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ADANEWS

JANUARY 9, 2006

VOLUME 37 NO. 1

Delegates make impact at Conference on Aging

BY CRAIG PALMER

Washington—The Dec. 11-14, 2005, White House Conference on Aging was “a unique opportunity for dentistry and I was glad to be a part of it,” said Dr. G. Kirk Gleason, 2nd District trustee and one of four ADA

■ **Pro Football Hall of Fame, page 18**

member delegates.

Dr. Richard Callan, Medical College of Georgia School of Dentistry;

Dr. Howard Cowen, University of Iowa College of Dentistry; Dr. Paula Friedman, Boston University Goldman School of Dental Medicine; and Dr. Gleason constituted what the ADA officer called “our dental group” at the decennial conference, the fifth

in history.

“Of the 1,200 delegates to the 2005 White House Conference on Aging, only four were dentists,” said Dr. Friedman. “It was a privilege to have served with my colleagues to keep oral

See AGING, page seven

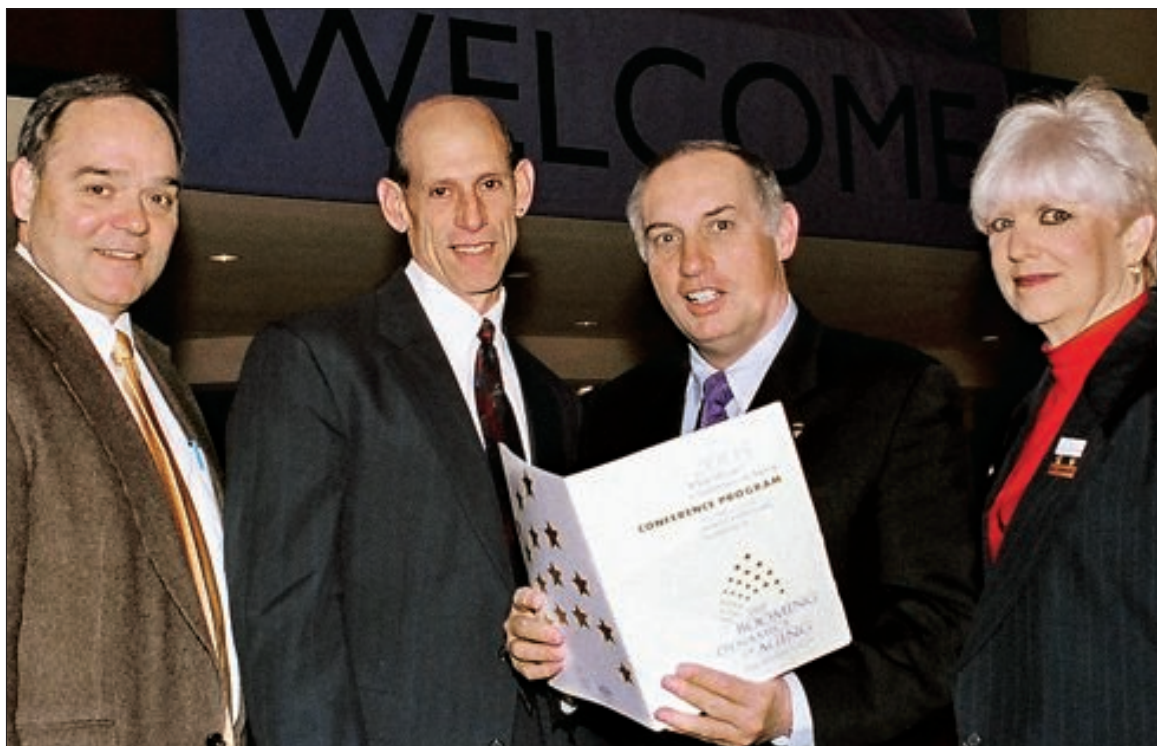


Photo by Anna Ng Delort

Dental team: Drs. Callan, Cowen, Gleason and Friedman at the White House Conference on Aging last month.

Volunteers needed in New Orleans

Mission of Mercy set for February

BY STACIE CROZIER

New Orleans—Calling all volunteers!

Dentists, dental hygienists, dental assistants, dental laboratory technicians and dental office staff can be a part of what could be the largest-ever medical and dental health fair in history—helping up to 6,000 patients receive free dental care in hurricane-devastated New Orleans Feb. 6-11.

The Virginia, Kansas and Texas dental associations and the Open Door Dental Clinic of Alamance County (North Carolina), which already conduct Mission of Mercy dental clinics in their home states, have joined together to manage the dental care portion of the health fair. The ADA Foundation has provided a \$50,000 grant for the project. Organizers hope to fill 125 dental chairs

each day, providing much-needed dental care to up to 6,000 patients during the six-day event.

Patients will include Medicaid enrollees, uninsured, underinsured and temporary citizens who have come to New Orleans to help rebuild and may be in need of care.

The program will also include a 15-chair satellite MOM clinic in

See NEW ORLEANS, page 16

E-claims

ADA calls for feedback to improve process for periodontal submissions

BY ARLENE FURLONG

The ADA is asking for input from dentists and others on a proposed standard for electronic transmission of periodontal claims.

The aim is to clarify what clinical information dental offices should send to a third-party payer when submitting a periodontal code.

A work group of the ADA Standards Committee on Dental Informatics has approved for circulation and comment a draft for an attachment to aid in the electronic transmission of periodontal claims. It specifies what information to send with each periodontal code and takes into account the needs of both dental providers and third-party payers.

“This standard should be of interest even to dentists who do not submit electronic claims,” said Dr. Gordon Isbell, chair of the Council on Dental Practice. “Many of the processes of electronic claims are later duplicated in paper claim submission.”

Proposed American National Standards Institute/ADA Specification 1047 for Standard Content of a

See E-CLAIMS, page 12

BRIEFS

GKAS nears: Feb. 3 is Give Kids A Smile, the ADA's national children's access day. It's the fourth annual celebration of Give Kids A Smile, and already more than 11,800 dentists are registered to treat 493,000 children in 1,882 programs nationwide.

If you haven't registered your program online, please do so before by Feb. 3. The ADA asks that participants go online and update the numbers after Give Kids A Smile. The statistics on events are vital to communicating year-round access issues to legislators and others. (When “value of care” is requested on the Web site, that figure refers to the dollar value of care donated on Feb. 3 had it been billable treatment.)

Products that were requested for GKAS events are being distributed this month. Crest Healthy Smiles donated sample bags with age-appropriate Crest toothbrushes, sample Crest toothpaste and oral health educational materials. Sullivan-Schein is donating 2,000 kits of professional products—each kit treats 50 children. DEXIS Digital X-ray Systems is donating the use of 50 digital X-ray systems and personnel to assist in taking radiographs.

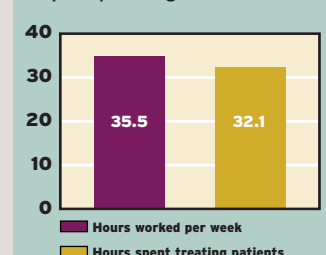
All GKAS participants are encouraged to send photos

See GKAS, page 12


JUST THE FACTS

Hours worked

Time spent in primary practice by responding dentists, 2003.



Source: ADA Survey Center
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Hurricane relief: Alliance of the American Dental Association representatives, from left, Sheila Duda, executive director; Sharen Grubb, president-elect; and Connie Karlowicz, president; present a check for \$8,415 to Dr. Arthur A. Dugoni, president of the ADA Foundation, Dec. 8, 2005, at ADA Headquarters. The Alliance collected the funds for hurricane relief efforts through the ADAF Disaster Response Fund.

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Chew on this Love it or hate it, gum is here to stay

"I think gum is one of the weirdest human inventions. It's not a liquid, it's not a solid, it's not a food. What is it? It isn't really anything, you know? I mean, it's like a stationary bike for your jaw."—Jerry Seinfeld



Eric K. Curtis, D.D.S.

My dad hates chewing gum. But he also loves the stuff. I mean, he hates the mindless bovine open-mouthed smacking that gum chewing encourages, and he hates all those sidewalk polka dots. But he loves the notion that chewing gum might prevent—even heal—dental caries, and he enthusiastically recommends polyol-containing gum to many of his patients.

Gum has long inspired that kind of ambivalence in people, including dentists: We hate it, or we love it, or ... both.

We hate gum. It's gross. It gets tangled in hair and in carpets; it globs stubbornly, oozing onto our soles. Gum is the waste product that kids won't waste, the debris that won't degrade. So it adds millions of collective pounds to the undersides of tables and chairs across the nation.

Gum's a distraction, an annoyance. Ask any mother, or teacher, who has had to hold out her hand for the wet splat of an 8-year-old's glistening blob of Bubble Yum. Or any dentist who has had to pry the stringy mess of a Bubblicious ambush off a mouth mirror.

Sometimes gum is even a danger. In May 2003 an Illinois girl died when she choked on her gum during a roller coaster ride.

Chewing gum is crass, craven, the lowest of lowbrow activities. Frank Lloyd Wright once called TV "chewing gum for the eyes."

Gum chewing in public is the very definition of irreverent confidence—OK, make that rudeness. "When you're chewing gum," Seinfeld noted, "you don't look like you're thrilled with anything anyone has to say."

Bluegrasslyrics.com posts these words to a Carter Family song called "Chewing Gum": "I took my girl to church last night, how do you reckon she done? She walked right up to the preacher's face and chewed her chewing gum."

Gum is sloppy and provisional (permanent only when you sit on it in a movie theater), an emblem of seat-of-the-pants problem solving. The New York Times, for example, called Windows95 "an edifice of bailing wire, chewing gum, and prayer."

Gum is not trustworthy. Hedy Lamarr warned, "Flattery is like chewing gum—enjoy it, but don't swallow it."

Yet we love gum. The National Association of Chewing Gum Manufacturers estimates that the average American chews 300 sticks of gum a year. North American kids spend a half-billion dollars on bubble gum every year. Thomas Edison called chewing gum "the national anthem without words." In 2002, President George Bush made headlines for boldly, sassily meeting Russian President Vladimir Putin while chewing gum.

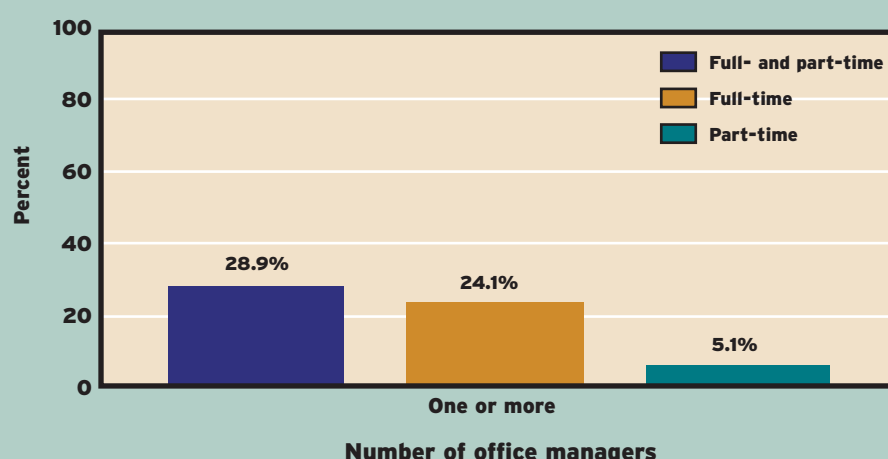
Gum may actually amount to a minty/fruity stick of flag-football cama-
See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Dental practice

Independent dentists who employ office managers are most likely to employ a full-time office manager.

Percentage of independent dentists employing office managers, 2002



Source: American Dental Association, Survey Center, 2003 Survey of Dental Practice.

Letters

Titration

I note that the House of Delegates took on the issue of titration as it pertains to conscious oral sedation in Resolution 18H-2005 ("House, Board Take Action," Nov. 7, 2006, ADA News). They have eliminated this much-needed and safe procedure.

Is it safer to give a single 0.5 mg dose of triazolam or give 0.25 mg and, after a suitable length of time, give a supplemental 0.125 mg if the patient needs more sedation?

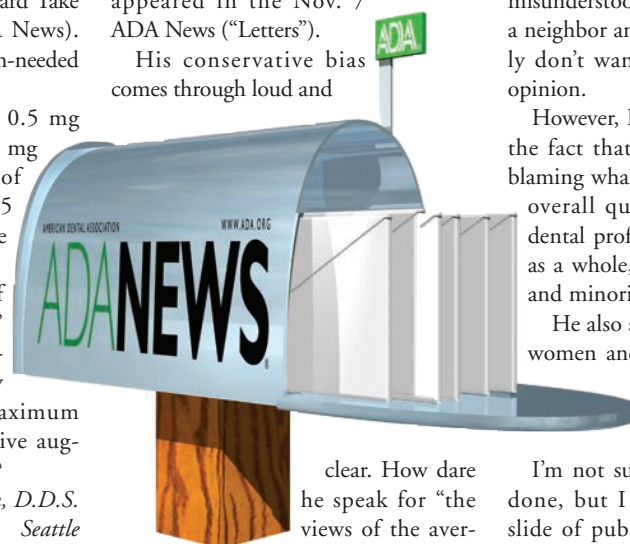
There is a golden rule of pharmacy: "Go low, go slow." How can the House of Delegates go against all science by forcing dentists to go to maximum doses because they cannot give augmenting doses when necessary?

*Fred Quarnstrom, D.D.S.
Seattle*

Katie Couric

I was rather upset at the criticism regarding Katie Couric leveled at the ADA by Dr. Philip Jackson which appeared in the Nov. 7 ADA News ("Letters").

His conservative bias comes through loud and



clear. How dare he speak for "the views of the average member of the ADA"? He can rest assured that he doesn't speak for me.

I applaud the ADA for printing his letter and stating the facts regarding the Distinguished Speaker Series and how it is funded. If Dr. Jackson is so unhappy with the policies of the "bureaucracy" of the ADA, I would suggest he work to change them by taking part in the very bureaucracy he so adamantly criticizes.

*Daniel N. Uditsky, D.D.S.
Schaumburg, Ill.*

On diversity

I have read and re-read the letter by Dr. Paul L. Powell Jr. (Dec. 12, 2005, ADA News) just to be sure I have not misunderstood his intent. Dr. Powell is a neighbor and colleague and I certainly don't want to mischaracterize his opinion.

However, I could not get away from the fact that Dr. Powell seems to be blaming what he calls the "lowering of overall quality and ethics" in the dental profession, and in our nation as a whole, on the influx of women and minorities into the workforce.

He also seems to be assuming that women and minority applicants are chosen for reasons other than their abilities or character.

I'm not sure any studies have been done, but I thought the downward slide of public trust that Dr. Powell laments has been the result of the promotion of dentistry as a cosmetic field, with the accompanying advertising and hype. Most of the cosmetic dentistry gurus I am familiar with are Anglo-Saxon males.

My dental school class (University of North Carolina '89) was one of the first to have a significant percentage of women and minority students. If I had to think about that group and characterize any folks as being the type
See LETTERS, page five

LettersPolicy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

Editor's note: According to the Council on Dental Education and Licensure, the Committee on Anesthesiology will begin a comprehensive review of the ADA anesthesiology policy and related guidelines documents this year, including the use of oral medications for the purposes of sedation. Watch for more information in the ADA News about the review process and an opportunity to comment on proposed revisions.

MyView

Continued from page four
raderie, a sticky ball of social bonding. In the "Seinfeld" episode "The Gum," Kramer exults, "Now see, this is what the holidays are all about. Three buddies sitting around, chewing gum."

The 2001 French film "The Chewing Gum and Mrs. Andrews" uses a piece of gum as a metaphor for the thoughts and experiences that stick with people long after they break up with lovers.

Chewing gum boasts myriad potential medical benefits. It can conveniently deliver aspirin to headache sufferers, caffeine to tired students, and substitute nicotine to smokers trying to kick the habit. Chewing gum relieves stress and soothes heartburn. It may decrease earaches. (Joke: An old woman on her first flight complains to the flight attendant that her ears are

The National Association of Chewing Gum Manufacturers estimates that the average American chews 300 sticks of gum a year.

popping. The flight attendant gives the woman some gum. Once on the ground, she thanks the flight attendant, saying, "The chewing gum worked fine. Now how do I get it out of my ears?") Wrigley is reportedly considering producing gum laced with Viagra.

Chewing gum may improve memory; it may even help you lose weight. While wags say that chewing gum proves you can have motion without progress, Mayo Clinic researchers discovered that 100 chews per minute can raise a person's metabolism 20 percent. Someone chewing gum all day can burn off 11 pounds a year.

More and more dentists, like my dad, are rallying around gum's benefits. As if to illustrate, Trident sugarless gum debuted a 15-second spot during the 2003 Super Bowl featuring the one dentist in five who doesn't recommend Trident for his patients who chew gum. The ad shows a squirrel running up the dentist's leg, making him yell "no" when asked for his recommendation.

In 2002, European dentists protested a Belgian government ban on fluoridated chewing gum. Dentists may hate gum's sugar, but we can love the debris clearing. We can love polyols like xylitol, sorbitol and mannitol, although we may hate that these alcohol sugars—when consumed

in large quantities—can pass unabsorbed through the stomach into the small intestine and colon to cause diarrhea.

We can hate the magnified symptoms of temporomandibular dysfunction and still love the salivary stimulation. A 2000 British hospital study, in fact, concluded that chewing gum kept xerostomic mouths just as moist, tasted better and was less expensive than artificial saliva products.

And yet, no one has ever had to scrape artificial saliva off their shoes.

Dr. Curtis is the former editor of Inscriptions, the journal of the Arizona Dental Association. His comments, reprinted here with permission, appeared in the February 2004 issue of that publication.

Speakers donate CE, help Louisiana annual meeting expand '06 audience

Baton Rouge, La.—In the wake of Hurricanes Katrina and Rita, the Louisiana Dental Association is expanding its annual meeting this year, making it a three-day continuing education event.

The LDA 2006 Annual Session: "Self-Help Recovery Initiative" takes place here March 23-25 at the Holiday Inn Select.

With 30 to 40 percent of its members set to receive dues waivers for 2006, the expanded meeting is an opportunity for dentists and staff members to help the LDA recover financially.

Several CE speakers agreed to provide CE at the meeting at a reduced rate as a contribution to the recovery efforts. Speakers this year include Drs. Peter Dawson, Jon Suzuki, Mark Hyman, Del Webb and Charles Blair.

In addition, a larger and varied group of exhibitors will be on hand to help dentists needing to re-build or re-equip their practices damaged by the hurricanes.

For information or to register, go to the LDA's Web site at "www.ladental.org" or call 1-800-388-6642. ■

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Letters

Continued from page four
who might be lacking in ethics or ability, I'd have to say the white males would have been well represented.

I spent 10 years in another profession prior to becoming a dentist and, believe me, during that time I saw my share of mediocre white men being hired and promoted through the system.

Paul, I'm not sure what your point is, but no matter how I read it, it comes up as insulting to women and minorities, and to the people who select them for their well-deserved positions in dental school classes. Yes, there are some problems in the dental profession, but we need to find another straw man.

Anthony Biancardi, D.D.S.
Pittboro, N.C.

FDA urges dentists to report adverse events to MedWatch

BY JENNIFER GARVIN

Ever had to modify treatment, replace a filling or provide a dental implant because of a faulty oral health care product that your patient may have received? Has a drug or device ever caused one of your patients to have an adverse reaction or subsequent problems with xerostomia, chewing or swallowing?

The ADA wants to remind dentists that Med-

Watch is a Web site where health professionals can report adverse events of medications, materials and devices.

Created by the Food and Drug Administration's Safety Information and Adverse Event Reporting Program, MedWatch regularly provides timely safety information on drugs and other medical products.

Although the Web site has been in operation

for more than three years, dentists rarely report adverse events on MedWatch.

Why should dentists be interested in MedWatch, which is Health Insurance Portability and Accountability Act-compliant?

If something requires intervention, such as a dentist needing to replace a filling or install an implant as the direct result of a malfunctioning device or drug, the FDA wants to know. Likewise

if a drug or device causes someone to have trouble opening his mouth or chewing, that makes it a reportable offense. Even if a dentist isn't sure if there is an adverse effect at stake, the FDA still wants dentists to feel comfortable contacting the experts. Other reportable items include poor packaging and labeling.

So why aren't more dentists calling?

"I would suspect they might think it's not a serious event," said Dr. Susan Runner, the FDA's branch manager, dental devices. "Most people see (reportable items) as being death and life-threatening ... I think it's a great reminder. It's really important to get more dentists involved."

Any dentist who observes adverse events and wants to report them is urged to call the MedWatch Adverse Event Reporting program at 1-800-FDA-1088 or visit the Web site at "www.fda.gov/medwatch/". ■

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Fluoridation cases in California; nay vote in Washington

BY STACIE CROZIER

Escondido, Calif.—Two court cases focusing on community water fluoridation—in Escondido and Watsonville—were appealed to the California state Supreme Court.

The state Supreme Court declined Nov. 30, 2005, to hear an appeal by a group of citizens in Escondido challenging the use of hydrofluorosilic acid, or HFSA, to fluoridate the city's public drinking water.

Last August, the San Diego County Court of Appeal affirmed a lower court's decision in the case of *Coshov v. City of Escondido* that upheld the city's right to fluoridate its water.

Plaintiffs had originally challenged Escondido's community water fluoridation in September 2001. The appeal court's ruling upheld the lower court's rejection of the argument that fluoridation violated citizens' constitutional rights. It left intact the ruling that using HFSA was not forced medication.

It was noted that the plaintiffs' argument that HFSA was not approved by the U.S. Food and Drug Administration for treating dental caries was not relevant because the FDA's authority does not extend to public supplies of drinking water.

In a different case, the Watsonville City Council will take its three-year-long legal battle to stop fluoridation to the state Supreme Court, contending that a referendum by city voters who passed an anti-fluoridation measure in 2002 should be enforced. The California 6th District Court of Appeals upheld a trial court ruling that the state's fluoridation law preempts a city law banning fluoridation and ruled that the decision be published.

The appeals court decision ruled that a state statute mandating fluoridation for water systems with 10,000 or more hookups and the funding to fluoridate supersedes local ordinances.

Voters in Bellingham, Wash., rejected a ballot measure to fluoridate by a margin of 53.03 percent to 46.97 percent, a difference of 1,363 votes out of 22,498 cast. Results of the mail-in vote were certified Nov. 29, 2005.

A similar measure in Bellingham failed to win enough votes to fluoridate in 1992. ■

Report to Congress eyes peer review

BY CRAIG PALMER

Washington—A process to enhance peer review of government science documents shifting into higher gear Dec. 16, 2005, “will assist in improving the accuracy and transparency of agency science,” the White House Office of Management and Budget told Congress.

“Peer review is a highly regarded procedure used in the scientific community to promote independent review and critique by qualified experts and which is respected by the courts,” said the administration in its Report to Congress on the Costs and Benefits of Federal Regulations.

The process initiated Dec. 16, 2004, directs government agencies to choose a peer review mechanism that is adequate, giving due consideration to “the novelty and complexity” of the sci-

OnlineXtra
www.ada.org/goto/newsextra

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

ence to be reviewed, relevance of the information to decision making, the extent of prior peer reviews and the expected benefits and costs of additional review. The OMB Final Information Quality Bulletin on Peer Review Link is available in PDF format on the OMB Web site.

“The peer review planning process described in the bulletin, which includes posting of plans on agency Web sites, will enhance the ability of OMB and the public to track influential scientific disseminations made by agencies,” the report said. “Agencies are currently posting on their Web pages peer review agendas for highly influential scientific assessments. On Dec. 16, 2005, agencies will begin posting peer review agendas for influential scientific information.”

The report offers recommendations on how to request “correction” of disseminated information. “We have found that agencies are most respon-

sive when the requestor supplies specific, peer-reviewed references to scientific sources that support their viewpoint.”

The report also lists Web addresses for 52 government agencies “known to have OMB compliant information quality Web sites,” including the Department of Health and Human Services, Environmental Protection Agency, Federal Trade Commission and the OMB.

The report to Congress demonstrates that the administration's “smart-regulation” agenda is improving the efficiency of major rulemakings, the OMB said. ■

Aging

Continued from page one

health in the forefront of planning for baby boomers' health care. We received support from many allies and caucuses at the conference for including oral health among the nation's top priorities as we shape public policy for the next decade.”

Added Dr. Friedman: “The responsibility will now be on the dental profession to leverage this success for the benefit of our present and future aging patients.”

“I feel confident we had an impact on the outcome of the event and that dental interests were certainly represented to a greater degree than ever before,” Dr. Callan said. Dr. Cowen added, “Our small coalition of delegates worked well together and were really able to get dentistry recognized. We strategized before the resolution balloting and again after to decide which strategy sessions to attend so we could best have an impact.”

“The four of us worked hard, effectively and in a coordinated effort to have our issues included in the implementation strategies of the key resolutions,” said Dr. Gleason. “We also had a unique chance to educate hundreds of influential leaders of different health care organizations and aging advocates of all kinds at those sessions and in our caucuses on the importance of oral health and the unique ability of dentistry to make a positive difference in millions of lives.”

Delegates approved resolutions to be shaped into a report and recommendations to the president and Congress by June, but Dr. Gleason said the most contentious discussions, “not pretty” with “shouting and heckling” of a conference speaker, were around social security issues. Health-related resolutions among the top 10 by vote of all conference delegates included:

- Strengthen and improve the Medicaid program for seniors;
- Strengthen and improve the Medicare program;
- Support geriatric education and training for all health care professionals, paraprofessionals, health profession students and direct care workers;
- Attain adequate numbers of health care personnel in all professions who are skilled, culturally competent and specialized in geriatrics.

The dental delegates took part in the large group consideration of the two resolutions on the future supply of health professionals and the education of those professionals, Dr. Gleason said. “We were delighted to learn that they were two of the top 10 resolutions (and will thus get more publicity), and dentistry was specifically mentioned in the wrapup presentation to the whole delegation.”

Resolutions and conference information are posted at the White House Conference on Aging's Web site (“www.whcoa.gov”). ■



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Education

International accreditation on AADE agenda

BY KAREN FOX

International accreditation is the topic of this year's American Association of Dental Examiners Mid-Year Meeting.

Set for March 20 at ADA Headquarters, the AADE meeting is once again cosponsored by the ADA and American Dental Education Association. Featured speakers include:

- Dr. Robert Brandjord, ADA president, who will present dental societies' reaction to international accreditation.

- Dr. Morris Robbins, chair, Commission on Dental Accreditation, who will offer an overview of the accreditation process; review the commission's past, present and future activities regarding international accreditation; and provide an update on the

commission's plan to accredit two-year certificate programs for graduates of foreign dental schools.

- Dr. Ken Kalkwarf, ADEA president, who will address the impact of international accreditation and experience with the European Union and DentEd, an organization that sets standards for education in Europe, on educational programs designed for foreign graduates.

- Peter Sfikas, ADA chief counsel, who will discuss the Central American Free Trade Agreement's impact on accreditation.

- Dr. Jack Gerrow, executive director, National Dental Examining Board of Canada, who will present the Canadian experience with international dental graduates.

- Dental board representatives who will discuss their international accreditation activities.

- A consumer who will discuss his perspective on international accreditation.

The AADE is also hosting its Forum on Examinations and an Open Forum for Educators with the Executive Council. Set for March 19, the Forum on Examinations highlights the calibration activities of specialty boards, educators and examiners. A panel of specialty board representatives leads the program.

The Forum on Examinations runs concurrently from 9:30 a.m. to 4 p.m. and is immediately followed by the Open Forum for Educators with the Executive Council at 4 p.m.

There are also concurrent hands-on dental and hygiene calibration sessions for prep and restoration. The educators will also demonstrate their calibration activities.

The National Dental Examiners' Advisory Forum is scheduled for March 21. Any educator or examiner who attends the AADE meeting March 20 is welcome.

The AADE has reserved a block of rooms at the Ritz-Carlton for attendees. Please register promptly—unused rooms are released after Feb. 1.

The meeting registration fee is \$300 for members and \$385 for nonmembers, which covers registration, luncheon and a reception on the evening of March 20 sponsored by the Joint Commission on National Dental Examinations and the AADE. A \$40 late registration fee is applied to all registrations after Feb. 1.

Registration/hotel forms can be obtained from the AADE. Direct requests to Molly Nadler, AADE executive director, 211 East Chicago Ave., Suite 760, Chicago, 60611; or call 1-312-440-7464 or Ext. 7464. ■

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OHSU dental school gets \$2 million gift

Portland, Ore.—The Oregon Health and Science University School of Dentistry has a lot to celebrate this new year, thanks to a \$2 million donation from an anonymous donor.

All that is known of the person who gave the largest cash donation in the history of the 105-year-old dental school is that he is "a prominent Portland-area businessman," according to OHSU.

"We are so grateful to our anonymous benefactor for graciously writing the kind of check that will help us continue in our strategic direction of building a caring, committed and excellent dental school community," said Dr. Jack Clinton, dean. "That our donor is not a dentist or an alum really speaks volumes about his sincerity in seeking worthy local educational programs to support."

The unrestricted gift supports the Dean's Fund for Excellence, a discretionary account that gives the dean flexibility to respond quickly to changes in the academic environment and help the school take advantage of unexpected opportunities for growth. ■

New video promotes dental lab tech careers

BY KAREN FOX

Do you know a middle or high school student with an interest in artistic, detailed craftwork?

A career in dental laboratory technology may be the perfect fit.

The ADA is promoting dental laboratory technology careers with a new 10-minute video demonstrating the type of work performed by dental laboratory technicians and the many career options in the field.

"This new video is excellent and will be of significant assistance in helping reduce the current

and increasing lack of laboratory technicians," said Dr. Gordon Christensen, who wrote about DLT careers in the May 2005 issue of The Journal of the American Dental Association.

Dental laboratory technology is not a visible vocational option, said Dr. Christensen, and few laypeople know it exists.

Dental laboratory technicians are a significant part of the dental health care team and are responsible for making veneers, crowns, dentures

and fixed prostheses to help people who have lost some or all of their teeth.

Dental technicians can begin their careers without a college degree, however continuing education is encouraged. Studying the field in a Commission on Dental Accreditation-accredited program provides formal education based on the latest procedures and techniques.

Excerpts from the dental laboratory technology video are on ADA.org ("www.ada.org/

goto/smileabout"). The video is available in DVD and VHS formats and can be ordered by calling 1-312-440-2717. Single copies are \$20 (multiple copies cost less).

The video was produced with funding from the ADA Foundation thanks to contributions from the American College of Prosthodontists, Dental Services Group, Sentage Corp., National Association of Dental Laboratories, Dentsply International, Glidewell Laboratories Inc., National Dentex Corp. and Nevin Laboratories Inc.

Additional resources promoting careers in dental laboratory technology, dentistry, dental hygiene and dental assisting are available—including fact sheets, brochures, recruitment packets and CD-ROMs. For more information, contact Beverly Skoog, coordinator, Career Guidance, Ext. 2390 or "skoogb@ada.org". ■

Dr. Ferrillo named new UOP dean

BY KAREN FOX

Stockton, Calif.—For the first time in 27 years, a new dean will preside over the University of the Pacific Arthur A. Dugoni School of Dentistry.

The university Dec. 16, 2005, named Dr. Patrick J. Ferrillo Jr. dental school dean. On July 1, Dr. Ferrillo takes over for Dr. Arthur A. Dugoni, for whom the dental school was named in 2004.

"I have long known and respected the [Pacific] dental school for its humanistic model of education and its strong commitment to patient care, research and clinical education," said Dr. Ferrillo. "It is also an incredible honor to be able to work with my long-time friend and mentor, Dr. Arthur A. Dugoni, and with the school's strong leadership team."



Dr. Ferrillo

Dr. Dugoni is the current ADA Foundation president, honorary chair of the Foundation's National Campaign for Dental Education and a past ADA president. He is stepping down as dental school dean after leading the school since 1978.

"It was challenging to find a leader to succeed Art Dugoni, who over the last 27 years has established Pacific's School of Dentistry as one of the finest in the world," said Donald V. DeRosa, Ph.D., university president.

Dr. Dugoni will continue his association with the school part-time, added Dr. DeRosa, assisting the new dean in raising funds and "extending the School of Dentistry's influence and prominence."

Currently the University of Nevada, Las Vegas' vice provost for the division of health sciences and dean of the School of Dental Medicine, Dr. Ferrillo has more than 30 years of experience in dental education. In 1999, he served a term as president of the American Dental Education Association.

He began his career as a clinical assistant professor at Southern Illinois University School of Dental Medicine in 1978 and became dean of the dental school in 1987. Prior to that, he taught at St. Louis University. ■



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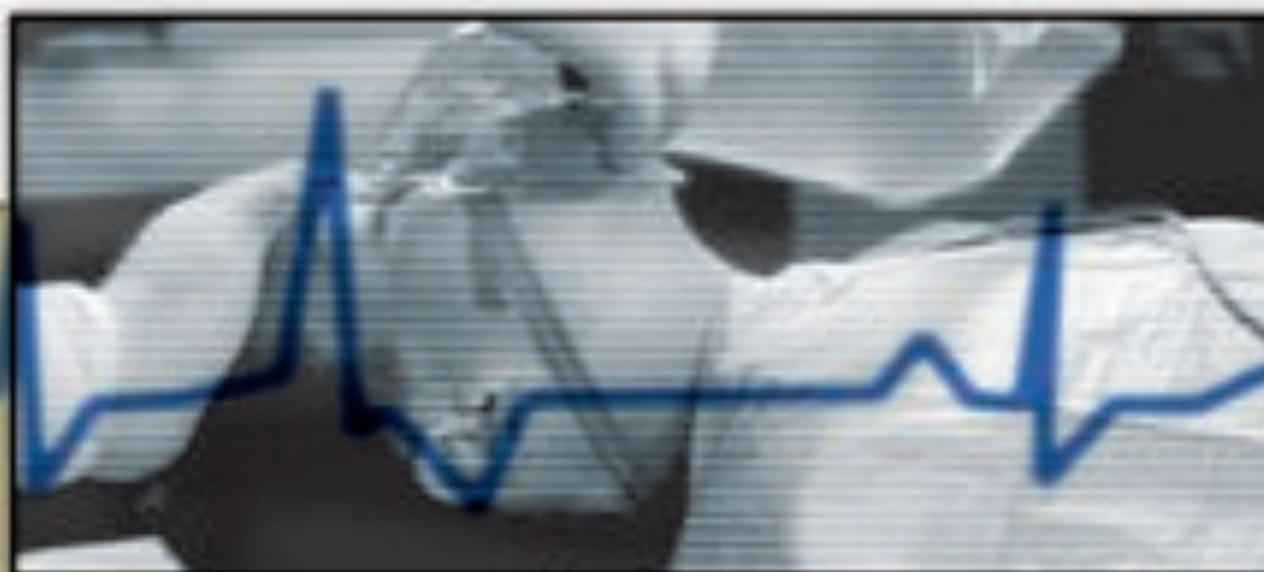


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ADA, Emdeon team up on benefits project

Improved relationships between dentists, payers and patients at hand

BY ARLENE FURLONG

Working to improve the availability of immediate patient benefit information for dentists, the ADA will oversee a provider focused initiative by Emdeon Business Services starting this month.

The ADA/Emdeon initiative will gather real-time transaction usage information on specific, participating practices in a small number of endorsing states for several months. The project is intended to determine a benchmark for measuring the value to the dental practice of the capability to update benefits information at the same time it is received (real-time).

"Due to improved technology, business is happening at a faster rate every day," says Dr. Billie Sue Kyger, vice-chair of the Council on Dental Practice. "Our patients don't understand why they have to wait for benefit information such as co-pays and predeterminations. This project is designed to give dentists and patients benefit information in real-time so patients know their financial obligations before they leave their appointments."

Formerly known as WebMD, Emdeon Business Services is a market leader in dental claim processing and recently established a group dedicated to the dental industry.

Council on Dental Practice members believe



Dr. Kyger: "This project is designed to give dentists and patients benefit information in real-time so patients know their financial obligations before they leave their appointments."

that providing dentists with benefit information while patients are still in the dental office can improve patient compliance with treatment and collection efforts. The council will develop metrics to evaluate the benefit to dentists and work with

the Department of Dental Informatics and the ADA Health Policy Resource Center to ensure that information collected is properly evaluated.

At the same time, Emdeon is introducing a nationwide service that will allow dentists to access patient benefit information and claim tracking for many different payers from a single source—"www.emdeondental.com". This real-time eligibility and benefit and claim tracking information will also be offered as an integrated feature through many of Emdeon's practice management vendor partners.

"These efforts will enhance professional relationships and enable patients to make more informed treatment decisions," adds Dr. Kyger. "We appreciate the leadership initiative of Emdeon and ask for the assistance of payers and software vendors. Individual payer's Web sites do not support Health Insurance Portability and Accountability Act compliance or the typical workflows of dental office staff. It's time to take the mystery out of third party claims and do it in a standardized system."

The initiative was conceived to demonstrate the value of increasing the amount of data available to the dental office by focusing on current and new Emdeon transactions. These six transactions in the benefit cycle include:

- eligibility;
- benefit determination;
- claims;
- claims' status;
- electronic remittance advises (available end of 2006);
- electronic fund transfers (available end of 2006).

The ADA's main role is to ensure the collected information is used to:

- improve the business relationship between dentists and payers;
- improve the dentist-patient relationship;
- improve patient compliance by providing real-time benefit information.

Emdeon will work with state dental associations and key payers in specific markets to identify dentists willing to adopt these new services. The ADA expects these dentists will represent a cross-section of both general dentists and specialists who will find these new features enhance day-to-day practice. Many of the dentists who will be participating in the new services are already doing business with Emdeon through electronic claims submission.

Emdeon is the only provider of electronic transactions endorsed by ADA Member Advantage. The toll-free number is 1-888-545-6127. ■

E-claims

Continued from page one

Periodontal Attachment was developed by the ADA SCDI, a working group, which includes representatives of practitioner and payer companies and organizations.

The Council on Dental Practice and ADA



Dr. Isbell: "This is the first of potentially many different standards for claims attachments. We have to be sure it will help streamline the process by decreasing requests for additional information to providers."

Standards Committee are encouraging comments from the entire dental community, as the comments will be instrumental in formulating what clinical information should be sent with a periodontal claim. After all comments are reviewed, the ANSI/ADA Specification 1047 may be changed to reflect consensus opinion. This is the first electronic claims attachment standard that has been published for public comment.

Documentation requirements in the specification are established for each periodontal procedure code found in the ADA's Code on Dental Procedures and Nomenclature, as published in

CDT-2005. It was developed to:

- facilitate timely claims adjudication for various periodontal procedures, while not being overly burdensome to dentists and third-party payers;
- take advantage of information technology to increase use of electronic transactions;
- reduce the costs associated with claims processing by providing integrated and interoperable information exchange.

After all comments are received, the ADA Council on Dental Practice will review the final document to determine if the attachment meets the needs of the dental community as a whole before it can become a standard. Dr. Isbell says the ADA must reach out to everybody involved with the claim submission process to make sure it will be a standard that helps all parties.

"This is the first of potentially many different standards for claims attachments," said Dr. Isbell. "We have to be sure it will help streamline the process by decreasing requests for additional information to providers."

He hopes that as interested parties review the proposal they keep in mind that its purpose is to include enough documentation to allow the claim to be adjudicated—not disclose patient information that has no bearing on the claim's adjudication.

The specification was developed under a recently approved memorandum of understanding between the ADA and Health Level Seven. HL7 is an international community of health care subject matter experts and information scientists who collaborate to create standards for the exchange, management and integration of electronic health care information. The memorandum delegates development of the dental content of the standard to the ADA, while HL7 provides the electronic format for the standard.

A copy of the proposed attachment is now available from the ADA by calling 1-312-440-2500, Ext. 2533, or e-mailing "standards@ada.org". Comments may be e-mailed to "standards@ada.org", faxed to 1-312-440-2529 or mailed to the Department of Standards Administration, ADA, 211 E. Chicago Ave., Chicago 60611. Comments are due Jan. 30. ■

GKAS

Continued from page one

of local events to the ADA for posting on ADA News Today online and in the ADA News. Send high resolution digital photos as



Photo by Lagniappe Studio

GKAS facts: Dr. Jeff Dalin, cofounder of the national Give Kids A Smile program, offers tips on planning dental access programs during the 2005 ADA annual session in Philadelphia.

soon as possible after your event to "adanews@ada.org". Please contact us if you have questions regarding the format of digital photos.

Last year, about half a million underserved children received free care from Give Kids A Smile programs held in individual dental practices, dental and hygiene schools and other community locations. Care ranged from oral health education to screening to full treatment.

Give Kids A Smile is modeled on the Greater St. Louis Dental Society program that has operated since 2002.

In July 2005, the society's GKAS program received a boost with a three-year \$402,000 grant from the St. Louis-based Daughters of Charity Healthcare Foundation.

With the funds, dentists can perform follow-up treatment in their offices after children are screened at one of several weekend clinics. The Greater St. Louis Dental Society also hired its first employee to run the program and secure additional grant monies.

Dr. Jeff Dalin, one of the founders of Give Kids A Smile, told the St. Louis Post-Dispatch that the GSLDS created Give Kids A Smile "as a way to give back, by helping kids who really need it." The Greater St. Louis Dental Society has given away the equivalent of \$1 million in care so far and is planning another Give Kids A Smile event for next month. ■



GKAS 2005: A student at Bethel Head Start flashes his million-dollar smile with Dr. Maryam Pearose, a pediatric dental resident at the University at Buffalo School of Dental Medicine.

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What's new with ADA standards?

Projects, meetings, reports, ring in the year

Volunteers needed

The ADA Standards Committee on Dental Products is seeking volunteers for several proposed new work projects.

- The ADA Specification for Powered Toothbrushes will specify requirements and test methods for the physical properties of powered toothbrushes to promote the safety of these products for their intended use.
- The ADA Specification for Manual Toothbrushes will specify requirements and test meth-

ods for the physical properties of manual toothbrushes to promote the safety of these products for their intended use.

- The ADA Specification for Tooth Bleaching Materials will specify requirements for tooth bleaching materials, including carbamide peroxide and hydrogen peroxide, that are used either by dental professionals or at home by individuals.
- The ADA Specification for Fluoride Varnishes will specify safety and efficacy requirements for

fluoride varnishes in the practice of dentistry. The ADA supports the use of fluoride varnishes as a safe and efficacious part of a caries prevention program. However, standards for fluoride content and concentration, as well as other physical and chemical properties, are not available.

- The ADA Specification for Oral Rinses will specify demineralization/erosion test procedures for oral rinses.

For more information on participating in the ADA standards committee working groups that

are developing these documents, contact Janet Hagen at 1-312-440-2506 or e-mail "hagenj@ada.org".

March meeting

The ADA Standards Committee on Dental Products and the U.S. Sub-Tags for ISO/TC106 Dentistry will hold their annual meetings March 6-8 in Orlando, Fla.

The ADA serves as the official secretary to the U.S. Technical Advisory Group to the International Organization for Standards Technical Committee 106, Dentistry.

The meeting will begin with a joint session of the two groups on March 6 and continue with a workshop on dental computer assisted design/machining systems (CAD/CAM) on March 7. Presentations include:

- crown and bridge applications;
- consistency and accuracy;
- utilization by dental laboratories;
- dental implant restorations;
- standards development.

Schedule and registration information is available at "http://sitedscape.ada.org/scdp". Hotel information will be posted as details become available. For further information on the ADA SCDP meeting, contact Paul Bralower at 1-312-587-4129 or e-mail "bralowerp@ada.org".

New reports available online

Now available from the ADA Standards e-catalog at "www.adacatalog.org" are ADA Technical Report No. 1023 (Implementation Requirements for DICOM in Dentistry) and ANSI/ADA Specification No. 62 (Dental Abrasive Pastes).

• ADA Technical Report No. 1023 removes the barriers to interoperability between different vendors' digital X-ray system image files. It 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. This technical report is based on the (DICOM) Digital Imaging Communication in Medicine standard as it applies to dentistry.

• ANSI/ADA Specification No. 62 provides criteria to evaluate in-office abrasive pastes used in dentistry for removing stains and other exogenous materials from natural tooth structures and prostheses.

• Newly published standards from the International Organization for Standardization are available from the ADA Standards e-catalog. They are: ISO 6874 (Dental resin-based pit and fissure sealants); ISO 9693/Amendment 1 (for metal-ceramic dental restorative systems); ISO Technical Specification 22911 (Pre-clinical evaluation of dental implant systems—Animal test methods); ISO 22254 (Manual toothbrushes—Resistance of tufted portion to deflection) and ISO 22374 (Electrical-powered scalers and scaler tips).

Standards may be securely purchased and electronically downloaded for instant access or purchased in hard copy format and mailed.

Visit "www.adacatalog.org" for all of the ANSI/ADA Specifications, ADA Technical Reports and ISO Standards now available.

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Standards seeks comments

The ADA Standards Committee on Dental Informatics has approved for circulation and comment the proposed revision to American National Standards Institute/ADA Specification No. 39 for Pit and Fissure Sealants. Copies of the specification are available by calling 1-312-440-2533 or sending an e-mail request to "standards@ada.org". ■

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Study links tooth loss, heart disease

BY JENNIFER GARVIN

A new study shows a progressive association between tooth loss and cardiovascular disease, even among nonsmokers.

According to a report in the December 2005 issue of the American Journal of Preventive Medicine, researchers analyzed data from more than 40,000 respondents ages 40-79 in the 1999-2002 Behavioral Risk Factor Surveillance System survey.

Heart disease was found in 4.7 percent of the respondents without tooth loss, 5.7 percent of those missing 1-5 teeth, 7.5 percent missing

Health&Science

6-31 teeth and 8.5 percent with total tooth loss, reported the study's lead investigator, Catherine Okoro, Ph.D., epidemiologist in the Division of Adult and Community Health at the Centers for Disease Control and Prevention.

Dr. Okoro said that the finding emerged after adjusting for sex, race and ethnicity, education, marital status, diabetes, smoking status, alcohol consumption, high blood pressure, high blood

cholesterol and body mass index, and the correlation between tooth loss and heart disease held when smoking status was considered.

"Smoking has strong relationships to both tooth loss and heart disease," Dr. Okoro told the AJPM. "Nonetheless, when we stratified by age group and smoking status, a significant association remained between tooth loss and heart disease among respondents aged 40 to 59 years who have never smoked."

The researchers reported the results are consistent with previous studies that link periodontal disease and tooth loss to an increased risk of

atherosclerosis and heart attack.

James Beck, Ph.D., and professor of dental ecology at the University of North Carolina Chapel Hill, cautioned not to over-interpret the study results.

"If you believe that the data are reasonable estimates of the cardiovascular and oral status of those interviewed, then you must understand, as the authors point out, that one cannot determine from this study whether people with poor oral status are at greater risk for cardiovascular disease," he explained. "We only know that the two conditions are related to one another." ■

Friends of NIDCR laud ADA staffer

BY STACIE CROZIER

Washington—At the ADA, Nicole Stoufflet works behind the scenes every day to assist and provide resources to dentists, dental societies and other interested parties who need information on community water fluoridation.

Her efforts were recognized Nov. 15, 2005, at the Friends of the National Institute of Dental and Craniofacial Research 2005 Gala Annual Awards dinner with a 2005 Honor Award.

"This effort demands constant vigilance, and here is where Nicole spends her time," said Dr. Sarah Tevis of the NIDCR, who presented the award. "From court cases and legislative activity to health policy and research, Nicole tracks the trends in fluoridation policy, putting science first for public health. For her dedication, we honor her and the American Dental Association tonight."



Ms. Stoufflet

Coordinator of fluoridation and preventive health activities for the ADA Council on Access, Prevention and Interprofessional Relations, Ms. Stoufflet manages fluoridation campaign support, technical assistance and information on fluoridation, dietary fluoride supplements, bottled water, home water treatment systems and fluoride exposure, early childhood cares and prevention. This year she served as one of the lead staff for the 2005 National Fluoridation Symposium hosted by the ADA and the Centers for Disease Control and Prevention. She also codeveloped the 2005 edition of the ADA's Fluoridation Facts booklet.

"It's gratifying for us to see Nicole receive this wonderful award," said Dr. James B. Bramson, ADA executive director. "She's so deserving of it because of her tireless efforts to promote fluoridation. We're all quite proud of her accomplishments and it's nice to see others recognize that too."

Ms. Stoufflet received her award at the Gala, held at the National Press Club. Other honorees during the event included lifetime achievement awards for U.S. Representatives Sue Kelly (R-N.Y.) and Carolyn McCarthy (D-N.Y.), former U.S. Surgeon General Julius B. Richmond, M.D., and Dr. Linda C. Niessen.

The FNIDCR is a national organization of dental and craniofacial scholars and researchers that includes most of the nation's dental schools, oral health public advocacy associations, corporate sponsors, health institutes and individual scientists committed to continued strength and expansion of the NIDCR, a major institute of the NIH. ■

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Access

Helping the underserved

USC clinic garners NHSC award

BY CRAIG PALMER

Los Angeles—Dr. Laura K. Elizondo, faculty member and clinic director, accepted the 2005 National Health Service Corps award of excellence for the University of Southern California School of Dentistry dental clinic, one of four awarded annually.

"Having been a part of the NHSC for five years, first as a scholar and then as a loan repayer, I am honored and proud that the USC dental clinic at the Union Rescue Mission won this award," she said. "The mission of the NHSC and the Union Rescue Mission are one and the same: to improve the health of the nation's underserved."

The USC School of Dentistry partnered with the URM in May 2000 to create a six-chair clinic offering comprehensive oral health care including specialty care and dentures and collaboration with medical and social services for homeless men, women and children in the central city. The award honors institutions or organizations that exemplify the NHSC mission to partner underserved communities with primary care health professionals to build better systems of care.

Other awards were presented at the NHSC annual conference in Phoenix to the Great Brook



Dr. Elizondo: "The mission of the NHSC and the Union Rescue Mission are one and the same: to improve the health of the nation's underserved."

Valley Health Center, Worcester, Mass.; Western Sierra Medical Clinic, Downieville, Calif.; and Columbia River Community Health Services, Boardman, Ore. ■



Bright smiles, bright futures: Dr. Stephen Stanley, center, of the Levy Dental Group, New Haven, Conn., presents a check Nov. 9, 2005, for \$5,800 to Yale-New Haven Children's Hospital representatives Rebecca Yao, left, and Teresita Babula. The dental group donated 100 percent of its proceeds from tooth whitening services raised March 1-June 30 during its 2005 Smiles for Life tooth whitening campaign. Dr. Stanley's daughter, Lauryn, age 2, spent nearly a year in the YNHCH Newborn Special Care unit.

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New Orleans

Continued from page one
Livingston Parish, La., at the same time.

"A few months ago, there was an outpouring of volunteers who wanted to help but could find nowhere to go after the hurricane," says Dr. Terry Dickinson, executive director of the Virginia Dental Association. "Through the Mission of Mercy, this is the chance to help. Come for one day, come for all the days, get in the heart of where it all happened and help some folks—give them a little extra boost."

Working with a huge logistical challenge, the clinic, billed as possibly the largest ever free medical and dental clinic, expects to treat more than 10,000 with a variety of health care services. Still in the planning stages, coordinators hope to secure a clinic site in the next few days.

Volunteers, says Dr. Dickinson, may or may not have the benefit of amenities like hotel lodgings but they will have a place to bed down in sleeping bags or cots (a worst-case scenario) and they will have all meals provided. "All volunteers have to do is get here," he says.

The dental clinic will require the services of at least 100 dentists each day, as well as support staff. Senior dental students from Virginia Commonwealth University School of Dentistry will also be attending, Dr. Dickinson adds, helping students see how important it is to give back to the profession and helping volunteers to serve as mentors "and to see

what a great future the profession has."

"We always get more out of the MOM projects than the patients do," he says. "It's a great way for us to show the public what a great profession we have."

A \$50,000 grant from the ADA Foundation, as well as donations of equipment and supplies from a variety of donors, will support the MOM clinic. Dr. Ron Lamb of World Dental Relief in Oklahoma has offered the planners all the anesthetic needed for the clinic but program organizers are still seeking donations of other needed dental supplies.

ADA | FOUNDATION

American Dental Association Foundation

"The ADA Foundation is pleased to support this upcoming major health fair in

New Orleans," says Dr. Arthur A. Dugoni, ADAF president. "We salute Terry Dickinson and the Virginia Dental Health Foundation's MOM Project for taking the lead on this project and for their outreach to the victims of the devastating hurricanes."

Volunteers can register online at the VDA Web site: "www.vadental.org", using the public entrance link. Registrations can be completed electronically or forms can be printed out, filled in and faxed to the VDA. Volunteers must also send a copy of their valid board of dentistry license to the VDA to participate.

For more information, contact Dr. Dickinson ("dickinson@vadental.org") or Barbara Rollins ("rollins@vadental.org") or call 1-804-261-1610. Details on the clinic venue and housing will be forwarded to volunteers as they become available. ■

Dental Volunteers for Israel

Children's free clinic expands, continues founder's mission

BY STACIE CROZIER

Jerusalem—"If only Trudi Birger could see her clinic now, she would jump for joy."

Dr. Samuel Millstone, Farmington Hills, Mich., is one of thousands of dentists worldwide who has made time to travel to Jerusalem and volunteer in a dental clinic that provides free care and preventive services to poor children of all races, religions and nationalities.

Dr. Millstone wants colleagues to know that because of volunteers and charitable donations, the Dental Volunteers for Israel's Trudi Birger Dental Clinic continues to grow.

"If only Trudi Birger could see her clinic now," says Dr. Millstone, a four-time volunteer, "she would jump for joy. Big things are happening."

The clinic building is undergoing a complete renovation, expanding from four to six chairs, Dr. Millstone says. The clinic's dental hygienist is now located in a separate building and a new oral health educator helps instruct children and parents before treatment about the importance of good home care and nutrition.



Treatment time: Dr. Samuel Millstone and DVI dental assistant Michal pause for a photo with a clinic patient.



Growing: The new addition of the DVI Trudi Birger Dental Clinic houses the dental hygienist and the dental health educator.

"The clinic organization, by its very nature," Dr. Millstone says, "is a significant humanitarian contribution to the peace and stability of all the people of Israel."

The clinic logs about 1,000 treatments each month and its preventive health care unit provides comprehensive oral hygiene education to about 600 parents and children each month. Services include hands-on instruction on daily home care, education about fluorides and sealants, advice on proper nutrition, free toothbrushes and floss and a mandatory six-month recall program. Children from ages 5-18—from all religions, and ethnic backgrounds and nationalities—are referred by the city's welfare service offices for education and treatment.

The clinic's expenses are offset only by charitable contributions. Volunteers must provide their

own transportation to Israel, but once they arrive, they receive transportation from and back to the airport and lodgings. Volunteers can stay from one to four weeks. Since clinic hours are from 8 a.m. to 2 p.m. Sunday, Monday, Tuesday and Wednesday, there is ample time for volunteers to do some sightseeing in off hours. Volunteers may also bring their families.

More than 4,500 dentists from 13 countries have volunteered at the clinic since 1980.

Dr. Alan Wender, Cherry Hill, N.J., has made yearly trips to volunteer at the clinic since 1992. "I just love the place and the people working there," he says. "I feel as though they are my second family."

Ms. Birger, who died in 2002 at age 75, was a Holocaust survivor who immigrated to Israel after World War II. She founded DVI in 1978.

"The quality of dental care which is afforded to our patients is the same now as when Trudi

was present," Dr. Wender adds. "Trudi's husband, Zev, is the president of the board of directors and sees to it that Trudi's philosophy of clinic operation is adhered to. The quality of restorative dental care at the clinic is first rate. This—along with a great dental prevention and hygiene program—makes the Trudi Birger Dental Clinic a tough operation to beat."

For more information or to donate or volunteer, log on to "www.dental-dvi.co.il". ■

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Football hero, role model

Indiana dentist stands in for grandfather at Hall of Fame ceremony

BY KAREN FOX

Canton, Ohio—A proud day in the life of Dr. Stephen Towns was perhaps even more meaningful for the professional sports world.

The grandson of Fritz Pollard, the football star and National Football League's first African-American head coach, Dr. Towns served as stand-in inductee at his grandfather's enshrinement in the Pro Football Hall of Fame Aug. 7, 2005.

"It was truly an honor," the Indianapolis periodontist and assistant professor at the Indiana University School of Dentistry said of being asked by his mother and aunt to deliver the posthumous enshrinement speech.

"We knew as kids that he was an important person but we didn't really realize the significance of his fame," Dr. Towns said of his grandfather, who died in 1986 at age 92. "Until I was older, I had no idea what he actually went through and what it meant to the game."

Fritz Pollard's gridiron accomplishments are many. His memories of the game, said his grandson, were often bittersweet.

An Army veteran of World War I, Mr. Pollard began his pro football career in 1919 four years after leading Brown University to a victory in its first and only Rose Bowl appearance. Mr. Pollard played for the Akron Pros which joined the NFL's precursor, the American Professional Football Association, in 1920. With Mr. Pollard's speed at running back, Akron went undefeated that year and captured the league's first crown.

In 1921, Akron named him co-coach—making Mr. Pollard professional football's first African-American coach.

He went on to play and sometimes coach five different teams: the Pros/Indians, the Milwaukee Badgers, the Hammond Pros, the Providence Steam Roller and the Gilberton Cadamounds, an independent pro team from Pennsylvania's "Coal League."

"Granddad's experiences with racism were no different from any other black person in America during this period," Dr. Towns said in his induction speech at the Hall of Fame.



Point of pride: Dr. Towns stands next to the bust of his grandfather, Fritz Pollard, at the Pro Football Hall of Fame induction ceremonies in August 2005. At left is a painting of his grandfather that along with the bust will cement Mr. Pollard's place in pro football history.

Not being allowed to stay in the team hotel, dressing for the game in a car, having racial taunts shouted at him and needing an escort to go on the field were among the insults Mr. Pollard endured in his playing days.

"He experienced all of these things, and he was a star of the league," said Dr. Towns.

"He showed a sense of bravery that's hard for people today to relate to," wrote John Carroll, author of Fritz Pollard: Pioneer in Racial Advancement.

In his later years, "he talked a lot about turning the other cheek," said Dr. Towns. "He handled it with real grace and style and let his playing talk for him. He said by the time he ran a couple of touchdowns and made a lot of tackles, all that racism kind of disappeared. He just became another player."

Added Dr. Towns: "Before pride in your race became something popular, it was instilled in us. We had a history and a legacy, and we knew it was something you should be proud of."

Fritz Pollard left his mark off the field as well. After his playing days ended, he organized and coached the Chicago Black Hawks—an all-African-American professional team, owned coal companies in Chicago, published a newspaper, even worked part-time as a tax consultant.

As a successful businessman, he made sure his children and grandchildren understood the value of education and "being your own boss," said Dr. Towns. "Those kinds of things meant something." ■

Su Salud's Dr. Vicuña receives honors

BY STACIE CROZIER

Washington—Dr. Guillermo Vicuña, cofounder of the Su Salud outreach program, received a Health Care Champion Award from U.S. Sen. Barbara Boxer (D-Calif.) Oct. 31, 2005.

Su Salud, a program established to improve migrant workers' health and to help prevent disease through health awareness and education, has screened, immunized, counseled and referred more than 70,000 people in San Joaquin County free of charge since 1983.

"I am happy to have presented my Health Care Champion Award to Dr. Guillermo Vicuña, a man who has spent the past two decades working to improve the health of people who have nowhere else to turn," said Sen. Boxer.

Recently, Dr. Vicuña initiated a two-year study designed to educate migrant women and their children about good health practices and evaluate the effects of education on their health status. "By providing health education and research on its effects," Sen. Boxer added, "we will be able to make better decisions in the

future about appropriate programs."

"I greatly appreciate Sen. Boxer's recognition of Su Salud," said Dr. Vicuña. "It is important that we continue to improve the overall health of the uninsured working poor."

Su Salud has received numerous honors and awards, including a "1,000 Points of Light" award in 1991, an ADA Access Recognition award in 1993 and an ADA Presidential Citation in 1999. Dr. Vicuña has also been nominated for an Extra Mile Points of Light—Volunteer Pathway award from the Ponto of Light Foundation. For more information on the program, log on to "www.susalud-prevention.com". ■

Honored: From left, Olivia Sosa, San Joaquin County Migrant Education; Ameen Kahn, staff member for Sen. Boxer; Dr. Guillermo Vicuña; Al Murrillo, San Joaquin General Hospital; and Robert Kavanaugh, retired Director of Guaranty Bank of San Joaquin pause as Dr. Vicuña displays his Health Care Champion Award.



JADA goes electronic for handling manuscripts

JADA's system for handling manuscripts, long dependent on paper and postage, has been streamlined to save time, money—and trees.

In November 2005, The Journal of the American Dental Association introduced a new, fully electronic system for manuscript submission and review called JADA Manuscript Central. The state-of-the-art online system uses software developed by ScholarOne, a Web-based workflow management provider for scholarly publications.

"Manuscript Central will enhance JADA's efficiency by speeding the process of manuscript handling," said Laura A. Kosden, publisher and associate executive director, ADA Publishing Division.

"Until now, we have relied heavily on the postal system and overnight express in our contacts with authors and manuscript reviewers," she added. "Now, everything can be handled through e-mail. This will mean faster turnaround times, lowered costs and much less paperwork."

Using Manuscript Central, JADA authors and reviewers will receive all correspondence—including deadline reminders and notifications of manuscript status—via e-mail. Authors will submit their manuscripts and all related documents using a secure and confidential online JADA manuscript application.

Not only will the new system save on paper, postage and staff time, it also will help make JADA more responsive to the needs of its readers, said Dr. Michael Glick, JADA editor.

"Our new online manuscript handling process will reduce the time between receipt of a manuscript and actual publication," said Dr. Glick. "Speeding the process will allow us to get useful, current information to our readers in a more timely fashion."

Before the rollout of the new system, authors with manuscripts already in review received an e-mail notification that the site was available. They also were supplied with user IDs and passwords for logging into the site.

JADA will continue to accept hard-copy submissions as authors and reviewers get accustomed to the new system. Following a grace period, however, manuscripts will be accepted exclusively through JADA Manuscript Central.

"We will be working closely with our authors and reviewers to help them get acquainted with the new system," said Dr. Glick. "We expect the transition to an online process to run smoothly and painlessly."

For a more detailed description of how the system works, see "JADA Manuscript Central: A User's Guide For Authors and Reviewers," page 1656 of December JADA. ■

Gulf Coast recovery options reviewed

"There was a lot of useful information presented and I just wish I knew more of it sooner," said Dr. Frank Conaway, shown at center with his wife, Pauline, while attending one of two Recovery Empowerment Summits sponsored by Sullivan-Schein for dentists in the Gulf Coast region whose practices were affected by Hurricanes Katrina and Rita.

Supported by the ADA, Louisiana and Mississippi Dental Associations, the summits covered topics including: economic recovery; licensing requirements for relocating dentists; insurance recovery; financial funding from governmental and private sources and cash flow management. ■



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Atlanta—The Thomas P. Hinman Dental Meeting will hold its 94th annual meeting March 23-25 at the Georgia World Congress Center here.

The meeting, which is expected to attract more than 24,000, features more than 900 technical exhibits and 42 participation workshops.

For more information, contact Sylvia Ratchford, executive director of the Hinman Dental Society, by phone at 1-404-231-1663, by fax at 1-404-231-9638 or visit the meeting's Web site at "www.hinman.org". ■

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