail to "[standards@ada.org](mailto:standards@ada.org)". ■

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## ADA: Radiographs should be returned

ADA policy—Resolution 35H-2007—calls for third-party payers to return radiographs. "When a dentist determines that it is appropriate to comply with a third-party payer's request for images, it is recommended that a duplicate set be submitted and the originals retained by the dentist. All images, including duplicates, except those submitted in digital or other electronic form, and whether or not they have been

requested should be returned to the dentist."

The policy includes a provision on electronic images, specifically recommending that third-party payers delete images after the claims process is completed. For dentists who do not have digital radiography, National Electronic Attachment ("www.nea.org"), provides a service that will digitize the image to support electronic claims. ■

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**Listening:** From left, Drs. Benjamin Cumbus, David Warren, Bruce Toy and David Woolweaver lean in during the ADA Foundation's Charitable Assistance Committee meeting Nov. 7. Among items of business, the committee kicked off a five-year review of the Foundation's charitable assistance programs and discussed plans for the upcoming year.



## Votes

*Continued from page one*  
interviews and distributed informational brochures.

Dr. Randall Moseng, a general dentist with offices in LaCrosse and Holmen, said he's been actively working for fluoridation for more than three years.

"I started talking to my patients, and told them, 'We need to do this. This is important.' I knew the dentists in the area needed to take the bull by the horns to get it done," said Dr. Moseng.

"Then I started talking to the village council and then worked on educating the public. It was a lot of legwork, a lot of politics. And we started using the ADA and WDA resources to form a grassroots campaign."

For months, he worked behind the scenes, asking patients and citizens to sign a petition. He worked with a local coalition of a variety of health care providers and advocates who supported the cause. "If I was in public, even at the grocery store, I talked to people about why fluoridation is a good thing."

When the movement developed into a referendum, he said, "we went from just educating the public and policymakers to running a grassroots political campaign to get voters to support fluoridation. To win, you need organization, grassroots efforts, you need to roll up your sleeves, do the nitty-gritty and hope for the best. You also need to know your opposition and head them off at the pass with the facts."

**"To win, you need organization, grassroots efforts, you need to roll up your sleeves, do the nitty-gritty and hope for the best."**

In Maine, voters in the island community of Vinalhaven passed a referendum to fluoridate its water supply to improve dental health. The measure, which read, "Shall fluoride be added to the public water supply for the intended purpose of reducing tooth decay?" passed 423 to 320.

"We were really pleased about the outcome in Vinalhaven," said Frances Miliano, Maine Dental Association executive director. "The MDA supported the efforts of the members of the Vinalhaven community who organized the effort to fluoridate their water system, including the MDA member dentist who works at the island health center."

Inland and north, voters in Jackman and Moose River—communities that fended off a 2006 fluoridation challenge—voted to stop fluoridating.

"It was a disappointment for sure," Ms. Miliano said. "These are small communities near the Canadian border and there is no dentist in Jackman. The closest dentist is 45 miles away. MDA coordinated efforts to get local health professionals and the nearest dentists involved. We produced an informational poster and sent out letters from the coalition of area health care providers who support fluoridation."

In Corning, N.Y., where the issue of community water fluoridation has gone back and forth for decades, voters narrowly approved a proposition to "prohibit the city council from enacting legislation to fluoridate the city's water supply."

The city council approved fluoridation in 2006, but a petition drive in 2007 brought the matter to a public vote. The unofficial vote totals for Proposition 1 reported Nov. 5 were 1,287 to 1,222. At press time, there were still some 275 absentee ballots to be counted because of a recount in another race in the voter district.

"We're hoping the absentee ballots swing the end result our way," said Dr. John Gunselman, past president of the Steuben County Dental Society. "We are very close."

Watch the ADA News for an update on the Corning vote. ■

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# Florida receives grant for oral health

*Gainesville, Fla.*—The University of Florida College of Dentistry has received a \$5.3 million grant from the National Institutes of Health to build a research center for preventing oral cancer in low-income, minority men.

According to UFCD, minority men suffer a disproportionate burden of death and impairment from head and neck cancers. In Florida, African-American men are diagnosed at a younger age and more advanced disease stage compared with white men. Most African-American

men will survive about 21 months after diagnosis while white men will survive about 40 months.

"As we talked with local residents, we learned about the negative impact on people's lives," said Henrietta Logan, Ph.D., a professor at the College of Dentistry and the center's director. "We found that many community leaders, who were invited to meetings because of their community involvement, had been touched by this disease within their own families. They had stories of relatives who were diagnosed too late."

atives who were diagnosed too late."

The university said the multidisciplinary center will focus on prevention and early detection and will rely on participatory research with community members. Each year, more than 11,000 people die in the U.S. because of head and neck cancers. The disease is the 10th leading cause of death among African-American men.

This will be the first NIH-funded center to focus on head and neck cancer in the Southeast, the university reported.

The center will be located at the College of Dentistry and programs will extend to satellite clinics and rural locations throughout the state. The grant was the result of collaboration with many professional associations and collaborative groups, including Florida A&M University, Alachua County Organization for Rural Needs and regional ministerial networks, according to a University of Florida press release.

For more information about the center, visit "[www.dental.ufl.edu/Offices/TakeTheBite](http://www.dental.ufl.edu/Offices/TakeTheBite)". ■



**Expert panel:** Dr. Joel Berg (top photo, center) of the American Academy of Pediatric Dentistry speaks as Dr. Rebecca King of the Association of State and Territorial Dental Directors and David Krol, M.D., American Academy of Pediatrics, listen. The three were part of the ADA Center for Evidence-Based Dentistry's expert panel that was called to develop EBD recommendations on infant formula and fluoride. At right, Dr. Barbara Gooch (left) of the Centers for Disease Control and Prevention, moderates as Dr. Sheila Strock of the ADA Division of Science looks on.


## ADA hosts expert panel

The ADA Center for Evidence-Based Dentistry hosted an Infant Formula and Fluoride Workshop Nov. 10-12 at ADA Headquarters.

The panel is charged with developing evidence-based recommendations for infant formula and fluoride. During the meeting, they discussed the scientific evidence on infant formula and fluoride, including new research on fluoride intake and fluorosis.

The panel was moderated by Dr. Barbara Gooch of the Centers for Disease Control and Prevention and included experts from the public health sector, organized dentistry, the American Academy of Pediatrics, academia and the National Institute of Dental and Craniofacial Research. ■





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**Management:** The 17 members of the 2008 ADA/Kellogg Executive Management Program for Dentists completed the program at Chicago's Northwestern University Nov. 10. Above, class members, faculty and ADA staff pause for a brief celebration. Pictured in the front row from left are Wendy-Jo Toyama, ADA senior vice president for Membership, Tripartite Relations and Marketing; class members Dr. Vishruti Patel; Dr. Wenli Loo; Dr. Irene Gula; Dr. Shab Krish; Dr. Karin Irani; Gelsys Resto; Dr. Lynn Wan; Dr. Wandy Tsai; Dr. William Leon; ADA staff member Connie Paslaski, program coordinator; and Thomas Prince, Ph.D., professor of Health Industry Management, Accounting and Information Systems, Kellogg School of Management. In the back row from left are Vennie Lyons, associate dean and director of the Manager's Program, Kellogg School of Management; class members Dr. Rawley Fuller IV; Dr. Donald Deems III; Dr. Samuel Smiley; Dr. Primitivo Roig Jornet; Dr. Allan Jacobs; Dr. Alejandro Aguirre; and ADA staff member Joe Martin, director of Dental Society Services. Not pictured are class members Dr. Stephen Lim and Dr. Niles Thakkar. For more information on the Executive Management Program, visit "www.ada.org/goto/kellogg" or contact Ms. Paslaski at Ext. 3541.

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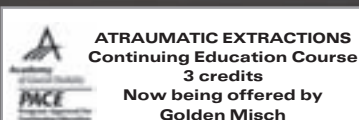


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# Giving back

## Michigan's Dental Scholars display leadership in community service

*Photo by Jerry Mastey*

*Ann Arbor, Mich.*—The students in the University of Michigan School of Dentistry's Scholars Program in Dental Leadership lent a helping hand to the local Salvation Army Sept. 6.

A select group of exceptional students with diverse backgrounds brought together for leadership development, the Dental Scholars spent the day delivering groceries; organizing boxes, canned foods and other essentials; working in the soup kitchen; and stuffing envelopes to help with a fundraiser.

"What you have brought here to us this morning will be used, and most likely will be used right away because the need is great and we're running short," Janice Nelson, the Salvation Army's Washtenaw County volunteer coordinator, told the students.

"It was a humbling experience to be able to help those in need," said Jillian Detloff, one of the newest Dental Scholars.

Following their community service efforts, the Dental Scholars participated in the U-M Challenge Program where they continued their team-building exercises with activities designed to build relationships, increase confidence and develop novel problem-solving techniques. ■



**In the kitchen:** University of Michigan Dental Scholars team up to cut loaves of bread and bag them for needy individuals in Washtenaw County, Mich. From left are Kate Dardis, Maciek Dolata and Zahid Ahmed.



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# Catalog items offer compliance updates, correspondence help

The ADA Regulatory Compliance 2008-10 Update Service is now available from the ADA Catalog.

ADA experts monitor communications from the Occupational Safety Health Administration and Centers for Disease Control and Prevention and then inform subscribers of any changes to federal guidelines in simple and easy to understand language. The ADA then gives specific suggestions, forms and other easy to use tools to make compliance more manageable.

Subscribers to the update service will automatically receive the latest on OSHA regulations. The first update in the 2008-10 series is in production and will be mailed in December, so be sure to renew subscriptions now.

The cost for the three-year subscription is \$60 for members and \$90 for nonmembers (item No. S620; CD-ROM version, No. S620C).

New orders of the Regulatory Compliance Manual include the update service through December 2010.

The ADA Catalog also has a new book designed to make correspondence easier for any office.

Want to welcome a new patient, dismiss a patient or send out a referral? Dental Letters Made Easy (Item No. J053) contains nearly 200 sample letters, forms, e-mails and news releases to help dentists communicate with patients as well as medical colleagues, vendors and members of the media.

All of the letters are clearly written and are approximately one-page in length and fully adaptable. The spiral-bound book comes with an easy to use CD-ROM and all the letters are formatted in Microsoft Word for effortless personalization.

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# GKAS

*Continued from page one*  
room for improvement,” he said.

Improvements just keep on coming. The St. Louis University Center for Advanced Dental Education now provides 60 chairs under one roof for free dental care each February and October. Drs. Dalin and Storm borrowed a dental office slated for demolition for the Greater St. Louis Dental Society's first GKAS in February 2002. In October of that year, the St. Louis Community College at Forest Park provided 30 chairs, hosting GKAS for three events, before the dental school offered its space in February 2004.

“GKAS makes this clinic come alive,” said Dr. Rolf G. Behrents, dean of the dental school. Alive it was, with more than 200 kids ditching school with the blessing of their teachers and school nurses on an unseasonably cold Friday. Saturday brought charitable organizations and younger kids with parents. Dr. Behrents assumes different vantage points around the clinic, literally beaming at the activity. Some 45 graduate students, all general dentists pursuing advanced dental education, are volunteering as part of their curriculum.

In addition to the graduate students, 120 hygiene students from the community college at



**Knee to knee:** Dr. B. Ray Storm performs an examination on 1-year-old Ethan using the “knee to knee” technique with Ethan's Mom, Jennifer. Primarily used for children under the age of 4, the care of the child is not relinquished to the examiner which dentists find calms the child. The guardian is a participant and understands that even though a child may be crying the child is not being harmed. “We actively pull the parent into the examination process,” said Dr. Storm. “It's also a good way for us to relay oral health ideas to them. Utilizing this method, we're able to examine, educate, apply fluoride varnish and make additional care arrangements in our Smiles Factories, when necessary,” said Dr. Storm.



**Spirit:** A 13-year-old girl joins in the fun.

**“We hope that GKAS events everywhere will develop more comprehensive care. After all, we don't need the screening process to learn these children need dental care. We know that already.”**

“You're upper molar is a goner,” Dr. Dalin tells 11-year-old Sammi. He asks her if it bothers her. She seems unsure.

Members on the board of directors, Drs. Flavin, Mark Ortinau and Mark Zust decide to take a quick breather and grab a bite in the volunteer's lunchroom. Each is overseeing a production area—Dr. Flavin is monitoring endodontics/oral surgery, Dr. Ortinau is coordinating the ambassadors and Dr. Zust is overseeing the restorative section of the clinic. (Board members Drs. Anthony J. Marino, B. Ray Storm and dental hygienist Jan Storm, are in the clinic.)

The three estimate that each event takes “hundreds of hours of planning.” They say they couldn't do it on their own.

In 2004, community members helped the dentists fill out paperwork to attain nonprofit status so the event could receive funding and develop a solid infrastructure.

“Every GKAS needs to seek help outside the dental community in order to grow and serve the community as a whole,” said Joan L. Allen, executive director, Give Kids A Smile, St. Louis. “If you reach out, you'll find people in the community in law or accounting or other areas that want to help and are also a wealth of information,” the former teacher explained. “These same people can serve on the board or volunteer. We often have 500 volunteers and we need each one of them—from those who help load the trucks for on-site materials to the hygienists and oral surgeons.”

In addition to two GKAS events each year, St. Louis volunteers also treat Smiles Factories patients after the clinics—kids requiring extensive follow-up care; and Tiny Smiles patients during the clinics—babies, toddlers and preschool-aged children. Guardians and children receive dental hygiene education and instruction.

“Some dentists prefer to provide treatment in their own offices,” says Ms. Allen. “Smiles Factories is perfect for them because all patients are taken under GKAS protocols (the patients don't become permanent), and dentists can treat in their own offices.”



**Rhythm section:** Kids in the lunchroom dance onstage, have their faces painted and read books from the library section. “We do everything we can to make it fun,” says Deborah Dalin, the wife of Dr. Dalin and a busy ambassador for the program.

Forest Park volunteered. Many of the 80 participating dentists have been with the program since its inception. Some 80 dental assistants from area dental assisting programs and at least 200 lay volunteers, called ambassadors, keep the program on schedule. Many of the ambassadors are patients and relatives of volunteering dentists.

## Beat the clock

Each kid has a three-hour time slot at the clinic. Ambassadors manage long, orderly lines of kids through registration, then shepherd them individually from registration to triage to the various care stations—from hygiene to restoration to endodontics to oral surgery. The whole process is a model of efficiency and Dr. Dalin's familiarity with it doesn't make it less impressive to him.

“You've really got to see it to believe it,” he said, taking the words out of the mouths of awed visitors. “You can do a lot in three hours.”

Dr. Dalin stations himself at a desk outside the X-ray area. He explains to each child what he sees in his or her X-ray before an ambassador whisks the child away to the appropriate care station.

“It's all about the patients,” says Dr. Mark Ortinau, quickly moving out of the way of a



**Twins:** From left, David and Abraham, 8 years old, wait to get into the hygiene section. “It's our sixth time here,” says David. “I love it. We can play and we don't have to go to school.”

group of students entering the clinic. “Today is their day.”

Dr. Storm and his wife, a dental hygienist, used their experiences on overseas missions to develop the flow of the mobilized GKAS clinic.



**In the middle:** Gabe, 10 years old, lives 70 miles away from the GKAS event. He came with his older and younger brothers. All three received restorations at the event.

They never imagined it would grow to the size it is in St. Louis or to a national level.

“It's so gratifying for my wife and myself to see these events throughout the country,” said Dr. Storm. “We hope that GKAS events everywhere will develop more comprehensive care. After all, we don't need the screening process to learn these children need dental care. We know that already.”

Garion, age 12, holds an ice pack to his jaw in the recovery area after having a tooth removed. “I don't remember going to a dentist before,” he says. “My mouth has been hurting sometimes.”

Dr. Tom Flavin is coordinating the endodontic/oral surgery section today. “I know they get used to the pain they have,” he said. “We do our best to be sure they have no pain here, try to turn them into good patients.”

Brothers Chandler, Gabe and Chase are 10, 11 and 12 years old. They've come 70 miles to be here today. Dr. Dalin examines their X-rays. Each of them needs restorations, in addition to cleaning.





**One less tooth:** From left, Dr. Andrew Wolken, Kedicha and Diana Sollman take a break in the action to pose for a photo. At 5 years old, Kedicha needed to have a tooth pulled and was unwilling to smile about it.

### Targeting kids

It's 12:30 p.m. and only four of the 26 children that school nurse Becky Cartmill recommended for the event have finished their treatment. They're killing time while waiting for their schoolmates in the library/dance hall/lunch room. One of the four had a filling and another had a tooth pulled.

"Most of the kids haven't finished quickly so I'm betting they need treatment," said Ms. Cartmill. "It doesn't surprise me."

Ms. Cartmill says she often assumes that if kids don't have medical insurance they probably don't have dental insurance either. She watches them through the year and keeps track of those who have pain, so she can bring them to GKAS.

She thinks school nurses are in a good position to select children who should participate in a GKAS program.

"We see these kids everyday," says Ms. Cartmill. "We know if they're having problems."

Taylor, 13, hangs around with her friends admiring their face paintings. She said she had a cavity filled and sealants applied. "I don't think I've ever been to a dentist before," she said.

To learn more about Give Kids A Smile visit ADA.org at "[www.ada.org/goto/gkas](http://www.ada.org/goto/gkas)". ■

—furlonga@ada.org



**The eldest:** "Me, my sister and my brother come here every year," said 12-year-old Rhodi. "If it's a real emergency, we go to the dentist." Rhodi's brother is 7 years old and her sister is 9 years old.



**What is it?** Dr. Dalin tells 8-year-old Paris her X-ray shows that she has a cavity.

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# Where to go from here?

## UIC College of Dentistry considers options for future partnership with village in the Dominican Republic

BY KAREN FOX

*San José de Ocoa, Dominican Republic*—A faculty-student team from the University of Illinois at Chicago College of Dentistry traveled here July 11-Aug. 8 to assess the potential for a partnership between UIC and the local community to supplement dental services in the province of San José de Ocoa.

Dr. Linda Kaste, associate professor of pediatric dentistry, and Dr. Sara Gordon, associate professor of oral medicine and diagnostic sciences, provided basic dental services to mountain villages as part of the feasibility and needs assessment.

"The future partnering between San José de Ocoa and the UIC College of Dentistry is yet to be determined," said Dr. Kaste, who has visited 17 times previously on dental missions and is well-known in the local health community.

"However, as a Dominican United Nations AIDS representative noted during the public health assessment portion, the Dominican Republic is a very interesting and valuable place for learning about the world as it is considered to be the 'middle of the middle' among the global economic ranking of countries," she said.

"Middle of the middle" pertains to the country's economic standing, which positions the Dominican Republic squarely between the world's well-functioning and lower-functioning economies. There is much to learn from the middle of the middle, said Dr. Kaste, adding: "If this is the middle or average, then there are



**Middle of the middle:** The province of San José de Ocoa lies in the middle of the Dominican Republic in a mountainous area that makes access to dental services difficult for families who use horses, donkeys, mules and motorbikes for transportation.

tremendous challenges in that bottom half, and we are very fortunate to be in the United States among the top."

Accompanying Drs. Kaste and Gordon was third-year student Laura Socias, who was born in the Dominican Republic.

"It was a great and awesome trip," said Ms.

Socias, who translated for the team. "We learned a lot about the Ocoan community and we learned to love its people. We learned how to not only give to a needing community but to accept the help and the gifts people gave us."

One of the local dentists, Dr. Daniel Pena,



**Basic services:** Dr. Sara Gordon (seated) examines a patient while local dentist Dr. Daniel Pena assists. UIC College of Dentistry faculty worked with the local community to provide dental care in small mountain villages, working on doorsteps and classrooms.

joined Drs. Kaste and Gordon for three days as they extracted teeth in makeshift operatories set in places like the front porch of a local house and a school. Clean water was in short supply due to a drought, so large jugs of water were hauled in daily for washing. At one location, the team had to fend off chickens that wanted to drink the water from the hand-washing station.

The UIC group became well-acquainted with the children in the mountain villages by distributing stickers and toothbrushes. In return, the children harvested wild limes, which the UIC group used to make fresh limeade.

There were many colleagues and officials on hand to guide the UIC group. Emilia "Milita" Mejia, health committee leader, and Nelson Arias, chauffeur from the foundation of the Provincial Senator José Pedro Alegría, joined them daily and accompanied them to the countryside "clinics."

The Religious Hospitallers of St. Joseph made available room and board at the Centro Padre Arturo. Housing was simple—a concrete block dormitory with ceiling fans—but luxurious compared to the homes of the villagers in the mountains, who live in wooden shacks with thatched roofs.

Kathleen Boyce, UIC College of Dentistry clinic inventory coordinator, and Dr. Michael Miloro, head of oral and maxillofacial surgery, lent instruments and donated dental supplies for the Dominican Republic mission. The UIC College of Pharmacy donated medications. Maria and Joseph Socias, Ms. Socias' parents, and Dr. Lourdes Socías de García-Godoy, her aunt, provided accommodations, transportation and local dental supplies. Dr. Frank Serio of the University of Mississippi, and a past member of the ADA/Health Volunteers Overseas Steering Committee, lent dental instruments.

For more information about international volunteer opportunities, contact the ADA Center for International Development and Affairs at Ext. 2726 or "international@ada.org". ■

—foxk@ada.org



**Collaboration:** Transportation and administrative support were provided for the team by the local foundation of the Provincial Senator José Pedro Alegría. Standing in front of the foundation's truck are, left to right, Dr. Sara Gordon, UIC; Nelson Arias, driver; Dr. Daniel Pena, dentist from San José de Ocoa; Dr. Linda Kaste, UIC; Emilia "Milita" Mejia, a local health committee leader; and Laura Socias, a third-year UIC dental student.



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# SurePayroll launches '1-Click' payroll option, iPhone compatibility

SurePayroll, the online payroll service endorsed by ADA Member Advantage, has added a "1-Click" option that will make payroll processing even more convenient than before.

With over 1,200 ADA members enrolled, SurePayroll has become a popular service among dentists for its convenient online access, low monthly fees and 100 percent guarantee on payment of local, state and federal taxes.

One-click processing simplifies payroll processing even more. Now when it's time to run payroll, dentists simply log in to their SurePayroll accounts and click "1-Click"—instead of the "run payroll" button—and that's it. An e-mail confirmation indicating that payroll was processed is sent, and reports become available online within minutes.

"One click processing is a great benefit for dentists who pay all of their employees the same salary, or if they rarely enter additional payments," says Steve Kania, SurePayroll's director of product management. "Now the whole process of payroll can be complete in minutes, leaving more time to spend with patients and growing the practice. Soon we'll be offering an auto payroll option, which allows dentists the option to run payroll automatically at the time and day of their choosing."

Also new this fall from SurePayroll: compatibility with the iPhone and iTouch technologies. Dentists on the go can run payroll from their

## ADA MEMBER ADVANTAGE<sup>SM</sup>

handheld devices wherever it is convenient for them.

"We know that so many of our dentists enjoy using their iPhones and iTouches," said Mr.

Kania. "We wanted to find a way to allow access to their payroll accounts through their phones. So not only do dentists not need to be in the office to run payroll, now they can run payroll from their phone instead of from a computer."

ADA members who are not already SurePayroll customers receive three months of payroll processing free when they enroll with SurePayroll before the new year and run their first payroll by

Jan. 31, 2009. That amounts to more than \$250 in savings for an average dental practice that processes payroll for seven employees twice a month. Additionally, all ADA members receive free set up and free W2s their first year.

For their current customers, SurePayroll is offering a chance to win an iPod Touch. For 12 days (beginning Jan. 6, 2009), SurePayroll will be giving away a free iPod Touch each day to a raffle winner who refers the service to another person. To submit, make a customer referral. Each referral after the first gives dentists another chance to win.

SurePayroll's "12 Days of Giveaways Customer Referral Contest" runs from Nov. 3 to Jan. 2, 2009. All customer referrals must be submitted within that timeframe.

To find out more about SurePayroll, call 1-866-535-3592 to speak to a SurePayroll representative or visit "www.surepayroll.com/ada". ■

## Citibank offers members the chance to win a \$10,000 credit on ADA card

Thousands of ADA members already enjoy the benefits of the ADA World MasterCard from Citibank, such as no annual fee and an excellent travel rewards program.

This fall, Citibank is enhancing the benefits. ADA card members who make purchases with their cards from Sept. 15-Dec. 15 will be automatically entered to win a credit on their ADA credit card. One grand prize winner will receive a \$10,000 credit on his or her ADA card, while first and second prize winners will receive \$7,000 and \$5,000 credits on their ADA cards.

ADA card members will receive two automatic entries for purchases at gas stations, supermarkets, drug and convenience stores, and restaurants (all other purchases receive one automatic entry).

For official rules and details, visit "www.adacard.com".

For those who are not yet cardholders: There's never been a better time to apply. Get 15,000 bonus points when you apply by Dec. 31 and spend \$150 in purchases. Call 1-800-354-3118 to apply. New accounts opened after Sept. 10 are not eligible for sweepstakes. ■

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