

President's Welcome and Address

Robert J. Collins, DMD, MPH

Congratulations to all participants in the election process, both those who ran for office and those who voted! A special vote of thanks to those who stood for election but didn't win. It's been said that in the final analysis "... takers lose and givers win." By giving members a choice, you strengthen our association. Thanks, and remember: "giving is great, but don't give up"! Come back and try again!

The American Association of Public Health Dentistry (AAPHD) was founded in July 1937 in Atlantic City, New Jersey, by a group of state dental directors. This event followed by two years one of the most significant milestones in the history of dental public health, the Social Security Act passed by Congress in 1935. This law not only established old-age benefits and unemployment compensation, but for the first time provided for extensive federal aid to states for various health and welfare activities. Title V of the act authorized federal grants for maternal and child health services and resulted in a rapid growth of dental health administrative units in state health departments. For example, in 1934 only 14 states had such units and employed a total of only eight full-time dentists; by 1941, 38 states had identifiable dental health units that employed a total of 154 full-time dentists.

In that era of rapid growth, the objective of the founding group was to provide a forum to discuss the problems of directing state dental public health programs. Membership in the early years of the association was limited to state dental directors, their assistants, and Public Health Service dental consultants who worked closely with "state health authorities." Although membership has greatly expanded today, the annual session we begin this morning is a continuation of that first forum held in 1937—sharing knowledge about how to make our programs better. Happy Birthday, AAPHD!

Last year in my president's address,



Robert J. (Skip) Collins

I noted four goals for my year as president: (1) creating an AAPHD Web page on the Internet, (2) identifying ways to increase our resource base, (3) continuing collaboration with public and private sectors in the United States and abroad to promote the goals of dental public health, and (4) identifying a new AAPHD National Office for 1998. Today, I'd like to review briefly each of those with you and express my thanks to those who helped make progress possible.

Creating a Web Page

The HomePage started slowly, but has developed into a first-class offering well beyond my expectations for this point in time. Thanks to the efforts of Bob Weyant and his special Committee on Informatics (Kim McFarland, Romer Ocanto, Paul Lang, and one of Paul's students, Solomon Kwon), we have a dazzling array of valuable information literally at our fingertips. Several persons knowledgeable in this area have commented on how good this web site is. Perhaps most critical to the success of a web site is maintenance of timely information. New information, such as that on the Child Health Bill and the association's draft Code of Ethics have generally

been uploaded within one to two days. The page is hosted on a University of Pittsburgh server at no charge to AAPHD. For those of you who haven't yet seen the page or need a little help getting started, Bob Weyant has arranged a demonstration in the registration area.

Increasing the AAPHD Resource Base

We haven't struck gold yet, but we have made some progress on this goal.

—Over 75 members, including 11 of 12 Executive Council members, responded to my call and voluntarily paid dues at one of the higher contributory levels. This resulted in a significant income for the association. I thank you. Please keep it up and challenge other members to follow your example.

—501(c)(3) status was approved by the IRS very soon after our application was submitted this year. Our hope is that the fully tax-deductible nature of contributions to AAPHD under this tax code designation will result in an increased level of support for activities, including awards and fellowships. Some of you have expressed concern about the effect that this new status may have on our advocacy efforts. Although we do need to be careful to protect our new designation as a 501(c)(3) organization, I assure you that we can still engage in advocacy activities. We just need to pick our battles carefully and do a bit more documentation.

—A decision has been made to combine the Finance and Development committees of the association. Under the direction of Rebecca King, the Development Committee has produced the largest number of exhibitors and sponsors we have ever had at an AAPHD meeting. The marriage of these two committees seems likely to provide us with a focus that looks not only at keeping our financial house in order, but continually scanning the horizon for opportunities to expand

our resource base.

—Candace Jones and her committee have been aggressively pursuing new strategies to increase membership. However, as I pointed out last year, meeting attendance has been flat even as membership has increased. Meetings can be a significant source of income for associations and additional attendees would certainly help. Encourage other dental public healthers to come! And be regulars!

Continued Collaboration to Promote Dental Public Health Goals

Collaboration is the lifeblood of organizations. Cooperation on common issues can be a potent force. In 1996–97 we continued collaboration with a variety of organizations. A few examples:

—Jane Weintraub has taken the lead in pursuing efforts to update our competency objectives in dental public health and has put in many hours of work on this project. Resources to support this project were obtained with a grant from the Bureau of Health Professions.

—The Commission on Dental Accreditation (CDA) is requiring all the dental specialties to revise their specialty-specific standards; Linda Nielsen is chairing a committee to do so.

—AAPHD is participating with other organizations in the Partnership Forum, which will have a significant influence on planning and implementing the forthcoming Surgeon General's Report on Oral Health.

—The AAPHD remains active on the tobacco scene, participating regularly in the National Dental Tobacco-free Steering Committee meetings and in a recent workshop in Atlanta sponsored by CDC, ADA, and the NIH aimed at implementation of the recommendations of the August 1996 conference on oral cancer.

—Dental public health received a long-sought boost when Don Schneider, a diplomate and AAPHD member, was assigned to HCFA. His presence there is timely, as the states begin to sort out the types of services that will be offered under recently passed Child Health Legislation (Balanced Budget Act of 1997).

—AAPHD joined with other organizations to support Congressman Steny Hoyer's bill to include medically necessary dental care in Medicare.

—It was dental public health's turn

to host the Dental Specialty Group meeting this year in Chicago. I believe the meeting went extremely well and that dental public health, although a very small specialty, is well respected by its peers. During the meeting, we had a chance to meet with the chairman of the CDA and once again make an argument for full specialty representation on the commission. Subsequently, the CDA recommended a seat for each of the ADA-recognized specialties on the CDA. If approved by the ADA House next week, dental public health will have its own representative on the commission next year.

—AAPHD has received a grant from the HRSA to develop workshops for dental public health residency directors to meet and exchange views over the next two years.

—On the international scene, we have sponsored the sixth WCPD, which took place last week in Capetown, South Africa. President-elect Alex White represented the association in Capetown while your president represented the AAPHD at the FDI Public Health Section meeting in Seoul, Korea, in September. An international research in dental public health award was considered and approved by the Executive Council.

I could name many more, but I think these examples are enough to let you know that collaboration did not take a back seat for AAPHD in 1996–97.

A New National Office

Now let me bring you up-to-date on what has been happening with our search for a new National Office. As you already know, Joe and Helen Doherty announced their intent to relinquish these duties after 14 years of exemplary service to the AAPHD. A Search Committee headed by Alex White has spent countless hours pursuing a new site for our National Office. A request for applications appeared last year in *Communique*. The committee reviewed the substantial number of applications received and recommended three be interviewed by the full Executive Council.

After considerable discussion, the council selected Winsford, Inc., a firm from outside Chicago that came highly recommended and had a long history of service to dental organizations. We carefully negotiated terms with Winsford's President Lanny Hardy and, at a meeting in July in

Chicago, discussed a logical transition from Richmond to Chicago. The final steps of our plan called for an introduction of Lanny Hardy to the membership at this meeting and, with consent of the assembly, to sign a binding contract. Most of what I have just told you has appeared in the *Communique* and in your program book. Two weeks ago, without warning, we received a letter indicating that Winsford was withdrawing from consideration.

After a number of telephone calls and e-mails, the officers and Executive Council were unanimous in recommending that we extend the offer to host the National Office to the husband-and-wife team of Jim Toothaker and Jill Mason. Jim and Jill submitted a very well-thought-out proposal to our original request for applications. At the time of its initial decision (selecting Winsford), the Executive Council thought highly enough of their proposal to ask Jim and Jill to stand by as a backup in case our negotiations with Lanny Hardy foundered. Of course, two weeks ago, we thought we were well past the need for a backup and had long since released Jim and Jill from this role! When I first contacted them, they indicated their continued interest, but wanted a few days to reflect on their situation to be sure that they were still in a position to do the job to the standards specified in their original proposal. Today, I am pleased to tell you that Jim and Jill have agreed to accept responsibility for operating the National Office sometime prior to next year's annual session. If necessary, Joe and Helen Doherty have agreed to retain the office in Richmond for a bit longer to ensure a smooth transition. Many details remain to be worked out, but I am personally delighted that the National Office will be staying in the dental public health family.

Jim and Jill have been members of AAPHD for many years and we look forward to seeing it grow and prosper under their care. In the meantime, please take this opportunity to say hello and ask them any questions you may have. There also will be an opportunity for discussion in the Town Hall Assembly meeting on Thursday.

In closing today, I want to express my thanks to all the members of the Executive Council and committees for their efforts throughout the year. You will have an opportunity to hear about

some of their accomplishments at the assembly on Thursday and to find out more at the committee meetings on Friday. Further thanks are due to our editors, who do such an outstanding job with our publications. Thanks also to Howard Field, who continues to make sure that the student awards process just "happens" each year. I also must thank my fellow officers for their counsel and in particular: Rhys Jones, for agreeing to serve a second year as immediate past president; Alex

White, for his exceptional efforts on behalf of a new National Office; Dushanka Kleinman (and local arrangements coordinator Denise Fedele), for planning this wonderful meeting; Ray Kuthy, for handling the correspondence, budgets, and minutes with unfailing accuracy. And, of course, to the heart and soul of our operations, Joe and Helen, who were always there for me and for you!

Lastly, I thank you for being the fabric of an organization that has supported and encouraged me for over 22

years. Sixty years ago, its founders had a vision of AAPHD as a clearinghouse for ideas. Sixty years later, I see AAPHD as continuing this legacy, but with a strengthening resource base that enables us to play a more direct role in converting knowledge to improved oral health. I am proud to be associated with the AAPHD, and I thank you for allowing me to serve as your president.

The future looks bright. Let's all have a great week!