

# Bulletin



Winter 2012

[www.CSPD.org](http://www.CSPD.org)

Vol. XXXIX No. 4

## MID-LEVEL PROVIDER

by

*Paul Reggiardo, DDS - CSPD Public Policy Advocate*

### The Best Way to Predict the Future is to Invent It

At the CSPD/WSPD Annual Meeting in Portland in late March, the CSPD Foundation will sponsor a forum exploring what pediatric dental care delivery in California and across the country could – or should --- look like in the future. Alan Kay, the American computer scientist, has said “the best way to predict the future is to invent it” and that is what dentists, dental hygienists, child advocates, and state legislators are each attempting in their proposals for new and innovative dental workforce models. At last count, some 17 states are considering new dental providers. In 2009, Minnesota became the first state to enact a new, independent dental provider into statute. In 2010, the American Association of Public Health Dentistry announced formation of a panel comprised of dental school deans and faculty to develop a post-secondary curriculum for a mid-level dental provider. In 2011, the Missouri State Dental Board became the first dental licensing board in the country to endorse the concept of a dental therapist and an advanced dental hygiene practitioner. It is becoming increasingly clear that not everyone in America believes only a dentist with six to eight years of advanced training can treat a tooth.

For those who believe that individuals with far less training than a dentist can safely perform irreversible dental procedures,

they are finding a sympathetic ear in public policy arenas and state legislatures; and they are doing this in spite of the cautions, warnings, and protests of much of the dental profession. Even more alarming to most dental professionals, many of the proposals being considered by state governments do not require these new providers to work under the umbrella or supervision of the dentist in a single dental delivery system.

Senate Bill 694 (Padilla), sponsored by The Children’s Partnership and supported by the California Dental Association (CDA) and CSPD, calls for the establishment of a State Office of Oral Health. It proposes that a rigorous, independent scientific study of the safety, quality, cost-effectiveness and patient satisfaction of expanded (irreversible) dental procedures performed by non-dentists in a controlled, supervised university setting be completed before any decisions are made regarding the creation of a new provider category.

### CSPD's Support Position on SB 694 --- What exactly does that mean?

CSPD recognizes SB 694 is a work in progress and that many of the specifics of establishing the State Office of Oral Health and the details specifying the parameters of the research study have yet to be introduced.

*(Continued on Page 15)*

Join Us In

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for the  
37th  
CSPD  
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WSPD  
annual  
meeting

March 29 – April 1, 2012  
registration now available at [www.CSPD.org](http://www.CSPD.org)

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# Annual Meeting Information

## Lectures:

The continuing education topics are ones that were specifically selected to be appreciated by any practitioner who is looking to take back usable information for their daily practice of pediatric dentistry. Please visit [www.cspd.org](http://www.cspd.org) to view the speaker biographies and read a complete description of the lectures. There are a total of 21 continuing education credits being offered!

- Clinical Interpretation of the Pediatric Medical History (3) **Robert Steelman, MD, DMD**
- Oral Pathology of Children and Young Adults (3) **James Kratochvil, DDS**
- Management of Chronic Conditions of Childhood (3) **James Stout, MD, MPH**
- Phase I Orthodontics (3) **Jason Pair, DDS**
- Treating Children & Adolescents with Obstructive Sleep Apnea (3) **Kasey Li, MD, DDS**
- Sustainability: What Does This Mean in Dentistry? (3) **Eve Cuny, MS**
- New Dentist Lectures
  - Employment Law: How to Minimize Risk and Stay Compliant in 2012 (1) **Ali Oromchian, JD**
  - How to Address Privacy, Treatment Plans & Financial Issues (2) **Robyn Thomason**
- Marketing 101
  - Dental Marketing Strategy and Tactics **Tammara Plankers**
  - Social Media and the Dental Office: Legal, Ethical, and Practical Issues Every Dentist Must Consider **Ali Oromchian, JD**

## HOT TOPIC!

There's a bonus panel discussion on Thursday afternoon, March 29th, sponsored by the CSPD Foundation:

- Perspectives on the Future Workforce for Pediatric Dentistry: the Midlevel Provider and Access to Care  
Panel speakers: **Joel Berg, DDS, MS** **James Crall, DDS, ScD** **Jared Fine, MPH** **Jenny Kattlove, MS** **Paul Reggiardo, DDS**

## Schedule of Events

### Thursday, March 29

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- 1:30-4:30 pm Panel Discussion: "Perspectives on the Future Workforce for Pediatric Dentistry: the Midlevel Provider and Access to Care" Sponsored by **The CSPD Foundation**
- 6:30-8:30 pm Welcome Reception, Sponsored by **Space Maintainers**

### Friday, March 30

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- 6:30-8:30 am Past Presidents' Breakfast (*invitation only*)
- 8:30-11:30 am Lecture: "Clinical Interpretation of the Pediatric Medical History"
- 11:30 am-12:30 pm CSPD Business meeting (*all members welcome*)
- 12:30-2:00 pm Installation Luncheon
- 2:00-5:00 pm **New Dentist Lectures:**  
"Employment Law: How to Minimize Risk and Stay Compliant in 2012"  
"How to Address Privacy, Treatment Plans, & Financial Issues"
- 2:00-5:00 pm **Marketing 101:**  
"Dental Marketing Strategy and Tactics", Sponsored by **Wells Fargo Practice Finance**  
"Social Media and the Dental Office: Legal, Ethical, and Practical Issues Every Dentist Must Consider",  
Sponsored by **Dental Counsel**
- 5:00-7:00 pm CSPD New Dentist and Resident Reception, Sponsored by **Nu Smile and WSPD**
- 6:30 pm-8:30 pm CSPD Foundation Cocktail Reception, Andina Restaurant (*invitation only*)

### Saturday, March 31

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- 6:30 am 5K Run4Fun and 1 Mile Walk and Talk
- 9:00 am-2:00 pm Trip to the Oregon Museum of Science
- 8:30-11:30 am Lectures: "Oral Pathology of Children and Young Adults," "Management of Chronic Conditions of Childhood"
- 12:00- 2:00 pm Table Clinics
- 1:30-4:30 pm Western State Caucus
- 1:30-4:30 pm "Phase I Orthodontics," Sponsored by **Sybron Dental Specialties**
- 6:00-7:30 pm UCLA, USC, UCSF Alumni Receptions and OAPD Reception
- 7:30-11:00 pm Gala Reception: "Boogie Nights!"

### Sunday, April 1

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- 8:30-11:30 am Lectures: "Treating Children & Adolescents with Obstructive Sleep Apnea," Sponsored by **WSPD**  
"Sustainability, What Does This Mean in Dentistry?"

\*\* **Registration Suite** will be open Thursday 8:00 AM - 5:00 PM; Friday 7:30 AM - 5:00 PM; Saturday 7:30 AM - 2:00 PM

**Sponsor Exhibits** will be open Thursday 1:00 - 4:00 PM; Friday/Saturday 7:30 AM - 4 PM; Sunday 7:30 - 11 AM

**Continental Breakfast** will be open 7:30 - 8:30 AM on all days

## Registration

The registration fee\* is \$495 for CSPD/WSPD members, \$595 for non-members, \$350 for staff/auxiliary, \$195 for CSPD-member post-doctoral residents, and \$350 for spouses/guests. Please visit [www.cspd.org](http://www.cspd.org) to register and find out more details about registration categories and prices.

**\*Late registration starts February 19, 2012. Registration fees will increase by \$50 across all categories after this date.**

## Accommodations

The 2012 Meeting will be held in the luxurious and fanciful Nines Hotel, a Starwood Luxury Collection Destination. Housed in one of Portland's most beloved landmarks, the Meier & Frank Building, the Nines Hotel's accolades include being one of the only two hotels in Oregon on Travel and Leisure's 2011 "World's Best Hotels" list, as well making it to their 2011 "America's Best Affordable Hotels," 2009 "Hottest Hotel Rooftop Bars," and 2008 "Best New Green Hotels" lists. Described in the New York Times as a "chic haven," the hotel makes being green hip. LEED Silver certified, 90% of its construction debris was recycled when the hotel was built, and it's on-site steak house, Urban Farmer, features cuisine crafted from mainly from local ingredients.

But don't think you have to sacrifice style for sustainability or affordability! As one of the country's most luxurious urban eco-properties, the Nines' clear emphasis on art and style can be seen in its 419-piece collection by local artists, their spacious rooms with Tiffany-blue décor, and the room's calming marble bathrooms lit by delicate crystal pendants.

Book your hotel rooms now because rooms are limited and filling fast!

the **NINES**



## Social Events

### Thursday Evening Welcome Reception: March 29, 6:30-8:30 pm

Unpack your bags and join us Thursday evening for appetizers and drinks at the Nines Hotel. At the Welcome Reception, you can say "Hi!" to friends and peers who you may not have seen since last year and lay out your social plans for the rest of the weekend. CSPD, the Nines Hotel, and the reception's generous sponsor, Space Maintainers, look forward to welcoming you to Portland and the 37th CSPD/10th WSPD Annual Meeting!



### Saturday Run4Fun and 1 Mile Walk: March 31, 6:30 am

Nothing wakes you up in the morning and gets you ready for a day of lectures more than a quick run or walk with your friends. All registrants will receive a beautiful t-shirt featuring the artistic design used to commemorate this year's Annual Meeting. You'll feel even better running or walking knowing all profits from the event will be donated. Registration for this event is \$20 and may be done online.



### Saturday Morning Trip to the OMSI: March 31, 9:00 am-2:00 pm

Join us for a day of fun, hands-on learning and adventure at the Oregon Museum of Science and Industry (OMSI). OMSI is great for adults and children of all ages. Highlights include planetarium shows, an IMAX theater, tours of the USS Blueback submarine and multiple hands-on exhibits for you and your children to explore!

Registration may be done online and includes museum admission and shuttle transportation to and from the hotel.

### Saturday Evening Gala Reception: Boogie Nights! 7:30-11:00 pm

Be prepared at this year's Saturday night gala reception as CSPD presents, "Boogie Nights!" First, you'll enjoy a dinner the Nines' chef proudly creates from both locally sourced and always seasonal ingredients. After dinner, we will all have time to strut our stuff on the dance floor to music from across the ages. There is no dress code, but remember, the city of Portland's proudly touted theme, "Keep Portland Weird." When in Rome...Costumes are encouraged, so feel free to channel your inner Elvis, pay homage to Sonny and Cher, or out-weird Lady Gaga.

## Thanks to our Sponsors!

CSPD would like to thank the following sponsors for their generous support of the Annual Meeting. Please thank them for their support of our organization (and take advantage of big meeting discounts!!!) by remembering to save your dental supply orders for the meeting.

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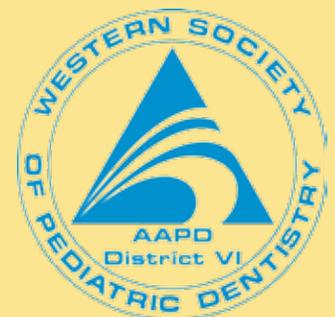
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*Executive Director*

**Ray Stewart, DMD**

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**For a complete list of committee members visit the CSPD Website at [www.CSPD.org](http://www.CSPD.org)**

California Society of Pediatric Dentistry

## BULLETIN

CSPD members are encouraged to contribute to the Bulletin. Articles, Letters to the Editor, or other items of interest are welcome. Items for publication may be submitted to Gary D. Sabbadini, DDS by mail (1500 Tara Hills Dr. Suite 100 Pinole, CA 94564 or GarySab@comcast.net).

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### MISSION OF THE BULLETIN

The Bulletin of the California Society of Pediatric Dentistry shall be to examine and identify the issues that affect the specialty of Pediatric Dentistry and the oral health of teenagers and children. All of our readers should remain informed and participate in the formulation of public policy and personal leadership to advance the purposes of the Society. The Bulletin is not a political publication and does not knowingly promote the specific views at the expense of others. The views and opinions expressed in the Bulletin do not necessarily represent those of the California Society of Pediatric Dentistry.



# PRESIDENT'S MESSAGE



**Oariona Lowe, DDS  
CSPD President**

CSPD is facing some very important issues. In recent months Senate Bill SB694 has been hotly debated. This bill, sponsored by The Children's Partnership, seeks to improve access to oral healthcare services to underserved populations. SB would reinstate a dental director and authorize a rigorous scientific study addressing the safety, quality, and cost-effectiveness of expanded dental procedures performed by traditional and non-traditional providers in specified public health settings. On January 21, 2012, at the CSPD meeting in Los Angeles, the Board of Directors of the California Society of Pediatric Dentistry voted unanimously to adopt the following position on Senate Bill 694 (Padilla): **Support In Principle (unrestricted support pending scientific study and other relevant elements)**. In reaching this decision, the Board carefully considered the implications of this legislation on alternative dental workforce models and on the bill's consistency with the policies and resolutions adopted by the 2011 CDA House of Delegates. For further and in depth information regarding this Bill, please review the reports from our Public Policy Advocate, Dr. Paul Reggiardo, and our Executive Director, Dr. Ray Stewart which are included in this Bulletin.

CSPD has also been evaluating the current management style of our organization. The Board of Directors, upon recommendation from the Organizational Task Force, voted to adopt a new administrative structure. In 2010, we hired a management consultant, Lisa Yates, LLC, to facilitate our Strategic Plan. She guided us through a very thorough evaluation process that looked at our organizational structure and how all the component parts worked together. She concluded that we had too many committees and our Leadership was overworked. Our Executive Director and the administrative office could not function

effectively and efficiently due to the volume of work. It was suggested that we consider engaging an Association Management Company (AMC) to help us run and manage our organization. An AMC could provide us with a multitude of administrative services that include (but are not limited to) dues collection, management of the website, editorial, bookkeeping, accounting, and annual meeting planning.

The question was posed, "How does engaging an AMC affect the organization and structure of CSPD?" The Organizational Task Force was formed last year and was charged with reviewing the existing administrative operations and making recommendations for improvement to our current system. This year under the guidance and leadership of Dave Rothman, Chair of the Organizational Taskforce, a "new approach to management" was reviewed and recommended. The Task force developed a RFP (Request for Proposal) to present to potential individuals and companies. Early this year, the Task force voted to approve a new management model and presented their findings to the Board of Directors at the January 21, 2012 Board meeting. Three management models were introduced: 1) Retain our current model; 2) Transition to a full AMC model of management and 3) Move to a "hybrid" management structure which retains an Executive Director who works with an AMC that will serve as the administrative arm of the Organization. After some deliberation, the BOD voted to accept the "hybrid" management style. In this model, the Executive Director retains his role as chief administrative officer and continues to oversee the work and services of the AMC. In his report, Dr. Rothman will summarize the steps that guided us to make the decision on the new management model.

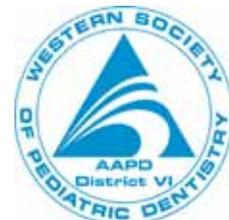
Finally, please join us in Portland for our Annual Meeting, March 29-April 1, 2012. If you haven't already registered, go to [www.cspd.org](http://www.cspd.org) to register online before registration fees increase on February 19, 2012. Bring your colleagues, staff, and family to share the excitement of the Annual Meeting and experience the best of Portland at the Nines Hotel!



## **CSPD Resident and New Dentist Reception Sponsored by NuSmile and WSPD**

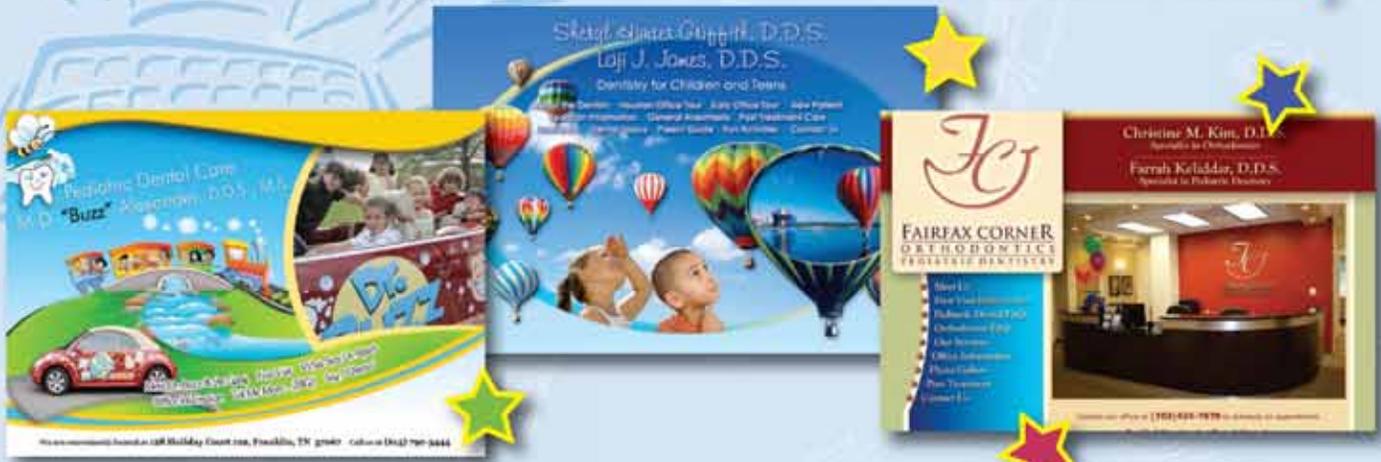
If you are a resident, recent graduate, or private practitioner looking for an associate or partner, please join us for the CSPD Resident and New Dentist Reception.

The reception will be  
**Friday March 30 from 5:00 pm to 7:00 pm**  
at The Nines during the CSPD Annual Meeting in Portland.





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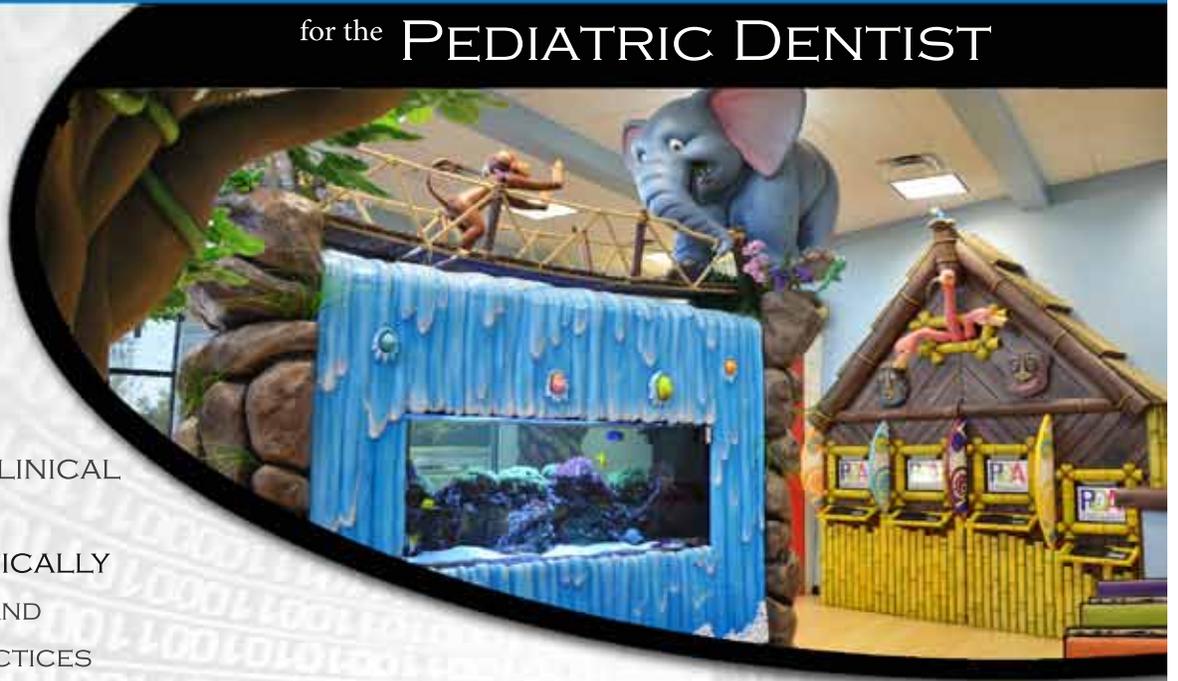
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# Task Force On Organization Management - David Rothman, DDS

During the 2009 – 2010 Strategic Planning Session under the direction of President Lindsey Robinson, our strategic planning facilitator, Lisa Yates, guided us through a process of evaluating our organizational structure and responsiveness to our members. It was her recommendation that based on our needs, our limited income and growth potential, and our increasing complexity that an association management company (AMC) might be appropriate to help run the organization. Professional organizational management companies stay current on laws and regulations affecting non-profit organizations and ensure that they remain compliant. Many organizations our size or larger manage their business with this model including the California Society of Orthodontists and the American Board of Pediatric Dentistry. We consulted with experts of other organizations who also recommended this as a model for our society. AMCs offer support with secretarial, accounting, bookkeeping, editorial, office, printing, annual member registration and dues collection, layout and publishing and event management in one cost effective package. The AMC provides an office staff person who answers the phone during business hours and routes phone calls to the appropriate person in our organization.

The Task Force on Organization Management was established to examine and make recommendations as to the best organizational structure for CSPD. In Phase 1, the Task Force determined that the current management model needed revision and the concept of using a full service association management company would be explored. Various proposals for the organizational model were considered and Scott Litch, Esq., C.A.E., Chief Operating Officer and General Counsel for AAPD, was consulted for his advice. His opinion is that an organization of our size and scope would be best served by utilizing an AMC. On the recommendation from Mr. Litch and CDA Counsel, we contacted Paula Goedert, JD, an attorney who specializes in association law with Barnes and Thornburg. She reviewed the guidelines of our organization and offered an opinion that pursuing an AMC would not be in conflict with our existing Constitution & Bylaws or our Policy & Procedure Manual.

Phase 2 began with an RFP (request for proposals) that was sent out to 2 targeted candidates and posted on the AMC institute website. Five additional candidates submitted management proposals. On November 6, 2011, the Task Force met by conference call and reviewed the seven proposals for comprehensiveness of services, cost, reputation, and experience working with organizations similar to

ours in both size and complexity. The committee decided that it was appropriate to interview the top 2 candidates using a ranked choice voting system. Smith Moore Associates and BTF were the highest ranked AMCs and were invited to an interview.

On December 17, 2011, the 2 candidates were interviewed. Shiela Locatelli Wallace of BTF presented for her firm and Catherine Smith and a team of 4 others (including Jennifer Ross formerly of CDA Presents) presented and answered questions for Smith Moore and Associates about their scope of services, responsibilities and costs.

After careful deliberation, the Task Force proposed the following which was unanimously approved at the January 21, 2012 Board of Directors meeting:

1. A management model in which we maintain our current Executive Director (ED), Ray Stewart, to help transition the administrative functions of the organization and oversee the implementation of the AMC for a period of one year. The model will then be reviewed and it will be determined whether this model will benefit our organization. The AMC would be responsible for the daily administrative functions of the organization including answering phones and receiving mail and would consult with the ED when necessary – especially on issues such as crisis management and areas specifically related to dentistry. The ED will be responsible for overseeing the finances and paying the bills whereas the AMC would be transitioned into our bookkeeping and accounting services with the ED maintaining general responsibility and oversight. The AMC would take over dues collection including billing, follow up and collections. The AMC will assist the Bulletin and Website Editor in both print and online editorial services including layout, printing and managing the website. In the second year, the AMC will transition to managing the Annual Meeting and all marketing and advertising. Additional delineation of duties will be determined.
2. That Smith Moore offered the superior proposal and package and is the recommended choice of the Task Force.

Phase 3 begins with negotiations between CSPD and Smith Moore and implementation of the AMC model. Transition of services to the AMC will be an ongoing project and will likely take 3-6 months. We believe the transition will be seamless and have no effect on the “culture” and history of our organization nor on the services our members have received in the past.

## PATIENT SERVICES REPORT

The Patient Services Committee continues to monitor press and professional reports which we believe are of importance to the pediatric dental practitioner in the areas of medicine, dental materials, patient safety and government legislation. The Committee will be developing a Patient Safety/Quality Assurance course for the 2013 Annual Session which will help the private practitioner set up an office based quality assurance program. We are looking for any input on things you would like incorporated in the program. The following reports should be of interest to our members:

- On 11/16/11, a 4 year old boy with extensive congenital heart disease and a pacemaker underwent surgery for oral rehabilitation including restorations and extractions. He had had multiple cardiac surgeries and was under the care of the cardiologists at Children’s Hospital and had been cleared for surgery. He had an extensive treatment plan which led to the recommendation to treat him in a controlled environment under general anesthesia. The treatment went well and his condition was stable throughout the procedure. He was extubated in the OR and brought to post anesthesia recovery in stable and satisfactory condition. His breathing and heart stopped and resuscitation efforts were made with anesthesiologists and cardiologists present. Attempts at resuscitation were futile and he expired. No information will be released until the coroner has examined the child. It appears that this was just a tragic conclusion following an uneventful surgery. Unfortunately, that provides little solace to the grieving family and the devastated team at Children’s Hospital Medical and Research Center.

- ABC Eyewitness News has begun an investigative report on sedation deaths in the dental office. A few experts in the dental field have been contacted and have referred questions to the leadership of ADSA or AAPD.
- The Santa Clara County Water District has voted to fluoridate the water system. Only 21% of the district has fluoridated water now as opposed to the national average of 72%. The fluoridated regions are mainly those which are serviced by the San Francisco Water District which also services the San Mateo Water District. Fluoride will now be added at the treatment plant in Santa Clara County.
- There have been at least 3 reported teenage deaths in dental offices in GA, PA, and OH following extraction of third molars. In the GA incident, the teenager died at his home 2-3 days after the procedure.
- A teenager in OK died following a rare infection which occurred subsequent to endodontic treatment.
- The FDA must issue a final response by March 31, 2012 to a challenge and a court ordered settlement of a lawsuit on the use of BPA. Recent research has shown it to be more ubiquitous and questions of its safety are still unanswered.



David Rothman, DDS

# A Final Wake Up Call ... Do Not, Under Any Circumstance, Hit The Snooze Button Again!



Ray Stewart, DMD  
Executive Director

This past quarter has been marked by strident discourse pertaining to Senate Bill 694 which was passed by the California State Senate on January 26, 2012 and is now awaiting committee assignment in the Assembly. You will read about this bill in numerous articles through this Bulletin. I cannot recall an issue which has sparked more controversy and divisive opinion by dentists throughout the state than this one.

I have always counseled my children, and more recently my grandchildren, to avoid resorting to the adage "I told you so." However, since writing my President's Messages for the Bulletin in 1997-98 and over the past four years

as Executive Director, I have been repeatedly warning our members of the dangers of complacency and a failure to address the problems of access to care experienced by growing numbers of children throughout California and the nation. This problem has been begging for a solution for well over a decade; therefore, it should come as no surprise that politicians and representatives of organizations advocating for the interests and welfare of low income and minority children have become frustrated with the lack of progress towards a solution.

The Children's Partnership, at the prompting of a coalition of public and private organizations, introduced SB 694 as a placeholder bill in the first legislative session of 2011. This bill was initially intended to authorize the creation of a mid-level provider (dental therapist) to aid in improving the access to oral health care services for minority and low income children in California communities.

To its great credit, the California Dental Association recognized the looming problem that this sort of legislation might create and, in 2009, implemented a preemptive study of the various attempts that have been made by other states and countries to alleviate access to care problems by utilizing alternative workforce solutions. Their conclusion is that access is a multi-factorial problem requiring complex and multi-faceted solutions. The report outlined a 3-phase proposal ([www.cda.org/library/pdfs/access\\_proposal.pdf](http://www.cda.org/library/pdfs/access_proposal.pdf)) with 20 targeted recommendations. This report and the recommendations of two workgroups were submitted to the CDA House of Delegates in November, 2011 for consideration. The deliberations of the HOD resulted in two Resolutions (2RC and 24S1) which were both overwhelmingly approved by the House and supported by the Pediatric Dental Caucus.

Both of these Resolutions were accepted by Senator Padilla and his staff as a framework for SB 694 which was submitted to the legislature in January as it opened its 2012 session in Sacramento. Since its introduction, SB 694 has resulted in a firestorm of controversy among the dental community in California. I hear repeatedly (especially from young pediatric dentists) ... "How can you (the leaders and mentors of our specialty) have let this happen?" ... "Why weren't we told that we needed to be part of the solution when we were in dental school and residencies?" ... "We must draw a line in the sand and not let this happen!"

Although I am sympathetic to their plight, I will once again remind them that they are professionals who are given the right to practice dentistry by the public they serve and are charged with the mission of providing for the health and welfare of all children, regardless of socioeconomic status. I believe we have a moral and ethical responsibility to society to see that no child goes untreated. To me, this means comprehensive care not just the relief of pain and infection. Children's oral health is not about entitlements; it is not about responsibility or irresponsibility on the part of the child's parents; it is not about liberal or conservative political views; it is about our

obligation to assure the health and welfare of the children (again I emphasize all children) which we have been granted the privilege to serve.

Amidst all of the controversy and emotionally charged dialogue surrounding SB 694, it is perfectly clear that we are at a crossroads. We cannot expect the public nor it's elected representatives to pay much heed to the professional community's warnings of a two tiered system, or of subjecting low income children to second rate care, or that the basis of the access problem and its potential solution rests entirely with the dismally low Denti-Cal reimbursement rates as reasons against exploring and or implementing alternative workforce solutions. It becomes increasingly difficult to refute the argument that some care (regardless of who provides it) is far better than no care at all.

This problem is nothing new as it was brought to the nation's attention in 2003 with "National Call to Action to Promote Oral Health," Dr. David Satcher's Surgeon General Report. Since then, we as professionals have failed to provide a single viable solution as to how to address the disparity. In no way am I suggesting that an Alternative Workforce Provider (aka "dental therapist") is a magic bullet and the solution to the access problem. On the contrary, there are many reasons to believe that this experiment will be doomed from the start. What I am suggesting is that dentists have turned a deaf ear and a blind eye to a problem which has reached overwhelming proportions. It has created a veritable tsunami of public outcry which is about to break over the protective sea wall of private, fee for service practice that we have built around the dental profession. The aftermath of this tsunami has the potential to profoundly alter the way we practice....forever.

SB 694 is only the first salvo of what is sure to be a demand on the part of the public to solve the access problem. If we once again turn our backs on the problem and refuse to engage in meaningful discussion, there may be serious repercussions. If you are among the dentists who feel that we must resist the passage of any legislation that permits expanded capabilities of alternative providers (including non-reversible and surgical procedures) without offering a plausible alternative other than one which maintains that the current workforce model is perfectly capable of providing care to everyone, then I would suggest that you were amongst those who slept through the first alarm and the repeated wake up calls which have preceded this one.

In my opinion, SB 694 is the final wake up call that we will be given. It provides us with one last opportunity to be an active participant in seeking a solution to the access problem. The solution, if there is one and it is not too late to implement, will not be made without painful adjustments to the way we do business and to the expectations that our young students have upon graduation from dental school as to what the future holds for their career in dentistry.

I would propose that we must collectively muster our will and determination and offer a solution. One solution may be a requirement that each dentist practicing in California must devote some portion of his or her career to serving the needs of the low income and working poor of this state. I know that I will be criticized for suggesting a strategy which some might consider a violation of their free enterprise and constitutional rights. I would challenge these critics to come up with a better solution. Time is of the essence. The train left the station a long time ago. I am confident that failing to come up with an alternative will lead to a solution that probably won't be to your liking!

I will have done my job if I have convinced some of you to not, under any circumstance, HIT THE SNOOZE BUTTON AGAIN! Regardless of how you feel about SB 694, resolve to get involved as a problem solver instead of a protestor. The future of dentistry and our specialty depends on YOU!



## Letter to the Editor



Dear colleagues:

I remember the day grades came out for the sophomore technique course at UCLA. My instructor, noting my visible delight, whispered "don't break your arm patting yourself on the back because I could teach a monkey to do this."

With the backing of CDA and CSPD, our California State Senate passed SB 694, fundamentally validating my professor's assumption. The final language approved by the Senate authorized a feasibility study to evaluate the efficacy, safety and economics of training high school students to perform irreversible and non irreversible dental procedures after a two year training course.

Previous iterations of the bill had skipped the feasibility study and gone straight to the clinical trials of "non-traditional providers" who would be licensed to administer operative dental care to children of all ages. Astonishing as it may seem, our dental societies gave this language their unqualified backing.

Why would the CDA and CSPD acquiesce to the seeming "vocationalization" of our profession? The simple answer and the "party line" states:

- The new federal health care bill mandates access to care for all children and there are simply not enough dentists to treat this underserved population.
- Outside forces are fed up with the dental profession's inability to find an adequate solution to care for nine million underserved Californians.
- We need to play nice if we wish to participate and have a seat at the policy making table.

The amount and tone of disapproval heaped on our profession's leadership by the rank and file concerning this legislation has been swift and uncharacteristically negative. One CDA component wrote, *"Having heard strong, vocal and emotional responses to the proposed legislation and the positions taken by CDA and other dental organizations, we are extremely concerned that this issue has a huge, if not catastrophic, potential for dissension, dissatisfaction, and out-and-out warfare within our organization and a possible loss of membership. We believe that a key component of addressing and understanding the issues and the views of all sectors of our membership is open two-way communication. It is essential that the CDA ensure that it's position and the rationale for the position be fully expressed to and understood by all of our members, students, and specialty and ethnic organizations. It is equally important that the supporting and dissenting voices within the association be given the opportunity to explain where they are coming from as well."*

Upon learning the details of SB 694, most members assume the worst and surmise that, if initiated, the outcome will forever alter our dental delivery system for the worse. With respect to the bill, large factions of CDA members feel that our leaders have failed to communicate and educate its constituency. Most members regard this issue to be of monumental importance with vast consequences. They believe the leadership acted in a paternalistic and opaque manner. When questioned, the leadership has responded to our community in a condescending manner, exacerbating a lack of trust and fostering a sentiment of betrayal.

Increasing access to dental care has been tried in many guises with limited success:

- Denti-Cal, once a satisfactory program is now an abject failure due to poor reimbursement levels, a litigious community, a bloated bureaucracy, lack of oversight, and rampant fraud.
- Building more dental schools and educating more dentists did little to aid the underserved population. The majority of graduates shunned the underserved and congregated in affluent neighborhoods.
- CSPD initiated weekend seminars to educate general dentists in an effort to increase access to care. The outcome was a new group of "general dentists for kids" posing as pediatric dentists and confusing the average parent in suburb and well served cities.

When I called a member of CSPD to voice my concern, we had a spirited exchange and he challenged me to propose an alternative plan that would increase access to care.

I assume our leaders have left no stone unturned when it comes to resolving this dilemma. They say they have warned us of the coming firestorm and that we have not heeded their counsel. They say it may be too late to alter the minds of politicians and the public at large. Unfortunately, the message never got to me and every pediatric dentist I've spoken with either missed the memo or perhaps they were all asleep in the back row with me. That aside, I am willing to do my part and I am sure most of us will be there to help if given a plan of attack.

I believe that the short-term answer lies in a multifaceted approach to manage this complex problem. One feature would have each dentist voluntarily treat patients in their private office. Another avenue would have volunteer dentists work within existing private offices in depressed communities; these offices could be worked and staffed on weekends. Staff salaries and rent would have to be donated or paid by the state or some philanthropic organization. Another facet would have low income individuals treated within dental schools and their satellite and mobile clinics.

To fully realize a solution to the dilemma will require licensed dentists to give of their time in an answerable fashion, universities will need to be accountable for how they manage their clinics, and the state will need to view a license to practice dentistry as a valuable commodity.

The cornerstone to the solution will require a group of dedicated dental professionals willing to work for substandard wages. To meet the needs of all of tomorrow's underserved children, the state must initiate a dental intern program similar to the physician's internship model.

If a requirement to become licensed to practice in California included completing a one year GPR or AEGD program with an emphasis on service to the poor or military families, the dilemma may be able to be solved. The intern program would benefit both those in need of care and the newly graduated dentists who possess limited practical experience.

There would be a need for permanent facilities to house these programs and they must be staffed by clinical instructors, not public health dentists, who have the capacity to monitor treatment and progress. There must be a loan forgiveness program for those who have graduated from California dental schools to offset the high cost of dental school (which can be greater than \$300,000). In order to obtain a California Dental License:

1. A graduate would be required to be employed for a year in a clinic treating under-served patients. This should be designated as a dental internship. The intern would be given a salary stipend, two weeks paid vacation, forgiveness of one year of dental school tuition and a year's grace period from the commencement of the student loan interest and principal payments.
2. Federal loan forgiveness for completing additional years of public service could be considered.
3. Dentists completing a specialty are not exempt. They may choose to complete their year of service before or after their residency training.
4. There must be oversight by an experienced clinician who will travel to various sites and complete chart audits including pre and post-operative radiographs.

One will note precedence for this example by examining the current licensure requirement of New York State. Although it should be understood that, unlike New York, California's needs are for providers in underserved areas rather than hospitals and dental schools residencies.

When apprised of the alternatives, all the practicing clinicians with whom I have spoken said they would pitch in if given a template. All seem to believe that the solution to the problem lies in a mandatory internship program.

~ Gordon Dixon, DDS

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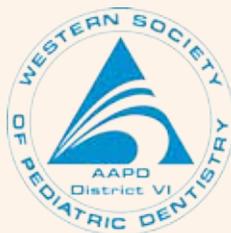


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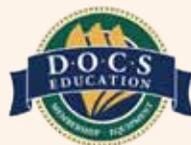


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Paul Reggiardo, DDS  
Public Policy Advocate

# Dental Board of California Update

The Dental Board of California met November 7-8, 2011 in Studio City. The following summarizes actions and issues coming before the Board pertinent to pediatric oral health. CSPD is represented at each meeting of the Dental Board and updated reports are posted in the Advocacy, Legislation and Regulatory Matters (ALARM) section of the CSPD Website. Members having questions or comments should contact CSPD's Public Policy Advocate, Dr. Paul Reggiardo, at [Reggiardo@prodigy.net](mailto:Reggiardo@prodigy.net).



## Pathways to Dental Licensure

With the 2004 legislation that established a pathway to California dental licensure by passage of the Western Regional Examination Boards (WREB), demand for the clinical examination administered by the Dental Board of California has all but disappeared and the examination is no longer offered. Current pathways to California Licensure are listed below:

- **WREB Clinical Examination (2004)** - Applicants must have graduated from an approved dental program or have previously passed the Board's restorative technique exam and must pass the Western Regional Examination Board's clinical exam and pass the California Law and Ethics examination.
- **Licensure by Residency (LBR) (2006)** - Applicants must have graduated from an American Dental Association Commission on Dental Accreditation (CODA) accredited dental program and completed at least one year of postgraduate education in an approved Advanced Education in General Dentistry or General Practice Residency and pass the California Law and Ethics examination.
- **Licensure by Credential (2002)** - Applicants must have been licensed in another state for at least 5 years and provide documentation of at least 5,000 hours of clinical practice in the preceding 5 of 7 years, or agree to at least a two year contract with an approved dental program in California as an instructor, or practice in a public health clinic in an underserved area as designated by Office of Statewide Health Planning and Development (OSHPD).
- **Portfolio Examination**, the fourth pathway, is in development for the future. The Portfolio examination will assess a California dental student's experiences within the clinic settings of his or her dental program as the measure of competence for issuance of a California dental license.

In addition, all applicants must undergo a criminal background check and have a Social Security number before a license may be issued.

**Comment:** Licensing statistics for 2010 and 2011 are as follows:

Pathway	2010	2011	Total to date	Pathway Implemented
CA Exam	0	0	53,977	Prior to 1929
WREB Exam	558	664	4,022	2006
LBR	159	182	694	2007
LBC	131	162	2,226	2002
LBC Clinic	3	4	23	2002
LBC Faculty	0	0	3	2002

At its peak, the California examination was administered to approximately 1,500 candidates annually. The reduced number of candidates taking the WREB examination in California reflects the number of out-of-state candidates preferring to take the WREB exam in other states or obtain the California license by one of the alternate pathways.

## Licensure by Portfolio Pathway

AB 1524, passed by the legislature in 2010, creates a new format of clinical licensure examination for students enrolled in a California dental school, commonly referred to as a "portfolio examination." The Board is now charged with implementing the law by developing standardized criteria for the assessment of the applicant's competency, training and calibration of examiners, and the process by which the Board will independently monitor and audit the portfolio examination. The Board has contracted with COMIRA, a commercial testing provider, to assist in the development of the regulations and in the creation of an applicant application and candidate handbook, selection criteria for each school's competency examiners, and to ensure the process is suitable for statistical outcome analysis.

As part of the process, COMIRA created six work groups (Oral Diagnosis and Treatment Planning, Endodontics, Removable Prosthodontics, Periodontics, Indirect Restorations, and Direct Restorations) recruited from each of the six California dental schools to define the purpose and testing criteria of each competency section. These representatives were selected by the Associate Dean of their respective schools and fields. The drafts of the work products of each of the groups will next be reviewed by the faculty and administration of the schools.

**Comment:** The Board initially indicated that the process to develop regulations would include a series of focus groups assembled by the Board to develop the specific examination criteria for each clinical area to be assessed. Instead, the Board has ceded to the process recommended by COMIRA. CSPD and other stakeholders / parties of interest will have opportunity to comment upon and influence the final product once draft regulations are released and the regulatory process initiated.

If the process runs smoothly, the first candidates for licensure by portfolio could be evaluated in 2013. A more likely date is in 2014.

## Registered Dental Assistant Written Examination Statistics

In July of 2009, with the dissolution of the Committee on Dental Auxiliaries (COMDA), responsibility for the licensing of Registered Dental Assistants (RDA) passed to the Dental Board of California. The 2009 pass rate for the RDA written examination barely exceeded 50%. Utilizing a new written examination, the pass rate increased last year to 61%. For 2011, the pass rate for the RDA examination is as follows:

Examination Type	Candidates	Pass Rate
RDA Written Exam First Time Candidate	1,421	77%
RDA Written Exam Repeat Candidate	571	55%
RDA Practical Exam First Time Candidate	1,594	88%
Rda Practical Exam Repeat Candidate	310	66%

**Comment:** The pass rate for the RDA Law & Ethics examination is very similar. The numbers for the new Orthodontic Assistant and Dental Sedation Assistant examinations (59% and 72% respectively) are too small as yet to be statistically significant.

Still to be addressed is the discrepancy between the overall pass rate of those qualifying for the RDA examination by a formal educational program (64%) and those by on-the-job training (45%). Candidates qualifying through the work experience pathway are not exposed to the same content and variety of training materials as those who go through the educational process. The Board will explore the possibility of providing feedback reports to failing candidates and posting a comprehensive RDA candidate handbook or online information bulletin.

### **Fingerprinting Requirement for Licensees**

Since July 1, all licensees for whom no fingerprint record exists at the Department of Justice (DOJ) have been required to submit evidence they have completed a Live Scan fingerprint data-entry process as a condition of license renewal. The requirement includes dentists as well as licensed auxiliary categories and is generally affects those originally licensed before 1986. The DOJ has provided the Board with a list of all licensees for whom no record of fingerprinting exists and the Board began notifying licensees in May whose pending renewals are affected by this requirement. Information, including Frequently Asked Questions, has been placed on the Board's website.

**Comment:** The Board estimates approximately 18,000 dentists and a like number of RDA and RDAEF licensees are affected by the requirement. Compliance by dentists has been excellent, slightly less

so for dental auxiliaries.

### **Posting Notice to Consumers of Licensure by the Dental Board**

Senate Bill 540, signed by Governor Brown September 30, 2011, requires the Board to adopt regulations that require a licensed dentist engaged in the practice of dentistry to provide notice to each patient of the fact that he or she is licensed and regulated by the Dental Board of California and require the notice contain the Board's toll-free telephone number and Web site address. To meet this requirement, the Board instructed staff to draft regulations that would specify the notice be provided by one of the following methods:

1. Prominently posted in an area visible to patients on the premises where services are provided in at least 48-point type
2. Included in a written statement, signed and dated by the patient or patient's representative and retained in the patient's dental records, stating the patient understands the dentist is licensed and regulated by the Board
3. Including the notice in a statement on letterhead, discharge instructions, or other document given to a patient or the patient's representative, where the notice is placed immediately above the signature line for the patient in at least 14-point type.

**Comment:** The statute requires that regulation be adopted by January 1, 2013.

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### ***("Mid-Level Provider" - Continued from Page 1)***

With the understanding that there will be a number of necessary clarifying amendments as the bill now moves through Assembly, the CSPD Board of Directors, at their January 21, 2012 meeting, unanimously voted to support SB 694 as follows:

**Support In Principle** (Unrestricted support pending development by amendment the details of the proposed scientific study and other relevant elements)

This position gives the CSPD Board the flexibility needed to respond to any amendments which are not consistent with CSPD's mission statement and judgment, with CDA's resolutions and policies, and with CSPD's opposition to any scope of practice changes or new provider category that would allow non-dentists to perform expanded dental procedures unless there existed compelling data on the quality, safety and cost-effectiveness to support such a recommendation. At that time, and only at that time, would CSPD give consideration to any expanded scope of practice or provider category and then only if it reflected the results of the study, supported a provider model in which the dentist remains the head of a single dental team and delivery system, and is in the best interests of children and the public.

In the meantime, CSPD position on SB 694 means:

- CSPD supports the bill currently in the Assembly (as amended 1/25/12 in the Senate)
- CSPD supports the intention of the bill as it continues to evolve

### **Would CSPD support expanded scope of practice or a new workforce model if safety and quality issues were buttressed by the results of the research study?**

CSPD has made no decision as to what alternative workforce model or expanded functions for existing workforce categories it might support (if any) once the information from the workforce study is available. If the study indicated that certain procedures for pediatric patients could be provided by an individual with less education and training than a dentist and produced comparable quality, safety, cost-effectiveness, and patient satisfaction, CSPD would then be in a position to make an evidence-supported scope of practice recommendation.

With this information, CSPD could then look at the practice settings, supervision levels, payer sources, and payment schemes

under which these certain specified procedures might be provided in a model in which the dentist remains the head of a single delivery system. Armed with this knowledge, we would also have the evidence base to refute any midlevel provider or scope of practice proposals which we do not believe would optimally serve the public, protect the patient, and increase access for a targeted population.

### **What would be the effect on conventional dental practice if there were an alternative dental workforce?**

If the legislature were to create a true alternative dental workforce, it would be separate and parallel to the dental delivery system that now exists. An analogy would be the independent medical and chiropractic healthcare systems which are each overseen by a different licensing and disciplinary board and operate without coordination of healthcare delivery.

In a true alternative dental workforce model, the patient is at risk for duplication or missed services, selection of an inappropriate provider for a certain service, and the absence of coordination of care. Patients may not receive the benefits of prevention and long-term oral health outcomes implicit in the Dental Home.

Even with the creation of a new provider category with the dentist as the head of the team, dentists would continue to compete with each other on the basis of service, cost, personality, accessibility and other factors as they do now. Depending on the financial structure and other elements of the placement of a new or expanded provider in or near the school for those children meeting certain financial, third party payer (including government) and other criteria, the dentist might choose to become a participant by coordinating and supervising diagnosis and treatment on site or even via teledentistry. Until details of the program are available, it is impossible to predict the effect a new provider would have on a traditional private pediatric dental practice. However, I believe it safe to say that the targeted population of any such initiative would not be those found in the traditional dental practice.

These issues and more will drive the panel discussion "*Perspectives on the Future Workforce for Pediatric Dentistry: the Midlevel Provider and Access to Care*" at the CSPD/WSPD Annual Meeting in Portland. All members are strongly encouraged to attend.

## Report on the Actions of the 2011 CDA House of Delegates

The California Dental Association's House of Delegates met November 11-13, 2011 in Sacramento. CSPD was represented by President Oariona Lowe, Executive Director Ray Stewart, and Public Policy Advocate Paul Reggiardo. President-Elect Steven Chan attended as a delegate.

CSPD hosted the second Pediatric Dental Caucus on Saturday morning before the Component Society Caucuses, chaired by President Lowe, at which those resolutions of interest to CSPD were discussed and the positions of the Society were heard.

The House acted on over 30 resolutions. An unofficial summary of the actions of the 2010 House is available at [www.cda.org/about\\_cda/leadership/house\\_of\\_delegates](http://www.cda.org/about_cda/leadership/house_of_delegates). Below are the resolutions of interest to CSPD, the positions taken by CSPD on these resolutions, and the actions of the House.

### Resolution 1 – CDA Access Report

- **Position:** [Support the filing of the Access Report](#)
- **Rationale:** This work, the culmination of three years of study by the Policy Development Council's Access Workgroup and Workforce Research and Forecasting Task Force, is the single most comprehensive analysis of barriers to oral health care access in California. It presents a set of realistic, achievable phased strategies for the profession to explore in reducing these barriers. As such, it becomes the underpinning of all future CDA initiatives to address the dentally undeserved population.
- **House Action:** [Adopt](#)

### Resolution 2RC – Implementation of Access Report Phase I Strategy Recommendations

- **Position:** [Support](#)
- **Rationale:** This resolution allows CDA to engage the legislative process next year with proposals to address dental access barriers by establishing an effective state oral health infrastructure headed by a state dental director; tap into otherwise missed Federal funding opportunities; expand FOHC and safety-net clinic dental services outside their "four walls" by contracting with private dental providers; and command efforts to initiate a workforce study regarding the safety, quality, cost effectiveness, and satisfaction of irreversible dental procedures performed by traditional and non-traditional providers. Until such data exists, the resolution reaffirms CDA opposition to any scope of practice changes allowing non-dentists to perform such procedures.
- These initiatives will provide a viable legislative alternative to proposals for the immediate creation of a new dental provider model, either inside or outside of the current dental delivery system.
- **House Action:** [Adopt as amended](#)

### Resolution 4 – Dental Trade Alliance Oral Health Advertising Campaign

- **Position:** [Support](#)
- **Rationale:** This collaboration between the Ad Council and a coalition of more than 25 dental organizations will result in a three-year public service campaign to educate and raise awareness about the importance of children's oral health and its tie to disease prevention. The Ad Council has a proven track record for these

types of successful campaigns. The cost of the project over three years will be slightly less than \$3 million. The estimated value of the resulting advertising/media exposure on television, radio, newspapers, and magazines is estimated at \$100 million over the three years. The American Academy of Pediatric Dentistry has pledged \$500,000 to the campaign through its charitable foundation.

- **House Action:** [Adopt](#)

### Resolution 6S1 – Dental Laboratories

- **Position:** [Amend in Reference Committee; Support](#)
- **Rationale:** With one amendment clarifying that statutory efforts should concern only regulation of laboratory services for the replacement of tooth structure, the intent of the resolution results in patient protection.
- **Reference Action:** The Reference Committee failed to adopt the CSPD amendment
- **House Action:** [Adopt as amended](#)

### Resolution 10 – CDA Foundation Funding Strategy

- **Position:** [Support](#)
- **Rationale:** The mission and agenda of the CDA Foundation coincides with CSPD interests in access and disease prevention programs involving children. Adequate subsidy will enable the Foundation to continue to support such endeavors as POHAP training, educational loan repayment in return for practicing in underserved areas or with underserved populations, access grants, perinatal education, and CAMBRA research.
- **House Action:** [Adopt as amended](#)

### Resolution 15RC – Mission of Mercy Event

- **Position:** [Support](#)
- **Rationale:** The proposed event in Central California in 2012 will provide care for children otherwise unable to access oral health services. As a supporter of this CDA endeavor, CSPD should expect to provide the resources necessary to participate as a member of the "internal team" of Resolving Clause 1, which will sponsor and coordinate the event.
- **House Action:** [Adopt](#)

### Resolution 17RC – Interdisciplinary Affairs Committee Structure

- **Position:** [Amend in Reference Committee; Support](#)
- **Rationale:** The suggestion of a "designated representative" rather than the sitting president from each of the ADA-recognized specialty areas permits each state specialty organization to determine its own voting member, while encouraging the appointment of a continuing representative.
- **Reference Action:** The Committee accepted intact the CSPD amendments
- **House Action:** [Adopt](#)

### Resolution 24S1 -- Prohibition on Irreversible Procedures

- **Position:** [Support](#)
- **Rationale:** This resolution was introduced the morning of the House. The content of the resolution was incorporated in the original Resolution 2, supported by CSPD.
- **House Action:** [Adopt as amended](#)

## Bills of Interest to CSPD

### California Legislature 2011-2012 Second Regular Session - February 5, 2012

**SB 694 (Padilla) - Dental Care Access** - As amended, the bill would replace the current dental program within the State Department of Public Health with a Statewide Office of Oral Health, headed by a State Dental Director. It would authorize the Office to design and implement a rigorous scientific study on the safety, quality, cost-effectiveness and patient satisfaction of irreversible dental procedures performed by traditional and non-traditional providers in specified settings and levels of supervision for the purpose of evaluating future decisions relating to scope of practice changes. The establishment of the Office and the scientific study are both dependent on the securement of federal and private funding.

**CSPD Position:** [Support In Principle](#) - (unrestricted support pending development by amendment the details of the proposed scientific study and other relevant elements)

**Comment:** CDA's Government Affairs Council has determined all provisions of SB 694 are entirely consistent with CDA policies and the 2011 House of Delegates resolutions concerning access proposals and workforce models. SB 694 neither establishes nor permits a new licensed provider, the training and performing of irreversible/surgical procedures by non-dentists may occur only within the confines and parameters of the research study. Until compelling data on the quality, safety, patient-satisfaction and cost-effectiveness of irreversible/surgical procedures performed by non-dentists is available for analysis which would indicate that this model would reduce barriers to care and meet those other criteria, CDA opposes any such scope of practice changes.



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**PRESIDENT'S MESSAGE**

**Five Reasons to Give!**

**1. Giving makes us feel happy.** A 2008 study by Harvard Business School professor Michael Norton and colleagues found that giving money lifted participant's happiness more than spending it on themselves. Happiness expert Sonja Lyubomirsky, a professor of psychology at the University of California, Riverside, saw similar results when she asked people to perform acts of kindness.

These good feelings are reflected in our biology. In a 2006 study, Jorge Moll and colleagues at the National Institutes

of Health found that when people give to charities it activates regions of the brain associated with pleasure, social connection, and trust creating a "warm glow" effect.

**2. Giving is good for our health.** A wide range of research has linked different forms of generosity to better health, even among the sick and elderly. In his book, *Why Good Things Happen to Good People*, Stephen Post, a professor of preventative medicine at Stony Brook University, reports that giving increases health benefits in people with chronic illness.

Researchers suggest that one reason giving may improve physical health and longevity is that it helps decrease stress. In a 2006 study by Rachel Piferi of Johns Hopkins University and Kathleen Lawler of the University of Tennessee, people who provided social support to others had lower blood pressure than participants who didn't which may suggest a direct physiological benefit to those who give of themselves.

**3. Giving promotes cooperation and social connection.** When you give, you're more likely to receive. Several studies, including work by sociologists Brent Simpson and Robb Willer, have suggested that when you give to others, your generosity is likely to be rewarded by others down the line—sometimes by the person you gave to, sometimes by someone else.

These exchanges promote a sense of trust and cooperation that strengthens our ties to others. Research has shown that having positive social interactions is central to good mental and physical health.

**4. Giving evokes gratitude.** Whether you're on the giving or receiving end of a gift, that gift can elicit feelings of gratitude by both parties. And research has found that gratitude is integral to happiness, health, and social bonds.

Robert Emmons and Michael McCullough, co-directors of the Research Project on Gratitude and Thankfulness, found that teaching college students to "count their blessings" and cultivate gratitude caused them to exercise more, be more optimistic, and feel better overall about their lives. Barbara Fredrickson, a pioneering happiness researcher, suggests that cultivating gratitude in everyday life is one of the keys to increasing personal happiness. "When you express your gratitude in words or actions, you not only boost your own positivity but [other people's] as well," she writes in her book *Positivity*. "And in the process you reinforce their kindness and strengthen your bond to one another."



*Steve Gross, CDT  
CSPDF President*

**5. Giving is contagious.** When we give, we don't just help the immediate recipient of our gift. We may also spur a ripple effect of generosity throughout our community.

A study by James Fowler of the University of California, San Diego and Nicholas Christakis of Harvard, published in the *Proceedings of the National Academy of Science*, shows that when one person behaves generously, it inspires observers to behave generously towards different people

Giving has also been linked to the release of oxytocin, a hormone that is also released during sex and breast feeding, which induces feelings of warmth, euphoria, and connection to others. In laboratory studies, Paul Zak, the director of the Center for Neuroeconomics Studies at Claremont Graduate University, has found that a dose of oxytocin will cause people to give more generously.

So, when you give to the Foundation, it may help you build stronger social connections and even jumpstart a cascade of generosity through our community. And don't be surprised if you find yourself benefiting from a big dose of happiness in the process. I urge you to call, send a check, or give online.

Finally, I would like to thank all those who have participated or will participate in this year's Giving Campaign. I would also like to congratulate Scott Jacks and Scott Fishman who have stepped up to Diamond Life level.

Please consider jumping up to the next level of giving or, for those who would just like to participate, we have new entry levels of giving for resident support.

As always; I welcome your comments and suggestions – [Steve@theatg.org](mailto:Steve@theatg.org) or 818-998-7460.

**CSPD Foundation Thanks You!**

The Foundation is very pleased with how well the 2011-2012 Campaign is going. 68 members have donated \$48,150 through December 31, 2011. We would like to hear from all of the remaining CSPD members over the course of the year.

The CSPD Foundation continues to offer special giving categories of an honorary or memorial gift. This would be a wonderful gift for those colleagues or friends that already have everything. Donate online or download the form from the website (<http://www.cspd.org/foundation/>) and follow the instructions.

Many thanks from the Board of Trustees of the CSPD Foundation!

# 2011 - 2012 ANNUAL GIVING CAMPAIGN DONORS

as of 12/31/2011

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### Diamond Life

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### Corporate Life

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Donald Dal Porto	Loma Linda University	Dennis Nutter	Raymond Ramos & Cheryl Willets	Duane Spencer
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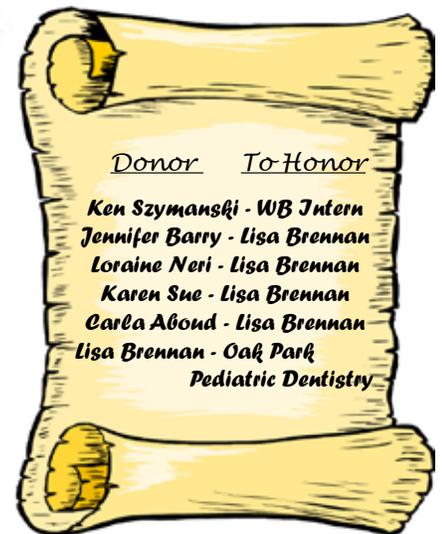
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## Faculty Spotlight

# 5 Questions with Daniela Rodrigues Silva, DDS, MS

by Justin Shuffer, DDS



Dr. Silva is originally from Goiânia, Goiás, Brazil and she earned her DDS degree at the Federal University of Goiás in 1986. She completed her first pediatric dental residency at the University of Camilo Castelo Branco, São Paulo, Brazil in 1989 and practiced in Goiânia, Brazil from 1987 to 2000. She also held a part-time faculty position in the Department of Pediatric Dentistry at the School of Dentistry of Anápolis, Goiás, Brazil from 1990-2000. In 2002, she completed a Certificate and Master Degree in Pediatric Dentistry at the University of Michigan. She

joined the University of Florida College of Dentistry in August, 2004 and was the Residency Program Director of the Gainesville and the Naples programs until July, 2011, when she joined the UCLA School of Dentistry. Dr. Silva is Board Certified in Pediatric Dentistry.

### 1. What made you choose a career in academia?

Passion! I always enjoyed the idea of sharing. That's what teaching is about... you share what you've learned throughout your life - both professionally and personally. And you get back from the students as much as you give. It's an endless learning experience. The great philosopher, Aristotle, once said, "Teaching is the highest form of understanding."

### 2. Did you ever envision yourself as a residency program director when you were a pediatric dental resident?

I always knew that I was going to be a teacher. The more involved I was with academia the more fulfilled my life became. When I was at the University of Michigan (after having been a faculty member in Brazil for almost 12 years) I became fascinated by the dynamics and challenges related to a program director's position. The interaction with the residents and working with such a motivated and intellectually stimulating group inspired me even more.

### 3. What is the most difficult challenge that graduating pediatric dentists must face?

Unfortunately, most of the residents finish their training in significant debt. Pediatric dentistry has become very competitive and in some areas the market is oversaturated. Therefore, most of the recently graduated residents haven't been able to establish themselves in a nice private practice or as an associate.

### 4. If you had a magic wand, how would you change the way we train pediatric dentists?

That's a very difficult question! We are fortunate to have the most amazing group of human beings (residents) acquiring their skills and knowledge on how to provide the best health care to such a vulnerable group of patients ... and they do it with so much compassion and love. But if I had to choose only one change, I would ask for better and easier access to oral health care for our young patients. And if I were given the right to a second change, I'd ask for better financial support for the dedicated faculty members in all the residency programs. They're the soul of pediatric dentistry and should be better compensated for the great work they do - including me of course.

### 5. What are your interests and hobbies outside of pediatric dentistry?

Pediatric dentistry became my most exciting hobby 25 years ago. Most of my life revolves around our specialty and the training of the future specialists. In my free time, I love traveling, cooking, reading or watching a good movie with a nice glass of red wine by my side. I'm trying to get back into road biking to help take my mind off the stressful life we all live in today.

## 2 Warren Brandli Leadership Interns Are Named for 2012



Dr. Suzy Tavana, a native of Rockford, Illinois, moved to California in 2001, and has devoted her time and effort to California public health and child advocacy ever since. During her dental studies at USC School of Dentistry, Suzy was a leader in promoting access to the underserved pediatric population and she received a number of awards and acknowledgments for her community and research work. Dr. Tavana was the recipient of the Charles and Shirley Goldstein Community Service award and concluded 3 years of service to the USC Mobile Clinic with a poster presentation at the National Oral Health Conference on research and data indicating the effectiveness of the program.

She was a member of the USC Intravenous Sedation Team where she earned her IV sedation permit, participated in research, and published several articles in ASDA News, the Journal of Dental Education, and Dental Clinics of North America on the importance of anxiolysis. These articles were recognized with a nomination by ASDA for Article of the Year. Dr. Tavana has also been honored for clinical excellence in dentistry by receiving the Newport Harbor Academy

Carl Rieder award and the CDA Foundation award.

Dr. Tavana is in her second year of pediatric residency training at UCSF and she has presented at both the CSPD and AAPD Annual Sessions. Her professional interests include administrative duties and planning/organization. In 2011, she was on the planning committee for the UCSF Pediatric Dental Retreat and was involved in numerous coordinating committees for community service outreach. Her personal interests include biking, running, traveling, loving San Francisco, and spending time with her husband and family.



Dr. Geraldine Ruiz is a first year pediatric dental resident at Herman Ostrow School of Dentistry at USC. She earned her BS in Biology from California State University, Long Beach and her DDS from the UCLA School of Dentistry. Dr. Ruiz has a strong interest in educating and helping underserved families learn how to maintain their oral health. She's also interested in learning about the ongoing challenges that California's underserved population face to obtain access to dental care and wants to be involved with finding solutions to this problem.

As a Warren Brandli Leadership Intern, Dr. Ruiz hopes to gain the leadership skills and knowledge to help her continue to be involved in organized pediatric dentistry and give back to the community through advocacy.

# Annual Giving Campaign 2011 - 2012

(All contributions accrue yearly helping you achieve a personal level of satisfaction)

## All donors receive the following benefits:

- Recognition in the CSPD Foundation's Annual List of Contributors published in the CSPD Bulletin and Annual Meeting program.
- Recognition in the CSPD Foundation's Annual List of Contributors published in the Giving Campaign annual brochure.
- Badges showing membership level to be worn during the CSPD Annual Meeting.
- Recognition in the CSPD Foundation's Annual List of Contributors displayed prominently at the annual CSPD meeting.

## President's Circle donors receive the following additional benefits:

- Special designation in Annual List of Contributors, in all CSPD Bulletins at the Annual Meeting
- Personal Annual Briefing by Foundation Trustees
- Invitation to the President's Circle reception at the CSPD Annual Meeting

## MEMBERSHIP OPPORTUNITIES

### Presidents' Circle

- Diamond Life.....\$25,000 may be payable in up to 5 annual Installments of \$5,000 each
- Platinum Life.....\$10,000 may be payable in up to 10 annual installments of \$1,000 each
- Gold Life.....\$5,000 may be payable in up to 5 annual installments of \$1,000 each
- Patron.....\$1,000 may be payable in 1 annual installment of \$1,000

### Circle of Friends

- Sustaining.....\$500
- Contributing.....\$300
- Member.....\$200
- Student.....\$25

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- ..... In Memory Of \_\_\_\_\_ Amount \_\_\_\_\_
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- ..... Give what you can – denote below amount enclosed

### Corporate Allies

- Recognition in the CSPD Foundation's Annual List of Contributors published in the CSPD Bulletin and Annual Meeting program.
  - Recognition in the CSPD Foundation's Annual List of Contributors published in the Giving Campaign annual brochure.
  - Badges showing membership level to be worn during the CSPD Annual Meeting.
  - Recognition in the CSPD Foundation's Annual List of Contributors displayed prominently at the annual CSPD meeting.
  - Special designation in the Annual List of Contributors, in all CSPD Bulletins and at the Annual Meeting
  - Personal Annual Briefing by Foundation Trustees
  - Invitation to the President's Circle reception at the CSPD annual meeting
  - Mentioned by name at every social event during the CSPD annual meeting
- 
- Corporate Life.....\$10,000.may be payable in up to10 annual installments of \$1,000 each
  - Corporate Sustaining.....\$5,000 may be payable in up to 5 annual installments of \$1,000.00 each
  - Corporate Friend.....\$1,000.00

Name: \_\_\_\_\_  
(please list name above exactly as you wish to be recognized in all publications)

Amount Enclosed: \$ \_\_\_\_\_

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## Student Group Activity Report for CA Pediatric Dental Residencies - Justin Shuffer, DDS

*There are 6 dental schools in the state of California and the CSPDF has been involved in supporting pediatric dentistry awareness, community outreach, and the promotion of evidence based learning amongst students, residents, and faculty. To increase awareness of pediatric dentistry and to further support our students, we have elected to make additional funds available to the respective schools and are looking forward to furthering the promotion of education, research, and the advancement of oral health to children, adolescents and those with special needs. The CSPDF generously grants funds to the respective universities to support our cause and listed below are some of the activities that we are proud to support.*

### LLU Report - Lauren Gutenberg, DDS

In the fall quarter, the Department of Pediatric Dentistry at Loma Linda University hosted a presentation on orthodontics and space maintenance by John Christian from the Appliance Therapy Group, an introduction lecture on involvement in CSPD by Dr. Oariona Lowe, a presentation on pain control in pediatric dental patients by Dr. Dennis Paul Nutter, a lecture on the DNA appliance system by Dr. Dave Singh, case presentations by second year pediatric dental residents, and journal club discussions on recent articles and case reports from "Pediatric Dentistry".



### UCLA Report - Setareh Ghafouri, DDS

Tuesday evenings are open for student volunteers to deliver care to children at the Inglewood Children's Dental Center. On October 31, 2011, the Research Journal Club met to discuss an article written on children's dental fears and behavior. On November 9, 2011, the student chapter held an oral hygiene instruction clinic at the Santa Monica Boys and Girls Club. On November 14, 2011, students met with pediatric dental residents to discuss pediatric patient care.



### USC Report - Julie Jenks, DDS

This year's USC Pedo Study Club has been very active with three Pedo Study Club presentations this year. The first one was on "Applying to Pediatric Dentistry Residency Programs" given by Dr. Tom Tanbonliang and our first year residents. The second was on "Treating Children with Special Health Care Needs" given by Dr. Jessica De Bord. The third presentation was on "Sedation in Pediatric Dentistry Residency Programs" given by Dr. Jimmy Tom. Each meeting was well attended with 35 to 40 students. Currently, they have four presentations planned for the Spring, 2012 trimester.

### UCSF Report - Brent Lin, DDS

In June, the Sunday Streets Family Health and Wellness Fair was organized in the Bayview area of San Francisco. In September, our students participated in the Sunday Streets Health & Wellness Fair in the Western Addition Route (including North of Panhandle). In November, our students gave pediatric case presentations.



**Bridging the Gap**  
**CSPDF Foundation**  
Working to Enhance Pediatric Dental Education

**Loma Linda University and Western University of Health Sciences College of Dental Medicine are the latest recipients of the California Society of Pediatric Dentistry Foundation's Bridging the Gap grant in the amount of \$25,000 for each school. Congratulations to each program!**

## Treasurer's Report



**Dennis Nutter, DDS**  
Treasurer

**Summary Assessment:** CSPD continues to be a financially sound organization. The Second Quarter Financial Reports indicate that CSPD has completed the quarter with operating results that are within the normal parameters of CSPD's business cycle. On our Balance Sheet, both the Reserve account and the Retained Earnings indicate that CSPD has met its mandated reserve requirement.

**2011-2012 Budget:** Our current budgeted income is **\$209,000** without estimating any profit from the Annual Meeting in Portland. Our budgeted expenses for 2011-2012 are predicted to be **\$258,000**. Our total budget deficit then is

$\$258,000$  minus  $\$209,000 =$  **\$59,000**. This means that to break even on the budget, the Annual Meeting in Portland will need to produce **\$59,000** in profit. This would be an unreasonable expectation. The Annual Meetings usually end up showing a profit but they are run with the expectation that they will only break even.

**The good news:** Our actual expenses are nearly always below our budgeted expenses and the Portland Annual Meeting need only return a profit of about **\$5,000** to break even. Last year our expenses were 17% less than what we budgeted as a result of our conservative budgeting process. If this year follows last year's pattern, our expenses will actually come in at **\$214,000** ( $\$258,000 \times 17\% = \$44,000$ ,  $258,000 - 44,000 = \$214,000$ ). Given these assumptions, the Annual Meeting in Portland would only need to make **\$5,000** to break even on our expected likely expenses. (This number is derived by subtracting the budgeted income, **\$209,000**, from the likely CSPD Expenses, **\$214,000 = \$5,000!**)

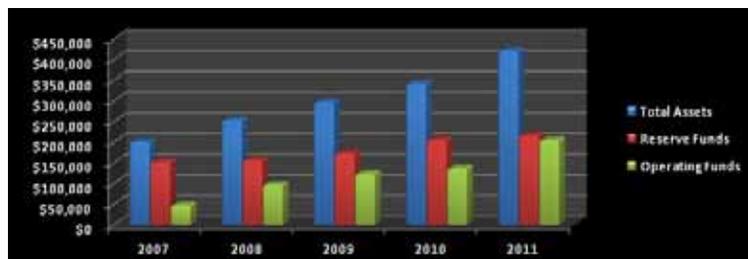
The total income last year was 21% higher (**\$49,000**) than what we had predicted in our budget. Last year, our income from dues alone was **\$17,000** more than what we have budgeted for dues this year. This is one more reason for believing that we will finish the year under

budget even if the Annual Meeting results in a mild loss.

**Reserves:** CSPD's reserve mandate is currently \$209,000 which is the average of the last two years operating expenses. Our second quarter cash assets are reported at \$402,000. CSPD's quarterly income is typically at its lowest ebb in this quarter. Our income next quarter will be roughly ten times the income of this quarter.

**Investments:** CSPD's investments continue to consist entirely of savings accounts. This policy has enabled CSPD to maintain our principle reserves in times of economic volatility. This policy will be reviewed in future Finance Committee Meetings.

At the CSPD/WSPD Annual Meeting in Portland, I will rotate out of the Treasurer's position and pass the reins to the very capable Ken Szymanski, who is also the CSPD Foundation Treasurer. From my position on the Executive Committee, I was able to see all of the good things our association does to further the interest of children's oral health. The volunteers of the CSPD board work to shape legislation, educate our members, and provide consistent evidence based message to the media. These are worthy member benefits that often unnoticed by our members. From my perspective, your membership buys tremendous benefits. Thank you for giving me the opportunity to serve in this great organization.



**Five-year Trend in CSPD 4th Quarter Assets**

## CSPD Members in the News

Pictured below are CSPD members at the American College of Dentists ceremony during the October, 2011 ADA meeting in Las Vegas.



*Mark Lisagor and David Perry*



*From left to right: Jonathon Lee, William Waggoner, Sharine Thenard, David Perry, Oariona Lowe, and Mike McCartney*

# CSPD History from 1980 - 1989 (Part 2)

Weyland Lum, DDS

Throughout the organizational years of CSPD from 1974 to 1979, the six challenges that were set forth: creating a peer review body, dealing with California Dental Service (now Delta Dental), developing continuing education programs, involvement with third party dental insurance carriers, forming liaisons with other groups and organizing quality and utilization control were continuing to be met during these next ten years. Because of this increased growth and activity, CSPD hired Barbara Dennis as its first Executive Secretary in 1977 and she moved us into the modern computerized era with the use of a word processing system in 1982. Shirlee Adams became the next Executive Secretary in 1987 followed by Laura Booth in 1989.

By 1980, most dental malpractice insurance carriers were not insuring in California and the few remaining carriers increased premiums dramatically. That crisis prompted CDA to establish The Dental Insurance Company (TDIC) in 1980 with \$3,000 in voluntary seed money from CDA members. Mel Rowan was elected to the TDIC Board in 1987 and became Chairman in 1989.

## Dental Care

The work of the Dental Care Committee continued to establish CSPD as the organization representing pedodontics in California. Roland Hansen, Weyland Lum, Mark Lisagor, Randy Lim, John Groper and Phil Wolkstein carried on the dialogue with DentiCal and 3rd party carriers. A CSPD fee survey was taken which helped to identify the inadequate DentiCal and dental insurance carriers's reimbursement rates. CDA used this fee survey to help them successfully negotiate with DentiCal to increase the proposed rate from 3% to 8%.

An important piece of legislation, Senate Bill #111, was passed in 1980. It mandated preventive dental care be provided for all California school children in grades K-6. Chuck Spitz served on San Francisco County's "Committee to Implement Senate Bill #111" and CSPD wrote in support of this bill.

President Chuck Spitz (1981) reported in 1982 that cutbacks were anticipated in the MediCal program and members were urged to write to their elected representatives to voice concern of possible decrease in dental care for children.

In 1982, Connecticut General was one of the first dental insurance carriers to include dental sealants as a benefit. Even as two other insurers added sealants to their benefits, CDS (Delta Dental) did not offer them as a benefit because they were unsure of their value and cost effectiveness.

## Conscious Sedation and Behavior Management

In 1982, President Hugh Kopel (1982) reported that a lay member of the Board of Dental Examiners (BDE) planned to discuss a possible child abuse situation at a pedodontic practice. Larry Luke made a motion to form an ad hoc committee to investigate this report. At the BDE Disciplinary Board Meeting, David Good, Steven Blain, Wilfred Nation, Ron Thompson, Hugh Kopel and Paul Barkin represented CSPD and the member dentist. No action was taken against the dentist – possible because of CSPD's actions. Subsequently, the DBE requested that CSPD establish both standards for treating children and a list of acceptable behavioral techniques.

The use of conscious sedation came under closer scrutiny by the DBE and legislation was being considered to require some type of licensure or permit for the use of conscious sedation for children. In 1985, CSPD strongly recommended to the DBE that AAPD sedation guidelines be reviewed and followed. DBE standards for conscious sedation were established in 1988.

In 1983, President Rolf Spamer received a letter from the DBE stating that conscious sedation permits will be required and that nitrous oxide/oxygen machines must be fail-safe type. Geoffrey Groat mentioned the development of the permit process for CSPD and Ken Greenstadt followed the progress of the hospital benefits for dental care.

Nisentil (Alphaprodine HCl), a frequently used narcotic analgesic produced by Roche Laboratories, was withdrawn from the market in 1980 as a result of adverse outcomes in pediatric dentistry. In 1981,

Ron Mack reported that it may be reintroduced with new instructions for use in pediatric dentistry and a 1982 article on Nisentil by Diane T. Chen, M.D., of Roche Laboratories contained case reports from Doan/Ryan, Creedon, Duperon, Mack, Troutman and Matsuishi.

## Public Relations

Prior to 1980, general dentists were allowed to advertise under the "Specialists" heading in the Yellow Pages. In response to this problem, CSPD created a heading for members only to distinguish them as certified pedodontists and formulated the "Yellow Page Guidelines."

CSPD changed the name from "pedodontist" to "pediatric dentist" in 1980 in an effort to educate the public about the specialty and Rolf Spamer made a motion to form an ad hoc Promotion and Public Relations Committee.

In 1983, Mike McCartney finished creating a Practice Management Manual of Public Relations and Practice Building which was printed and distributed to the membership.

In 1984, through the efforts of Mike McCartney, Warren Brandli, and Rolf Spamer, CSPD began building a relationship with the Northern California Pediatrician leadership and began distributing CSPD literature to California pediatricians. In 1987, "Pediatric Dental Injuries," was published in the CALIFORNIA PEDIATRICIAN and Steve Blain's article, "Dental Abuse and Neglect," was submitted for publication.

Winston Edie worked with the California Society of Orthodontics (CSO) to develop joint continuing educational programs. Ray Stewart was the inaugural speaker at the 1979 Pedo/Ortho Seminar and he hosted the second conference speaker, orthodontist Dr. Lyle Johnson. While CSPD was trying to forge a better relationship between pediatric dentists and orthodontists, the AAO was appealing to the CDA that pediatric dentistry should not be a dental specialty if they are performing orthodontic treatment. AAO wanted pediatric dentists to receive certification in orthodontics if they wanted to provide any orthodontic care.

## American Academy of Pedodontics (AAP) Regionalization

AAP moved forward in creating regions promoting more grassroots participation. In 1977, David Good was appointed President Pro Tem of Region 5. Later, regionalization was refined into six districts and each district had a Trustee representative. Warren Brandli was elected as the first District VI Trustee and served his term with distinction. In 1984, CSPD officially became a Component of AAP. Although dual membership in AAP and CSPD was encouraged, it was not a requirement at the time. Eventually, the term "pedodontics" became synonymous with the new designation "pediatric dentistry." Dave Good queried CSPD about the possibility of hosting the 1984 AAPD Annual Session in San Francisco and CSPD decided to place a bid to be responsible for local arrangements. Richard Sobel, CSPD Liaison to AAPD, made a formal proposal at the AAPD Annual Session in Orlando. CSPD did eventually host the 1985 AAPD Annual Session where Richard Sobel and Weyland Lum co-chaired the meeting.

John Groper and David Good both served as AAP Board Members. David was elected President and served from 1989-90. Mel Rowan, Richard Sobel, John Groper and Ray Stewart all served as the CSPD Liaison to AAPD.

## Peer Review Committee

Through the efforts of Winston Edie, the Southern and Northern California units of ASDC relinquished their peer review responsibilities to CSPD. Mel Rowan chaired the first Peer Review Committee and recommended an expansion of reviewers to represent Southern and Northern California to facilitate travel to review sites. The committee eventually expanded to 27 members throughout the state. The number of cases requesting review annually varied from 5 in the beginning and went as high as 31 cases in 1983 as reported by Paul Reggiardo, chairman 1983-1989. CDA came to recognize CSPD as the Peer Review authority for pediatric dentistry.

### The New Bulletin

The CSPD Newsletter was begun in 1976 and was published three times a year with Hugh Kopel serving as the first Editor. In 1980, Editor Winston Edie changed the name of the CSPD Newsletter to the CSPD Bulletin. Edward Hoffman succeeded Winston in 1981 with Lonnie Lovingier serving as the Assistant Editor. Lonnie became Editor in 1982. In 1990, Suzanne Berger, who later became the first female CSPD President, initiated increasing publication to four times annually. Robert Dorfman also served as Editor. As the cost for publishing the first bulletins began rising from \$350 \$860 per issue of the Newsletter, increased effort was put into obtaining advertisers to help defray costs.

### Odds and Ends

- Dues were gradually increased from \$50 to \$65 in 1983 and then to \$90 in 1987.
- Rolf Spamer established communications with the Northern California Pediatric representative to present table clinics at their Annual Pediatric Meeting.
- Sponsor fees were increased to \$650 per year to receive Annual

Meeting space, advertisement in the Bulletin and a listing in the Directory.

- In 1980, Registration fees for the 5th Annual Meeting at the Newport Beach Marriott Hotel were \$85 for members and \$35 for spouses.
- CSPD Membership steadily increased from 180 in 1975 to 295 by 1981. Warren Brandli, chairman of membership, put forth a great deal of effort and innovation into membership drives.
- It is important to note that Richard Therrell, Kent Payne, Gerry Kirshbaum and Richard Sobel all served with distinction as Treasurer during this period and many, many others contributed to the success of CSPD.

*Much thanks and gratitude to Mike McCartney for his forward thinking and recommendation to bind the CSPD minutes from the first five years for posterity, Larry and Barbara Luke for organizing the Past President's Album and Mel Rowan for archiving everything up to 2000 on a CD. Without these efforts, this review of CSPD history would have been extremely difficult ... if not impossible.*

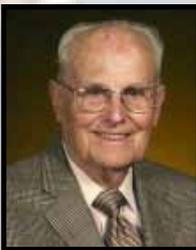
## In Memoriam

### Rolf Spamer, DDS



Rolf Spamer, DDS (1935 – 2012) passed away in his beloved Ladera, CA home on January 17, 2012 surrounded by the family he so cherished. He is survived by his wife, Betty, their combined family of six children and seventeen grandchildren; his brother, Roland; and his sister, Marianne. Dr. Spamer grew up in Chicago and completed his undergraduate studies at the University of Illinois. He completed his dental degree at Northwestern University and his specialty degree in pediatric dentistry at the University of Washington. After first practicing in Menlo Park, Dr. Spamer spent more than 46 years treating children in his Hayward office. He was often sought out to help children with special needs and to handle challenging cases requiring sedation. He was actively involved in organized dentistry and served as president of CSPD readily sharing his enthusiasm and knowledge with new colleagues.

### Clinton Emmerson, DDS



Clinton Emmerson, DDS (1919 - 2012) passed away in Redlands, CA on December 30, 2011. He is survived by his wife, Patricia; his son, Bill; his daughter, Sharon; and three grandchildren. Dr. Emmerson was born in Forest Grove, OR and moved to the Napa Valley, CA as a boy. He attended Pacific Union College and then the College of Physicians and Surgeons (now Dugoni School of Dentistry) where he graduated in 1944. He was a member of Tau Kappa Omega Honor Society and Omicron Kappa Epsilon, the national honor society for dentistry. Dr. Emmerson first practiced dentistry in the Army, then Corona del Mar, before establishing his pediatric dental practice in Hemet in 1955. Dr. Emmerson was a Diplomate of the American Board of Pedodontics and a Fellow of both the American College and International College of Dentists. From 1957 - 1963, he served as Professor and Chair of the Department of Pediatric Dentistry at USC where he and his colleagues developed procedures to save primary teeth from extraction that are still used worldwide. Dr. Emmerson's son, Bill Emmerson, DDS, was the lead author of landmark legislation to help combat poor oral health by requiring an oral health assessment for all children.

### Jack Longley, DDS



Jack Longley, DDS (1920 - 2011) passed away in San Diego, CA on November 29, 2011. He is survived by his wife, Ruth; his children, James, Jack, Linda and Claudia; his four grandchildren and ten great grandchildren. Dr. Longley was born in Hamilton County, TX. He received a BS from Texas Tech University, served in the US Army and then graduated from USC School of Dentistry in 1950. He established his pediatric dental practice in Hillcrest where he practiced for more than 45 years. He was a member of the San Diego Dental Society, American Society of Dentistry for Children, American Dental Association, California Dental Association, California Society of Pediatric Dentists, California Pedodontic Research Conference and he was a fellow of the American Academy of Pediatric Dentistry.

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All Training at Harvard Medical School*

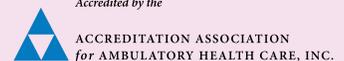


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CSPD Members .... We need your help!

As all of you know, the AAPD Annual Meeting will be held in San Diego May 24 - 27, 2012, and we're very excited that our pediatric dental colleagues and friends will be coming to the West Coast.

Please help us show the rest of the country how warm and welcoming California can be. We need volunteers to assist at Breakfast Rounds, introduce speakers, monitor lecture rooms, judge posters, welcome exhibitors, and help out at the hospitality desk. Please help us make this the best meeting yet by volunteering a couple hours of your time while you are in San Diego. Feel free to contact either one of us to sign up.

We're looking forward to a great meeting and we hope to see all of you over Memorial Day Weekend.

Warmest Regards,

Mitch Poiset  
[drpoiset@sbcglobal.net](mailto:drpoiset@sbcglobal.net)

Lori Good  
[lorigood@san.rr.com](mailto:lorigood@san.rr.com)

2012 Local Arrangements Co-chairs



**OFFICE FORMS**

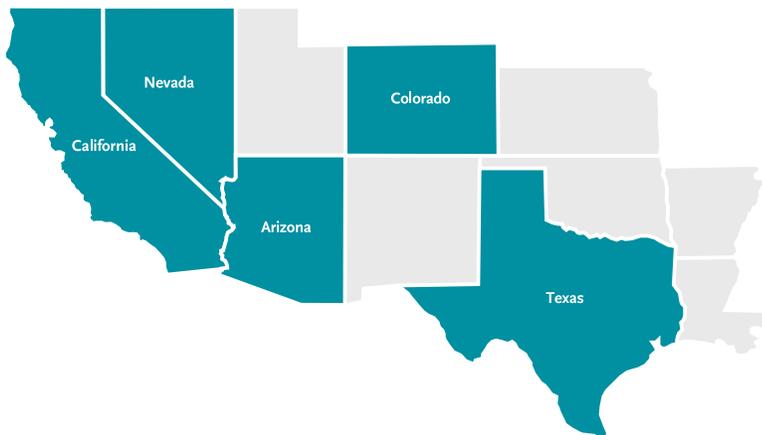


Please send in your office forms for inclusion on the website. This is a tremendous membership benefit both for those who are just starting in practice and those who may need to update their forms. They are available in the "Members Only" section of [www.CSPD.org](http://www.CSPD.org). Please e-mail them in digital format to either Sharine Thenard or Steve Niethamer.



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**Karilyn House, DDS**

Rebecca Lee-Pair has done an outstanding job putting together a diverse line-up of speakers for this year's CSPD/WSPD Annual Meeting in Portland, OR. If you haven't already registered, please sign up now! We have been looking into different ways of tracking your continuing education attendance. In the future, we will be using a more sophisticated (i.e. computerized) system. Due to the high costs involved, we want to make sure that we pick a system will work well for us both now and in the future.

**For the 2012 Annual Meeting, you will need to manually sign in at the tables located at the entrance of each course. These sign in tables will open prior to the course starting and will close 30 minutes after the course has started.** You will receive your verification of attendance at the end of each course. *Please remember to sign in. If you do not sign in and you get audited by the Dental Board of California, your verification of attendance form may not be adequate.* CSPD is making every effort to be compliant with Dental Board of California and ADA CERP regulations with regard to Continuing Education. We strive to offer high-quality Continuing Education programs and risk being able to provide CE programs if we are not compliant with the regulations. We appreciate your cooperation as we get used to the C.E. protocols that have been put into place.

**We are also proud to be offering a full day Pediatric Dentistry Symposium to be held at the 2012 CDA Presents in Anaheim on May 3, 2012.** We will be presenting a blend of traditional and innovative

ideas. Dr. Richard Udin will be speaking on the infant oral exam and establishing a dental home. Dr. Daniela Silva and Dr. Joseph Renzi, Jr. will be speaking about diagnosis and treatment planning, minimally invasive techniques, airway assessment, mesiodens, and assessment of patient needs/parental expectations. Dr. Karilyn House will be discussing use of the diode laser for soft tissue procedures and traditional vs. laser pulpotomies. Dr. John Groper will lecture on space maintenance and space maintainer design. Dr. Dick Mungo will round out the program by discussing patient and parent management, including the team approach to help make patient visits successful for all parties. Dr. Santos Cortez will be the moderator for the program. Even though the courses are designed to be presented to a general dentist audience, we will present information that is worthwhile and fresh for the pediatric dentist.

**For the first time, CDA will have a hands-on Pediatric Dentistry course presented by CSPD on May 5, 2012.** Dr. Alex Alcaraz and Dr. Anna Chen will be presenting this course with the help of some USC and Loma Linda residents. Drs. Alcaraz and Chen are developing a course manual and obtaining supply donations from vendors. The vendors will be recognized by CDA for their generosity.

We look forward to seeing you at our upcoming Continuing Education programs!

## George Washington - An Oral Perspective

by

Roland Hansen

George Washington's (1732-1799) celebrated life has been etched in the memory of generations of Americans who recall his early attack on a cherry tree and his physical prowess in throwing a coin across the Potomac...stories that are generally thought to be untrue. The power of the George Washington name has occupied the history books for generations and the truth turns out to be more fiction than fact. Washington was variously said to be horseman par excellence, statesman, soldier, and the Father of His Country. One of the more fictitious claims about is that his denture wood. At age 23, he and his oral health him throughout his life. The intervening anecdotal reports that continued the time of his inauguration in one remaining tooth to be a lower left

Washington sat for many portraits over his lifetime. Stills of him late in life depict a man who has lost much of his vertical dimension due to loss of teeth. Some depict him as thin lipped, while others show him with pouty lips.

It has been suggested by some authors that Gilbert Stuart packed cotton under the lips of Washington to improve his flat face when he sat for a portrait in 1797. The first portrait of Washington by Charles Wilson Peale in 1757 indicates that his mouth was quite small. Washington was twenty-five at that time and likely still had most of his teeth. A



later portrait by Peale in 1776 shows Washington with a scar on his left cheek from a healed fistula caused by an abscessed tooth.

Washington was inaugurated for his first presidential term of office in 1789 and wore his first set of full dentures made by John Greenwood (1760-1819). The Greenwood denture incorporated the use of human teeth, bovine teeth and hippopotamus ivory, as was common practice in the early years of his presidency. He was fitted with new dentures two years later, and a third set in 1795. His final set of dentures was fabricated in 1798 which was one year before his death. Most notable about dentures is the posterior coiled provide stability device. While seemed to be over previous displacement, probably movement of dentures upon creating an excessively full profile.

Washington's early use of springs to the hinged it may have an improvement efforts to prevent the coils allowed forward the conjoined mastication thus

Credit for the use of posterior springs is attributed to Pierre Fauchard (1690-1761) who created a full upper and lower denture utilizing a flat spring attached to the posterior of each denture to apply an opening force that was meant to hold the appliance in place.



For Further Reading: Taylor, J.A., History of Dentistry: A Practical Treatise for the use of Dental Students and Practitioners, Lea & Febiger, Philadelphia and New York, 1922 and [www.americanrevolution.org/home.html](http://www.americanrevolution.org/home.html)

# WEBSITE NOTES

## Change Coming to OCE Platform

CSPD's current platform for providing OCE (Online Continuing Education) has served us well by running flawlessly through nearly ten years of evolving internet technologies. However, last year the current owner of our media streaming system informed us that they were discontinuing their support for adding more programs to our OCE Library. As a result, the OCE committee started an intense search for other options that could maintain the present programs while allowing us to add more.

## A Brief History

The software we have been using was developed as a proprietary program back in the early 2000s by a company called Vodium. This software program allowed CSPD and the CDA Foundation's POHAP program to provide online continuing education on children's dental care to dentists around the world. CSPD expanded this media streaming program to create an ecommerce pathway for obtaining continuing education credits. Presently, CSPD's OCE provides a popular way for our members and others to satisfy sedation and general recertification requirements. Also, members of the IAPD (International Association of Paediatric Dentistry) receive access to our library through a grant provided by NuSmile Crowns.

This original program was one of the first and best platforms for streaming programs containing synchronized video, audio, PowerPoint slides and transcription of lectures. It also provides online testing, grading and delivery of a certificate that satisfies California and the ADA requirements for online continuing education credits.

The only problem with this platform was the high production costs needed to add a presentation. E-learning technology now has progressed to a point where providers can create a great system by connecting software modules that share and store information automatically. As a result, the cost to upload and setup a new lecture after it is recorded can be negligible.

## A New OCE Library

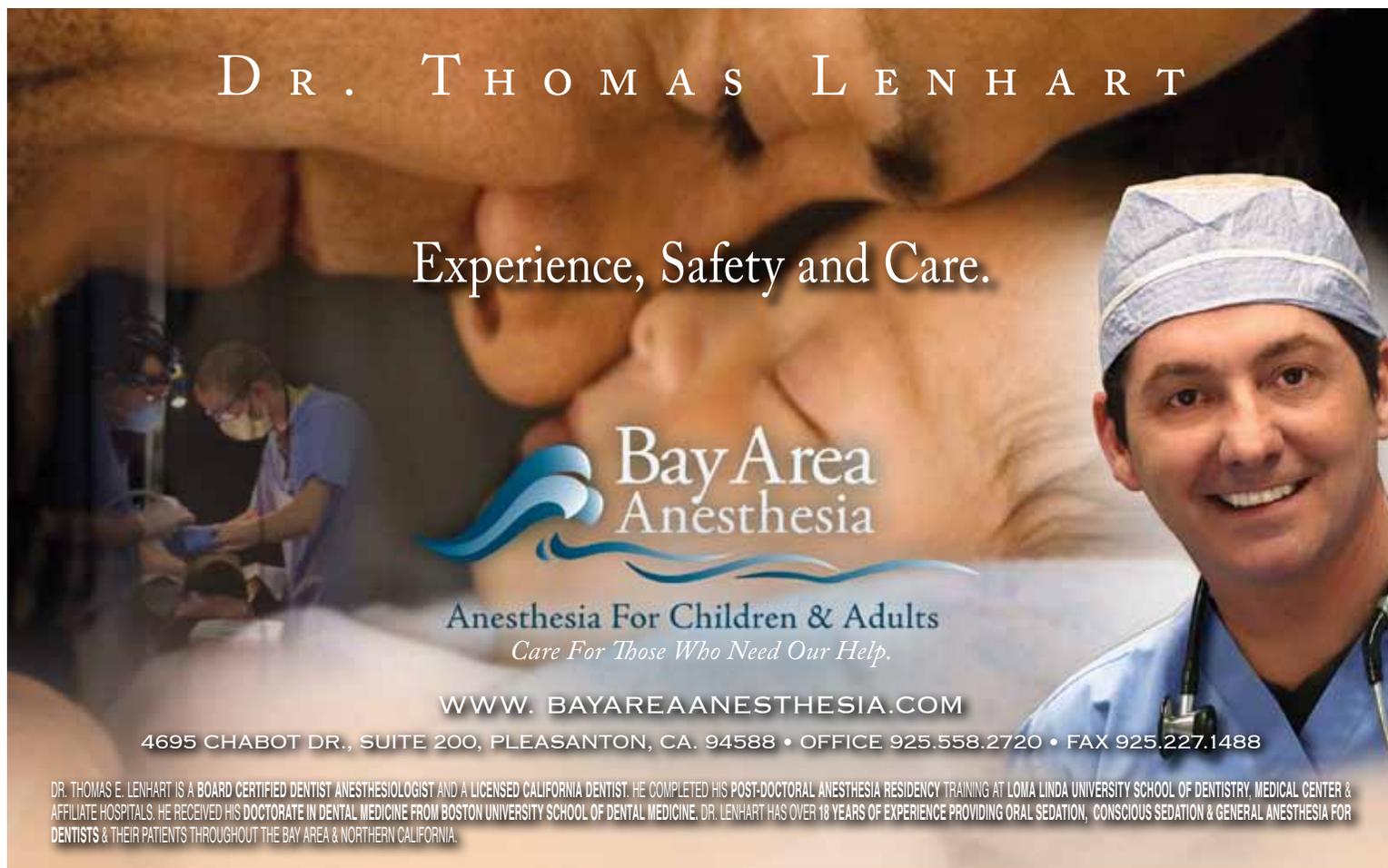
After exploring many options, our OCE committee recommended that CSPD contract with WindRose Media to develop a new platform. This company is controlled by many of the technical staff CSPD has worked with over these years. The project will be self supported.

Once completed, this new OCE Portal will enable our members to register and return using passwords to a new OCE Library that contains CSPD materials, information and access to CE and non-CE events. Each event will have pay-per-view, quizzing and custom certification options. CSPD administrators will be able to upload media as pay-per-view or free events, build tests/certificates, post PDF documents and other material for download and view user reports. With much lower production costs needed to add new programs, CSPD will be able to add programs that previously were cost prohibitive. Also, this new platform will be owned by CSPD and can be moved to another server if necessary.

This new OCE Portal should be live soon after the Annual Meeting in Portland and will allow the OCE committee to add some of the backlogged events including Dr. Tim Wright's three hour lecture, "The Making of a Tooth," and Dr. David Rothman's seven hours of sedation material that was videotaped at Loma Linda.



Steve Niethamer, DMD  
Website Editor



DR. THOMAS E. LENHART IS A BOARD CERTIFIED DENTIST ANESTHESIOLOGIST AND A LICENSED CALIFORNIA DENTIST. HE COMPLETED HIS POST-DOCTORAL ANESTHESIA RESIDENCY TRAINING AT LOMA LINDA UNIVERSITY SCHOOL OF DENTISTRY, MEDICAL CENTER & AFFILIATE HOSPITALS. HE RECEIVED HIS DOCTORATE IN DENTAL MEDICINE FROM BOSTON UNIVERSITY SCHOOL OF DENTAL MEDICINE. DR. LENHART HAS OVER 18 YEARS OF EXPERIENCE PROVIDING ORAL SEDATION, CONSCIOUS SEDATION & GENERAL ANESTHESIA FOR DENTISTS & THEIR PATIENTS THROUGHOUT THE BAY AREA & NORTHERN CALIFORNIA.

## NEW CSPD MEMBERS

### Active Member

Laura Greenwald.....Chatsworth, CA  
 Randall Heckert.....Eureka, CA  
 Kristina Langworthy.....San Francisco, CA  
 Mary Le.....San Francisco, CA  
 Daniel Harvey Lee.....Irvine, CA  
 Aivan Nguyen.....San Gabriel, CA

### Affiliate Member

Phil Chung.....Moorpark, CA

### Faculty Members

Daniela Silva.....Los Angeles, CA  
 Brigid Walsh.....San Francisco, CA

### Life Members

Robert Berson.....Los Angeles, CA  
 Joseph Jedrychowski.....Lake Oswego, OR  
 Michael McCartney.....Tustin, CA  
 Ned Momary.....Manhattan Beach, CA  
 David Perry.....Alameda, CA  
 Roger Sanger.....Salinas, CA  
 Duane Spencer.....Walnut Creek, CA  
 Philip Trask.....Pacific Palisades, CA  
 Wesley Wieman.....Eureka, CA

### Post-Doctoral Student Members

Wai Yin Chan.....Yakima, WA  
 Jonathan Chang.....Los Angeles, CA  
 Michelle Dean.....Los Angeles, CA  
 Sonia Gill.....Los Angeles, CA  
 E. Chioma Onwuka.....Yakima, WA  
 Jennifer Ramirez.....Brooklyn, NY  
 Shamim Sabeti.....Baltimore, MD  
 Cicely Smith.....Los Angeles, CA

## CALIFORNIA PEDIATRICIANS WELCOME CSPD ASSOCIATE MEMBERS

Pediatric Oral Health issues are of primary concern for our pediatrician colleagues. With the advent of the establishment of the Dental Home and Oral Health Assessments the American Academy of Pediatrics needs our help and support. The AAP welcomes our members to join their organization as Associate members.

All interested CSPD members should contact their local California Chapters through [www.AAP.org/membership](http://www.AAP.org/membership) section or they can contact Oariona Lowe at [w.roslo@verizon.net](mailto:w.roslo@verizon.net) for membership information.

## UPCOMING MEETINGS and CONTINUING EDUCATION DATES

### CSPD

March 28 - April 1, 2012: [CSPD's 37th Annual Session](#) in Portland, OR

### AAPD

March 1-3, 2012: [Contemporary Sedation of Children for the Dental Practice: Enteral and Parental Techniques](#), Baltimore, MD

March 3-4, 2012: [Management of Pediatric Sedation Emergencies: A Simulation Course](#), Baltimore, MD

March 23-24, 2012: [Contemporary Practice Management for the Pediatric Dentist](#), Tampa, FL

May 24-27, 2012: [AAPD 65th Annual Session](#), San Diego, Ca

2013 [Orlando](#); 2014 [Boston](#); 2015 [Seattle](#); 2016 [San Antonio](#); 2017 [TBD](#); 2018 [Hawaii](#)

See [www.CSPD.org](http://www.CSPD.org) and [www.AAPD.org](http://www.AAPD.org) for more sponsored courses

## Reading About Leadership

*From the CSPD Leadership Development Committee*

Looking for something new to read? In response to the request of our members, the Leadership Development Committee has compiled a list of reading materials on the topics of:

- 1) Organizational and Management Skills
- 2) Leadership and Team Management
- 3) Communication, Marketing, and People Skills

Whether you are interested in joining organized dentistry, already actively involved in leadership, or just looking for ways to better manage your dental team in private practice, this list is sure to have something that can help you become a better leader.

Have you read something recently that you feel belongs on this list? The Leadership Development Committee welcomes your suggestions. Follow this link to learn more: [www.cspd.org/leadershipdev/](http://www.cspd.org/leadershipdev/)

26th ANNUAL

**CHARLES A. SWEET, SR.  
 MEMORIAL LECTURE**

**“So Little Room, So Much to See”  
 &**

**“What Do Patients Really Want”**

presented by

Greg Psaltis, DDS

Arthur A. Dugoni School of Dentistry

April 21, 2012

## CSPD Professional Opportunities



- Opportunities Wanted
- Opportunities Available
- Faculty Positions Available
- Practices for Sale  
Offices for Lease

Have you been thinking about hiring an associate, but just aren't sure where to look? Or are you finishing your residency soon, and aren't sure where you'd like to live and practice? The answer is right on the CSPD website. To look at these opportunities and others, go to [www.cspd.org](http://www.cspd.org).

# DISTRICT VI UPDATE

I want to begin by expressing my appreciation for the opportunity to represent the best district within the AAPD- the 6th District. As I sit around the Board table, I am so impressed with my fellow Board members and their passion and desire to "do the right thing" for our patients and our profession. We all understand that a pediatric dentist is "wired" differently. Many of us do what we do because of a greater calling not necessarily because we found it interesting in dental school.

I have chosen to highlight specific areas that the AAPD has been working on the past several months. I think most of you would be surprised at the level of impact our Academy makes on our profession. My intention is not only to be informational but also to give you a sense of the importance of our Academy.

## Organization

- Current active/life membership is at 97% of eligible individuals.
- Total membership in all categories is at 8,200
- Financially, we are a healthy organization that is operating in the black with a strong reserve
- Our specialty is growing. From 2003-2011, there was a 66% increase in number of residency positions offered and a 61% increase in the number of applicants participating in the Match.
- A Governance Task Force has been appointed to evaluate our current governance structure and make recommendations to membership next year. The task force is comprised of one representative from each district.

## Advocacy

- The AAPD, along with the ADA, met twice with the Center for Consumer Information and Insurance Oversight that was created under the Affordable Care Act. They provided extensive analysis and recommendations concerning "essential benefits" that should be included in health care reform. The key element the AAPD has requested is robust consumer choice among dental plans that have comprehensive coverage and adequate provider networks.
- The AAPD continued to press for increased funding in pediatric dental education. Congress approved \$7.5 million toward pediatric and general dental post-graduate education - a success considering the significant reductions in the Health Resources and Services Administration (HRSA) overall appropriations. AAPD's work with the ADA was successful in preventing HRSA from funding the alternate dental provider demonstration project.
- The AAPD and ADA criticized a HRSA report on Primary Care Dental Workforce. Their comments suggest the report ignores the current dental delivery system and future workforce projections with the ongoing expansion of pediatric and general dental training programs. They also objected to HRSA's Advisory Committee recommendation to divert funds from existing primary care dental programs to support dental therapist's demonstration projects.

- AAPD joined with ADA and members of the Organized Dental Coalition to comment on proposed regulations concerning the development of state health insurance exchanges as required under the Affordable Care Act. Some points raised were equal consumer protection and certification requirements for stand-alone dental plans and medical plans; the need to maximize the dental plan choices and do "apples-to-apples" comparisons; and the need to receive early input from state dental association and specifically address access for special needs patients.



*Jade Miller, DDS  
District VI Trustee*

## Pediatric Oral Health Research and Policy Center

- They have identified the following projects as priorities the next year: Medicaid Dental Fees Project, Published study on Cost per Child per Month for Dental Care, EFDA state laws Toolkit, Assess each states EPSDT Periodicity Schedule (if adopted) as compared to AAPD's recommendations

## Media

- Ad Council and PSA Campaign is anticipating rolling out campaign focused on children's oral health in summer, 2012
- AAPD's journals ranks in top 100 out of 15,000 titles for number of downloads: *Pediatric Dentistry* ranks 28th with 4,324 downloads and *JDC* ranks 97th with 1,217 downloads
- AAPD will launch My Children's Teeth, a website designed specifically for parents and caregivers, a full PDT website and mobile version of AAPD website later this year.

## Upcoming AAPD Events

- AAPD 65th Annual Session meeting May 17-24th in San Diego with the Welcome Reception in the Gaslamp District, the New Dentists Happy Hour at the Double Deuce, the HSHC Donor Appreciation at the San Diego Zoo, and the Presidents Dinner at the Hotel Del Coronado. This will be a GREAT MEETING!
- AAPD Masters Clinician Program for those interested in a transition from clinical practice to academics. 5 scholarships will be awarded to the program- *is this for you?*
- Leadership Institute and Advanced Leadership Institute with two world renowned business schools-Kellogg and Wharton's. An amazing way to develop your leadership skills in all areas of life.



## GOT E-MAIL?

The CSPD Board greatly encourages you to provide your email addresses to the CSPD headquarters office.

From time to time, there is urgent business or information we wish to provide to the members and we would appreciate feedback as well.

Please provide your email addresses and notify our Executive Director of any changes.

Send to:  
[DrRSTEWART@aol.com](mailto:DrRSTEWART@aol.com)



**Jonathon Lee, DDS**

## Think Different

Fifteen years ago, in 1997, a once prominent American company was on the verge of collapse. Under the guidance of the newly installed CEO, an innovative ad campaign was created one which reflected a philosophy that the CEO wanted reinforced within the company and with the American Public. It begins with Richard Dreyfus saying:

*"Here's to the crazy ones. The misfits. The rebels. The troublemakers. The round pegs in the square holes. The ones who see things differently. They're not fond of rules. And they have no respect for the status quo. You can quote them, disagree with them, glorify or vilify them. About the only thing you can't do is ignore them. Because they change things. They push the human race forward. While some may see them as the crazy ones, we see genius. Because the people who are crazy enough to think they can change the world, are the ones who do."*

The Ad Campaign was called "Think Different." The company that was on the verge of collapse was Apple and the newly appointed CEO was the late Steve Jobs. Well we all know what happened to Apple. Which brings me to today's topic: Thinking Different.

Change and the unknown can be scary and foreboding to people. It is easy to stick to the status quo and do the same routine. However, is it fulfilling? Is it healthy? How long can the current system last? Nothing is forever. What do the following companies have in common: Montgomery Ward, Woolworths, Borders, Circuit City, Tower Records, Pan Am, Merry Go-Round, etc. They are all out of business because they didn't adapt.

Kaizen, Japanese for "improvement" or "change for the better," is a method that focuses upon the continuous improvement of processes in manufacturing, engineering, game development, and business management. William Edwards Deming introduced this concept to the Japanese after WWII. It has since spread throughout the world and is now being implemented in many other venues besides just business and productivity. For example, the American Board of Pediatric Dentistry's ROCP emphasizes continuous improvement and thus follows the philosophy of Kaizen. [www.abpd.org/Content/ROC-P/ROC-P-Information.aspx](http://www.abpd.org/Content/ROC-P/ROC-P-Information.aspx).

Those on the West Coast are often seen as the innovators and "Crazy Ones." We are home to Amazon, ADEC, Boeing, Microsoft, Amgen, Apple, and Facebook. The West often sees trends before the other parts of the country; such as the Housing Bubble and the rise of Social Media and its influence on organizations and companies. America's health care delivery model (which includes dentistry) is on the verge of changing. There are many outside influences that are changing how dentistry is delivered. In the state of Washington, a major insurance company has mandated reductions in its fee schedule even though the costs of labor and supplies for practitioners have risen. Alaska has implemented Dental Health Therapists for its native population. Arizona has seen the establishment of national dental companies that operate and manage multiple dental clinics. Is the small neighborhood dentist going the way of the "Non-Smart" phone? Should dentists create large group practices like our medical colleagues?

What is the direction that you want for your profession? You can either be observers who ignore, complain, and take no action or you can be an active participant. It is your choice. However, if you want your voice to be heard, you need to be involved in organized dentistry. The specialty of pediatric dentistry offers many opportunities for you to be involved at the state/province, district and national levels.

This brings me to the subject of the Midlevel Provider, Dental Health Therapist and Alternative Workforce Providers (AWP's). It is coming and it is very important that pediatric dentists be actively involved in the discussion. There are some that are strongly opposed to AWP's and are unwilling to enter into an open discussion with policy makers.

The leadership of the California Society of Pediatric Dentistry has taken the opposite approach. They believe it is important to be involved with any discussion regarding AWP's. Thus the CSPD Board of Directors consisting of eight directors and six officers, (twelve of whom are in private practice, one in academics and one practicing in a community health center) voted unanimously at their quarterly meeting on January 21, 2012, to adopt the following resolution as it pertains to CSPD's position on SB 694 (Padilla):

### **Support In Principle (unrestricted support pending development by amendments of the bill, the details of the proposed scientific study and other relevant elements)**

In reaching this decision, the Board carefully considered the implications of this legislation on alternative dental workforce models and on the bill's consistency with the policies and resolutions adopted in 2011 by the California Dental Association's House of Delegates. The Board concluded that CDA Resolution 24S1 establishes opposition to any scope of practice changes or new provider categories that would allow non-dentist providers to perform irreversible / surgical procedures unless there were compelling data available on the quality, safety and cost-effectiveness to support such a recommendation. At that time, and only at that time, would consideration be given to legislation which would establish a new provider category and only if it reflected the results of the study and a provider model in which the dentist remains the head of a single dental team and delivery system.

Questions or comments regarding CSPD support of SB 694 may be directed to CSPD Public Policy Advocate, Dr. Paul Reggiardo, at [Reggiardo@prodigy.net](mailto:Reggiardo@prodigy.net), or directly to the Board through CSPD Executive Director, Dr. Ray Stewart, at [DrRStewart@aol.com](mailto:DrRStewart@aol.com).

Take control of your profession. The State and Province Units of WSPD and AAPD encourage you to get involved in organized dentistry and make a difference. I have been actively involved at the National, District and State Levels since graduating from my residency program at UCLA in 2000. It is a very rewarding experience and I encourage you to get involved.



In this day of Social Media, WSPD now has a Facebook page. Just go to the WSPD website <http://www.aapd.org/district6/>, scroll to the Facebook Link at the bottom and become a fan by selecting "Like."

## Approved Motions from the January 21, 2012 CSPD Board of Directors

- It was moved that Dr. Ned Momary be added to the list of Life members for approval on the consent agenda.
- It was moved that the Distinguished Service Award be presented to an individual at the Annual Meeting.
- It was moved to approve that the organizational management task force continue its due diligence in investigating the hybrid management model.
- It was moved to approve that CSPD enter into preliminary contract negotiations with Smith Moore and Associates as the recommended association management company.
- It was moved to accept the recommendation of the Public Policy Advocate to take the position of support on SB694.
- It was moved to approve the slate of officers for 2012-2013.
- It was moved to accept the 2011-2012 second quarter financial reports.
- It was moved to approve Ray Stewart, Steven Chan, Rebecca Lee Pair, Dennis Paul Nutter, Sharine Thenard and Kenneth Szymanski as the only authorized signatories to signature cards of bank accounts holding CSPD Funds.
- It was moved to direct Ray Stewart to move forward in readdressing bank statements or creating back up statements to the new Treasurer, commencing at the start of the new Treasurer's term.
- It was moved that the Board direct that the Secretary create a "Summary of Unofficial Actions of the Board" that can be placed on our website and Bulletin viewed by our members.
- It was moved that CSPD accept the revised 2011-2012 budget.
- It was moved that CSPD allow OCE to purchase the Wind Rose program and pay for the costs associated with that proposal.
- It was moved to approve Drs. Susan Poorsattar and Geraldine Ruiz for the Warren Brandli Leadership Program for 2012-13.
- It was moved to approve Dr. Christian Yee for the 2012 Graduate Student Legislative-Advocacy Program to attend the AAPD Lobby Days in Washington, D.C. in March of 2012.
- It was moved that the Center of Oral Health use CSPD's name as a signatory to an advisory position.

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## Washington dental practitioner bill moves out of committee

On Friday, February 3, the Washington State Legislature's, Senate Health Committee heard SB 6126. SB 6126 is the bill sponsored by The Children's Alliance that would create a new "dental practitioner" in the State of Washington.

Originally expected to fail passage in the committee, the bill was instead passed out and sent to Rules committee. The bill may now be heard before the full Senate before the legislative deadline of February 14.

The bill was amended in health committee to include the following: Language requiring that a dentist be available for "instant communication via video conferencing during treatment if needed."

- Requires that practice plan contracts be "made available to the public upon request" and available "at the practice of the dental practitioner or the dental hygiene practitioner and provided to patients of the practitioner's practice upon request."
- The following section was added to the bill: *"The American Dental Association and the Washington State Dental Association are encouraged to consult with stakeholders, including dentists, dental hygienists, and patient advocates, to study programs in the state that use volunteer dentists and oral surgeons to provide specialty care dental services, including tooth extractions and root canals, to low-income adults and children. This study should include an investigation into expansion of volunteer specialty care dental services into underserved areas in the state and methods to finance these programs. In order to provide the legislature time to review*

*the work of the American Dental Association and the Washington State Dental Association, the results of this study should be reported to the legislature by January 1, 2013."*

It appears through testimony from the author of the bill, Senator Frocket that the third amendment may have been accepted as an effort to appease the opposition who believe a new dental practitioner is unnecessary. While the taken, it did not change the focus of bill, which is to create a new provider.

Before passing the bill, other members of the committee expressed a desire to continue to refine the scope of practice of the practitioners and other aspects of the legislation. A complete copy of the amended bill can be found here.

Also of note is the Washington State Hospital Association (WSHA) came out in support of SB 6126 the day of the health committee hearing. The WSHA's support was predicated on the results of a survey where 53 hospitals reported having 54,000 dental related visits in one year costing an estimated \$35 million.

More information regarding SB 6126, as well as a video of the health committee hearing can be found on the Washington State Dental Society's website: [www.wsda.org/headlines/2012/2/2/dental-practitioner-bill-passes-senate-health-committee.html](http://www.wsda.org/headlines/2012/2/2/dental-practitioner-bill-passes-senate-health-committee.html)

## NLRB delays poster rule until April 30

The National Labor Relations Board has agreed to postpone the effective date of its employee rights notice-posting rule to April 30.

Most private-sector employers, including certain dental offices, are affected by the regulation, which had been slated to go into effect Jan. 31.

The NLRB said it agreed to postpone the rule at the request of the federal court in Washington that is hearing a legal challenge regarding the rule.

In a notice posted on its website, the NLRB says, *"The Board's ruling states that it has determined that postponing the effective date of the rule would facilitate the resolution of the legal challenges that have been filed with respect to the rule. the new implementation date is April 30, 2012."*

The notice also says that most private sector employees will be required to post the 11-by-17 inch notice on the new implementation date of April 30.

The notice is available at no cost from the NLRB through its

website - [www.nlr.gov](http://www.nlr.gov) - which has additional information on posting requirements and NLRB jurisdiction.

The NLRB web page includes a link to "Employee Rights Poster."

When effective, the regulation will require private-sector employers within the NLRB's jurisdiction to display the poster where other workplaces notices are posted and on an internal or external website if other personnel policies or workplace notices are posted there.

The 11-by-17 inch notice that will be required for posting states that employees have the right to act together to improve wages and working conditions; to form, join and assist a union; to bargain collectively with their employer; and to refrain from any of these activities.

The U.S. Chamber of Commerce and South Carolina Chamber of Commerce filed a lawsuit in the U.S. District Court of South Carolina challenging the new notification.

For those interested in water fluoridation efforts, you may be interested in this new web page from the Pew Charitable Trusts: [www.pewcenteronthestates.org/initiatives\\_detail.aspx?initiativeID=85899367159](http://www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=85899367159)



# Health Professionals and Community Volunteers Needed for CDA Cares Free Dental Clinic

Be a part of a community working together to help Californians in need

- When:** Thursday, May 17, 2012: Clinic setup from 9:30 am to 5:00 pm (no patients)  
Friday, May 18, 2012: Dental clinic from 7:00 am to 6:00 pm  
Saturday, May 19, 2012: Dental clinic from 7:00 am - 6:00 pm  
Sunday, May 20, 2012: Clinic teardown from 8:00 am - 2:00 pm (no patients)
- Where:** Modesto Centre Plaza, 1000 L Street in Modesto, California
- Why:** The need is greater than ever - an estimated 30 percent of Californians experience barriers to care. State budget cuts eliminated most oral health services for low-income adults leaving them without access to dental care. In children, dental disease is a chronic epidemic - more common than asthma and obesity - affecting nearly two-thirds of California's children by the time they reach third grade.
- Who Benefits:** CDA Cares will offer free dental care to Californians who have difficulty accessing care, including the uninsured, underinsured, unemployed and others in need. Patients will be seen on a first-come, first-served basis.
- Services:** The main goal of CDA Cares is to relieve pain and infection. With the help of community volunteers, dental professionals will donate their time and skills to offer cleanings, fillings, extractions, oral health education and assistance in finding a dental home.
- Volunteers Needed:** Physicians, dental lab technicians, nurses, pharmacists, translators, dentists, specialists - including oral surgeons, hygienists, assistants, dental students, and other members of the community willing to donate their time.
- In addition to providing dental services, volunteers are needed to escort patients and translate, dispense medication, setup and tear down the clinic, register patients and volunteers, conduct exit interviews, enter data, provide oral health education and more.
- To Register:** For more information or to register, visit [www.cdafoundation.org/cdacares](http://www.cdafoundation.org/cdacares)

## About CDA Cares

CDA Cares is a collaborative effort about the California Dental Association (CDA), the CDA Foundation and the national charitable organization Missions of Mercy. CDA Cares is a new event aimed at providing free dental care to Californians in need.

CDA Foundation  
1201 K Street, Suite 1511  
Sacramento, CA 95814

916.554.4916  
800.232.7645  
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