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Many dentists are intently focused on the demands of keeping their patients and their practices healthy and don't have a lot of time to think about how public policy at the local, state or federal levels can affect the short- and long-term future of their profession. Which is exactly the purpose of organizational advocacy: The ADA and state and local dental societies do this, so you don't have to. However, successful advocacy increasingly calls for action on the part of the individual to help personalize the issue, to make it clear that it matters to real people, rather than just to a faceless organization.

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IT'S NOT JUST LOBBYING ANYMORE



If you have even a passing interest in politics, you've noticed a change in the way political and activist groups advocate for or against laws, regulations, ballot initiatives or referenda. Of course, lobbying, grassroots action, fundraising and contributions are still mainstays. But increasingly, those involved in political battles are using traditional and new media, coalition building and even techniques that once were used only in marketing to achieve their policy goals.

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What do YOU think?



What do you think is the biggest legislative or regulatory challenge facing the dental profession today?

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Hot Button

ALL EARMARKS ARE NOT CREATED EQUAL



The issue of pork barrel politics regularly shows up in the news. We often read about multi-million-dollar boondoggles quietly inserted into legislation as a way for a member of Congress to funnel federal money to his or her district. It's dismaying to learn of projects with little public benefit, like the recent (and infamous) \$2 billion "bridge to nowhere," which lawmakers scrambled to kill once it got the media's attention. But earmarked funds often do a lot of good in a community.

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MEMBERS SAY ADVOCACY MATTERS MOST



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Printer version

ADA Community Brief

July, 2006

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Introduction

Many dentists are intently focused on the demands of keeping their patients and their practices healthy and don't have a lot of time to think about how public policy at the local, state or federal levels can affect the short- and long-term future of their profession. Which is exactly the purpose of organizational advocacy: The ADA and state and local dental societies do this, so you don't have to. However, successful advocacy increasingly calls for action on the part of the individual to help personalize the issue, to make it clear that it matters to real people, rather than just to a faceless organization.

It's Not Just Lobbying Anymore

If you have even a passing interest in politics, you've noticed a change in the way political and activist groups advocate for or against laws, regulations, ballot initiatives or referenda. Of course, lobbying, grassroots action, fundraising and contributions are still mainstays. But increasingly, those involved in political battles are using traditional and new media, coalition building and even techniques that once were used only in marketing to achieve their policy goals.

This integrated approach to advocacy isn't new. The Health Insurance Association of America's "Harry and Louise" campaign against the Clinton health reform proposal broke new ground in 1994, with its use of actors and narrative storytelling. The campaign had other distinctions. It solicited consumers to call a toll-free number to register their opposition to a government-run health system, creating an instant grassroots network of everyday people who have nothing to do with the insurance industry.

Organizations don't need to spend millions on advertising to better utilize the variety of tactics and resources available to advance their issues. From 1995–2000, the ADA participated in two coalitions of health and consumer organizations—in some cases, organizations that the ADA might oppose on other issues—in pursuing congressional passage of a patients' bill of rights. When the

movement began, lawmakers' concerns about the health care system focused almost exclusively on controlling costs. Within a few years, the patients' rights movement had become front-page news. Then-President Clinton was using it as a State-of-the-Union applause line, and then-candidate Bush was talking credit for a similar measure that passed in Texas while he was governor. The concept gained so much momentum that, even though a law never passed, health insurers became so wary of congressional action that they took steps to correct the most egregious practices of improper denials of claims or withholding of services voluntarily.

Successful advocacy relies in part on the ability to broaden the issue out beyond the interests of just your group. When the patients' bill of rights issue arose, many lawmakers perceived it as a power struggle between doctors and insurers. Only when it became clear that the issue had a much broader constituency—tens of millions of Americans worried that their families would be denied health care when they most needed it—did Congress take notice.

Equally important is an understanding that it isn't enough to gear up only when you have a burning issue. In order to be successful, an organization that has an interest in local, state or the federal government decisions needs to build and maintain a positive, trustworthy image among the media, public officials and the public at large. The Public Affairs Council, a think tank and membership group in Washington, says that an organization must monitor and manage its business environment through a combination of government relations, communications, issues management and corporate citizenship strategies to influence public policy, build a strong reputation and find common ground with stakeholders.

For example, you may think of Give Kids A Smile as just a charitable effort to help disadvantaged children. But increasingly, GKAS participants are using the event as an opportunity to educate the media and public officials about the extent and severity of the untreated dental disease—the silent epidemic—among a large portion of the nation's children. And, it helps to point out that dentists are doing their part but can't do this alone.

Successful advocacy today also involves listening as much as it does talking. To succeed, an organization must regularly measure opinion—among the public, law-and policymakers and its own members—to understand what matters to them and how they perceive the issue and the players.

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All Earmarks Are Not Created Equal

The issue of pork barrel politics regularly shows up in the news. We often read about multi-million-dollar boondoggles quietly inserted into legislation as a way for a member of Congress to funnel federal money to his or her district. It's dismaying to learn of projects with little public benefit, like the recent (and infamous) \$2 billion "bridge to nowhere," which lawmakers scrambled to kill once it got the media's attention. But earmarked funds often do a lot of good in a community.

By using the earmark process of directing federal health care money, the ADA, working closely with state associations, has helped fund some great things in communities across the nation. Projects like dental clinics and education programs are often funded through the earmark process. These are not huge amounts of money—the entire dental-related package of earmarks in the current appropriations bill comes to a little more than \$4 million—but they do make a great impact in the communities where they are steered.

There are many earmarks in the fiscal year 2007 appropriations measure currently before Congress. For example, there is an earmark of \$100,000 intended for the Arizona Dental Foundation to provide care to low-income residents of the state. There is a \$700,000 earmark for a dental clinic in Albuquerque, N.M. And there is a \$250,000 earmark for the purchase of dental equipment and services by a community health organization in Rhode Island. These are just a few of the many examples of oral health earmarks in the current bill.

Getting a special earmark is not difficult, particularly if the need for funding a project is critical. A local or state dental organization, or even an individual dentist, might see a particular need in a district and get the ball rolling. The ADA will work with the organization or individual to draft language for an earmark in the health appropriations bill. It's usually a simple matter to get a member of Congress interested in introducing the language as an amendment.

If you have identified a critical dental need for federal dollars, contact your local or state associations. Once they have decided on a certain number of projects that could use funding, they and the ADA will draft proposals for next year's appropriations process. While high-profile wastes of money often get the bad press, critical health needs funded through the earmark process are never highlighted as examples of pork-barrel legislating. In fact, these kinds of earmarks are examples of how Washington helps address problems. They are examples of democracy in action.

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Members Say Advocacy Matters Most

You've told us for years that one of the most essential functions of the ADA is our advocacy on your behalf. In fact, a recent survey shows that 56 percent of our members rank that function as the most important job of the Association. Because it's your priority, we want to make sure that you stay informed about the ADA's advocacy work, both in Washington and in the states. So we're developing new ways to get that information to you. The first step will be a colorful, four-page newsletter that will be distributed in the August 24 edition of *ADA News*.

In June, we convened focus groups representing a cross-section of ADA members in several cities. Participants talked about the Association's advocacy—how they get the information now, and how they'd like to get it in the future. Consistent with their recommendations, this newsletter will include only important information with no fluff, filler or advertising. It will focus instead on delivering information, concisely written.

In addition, ADA staff is designing an e-mail report that will convey the latest happenings in Washington and the states on a weekly or bi-weekly basis. Similar to a brief report currently issued weekly to ADA leaders, this e-mail will help interested members stay on top of our legislative and regulatory agenda.

Finally, we are working to make the advocacy area on ADA.org more informative by featuring current news and an issues library with background information on the ADA's legislative and regulatory agenda. Our goal is to make it a trusted resource on dental issues for both our members and interested policymakers.

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Find Out More

Online: <http://www.ada.org/goto/advocacy>

Hot Button

Consider Unique Career Opportunities in Federal Service

Currently the ADA has nearly 3,000 members in the Federal Dental Service (FDS) membership category, representing more than half of all federal dentists. Although some dentists in the FDS are Tripartite members of the ADA, most are direct members of the ADA at the national level. Federal dentists are a highly mobile group and may be stationed in the United States or overseas, including Iraq or Afghanistan.

The FDS spans a long history, from the establishment of the Army Dental Corps in 1911, an Act of Congress in 1912 that authorized the first Navy Dental Corps, to just after World War II, when the Air Force Dental Service was established. Today, it also includes the Department of Veterans Affairs and the U.S. Public Health Service (PHS). The Department of Health and Human Services, U.S. Coast Guard, Bureau of Prisons and the Indian Health Service fall under the PHS.

The FDS continues to serve the country by developing highly trained dental professionals who provide cutting-edge care to the men and women in our armed forces and their families, military veterans and other groups. Dentists working for the PHS serve those populations that do not have adequate access to proper dental care, and dentists in the Indian Health Service provide oral health care for American Indians and Alaskan Natives.

Dentists in the FDS have access to state-of-the-art training programs at the dental student, postdoctoral and specialty levels. What makes each of these dentists unique is their commitment to their country and the future of dentistry, as well as the value they place on serving the oral health needs of people throughout the world. Civilian dentists also are involved in the FDS, serving in important roles within the civilian branches of the federal, state and local governments.

In addition to the many educational opportunities and other services available to dentists serving in the military, Veterans Affairs, the PHS or other federal employment, the ADA serves as their advocate with legislators, regulators and the public, helping to increase pay for junior and senior officers and create special pay, accession bonuses and funding for scholarships and loan repayment programs. Other recent successes include:

- Authorization of multi-year contracts for military and PHS dentists.
- Increased funding for the Navy Institute for Dental and Biomedical Research to \$3.4 million in 2004, an increase of \$1.2 million over 2002.
- Helped to secure \$25 million through 2002 in appropriations for Indian Health Service dental programs.
- Lobbied to eliminate tax on tuition and related expenses received under the Health Professions Scholarship program and the National Health Service Corps.
- Increased tenure pay, special pay and responsibility pay for VA dentists.

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[Explore Careers in Federal Dentistry at ADA Annual Session](#)

At this year's ADA Annual session, October 16–19, in Las Vegas, NV, the FDS will present a free workshop, "**Exploring Careers in Federal Dentistry.**" Representatives from each branch of the FDS will participate in this highly interactive panel discussion to share their experiences within the FDS, to help participants gain an understanding of dentistry's role in the federal services and dental career options in the military, Public Health Service and Department of Veterans Affairs. The **workshop will be held from 10:15am–12:45pm on Oct. 17.** Anyone interested in exploring these unique career opportunities, from the new dentist to those with an already established practice, is encouraged to attend this important program.

Find Out More

Online: <http://www.ada.org/prof/events/session/index.asp>

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Special Track, Reduced Annual Session Rates for FDS Dentists

In partnership with the FDS Membership Advisory Group, the ADA has developed an **FDS track** at this year's Annual Session. Although federal dentists can choose from more than 300 scientific sessions (75 percent of which are free to registered attendees), the FDS CE track includes 25 sessions specifically selected to meet the unique needs of federal service dentists and FDS dentists pay a reduced rate for these courses! The ADA also will host a special **FDS Reception** for active duty dentists in all branches on Oct. 17 from 5:30–7pm in the South Pacific Ballroom – Section F at the Mandalay Bay North Convention Center.

Find Out More

Online: <http://www.ada.org/ada/organizations/fds/index.asp>

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Member Profile: Richard Kohler, DDS

Each month in the Member Center on ADA.org, we feature an ADA Member. This month, read about Richard Kohler, DDS, from Greenfield, Iowa, an ADA member for 28 years.

Find Out More

Online: http://www.ada.org/prof/center/profiles/profile_kohler.asp

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Highlights of Recent Member Survey

In a recent survey, ADA members overwhelmingly indicated that they value the Association's advocacy efforts: more than 70 percent of respondents to the 2004 ADA Member Needs and Opinion Survey cited "representation of my interests at the national level" as a primary reason for membership. "Support my profession" was a primary reason for membership for more than 75 percent of members.

Over 6,000 member dentists responded to the survey, which addressed perceptions of the ADA as

well as current and possible future initiatives. More than 85 percent of member dentists had an overall positive impression of the ADA, a 10 percent increase from a survey conducted five years ago. Plus, more than two-thirds of member dentists strongly agreed that "The ADA is the premier professional association for dentists."

Members give us high marks on the advocacy front as well. About 85 percent agree that the ADA accurately represents their interests in its advocacy efforts, and the same percentage agrees that the ADA is fighting for their interests against insurance companies. Although some dentists were not sure about the ADA's advocacy successes, more than 75 percent agree that the ADA is successful in lobbying legislators and regulatory agencies. Looking at the value of various advocacy initiatives, it is interesting to note that more than half of general practitioners "highly value" advocacy for dentists' right to choose restorative materials. Specialists were in favor of this advocacy effort as well, but fewer—just 30 percent of specialists—"highly value" it.

The survey also asked members to weigh in on possible future ADA initiatives. Expanded lobbying and advocacy efforts received strong membership support. "Expand lobbying and advocacy efforts to increase reimbursement to dentists for dental care for underserved patients" was the activity (from a list of 12) receiving the highest support from members, with more than 88 percent of members in favor.

The ADA uses member research in the development of its strategic plan, to help guide ADA priorities and to assist specific areas within the Association to fine tune policies, programs and services.

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Participate in Senior Smiles Workshop

Plan to attend a Senior Smiles workshop at ADA Annual Session on Thursday, Oct. 19, 9:15–11:45am (course code: 8344) featuring guest speaker Marsha Pyle, DDS, MEd. Participants will receive the Ohio Dental Association's educational DVD, Smiles for Seniors, developed with a grant from the ADA Foundation. After the workshop, 1,200 Senior Smiles kits will be delivered to Las Vegas home-bound seniors, and a teaching video will be donated to every nursing home in Las Vegas.

Set to launch in August, Senior Smiles is a community outreach and education program that addresses the importance of good oral health for older adults, starting with the daily oral hygiene routine. The program was developed by the Alliance for the American Dental Association in partnership with Sullivan-Schein and GlaxoSmithKline.

Find Out More

Online: [Annual Session Workshop](#), [Senior Smiles Program](#)

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What do you think?

Question

What do you think is the biggest legislative or regulatory challenge facing the dental profession today?

- [Respond Now](#) 

Responses to Last Issue's Question:

What resources would best assist you in implementing an evidence-based approach to oral health care?

- A forum where academic and clinical experiences come together to provide information about various products and procedures without bias or money undermining the truth about the products or procedures
- A search tool that is more dental specific than Medline.
- I need to know the fluoride content of foods and beverages so that I can better prescribe or not prescribe fluoride.
- It is likely the ultimate format of information dissemination will be print media. However, regardless of method, it is important that care providers and insurance benefit providers have access to and are using the same sources. If we can agree on which research is relevant and clinically feasible, evidence-based dentistry will help to standardize and potentially improve the oral health of our individual patients and thereby the health of our nation and ultimately the world.
- Articles that present methods of study with statistical information available. And articles that explain the significance of methods of research, such as controlled duration of studies—specifically, guidelines on how to read scientific journal or articles. When I was in dental school, Dr. Jim Bawden allowed me to take an independent study where he assigned five articles for me to read a month and then we would evaluate and critique each article. I think this should be part of the regular curriculum in school for helping students start to practice evidence-based medicine. Perhaps all students should be paired with a "research mentor" throughout the four years of school.
- A Dental Therapeutics Journal indexing all journalism by topics and subjects, and then having that available for downloading to computers and PDAs, like Epocrates Rx is now, for pharmaceuticals.
- Easy access to the evidence and the ability to get full text articles (at least electronically) when doing a Pubmed search.

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