

Bulletin



Effective Pediatric Marketing

By Roger P. Levin, DDS



Introduction

More so than other dental specialties, the unique nature of pediatric dentistry makes effective marketing especially challenging. Typically, pediatric dentists rely heavily on referrals from parents. Since they do not get referrals from general dentists, pediatric dentists have to reach outside of the dental field for referrals from pediatricians.

In fact, marketing to parents and pediatricians presents formidable obstacles, such as:

- Parents who do not understand the need for regular hygiene visits for very young children.
- The difficulty of creating effective relationships with pediatrician offices due to the hectic pace that occurs in medical and dental practices specializing in treating children.

An additional difficulty is that many pediatric dentists have been sidetracked by ineffective marketing methods. For example, I recently spoke with a pediatric dentist who had just incurred significant expenses working with a marketing firm to increase referrals. The

company had provided all of the basic marketing elements—new logo, business cards, stationery, brochure, and direct mail pieces. Yet, after spending a considerable sum, the practice had very little in the way of results to show for its efforts.

Why such poor results? Marketing companies may know consumer product marketing, but they do not understand the intricacies of pediatric marketing, which has very unique challenges. In truth, pediatric marketing is a science defined by the use of proven strategies to achieve increased referrals.

Implementing Effective Pediatric Marketing

Targets are the starting point for the development of marketing strategies that will enable pediatric dentists to reach their practice potential. These include:

- Receiving at least one referral from 40–60% of parents of current patients

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It is Called a QR Code which is short for Quick Response Code. It is the trademark for a type of matrix barcode that was developed by the Toyota subsidiary, Denso Wave, in 1994 to track vehicles during the manufacturing process, and was originally designed to allow components to be scanned at high speed. It has since become one of the most popular types of two-dimensional barcodes.

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For a complete list of committee members visit the CSPD website at 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

Rebecca Lee, DDS



“What you do today is important because you are exchanging a day of your life for it.” ~ Unknown

This quote comes from an online article by Tim McAuley titled, “7 Important Questions to Ask Yourself Today.” The opening quote made me think about how the leadership of CSPD dedicates countless hours and days of their lives to the activities of CSPD. Has what they’ve done for CSPD been worth the time they’ve spent? In order to answer this question, I decided to try to apply McAuley’s seven questions as they relate to my experience as an active participant in organized dentistry.

7 Important Questions to Ask Yourself Today

1. What brings meaning to your experience?

McAuley writes about how setting and reaching goals can bring focus and meaning to his experiences. In April, I set my goal for the year to be improving membership satisfaction. True, there will be times when the membership is not happy with the decisions of the leadership, but what can be done to minimize these occurrences? For many years, CSPD has been trying to improve membership satisfaction through increased involvement and communication with the membership. While the Leadership Development Committee is hard at work recruiting new volunteers and offering leadership training to existing ones, finding individuals who are willing to commit themselves to the CSPD leadership track remains a challenge. The continued search for a solution to the access to care dilemma in California is a reminder of why we need to expand our membership involvement and communication. I’ve charged an ad hoc committee on Access to Care to proactively address the issues of inadequate access to care in dentistry and the potential expansion of the dental workforce. The committee has been asked to better define CSPD’s position on workforce expansion, with consideration to be given to as whether a survey of the membership needs be done in order to ensure the policy statement most accurately reflects the membership’s values. Considerable effort has been placed into ensuring that the composition of the committee represents the diversity of our membership, with nearly 50% of the committee being non-board members including representatives from the private sector, federally-qualified health care centers, and residency programs. The emphasis on open communication and involvement with CSPD membership has brought meaning to my current experience on the board.

2. How do you spend/invest/leverage your time?

Now that I know where to focus, I have learned to be mindful of whether I am making the most of my time. I

would not be able to focus on my primary goal without the unflagging dedication of our Board and Committees. I am extremely pleased with the progress our committees have made within the first quarter of this year. The relatively new Document Review Subcommittee has drafted a description of its committee and its charges for consideration by the Board and is now in the process of reviewing and updating the Policy and Procedure manual. Membership Service is moving full speed ahead with creating a manual and calendar of duties for both itself and its subcommittees to ensure ongoing consistency and improved efficiency from year to year. The Online Continuing Education Committee was able to quickly place the Affordable Care Act lecture from our annual meeting in Rancho Las Palmas on the website. In addition, Dr. Rothman’s sedation lectures, Dr. Wright’s presentation on the diagnosis and treatment of dental developmental defects, and the Portland lectures by Dr. Stout on the chronic conditions of childhood and Dr. Kratochvil on pediatric oral pathology are now available or soon to be available online as well. The Leadership Development Committee continues to be on track, having identified mentors for the GSLA and Warren Brandli interns. Even further, the committee is developing an additional opportunity for WB and GSLA interns to attend a leadership training opportunity, the CDA “Grassroots” Advocacy Conference, in Sacramento next year. The Patient Safety Committee is active again, under the leadership of Don Schmitt, helping to keep our members informed on issues concerning the safety of our patients. The Annual Meeting Committee is moving along in their preparations for next year’s meeting in Monterey. The CE lineup for the meeting is so incredible that our golfers out there may want to skip a round in order not to miss these presentations! I am extremely thankful that I am working with a team as diligent and motivated as ours. It is only in light of our commitment to the mission of CSPD that we are able to support each other, maintain focus, and make the most of our time... despite my occasional tendency to procrastinate!

3. How do you feel?

I ask myself this question when I wake up every morning, with the answer largely shaping the rest of my day. By asking the question, I am able to make peace with whatever leftover stresses and anxieties from the day before that may have made me feel less purposeful. I’m not sure how this relates to CSPD, but I thought it was a nice question to share with you anyways.

4. What if you die tomorrow?

McAuley morphs this question into several others including, “If you die tomorrow, are all your apologies said?” Do you take any forgiveness with you?” and “Did you do something today that is meaningful?” Living in Los Angeles, I easily spend at least an hour a day in my car commuting from place to place. I also easily spend 25-35% of my waking hours dedicated to my career as a pediatric dentist, so

(Continued on next page)

President's Message (continued from previous page)

hopefully my career is meaningful to at least myself. Even before my residency, I realized that I needed more than private practice to bring meaning to my profession. Whether through teaching, participating in volunteer dentistry, or joining organized dentistry, I encourage our new and mid-career dentists to ask themselves, "What will bring fulfillment and meaning to your career?" Again, we all exchange a day in our lives for what we do today. What if you die tomorrow?

5. How can you brighten somebody's experience today?

I'd like to brighten the day of our retired membership by letting them know their concerns are being addressed. For many years, the request to evaluate (and re-evaluate) both 1) the definition of the retired membership category such that a retired member may be permitted to work on a part-time basis and 2) the possibility of a further discounted registration fee for retired members at our annual meetings. At the most recent Past President's Breakfast in Rancho Las Palmas this past April, individuals expressed dissatisfaction with the Board's decision not to make changes to the retired membership category because they felt that the issue was not thoroughly reviewed. Again, in an effort to greater involve the membership in the board's decision making process, I have appointed an ad hoc committee that is chaired and partially comprised of non-board individuals to reconsider, once again, the definition of the retired

membership committee. The committee has been asked to report back to the Board with their recommendations by our January board meeting. The Annual Meeting Committee has been charged with evaluating the request to lower the registration fees for retired members, perhaps by offering a "Social Package" for those retired members only interested in attending the meeting for social purposes rather than obtaining CE units.

6. What choices can you make differently?

This question made me laugh because the first thought that came to my mind was, "Keep my big mouth shut." While I say that in jest, I will acknowledge there are times when passion needs a filter to allow healthy, productive debate. As McAuley points out in his article, sometimes conflict brings resolution. In many ways, I have learned more from dealing with people I disagree with than from practicing my 20 minutes/ twice a day of mantra meditation.

At the General Assembly this past May at the AAPD Annual Meeting in Orlando, healthy debate arising from the passion of the state and district units to maintain the tripartite governance structure dominated the meeting. CSPD, along with the Western Society of Pediatric Dentistry, opposed the Academy's proposal to make membership in both the state and district units optional, as well as their proposal

(Continued on page 12)

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Executive Director's Message

CSPD/AAPD Governance: A Question of Fair and Democratic Representation

Ray E. Stewart, DDS

Of late, I have been having difficulty reconciling my thoughts concerning certain details of the way we do business at CSPD. Not so much “how we do business” but more about how we make decisions such as who will be our leaders, what amendments we make to our Constitution and Bylaws, and how we set our policy decisions relative to the ever changing wave of governmental and societal attitudes towards health care in general and oral health care in particular.

My concerns and reservations stem from the way our important and potentially game changing decisions are currently voted “up or down” during the Annual Business Meeting held each year during the CSPD/WSPD Annual Meeting. Conceptually, this is not such a bad thing. The problem that I have with this process is that there may be as few as twenty or thirty Active and Life members present at the Business Meeting who cast their ballots on such critical matters as the election of Officers and Board members as well as proposed Amendments to the CSPD Constitution and Bylaws which are the guiding principles and directives on how we operate as a society. Thirty members attending and voting at the annual Business Meeting equates to a mere 4% of the eligible voting membership who are making decisions on important issues that are vital to the entire organization!

You may ask....”How can this be and how did we end up with so few making decisions for so many?” Several years ago, the CSPD Bylaws were amended to read:

This Constitution may be amended by an affirmative vote of two-thirds (2/3) of the members present, entitled to vote, and voting at any annual meeting of the members of this Society provided notice of the proposed amendment has been mailed to the membership at least thirty (30) days prior to this action.

This Constitution may be amended at any annual meeting, without prior notice of the proposed amendment, by the unanimous vote of the members present.

You may also ask: “What does it require to make a quorum?” The current CSPD and AAPD Bylaws read:

A quorum shall consist of the eligible voting members at a business meeting.

Here is a possible scenario: if three eligible members show up at the Annual Business Meeting, and two of the three vote to amend the existing Bylaws their vote carries the day. Even more troubling is that a member could propose an amendment on the floor of the meeting and if all three voted to approve, the amendment would carry. This is not what I would call a “democratic decision representative of the will of the membership.”

The language of the CSPD Bylaws is structured to be consistent with the Bylaws of AAPD. In the AAPD, election of Officers and Trustees, governance amendments, and other

important orders of business can and are made by a simple majority vote in the case of elections and a 2/3 majority in the case of Bylaws amendments. Just like CSPD, these decisions are rendered by the relatively few eligible voting members who attend the General Assembly at the Annual Session. At the recent AAPD Annual Meeting in Orlando, where the membership voted on some very important and contentious issues such as the ongoing requirement of ADA membership, the combining of Districts I and II as a single District, and the ongoing requirement of State and District Unit membership in order to maintain AAPD membership - **fewer than 130 votes were cast**. This is a mere 4% of the 7,000 plus members of AAPD. I don't think that this is a representative or valid sampling of the will and consent of the membership at large.

Is this a problem of apathy or disinterest on the part of members who allegedly “do not care enough about the issues at hand to attend the General Assembly and cast their votes?” (A quote from a member of the AAPD Executive Committee) I think not! For various reasons, members may not be able to attend the Annual Meeting, the Reference Committee Meeting, or the General Assembly. If this is the case, should these members be denied an opportunity to vote on important issues and decisions facing the organization?

I feel that there is an inherent flaw in CSPD's current form of governance and organizational decision making. With so few members attending the Business Meeting (akin to AAPD's General Assembly) and casting votes on significant issues before them, there is a distinct possibility for proponents of one side of an issue to “stack the deck” by recruiting or otherwise convincing members attending the Annual Meeting to come to the Business Meeting and vote in favor of their agenda. This is particularly true in the case of leadership who is in a more advantageous position to “rally the troops” to support their position and vote in its favor.

In my humble and considered opinion, it is high time for CSPD to revisit the issue of how we make important decisions relative to our Constitution and Bylaws and how we elect our leaders. Should a member of our organization only have a voice in governance and leadership issues if he/she attends the annual Business Meeting? Are we making decisions that truly represent and reflect the views of the majority of our membership?

I feel that it is time for CSPD to consider allowing members to vote remotely by a secure and verifiable method on the election of Officers and Board nominees as well as other important issues such as Bylaws amendments and important policy positions.

AAPD Are you listening?



Public Policy Advocate's Report Pediatric Dental Access Update

Prepared for the California Society of Pediatric Dentistry

Paul Reggiardo, DDS, Public Policy Advocate



California's Medicaid Dental Program (Denti-Cal) was resurrected (or partially resurrected) for adults with the Governor's signing of the 2013-14 budget and accompanying trailer bills at the end of June. Beginning in May, 2014, the budget will restore funding for adult diagnostic, preventive, and restorative services, along with full-mouth dentures and endodontic therapy on anterior teeth.

This past May, the U.S. 9th Circuit Court of Appeals denied a petition to prevent the California Department of Health Care Services from implementing the 10% reduction in Medi-Cal provider payments authorized by the state legislature in 2011. Because these cuts have been blocked by court injunction since June of 2011, the ruling allows the state to "claw back" the 10% "excess payments" made to providers since that date.

While an appeal to the Supreme Court by a coalition of healthcare organizations (including CDA) has been filed, there is little likelihood that the Court will decide to hear the case. If the appeal is denied, the Department of Health Care Services (DHCS) will move immediately to institute the 10% reimbursement rate reduction and begin to recoup previous "excess payments," probably by removing an additional 5% from each Medi-Cal/Denti-Cal provider payment. Any relief will have to come from the legislature, which must eventually deal with the inadequate Denti-Cal reimbursement issue if the existing children's program and the restored adult dental program are to be truly viable.

Earlier this year, the Center for Medicare and Medicaid Services (CMS) failed to approve the renewal of the contract between the DHCS and Delta Dental Plan of California to provide fiscal intermediary services for the Denti-Cal program. CMS indicated a desire for innovation in the contract and a competitive bidding process.

Health Families Transition to Denti-Cal continues without major hiccups being reported on either the dental or medical side. The movement of approximately 860,000 children previously covered under the Healthy Families program began January 1, with the first of four phases now completed, the second underway, and the third set to begin August 1. Except in Sacramento, where all children will transition into dental managed care, and Los Angeles, where managed care delivery is an option, all other counties will transition into Denti-Cal fee-for-services delivery.

Reporting on Phase 1 in May, the DHCS reported 52%

of enrolled Denti-Cal service locations were accepting new patients. There were only 24 dental grievances reported (of which only three were related to a transitioned child under the Denti-Cal program) and all 9,178 beneficiary requests for dental provider referrals were successful. The potentially problematic rural and semi-rural counties will transition in Phases 3 and 4.

On June 25th, Covered California, the California Health Benefit Exchange under the Affordable Care Act, announced the selection of six insurance companies which will be offering nine stand-alone dental plans and one bundled-only dental plan for sale in the Exchange. The six selected companies are Anthem Dental, Blue Shield of California, Delta Dental of California, Health Net Dental, LIBERTY Dental Plan, and Premier Access Dental. All of the stand-alone plans can be bundled with a medical plan for a single premium. Monthly premiums range from \$10-\$15 per child for HMOs and \$20-\$40 for PPOs. The rates each plan will pay to providers have not been announced and will be a matter of private contractual agreement between the plans and providers.

The Exchange continues to stand by its earlier decision that no one will be required to purchase the pediatric dental benefit in 2014, its first year of operation. CSPD and CDA continue to advocate for the required purchase of pediatric dental benefits in conformity with the intent of the Affordable Care Act, and is working with the Exchange to determine if a change in policy can be effected in time for the initial open enrollment on October 1st.



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Bills of Interest to CSPD

California Legislature 2013-2014 First Regular Session

July 1, 2013

Paul Reggiardo, DDS, Public Policy Advocate

CSPD follows a number of bills under consideration by the state legislature which potentially impact pediatric oral health. Updated information on the legislative progress of these initiatives may be found in the Advocacy, Legislation, and Regulatory Matters (ALARM) section of the CSPD website. Members having questions or wishing to comment on these or any other legislative matters are invited to contact CSPD's Public Policy Advocate, Dr. Paul Reggiardo, at reggiardo@prodigy.net.

AB 18 (Pan) ACA: Pediatric Oral Health Benefits. As amended, the bill requires that at least 75% of the premium cost of pediatric dental plans offered in the California Benefit Exchange goes toward actual patient care and any amount below this level must be refunded to the purchaser of the plan.

CSPD Position: Support

Comment: This "dental loss ratio" is below the 80%-85% already required of medical plan offerings and less than dental plans were required to achieve in the Healthy Families program. The provision is strongly opposed by the dental plans. So as to not affect plans currently approved for sale in the Exchange, it would not go into effect until 2015. Other changes to the bill would allow the current policy of the Exchange to require no coordination of dental and medical out of pocket maximums during the first year and to set the maximum age for pediatric dental benefits at 22 years of age. AB 18 also applies other ACA provisions such as timely access to care standards, network adequacy requirements, non-discrimination based on pre-existing conditions, and elimination of annual and lifetime maximums to dental benefits.

AB 836 (Skinner) Continuing Education Required of Retired Dentists. This bill would mandate that the Dental Board reduce the continuing education licensure requirements for retired dentists providing only uncompensated care to no more than 60% of those hours required for an active license.

CSPD Position: Support

Comment: The purpose of this CDA-sponsored bill is to reduce the continuing education requirements for retired dentists providing volunteer care, thereby encouraging such activity for those wishing to do so. All of the reduced hours of continuing education would be required to be in Category I (actual delivery of dental services).

AB 1174 (Bocanegra) Teledentistry: Expanded Duties and Medi-Cal Billing. This bill would expand the scope of a practice of a Registered Dental Assistant and Registered Dental Hygienist to prescribe dental radiographs and the Registered Dental Assistant in Expanded Functions and the Registered Dental Hygienist to place interim therapeutic restorations pursuant to the order of a licensed dentist. The bill would authorize asynchronous transmission of information to be reviewed at a later time by a licensed dentist at a distant site as a billable encounter under Medi-Cal regulations.

CSPD Position: Watch

Comment: Introduced at the request of The Children's Partnership, the bill would place into statute the elements of the Virtual Dental Home pilot project (Health Workforce Pilot Project #172) developed by Dr. Paul Glassman and the Pacific Center for Special Care at the Arthur A Dugoni School of Dentistry. The author has indicated he will not advance the bill unless there is wide stakeholder consensus, including that of the professional community. This will now be a "two-year bill" which must pass out of its house of origin by January 31, 2014.

AB 456 (Padilla) Health Care Coverage. Introduced as a "spot" bill for possible later legislation related to dental workforce study and the establishment of a state dental director.

CSPD Position: Monitor

Comment: Senator Padilla has indicated he will not move forward with SB 456 unless consensus is achieved between CDA and The Children's Partnership on both the state dental director's office and the workforce study and the funding issues related to both that derailed last year's SB 694.

SB 5662 (Galgiani) Mobile or Portable Dental Services. This bill would direct the Dental Board of California to bolster regulations governing mobile and portable dental units regarding provisions for follow-up and emergency care and for maintenance and availability of provider and patient records.

CSPD Position: Support

Comment: The intent of this CDA sponsored bill is to address concerns about continuity of care and maintenance and availability of patient records when entities operating mobile or portable dental facilities market services in schools or community settings. The bill would grant authority to the Dental Board of California to adopt governing regulations.

SB 640 (Lara) Medi-Cal: Provider Payments. This bill would prohibit imposition of the 10% reduction in payments to Medi-Cal providers, including dentists, that were enacted through AB 97 and which would also eliminate the state's ability to 'claw back' rate cuts from those Medi-Cal providers who have not yet been charged from June 1, 2011 to the present day.

CSPD Position: Support

Comment: The bill was amended 4/15/13 to include managed care plans.



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Creating the Strategic Plan for 2015–2018

As clinicians, we make clinical decisions that are grounded in sound diagnostic and therapeutic evidence. In a similar fashion, our policies must be similarly based on the best information and data available to us. To that end, I have appointed a committee to assist your Officers and Directors in developing our next strategic plan. The members of the Strategic Planning Committee are Drs. Dennis Paul Nutter (Chair), Richard Mungo, Sharine Thenard, Eric Dixon, and Ray Stewart (advisory role). This committee has been charged with overseeing the logistics of developing the strategic plan to take effect in 2015.

The first step of this process is to hire a consultant whose focus of expertise will allow the committee to proceed in a manner that avoids the pitfalls of inexperienced strategic planning. A Request for Proposal has been created and sent to select strategic planners. CSPD has known of our need to periodically revisit our strategic planning and has been saving for this day for the past four years.

The second step in the strategic planning process is to gather the data that planners will need in order to build the plan that will guide the Association's future efforts. We will need to scan the external environment to identify those transformational forces with which we will need to contend in the coming years. This type of information gathering and analysis is a critical phase. Our profession today is a very different place than it was five or

ten years ago, and it will be even more different in the next five years. How will Corporate Dentistry, the Affordable Care Act, and those workforce issues that encompass the Midlevel Provider controversy change our profession? To be successful, we need to anticipate those changes and our external environmental scan will help our planners prepare for their task.

The next step is to gather data about how our membership and our volunteer leaders perceive our needs. This scan of the internal environment will reach out to you, the membership, for your input. While this will include a series of short surveys of our membership, we will attempt to include information from those pediatric dentists who have chosen not to join our association. Throughout all of this work, the Strategic Planning Committee will strive for transparency and participation by members in all aspects of the strategic plan development process.

This is an exciting time and, as we look towards our future, we want to hear from you. You may contact Dr. Nutter directly at dennispaulnutterdds@yahoo.com with your thoughts on what data or ideas you think our planners should be considering.

Based on knowledge about our environment, we will build a successful strategic plan. And, based on our strategic plan, we will all guide CSPD into the future.

~ Rebecca Lee, CSPD President

Leadership Development Committee

Call for Mentors

At the last meeting of the Leadership Development Committee (LDC), part of the time was spent on strategic discussion about how we may improve the product of our committee. What we are charged to produce is a compilation of answers to the leadership needs of the CSPD. Plain and simple! What this means is that we are constantly recruiting pediatric residents to apply to the two programs that CSPD has instituted and recruiting volunteers to serve on committees, task forces, and board director positions. We have been successful in attracting very capable young people into the Warren Brandli Leadership program as well as the Graduate Student Legislative and Advocacy program. They have received training and mentorship at our board meetings, in advocacy efforts in Washington D.C., and our grass roots efforts in Sacramento (soon to come). When you look at the composition of the boards and committees, you'll see the results of the efforts of the LDC that was established some years ago and whose chairmen include past CSPD Presidents Weyland Lum and Dick Mungo. Even though they have termed out, they have consented to stay on LDC as consultants ... their legacy lives on!

CSPD has been very fortunate to have developed a strong base of seasoned mentors who gladly share their experience and knowledge of advocacy at the state and national level. Their willingness to share their time and energy to mentor is very much appreciated. If you look closely, much of what CSPD and the AAPD has done and continues to do comes as a result of advocacy. We advocate good oral health and care for all children. We advocate to elected officials, the state legislature, and the representatives on the Hill on behalf of our organization(s) and the children that we all serve. Over the years, we have learned

that we MUST be at the table to effect change. We also attempt to prevent passage of laws that may be detrimental to our patients and our practices. For this reason, it is of utmost importance that CSPD remain a player in the political and public policy arena.

Strategically, we needed to look at the transition of our mentors and leaders of CSPD as we would in our own practices; to see who is being trained to carry the torch when the old guard is gone. This is a matter of great importance in a business and especially true in a volunteer organization. We are seeing some gaps. The new generation is being recruited and trained; the old generation ... is getting older! We need the middle to be reinforced. We need to fill that gap!

I propose that we all look at our capabilities, our time, and our desire to give back to CSPD and consider becoming involved with the growing cadre of colleagues that participate in mentoring the next generation of pediatric dentists that will take our specialty and our organization to a new level of advocacy. We need you!

CSPD is looking to engage members who are in their early to mid career, have an interest in public policy, and would participate in political events and advocacy efforts on behalf of our specialty. Don't worry, if you have the interest but feel that you lack the experience. You will be provided opportunities to learn and to be mentored ... creating a pathway for you to become a mentor yourself. The time commitment is really up to you. Whatever time you can provide is always appreciated.

I encourage you to contact any of the LDC members, Ray Stewart, or me to get all your questions answered as you prepare to make the commitment. You will have fun and make a difference!

~ Santos Cortez, DDS - scortezdds@gmail.com
Chairman, Leadership Development Committee

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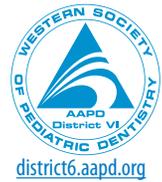
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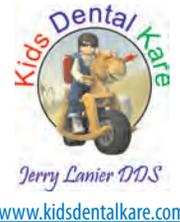
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President's Message (continued from page 5)

that would make ADA membership optional. Many thanks and much applause for a job very well done needs to be given to Immediate Past President Steve Chan who, by informing the leadership of the 48 other state units of the proposals and polling them for their position, was able to demonstrate that a large majority of states were also in disagreement with the changes being recommended by the AAPD leadership. Of the states who offered their position, 25 were in opposition to making tripartite membership optional (4 in support), and 24 were in opposition to making ADA membership optional (7 in support). Following a lively, passionate debate during the Open Forum, Reference Committee, and General Assembly, the proposal to make tripartite membership optional was defeated, while the proposal to make ADA membership optional was passed. Also passed were proposals to combine Districts 1 and 2 and have AAPD offer collection of state/district dues at no cost.

Through our District Trustee, the leadership of WSPD has since asked our current AAPD President and Executive Director to allow the states and districts to be more involved in all of the Academy's decisions that may directly affect the continued existence of our state and district organizations. As the Academy moves forward with implementing the

recent bylaws changes, I ask both ourselves and the Academy, "What choices can we make to better work together?"

7. What can you give today?

I am in the fortunate position that, because I have all that I need in life and more, I am also able to give a lot. Yes, I have a job that pays the bills (including my tripartite dues), but like McAuley writes in his article, I have "so much more than money can buy." What do I have? My kids supply me with an infinite supply of love; the people with whom I work in my practice and on the Board offer me constant encouragement; the ocean affords me a sense of calm and solitude; my mother can't stop offering me words of wisdom; and my involvement in CSPD brings fulfillment to my career as a pediatric dentist. So, what can I give? I have a body and hands that are still working for me, I have ears and (ideally) an open mind that are able to listen, two arms to offer support, and a voice with which to speak my opinion. A person doesn't need much more to get involved... From someone whose focus is on membership involvement and communication, I ask our membership, "What can you give today?" Through membership and/or active participation, please be a part of organized dentistry.



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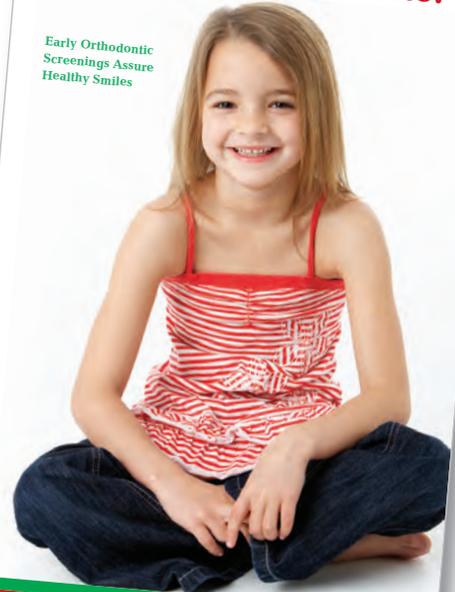
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Early Orthodontic Screenings Assure Healthy Smiles

Smile... Now Let's See Your Bite!

Early Orthodontic Screenings Assure Healthy Smiles



Smile... Now Let's See Your Bite Ruler Test

The Smile...Now Let's See Your Bite ruler attached to this pamphlet is especially designed to help you detect excessive protrusion of the upper front teeth, one of several early warning signs of dental problems in children.

Detach the ruler at the perforation. Have your child bite down normally, keeping lips open. With printed side up, place the end of orthodontic ruler against the lower front teeth with the teeth touching on the ruler. If the bite is within the red zone, probably excessive protrusion and your child should be examined by an orthodontist.

Note: This Smile...Now Let's See Your Bite ruler is intended only as a guide indicator of some potential bite and jaw problems in 7-year-old children. It is not a substitute for a consultation with a specialist in orthodontics, the endodontic supervision.

Seek treatment earlier than age 7 if the child has:

- difficulty chewing
- open-mouth breathing
- snoring
- tongue is always between child's front teeth
- thumb or finger sucking
- overlapping or crowding of erupting permanent teeth
- jaws that click or pop
- biting of the cheek or into the roof of the mouth
- speech problems
- grinding or wearing down of the teeth
- a profile is not balanced
- a lower jaw looks too small or big
- an upper jaw "sticks out"
- obvious abnormal late development of any kind

Consider a visit to an orthodontist at any time to have you or your child's questions answered or to receive information on what your child may need orthodontically as they grow older.

Seven warning signs in 7-year-olds

An orthodontist answers the following questions when making a first evaluation; these answers are based on visual observation of the mouth and teeth as well as the way a child's upper and lower jaws align with one another. When you know what to look for, you can answer these questions, too.

1. DO THE UPPER TEETH PROTRUDE?

Excessive protrusion of the upper front teeth - "buck teeth" - is by far the most common orthodontic problem. You can test this by using the attached Smile...Now Let's See Your Bite ruler.



2. IS THERE A DEEP BITE?

The upper front teeth cover too much of the lower front teeth. This may provide answers about why your child grinds his/her teeth at night and why the lower front teeth are crowded.



3. IS THERE AN UNDERBITE?

All or some of the upper front teeth fit inside the arch of the lower teeth. This can lead to tooth grinding and chipping as well as root, gum and bone loss of the developing permanent teeth. Jaw asymmetry may sometimes be noted.



4. IS THERE AN OPEN BITE?

The child can stick his or her tongue between the upper and lower front teeth when the back teeth are together. A finger/thumb habit or improper swallowing pattern may cause this situation to develop. Present and future jaw alignment is a primary concern along with the child's developing dentition.



5. IS THERE TOO LITTLE OR TOO MUCH ROOM FOR THE TEETH?

Teeth are crowded, overlapped or there may be noticeably large gaps between teeth which can lead to caries, gum and bone loss.



6. DO THE FRONT TEETH LINE UP?

The space between the two upper front teeth and the two lower front teeth should line up with each other; both should line up with the bridge of the nose. When they do not, some probable causes are drifting permanent teeth, missing or crowding of permanent teeth, or an asymmetrically developing lower jaw. This can all result in an improper bite or other dental issues.



7. IS THERE A CROSSBITE?

The upper teeth fit inside, rather than outside of the lower teeth. There can be several types of crossbites; in the front teeth only, one or both sides of the mouth, or a combination. This may lead to the same concerns as found when an underbite is present.



The California Association of Orthodontists **Smile...Now Let's See Your Bite!** kit is designed to help the public understand the advantages of orthodontic detection and treatment. The kit has been field tested nationally and found to be simple to use and most effective; just tear off the ruler and place against the lower front teeth to determine the extent of malocclusion.

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In Memoriam: Hugh M. Kopel, DDS

Ostrow School of Dentistry of USC Professor Emeritus of Pediatric Dentistry Hugh M. Kopel passed away May 22, 2013 at the age of 94. Originally from Detroit, MI, Dr. Kopel was born in 1918. He received his BS degree from the University of Michigan and his DDS from the University of Detroit. After serving in World War II, he returned to the University of Michigan and received his masters in Pediatric Dentistry. He then established a private practice in Detroit, and also became director of Postgraduate Pediatric Dental Training at the University of Detroit and a research associate at the University of Michigan.

Dr. Kopel moved to Los Angeles in 1967 and was recruited to create a graduate pediatric dental program at the Ostrow School of Dentistry, then known as USC School of Dentistry. He retired from USC in 1989 as a Professor Emeritus. He lectured worldwide, particularly in Mexico and Guatemala, and was a prolific writer with numerous publications to his credit. Dr. Kopel served as President of CSPD and the Southern California Society of Dentistry for Children. He was a member of the College of Diplomates and the American Board of Pediatric Dentistry. Dr. Kopel was preceded in death by his wife of many years, Lillian, and is survived by two children, Mrs. Howard (Tracey) Blitz and Reid J. Kopel, PhD.



In Remembrance of Dr. Hugh M. Kopel

He never claimed to possess the “hands” or clinical skills so revered and so vital for a department chair at USC in the late 1960’s when he was recruited there as the school’s founding director of pediatric dental residency training (back then, graduate pedodontic studies). And he never stopped wearing those annoying navy-and-gold (maize) striped ties from the University of Michigan, where he earned his Master’s Degree in Pedodontics in 1948, at a time when formal specialty training in dentistry for children was the rare exception rather than the rule or requirement for either academics or clinical practice.

So why, then, was Hugh Kopel, who died May 22 at age 94, so beloved, respected, admired --- and will now be terribly missed --- by generations of pediatric dental specialists trained at the University of Michigan, USC and UCLA (where he joined the faculty in 1995 after retiring from USC as Professor Emeritus in 1989)? The answer, of course, is because he could teach and he could transfer his love of finding the solutions to clinical problems embedded in the research literature long before we invented the term “evidenced-based.” At a time when dental education was taught almost exclusively from textbooks written by well-known and well-respected authorities, Hugh taught us to go directly back to the literature and to make our own analysis and form our own judgments. He taught us that research existed for our benefit and the benefit of our patients rather than for the benefit of the researcher - an extraordinary conclusion for someone who contributed so much himself to research publications in the fields of pharmacodynamics of conscious sedation and, later, dental bonding agents. Hugh also had an infectious, childlike enthusiasm for everything he did, which will be well remembered and now well missed by those of us who trained under his wing.

-Paul Reggiardo, DDS, USC Pediatric Dental Residency Program, Class of 1972

Project Angkor Seeking Volunteers



Project Angkor is an ongoing humanitarian mission serving the people of the Kingdom of Cambodia. Their mission is to enhance the health of the underserved by providing free health care, including pediatric dental care. Everyone on their team are volunteers, thus 100% of the donations are applied to acquiring medicines, supplies, equipment, raising funds etc. that directly benefit the people they are trying to help.

Project Angkor is looking for several pediatric dentists to travel to Battambang Provincial Hospital, Battambang, Cambodia. Volunteers will depart from LAX on December 28, 2013. Clinic times will run from January 2-6, 2014 (a total of 5 days). Estimated flight costs are \$1,300; with a nightly hotel rate of \$25-50. If you are interested in volunteering, please visit www.projectangkor.org or contact Noransy Chieuchin directly at noransy@yahoo.com.

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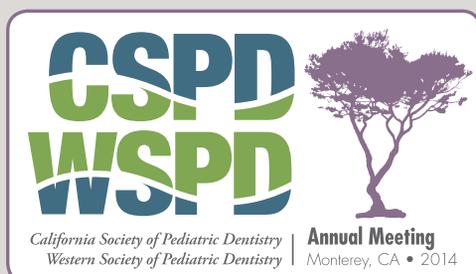
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Foundation President's Message

Change in Direction = Prosperity

Optimum Oral Health for All Children in California Through Education

Steve Gross, CDT

After careful reexamination of the Foundation's new strategic plan this year, it has become clear that the present board cannot afford to take a business-as-usual approach. To remain a viable, sustainable organization with the present financial situation of the Foundation, we must become a smaller, more efficient working board. It is critical that we maintain our fiscal responsibility to our donors in order to maximize our support of the programs in place while minimizing our administrative costs and remaining a viable 501(c)(3) nonprofit organization. By streamlining the board structure, we will be able to accomplish the goals which were determined during our most recent Strategic Planning session. I believe these goals will guarantee the future of the Foundation and maximize the benefits to our recipients.

Requirements:

- A reorganization of our structure and organizational strategies
- Reduce the number of board members for efficiency and enhanced focus
- Create a stronger financial organization by utilizing guidance from professional investment advisors and fund managers
- Continue to identify and solicit potential new donors
- Reduce the Foundation's administrative costs so that more of our funds can be invested in programs which will produce increased measureable outcomes
- Identify and prioritize a few, realistic goals for the Board and communicate them to new and existing donors

Accomplishing these Goals

1. Restructure the board to a maximum of seven voting members which includes the CSPD Immediate Past President and the Brandli Interns (non-voting). The Foundation will continue to be staffed by an executive secretary.

The focus of this board will be in three main areas:

- a. Development, donor management, and communications
- b. Programs and Grants
- c. Financial management of the funds (investments and accounting)

2. Develop an advisory council with membership by invitation which is based on a history of financial support and prior activities in service to the Foundation and its board.
3. Amend the Constitution and Bylaws to reflect the board restructuring.
4. Limit costly live board meetings to a minimum of one per year in conjunction with the CSPD/WSPD Annual Meeting. Additional board meetings will be held via teleconferencing when feasible and necessary.
5. Continue funding the present programs with reevaluation of the fund levels completed on an annual basis using defined metrics.
6. Continue our present Platinum level sponsorship and financial support of the Foundation presentation at the CSPD/WSPD Annual Meeting.
7. Continue to cultivate new and existing donors as well as corporate donors.
8. Investigate the value of providing additional benefits for donors. (for example: online CE funded by CSPDF)
9. Continue with the annual President's Circle Reception in a more cost-efficient manner.

The Foundation cannot continue to operate in its current form. I also believe the Foundation is a valuable and necessary asset that supports the development and training of pediatric residents in California and assists the practice and knowledge of existing pediatric dentists.

In the coming months, there are many new surprises in store for the members of the CSPD. With your help, the Foundation will keep the founding members dream alive. I look forward to serving you, the members of the CSPD, and our corporate sponsors.

As always I welcome your comments and suggestions - steve@SMLglobal.com

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Faculty Spotlight

By Justin Shuffer, DDS

Five Questions with Dr. David Good



Dr. David Good completed his undergraduate studies at USC, dental school at the University of Michigan, and his pediatric specialty training at USC. He has been teaching at USC since 1970 where he has been a Clinical Professor since 1982. Dr. Good is a Diplomate of the American Board of Pediatric Dentistry, a Fellow of the American College of Dentists, and a member of the Pierre Fouchard Society. He has been President of both the AAPD and the CSPD along with holding many other positions in organized dentistry.



Q: What was your initial reason to pursue a career in academia and what kept you there over the years?

A: After 12 years in private practice I realized I wasn't being stimulated by what I was doing every day and I was afraid I was getting stale. I have remained in teaching

because of the rapport I have been able to generate with the residents in our program. They are constantly challenging me.

Q: Throughout the years, what have you been most proud of academically?

A: I think I am most proud of the quality of residents we have trained in our program and I feel they all treat me as a friend when they leave us.

Q: What have you tried to instill in every resident with whom you have had contact?

A: That the most important thing in their lives (after family) are the children they treat. I have tried to instill in them the necessity of continually reading to remain on the cutting edge of pediatric dentistry so that their patients will benefit from their expertise.

Q: How did you manage the stress of a teaching career as well as a successful private practice?

A: One can handle private practice and teaching if one realizes money is not the commodity that brings happiness and fulfillment in life.

Q: If you had access to every new pediatric dental resident in the country, what would you tell them?

A: You will have a fruitful and remunerative life if you treat every one of your patients as if they were one of your children. Give them the best you have to offer.



Thank You California

The CSPD Foundation continues towards its goal of addressing the shortage of dental educators in pediatric dentistry. Your donations of \$89,655 for the 2012-2013 are up from last year. They were collected from a wide variety of corporations and people that ranged from the first year residents at UCSF through the retirement age dentists contemplating their new future.

The Foundation's future evolves with the changing world of dentistry. In the past, life contributions were an important part of giving back to the profession. With the financial demands on the new graduates, we will be asking for smaller donations but from a larger pool. This year, 105 individual and corporate members contributed to the Foundation. In the Fall, 2013 CSPD dues statement, you will have the option of donating to the Foundation in addition to paying your dues.

The Foundation appreciates your support for the Warren Brandli interns, Bridge the Gap contributions to the dental school faculties, the Thursday afternoon lecture at the Annual Meeting, subsidies for pediatric dental residents at the Annual Meeting, funding faculty and resident research projects, and supporting student mentoring groups on the campuses.

THANK YOU CALIFORNIA for helping the Foundation realize our goal of optimal oral health for all children in California through enhanced Pediatric Dental Education at all levels. It's our vision and we are committed!

Annual Giving Campaign 2013 – 2014

(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 CSPD Annual Meeting.

President's Circle donors receive the following additional benefits:

- Special designation in the Annual List of Contributors in the CSPD Bulletin and at the CSPD 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

Circle of Friends

- Patron.....\$1,000
- Sustaining.....\$500
- Contributing.....\$300
- Member.....\$200
- Student.....\$25

Special Giving

-In Memory of _____ Amount _____
Recipient's Address: _____
-In Honor of _____ Amount _____
Recipient's Address: _____
-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 CSPD Annual 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 to 10 annual installments of \$1,000 each
- Corporate Sustaining.....\$5,000 may be payable in up to 5 annual installments of \$1,000 each
- Corporate Friend.....\$1,000

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

Amount Enclosed: \$ _____

Return to: **CSPD Foundation, 1215 K Street, Suite 940, Sacramento, CA 95814**

Student Activity Report for California Pediatric Dental Residencies

Justin Shuffer, DDS

Loma Linda University – Michelle Shin

During the winter and spring, 2013 quarters, several interesting cases were presented by the pediatric dental residents to their colleagues, faculty, and dental students who were interested in attending the presentation. In the winter quarter, the 1st year residents presented their own patient's cases about ectodermal dysplasia, VACTERL association, treatment of an avulsed tooth, and chronic graft versus host disease. In the spring quarter, the 2nd year residents presented their last case presentations of the residency program with cases covering their patients with dentin dysplasia, Marfan syndrome, epidermolysis bullosa, and dentinogenesis imperfecta. Residents presented the medical conditions in depth and the treatment rendered for their respective cases. The faculty and audience alike were given the opportunity to ask questions covering all aspects of the case presentation.

UCLA

During the Spring Quarter, the UCLA SCAAPD club participated in a number of community based events. SCAAPD members attended a preschool health and oral health festival on May 4th. They also joined the "Reading to Kids" group for an event aimed at inspiring a love for reading in the youngest population. During the weekend of May 18th, many of the SCAAPD first and second year members provided oral health education and oral cancer screenings at an event in El Monte, CA organized by Magdalena Rivera of the Venice Skills Center. The El Monte Para Los Ninos Health Fair aimed to provide oral health screenings and oral health education, along with screenings for high blood pressure, education about diet, nutrition, and public safety. More pictures can be found here: https://plus.google.com/photos/101073238975437972084/albums/5879492837654154337?authkey=CL_Lw6H4s5HJdA



The UCLA Inglewood Clinic Group continues to be extremely active with their evening clinic sessions held monthly at The Children's Dental Center of Greater Los Angeles. This student run and faculty supported evening clinic serves as a great opportunity for third and fourth year dental students to obtain additional training in the treatment of children.



UCSF

The UCSF student pediatric dentistry group, Student Society of Pediatric Dentistry (SSPD), has recently elected the new officers for the next academic year. The new officers are:

- **Immediate Past President** - Sarah Forbes
- **President** - Michael Hong
- **Vice President** - Kaitlin Benchimol
- **Journal club** - Neek LaMantia
- **Outreach Chair** - Jolie Goodman, Chelsea Wong
- **Outreach at Preschools** - Marty Weinstein and Kimball Burton
- **Webmaster** - Waise Omid Ebrahimi
- **Treasurer** - Jason Kwok

In the last few months, students have continued to participate in various community outreach programs and have established a number of new initiatives. Our existing programs include the **Midday Tooth Brushing Programs, Boys and Girls Club Oral Hygiene Program, 6 Health Fairs in government housing areas, Camp Mendocino, and Give Kids a Smile Day**. They are preparing for their upcoming Camp Mendocino trip on August 2-4, led by third-year resident, Dr. Shirin Mullen. UCSF has also received a \$5,000 grant (Dr. Brent Lin) toward next year's Give Kids a Smile Day event. Another new student initiative to focus on children with special needs was recently created and is led by Sarah Kent and Nikki Bartolome. The SSPD will have an officer meeting to discuss the goals and agenda for the upcoming year after the summer quarter break.

(Continued on page 21)

Student Group Activity Report (continued from page 21)

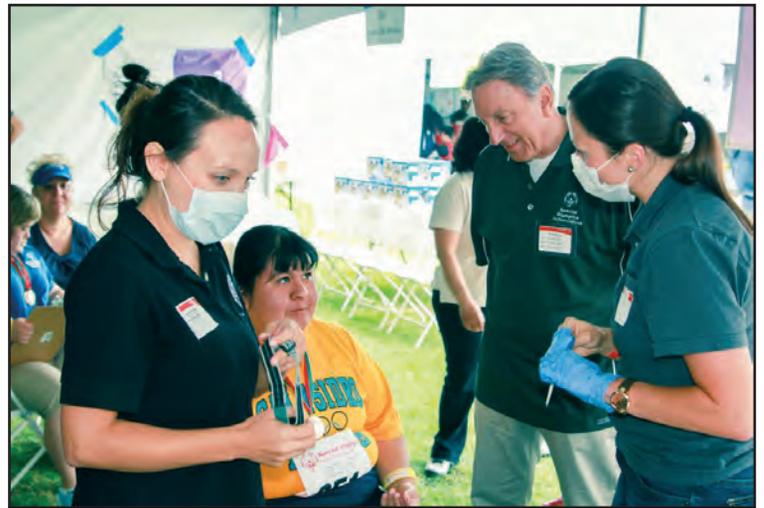
UOP

The pediatric study club has already selected two articles from the latest Pediatric Dentistry to review at upcoming meetings. Two of their previous study club officers have started their respective residency programs. Dr. Hilma Rodriguez (Secretary) has started at Miami Children's Hospital and Jesse Wright (Vice President) has started at Lutheran Medical Center, Brooklyn.

Western University

Junior dental students provided restorative services for a 7 year old girl at a school based community healthcare center in El Monte, CA. The clinic was set up in a classroom at an elementary school with mobile dental units and chairs to provide dental services for the children from the neighborhood. Faculty from the college provided supervision for the student services and patient care.

Sophomore dental students provided oral health education for a special healthcare need athlete at a Special Olympics event in Long Beach, CA. The athletes at the event also received oral cancer screen, dental evaluation, fluoride varnish application, and fabrication of mouth guards. Adjunct faculty from the college provided supervision for the student services and patient care.



Know A Colleague Who May Not Be A CSPD Member?"

Our goal is to have 100% of California's pediatric dentists be members in CSPD. There is strength in numbers. With greater involvement, CSPD's voice will be stronger with the state legislature and with AAPD. CSPD membership allows new pediatric dentists to have access to mentors, professional development opportunities, valuable resources, and networking opportunities.

Reach out to your peers who aren't CSPD members and introduce them to our mission, vision, programs, and services. Invite them to join CSPD and become part of California's pediatric dentistry community.

If you need assistance or would like CSPD materials to give to potential members, please contact the CSPD office at (916) 231-2142 or e-mail simone@cspd.org.

CSPDF

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Western Society of Pediatric Dentistry

WSPD President Letter

John R. Ukich, DDS



One of the biggest issues we face as pediatric dentists is helping to instruct parents and teens on diet. Many times I feel as if these conversations fall on deaf ears. Most important of all is getting young children and teenagers to drink primarily water. I recently wrote an article for a local health and wellness magazine on the importance of water. It is an important topic to remember and to share with our patients each and every day. What follows is the article from the magazine:

“Water comprises more than 60% of the human body and without water your body can’t survive more than a week. You expel water each day through breathing, digestion and sweating, making it essential to replace. We don’t just retain large amounts of water, but put it to use in every area of our body. It is true many other foods and drinks contain water and can help to get

you the necessary water needed each day, but many of these drinks can also have a negative effect or a less beneficial effect on the body. Drinking beverages other than water can cause one to lose the “taste” for water. This is particularly true with young children who drink only milk, juice, or soda. Children don’t have a natural affinity for juice or soda, but become addicted to it as we ‘the parents’ introduce it to them. The beverage industry is a \$12.5 billion business that puts out new drinks every year, and they spend \$3 billion a year to market to us how we are missing out if we drink plain water. These drinks have caused us to move away from the simplest, most abundant, and most essential molecule on earth, resulting in a rise in dental cavities and obesity in the United States. Many of these drinks are very acidic and full of calories, while water has zero net calories and has a neutral pH. Frequent consumption of drinks other than water ‘will’ lead to cavities at an early age. We are so blessed in this nation to have free water at every turn, and yet we choose something less healthy and spend billions of dollars on it. Get healthy now and make the change back to water.”

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District VI Update

Santos Cortez, DDS, District VI Trustee

WSPD Trustee Report

With incredible speed, my first year has come and gone on the board of the American Academy of Pediatric Dentistry. It truly was a whirlwind year and the learning curve has been very high. The year has also brought a number of exciting things to membership including a record setting Annual Meeting in Orlando, Florida, the appointment of three task forces by Past-President Joel Berg, the contracting with a P.R. firm in Chicago (Weber-Shandwick) to raise public awareness about pediatric dentists, the roll out of the AD Council's three year children's oral health public awareness campaign on children's oral health, and, of course, the vote on the governance bylaw changes at the General Assembly!

The AAPD "After-Action" minutes of the 2013 Annual Session Board Meeting on May 26, 2013 have been approved and are published in the AAPD Web site in the "Member Resource" section. Most of our attention and concerns have been with the governance recommendations and actions. As always, feel free to contact me should you have any questions or comments about the information presented in the minutes. (scortezdds@gmail.com)

As you may know, the AAPD Board directed the Constitution and Bylaws Committee to forward several governance changes that were voted on at the General Assembly this year. These changes resulted from the discussion and deliberation of a 2012 report presented by the Governance Task Force which was made up of representatives from each of the (then) six districts. The recommended bylaws changes were published in Pediatric Dentistry Today in the March, 2013 issue.

The results of the proposed bylaws changes from the AAPD General Assembly are as follows:

- AAPD membership approved the recommended consolidation of Districts I and II into one district. The five AAPD districts will now be known as the Western, Southwestern, Northeastern, North Central and Southeastern Society of Pediatric Dentistry.
- AAPD membership approved the collection of district and state dues by AAPD at no cost to the district or state.
- AAPD membership approved the recommendation that dentists applying for membership in the AAPD must be members of the ADA only at the time of application.
- **AAPD membership rejected the proposal to make membership in the state and district voluntary. In order to be a member of AAPD, membership in the state and district units is required.**

Work now begins on the implementation of this last requirement. It becomes the responsibility of each of the leadership groups to assist in the enforcement of the requirement. I feel this will take some time as data bases have to be reconciled and members of the Academy who are not members of the state unit or the district will have to be notified. It will be a work in progress. The central office will be sending multiple pieces of communication as the bylaw implementation is carried out.

Awards:

It is my distinct pleasure to recognize several award recipients from CSPD. Carrie Tsai and Jeremy A. Horse from the University of California, San Francisco each received the 2013 NuSmile Graduate Student Research Award. Jeremy also received the Ralph E. McDonald Award for the most outstanding research project. Lauren Gutenberg from Loma Linda University and Breanne Reid from the University of California, Los Angeles received the Richard C. Pugh Achievement Award which is given to the top 3% of those participants taking the written portion of the American Board of Pediatric Dentistry examination. Congratulations to the recipients, mentors, and programs which they represent!

Future AAPD Annual Sessions:

- 2014 - Boston, Massachusetts
- 2015 - Seattle, Washington
- 2016 - San Antonio, Texas

The next AAPD board meeting will be held at the ADA House of Delegates and Annual Meeting in New Orleans, Louisiana in late October.

Effective Pediatric Marketing (continued from page 1)

- Visiting schools once a month as part of a structured community outreach program

Once targets have been established, methodologies pioneered by Levin Group allow pediatric dental practices to experience significant growth. These include:

- Scripted, step-by-step, documented protocols for communicating effectively with parents to build relationships and elicit referrals of new patients
- A pediatric marketing program with a minimum of 15 customized marketing strategies focused on parents
- A separate 15-strategy marketing program aimed at pediatricians
- Community marketing activities to establish the practice as the local expert in pediatric dentistry and an educational resource for schools, the media, and organizations concerned with children's health

As they market their practices, pediatric dentists should understand that pediatric marketing is not the same as other types of marketing. While most other specialties focus solely on referrals from general dentists, pediatric dentistry needs to concentrate on these key areas:

1. Parent referrals
2. Community marketing/social media
3. Pediatricians

1. Parent Referrals

Parent referrals are an enormous area of opportunity for the pediatric dental practice—perhaps the largest referral source the pediatric practice will have. Unfortunately, most pediatric marketing is based more on gimmicks rather than scientific methods.

Relying solely on outdated “Guess the number of jellybeans” contests to win a prize in a toy box is no longer sufficient. Now, it's all about promotional activities and events, emphasizing the fun and safe environment of the practice. This way the practice moves beyond being just a pediatric dental practice. It becomes a special place where children feel welcome, comfortable, and secure.

Most parents of current patients will gladly refer other parents if they:

- Value the practice
- Are treated well by the team and doctor
- Are asked for referrals

Nearly all pediatric practices accomplish the first two objectives. The last item is a trouble spot for many pediatric offices because they wait for parents to initiate the conversation about referrals.

2. Community Marketing and Social Media

Decades ago, marketing to the community was viewed as unacceptable or even unethical. However, perceptions have changed. Today, this type of marketing is not only acceptable, but also essential to the survival and success of pediatric dental practices. Social media has become an important component of this type of marketing.

Being the finest pediatric dentist in the world is meaningless unless people know about you. Internal programs are absolutely essential, but sometimes the process of building the practice through them may be too slow or too limited to acquire the number of new patients necessary for continuing success. By creating a program that reaches out and educates the community about the specialty of pediatric dentistry and your practice in particular,

the doctor can attract those families who want specialized care for their children. Parents will spend money on their children that they would never spend on themselves.

3. Pediatricians

Most pediatricians have little interest in building a relationship with a pediatric dentist, but they do respond very favorably to education. Pediatric dentists are a resource to pediatrician's practices because parents look to the pediatrician for referrals in other areas of medicine and dentistry. Pediatric dental practices that develop strong relationships with pediatricians can increase referrals dramatically.

Doctor education represents an excellent way to work with pediatricians. This can include short update reports, brief educational or case review meetings, annual pediatrician seminars and regular communication concerning mutual patients. Each of these areas must be analyzed for volume and consistency. Pediatric dentists need to decide how many contacts they will have with pediatricians' offices annually and what those contacts will be—and then carry out the plan.

The Professional Relations Coordinator (PRC), a part-time individual who implements the marketing program, plays a major role in creating relationships with pediatrician's offices. Although pediatricians themselves have no time for lunches or other relationship-building activities, the PRC can develop relationships with the pediatrician's staff. Regular visits by the PRC to drop off informational materials, along with occasional breakfast or lunch items, can go a long way with the referring practice's team.

Conclusion

To guarantee a successful practice, strong parent and referral marketing programs are a necessity, not an option. Pedo practices that consistently engage in parent and doctor marketing will become the production and profitability leaders in their area.

You owe it to yourself, your staff, and your families to enable your pediatric dental practice to perform in the most efficient and effective manner. Every day that you do not take steps to grow and protect your practice, opportunities for increased profitability and referrals are lost. Parent and pediatrician marketing are crucial to making the pediatric dental practice stronger and more highly productive. Think of marketing as one more way you can grow your pediatric practice now and in the future.

As a benefit to members, CSPD has arranged a special educational grant opportunity which allows a doctor and two staff free attendance at Dr. Levin's **Manage Growth – Decrease Stress** seminar on October 17-18, 2013 in Chicago. This course is designed exclusively for pediatric dentists and their teams.

Visit www.regonline.com/pedo13 for more information and register using code **CSPDOCT13** or call (toll-free): 888.973.0000.

Dr. Roger P. Levin is a third-generation dentist and the Chairman and CEO of Levin Group, Inc., the largest dental practice management and marketing firm in North America. As a leading authority on pediatric dental practice management and marketing, he has developed the scientific systems-based consulting method that will increase pedo practice production and profitability, while lowering stress.

Dr. Levin has authored 65 books and more than 3,700 articles. He presents 100 seminars per year worldwide.

NEW CSPD MEMBERS

Active Members:

Ruchi Arora..... Folsom, CA

Life Members:

Frank Enriquez Torrance, CA
 Martin R. Steigner..... Petaluma, CA
 Randall R. Wiley..... Concord, CA

Post-Doctoral Student Members

Ava P. Chung..... Loma Linda University
 Adi Avital-Genish..... Loma Linda University
 Kendra Farmer..... UCLA
 Pooyan Nasibi..... Loma Linda University
 Minh-ky Young..... Loma Linda University

"Life membership is available to members who have maintained at least 20 continuous years of Active membership or continuous Charter membership, reached the age of 65, and continues to otherwise fulfill the requirements of Active membership."

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.

Significant Approved Motions from the June 22, 2013 CSPD Board Meeting

- Move to approve the agenda with the proposed changes and additions.
- Move to approve the April 25, 2013 Board of Directors meeting minutes as presented.
- Move to approve the June 4, 2013 Executive Committee meetings minutes as presented.
- Move to approve Life Membership applications for Randall Wiley, Martin Steigner, and Frank Enriquez.
- Move to approve the 2014 Annual Meeting Preliminary Budget as presented.
- Move that CSPD retain the position of the AAPD liaison with funding on an ad hoc basis at the direction of the President and the Finance Committee.
- Move to have the Membership Services Committee look at adding a line item on the CSPD dues notice, allowing the membership to make a contribution to the Foundation.
- Move to receive the financial reports as presented.
- Move to approve the 2013-2014 budget as presented.
- Move to continue support stance for AB18.
- Move to continue support stance for AB36.
- Move to continue support stance for SB562.
- Move to continue support stance for SB640.
- Move to approve the Document Review Subcommittee Composition, terms, and duties as presented to be included in the Policy and Procedure Manual per the discretion of the committee.

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 section or they can contact Oariona Lowe at w.roslo@verizon.net for membership information.

Upcoming Meetings & Continuing Education

CSPD

March 27-30, 2014: [CSPD's 39th Annual Session](#) at Monterey Hyatt, Monterey, CA

AAPD

August 22, 2013 [Oral Clinical Exam Review](#) (All Day Event)

August 23-25, 2013 [Comprehensive Review Course](#) (All Day Event)

September 19-21, 2013: [GAPD: Pediatric Emergencies in the Dental Office and PALS Recertification](#)

September 28, 2013 [The Impact of the Affordable Care Act on the Pediatric Dental Practice](#) (All Day Event)

October 04, 2013 [Dental Assistant's Course: Sedative and Medical Emergencies in the Pediatric Dental Office](#) (All Day Event)

October 4-6, 2013 [Contemporary Sedation of Children for the Dental Practice: Enteral and Parenteral Techniques](#) (All Day Event)

November 15-16, 2013 [Beyond the Guidelines: Factors Affecting Behavior Guidance](#)

May 22-25, 2014 [67th Annual AAPD Meeting, Boston, MA](#)

See www.CSPD.org and www.AAPD.org for more sponsored courses.

Website Notes

Steve Niethamer, DMD, Website Editor



A New Website Planned

The CSPD Board of Directors is planning to change the design and layout of our website! This is a perfect time to proceed with the rebuild according to CSPD's Executive Secretary, Simone Parker, CMP, who represents our association management company (AMC), Smith Moore and Associates (SMA). Her comments were given during a PowerPoint presentation at the June CSPD board meeting in Oakland

showing the different website options available through SMA. These changes will proceed along with the movement of CSPD's membership database into newly purchased association management software and will all be coordinated by SMA's Director of Technology, Justin Lewis.

After completion, CSPD members should be able to visit an attractive, well organized, easy to navigate, new website to find the same information they have been accustomed to seeing about governance, advocacy, opportunities, OCE, annual meetings and latest news. In addition, there will be links to secure programs that will allow members to update their personal and professional data, pay their dues, register for meetings and send comments to CSPD leadership. Individuals will also be able to apply for membership online.

The total package will allow CSPD access to the latest online management programs that will provide the convenience and flexibility we all increasingly expect from membership organizations.

Good Bye to another Old Friend

Our present website was created over ten years ago at about the same time the AAPD completed a major update to their site. The original template was intended to be rented by all of the unit organizations of AAPD. While CSPD was the first to use this service and the only state unit to use and expand its functionality to a higher level, it is now probably the last to move on to a newer generation website. The AAPD has again completed another major upgrade and currently provides a new template type website to all of its districts but not to its state units.

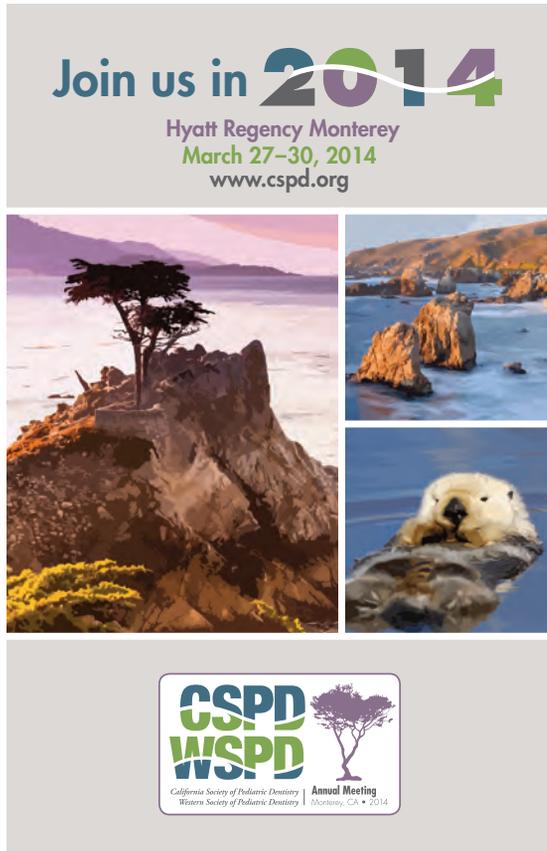
Old websites are designed with old technology. While they can be very reliable to their frequent visitors, they can also be frustrating to sporadic users when the newer navigation bells and whistles that we have come to expect are not found.

I've frequently compared the CSPD website to a child who has grown and matured over the years. The more time you spend with them, usually the better they turn out. As with any child, they can contain defects that are accepted by their parents. A stutter might be a comparable human example. Those of us who have dealt with them know that sometimes what should be a simple trip in a sentence from point A to B, turns into a major detour by using those available words that don't stutter or stutter less. Website problem deficiencies can be solved in similar ways.

To continue with this analogy, some of our children may develop more serious problems. A family member has a child with a life threatening physical and social developmental problems that requires full time care to keep him alive. Depending on the severity, it would be easy for someone new to this child to say that his life is a waste. But to his parents, this child is not someone we can easily let go and forget.

Technology can be a similar creature that eventually reaches the end of its usefulness. It is an easier loss if a laptop crashes and you still have a good backup. I recall a scene from the Space Odyssey series where Dr. Chandra or maybe Dave is turning off the extremely talented but defective computer program, the HAL 9000, when this computer asked, "Will I dream?"

During these times when pediatric dentists are working in a different office every day of the week, it might be more difficult to have a long term relationship with your patients or your restorations. So, some of us may not understand a silly statement like, "I will miss our old website." The only consolation to help deal with this digital loss is a website I have mentioned before, The Wayback Machine (www.web.archive.org). Since 1996, this archiving project has sent "spiders" crawling around the internet copying billions of websites. It stores them so that we can look them up and see them again. It's a kind of digital home for old websites. Our original CSPD website created way back in 1998 is there and so is our present website. So, RIP my old friend. Yes, you will dream. And let's all move on.





California Society of Pediatric Dentistry
 1215 K Street, Suite 940
 Sacramento, CA 95814

The mission of the California Society of Pediatric Dentistry is to serve its membership and the public by advocating for the optimal oral health of infants, children and adolescents.

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- 450-800 Pediatric Strip 1st Primary molar, 120 crowns ... \$310.00
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