

NODA News

MISSION STATEMENT

To establish and maintain a cohesive organization that serves to promote the art, science, and professionalism of dentistry, and to communicate the value of oral health to the community.

VOL. XXVII MARCH '94 NO. 3

Dr. Kinnebrew to conduct March 9 NODA Seminar

Dr. Michael C. Kinnebrew, director of the Facial Surgery Center of the Gulf South, will conduct the NODA-sponsored seminar on "Facial Deformity, Nasal and Upper Airway Obstruction, and Dento-Facial Disease."

The date and time are Wednesday, March 9 from 6:30 to 9:00 p.m. at the LSU School of Dentistry.

Admission is free to NODA members. Non-NODA members pay only \$25. Dentists from throughout south Louisiana have been invited to join their New Orleans-area colleagues.

Dr. Kinnebrew, clinical associate professor of oral and maxillo-facial surgery and speech pathology and audiology at LSUMC, is both a dentist and a physician. He earned his DDS at Baylor College of Dentistry in Dallas in 1972 and his MD from the University of Texas at Houston in 1979.

He also has a BS from Stephen F. Austin

State University in Nacogdoches.

In the synopsis of his presentation, Dr. Kinnebrew noted:

"Every dental practice is presented with patients who have some component of nasal and upper airway obstruction. To list a few, these problems may take the form of a small jaw with malocclusion, periodontal dessication from mouthbreathing, lingual enlargement in the prosthodontic patient, sinus and dental pain, or bruxism and myofascial pain in the TMJ patient."

"Depression and chronic fatigue, snoring and sleep apnea, may be associated," he added.

Nasal and upper airway obstruction is both an integral cause in cranio-dento-facial maldevelopment, and an effect in the associated dysfunction. "This will be the subject of our discussions," the clinician promised.

Dr. Kinnebrew did an internship and residency in Jacksonville, Florida hospitals and was chief resident at the University of Connecticut Health Center in Farmington. He has served as a health volunteer in Nepal and Mexico.

NODA and non-NODA members are asked to pre-register by March 4. On-site registration will be at 6 p.m. on March 9. Sponsor of the seminar is Legacy Living Trust. Be sure to thank their representative for supporting NODA.

Installation Dinner March 12 at Yacht Club

Dr. Debra C. Arnold will be installed as the 76th president of the New Orleans Dental Association in ceremonies at the annual Installation Dinner Saturday, March 12 at the Southern Yacht Club overlooking Lake Pontchartrain.

The cash bar is set for 6:45 to 7:30 p.m. with dinner served at 7:30.

Dr. Curtis Zeringue, president-elect of the Louisiana Dental Association, will formally install the officers for 1994-95. Other officers are Dr. Randy Green, president-elect; Dr. Kristi Soileau, first vice president; Dr. Barry Goodspeed, second vice president; Dr. Jimmie Gaubert, secretary, and Dr. Sam Miano, treasurer.

As president, Dr. Arnold will succeed Dr. Francis G. Martello. Board members and delegates to the LDA and ADA will also be installed.

Here is the delicious dinner scheduled:

- Turtle Soup
- Caesar Salad
- Choice of Filet Mignon with Mushroom Cap and either Bernaise or Marchand de Vin Sauce
- or Trout Florentine - sautéed trout on bed of spinach and topped with Hollandaise, Tasso and Oyster Sauce.



DR. ARNOLD

- Vegetable Medley
- Rolls and Butter
- Creme de Menthe Parfait
- Coffee and Tea

Price for this festive evening of dining and renewing friendships with colleagues in den-

tistry is only \$35 per person. The yacht club has plenty of free parking.

Members are urged to call their friends and get up a table of old friends, classmates and their spouses. It's always a fun evening for the profession.

Please RSVP to the Central Office by March 9.

Mark Your Calendar

NODA/LSUSD TABLE CLINICS
Wed., Apr. 13, '94 - LSUSD - 7 p.m.
Dr. Richard S. Walker, Chairman

NODA CRAWFISH PARTY/DANCE
Fri., Apr. 15, '94 - 7 p.m.
American Legion Home
RSVP Required - 834-6449

NODA GENERAL MEETING - LSUSD
Wed., May 18, '94 - 7 p.m.
"Selling Dentistry With Video & Camera"
Demos By: Oral Vision, Polaroid, & Others

Dr. Herbert to be honored at Installation Dinner

President's Message

BY FRANK G. MARTELLO, DDS

I hope all of you had a safe and enjoyable Mardi Gras.

Our Association had a very successful Children's Dental Health Month. We were well represented in many of the parades, on radio and on television, thanks to the efforts of Dr. Jim Roethele, his committee members, and the Alliance to NODA.

The exhibits at the Louisiana Children's Museum and the Kenner Daily Living Science Center were well attended. We are planning a permanent exhibit at the Children's Museum that will be the envy of all professions. There will be many hands-on displays to show children what it's like to be a dentist.

Early education is the key to our success, and influencing these young minds will bring numerous benefits to our profession.

The New Members Dinner at Smilie's welcomed 38 doctors to our Association, three more than last year. This, along with continuing education courses, socials, and members asking fellow dentists to meetings, will strengthen our membership. There is strength in numbers!

Mike Kinnebrew, DDS, MD, oral and maxillofacial surgeon and author, will speak to us on March 9 about Facial Deformity, Nasal & Upper Airway Obstructions. As dentists, we are often the first to detect problems in the air-

way. Dr. Kinnebrew and I volunteer time at the Soboloff Center for Cerebral Palsy every week. Children with CP often have facial deformities that prevent proper breathing; dentists can correct many of these problems at an early age and make life less arduous for these patients.

Dr. Kinnebrew will discuss how to detect, treat, and/or refer to a specialist when a potential airway problem presents in your office.

Thank you for allowing me the opportunity to serve this association in its highest office. Now I ask you to join me in thanking your officers, chairmen, committee members, executive secretary Mona Whittington and Norma Lee Ward (the powerhouse of the central office), for a job well done.

Without them and their countless hours of service our membership would have gone pfffttht.

Sincerely,
Frank

Astronomy Note:

March 24 - In the pre-dawn sky facing ESE, Mercury, Saturn, and Mars will be visible, near the horizon.

July 19-22 - Comet Shoemaker-Levy 9 will collide with Jupiter.

Ponder this - what happened before the origin of our universe? Thank God for what you have. Don't take anything for granted.

Dr. Frank L. Herbert, a past NODA president and national leader in the field of dentistry for children, has been chosen to receive NODA's coveted Honor Dentist Award.

The award is presented not every year but periodically to an association member who has distinguished himself or herself in professional and community circles.

Dr. Herbert served as president of NODA in 1975 and as general chairman of the New Orleans Dental Conference in 1967. Long

Past NODA Honor Dentist Recipients

- Dr. F. Harold Wirth
- Dr. Victor B. Marquer
- Dr. Allen A. Copping
- Dr. Meffre R. Matta
- Dr. E. Harold Faget
- Dr. Eugene J. Fortier, Jr.
- Dr. Edmund E. Jeansonne, Sr.
- Dr. Robert H. Charbonnet
- Dr. Vincent N. Liberto

prominent in national pediatric dentistry groups, he is a former president of the American Society of Dentistry for Children.

He has also served as Regent for the 12th District of the International College of Dentists.

Dr. Herbert is a 1948 graduate of the Loyola University School of Dentistry. A U.S. Navy veteran, he was in private practice of pedodontics for many years before retiring to concentrate on his teaching at LSU Dental School.

He will receive the award at the annual Installation Banquet Saturday, March 12 at the Southern Yacht Club.

WE WANT YOUR NEWS

Anyone knowing of any dentist who has made a significant contribution, written an article, delivered a paper, initiated or completed research, or rendered unusual public service, please call or write Dr. Kristi Soileau, 2820 Napoleon Ave., Suite 470, New Orleans, LA 70115. Phone: 899-2255.

Infection Control Corner

(Seventh of a series)

DISPOSAL OF WASTE MATERIALS

Disposal materials such as gloves, masks, wipes, paper drapes, and surface covers that are contaminated with body fluids should be carefully handled with gloves and discarded in sturdy, impervious plastic bags to minimize human contact.

Blood, disinfectants, and sterilants may be carefully poured into a drain connected to a sanitary sewer system. Care should be taken to ensure compliance with applicable local regulations. It is recommended that drains be flushed

or purged each night to reduce bacteria accumulation and growth.

Sharp items, such as needles and scalpel blades, should be placed in puncture-resistant containers marked with the biohazard label. Human tissue may be handled in the same manner as sharp items, but should not be placed in the same container.

Regulated medical waste (eg, sharps, tissues) should be disposed of according to the requirements established by local or state environmental regulatory agencies.

NODA News is published every month with the exception of June, July and August. Deadline for ads and editorial material is the 10th of the month preceding publication. Ads and news should be sent to Dr. Kristi Soileau, 2820 Napoleon Ave., Suite 470, New Orleans, LA 70115.

Dr. Soileau is editor and chairman of the NODA News Committee. Members are Drs. John Braud, Jr., Steven Collins, David DeGenova, Barry Goodspeed, Frank Herbert, Hector Maldonado and Wallace Serpas III.

DENTAL DATA

NITROUS OXIDE AND IMPAIRED FERTILITY

Results of a study reported in *Anesthesia Progress*, support previous findings implicating nitrous oxide as a cause for impaired fertility.

Researchers investigated the influence of occupational exposure to nitrous oxide on the fertility rates of 405 female dental assistants. All of them fulfilled the necessary criteria of: 1) having been pregnant within the last four years and not due to failure in contraception; 2) having worked full time – at least 30 hours a week – during the six months before they commenced unprotected intercourse; and 3) their exposure to mercury had not changed during this period.

Of the study group, 215 worked in offices not using nitrous oxide and were designated as the control group. The remainder were categorized into four exposure groups using five hours per week of nitrous oxide use for designation of high and low exposure.

The researchers found no significant differences in time to pregnancy between the control group and the three groups categorized as having lower nitrous oxide exposure.

The only evidence of impaired fertility was among those women in the high-exposure unscavenged group. Only 11 percent of these women became pregnant during the first cycle, compared to about 30 percent in the other groups.

Of the high-exposure unscavenged group, 42 percent required more than 13 cycles until pregnancy compared to about 10 percent in the control and scavenged groups.

The authors note that this study offers evidence for the efficacy of scavenging devices in reducing occupational exposure to nitrous oxide. ■

COMPUTER SYSTEM SHOULD FIT PRACTICE

Competition has simplified the computer selection process, writes a dental computer consultant, but for many dentists, computers are unknown and forbidden territory.

Dr. Barry Freyberg notes that the best decisions are guided by an understanding of how each system can meet the practice's unique concerns and enhance its personality.

He says basic systems contain the essential features necessary for the smooth operation of an automated practice.

According to Freyberg, even a basic system should be able to produce well-designed reports and generate important management information. The 11 reports that no system should be without are:

- Gross practice production
- Revenue and collection
- Overdue patient and insurance accounts

- Overdue insurance claims
- Overdue recalls
- Overdue predeterminations
- Unbilled insurance procedure: identifies any treatment that has been completed, but not billed to the insurance company
- Incomplete dentistry: a listing of treatment that has been presented but not completed within a certain time span
- Lost patients, those who have not been into the practice within a specific time period (i.e. a year)
- New patients
- Elementary tracking of referral sources

Freyberg's comments appear in an article in the September-October 1993 *Illinois Dental Journal*. ■

"The free conversation of a friend is what I would prefer to any entertainment."

David Hume

DENTAL SPENDING SHOWS SLOWEST GAIN

Consumer spending on dental services in 1994 will amount to \$47.5 billion, an increase of 7.5 percent from the \$44.2 billion spent in 1993, according to a recent U.S. Department of Commerce report.

The increase expected in dental spending is more modest than the 12.5 percent increase expected for all health spending in 1994. That figure, for the first time, will exceed \$1 trillion in 1994.

While government and business surveys suggest a recent moderation in health care inflation, the Commerce department report "U.S. Industrial Outlook 1994" sees double-digit increases with or without health system reform. ■

According to the report, "Even with reform, if one were to apply the theory of rational expectation, then health care revenues would not be dampened, but continue to rise. However, even without reform, health care expenditures are projected to rise by an average annual rate of growth of 13.5 percent during the next five years."

Dental spending shows the slowest gain in 1994 of any health care service.

The same Commerce department report sees a 3 percent increase in the dental equipment and supply market. It also notes that periodontics is a growth area as the incidence of tooth decay, crown, bridges and dentures declines. Cosmetic dentistry, such as bonding and bleaching, is on rise, according to the report. ■

SINGLE PARENT FAMILIES IMPACT PEDIATRIC PRACTICE

The 10.1 million single parent living arrangements (29 percent of all 35 million one-and-two-parent family groups, compared to 13 percent of the total in 1970) will have various impacts on pediatric dental practitioners.

H. Barry Waldman, DDS, in an article in a special issue of the *Journal of Dentistry for Children*, notes that few dentists are unacquainted with cases of single parents rearing one or more children, but the terms used to communicate with pediatric patients may need to be adjusted to the particular family arrangement.

Practitioners may feel awkward using the common terms of "father" and "mother" when dealing with children in families with never married single parents or same gender parents, he notes. "Taking a patient's history in today's world must move beyond the 'usual' dental, medical and social factors," he notes.

Waldman states that children reared in nontraditional arrangements increasingly will be components of pediatric dental practices. The need, he says, is to learn as much as possible about these youngsters and the difficulties they face in order to provide for their care in an understanding and supportive manner. ■



More on Disabilities Act

(Fifth of a series)

The following is excerpted from an ADA booklet sent to all members some months ago. Additional copies may be secured for a fee by calling 1-800-621-8099.

IMPACT ON OFFICE DESIGN

My office is not physically accessible to people in wheelchairs or with other disabilities. Do I have to remodel to make it accessible?

If you continue to occupy your current office after the effective date of the law (January 26, 1992), you do not have to make major changes. You are required only to remove architectural barriers in the space within your control that impede accessibility when removal of those barriers is readily achievable.

Readily achievable is defined as easily accomplishable and able to be done without much difficulty or expense. The federal government has declined to provide specific standards it will apply in determining whether removal of a particular barrier is readily achievable. Nor will it state what are reasonable expenditure levels. For these reasons, it is impossible at this time to provide more specific guidance as to your obligations for barrier removal.

It stands to reason, however, that more will be expected of a large group practice than a small office or solo practitioner.

Please note that you must remove barriers that impede accessibility in your office. This should be done now. You should not wait until a disabled person seeks services in your office to remove barriers that are readily removable. Examples of barrier removals that may be considered readily achievable for a private dental office include: making curb cuts in sidewalks and entrances; rearranging furniture; adding raised markings on elevator control buttons; widening doors or installing offset hinges to widen doorways; replacing doorknobs with lever type openers; and creating designated accessible parking spaces. **Please note that if you rent, rather than own your office, some of the examples listed above would be the responsibility of the building owner, and not you personally.** You and your staff may want to consider doing an "office inspection" to look for areas where you may need to make accommodations.

I rent office space. Am I responsible for things like parking spaces, curb cuts and elevator control buttons?

You are responsible for removing barriers in your office suite that are readily achievable. If permission of the owner is required to make certain changes (e.g., installing raised letters on your office door, widening doorways or installing grab bars in a washroom), you must request such permission. The owner of the building is responsible for removing barriers in areas of the building under his or her control, such as parking lots, sidewalks, lobbies, elevators and public washrooms.

Are there any special provisions I should have in the lease for my office spaces?

Yes. The rules under the Act state that allocation of responsibility for complying with the requirements of the Act may be determined by lease or other contract. Your lease should specify your responsibilities and those of the landlord for complying with the Act.

What if I remodel part of my office for purposes not related to accessibility for the disabled?

Under the law, the portion of the office that is remodeled must be made accessible to persons with disabilities. For example, if you remodel your waiting room, you should be sure that doors are sufficiently wide to accommodate wheelchairs, and that signs include raised lettering or Braille characters so they can be read by blind or visually impaired individuals. If you remodel a washroom in your office, the washroom should be accessible to persons in wheelchairs if feasible. Feasibility is a matter both of structural and financial constraints. The federal government has declined to provide specific guidance for determining feasibility. At minimum, such aids as grab bars and a raised toilet seat should be installed.

When you hire a contractor to do remodeling, be sure the contract requires the contractor to comply with the Act. The same provision should be in your contract with an architect. Also, be sure to check with building authorities, such as the Building Owners and Managers Association (BOMA).

Please note that the requirement for an accessible washroom does not mean that you or a member of your office staff must assist disabled persons in using the facility. You are not required to provide disabled individuals with personal assistance not related to dental services.

Are there any other requirements that apply to remodeling or renovation?

Yes. There are requirements for making the path of travel to the remodeled or renovated area accessible. If alterations are made which affect the accessibility of the area altered, modifications to provide an accessible path of travel to the altered area must be made, unless the cost of such modifications would be disproportionate to the cost of the alterations (i.e., if the cost of such modifications exceeds 20 percent of the cost of the alteration of the area remodeled or renovated).

For example, if you remodel a private office in which you sometimes consult with patients, there would have to be an accessible path of travel from the entrance to your office to the private office, unless the cost of making an accessible path of travel would exceed 20 percent of the cost of remodeling the private office.

What if I'm only redecorating?

If you only redecorate, such as painting or wallpapering, you are not required to make structural changes to enhance accessibility. Also, normal maintenance is not considered remodeling.

However, the law prohibits you from doing things that would make your office less accessible. For example, if you recarpet, you should not install high pile carpeting that would make use of a wheelchair or walker more difficult or impossible.

What if I put a new roof on my office building?

Re-roofing would not trigger accessibility requirements.

What if I build a new office?

If you build a new office for first occupancy after January 26, 1993, the office must meet certain physical accessibility requirements. Be sure contracts with your architect and builder obligate them to comply with all requirements of the Act. Information about these requirements is available from your state or local building department or the American National Standards Institute, 1430 Broadway, New York, NY 10018, and the Building Owners and Managers Association.

My office is in my home. What are my obligations under the Act?

You must meet accessibility requirements only for that portion of the structure used as a dental office. For example, if you build a new home/office for first occupancy after January 26, 1993, the office portion would have to be accessible, which could require the installation of a ramp leading to the office entrance. However, you would not be required to install a ramp leading to the residential part of the building. If you continue to occupy an existing home office, you must remove architectural barriers as discussed. If you remodel, you must meet the requirements discussed above.

(Continued on page 6)



EXHIBITS FEATURE DENTAL HEALTH MONTH

The handsome permanent dental exhibit at Kenner's Freeport McMoRan Daily Living Science Center and a month-long exhibit at the Louisiana Children's Museum in New Orleans featured opening day activities in the NODA observance of National Children's Dental Health Month February 1-28. A wide range of activities, even including appearances in Mardi Gras parades, was completed



JOURNALISM COMPETITION

The International College of Dentists, USA section, is sponsoring its 22nd annual journalism awards competition. Separate awards are given for outstanding dental publication, most improved, best in graphics and design, and best article or series of articles.

Entries must be submitted by April 15 to Dr. W. E. Hawkins, 320 W. Indian School Road, Phoenix, AR 85013.



RECOGNITION
 ★
 DENTAL
 ASSISTANTS
 WEEK

March 7-12, 1994

BULLETIN BOARD

GENERAL DENTIST: Seeking associate-ship in the New Orleans Metro area. 1994 graduate from LSUSD. Please call 482-4057 after 5 pm or leave message.

OFFICE SHARING AVAILABLE for dental specialist in periodontal West Bank office. Call 368-7611.

(Classified ads are \$25 each. Send ads to Dr. Kristi Soileau, 2820 Napoleon Ave., Suite 470, New Orleans, LA 70115. Deadline for April issue is March 10.)

DISABILITIES ACT
(Continued from page 3)

What if I move into an office that was being used by someone else as a dental office before I moved in?

Assuming you use the office as is, and do not remodel the space, the Act requires only that you remove architectural barriers when such removal is readily achievable (i.e., able to be done without much difficulty or expense). Simply redecorating, such as painting and wallpapering, is not considered remodeling. If you do remodel or renovate the space, those areas which are altered must be made accessible to the extent feasible, considering structural and financial limitations.

Also you must meet the requirements relating to accessibility of the path of travel to the altered area.

It sounds like this could get expensive. Is there any way to get help with the costs of complying with this law?

Upon urging from the American Dental Association and other organizations, Congress enacted a law allowing for certain tax credits for expenses incurred in making alterations to enhance accessibility to public accommoda-

Continuing Education Corner

In an effort to keep the membership attuned to available C.E. opportunities at the L.S.U. School of Dentistry, this area will be devoted to informational updates.

DATE	COURSE TITLE		COST
April 8	"Non-Surgical Endodontics - Alpha to Omega" Dr. Ronald Lemon (Prerequisite to Intensive Mini Series #1 scheduled for July 8.)	Dentist Auxiliary	\$145.00 \$ 65.00
April 15-16	The F. Harold With Memorial Lecture "Predictable Restorative Excellence" Dr. Henry Tanner Dr. Ronald Presswood	Dentist Auxiliary	\$265.00 \$115.00
April 22-24	"Expanded Duty Dental Assistant"		\$369.00
April 29-30	"Implant Prosthetics" Drs. Israel Finger, Luis Guerra, Arturo Mendez, Michael Block, Raymond Yukna	Dentist Lab Tech.	\$495.00 \$245.00
April 30	"Radiology for Dental Auxiliaries"		\$ 95.00
May 27	Alumni Day "The File Cabinet Millionaire . . . Internal Marketing" Dr. Orner K. Reed & Ms. Sazie Redding	Dentist Auxiliary	\$145.00 \$ 65.00

*** Please call (504) 948-8584 for fees not listed or for further information.

LA Toll Free No. 1-800-223-1569

tions. Businesses having thirty or fewer full-time employees and annual gross receipts under one million dollars may be eligible for a credit of up to 50 percent of costs of removing architectural, physical and communications barriers which are over \$250 and less than \$10,250. You should consult your tax advisor about these credits. In addition, IRS Publication No. 907, Tax Information for Handicapped and Disabled Individuals, provides information on deductions and credits. You may request this publication and Form 8826, the form to be used to claim these credits, by calling 800/424-FORMS.

CAUTION: There may be consultants and contractors who will try to sell you remodeling and other services and products you do not

need. Before signing any contract with such an individual or company, be sure to check whether what you are purchasing is something you are required to have.

DID YOU KNOW?

Lucy Hobbs Taylor was the first woman in America to receive a degree in dentistry (Ohio College of Dental Surgery, 1866) or to be admitted to membership in a state dental association. Born in New York State March 14, 1833, she married James M. Taylor, a painter for a railroad, who also became a dentist after she instructed him in the essentials. Active women's rights advocate. Died at Lawrence, KS, Oct. 3, 1910. (Chase's events p. 68.) Research by Francis L. Martello, Sr.

NODA News

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Kristi Soileau, Editor

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