

# Rural Remedy

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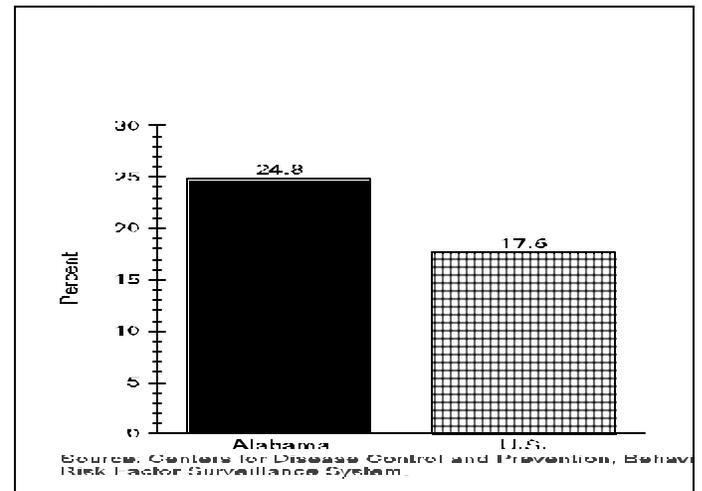
## Rural Dental Care: A Long-Term Concern

Oral health is integral to general health. The mouth reflects general health and well-being. These notations were made by David Satcher, M.D., Ph.D., Surgeon General, in the first ever Surgeon General's Report on Oral Health which was released in May 2000. This important and revealing report emphasized the fact that oral diseases and disorders in and of themselves affect health and well-being throughout life. The oral cavity is described as being a portal of entry as well as the site of disease for microbial infections that affect general health status.<sup>1</sup>

The importance of oral health is becoming more evident in the United States as research reveals the important relationships between oral health and other health problems. With the release of this report, Dr. Satcher announced to school children at the Shepherd Elementary School in Washington, D.C. that new research is pointing to associations between chronic oral infections and heart and lung diseases, stroke, low birth-weight, and premature births. He further stressed that associations between periodontal disease and diabetes have long been noted and warned that oral health must be a critical component in the provision of health care, and in the design of community programs.<sup>2</sup>

While oral health encompasses more than just dental care, receiving adequate and quality dental care is of critical importance in attaining good oral health. Unfortunately, Alabama has been confronted with a dental care crisis which has been long in duration. The fact that Alabama has had a dental care crisis for many years is, perhaps, nowhere more evident than by looking at the 2002 Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System data which revealed that 24.8 percent of all Alabamians aged 18 years or more had lost six or more teeth due to decay or gum disease, far exceeding the national rate of 17.6 as can

Figure 1: Percent of Population Aged 18+ years With Loss of 6+ Teeth Due to Decay or Gum Disease, Alabama vs. U.S. 2002



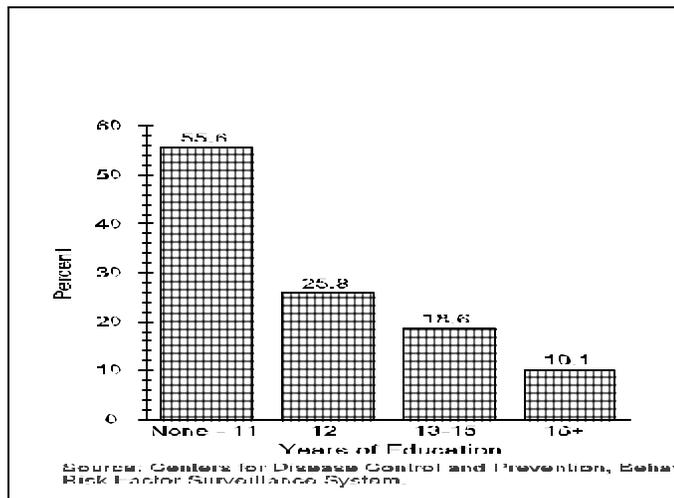
be seen in Figure 1. Alabama had the sixth highest percentage among all 50 states.<sup>3</sup> This survey also revealed that nearly one-third of all Alabamians aged 65 or more years have lost all of their natural teeth. Only seven states had higher percentages of toothless seniors than did Alabama. Medicare covers virtually no dental services.

The impact of the dental care crisis has been and continues to be greater in Alabama's rural areas, especially among Alabama's rural poor and minority populations. This disparity was verified through the findings of the Alabama Dental Disease Prevalence Survey, 1990-1991. This survey revealed that the mean number of decayed, missing or filled teeth was 38 percent higher among Alabama's rural children than was evidenced among those living in urban areas. Findings from this survey were presented by Dr. A. Conan Davis, Stuart A. Lockwood, DMD, MPH, and others in a Fall 1991 article appearing in the

*Journal of the Alabama Dental Association.*<sup>3</sup> Dr. Lockwood, then with CDC, is currently the Alabama State Dental Director with the Alabama Department of Public Health.

Alabama's dental care crisis involves such issues or concerns as the lack of dental health insurance; lack of adequate access to dental care in many areas - especially rural areas; perceptions which lack appreciation for the importance of dental health by other members of the health care community; lack of knowledge or realization of the importance of adequate dental health care by residents - especially among residents with lower income or educational levels; etc. Figure 2 presents visual evidence from CDC of the adverse relationship between adequate dental care and educational attainment. Nearly 56 percent of all Alabamians aged 18 years or more who have less than a high school education have lost six or more teeth to decay or gum disease. This percentage is under 26 percent for those with a high school education, under 19 percent for those with some post-high school education, and just over 10 percent for college graduates. A major single concern involving access to dental health care, especially in rural areas, is the critical shortage of the number of dentists practicing in Alabama and the uncertain outlook for this changing in the near future.

Figure 2: Percent of Population Aged 18+ Years with Loss of 6+ Teeth Due to Decay or Gum Disease by Educational Attainment, Alabama, 2002

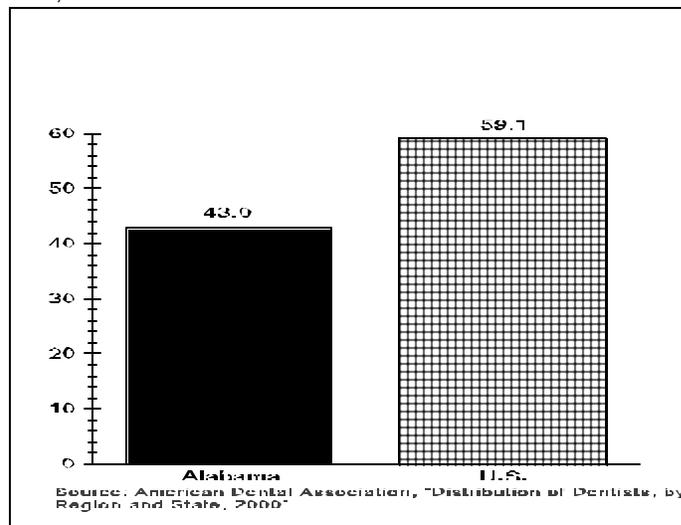


### What is the Status of Alabama's Current Dentists Population?

According to 2000 American Dental Association (ADA) data, Alabama had 43.0 dentists per 100,000

residents compared to 59.1 for the nation. This is presented in Figure 3. Alabama had the fifth lowest ratio of dentists to the population among all 50 states. ADA figures were for professionally active dentists including specialists.

Figure 3: Dentists Per 100,000 Residents, Alabama vs. U.S., 2000



The National Center for Health Workforce Analysis in the Health Resources and Services Administration, Bureau of Health Professions maintains a classification of "Health Practitioner Shortage Areas." According to the most current classification (September 2003) all counties in Alabama are currently classified as having a shortage of dentists who provide service for the low-income (under 200% of the federal poverty level) population. This is in spite of the fact that there has been a very positive increase in the number of dentists providing service to Medicaid patients since October 2000.

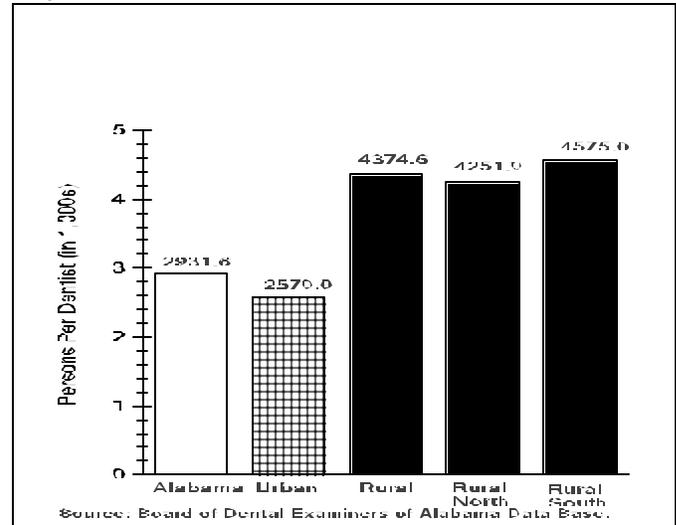
The Board of Dental Examiners of Alabama's 2003 data base of licensed dentists included 1,557 general and pediatric dentists. The distribution of these dentists along with the number of persons per dentist by county is presented in Table 1. This table excludes licensed dentists who are practicing a specialty other than general or pediatric dentistry and those who are licensed in Alabama, but are not currently practicing in this state. Three rural counties, Cleburne, Greene, and Lowndes, did not have a practicing general or pediatric dentist during 2003. Twenty-five Alabama counties had in excess of 5,000 residents for each dentist. Of these 25 counties, 22 were rural and three were urban counties which bordered heavily populated counties with large cities. These 22 rural counties account for nearly one half of Alabama's 45 rural counties.

**Table 1: General and Pediatric Dentists, Population and Persons Per Dentist by County, Alabama, 2003**

COUNTY	DENTIST	POPULATION	PERSONS PER DENTIST
Alabama	1,557	4,564,479	2,931.6
Autauga	12	46,625	3,885.4
Baldwin	52	153,555	2,953.0
Barbour	7	29,905	4,272.1
Bibb	5	22,009	4,401.8
Blount	6	54,805	9,134.2
Bullock	2	11,840	5,920.0
Butler	5	21,190	4,238.0
Calhoun	38	112,122	2,950.6
Chambers	8	36,467	4,558.4
Cherokee	5	25,291	5,058.2
Chilton	9	41,911	4,656.8
Choctaw	6	15,890	2,648.3
Clarke	7	28,035	4,005.0
Clay	2	14,564	7,282.0
Cleburne	0	14,509	No Dentists
Coffee	18	44,507	2,472.6
Colbert	15	55,735	3,715.7
Conecuh	2	14,092	7,046.0
Coosa	1	12,500	12,500.0
Covington	9	37,817	4,201.9
Crenshaw	3	13,669	4,556.3
Cullman	20	80,397	4,019.9
Dale	15	49,543	3,302.9
Dallas	12	45,907	3,825.6
DeKalb	19	67,695	3,562.9
Elmore	11	70,688	6,426.2
Escambia	10	39,093	3,909.3
Etowah	31	104,239	3,362.5
Fayette	3	18,603	6,201.0
Franklin	8	32,226	4,028.3
Geneva	4	26,298	6,574.5
Greene	0	9,876	No Dentists
Hale	1	17,699	17,699.0
Henry	5	16,526	3,305.2
Houston	37	90,527	2,446.7
Jackson	13	55,557	4,273.6
Jefferson	408	665,034	1,630.0
Lamar	3	15,975	5,325.0
Lauderdale	43	90,167	2,096.9
Lawrence	3	35,624	11,874.7
Lee	30	122,883	4,096.1
Limestone	15	69,013	4,600.9
Lowndes	0	13,661	No Dentists
Macon	4	23,869	5,967.3
Madison	136	286,949	2,109.9
Marengo	5	22,307	4,461.4
Marion	7	31,569	4,509.9
Marshall	30	85,848	2,861.6
Mobile	138	405,171	2,936.0
Monroe	5	24,345	4,869.0
Montgomer	93	227,533	2,446.6
Morgan	37	113,994	3,080.9
Perry	1	11,655	11,655.0
Pickens	2	21,033	10,516.5
Pike	6	30,270	5,045.0
Randolph	4	23,119	5,779.8
Russell	7	50,463	7,209.0
Shelby	39	157,534	4,039.3
St Clair	14	69,295	4,949.6
Sumter	3	14,462	4,820.7
Talladega	14	81,990	5,856.4
Tallapoosa	10	42,048	4,204.8
Tuscaloosa	65	168,107	2,586.3
Walker	25	71,455	2,858.2
Washington	2	18,429	9,214.5
Wilcox	2	13,085	6,542.5
Winston	5	25,680	5,136.0

Source: Board of Dental Examiners of Alabama Dentist Data Base.

**Figure 4: Persons Per Dentist, Selected Alabama Regions, 2003**



The distribution of dentists by region, as can be seen in Figure 4, reveals that Alabama's dentists tend to locate their practices in urban areas. While there were 2,931.6 residents per general or pediatric dentist in Alabama during 2003, the potential patient load varied greatly between urban (counties in Metropolitan Statistical Areas prior to the new listing in June 2003) and rural counties (all other counties). There were 2,570.0 residents per dentist in urban counties and 4,374.6 residents per dentist in Alabama's rural counties. This difference means that on the average, the number of patients potentially served by rural dentists is more than 70 percent greater than the number served by urban dentists.

There is also considerable variation in the potential patient loads within Alabama's rural counties. There were 4,251.0 residents per dentist in the rural counties in North Alabama - those in the Appalachian Region. This ratio was 4,575.0 residents for each dentist in the rural counties of South Alabama.

**The shortage of dentists practicing in Alabama combined with the tendency for dentists to locate their practices in urban areas does not bode well for the future of dental care for Alabama's rural residents. The "Graying of America" adds another concern for the future of rural dental care. Alabama's only dental school graduates approximately 55 new dentists per year - a number that is not providing the state with enough dentists to equal the national distributions as was seen in Figure 3. Experts are estimating that the number of dentists will begin to decline nationally in about 10 years as**

**the number of new dental school graduates falls below the number who will be leaving the work force due to retirement or other reasons.<sup>4</sup> Almost 50 percent of Alabama's current dentists will reach age 65 within the next 15 years.**

### **What is the Status of Alabama's Dental Service for Low-Income Children?**

Childhood is a vitally important period during which good health care behavior which can last for a lifetime can be developed. Receiving good dental care is of great importance during childhood since serious and even permanent damage could be inflicted if this care is not received.

Low-income children are at the greatest risk of failing to receive adequate dental care. There are three programs which provide health care for low-income children and two of these programs include dental care. Medicaid provides health care coverage for over 440,000 (as of September 2003) of Alabama's lowest-income children who would not otherwise have health insurance. Comprehensive dental care is included in Medicaid coverage. Approximately 150,000 children enrolled in Medicaid received dental service during FY2003. *All Kids* (part of the Alabama Children's Health Insurance Program) provides health care coverage for children without health insurance who are living in households with slightly higher income levels and do not qualify for Medicaid coverage. *All Kids* provides comprehensive coverage, except that orthodontical care is excluded. Over 61,000 Alabama children were included in *All Kids* coverage as of September 2003 with approximately 34,000 receiving dental care during FY2003. However, state budget concerns have led to the capping of the total number of children who can be covered by this excellent program along with the establishment of a waiting list for children who need to participate. The Alabama Child Caring Foundation (a philanthropic program administered by Blue Cross/Blue Shield of Alabama) provides health care coverage for children without health insurance who are living in households with slightly higher income levels than those allowed for *All Kids* coverage. Nearly 6,500 Alabama children were receiving this health care coverage as of September 2003. Unfortunately, dental care is not included in this program.

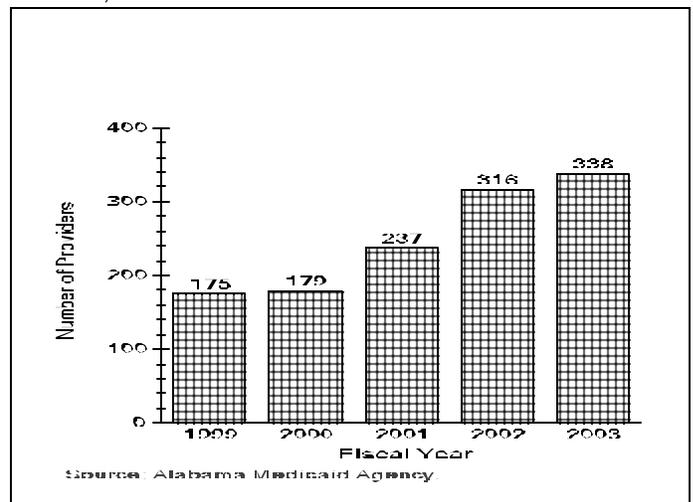
In 1998, the Alabama Medicaid Agency recognized that growing Medicaid enrollment resulting in additional children eligible for dental services and decreasing dental provider participation in the dental

program had combined to create a dental crisis in Alabama. To deal with this crisis the Alabama Dental Task Force was created to determine the major issues surrounding the dental program. In addition, highly successful dental outreach efforts were initiated to increase the number of providers by supplying information about the Medicaid dental program.

One such effort was the *Smile Alabama!* Dental Initiative. In February 2001, the Alabama Medicaid Agency received a grant of \$250,000 to enhance dental outreach efforts through this initiative. Funding for this grant was provided by the Robert Wood Johnson 21<sup>st</sup> Century Challenge Fund component of the Southern Rural Access Program and was matched by federal, state, and private funds to total more than \$1 million.

The *Smile Alabama!* Grant provided for a multifaceted campaign to recruit and retain a solid dental provider base for Medicaid children by asking dentists to accept at least one new Medicaid child per week. The program was designed to improve access to Medicaid children for routine and preventive dental care through education, provider support, and fair reimbursement.

Figure 5: Number of Dentists Serving 50+ Medicaid Visits Per Year, FY1999-FY2003



A very important action which resulted from these efforts to provide more adequate Medicaid dental coverage occurred in October 2000 when former Governor Don Seigleman significantly increased Medicaid reimbursement rates. The number of children receiving dental service has increased from approximately 80,000 in FY2000 to approximately 150,000 in FY2003. The number of dentists providing Medicaid service has increased from about 295 in

FY2000 to 630 as of September 30. The number of dentists providing significant service (50 or more visits in a FY) increased from 179 in 2000 to 338 in FY2003. This increase in the number of significant service Medicaid providers can be seen in Figure 5.

**This tremendous increase in the number of dentists providing Medicaid service bodes well for the future health status of Alabama's low-income children. Perhaps the most encouraging news involving this increase in service is that the greatest gain in the number of dentists providing Medicaid service has been in rural areas. According to Dr. Lockwood, approximately 21 percent of all Medicaid providers were from rural areas in FY2001. This percentage nearly doubled to approximately 40 percent today.**

**It is very important that this positive gain not be adversely affected by the projected shortages in state Medicaid funding. It is possible that these gains may be threatened when the legislature convenes in February. There is currently an expected shortfall in state funding for Medicaid of approximately \$60 million. The budget for FY2004, which will be presented to the legislature in this next session, will reflect cuts to accommodate this shortfall. This \$60 million shortfall is actually a loss of approximately \$220 million in total funding since state Medicaid dollars are very favorably matched with dollars from the federal government. The currently projected shortfall in state Medicaid funding for FY2005 is \$182 million which is a total funding loss (considering federal matching dollars) of approximately \$623.9 million. There can be little doubt that some Medicaid dental services must be cut if additional state funding is not secured.**

### **How Can We Get More Dentists to Locate in Rural Areas?**

One solution to the dentists shortage is to increase the number of students admitted each year at the University of Alabama School of Dentistry from the current class size of approximately 55. A great barrier to training more students is in finding the faculty. There is a critical shortage of persons who prefer teaching over the actual practice of dentistry.

As most rural residents already know or quickly learn, a good way to get someone to locate in a rural area is to give them an opportunity to experience life in a rural area. There is only one program which will

allow UA dental students to experience living and working in a rural area. The Training Services for Student/Resident Experiences/Rotations in Community Health Program (SEARCH) is available for Senior dental students to train for up to one month, receiving experience in eight Alabama Community Health Centers. Unfortunately, this experience is difficult for students to work into their tight dental class schedules; however, 15 students have participated during this current year.

According to the 2003 Alabama Dentist Survey, which was conducted by the Alabama Department of Public Health, approximately 92 percent of Alabama's rural dentists also grew up in rural or suburban areas. Dr. Steven J. Filler, Director of the Office of Admissions with the UA School of Dentistry, indicated that rural students tend to be less prepared for entering dental school.

In determining which candidates will be admitted to dental school, two questions are considered:

1. Can the student make it through the dental curriculum?
2. How does the student compare with the other candidates for this specific year?

The following were specifically noted by Dr. Filler as being important in considering applicants for dental school admission:

- ! What is the student's academic background?
- ! What is the student's Dental Admission Test score?
- ! What specific undergraduate course work was completed?
- ! Where was the undergraduate course work completed?
- ! How was the undergraduate course work taken? (One or two courses per term, etc.)
- ! Did the student work while in school?
- ! Does the student have any experience in shadowing a dentist? (This is important).
- ! Letters of recommendation. (Letters from members of the pre-health advisory committee are desirable).
- ! The student's interview.

The increased likelihood of having rural students locate their "medical" practices in rural areas prompted the establishment of the Rural Pipeline Programs at the University of Alabama in Tuscaloosa. Through these programs, rural high school and college students are given experience and special training in the rural practice of medicine along with training in getting into and out of medical school. Unfortunately, the current financial crisis in state government has resulted in funding cuts which

threaten the positive impact of this excellent program. Such a program for dentists which will better prepare qualified rural students for careers as rural dentists could provide a partial solution to the shortage.

Dr. Filler also noted that a dental school graduate incurs considerable expense before opening the door of his/her dental practice. The student usually has a large student loan to pay off and must find office space, expensive equipment, insurance, etc. before seeing the first patient. A community can make an organized offering consisting of such things as loan repayment, guaranteed salaries, office space, equipment, etc. in recruiting recent graduates to their community.

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The Alabama Rural Health Association would like to thank the following persons for providing information:

*Cathy Caldwell*, M.P.H., Administrative Director, Children's Health Insurance Program

*Tina Edwards*, RN, BSN, Associate Dental Program Director, Alabama Medicaid Agency

*Dr. Steven J. Filler*, Director of Office of Admissions, UAB School of Dentistry

*Dr. Stuart Lockwood*, Alabama State Dental Director, Alabama Department of Public Health

*Al Rohling*, Executive Director, Alabama Child Caring Foundation

*Fern M. Shinbaum*, R.N., M.S.N., Assistant Director, Children's Health Insurance Program, Alabama Department of Public Health

*Mary Ann Wilkinson*, Administrative Secretary, State Board of Dental Examiners of Alabama

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<sup>1</sup>U.S. Department of Health and Human Services, *Oral Health in America: A report of the Surgeon General - Executive Summary*, Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>2</sup>Satcher, David, M.D., Ph.D. "Remarks at the Release of Oral Health in America: A Report of the Surgeon General." Shepherd Elementary School, Washington, D.C. 25 May 2000.

<sup>3</sup>Davis, A. Conan, DMD; Lockwood, Stuart A., DMD, MPH; et al. "Dental Disease Prevalence in Alabama School-aged Children." *The Journal of the Alabama Dental Association* Volume 75, Fall 1991. 18-31.

<sup>4</sup>Crary, David. "Much of America Running Short of Dentists." Listserv. NOSORH-List@wvrhep.org (25 Sep. 2003).

## Nominations Sought For Prestigious Rural Health Awards

Nominations for the two following prestigious rural health awards are being sought by the Alabama Rural Health Association. Please take the time to nominate an individual (or organization) who is deserving of special recognition.

### RURAL HEALTH PROVIDER EXCEPTIONAL ACHIEVEMENT AWARD

This award is presented to a provider who both lives and works in an Alabama community which is rural and whose livelihood comes or came from delivering health care in an exceptional manner either through direct hands-on services or in the administration of services. Nominees should be individuals whom have made lasting contributions in delivering services to a community through tireless efforts which demonstrate an unselfish,

compassionate, and cooperative attitude.

### RURAL VOLUNTEER EXCELLENCE IN SERVICE AWARD

This award is presented to an individual who both lives and works in an Alabama community which is rural and whose volunteer activities have achieved excellence in promoting the availability of rural health services, especially to underserved populations. Nominees should be individuals whose civic activities have strengthened rural health care delivery through community leadership, creativity, and a concern for underserved populations.

Additional information on how to make a nomination (including a copy of the nomination form) can be obtained on the Alabama Rural Health Association's web site. This site can be visited by

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going to <http://www.arhaonline.org> and then clicking on "Awards/Success Stories."

## **ASRAP is Waiting to Assist Your Community**

Throughout the past year, the Alabama Southern Rural Access Program (ASRAP) has conducted workshops/seminars in over nine counties across the state, particularly in the Black Belt Region (West Alabama). The majority of the training sessions focused on proposal writing, health disparities, and strategic planning. Over 100 individuals from throughout the state have participated and received meaningful knowledge and training in these workshops.

ASRAP is also developing the "Community Health Toolbox" which is a library of information and resources that can assist communities in the areas of community, economic, and health care development.

Part 1 of the toolbox contains 21 chapters with the first 12 chapters being available online at <http://www.arhaonline.org/asrap.htm> under "Overview of Programs (Health Communities Capacity Building)". The following chapters are included in Part 1 of the toolbox:

1. Welcome to Toolbox
2. The State of Rural Health Care
3. Who Can Help?
4. Assessing Community Needs
5. Developing Community Networks
6. An Economic Development Primer
7. Rural Health Services: Funding & Grant

8. Writing
9. Recruitment: Starting With Students
10. Physician Recruitment
11. Other Health Professional Recruitment
12. Minority Health Resources
13. Telemedicine & Distance Learning
14. Optimizing Existing Programs & Infrastructure
15. Practice Management Support
16. Internet Resources
17. Legislative Outlook & Advocacy
18. Rural & Community Health Publications
19. Conflict Management
20. Group Facilitation
21. Strategic Planning
22. Glossary & Reference

Part 2 of the toolbox has now been completed and consists of the following chapters:

22. Health Disparities
23. Environmental Health
24. Tourism and Retiree Attractions for Rural Communities
25. Leadership for the Common Good

If your community would like information on an upcoming workshop near your area or a hard copy of any sections of the toolbox, please contact Arturo Menefee at (334) 844-2307 or by e-mail at [menefas@aces.edu](mailto:menefas@aces.edu).

## **ASRAP Presents Practice Sites Management Program**

There is a new service available to rural hospitals and health care providers who need technical assistance with common practice management issues such as patient scheduling, billing, and customer service. The Practice Sites Management Program has been in operation since February, 2002. This program utilizes a Practice Management Coordinator, Imelda McLemore, RN, MS, FNP, to assist rural health care centers, rural hospitals and other primary care providers with technical assistance.

The Practice Sites Management Program offers free, completely confidential services that are targeted toward 18 of Alabama's 25 Black Belt Counties. Other counties will be considered on a case by case basis.

Types of services provided by the program include, but are not limited to: Reimbursement and Coding Education; Coding Software; Process

Involvement; Policy and Procedure Development; Compliance Programs; Provider Coding Audits; Provider Documentation Education; Charge Master Reviews; Office Organizational Assistance; Cross Training Development; and Staffing Issues.

The Practice Sites Management Program is funded through a grant by The Robert Wood Johnson Foundation's Southern Rural Access Program, a long term effort to increase access to health care in eight Southern states. For more information about the program, contact Imelda McLemore at (251) 947-6288 or e-mail: [maxi1040@hotmail.com](mailto:maxi1040@hotmail.com).

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Please submit all editorial concerns to:

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Membership Benefits:

- ! Be an active participant in helping to shape the future of rural health in Alabama.
- ! Participate in the ARHA list-serve, receiving information on rural health issues over the Web, by e-mail, or in paper copy.
- ! Receive copies of special ARHA studies/reports.
- ! Attend ARHA-sponsored training on selected subjects at various locations.
- ! Receive a limited membership in the National Rural Health Association.
- ! Receive assistance in locating information needed for rural health projects including grant applications.
- ! Receive member-only privileges on the ARHA Web site at [www.arhaonline.org](http://www.arhaonline.org).
- ! Vote on ARHA matters (except for Student Membership).

Organizational memberships are available to any legally constituted organization. This membership consists of one membership and three votes in ARHA matters.

Organizational members making an annual contribution of \$400 or more will be given the special designation of a sponsor. Sponsors will receive appropriate recognition in the ARHA publications, Web site, and at events sponsored by ARHA.