



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

AUTUMN, 1990

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PRESIDENT'S MESSAGE

It is truly amazing to realize that 1990 is quickly coming to an end. Fortunately the CSPD year extends to the April 1991 Annual Meeting in Hawaii. The additional months will allow the many committee and Board projects to continue towards completion. CSPD, through our numerous committees, is active in many arenas as evidenced from the articles in this Bulletin. Please take a few minutes and review the material presented and call Dr. Tom Barber or one of the Board members if you have any questions or suggestions.

VOLUNTEERS FOR 1991-1992

Now is the time to consider volunteering your time to CSPD for next year. The Nominating Committee will meet in December to select a slate for the 1991-1992 Board of Directors for CSPD. Please send me a letter if you would like to volunteer yourself or a colleague for the next Board.

MEAD JOHNSON VI-FLOR ASSURE PROGRAM

AAPD members received updated information concerning this program in September. I have been in close contact with the Academy Executive Director, Dr. John Bogert, about various concerns about the program voiced by CSPD. Currently, a child must start a fluoride supplementation regime by 1 year of age. This requirement should eliminate any child who drinks tap water with a fluoride concentration in the range of 0.3 to 0.7 from participating in the program. Dr. Bogert has reviewed this problem with the Mead Johnson people and they are trying to correct this situation. We will keep you informed of any changes and CSPD is also poised to communicate with California pediatricians regarding our concerns specific to California once the program is finalized.

PUBLIC SERVICE ANNOUNCEMENT ABOUT BABY BOTTLE TOOTH DECAY

Please take the time to write Senators Wilson and Cranston about Mrs. George Bush doing a PSA about BBTD as recommended in this Bulletin. Concurrently with this Academy project, CSPD has been investigating the costs of creating our own 30 second PSA regarding BBTD. Ray Stewart is in charge of this project and he would be interested in any input you have regarding existing PSA's on the subject or any other information.

CSPD WILL RESPOND TO INCORRECT OR MISLEADING ARTICLES

Please read Tom Buch's letter printed in this Bulletin. Essentially, Tom asked the Board to create a way to respond to irresponsible, incorrect and misleading articles about subjects related to pediatric dentistry. Tom Barber will respond to these articles using the policy statements of the AAPD. The next time you see an article or story that really irritates you, send a copy (with name and address of the publication) to our Executive Director, Tom Barber. A special thanks to Tom

Buch for addressing this problem and bringing it into focus.

LEGISLATIVE LIAISON — AD HOC COMMITTEE

Dr. Mark Hakanson will chair a new temporary committee and act as the CSPD Legislative Liaison. The goal of the Committee is to better position CSPD in a child advocacy role by identifying and recommending action on legislation affecting the health and welfare of children and teens. Hopefully, Marks work will convince the CSPD Board to create a permanent Legislative Committee. Any suggestions or help you have to offer on this project would be appreciated.

The Board of CSPD is always looking for good ideas and helping hands. Let me know how CSPD can better fulfill your vision of what a state specialty society should be doing.

Mike McCartney

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LETTERS TO THE EDITOR

Dear CSPD,

I attended the National Oral Health Conference this year. Some of the highlights were as follows:

The national survey on dental caries completed in 1987 and reported in the February 1990, *Journal of Dental Research* special supplement, showed a continuing decline in dental caries. However, the region that includes California, Oregon and Washington showed no change in the number of decayed or filled primary teeth since 1980. When they compared 8000 children with documented life-long exposure to fluoridated water with 8000 with no fluoridated water exposure, they found an 18% difference in DMFS. This seems to suggest that children in non-fluoridated areas are still getting a lot of fluoride from other sources.

Water fluoridation is still the most cost-effective means of preventing decay (about \$3.35 per DMFS saved). Sealants were the second most cost-effective measure.

There is concern that fluorosis is becoming more prevalent. In fluoridated communities it is reported to be prevalent in 7-80% and in non-fluoridated it is 3-25% prevalent. Recent studies definitely suggested an increasing prevalence with almost all in the very mild to mild range. If a child brushes with a fluoridated paste twice a day and rinses twice a day and uses a fluoride tablet and obtains fluoride through their diet, the amount possibly ingested adds up. There is a growing sentiment to reduce the recommended dosages for supplements and water supplies.

I have included the toxicology report that *Newsweek* picked up on. The speaker was mainly presenting the process that produced the study and how it will be reviewed. A few male rats produced osteosarcomas at 45 and 79 ppm fluoride. No female rats or any mice were affected. A news release from the U.S. Public Health Service was presented that continues their support for the use of fluorides for the prevention of dental decay. Of interest is the rarity of this tumor in the U.S. (only 750 new cases per year for 250 million people). There are no human studies that can associate the tumor with fluoride.

Sincerely,

Larry S. Luke, D.D.S.

Professor Pedo/Ortho

Department of Pediatric Dentistry, UCLA

Dear Editor:

Though I appreciate the article by Steven Howard regarding Electrofulgeration for Pulpotomies, the Wave of the Future, I'm afraid that I cannot at this time be in total support of changing our modalities. There is yet to be a reputable study on electro-fulgeration, its actual effects and patient follow-up. Though

I understand the comments about formocresol and glutaraldehyde and their mutagenicity and cytotoxicity, I believe that we must look at electrofulgeration for what it truly is and what the actual effects of formocresol are. Formocresol, as we know, is applied to amputated pulp tissues after hemostasis is achieved. Formocresol is a fixative agent which then stops metabolism of the cells of the pulp tissue and as has been shown in research, continues to mummify the pulp. Electrofulgeration, which is routinely used in surgery, causes an eschar to form over the amputated tissue. This only affects a small surface layer and does not touch the rest of the pulp tissue. What may happen in the following weeks has never been truly documented, but I surmise that the scab is then sloughed as fiberblasts move back into the areas and revascularize it, leaving a nidus for infection on even the best sealed tooth. It is my belief that electrofulgeration, at least at this time, should only be used for hemostasis, followed by the application of a fixative agent. Until such time as clinical and histologic research is completed, we should not automatically jump to new modalities.

I appreciate and respect the work of Dr. Mack regarding electrofulgeration as well as the work being done on laser pulpotomies. I look forward to their published results.

Respectfully,

David L. Rothman, D.D.S.

Associate Professor and Chairman,
Department of Pediatric Dentistry, UOP

Dear CSPD,

Often throughout the State, the media will carry a news story relating to pediatric dentistry. It may be about fluorides, amalgam safety in children, sedation, etc. These "stories" usually remain unanswered by organized dentistry unless they directly affect general dentistry. (And even then there is

often no response.)

I feel that CSPD should be able to respond to the media immediately with press releases or a phone call to clarify the facts or offer another point of view. I do not feel we need to duplicate efforts by CDA or ADA however, we are not currently in a position to exercise "damage control" surrounding these issues relating to our specialty.

When an article or news story hits the media, we cannot afford to wait months until the board meets to respond and failure to respond at all leaves us open to one-sided news stories which can damage our specialty.

I would like to propose that we consider setting up a network of "media representatives" throughout the State who would be willing to contact the local media and offer our professional point of view.

I'm sure there are other ways to go about this, but I'm tired of seeing news stories in the S.F. area go unchallenged by "responsible" representatives of dentistry. I'd like to see us in a position to respond quickly when needed and especially if and when our local societies fail to respond adequately or at all.

One problem I see so far is that we might be seen as by-passing or duplicating efforts by CDA or local societies. We could discuss this with their reps and determine how we can best represent our interests to the media. It may not be a problem with CDA or local societies. We need to investigate.

Sincerely,

Tom Buch, D.D.S.

ED. NOTE: This CSPD Board feels that Tom Buch has brought our attention to a valid area of concern for our organization. Members should be on the lookout for inaccuracies in the media. Please documentate them and send them to CSPD c/o Tom Barber. CSPD will take action on it and will contact the local Dental Society of our efforts.

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Dental Computer Systems

MD Anesthesiologist Claims Conscious Sedation In The Dental Office Is Unnecessary!

(The following article is reprinted with permission from *The ASDA Newsletter*, the quarterly publication of the American Society of Dental Anesthesiologists. The original article by Dr. Jackson is available to interested members through the CSPD Executive Director's office.)

The California Society of Anesthesiologists in written testimony before the California Board of Dental Examiners regarding implementation of both the general anesthesia and conscious sedation permits said "it is inherently dangerous to separate standards for the administration and management of conscious sedation from those of general anesthesia."

Dr. Stephen Jackson, the immediate Past-President and Chairman, Liaison Committee to the California Dental Association, (on CSA letterhead) went on to say "I believe that most administration of conscious sedation is unnecessary. I believe that most dental procedures can be safely and comfortably accomplished with proper psychological preparation of the patient by the dentist, a successful local anesthetic, and an ongoing supportive relationship and communication between the dentist and the patient. The economic gain accrued by the dentist for the deployment of conscious sedation is a sensitive issue that should be addressed in another forum. Dentists have, over the years, created an approach to dental care within our society that has convinced the lay public that dental patients need anesthetic drugs to supplement local anesthesia. This creates an unnecessary public health risk."

Apparently Dr. Jackson is unaware that medicine credited a dentist with the discovery of anesthesia at a time when the medical profession's claim to fame was how fast they could amputate a limb on an awake and terrified patient. Fortunately his opinion that sedation is unnecessary in dentistry is not supported by published statistics appearing in the JADA and elsewhere. If he has in his possession valid data to support his beliefs I'm sure that the ADA would appreciate receiving it. It is ironic that Dr. Jackson made these statements as we approach the 150th anniversary of the discovery of anesthesia by dentist Horace Wells in 1844. As you know, two years later WTG Morton, another dentist discovered ether. To suggest that sedation is delivered by dentists for economic gain diminishes the strength of his argument for increased training and monitoring by a second individual and will only inflame and offend conscientious dental and medical practitioners everywhere.

CSPD's 1991 ANNUAL MEETING

April 11-14, 1991

Big Island, Hawaii

Dr. Paul Walker



Dr. Ronald Johnson

- I Useful Clinical Knowledge From Medically Compromised Patients
- II Chart Documentation, Forms, Informed Consent

Problems of Infection
for the Pediatric Practice

The Big Island is a wonderful place—
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The Waikoloa is a fantasyland—
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Wonderful grounds
Excellent Meeting facilities
Superb restaurants
Museum quality artwork
Activities — Swimming, water-slides,
health club, dolphins, sailing,
snorkeling, volleyball, tennis, golf,
racquetball, running, and
JUST RELAXING.



Unfortunately in an attempt to specify continuing education criteria he impugned the character and ethics of dentists by implying they might attend some of dubious value. He said "Does one drug company promote their drug at a weekend seminar in Palm Springs with their hired faculty?" I personally have never heard of such courses for dentists, although I have for physicians. In keeping with his opinion that standards for general anesthesia and sedation be equal he requested that the Board require Advanced Cardiac Life Support for both. This will certainly annoy a large number of dentists who realize that the medical profession in California doesn't even require *Basic* Life Support for re-licensure and has no laws whatsoever governing the administration of anesthesia outside of the hospital. It will no doubt be taken especially negatively by California dentists who have over the last eleven years improved the safety of anesthesia in the dental office through evaluations and continued competency while medicine has not.

However, if Dr. Jackson decides to petition the California legislature for general anesthesia and conscious sedation laws for physicians we in the ASDA will be eager to support him in any way he sees fit, including suggestions to the Board of Medical Quality Assurance.

Ironically, a recent death in a plastic surgeon's office would probably have been preventable if medicine had the same laws on the books. The MD anesthesiologist left the office with the patient still in recovery with untrained personnel. This would be illegal in any California dental office.

Perhaps someday Dr. Jackson will be rewarded by the fact that the public will be as protected by legislation in the medical office as it is already in the dental office.

If you feel the same, I suggest you write him in care of the CSA and send a copy to the ASA, ASDA and ADA.

His address is:

Stephen H. Jackson, MD
1065 East Hillsdale Blvd., Suite 410
Foster City, California 94404-1615

The ASA:515 Busse Highway
Park Ridge, Illinois 60068

Oral-B



(415) 598-5136

CSPD—Dental Care Committee Report

MEDICAL

Effective April 1, 1990 the Federal Government has included dentistry as a component of the new Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for medicaid recipients. The regulations require that patients be periodically screened, that the screenings will not be limited to only those that can provide required EPSDT diagnostic and treatment services, and includes health education, prevention as well as treatment. The dental services include at a minimum, relief of pain and infection, restoration of teeth and *maintenance* of dental health.

The State of California will be required to comply with these new regulations under the Child Health and Disability Prevention (CHDP) Program. As a result, the scope of dental care for eligible children of California will be expanded. EPSDT medical screeners must provide referrals to dentists starting at the age of three years, or the children may be evaluated directly by the dentist.

Dr. Wayne Grossman will represent CSPD through the California Dental Association in the development of a periodicity schedule for the EPSDT program. Wayne will also be giving input regarding the appropriate assessment and treatment procedures as well as the preventive and maintenance protocols. Wayne will be requesting input from the CSPD membership as the negotiations proceed, and report to the President and Dental Care Committee accordingly.

ACCESS TO CARE UPDATE

A U.S. District Court judge found that the State Medical recipients have been denied access to proper dental care and ordered the California Department of Health Services to submit a response by October 26, 1990. The responses from the membership to the Dental program survey allowed CSPD to participate in the lawsuit and contribute to the legislative report that was critical of the Dental program. Details regarding final recommendations will be forthcoming and the Dental Care Committee will attempt to track the progress and offer assistance when appropriate.

AS A REMINDER

Dental visits are approved as an excused absence by the California Education Code 46010, Subsection B and California Code of Regulations, Title 5, Section 306. However, in some school districts parental signatures with an explanation may be required in lieu of/or in addition to the dentist's signature.

AS AN ANOTHER REMINDER

Many CSPD members continue to have difficulty getting reimbursed by insurance carriers. When the Academy's Dental Care Committee meets with the third parties on your behalf, they need to have specific examples to prove their case. For this reason, the enclosed Third Party Encounter Form (see insert this issue) should be used to document any problems dealing with these carriers.

Xerox the report form to have copies on hand should your encounter with a third party payor not be as close as you would have liked. Just fill out the basic information about yourself, the patient and the insurance carrier. The Academy strongly suggests you also attach any other documentation you may have regarding the particular claim; denial letters, copies of the claim form, a copy of your response, etc.

To help the Academy and CSPD track any successes, the back of the form should be used to explain how you successfully resolved a conflict with a third party. Again, attach copies of all the documentation.

Send the claim form with all correspondence to:

Dr. John A. Bogert, Executive Director
American Academy of Pediatric Dentistry
211 East Chicago Avenue, #1036
Chicago, Illinois 60611

Send a copy to the California Dental Association:

Ms. Mary Moskal
California Dental Association
1201 "K" Street Mall
Post Office Box 13749
Sacramento, CA 95814

EARLY CALIFORNIA THEME FOR 1992 MEETING

The 1992 Annual Meeting at the Rancho Bernardo Inn in San Diego County will feature a Spanish-California Heritage theme, Paul Reggiardo, meeting coordinator, announced this month. Social functions are planned to take advantage of the unique Early California atmosphere of the historic Inn and will feature special meals, entertainment and social functions.

In addition, the Inn offers three golf courses, twelve tennis courts and one of the finest fitness centers in California, all of which will be available to members for leisure time activities. Fresh water and salt water fishing are only minutes away, and San Diego beaches are within easy driving distance. For "car potatoes", there are miles of scenic coastline and for the "shop till you drop" crowd, La Jolla offers shops, restaurants, galleries and museums.

For those staying closer to the Inn's two full size swimming pools and deck areas, there will be a daily complimentary afternoon tea with sandwiches and baked goods, as well as sherry, port and coffee and piano accompaniment. On Sunday morning, the Inn offers complimentary champagne and orange juice and ramos fizzes as part of the gracious atmosphere of this unique resort.

"Rancho Bernardo promises to be an exciting and memorable meeting and an excellent follow-up to Hawaii in 1991," Reggiardo said.

GRANT MONEY AVAILABLE

The Board of C.S.P.D. at its October meeting voted to broaden the scope of the Society's research grant program to make monies more readily available to members wishing to conduct original research. The purpose of the grants, which may be given yearly in amounts up to \$1,000.00, is to underwrite and encourage research projects of individual members, including graduate students and teaching faculty, that promise to advance the art and science of pediatric dentistry and thereby ultimately benefit the oral health care of infants, children and adolescents, according to David Rothman, chairman of the Professional Activities Committee. In addition, members may apply on behalf of study clubs of which they are members and for projects undertaken in private practice settings, Rothman said.

Members wishing to gain more information about the C.S.P.D. Research Grants are urged to contact David Rothman directly at (415) 929-6461 or, they may contact C.S.P.D. Executive Director Tom Barber at (818) 541-4777.

BULLETIN

CALIFORNIA SOCIETY
OF PEDIATRIC DENTISTS
Published 4 times annually.

EDITOR

Suzanne P. Berger, D.D.S.

CONTRIBUTIONS

CSPD Members are encouraged to contribute to the Bulletin. Articles, letters to the editor, or other items of interest are welcome.

B.B.T.D. AND MRS. GEORGE BUSH

At the suggestion of the subcommittee on Child Advocacy, the Academy has recently invited Mrs. George Bush to film a television public service announcement on the subject of baby bottle tooth decay.

A favorable decision on this invitation may be aided by communicating with Senators and/or Congressmen from either party.

Your assistance is solicited in communicating directly with your Senators and Congressmen regarding this issue. (You can contact the League of Women Voters in your area for their names and addresses.) Below is a suggested letter, should you desire to use it.

Please send copies to CSPD of any letters you write. Your assistance in this project is very much appreciated.

The Honorable
United States Senate / House of Representatives
Washington, D.C. 20510 / Washington, D.C. 20515

Dear Senator/Congressman,

The American Academy of Pediatric Dentistry has recently written Mrs. George Bush and asked her to make a Public Service Announcement illustrating the dangers of putting infants to sleep with their nursing bottles.

One of the most perplexing health problems experienced by infants and toddlers is nursing caries, also known as baby bottle tooth decay. This condition is caused by inappropriate and/or prolonged use of the baby bottle as a feeding system and leads to the rapid, massive destruction of the child's upper front teeth. Baby bottle tooth decay affects approximately 10% of all children nationwide, but the incidence among Hispanics, blacks and American Indians is much higher, affecting up to 50% of children in some areas. The perplexing thing about baby bottle tooth decay is that it is totally preventable. When parents have the appropriate information and follow the advice given they can prevent the disease completely. As such, the challenge is one of education.

As one who is interested in the health problems facing our nation's children, you can appreciate the complexity of this health issue and the importance of educating parents in order to prevent this costly and painful condition. Mrs. Bush could be a powerful asset in getting this message out. Her popularity with the American public could be extremely helpful in raising public awareness among parents with infant children. Our Academy would appreciate your recommending to Mrs. Bush that she help us with this effort.

Sincerely,

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CSPD Board Briefs

The CSPD board of directors met at the Los Angeles Airport Hyatt Hotel on October 13, 1990. President Mike McCartney presided over the meeting and began by discussing a great deal of correspondence he had received since the last meeting. President Elect Richard Sobel discussed his upcoming Hawaii annual meeting and announced that in addition to an already excellent program, he was adding a Sunday lecture instead of panel discussion to be given by Dr. Ron Johnson. Should be a great meeting. Vice President Paul Reggiardo discussed the 1992 meeting to be held at Rancho Bernardo and is asking for recommendations from the membership for speaker possibilities. Membership now stands at a total of 329 with 287 active members, 3 with disability status, 11 teachers, 9 associate members, 8 life members, 10 retired members, and 1 honorary member. Our student membership is growing as well. Our new Executive Director, Dr. Tom Barber was present and has definitely become an integral member of our society administration already. Professional and Public Relations Committee, headed by Dr. Ray Stewart, has been hard at work developing new programs dealing with California pediatricians, access to care, a possible public service T.V. announcement about Baby Bottle Tooth Decay and other worthwhile projects. The 1993 annual meeting will be held at Silverado in Napa and the proposed 1994 site is Palm Springs.

The following motions were voted on and passed:

1. The executive director will attend the CDA Interdisciplinary meeting in Sacramento at the expense of CSPD.
2. The board directs Dr. Barber to purchase a copy machine at a maximum of \$1,000.
3. The procedures for the nomination of candidates for AAPD trustee positions be approved as presented and modified.
4. We change the definition of Life membership to read Charter member or 20 yrs. continuous membership and charge dues at 15% of current dues structure. If they are still deriving income from dentistry, a retired member shall pay 25% dues.
5. We charge associate members 25% of CSPD dues.
6. Dr. Robert Benson develop a camera ready "School Excuse" to be made available in the upcoming CSPD bulletin which complies with the requirements of the California State Department of Education.
7. We accept the proposal for Research Grants as modified.

Phil Wolkstein

CLINICIAN'S CORNER

A PICTURE'S WORTH A THOUSAND WORDS

While most of us are not professional photographers, today's professional dental photography equipment can give us the quality of work that the pros expect.

The first question you must ask yourself is "Why do I want to take pictures?" The answer to this question provides insight into the next question, "What do I buy?"

Day to day there are lots of photo opportunities; new patients, trauma episodes, cosmetic before and afters, (interceptive) ortho starts (and finishes), documentation of carious lesions—Nursing Caries—and their restorations, material for lectures, promotional in-office shots. . . . The list is limited only by our imagination and needs. By way of example, in our office this past week, we have taken pictures of new patients, our Halloween display, and before and afters of a bleaching case and a nursing caries case.

Slides or photos? The former is taken for lecture presentations, or when there are lots of shots taken and only a few will be chosen for final use (photo proof sheets are an alternative in this case). The latter provides material for just about all other needs. Here the choice must be made between immediate use (Polaroid), or waiting for the end of the roll. If your choice is 35mm, buy 12 exposure rolls to start. Faster turnover allows for correction of photo technique errors without wasting film. Don't buy 36 exposures

if you don't take lots of shots—you'll hate waiting until you finish the roll.

Systems may be purchased from \$350.00 to \$1400.00 (recent survey). At the low end, there is the "aim and fire" models which provide simple, limited usage. The higher end provides a quality 35mm body with a macro lens, and a light source. A macro lens allows for photo reproduction at a 1:1 level, and adjusts down to approximately 1:20 (at 25-30 feet). You pay for quality and versatility. You'll also need to choose between a point or ring light source. The first allows for shadows and contrasts, the other provides shadow-free or flat exposures (purely a matter of personal taste). Some units come equipped with both light sources.

Accessories are limited to check retractors—assistant's fingers in the photo (with or without nailpolish) do not make it; occlusal and buccal mirrors; and carrying case. A 35mm body may be outfitted with a 'data back' (to imprint information on the photo) and some units will accept an AC adapter.

Finally, where should you go to purchase equipment? If you have a good working knowledge of camera equipment, any full service photography store will do. However, for those of you getting started, make your purchase through a specialty shop. I would recommend Trojan Camera in L.A. for starters.

(Next time around: review of Prema, the Enamel Microabrasion system produced by Premier.)

Steve Howard

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NELLCOR

ANNOUNCEMENT

AAPD Informed Consent documents in Spanish and English are available to the membership through the Executive Director's Office.

SEAL IN A SMILE

In conjunction with the Children's Miracle Network and the American Academy of Pediatric Dentistry, Johnson & Johnson is providing pit & fissure sealants to treat underprivileged children. In California, six centers are participating in this program. Over 2,000 children will receive this important service through the volunteer efforts of CSPD members, dental assistants and hygienists, students and residents and the Johnson & Johnson Fund for Kids.

You can help by sending copies of invoices for any Johnson & Johnson products (including "A" company orthodontic supplies), with a copy of the form below, to:

Children's Miracle Network—Fund For Kids
612 Colonial Avenue
Norfolk, VA 23507

Please do this prior to the December 1, 1990 deadline.

Remember all money collected in California will return to serve our children. Thank you for your support and participation.

Richard S. Sobel, D.D.S.

SPONSOR CARD

Name _____ Phone (____) _____

Street Address _____

City _____ State _____ Zip _____

- Sponsor: I would like to sponsor _____ (up to 5) children in the FUND FOR KIDS program. I understand that for each child sponsored, I must include invoices showing \$100 in purchases of Johnson & Johnson Professional Dental Care products by 12/1/90.

- Please send additional Sponsor Cards.

Thank You For Your Support!

Quarterly Report On The Activities Of Professional Relations Committee:

1. CSPD article to the California Pediatrician
The article submitted by Dr. Stewart and Dr. Sobel entitled "Oral Manifestations of Infectious Disease" was rejected due to its length, number of illustrations and other factors. We have re-edited and condensed the manuscript and re-submitted it to the CSPD Editor for review.

2. Liason with various Child Health and Welfare agencies.

Dr. Wayne Walker has initiated correspondence with the state directors of the following agencies offering co-operation and participation in any planning or implementation which might benefit from our Board's or memberships' input.

- A. California State Advisory Board for Child, Maternal and Adolescent Health (Dr. Roger Erickson)
- B. California Children's Services
- C. Child Health and Disability Prevention Program
- D. Mead Start Programs
- E. Migrant Education Programs

3. Professional Outreach to Pediatricians

A. Dr. Steve Chan reviewed and evaluated the previous efforts on the part of this Board. His recommendations are to not release material related to the ongoing CSPD project, dealing with fluoride issues in California until joint committees of AAPD and AAP release their recommendations on dosage revisions.

B. Dr. Chan reviewed the current status of the Mead Johnson Vi-Fluor Assure Program which has been withdrawn to

be revised in accordance with AAPD and AAP criticisms and recommendations. He suggests that we re-evaluate the updated materials and inform the CSPD membership of any potential interface with their Pediatricians colleagues.

C. Pediatric Dental Care Brochure
Dr. Chan reviewed and made recommendations regarding the soon to be released brochure by AAPD. He has made some preliminary recommendations regarding the potential outreach programs using this vehicle. He will report in detail on this proposal at the January 26, 1991 Board Meeting.

4. Liason with California Chapter of AAP
Dr. Stewart has written letters to all of the Regional directors of the California Chapter

of AAP expressing the desire on the part of CSPD to co-operate in any way possible in matters related to issues affecting children in the State of California.

The regional directors were urged to contact him for the names of the CSPD members in their district who would be willing to attend meetings or participate in any activities.

5. This committee is investigating the possibility of producing a television public service announcement on BBTB.

Dr. Stewart will present a proposal for the production of a 30 second PSA in English and Spanish for distribution to television stations throughout the State.

Ray Stewart

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American Academy of Pediatric Dentistry Presents a Continuing Education Course Early Treatment of Malocclusion

February 1-3, 1991
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Registration and Accommodations

To register for this course, call the American Academy of Pediatric Dentistry at (312) 337-2169. For accommodations, call the hotel at (213) 641-5700 and mention the special AAPD room rate for this course. The deadline for registration and hotel reservations is January 2, 1991.

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