Michigan Dental Association

MEETING OF THE BOARD OF TRUSTEES
February 27-28, 2014
Okemos, Michigan

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MINUTES OF THE BOARD OF TRUSTEES
February 27-28, 2014
Okemos, Michigan

OFFICERS
Dr. Norman Palm, president
Dr. Martin Makowski, president-elect
Dr. Mark Johnston, vice-president
Dr. Debra Peters, speaker (for a portion)
Dr. Virginia Merchant, editor
Dr. Charles Burling, secretary
Dr. Stephen Harris, treasurer
Ms. Karen Burgess, MBA, CAE, CEO/executive director

TRUSTEES
Dr. James Cantwil
Dr. Brian Cilla
Dr. Curles Colbert
Dr. Howard Hamerink
Dr. Vincent Mack
Dr. Scott Meldrum
Dr. William Metz
Dr. William Patchak
Dr. Paul Revard
Dr. Robert Richards
Dr. Danielle Ruskin
Dr. Colette Smiley
Dr. Robert Tremblay
Dr. Michele Tulak-Gorecki

LEGAL COUNSEL
Mr. Dan Schulte

ADA NINTH DISTRICT TRUSTEE
Dr. Gary Jeffers

ABSENT
Dr. Mark Barsamian

MDA STAFF
Grace DeShaw-Wilner, CAE, managing vice president/professional affairs
Bernie Droste, CMP, manager of continuing education
David Foe, MA, director of print and e-publications
Tom Kochheiser, CAE, director of public affairs
Josh Lord, MBA, director of membership and strategic initiatives
Michelle Nichols-Cruz, board and house administrator
Brian Stump, MS, director of finance
Bill Sullivan, JD, director of government and insurance affairs
Andrea Sundermann, CAE, director of continuing education

MDA FOUNDATION STAFF
Ms. Nancy Maier, chief development officer

MDAIFG STAFF
Craig Start, MBA, president
Ms. Tina Voss, program manager, Blue Cross/Blue Shield

GUESTS: (for a portion)
Dr. Patricia Boyle, director, MDA Dental PAC
Dr. Larry DeGroat, MDAIFG chair
Dr. David Golder, chair, MDA Governance Work Group
Dr. John Kamar, executive director, Oakland County District Dental Society
Dr. Thomas Lambert, Committee on Continuing Education
Representative Peter MacGregor
Dr. Don Smith, director, MDA Foundation
Dr. Alexa Vitek, chair, Membership Advisory Committee
Peter Ruddell, Wiener and Associates

GUEST PRESENTERS
Aaron Wolowiecz, President, Event Garde, LLC
Andi Osters, Social Media & Brand Coordinator, Michigan High School Athletic Association

THURSDAY, FEBRUARY 27, 2014

MAKING ASSOCIATION EVENTS MILLENNIAL-FRIENDLY

Mr. Aaron Wolowiecz, President, Event Garde, LLC and Ms. Andi Osters, Social Media & Brand Coordinator, Michigan High School Athletic Association, and MDA’s Josh Lord conducted a panel discussion titled “Making Association Events Millennial-Friendly.”

The panel shared the following insights about Millennials:

- Baby boomers and Millennials are puzzle pieces that must fit together. The adversarial relationship portrayed in the media limits how they can work together.
- Although they are better educated, more tech-savvy and quicker to adapt than those who have come before them, Millennials refuse to blindly conform to traditional standards and time-honored institutions; instead they boldly ask “why?”
- Organizations that can’t or won’t customize training, career paths, incentives, and work responsibilities need a wake-up call.
- Millennials will entirely recast the image of youth from downbeat and alienated to upbeat and engaged, with potentially seismic consequences for America.
- The complaint is that new professionals today don’t respond to emails, don’t read what they are sent and don’t see value in association events. What will it take for them to pay attention to us?
- Others wonder why associations are spending so much time focusing on the needs of “new professionals?” Boomers say, “They are members of the profession as I am and don’t see why we need to talk to them differently; doing so inflates their already larger-than-life egos.”

The session was very interactive, with panelists, the Board of Trustees, and guests posing questions and making comments throughout. Topics addressed included:
• Communications: It was noted that one size does not fit all, that members should be able to customize the way they receive information. Preferences do not necessarily fall along generational lines, but may address the type of information shared. Digital options cannot be ignored.

• Education: Millennials have a preference for interactive learning, and may not be satisfied with a classroom style format. Online can be attractive, but application of the knowledge is where the real learning occurs, so it is important to allow for this. The opportunity to engage and ask questions is key.

• Relationship-building: The personal connection is very important to Millennials, and they value the trust, respect, and attention of their older colleagues. Senior leaders were encouraged to participate in events for new dentists and dental students – it has a lasting positive impact.

• The social media connection: Millennials love to share information, post what they’re doing, and collect comments and positive feedback. That kind of attention is very attractive to them.

• Value: Costs are important, including both monetary cost and time commitment. Assume that Millennials are stressed in both of these ways. Association offerings can be made more valuable to Millennials if it is clear how it will benefit them professionally and personally.

• Volunteerism: Millennials are interested, engaged, and connected, but they don’t have the patience for wasting time in unproductive meetings or “make work” assignments. They want the skills they have to be used and to make a difference.

Overall, the session sparked both discussion and new ideas for potential implementation.

FRIDAY, FEBRUARY 28, 2014

ANNOUNCEMENTS

New Business

President Palm asked if there was any new business to be submitted for this Board meeting. The Board was informed that if new business is not submitted to the Central Office 14 days prior to a Board meeting a 2/3 vote of the voting members of the Board present is required to consider the resolution. No new business was presented.

Conflict of Interest

President Palm informed the Board that this agenda item is a time for trustees to mention or ask questions/comments regarding conflict of interest. The conflict of interest policy states that the trustee should report potential conflicts to the president with the Board making the final decision as to whether a conflict exists. No conflicts of interest were noted.
Dr. Curles Colbert informed the Board that he has accepted a part time teaching position at the University of Detroit Mercy.

Dr. Brian Cilla informed the Board that he is a director of the Michigan Periodontal Association and currently serving as secretary/treasurer. He is also an American Academy of Periodontology State and Regional Assembly liaison.

While these are not “conflicts”, the intention was to provide full disclosure to the Board.

**Announcements, CEO/Executive Director**

Ms. Karen Burgess, executive director, informed the Board of two significant staff anniversaries with the MDA. Jeff Mertens, communications and technology coordinator, is celebrating 15 years with the MDA and Bernie Droste, CMP, manager of continuing education, has been with the MDA for 35 years.

Ms. Burgess provided an update on her transition to executive director. Her focus is both inward and outward. The MDA internal focus includes assessing MDA systems, evaluating programs and projects, as well as meeting with staff and rolling out a new competency-based performance management system for the executive staff. Externally, she has focused primarily on the broader dental community, with visits to several component dental societies, both dental schools, the Great Expressions large group practice, as well as key legislative events.

Ms. Burgess will focus on four specific priorities in the next few months:

1. Administrative Processes, including a new management report
2. Strategic Planning, including a new framework for Board discussion in June
3. Membership, with a focus on establishing baseline measures and setting the stage for member growth
4. Personal Development, in particular, ramping up experience in legislative arena

Ms. Burgess introduced the MDA Foundation’s new chief development officer, Ms. Nancy Maier.

**CORE VALUES OF GOVERNING**

The core values adopted by the Board are included with each Board meeting packet and on the screen at each Board meeting. It is the President’s intent to discuss one of the core values at each meeting under Board Capacity Building Discussion. This meeting will address ethics.

**BOARD CAPACITY BUILDING DISCUSSION**

The Board conducted an exercise designed to develop group discussion abilities. The topic was chosen by President Palm and is intended to spark controversy.

The topic for this meeting: *Ethical Standards are a Matter of Personal Belief*
The discussion began with Dr. Curles Colbert providing the pro point of view and then Dr. Paul Revard providing the con point of view.

Dr. Curles Colbert—Pro
Dr. Colbert’s main message was that ethical beliefs are formed through family, faith and the way you are brought up. You are either ethical, or you are not, and you cannot change a person’s character. Therefore, a Code of Ethics is unnecessary.

Dr. Paul Revard—Con
Dr. Revard’s main message was that professional ethical standards have many shades of grey, and that individuals need guidance in order to make good decisions and provide accountability. The Code of Ethics are those standards for dentistry.

Board Comment:
• The MDA promotes ethical behavior through education and monitors the ethics of its members. This speaks highly to the public and translates positively to how patients perceive their dentists.
• Ethics may be based on cultural factors and what may be acceptable in one culture may not be in another. As an organization, MDA needs to pay attention to the fact that there is a cultural component to ethics.
• Dentists are aware of unethical doctors – many times they see the patients of those dentists that are doing unnecessary or substandard treatment. While ethical dentists may disagree about treatment plans, if there is a trend toward over-treatment or shoddy care, what are the obligations of this dentist’s colleagues? And does the MDA want to encourage unethical dentists to be MDA members?
• As a Board, what engenders ethical behavior in the governance process and across the association?
  o Mutual respect
  o Ethical values are set early in life through the family, culture, religion values. People that are unethical are probably going to remain unethical which is why there needs to be ethical guidelines.
  o Is there a generational difference with ethics?
  o MDA’s role is not to be big brother but to provide needed information; have someone take them under their wing and mentor them.

STRATEGIC PLANNING
Ms. Karen Burgess, executive director, provided the Board with information on outcome-focused strategic planning.
She defined the goal of strategic planning as increasing the likelihood of the future you like … and avoiding the future you do not like! It focuses the organization in a positive direction.
She highlighted the MDA’s current Strategic Plan Goals and asked the Board to consider how to measure success. It was noted that when it comes to the strategic plan goal of enhancing financial stability through increasing the level of reserves, it was easy to know when success was achieved. Success is recognized by measuring impact, not activity. There must be a clear goal, clear measure, plan of action (tactics) and progress on incremental goals.

Ms. Burgess gave examples of what the MDA might measure for each of the following strategic plan goals:

1. Help members succeed at the business side of their practice
   - Greater utilization of MDA resources, higher percentage of members say they turn to MDA for practice help, or actual increase in practice income

2. Increase members’ involvement in legislative affairs
   - Growth in Capwiz and in-district meetings, higher percentage of members agree that the MDA does a good job in grassroots advocacy

3. Increase dental benefits IQ of members and their staff
   - How to measure is a challenge for this goal, although it could be seen as a subset of goal #1 (practice success)

4. Public policy on access will be consistent with MDA policy
   - Also difficult to measure interim success, since rarely is policy in perfect alignment

5. Ensure sustainable leadership and engaged volunteerism throughout the MDA and components
   - The Board of Trustees made suggestions for potential success measures, offering number of unique volunteers, average age of volunteers, open positions that can’t be filled or length of time to fill a position, engagement level, quality or knowledge of the volunteer corps

Ms. Burgess suggested that the Board might consider a goal related to membership growth to replace the financial stability goal. She noted that MDA active licensed membership numbers have been fairly flat in recent years, although the market continues to grow. The profession is more diverse these days, as well, and there has been a slight decline in market share. A net growth of 100 members could turn this around.

As an example of a format for a strategic plan that is more outcomes-focused, Ms. Burgess shared two examples that outlined a potential goal and related strategies and tactics.

**Membership Example**

**Goal 1**
Increase member value and engagement across all member segments to achieve sustained membership growth

**Objective 1**
MDA market share of active licensed dentists will exceed 75%

**Tactics**
1. Maintain retention at 97% or higher for active licensed dentists
2. Increase number of nonmembers recruited into membership by 25%

**Objective 2**
Enhance perceived value of tripartite membership benefits and services

**Tactics**
1. Conduct analysis of utilization of MDA benefits and establish baseline measures for member engagement
2. Raise member awareness and utilization of member benefits at all three levels of the tripartite

Leadership Example

Goal 2
Ensure sustainable leadership and engaged volunteerism throughout the MDA and components

Objective 1
Create diverse pool of qualified candidates for leadership position

Tactics
1. Implement LEAD pilot program with 100% graduation rate.
2. Place a minimum of 50% of LEAD graduates into tripartite volunteer roles

Objective 2
Create a culture of volunteerism throughout the MDA

Tactics
1. Create special projects workgroup to connect all members who expressed interest in volunteer to a new opportunity
2. Work collaboratively with the components to create an engaged delegation to the MDA HOD

Ms. Burgess will be reporting further on the topic of strategic planning at upcoming Board of Trustees meetings.

DISCUSSION OF PRIORITY TOPIC: CONSIDERATION OF HOW THE SHIFT IN MEMBER DEMOGRAPHICS WILL AFFECT MEMBER EXPECTATIONS

Consideration of How Millennial Expectations will Affect MDA Member Services

The Board discussed the presentation from Thursday evening and what it learned from the presentation:

- Millennials like to be connected
- They are not that different from the older dentists when they graduated. They want to join due to connections in local component and mentoring
- They have the same concerns all dentists have upon graduation. MDA needs to continue to press mentorship with the millennial members
- Millennials want the older dentists to attend their events and want mentorship
- It is about relationships and not the birth year
- Traditional leadership model may not work for them; they could be approached in a different way
- It needs to be fun and full of camaraderie—an enjoyable experience
- It is incumbent upon the older dentists to attend the new dentist events and meet the new dentists. We cannot wait for an invitation; we must make the first move
- There is nothing to be feared about attending a new dentist event
- They have more places to choose from to get their needs fulfilled. MDA needs to look at other sources where they can get information and make MDA a unique organization where they can get information that is not available anywhere else
- Millennial members want to be accepted as equals

The Board provided feedback to the staff on increasing communication efforts with millennial members:
Board members would like to be more informed of opportunities to attend new dentist events.

Extend an invitation to Annual Session to new graduates (2-3 years out of school).

Conduct a focus group of Millennials who are not engaged and find out how to engage them.

Create a class reunion for members that are 1-5 years out of school for a continuing education class. They may attend to see friends and get free continuing education.

Day of free CE at MDA for new dentists to become engaged.

Blind call members to find out what they want/need. Mr. Josh Lord, director of membership and strategic initiatives, informed the Board that staff conducts blind calls to membership on a regular basis throughout the year. Information gleaned from these calls should be included in the Management Report.

GOVERNANCE WORK GROUP

MDA Bylaws Changes

Background information is contained in a report to the Board dated February 12, 2014.

Dr. David Golder, Chair, Governance Work Group, provided the Board with a brief history of the process the Governance Work Group went through during its review of the MDA governance structure.

Dr. Debra Peters, speaker, informed the Board that conversations at the May House meeting must be germane to the revisions before the House. If they are not germane, they will be ruled out of order.

New delegates/alternates are provided with the transcripts from the April 2013 and September 2013 House meetings as well as the governance reports to the April and September House of Delegates meetings.

The Board will meet on Friday, May 2, 2014 from 8:30 am to 10:00 am to review the reference committee report and testimony.

Speaker Peters reviewed the Bylaws revisions with the Board chapter by chapter outlining the major revisions.

A question was raised as to whether the minutes of the Nominating Committee would be confidential. In addition, if a candidate is not chosen, will they be informed why they were not chosen? These questions will be discussed by the Nominating Committee.

In addition, the Board reviewed and approved four items that were not included in the original revised Bylaws with a request that they be added prior to sending the final revised Bylaws to the House of Delegates:
1. **Allocation and Certification of Delegates and Alternates**

MDA Bylaws require MDA staff to determine the component allocation of delegates and alternates based on September 30 membership totals.

The Board agrees that this process should occur earlier so that components are made aware of their allocation by September 1, as many components become active following summer break and this would give them a head start on their process. It is recommended that the date of September 30 be changed to August 15.

The Bylaws also require that components submit the names of their delegates and alternates 90 days prior to the annual House meeting. The Board recommends that names be submitted by December 1 so that the delegates and alternates serving in the House can be assured they are receiving MDA communications such as the Delegate Digest and other communications. The earlier MDA can bring them into the information loop, the more informed they will be to provide guidance to the Board. There will also be an increased opportunity for the Board to engage House members earlier, perhaps seeking their opinions on relevant matters.

The Board is in agreement with the Bylaws language drafted by legal counsel.

2. **Trustees Serving Automatically as ADA Delegates**

The Board agrees that trustees should automatically serve on the delegation to the ADA HOD. If a trustee does not accept the appointment to serve as a delegate to the ADA, candidates for the position should be nominated by the Nominating Committee. The Board is in agreement with the Bylaws language drafted by legal counsel.

3. **ADA 9th District Trustee Nomination**

The position of ADA 9th District Trustee should have been included as one of the positions the Nominating Committee will nominate candidates for. The Board is in agreement with the Bylaws language drafted by legal counsel.

4. **Articles of Incorporation**

Based on individual board member comment, legal counsel reviewed the Articles of Incorporation and recommended restatement that would update them on the current form and otherwise modernize them. The Board was in agreement with the restated Articles as presented by legal counsel.

The following were adopted:

**1-214** Resolved, that the following be forwarded to the 2014 MDA House of Delegates with a recommendation for adoption:

**Adopted to 2014 MDA HOD**

Resolved, that the Michigan Dental Association Articles of Incorporation, signed and dated February 28, 2014 be approved.
Resolved, that the following be forwarded to the 2014 MDA House of Delegates with a recommendation for adoption: 

Resolved, that the 2014 MDA Bylaws revision be adopted.

REVIEW OF FUND BALANCES
Treasurer Harris reviewed with the Board the balances of the 2013 and 2014 Contingency Fund and Non Reserve Fund and the Strategic Project Reserve Fund.

CALENDAR OF REFERRALS
Secretary Burling provided the Board with an updated Calendar of Referrals.

CANDIDATES FOR MDAIFG BOARD OF DIRECTORS
Ballots were distributed and forwarded to legal counsel for counting. The results will be provided during the MDCI Shareholder meeting that follows this MDA Board meeting.

CONSENT CALENDAR
Three recommendations were contained on the Consent Calendar. Recommendation 518 was declared moot.

The following was adopted:

NEW BUSINESS
2013 MDA Retirement Plan Contribution
Recommendation Numbers: 515-516

The recommendations are listed below in their entirety:

Resolved, that effective December 31, 2013 the corporation contribute out of net profits for the plan year ended December 31, 2013, the amount of $97,751 in a Safe Harbor Contribution, and $100,972.13 in a Profit Sharing Contribution to the trustees of the Michigan Dental Association 401(k) Profit Sharing Plan in the manner and at the time prescribed by the plan, and that the president of the corporation be and hereby is authorized and directed to communicate this resolution and the amount of the corporation’s contribution to the plan to all participants.

Resolved, that effective December 31, 2013 the corporation contribute to the trustee of the Michigan Dental Association 401 (k) Profit Sharing Plan, in the manner and at the time prescribed by the plan, for the plan year January 1, 2013 to December 31, 2013:

A matching contribution equal to 25% of each participant’s salary reduction election. In applying the match percentage specified, only salary reductions up to 4% of compensation shall be considered. The president of the
corporation be and hereby is authorized and directed to communicate this
resolution and the amount of the corporation’s contribution to the plan to all
participants.

ACTION ITEMS

NEW BUSINESS

Mobile Dentistry Bill

Background information is contained in a report to the Board dated January 29, 2014.

A memorandum of agreement (MOA) is a key component of the bill. MDA was asked the
question what would happen if dentists did not sign the agreements. The MDA must help
members understand the importance of signing an MOA. There are a lot of good things that can
follow this legislation as long as the MDA can explain what the MOA is and the importance of
it. In addition, PA161 providers will also need to have an MOA signed. Further study is
required and it is suggested that a workgroup be formed to develop a plan.

The following was adopted:

6-214 Resolved, that the MDA president appoint a work group to develop a plan for presentation to the Board of Trustees on how best to get dentists and other entities to enter into memorandums of agreement with mobile dental operators.

BOARD COMMITTEE ON FINANCE (BCF)

January 1, 2015 – December 31, 2015 Budget

Background information is contained in a report to the Board dated January 31, 2014.

The following was adopted:

7-214 Resolved, that the following recommendation be forwarded to the 2014 MDA House of Delegates with a recommendation for adoption:

Adopted to 2014 MDA HOD

Resolved, that the 2015 Michigan Dental Association budget, dated 2/28/14, be approved as the budget for calendar year January 1 to December 31, 2015.

BOARD COMMITTEE ON FINANCE (BCF)

2015 Dues Resolution

Background information is contained in a report to the Board dated January 31, 2014.

The following was adopted:

8-214 Resolved, that the following recommendation be forwarded to the 2014 MDA House of Delegates with a recommendation

Adopted to 2014
Resolved, that the MDA Board of Trustees be granted the authority to increase the 2015 MDA dues by up to $100.

CHARITABLE PROGRAMS WORK GROUP

Future Plan for Michigan Dental Association’s Charitable Events

Background information is contained in a report to the Board dated January 22, 2014.

The following were adopted:

9-214 Resolved, that the 2014 MOM goals are:

- To provide $6-$8 worth of care for every dollar raised including in-kind donations;
- 1,500-1,800 patients treated;
- $1,000,000 in dental services.

Success would be measured by the dollars per person served, the amount of positive media coverage received and dollars raised through grants and in-kind donations.

10-214 Resolved, that up to 1,000 full-time-MDA-employee hours are approved as in-kind support for the 2014 Mission of Mercy, and be it further

Resolved, that MDA will cover the costs of postage and copying as in-kind support for the 2014 Mission of Mercy event and be it further

Resolved, that the total costs of in-kind support for the 2014 event not exceed $50,000.

11-214 Resolved, that a Special Committee on Mission of Mercy be appointed for 2014, with the sole purpose to hold a MOM event in 2014, and be it further

Resolved, that those on the attached list be appointed as committee members, and be it further

Resolved, that Dr. Stephen Harris be appointed chair and Dr. Connie Verhagen co-chair, and be it further

Resolved, that the scope of the committee be approved.
The Board agrees that in the future, it would like the Foundation to solicit funds and hold the
event.

Discussion was held regarding the MDAs in-kind donation of staff support and minor
administrative expenses, such as postage and copying, for the Mission of Mercy. It was noted
that when fundraising for MOM, potential sponsors want to know that the parent organization is
supporting the event before they agree to support it. To date, 332 hours of staff time has been
focused on the 2014 MOM; this does not necessarily mean that these hours were entirely
diverted from other activities, as salaried staff may work additional hours to meet the demand.
MDA staff is utilized due to its expertise in specific areas such as meeting planning and
communications. The question was raised whether it would be more sensible to hire an
additional employee or hire a management firm, and it was noted that it is likely more cost
effective to use MDA staff. The hours are being monitored closely. The Board noted that MDA
staff would not be able to stop working on the event if 1,000 hours was reached before the 2014
MOM event.

Board members also discussed using membership dues dollars for charitable events. It was
noted that while MDA members who donate to the Foundation are aware that their donations
are being used for charitable events, they may not be aware that their dues are being used for
philanthropic purposes with regard to the MOM. The Board requested that a work group be
formed to survey MDA members on their thoughts about MDA conducting MOM/charitable
events and using dues dollars via staff support. The survey is to include a question on whether
they would be in favor of a dues increase to support a MOM project. It was suggested that an
example dues increase amount be figured by dividing the costs of the 2013 MOM event and
number of dues paying members to obtain a “per member” dues increase amount. Lastly, the
board hopes the survey results will answer the questions: “Do members want staff spending
time on MOM or working toward other strategic goals and how much do MDA members value
this event?”

The work group members chosen to serve were Dr. James Cantwil, Robert Tremblay and Curles
Colbert.

The Board tabled Recommendations 505, 506 and 514 definitely to the May Board meeting so
that it can review the results of the member survey.

Recommendation 505:
Resolved, that the MDA Board of Trustees recommends to the MDA Foundation, that it conduct a Mission of Mercy event in 2016 and every other year thereafter, and be it further

Resolved, that the MDA Foundation consider appointing a planning committee for the 2016 event by September of 2014.

Recommendation 506:
Resolved, that the total costs of in-kind support from the MDA for the 2016 MOM event not exceed $50,000 and be it further

Tabled Definitely to May 2014 Board Meeting

Tabled Definitely to May 2014 Board Meeting
Resolved, that any in-kind support be reflected in the 2016 budget.

Recommendation 514: Tabled Definitely to May 2014
Resolved, that should the MDA Foundation not be able to secure adequate funding for the 2016 MOM event, that MDA will contribute up to 50% of the unfunded cost to put on the event, funds to be taken from the 2016 Non Reserve Fund.

NEW BUSINESS

Mission of Mercy Financial Reports
Background information is contained in a report to the Board dated January 31, 2014.

The Board tabled Recommendation 513 definitely to the May 2014 Board meeting.

Recommendation 513: Tabled Definitely to May 2014
Resolved, that the MDA treasurer shall present a detailed and up-to-date financial accounting of the MOM (Mission of Mercy) at each MDA Board meeting, in the years a MOM event is planned and funds are being solicited and/or collected.

LEGISLATIVE TRIBUTE

Mr. Bill Sullivan introduced Representative Peter MacGregor who bestowed upon President Norman Palm a legislative tribute on behalf of the State of Michigan and the Michigan Legislature.

MEMBERSHIP ADVISORY COMMITTEE

Membership Growth Plan
Background information is contained in a report to the Board dated February 13, 2014.

Dr. Alexa Vitek, chair, Membership Advisory Committee, reviewed the Membership Growth Plan with the Board. The board accepted the plan.

NEW BUSINESS

Technology Workgroup
Background information is contained in a report to the Board dated February 13, 2014.

The following was adopted:

12-214 Resolved, that the MDA president form a Technology Work Group as proposed, with a report back to the Board of Trustees at its December 2014 meeting, and be it further

Resolved, that up to $700 be allocated from the 2014 Contingency Fund to fund the work group meetings.
REPORT FROM 9TH DISTRICT TRUSTEE

Dr. Gary Jeffers, 9th District Trustee, provided the Board with a report on ADA activities.

INFORMATIONAL

The Board reviewed the following informational items. No action was required.

- Update on Delta Dental Right Size Plan
  - Dr. Brian Cilla provided the Board with an update on Delta Dental’s Right Size Plan. A work group consisting of Drs. Cilla, Palm, Johnston, Merchant, Maihofer and Chris Smiley has discussed preliminary issues and initiated some actions. The MDA has developed several print pieces and talking points for members to use with their patients, and copies were provided to the Board. This information is being posted on the MDA Web site later today. The ADA is aware of this plan and there will be an editorial in the next ADA News. The ADA Council on Scientific Affairs will be discussing the topic in general at its next meeting. MDA has arranged for a continuing education seminar featuring Dr. Thomas C. Hart, a periodontist and geneticist, on March 21.

- Report on MDA Public Communications

- Update on Letters of Agreement with Outside Counsel

- Legislative Update
  - Dr. Makowski testified before Senate Appropriations Committee in support of Healthy Kids Dental and Donated Dental Services. 50% of the kids in Michigan are on Medicaid.
  - Mobile Dentistry bill is currently in the Health Policy Committee. Three of the 6 votes MDA has right now would not be “yeses” had it not been for individual board members meeting with senators.
  - The first wave of the Healthy Michigan Plan begins in April. The Healthy Michigan Plan provides health care coverage for individuals who:
    - Are age 19-64 years
    - Have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology
    - Do not qualify for or are not enrolled in Medicare
    - Do not qualify for or are not enrolled in other Medicaid programs
    - Are not pregnant at the time of application
    - Are residents of the State of Michigan
  - The plan will be administered using the existing Medicaid health plan and coverage will be the same as general Medicaid. The reimbursement rate is up to the insurance company. Delta will administer the plan similar to Healthy Kids Dental.

- Report on MDAIFG Activities
  - The first MEWA Board meeting was held yesterday where the Board made eligibility and underwriting decisions. The goal is to put together a packet of information for the state in mid-to-late March. Hopefully, the new self-insured health plan will be approved by summer.

- December 6, 2013 Board Minutes approved via mail ballot
Committee Minutes Posted Online Since the Last Board Meeting
Update on Fund Balances by Treasurer Harris

OFFICER, TRUSTEE, LIAISON AND STAFF ANNOUNCEMENTS

Special Committee on Executive Director Evaluation
The committee is working on syncing the evaluation process with the new executive director. It will provide more information at the June Board meeting.

ADA Ninth District Caucus
The ADA Ninth District caucus will be held Thursday, September 18, 2014. Wisconsin will be bussing into Okemos on Wednesday evening and a group dinner/reception will be held at the Hampton Inn at 7pm.

UP Dental Meeting
Registration for the UP Dental Meeting will be coming out soon. It will be held the week prior to the MDA June Board meeting.

Dental Editors University at ADA
Editor Merchant and Mr. David Foe, director of member communications attended a 1 ½ day Dental Editors University at the ADA on February 20-21, 2014.

Gold for Gleaners
Dr. Metz reported that Dr. Fred Bonine of Livingston County headed the Gold for Gleaners event. Precious metals are donated by patients in the form of old jewelry and recycled crowns and bridges made from precious metals such as gold, silver, platinum and palladium. The metals are weighed and smelted and all of the proceeds are then donated to Gleaners Community Food Bank. In 2013 $17,243.19 was raised. This was matched by board members at Gleaners, yielding a grand total of $34,486.

2016 MOM Site Proposals
Dr. Steve Harris provided the Board with the letter that will be sent to all of the components regarding submitting site proposals for future MOM events.

Michigan Oral Health Coalition
Dr. Michele Tulak-Gorecki, MDA liaison to the Michigan Oral Health Coalition, recently attended its Policy Summit. The was a meeting of shareholders where discussion was held on how oral health policies were going to be shaped.

The five priorities discussed at the Summit are:

1. Continued expansion of Healthy Kids Dental.
2. Increase emphasis and payment on preventive oral health care for especially high risk populations (such as children 0-6, adults with disabilities, seniors, veterans and pregnant women), based upon risk assessments in primary care settings.
3. Required oral health screening to enter school and continued throughout enrollment,
providing follow-up referral to a dental home.

4. Increase workforce options by utilizing qualified/educated dental personnel, as well as exploring the use of new types of dental providers to address unmet needs.

5. Mandated ongoing state funding for oral health program.

Dr. Tulak-Gorecki found the summit to be very informative. She does not believe there is enough dentist representation on the coalition. It is setting policy for the oral health of the state of Michigan and MDA needs to have a seat at that table.

Board members were encouraged to identify dentists to serve on the coalition. The MDA is one of the founding members and receives 10 seats on the Board. Dentists interested in serving should contact Tom Kochheiser.

ADA Ninth District Trustee Assignment

Dr. Gary Jeffers informed the Board that he received an additional assignment from the ADA to serve on the ADA Foundation Budget and Finance Committee.

2014 MDA Annual Session

To-date there are 1,175 registrants and $241,000 in registration revenue. There are 233 exhibitors and $248,000 in exhibitor revenues.

A Webinar on “Top 10 Infection Control Questions You May Have Considered but Were Afraid to Ask” will be held March 18, 2014 from 7-8pm. This is free to MDA members and 1 credit of continuing education credit will be given.

2014-2015 Secretary and Treasurer Announcements

Dr. Robert Tremblay announced his intention to run for secretary of the MDA for the 2014-2015 year.

Dr. Michele Tulak-Gorecki announced her intention to run for treasurer of the MDA for the 2014-2015 year.

Elections will be held at the May 3, 2014 Board meeting in Grand Rapids.

Executive Session is on the next page
The outcomes of the executive session are now considered policy and are public knowledge. The discussion that took place in the meeting that led to the actions, however, are confidential and are not to be shared.

**APPROVAL OF 2014-2015 COMMITTEE APPOINTMENTS**

Background information is contained in a report to the Board dated February 12, 2014.

13-214 Resolved, that the following recommendation be forwarded to the 2014 MDA House of Delegates with a recommendation for adoption:

- **Resolved**, that the following be elected to serve as members of the association's standing committees, terms to expire in April 2015 or April 2016 (as noted below):

Those listed with an asterisk (*) are being recommended for reappointment, rather than a new appointment.

### COMMITTEE ON CONTINUING EDUCATION:

**Not Subject to Approval:**
- Kevin Cook, Livonia, ’15
- Douglas Henke, Farmington Hills, ’15

**2014-2015 Recommendations:**
- Ms. Kaitrin Kramer, UM student, ’15
- Thomas Lambert, Grand Rapids, ’16
- Mr. Ben Underwood, UDM student, ’15

### COMMITTEE ON GOVERNMENTAL AND INSURANCE AFFAIRS:

**Not Subject to Approval:**
- Rhonda Hennessy, Holly, ’15
- Curt Ralstrom, Clinton Township, ’15
- Clayton Shunk, Sault Ste. Marie, ’15
- Lisandra Soto, Portage, ’15

**2014-2015 Recommendations:**
- *Tim Bandeen, Battle Creek, ’16
- *Mark Connelly, St. Johns, ’16
- Graham Greenland, UDM student, ’15
- *Shelly Fay Jones, Midland, ’16
- Ms. Amy Lesch, UM student, ’15
- *Brent Moeggenborg, Alma, ’16

### COMMITTEE ON PEER REVIEW/DENTAL CARE:

**Not Subject to Approval:**
- Leonard Bartoszewicz, Grand Rapids, ’15
- Vincent Benivegna, Okemos, *oral surgeon*, ’15
- Gary Johnson, Lansing, ’15, *prosthodontist*
- Peter Leone, St. Clair Shores, ’15, *periodontist*
- Mark Medel, Owosso, ’15, *oral surgeon*

**2014-2015 Recommendations:**
- *Jeffrey Baker, Shelby Township, ’16
- Jay Blackburn, New Buffalo, ’16
- *John Braud, Northville, *endodontist*, ’16
- *Denise Coleman, Detroit, ’16
- *Scott Dexter, Lansing, ’16, *pediatric dentist*
- *Rich Frutiger, Alma, ’16
- Heather Gietzen, Ada, ’16
- Francine Greenfield West Bloomfield, ’16
- Mark Hostetler, Dewitt, ’16
- James Lamond, Lansing, ’16
- Sophia Masters, Clinton Township, ’16
Executive Session

The outcomes of the executive session are now considered policy and are public knowledge. The discussion that took place in the meeting that led to the actions, however, are confidential and are not to be shared.

COMMITTEE ON PEER REVIEW DENTAL CARE/ENDODONTICS:
Not Subject to Approval:

2014-2015 Recommendations:
*Jeffrey Halvorson, Grand Rapids, ‘15
Jeremy Michaelson, Dearborn, ‘15
*Steven Shoha, St. Clair Shores, ‘15
*Martha Zinderman, Brighton, ‘15

COMMITTEE ON PEER REVIEW DENTAL CARE/ORAL AND MAXILLOFACIAL SURGERY:
Not Subject to Approval:

2014-2015 Recommendations:
*Craig Fountain, Traverse City, ‘15
*Jeffrey Lindhout, Grandville, ‘15
*Wayne Olsen, Traverse City, ‘15
*Jeffrey Persico, Okemos, ‘15

COMMITTEE ON PEER REVIEW DENTAL CARE/PEDIATRIC DENTISTS:
Not Subject to Approval:

2014-2015 Recommendations:
*Kevin Hale, Brighton, ‘15
*Michelle Tiberia, Rochester Hills, ‘15
*Shufei Wang, Bloomfield Hills, ‘15
*Phillip Monroy, Hart, ‘15

COMMITTEE ON PEER REVIEW DENTAL CARE/PROSTHODONTICS:
Not Subject to Approval:

2014-2015 Recommendations:
*David Bartolovic, Shelby Township, ‘15
*Thomas Bloem, Ann Arbor, ‘15
*James Braun, Saginaw, ‘15
*Kok-Heng Chong, Detroit, ‘15
*Douglas Henke, Farmington Hills, ‘15
*Robert Humphries, Portage, ‘15
*Soong-Ryong Jung, Ann Arbor, ‘15
*Mark Marunick, Farmington Hills, ‘15
*Averil Mearnic, Ann Arbor, ‘15
*Laurence Seluk, Plymouth, ‘15
*Jennifer Priebe, West Bloomfield, ‘15

COMMITTEE ON PEER REVIEW/ETHICS:
Not Subject to Approval:

Kristal Grienik-Wioncek, Livonia, ‘15
Steven Conlon, Grand Rapids, ‘15
Bonita Neighbors, Saline, ‘15
Keith Konvalinka, Kalamazoo, ‘15
Robert Shore, Eastpointe, ‘15
Michel Nasif, Lansing, ‘15
Michael Maihofer, Roseville, ‘15

2014-2015 Recommendations:
Louis Hirschman, West Bloomfield, ‘16
*James C. Hoekwater, Wyoming, ‘16
*Marilyn Lantz, Ann Arbor, ‘16
*Denise Polk, Flint, ‘16
EXECUTIVE SESSION

The outcomes of the executive session are now considered policy and are public knowledge. The discussion that took place in the meeting that led to the actions, however, are confidential and are not to be shared.

NOMINATIONS TO THE MICHIGAN BOARD OF DENTISTRY

Background information is contained in a report to the Board dated February 12, 2014.

The following were adopted:

14-214  Resolved, that the name of Dr. Deborah Priestap, be forwarded to the Governor with a recommendation for reappointment to the Michigan Board of Dentistry, term to begin June 2014, contingent upon payment of current year dues. Adopted

15-214  Resolved, that the name of Dr. Diane Hines, be forwarded to the Governor with a recommendation for reappointment to the Michigan Board of Dentistry, term to begin June 2014, contingent upon payment of current year dues. Adopted

16-214  Resolved, that the following name(s) be forwarded to the Governor with a recommendation for appointment to the Michigan Board of Dentistry, term to begin June 2014, contingent upon payment of current year dues.

    William Maher

ADA COUNCIL APPOINTMENTS

Background information is contained in a report to the Board dated February 13, 2014.

The Board provided Dr. Gary Jeffers, ADA Ninth District Trustee, with four names of individuals who would be good candidates for the ADA Council on Dental Practice. Dr. Jeffers requested that the names and contact information be emailed to him.

ADA DELEGATE/ALTERNATE NOMINATION COMMITTEE

2014 MDA Delegates/Alternates to the ADA House of Delegates

Background information is contained in a report to the Board dated February 12, 2014.

17-214  Resolved, that the following recommendation be forwarded to the 2014 MDA House of Delegates with a recommendation for adoption: Adopted to 2014 MDA HOD

    Resolved, that the following be elected as delegates and alternates to the 2014 American Dental Association House of Delegates, contingent upon payment of current year dues:
Executive Session

The outcomes of the executive session are now considered policy and are public knowledge. The discussion that took place in the meeting that led to the actions, however, are confidential and are not to be shared.

<table>
<thead>
<tr>
<th>Delegates:</th>
<th>Alternates:</th>
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<tr>
<td>1. Martin Makowski, president</td>
<td>1. Alexa Vitek</td>
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<td>2. Mark Johnston, president-elect 2</td>
<td>2. Robert Coleman</td>
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<td>3. ______________________, vice-president</td>
<td>3. Dale Nester 2</td>
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<td>4. Virginia Merchant, editor (candidate)</td>
<td>4. Shelly Fay Jones</td>
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<td>5. Debra Peters, speaker (candidate)</td>
<td>5. Michael Maihofer</td>
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<td>7. Stephen Harris 1</td>
<td>7. Eric Childs</td>
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<td>9. Rhonda Hennessy</td>
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<td>10. Mark Barsamian</td>
<td>10. Mert Aksu</td>
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<td>11. Curles Colbert</td>
<td>11. Laurie McCauley</td>
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<td>12. Robert Tremblay</td>
<td>12. OPEN AND UNBUDGETED</td>
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<td>14. Michele Tulak-Gorecki</td>
<td>14. OPEN AND UNBUDGETED</td>
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<td>15. William Metz</td>
<td>15. OPEN AND UNBUDGETED</td>
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<tr>
<td>17. Danielle Ruskin</td>
<td>17. OPEN AND UNBUDGETED</td>
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</tbody>
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1 If Dr. Harris is elected vice-president, he will move up to spot number three, creating another delegate position.

2 If he is not elected, he will remain in spot number seven.

3 If chosen to serve, MDAIFG would cover expenses for its chair and one other MDAIFG director.

807 Norman Palm, DDS, MS                          Charles Burling, DDS
808 President                                     Secretary
SCOPE OF THE SPECIAL COMMITTEE ON
MISSION OF MERCY

Structure:

The Special Committee on Mission of Mercy consists of:

- A number of members to be decided upon by the president-elect who serve one year.
- The committee may be assigned as area leads and seconds as needed in accordance with the established procedures for such assignments.
- Ex-officio members of the committee include the liaison trustee, president, president-elect, vice president, secretary, and executive director unless appointed to serve as a voting member.

Duties:

- Plan, organize and arrange for the Mission of Mercy Event
- Secure funding through grants and donations
- Collect supplies and secure equipment for the event
- Deliver quality dental care to the underserved
- Recruit patients and volunteers

2014 Charges (effective January 1, 2014)

- Recruit 1,200 volunteers
- Treat 1,200-1,500 patients.
- Deliver $1,000,000 in dental care.
- Communicate to elected officials MDA’s pledge to providing care to the underserved.
- Demonstrate to the public the dental community’s commitment to serving the less fortunate
- Promote the goodwill of member dentists, dental staff and general volunteers.

January 2014
MEMBERSHIP ADVISORY COMMITTEE

Topic: 2014 Board Report and Membership Growth Plan

Liaison Trustee: Dr. William Metz
Staff Liaison: Mr. Josh Lord
Date: February 13, 2014

Background

The MDA Board of Trustees in September 2012 reconfigured the Membership Committee and transitioned the body to an advisory committee that reflected the need for mission-driven volunteerism. The guiding principles of the Membership Advisory Committee became: 1) analyzing/addressing mega issues confronting the MDA; 2) appointing committee members based on subject matter expertise; and 3) requiring individual committee members be actively engaged in overseeing the accomplishment of a special project reflecting Board priorities.

The Membership Advisory Committee was charged with accomplishing the following during its 2013-2014 administrative year and by the 2014 Annual Session:

• Conducting at least four component visits and coordinating efforts that arose as a result of the meetings (complete)
• Obtaining a market share of at least 75 percent by year-end 2013 (complete)
• Coordinating at least three lunch and learns at each dental school (complete)
• Sponsor the attendance of an attendee to the ADA’s Retention and Recruitment and New Dentist conferences (complete)
• Implementing at least one direct mail recruitment campaign (complete)
• Analyzing and providing recommended action steps to address the following target markets:
  o New dentists
  o Ethnic minority dentists
  o Employees of large group practices

The Membership Advisory Committee believes the revised committee format has allowed it to produce outcomes in a more efficient, high-level, and engaging manner when compared to the prior committee structure. It is anticipating a successful 2014-2015 administrative year, and it pleased to provide the following report.

Environmental Scan

The disruption to dentistry and membership organizations due to a confluence of societal and demographic trends has been thoroughly discussed by the Board, Membership Advisory Committee, and tripartite staff. The ADA network understands the impacts of the greying of the profession and the growth of large group practice settings, the shifting of consumer attitudes toward oral health care, and the implications of the changing expectations of today’s professionals.
In turn, the MDA Board has responded to a changing, and challenging, landscape by directing the Membership Advisory Committee to assist the MDA in its strategic response to what are a series of overlapping issues and target markets, specifically new dentists, ethnic minority dentists, and employees of large group practices.

To accomplish the Board’s directive, the Membership Advisory Committee studied the market and identified the following circumstances:

**Market Share**

- The MDA’s overall market share of new dentists is 80 percent.
- The MDA’s market share of large group practice employees is 72.1 percent.
- The MDA’s market share of ethnic minority dentists is 56.5 percent.
- The MDA’s highest generational market share exists with Gen Y dentists (83 percent), and its lowest generational market share is of Gen X dentists (74 percent).
- 33 percent of MDA’s members are of the Gen X (28 percent) and Gen Y (5 percent) designations.
- The MDA’s highest number of nonrenews is among Baby Boomers (50 percent), followed by Generation X (40 percent), Pre-War (7 percent), and Generation Y (4 percent).

**Value Propositions**

- ADA’s current value proposition to Gen Y and Gen X dentists: voice in the future of dentistry, supporting advocacy for oral health, access to information.
- MDA’s current value proposition to Gen Y and Gen X dentists: career services support, a few CE classes, opportunity to connect with MDA on social networks.
- Components’ current value proposition to Gen Y and Gen X dentists: access to leadership opportunities, local networking and CE.

Large group practices are providing nearly all of the tangible benefits one typically obtained through membership. In addition, the value of membership to large group practice employers relates primarily to marketing affiliation with the MDA and ADA to potential employees and to the public. Additionally, large group practices are aware they can influence policy development through having employees within MDA/ADA committees.

Conversely, the value of membership to employees of large group practices relates primarily to the belief that supporting organized dentistry is a part of supporting the dental profession, as well as the professional credibility membership affords. The supplemental value of membership corresponds to access to information and support in career transitions.

Lastly, three primary barriers, based on hours of qualitative research with the target audiences, to membership for ethnic minority dentists include:

- The tendency to seek support primarily from members of one’s ethnic community
- Culture gaps
  - The tripartite/MDA doesn’t understand the experiences, perspectives, and pressures of being an ethnic minority dentist
The tripartite hasn’t done enough to be inclusive/understand the needs of ethnic minority dentists

- The cost and perceived value of membership

Trends

The MDA’s overall market share and share of target markets has remained stable throughout the recent recession. While notable market share increases haven’t occurred, the MDA has, thus far, avoided dramatic declines that other dental associations have experienced.

However, an analysis of nonrenews shows one’s commitment to membership appears to be “soft” no matter one’s length of time as a member. The MDA’s rates mimic those of the ADA’s, showing high nonrenew rates after one is transitioned out of the new dentist reduced dues program when value is compared to cost and debt obligations. In addition, the transient nature of families also impacts renewal rates, as some move outside of Michigan for work/family reasons. In an effort to entrench the value of membership into the minds of dentists at the earliest point possible, the MDA has increased its support for student affairs activities by nearly 50 percent over five years. A strong return on investment can be seen in the market share of Gen Y dentists.

At the same time, components are just beginning to feel the effects of market disruptions on local operations. Unfortunately, the experience of the Membership Advisory Committee has been that few components are actively managing a response to the changing landscape. Repeatedly given reasons for why more progress hasn’t been made on better connecting with key target markets include:

- There are not enough new dentists coming into the district to mandate new engagement strategies.
- The district has attempted to connect with new dentists, but the outreach hasn’t been acknowledged/well received.
- The district has opened up leadership opportunities to new dentists, and the target audience hasn’t responded.
- A cohort of leaders within the component doesn’t believe resources should be allocated to do anything different to engage new dentists, large group practice employees, and/or ethnic minority dentists.
- The district believes there are simply not enough time/resources to segment engagement strategies, or they haven’t been “trained” on how to do so effectively.

At the national level, the ADA has rolled out new benefits and services to better meet the needs of critical target markets. It clearly has the most resources to understand and diagnose the current state of affairs, but has a limited ability to connect directly with dentists in ways that prove tangible value and a strong return on investment. Moreover, some benefits of membership, such as the New Dentist Conference, are increasing less attractive to new dentists who have magnified levels of stress and outside-of-dentistry commitments resulting from the pressures of dual-income households, immense debt loads, and preferences to connect to social/peer networks and activities in new ways.
Membership Marketing Initiatives
The MDA successfully maintained a stable market share of Michigan’s licensed dentists during the recent recession and post-downturn period through an intense focus on retention, supplemented by a series of direct mail recruitment campaigns. The association intends to place a greater emphasis on recruitment strategies during the coming year(s) while maintaining its focus on retention and reinstatement.

In 2014, the MDA will continue its annual telemarketing reinstatement campaign, direct mail join-at-a-reduced rate program, Journal feature story that answers the question “What do I get for my dues?”, participation in collaborative opportunities with the ADA including its Membership Program for Growth and direct mail efforts, and administering its revised membership on-boarding process.

New initiatives for 2014-2015 will include:

• A direct mail reinstatement campaign and direct mail pre-dues mailer
• Expanding the marketing of the MDA Career Services Center
• Advising the CE Committee on enhancing its efforts to segment marketing and program development targeted toward new dentists
• Ensuring the market of ethnic minority dentists is accurately reflected in tripartite databases
• Executing a brand awareness campaign targeting ethnic minority dentists
• Developing a CE session catered to the needs of ethnic minority dentists
• Creating an ethnic minority recruitment campaign and two-year engagement strategy
• Developing proposals for the Board’s consideration that will address:
  o Hosting annual Class Reunions
  o Urging all components to submit an annual New Dentist Engagement Plan to the MDA
  o Recommending all components with more than 10 new dentists within the district to form a new dentist committee

Discussion
The impact of large group practices on membership and marketing is considerable, and the Membership Advisory Committee is requesting the Board’s feedback on the following:

• Does the MDA need to create new benefits/services to specifically address the needs of large group practice employees?
• Should the Ninth District formally recommend to the ADA that more resources be devoted to pursuing relationships with large group practices that mimic the partnership with Great Expressions?
• Should the MDA independently pursue relationships with large group practices that mimic the partnership with Great Expressions?
• Should the MDA allocate the necessary human and capital resources to further enhance its market share of large group practice employees?
• Should the MDA explore new mutually beneficial relationships with Great Expressions?
Suggestions to the Board

The Membership Advisory Committee is seeking the Board’s support in several key areas that will impact the MDA’s ability to retain, reinstate, and recruit dentists from target markets. Specifically, the committee is suggesting to the Board to:

- Continue to allocate resources to student/new dentist affairs (no resolution needed, addressed via annual budget)
- Direct the Membership Advisory Committee to execute its proposed initiatives for 2014-2015 (contingent upon annual approval of committee scope/goals/members)
- Discuss and provide guidance on outreach to large group practices/employees (policy/recommendation development contingent upon above-noted discussion questions)
Summary: The ADA is currently in the final year of its 2011-2014 Strategic Plan with approximately 91% of the objectives having been achieved. Both tripartite membership and the ADA financial position have improved substantially over prior years. The ADA ended 2013 with a market share of 65.5% compared to 66.2% the previous year. Even though the market share trend for active licensed dentists continues to be negative, there is strong evidence that the trend is slowing. (-0.7% compared to -1.1%) Positive factors influencing this trend include net increases in key targeted market segments (women, minority dentists and new dentists). A primary emphasis for 2014 will be targeting reinstatement of non-renewals. Total dues revenue increased by 4% over 2012, and expenses came in at -3% compared to budget. Investment returns grew by 27% due to extremely favorable equity markets in 2013. Net uncommitted reserves stand at $75.5m representing 64% of budgeted annual expenses against a target of 50%. Non dues revenue grew primarily through a substantial increase in royalties from the Great West Life Program as well as moderate increases in testing revenues, product sales and sponsorships. One area that continues to lag behind budget is advertising revenue, as the move to digital returns fewer advertising dollars. Finally, Conferences and Continuing Education were slightly behind budget largely due to moving all continuing education into that division and lower attendance at the New Orleans meeting. In spite of having to compete with Halloween and lower overall attendance the New Orleans meeting was highly successful and net CE revenues exceeded expectations.

The ADA’s first MOM Project in New Orleans was considered a huge success, and it will continue to be incorporated into future meetings as much as possible. Value of care provided was $326,982 (200+ root canals, 663 cleanings, 537 extractions, 51 partials and 10 sets of complete dentures).

With respect to the Annual Meeting, the first HOD conducted in a solely electronic format, of the 35% attendees who completed the 2013 HOD Survey, 95% indicated overall satisfaction with the 2013 House, an improvement of 9% over the previous year.

Dental Practice/Professional Affairs: The Center for Professional Success (CPS) and CAPIR completed contract negotiations on three educational certificate programs that are expected to be launched later this year. One of these is an online executive practice management certificate program through Notre Dame.

Education and Professional Affairs: The number of CE providers approved by CERP increased by 2% in 2013. This is a significant increase over previous years. CDEL and CERP have launched a communications plan to increase member awareness and enhance the perceived value of the CERP program. Discussions continue regarding the establishment of a new ADA agency/commission to oversee CERP, and resolutions proposing amendments to ADA Bylaws and adoption of Rules for a new commission will likely be transmitted to the 2014 HOD for consideration.
**Information Technology:** In December the ADA Board appropriated funds to accelerate the Association Management Software (Aptify) implementation schedule among constituent societies.

**Membership, Tripartite Relations and marketing (MTRM):** At the end of 2013 the market share for new dentists was 65.8%, three-tenths percent higher than the overall membership. This was the first time that this had occurred, and it represents a positive trend in membership participation among new dentists and the result of continued focus and effort with this market over the last ten years. ADA utilized the services of an outside agency to implement a fall reinstatement campaign to regain lapsed members. The impact of this campaign was strong, with 832 members reinstating their membership, in comparison to 471 who reinstated during the same time in 2012. Tripartite initiatives also had a significant impact on member recruitment in 2013 with a net of 972 new members in comparison to 300 the previous year. Nevertheless, retention continues to be a problem, particularly among well-established dentists. Looking at renewal rates among active life members, ADA experienced a non-renewal rate of 4.8% in 2013 compared to 2.5% in 2012, representing a loss of 666 active life members in 2013, but still lower than the 5% originally projected as a result of the change in policy regarding dues of active life members enacted by the HOD. A new year-long member value campaign and new member welcome program is being debuted in the first quarter of 2014 to increase the impact of overall retention of ADA members.

The Council on Membership established an ad hoc subcommittee to finalize the 2014-1016 Membership Plan for Growth, a primary initiative of the “Power of 3” tripartite engagement campaign. Future success and growth of the ADA are dependent on ADA-wide change management efforts throughout the organization and the tripartite. The intent of the plan is to grow membership by improving tripartite alignment through such means as Aptify, changes in infrastructure, and efforts to achieve goals and improve branding; creating and communicating a compelling and unique rationale for membership; ensuring that all members receive a consistent quality member service experience; increasing overall member engagement; and driving member loyalty beginning in dental school and following the member throughout his/her professional career. The work of the subcommittee was completed in November 2013. It was then brought forward to the Council at its January meeting, served as the focus of the Board Retreat earlier this month, and is slated to be finalized by the Board at its March meeting.

Several early deliverables of the “Power of 3” effort were made available in early November. Membership Success Factors, Member Value Plan templates and a recruitment and retention toolkit were all made available to constituent and component societies. In December, 30 constituent and 45 component societies participated in member service training webinars, and a Stakeholders’ meeting convened in Chicago in mid-February to further the alignment discussion and determine where there is a duplication of benefits or a need to create additional value. Every constituent dental society provided information for the profile.

In December, the Board agreed to add three alumni of the Institute for Diversity in Leadership to the Diversity and Inclusion Committee. The Board also endorsed the Committee’s request to expand the IDL class from 12 to 16 dentists and to create a national diversity leadership network.
Science/Professional Affairs: Finally, in the area of scientific affairs, the ADA successfully negotiated in tandem with representative of the World Health Organization to draft the international Minamata Convention on Mercury, a treaty designed to protect human health and the environment from anthropogenic emissions and releases from mercury and mercury compounds. The treaty went into full force on February 14th. It calls for a phase down instead of a total ban on dental amalgam in 2020. The treaty also includes provisions to promote and develop safe, cost-effective, mercury-free dental materials as alternatives to dental amalgam. In addition, the treaty supports the development of meaningful public health preventive programs designed to decrease the need for all dental restorative materials, including dental amalgam.