

# Bulletin

Winter 2001

www.CSPD.org

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## President's Message



Dr. Dave Perry

**B**uckled into the seat of an airplane flying somewhere over the United States, I head home from the ADA annual session in Kansas City. My contemplation is amplified by the poignancy of the ride; seemingly normal, even mundane, yet so different than before - like so much else in our lives. Not surprisingly, the meeting was

overshadowed by simple perspective, the tragedy of September 11 clinging to every activity as we tried to go about our business. To focus on dentistry now is difficult, yet if lessons from the tragedy include compassion, selflessness and determination, we have much to offer. What we do is still important.

In California, dental disease is the most urgent health problem facing teachers and school administrators. Wilma Chan, the State assemblywoman from my Sixteenth District, was astonished by that truth as it emerged in hearings held across the state, which she organized to gather information on how health problems in general are affecting students' ability to learn. We don't tend to see dental conditions in the context of life and death, but children cannot learn if they are distracted by pain, the inability to eat properly and the many systemic consequences of tooth decay. Thousands of school children are affected every day in classrooms across the State. Their futures already far from assured, they can fall behind quickly as their self-esteem and motivation plunge. Since September 11, all of us have been shocked into personal perspective. My own has been a struggle to find real meaning again in what we do, to focus again on what seemed so important seven weeks ago. The results of those town hall meetings tell us that what we do every day as pediatric dentists - and as an organization - counts. California school children need our help, and their futures, literally, could be at stake.

Of course, business was conducted at the ADA meeting, with several pediatric dental issues taking center stage on the floor of the House of Delegates. CSPD was represented by five of our member/delegates: Steve Chan, Joe Renzi, Joe Sciarra, Andy Soderstrom and myself. Some of the most heated debate was devoted to fluoride varnish. Should it be applied only by a dentist after an examination (rather than a pediatrician); should it be accepted by the ADA if it is used off label; is there science to prove that applying it to a large num-

ber of infants at risk will in fact reduce early childhood caries? The issue was referred to council for further debate. Especially in light of what the town hall meetings revealed, this could be an issue with a profound impact on children's dental health and their education, in California and other states as well, I suspect. In other business, delegates unanimously supported the idea that dental school curriculum should include guidelines on the care of infants and the age risk assessment visit.

Dental education, meanwhile, was an overarching issue at the meeting. The report of the Dental Education Summit Meeting in 2001 summarized the problem. Seven schools have closed in the last 15 years; the number of full-time faculty has declined 10%, and there are currently close to 400 unfilled faculty positions. Yet, despite the gloom, I came away from the annual meeting feeling proud of efforts by the CSPD and the newly formed CSPD Foundation to reduce the shortage of pediatric dental faculty.

One key is a request by Legislative Committee Chair, Dr. Andrew Soderstrom, and Workforce Committee Chair, Dr. Lisa Brennan, that the CDA Council on Legislation request legislation that would forgive the student loans of recent dental school graduates if they commit to 2 to 4 years of teaching.

At the CSPD Foundation, plans include a course on pediatric dental education held in conjunction with CSPD's Annual Scientific Meeting in Anaheim, March 2002. I applaud the Foundation for its effort on this issue, which affects all of pediatric dentistry.

The Foundation was formed expressly as a way for pediatric dentists to return some of what the profession has given us. That doesn't necessarily mean money, but by writing a check for the Foundation's fund drive, you can have a tax-deductible donation applied directly to the issues that are important. CSPD past presidents and Foundation trustees, Drs. David Good, Warren Brandli, Mel Rowan, and Mark Lisagor, are working tirelessly to develop a Foundation corpus that will eventually self-perpetuate. Please write a very large check when contacted by the CSPD fund raising committee in the coming months, and rest assured that you have contributed charter funding to a most worthwhile cause. (See the Foundation Report on page 3).

As my plane streaks closer to the Bay Area, I feel my own perspective returning. Home has a way of triggering that. What we are doing can help thousands of children and families. That may be the best tribute of all for the people and the principles that have suffered so much in the past several weeks.

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Dr. George Teuscher  
1908-2001

# Amalgam-Resurrection and Redemption

## *The clinical and legal mythology of anti-amalgam*

Excerpted by permission from *Quintessence Int* 2001;32:525-535.

Michael J. Wahl, DDS

### ABSTRACT

Dental amalgam has come under attack for its allegedly poor physical properties and clinical performance in addition to its poor appearance. It has been claimed that the American Dental Association has a hidden agenda to protect amalgam and that other countries have banned its use. A literature search revealed that the vast majority of amalgam restorations do not cause fractured cusps or have recurrent caries. Most amalgam restorations have been shown to last longer than resin composite restorations. In addition, the materials and techniques involved in amalgam restorations have vastly improved in recent years. Like resin composite restorations, amalgam restorations can often be repaired. The American Dental Association has no vested interest in protecting amalgam. The use of amalgam has not been banned in any country in the European Union. According to the latest scientific information available, dental amalgam is a remarkably durable and long-lasting restorative material. Although its appearance is un-aesthetic, its clinical performance and effectiveness are unsurpassed by those of resin composite.

The reasons many dentists use amalgam, the anti-fluoridationists say, include a "stubbornness to change [and] lack of material education." However, a close look at the literature available on dental amalgam, resin composites, and other restorative materials shows that most of the anti-amalgamists assertions are based not on scientific facts but rather on a collection of myths and half-truths, creating a virtual folklore of anti-amalgam that has rarely been challenged. The time has come for the resurrection and redemption of dental amalgam.

#### **Myth 1: Amalgam commonly causes fractured cusps.**

Long term studies not limited to endodontically treated teeth have shown that tooth fracture is relatively uncommon in teeth with amalgam. A long-term study of about 600 amalgam restorations showed a cuspal fracture rate of less than 1.5% after 5 years. A later study of 1,415 Class II amalgam restorations showed that, after 10 years, only 120 restorations (8.5%) failed at all. Only 25 (1.80%) of the 1,415 teeth had a fractured cusp after 10 years. After 15 years 1,213 Class II amalgam restorations were available for examination, and only 46 (3.8%) failed because of enamel fracture alone. A total of 61 (5.0%) failed because of enamel fracture only or a combination of enamel fracture, isthmus fracture, and/or caries.

**Fact 1: Teeth with amalgam restorations have a low incidence of fractured cusps.**

**Myth 2: The majority of clinically sound amalgam restorations have recurrent caries; the majority of resin composite restorations do not have recurrent caries failure.**

Clinical studies have shown that recurrent caries has been the most common cause of amalgam failure, but it has also been the most common cause of resin

composite failure. It is even the most common reason for replacement of cast gold restorations. Indeed, secondary caries has been called "an unresolved problem." However, simply because recurrent caries is the leading reason that restorations need replacement does not mean that most restorations have recurrent caries. Similarly, infections may be a leading cause of failure of dental implants, but most dental implants do not have infections. Most restorative dentists spend more time replacing failed restorations "than actually examining acceptable restorations." As a result, dentists may perceive that restorations do not last as long as they actually do.

**Fact 2: The vast majority of teeth with amalgam restoration do not have recurrent caries.**

**Myth 3: Resin composite restorations last as long as amalgam restorations.**

A 1990 study of the reasons for placement of 2,542 tooth-colored restorations indicated that the median longevity of a Class II restoration was about 8 years for amalgam, but less than 4 years for resin composite. In fact, for all types of restorations studied (Class I, II, III and V), the longevity of amalgam exceeded that of composite. If all the restorations are considered, the longevity of amalgam restorations still exceeds that of resin-based materials by more than 2 years.

**Fact 3: Numerous studies have shown amalgam restorations to last longer than resin composite restorations.**

**Myth 4: Amalgam cannot be bonded to teeth.**

All these authors state or imply that amalgam is not or cannot be bonded to teeth. But amalgam bonding is now routinely used by many dentists who place amalgam restorations. Although most studies have shown bond strengths of amalgam to dentin to be less than those of composite to dentin, some studies have shown amalgam-to-dentin bond strength is of 27 and even 33 MPa, higher than the 23 to 25 MPa normally reported for composite-to-dentin bonding. A 1999 study of various den-

*Please see page 8*

*The clinical performance and effectiveness of amalgam are unsurpassed by those of resin composite.*

## California Society of Pediatric Dentists

### 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 by e-mail (rhansen@cspd.org), in computer format on a 3.5" disk or typewritten in double space format.

Product and informational content presented in the Bulletin by contributing authors is not necessarily endorsed by the Executive Board of CSPD.



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Roland Hansen, DDS, MS

#### MISSION OF THE BULLETIN

The Bulletin of the California Society of Pediatric Dentists 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 Dentists.

1908-2001

## George Teuscher

On August 22 George W. Teuscher died of post-operative complications from colon cancer in his home on Chicago's near north side. The former Dean of the Northwestern University Dental School (1953-1971) and Editor Emeritus of the Journal of Dentistry for Children was 93.

Dr. Teuscher received his DDS degree from Northwestern University in 1929. After a year of general practice in Chicago's Loop, he returned to Northwestern to become the first student in a newly established master's degree program in pediatric dentistry.

After receiving a master's degree he joined the faculty at Northwestern where he taught part time in the Department of Pediatric Dentistry and practiced part-time in the office of Blaine Rhobotham, one of the pioneers in the specialty of pediatric dentistry. It was during this period that Dr. Teuscher, in association with Dr. Heimit Zander, discovered the healing effects of calcium hydroxide on live pulp tissue. Also during this period, in association with anesthesiologist Dr. Mary Karp, he published the results of treating 125 pre-school-age children under general anesthesia in a hospital, a new procedure at the time.

In addition to his DDS degree Dr. Teuscher earned Master of Science, Master of Arts, and Doctor of Philosophy degrees and was awarded several honorary degrees. Dr. Teuscher was active in the local dental society and Northwestern University alumni activities. He served for several years on the board of directors of the Chicago Dental Society, one year as president. In similar capacities he served the Chicago Odontographic Society, the American Academy of Pediatric Dentistry, and the American Society of Dentistry for Children. He served for six years on the Council on Dental Education of the American Dental Association.

Dr. Teuscher received several Gies Awards for editorial writing and was, until June 2001, a full-time participant in the programs of the American Society of Dentistry for Children and the preparation and publication of the Journal of Dentistry for Children. He was editor for this journal from 1967 to 2001. In the late 1960s he was also editor of the Journal of Dental Education and of the Northwestern University Dental School Bulletin. He also edited Dental Progress, a journal published by the University of Chicago Press.

His wife Florence (Levinson) Teuscher, his daughter Carol Ann of Chicago and his son John William (Joanne) of Star Lake, WI, survives him. Private services were held. Children the world over and the dental profession are indebted to GWT. His legacy will long endure for his contributions to pediatric dentistry and the written word. To honor Dr. Teuscher's memory donations may be made in his name to the ASDC Foundation.

**Dr. Teuscher received several Gies Awards for editorial writing and was editor of the ASDC journal from 1967 to 2001.**



## CSPD Foundation Moves Ahead

By Richard Sobel

During the past three years the Past Presidents of CSPD have discussed the concept of a foundation to meet some of the goals of the CSPD membership. At our 2000 meeting the Past Presidents pledged to financially support initiating this foundation. This year the foundation (a non-profit (501(c)3) organization) was formed. This will enable CSPD to raise funds in order to extend its programs in support of children's oral health in California and to address some of the educational and workforce issues facing us in pediatric dentistry.

Because of the desirability of expanding the number of positions in pediatric dental programs in California, the Foundation is initiating its projects by addressing the issue of increasing the number of faculty in our dental schools and at our graduate programs. This inaugural program has resulted in the planning of a symposium: "A Consensus Conference: CA Pediatric Dental Teaching Crisis", with Dr. Norman Tinnanoff, of Maryland, as our keynote speaker. This program will be held just preceding the upcoming CSPD Annual Meeting in Anaheim, on Thursday, March 21, from 1-5 PM.

In the near future you will see our Foundation promoting special CE courses specifically designed for the California pediatric dentist and our patient population. Please look for more information regarding these plans in our upcoming Bulletin articles.

We look forward to your support and hope that you will join us as a contributing member and participate in our future programs. If you have any questions regarding the Foundation, our goals and plans, or how you may participate, please contact Richard Sobel or David Good, our Foundation President.



Dr. Richard Sobel  
Foundation Public  
Relations Chair

*The inaugural symposium of the Foundation will be presented at our Annual Meeting entitled: "A Consensus Conference: CA Pediatric Dental Teaching Crisis."*

## News Briefs

• At a recent **Interdisciplinary Affairs Committee** meeting attended by the seven recognized specialties, specialty licensure was the entire topic of discussion. Dr. Jack Broussard, CDA president stated at the beginning of the meeting that all of the specialties should present a unified position on specialty licensure. The position of CSPD on this issue was formulated two years ago that stated our opposition to specialty licensure. After some discussion the committee voted 6 to 1 in favor of some kind of recognition. CSPD cast the only dissenting vote. The Board reaffirmed that position at their September stating that "all dental specialists should be licensed as a general dentist and the documentation of satisfactory completion of training in a formal program accredited by the ADA commission on Dental Accreditation should be the only requirement to announce as a specialist."

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# Letter to the Editor

Stepping up to the plate:

In baseball, "stepping up to the plate" means that the batter is willing to take a chance in striking out or hitting into a double play. But it also means that the batter is determined to help out his team. He could move a runner over to the next base, get a hit, or perhaps hit a home run. The bottom line is that the batter is willing to take care of business. That same attitude should hold true for you and me right now!

Each of us as oral health care practitioners must step up to the plate. Many of you are already participating in the delivery of dental care for the indigent children in our state and are perhaps doing more than your share. We all need to be counted, however some of us are striking out. I'm talking about opening our collective front door to Denti-Cal and Healthy Families patients, if only on a limited basis. We all know that these programs are under-funded and have their shortcomings. As practitioners, we need to willingly participate or our legislators will introduce laws that compel our participation.

If we are empathetic to this program, we can make an impact and legislators will justly feel that we are proactive and willing to shoulder our share of treatment. Just as important, the officers and the board that represent you will have a better chance to defend our position. We will improve our public image as we seek to change the program internally, rather than have others impose their misdirected strategies on our specialty. We can make a difference. I challenge all of our members to step up to the plate!

CSPD is presently working with Delta Dental-Healthy Families to reach a reasonable fee schedule for pediatric dentists in California. We hope that this will also stimulate more participation from our members. Presently, only 25% our members participate in the Healthy Families Program. I appeal to you to participate at a higher level. I should also let you know that there is ongoing legislation that will attempt to solve the problem of access to care for the indigent. I do not believe that proposed legislation is in the best interest of our specialty and may not be the best solution for our patients.

We need to get it done before it gets done for us.

See you at the ball game.

**Santos Cortez**  
Secretary, CSPD



Dr. Santos Cortez  
Secretary

*I challenge all of our members to step up to the plate!*

# District VI Report

By Ray Stewart

During the past quarter the major activities in District VI have continued to be related to our attempt to formalize a District VI structure of governance. A draft Constitution and Bylaws was circulated to each State Unit in the District for ratification. I am pleased to report that the vote to ratify was 5 to 3 in favor with California, Nevada, Oregon, Utah and Washington in favor and Arizona, Hawaii and Montana opposed.

The other event worth reporting is the program "Pediatric Dentistry for General Dentists" to be presented at the CDA building in Sacramento, September 27-30. This will be an intensive review course with 24 hours of lecture over a three-day period. Requests by GP's to attend the course far exceeded our ability to accommodate them due primarily to the limitations imposed by the meeting room. Forty-five general dentists will be attending representing rural health centers throughout Northern California. The faculty consists of four well known AAPD members known for their lecturing skills and grasp of the subject matter. (Steve Adair, Kevin Donly, Barbara Sheller and Bill Waggoner).

There will be two or three follow-up segments offered to the GP participants who will receive 21 hours of CE credit at no expense to them for attending the course.

The second phase will consist of a 1-2 day bench course to review operative techniques and dental materials.

The third phase will consist of hands on treatment of young children under the guidance and mentoring of Pediatric dentists in a yet to be named venue.

There have been a number of requests to develop a fourth phase that would enable the participants to qualify for an Oral Conscious Sedation permit. The program has wide spread interest and support from a variety of organizations.

We feel that there is a major opportunity to expand this model nationally. The AGD is interested in utilizing this model or one like it within their CE offerings. AAPD leadership will be meeting with them during the ADA meeting in Kansas City to discuss the next steps. This could be a significant step toward CSPD's and AAPD's goal of increasing access to oral health services to low-income children and other underserved segments of our population.



Dr. Ray Stewart  
District VI Trustee

## Access to Dental Procedures in the Hospital

The Department of Health Services (DHS) has been advised that dentists are finding it difficult to get hospital and operating room access and medical support for dental procedures in a hospital setting, especially for those Medi-Cal beneficiaries who are developmentally disabled. A letter was sent by DHS to hospital administrators reminding them that providers serving Medi-Cal beneficiaries must provide both inpatient and outpatient access to needed medical care including dental services.

Hospitals were also reminded that they must provide access to necessary acute inpatient and outpa-

tient medical and dental services to Medi-Cal beneficiaries without violating federal laws that prohibit discrimination based upon economic disability or other factors. Including ethnic group identification, religion, age, sex, color, and physical and/or developmental disability. Hospitals that accept Medi-Cal shall provide operating room access for dental services.

DHS appreciates the network of California hospitals that provide services to our Medi-Cal beneficiaries and wish to emphasize the critical importance of maintaining access to oral health services, especially for those with special needs.

# Sedation Survey

By Richard Udin

You might remember receiving a survey in early May of this year that sought information regarding the use of sedation in your practice. An ad hoc committee looking at ways to improve reimbursement for these services for children covered by Denti-Cal and the Healthy Families programs will use the results of this survey. The following are the results of the survey.

## DEMOGRAPHICS

The survey was sent to 405 CSPD members. There were 178 usable responses for a response rate of 44 percent. Sixty-six percent were solo practitioners with the remainder in group practices. The breakdown according to years in practice was:

1-5 years .....	20.6%
6-10 years .....	16.3%
11-15 years .....	5.7%
16-25 .....	30.5%
26-35 years .....	18.4%
>36 years .....	8.5%

Most respondents completed a combined training program (69.4%), with 14.5% hospital trained and 16.1% University trained. The majority practiced in an urban environment (82.4%), 53.9% were from the south, 44.2% were from the north and 1.9% were from central California.

## USE OF AN ANESTHESIOLOGIST

Approximately 58 percent of the respondents utilize a dental anesthesiologist and 12 percent use a medical anesthesiologist for private pay or commercially insured patients. Approximately 70% perform 1-5 cases per month with the remainder doing up to 16 cases per month. In general, these patients are asked to pay for the anesthesia services out of pocket (83%) with the insurance billed directly only 5 percent of the time. Over 70 percent of the respondents charge between \$500-800 per case for anesthesia services.

For patients covered by Denti-Cal, the utilization of a dental or medical anesthesiologist drops to about 6-7 percent for each. Most respondents perform less than 5 cases per month. Respondents collect between \$350-600 from the patients with only one respondent billing Denti-Cal under the "400" code and one billing under the "998" code. For patients covered by Healthy Families, about 7 percent use the services of a dental anesthesiologist and 4 percent utilize a medical anesthesiologist. Anesthesia fees collected from patients ranged from \$350-900.

So, although about 70 percent of the respondents utilize the services of an anesthesiologist for private pay or commercially insured patients, few utilize these services for patients covered by Denti-Cal or Healthy Families. For those patients, generally anesthesia fees are collected out of pocket.



Disney's brand new Grand Californian Hotel

## CSPD PRESENTS ITS 27TH ANNUAL MEETING AND SCIENTIFIC SESSION MARCH 21-24, 2002 AT DISNEY'S GRAND CALIFORNIAN HOTEL (SM)

Standing majestically inside the new Disney's California Adventure park, Disney's Grand Californian Hotel (SM) is a fitting tribute to the things that make the Golden State great. Featuring an architectural style reminiscent of the romantic Craftsman movement of early California, the luxurious, 750-room hotel is as much a celebration of human creativity as it is a world-class resort.

The doors at Disney's Grand Californian Hotel (SM) lead to endless magical thrills. Merely footsteps away is Disney's California Adventure park, Downtown Disney District, and the original Disneyland park.

Take advantage of this great opportunity for a family getaway. Children, 17 years and younger, are accommodated free, when staying in the same room as their parents. Cribs are complimentary if needed. All room and suite rates, negotiated at a reduced rate for our meeting, will be offered three days prior to and three days following our published meeting dates, based on availability.

The program is highlighted with high quality speakers. Dr. James Hilgers, a world-renowned speaker in orthodontic circles, will be speaking on The Common Thread of Dentistry. Dr. Norm Tinanoff, chairman of the pediatric dental department of the University of Maryland, will present Advances in the Understanding, Diagnosis and Treatment of Caries in Pre-school Children. We are currently working on a spouse program that should be a lot of fun. A new addition to our program this year will be a Thursday afternoon course sponsored by our newly formed CSPD Foundation. It is projected to be a Consensus Conference: The California Pediatric Dentistry Teaching Crisis, with some very prominent speakers and panelists.

Set the dates aside on your calendar and watch for more information on our Annual Meeting and Scientific Session.

*Attend the  
"Consensus  
Conference: The  
California Pediatric  
Dentistry Teaching  
Crisis" lead by  
prominent panelists.*

## ASDC Votes To Unify with AAPD



Dr. Marty Davis  
Past-President of ASDC

At the Annual Meeting of the American Society of Dentistry for Children held in Palm Beach, Florida, the House of Delegates voted to unify with the American Academy of Pediatric Dentistry.

Information as to the next step of the process will be forthcoming as the leaders of each organization work out the details of the unification. The task force and attorneys for both organizations will be conferring over the coming months to assure a mutually beneficial result. All ASDC members are reminded that they must continue to pay their dues to be a member of the combined organizations.

The ASDC/AAPD unification protocol maintains much of the current activities of ASDC. In part they include:

- ASDC non-Pediatric Dentistry members will be called "ASDC Members" of the AAPD.
- The Journal of Dentistry for Children will be continued.
- The unified Foundation shall continue to sponsor annually the ASDC awards existing as of July 1, 2001 and the Samuel Harris Annual one day CE course will be part of fall meeting.
- Dues for ASDC members will remain at current proportion to AAPD member dues.
- There will be one "ASDC Trustee" on the Board of Trustees,
- There will be one ASDC Member on each Council, the members to be selected by the current and Immediate Past-ASDC Trustees from interested ASDC members.
- ASDC and AAPD State Units shall become single entities.
- ASDC Student Units shall be continued
- The ASDC Member Fellow Program shall be continued. Current ASDC Masters will continue to be recognized and that Program will be evaluated for continuance.
- There will be one operating budget for the unified organization and one for their unified Foundation.
- The Editor of the JDC will be selected by and responsible to the Board of Trustees. Election will be from a list of candidates constructed by ASDC affiliate members. The Editor of JDC will function cooperatively with the Editor in Chief of the organization.
- The ASDC Annual Session in the fall will remain a high quality CE meeting.
- ASDC member information will be prominent in Pediatric Dentistry Today.

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## Dental Materials Fact Sheet Challenged

In 1999, Consumers for Dental Choice, an organization opposed to the utilization of mercury in dental restorative materials, filed a petition with the Department of Consumer Affairs contending the DBC was negligent by failing to provide information to licentiates "describing and comparing the risks and efficacy of the various types of restorative materials that may be used to repair a dental patient's oral condition or defect." The petition focused on the alleged failure of the Board to issue an appropriate dental materials "fact sheet" as required by law passed in 1992. In fact, the Board did provide California-licensed dentists with a materials fact sheet on a one-time basis in 1993, but agreed, at the direction of legal council, to revise and distribute a new sheet. Accordingly, a RFP, after challenge by the Consumers for Dental Choice, was approved and a contractor, after challenge by the Consumers for Dental Choice, was selected.

The Board met in May to consider approval of the proposed fact sheet, as developed by the contractor utilizing the expertise of Dr. Alton Lacey for technical assistance. Not unexpectedly, approval was challenged by the Consumers for Dental Choice, which contended the sheet failed to adequately address the health risks associated with mercury in dental amalgam. Among other provisions, they demanded that the sheet carry a warning that dental amalgam posed a special health risk for children and pregnant women and should not be used in these two populations. After rancorous public testimony focusing on anecdotal reports of mercury poisoning and the purported economic interests of the dental profession, the Board voted to direct the contractor to correct certain small deficiencies having to do with meeting all provisions of the RFP and to make the technical consultant aware of the concerns of the Consumers for Dental Choice.

Subsequently, the Board scheduled a public meeting in late June for the purpose of adopting the revised fact sheet. That meeting was cancelled when the Board was unable to raise a quorum. The Board then scheduled a public meeting on July 18 for the same purpose. After loud and somewhat unruly public testimony, the Board voted to again send the proposed document back to the contractor to carefully consider the issues raised by the Consumers for Dental Choice (which had failed to obtain from the Courts a temporary restraining order prohibiting the Board from discussing the matter because of technicalities associated with noticing the meeting). The Board's Executive Officer spoke of some "problems" of which the Board was aware and legal counsel representing the Attorney General's Office advised the Board it would be prudent to not take action on the document until these issues were resolved. Representatives from the Department of Consumer Affairs reprimanded the Board for accepting the draft submitted by the contractor as, in their opinion, it failed to meet the RFP criteria needed to address risk factors associated with sensitive populations. Because of this alleged deficiency, the Board would withhold payment (\$32,495) to the contractor until the document was "corrected" and accepted by the Board.

Acting at the Board's direction, the proposed fact sheet was revised by the contractor and resubmitted to the Board in time for placement on the August 3 meeting agenda. Interestingly, it now carried a specific reference, not included earlier, advising that while pregnant women,

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*The Consumers for Dental Choice petition focused on the alleged failure of the Board to issue an appropriate dental materials "fact sheet" as required*

### Continuing Education Course for Auxiliaries

A Continuing Education Course for Auxiliaries will be presented on November 10th at the Embassy Suites in Burlingame (near the SF airport) and then again on November 17th at the Sheraton Cerritos in Cerritos by Marsha Freeman. Ms. Freeman will present a fabulous, informative, high energy, interactive program that will enhance communication skill while earning seven hours of continuing credit. Marsha will examine the nature of communication and its role in patient compliance, conflict resolution and patient-friendly systems.

**REGISTER NOW!**

**YOUR STAFF WILL LOVE IT!**

Contact Mel Rowan, Executive Director  
Phone (310) 465-1580 Fax (310) 465-1590

# Patient Safety Committee Incident Report

A link to the Incident Report Form can be found on the home page of our website ([www.cspd.org](http://www.cspd.org)). The web page can be printed using the control P command. The committee requests that this form be used to report any untoward incidents. Return the form to:



Dr. David Rothman

**Dr. David Rothman**  
CSPD Chair  
Patient Safety Committee  
2001 Union Street, Suite 550, San Francisco, CA 94123

## Wow Weekend

The Southwestern Society of Pediatric Dentistry presents another "WOW" weekend for you and your staff at the Westin Galleria in Dallas, Texas on November 30 and December 1, 2001

This two day event features Cathy Jameson Ph.D. speaking on "Elevation: Taking your Practice to the Next Level" and Ken Alexander B.S. & M.Div. will present "Winning with Wonderful, Outstanding and Worthwhile Customer Service." For more information call Dr. Jon Ousley at (972) 296-1835 or a Fax to Judy Salisbury at (785) 749-1140.

## EMPATHY – ORIGIN OF THE WORD

The idea of empathy was invented by German philosopher Robert Vischer to distinguish it from sympathy. He wanted a term that captured our projection of emotions or feelings onto others, and selected "einfuhlung." Later translated into English as empathy.

# Inclusiveness Report

By Lisa Brennan

The inclusiveness committee's goals this year are to sponsor a Family Matters symposium mixed with a dental topic as part of the New Dentist's Program and to encourage all the students to attend the annual meeting.

Among the topics to be covered in "Family Matters Mixed with Dentistry" will be responsible money managing, and a review of quality family time objectives.

In order to know who we are, we have been analyzing the latest CSPD directory. A team of about 20 members has performed an educated guess on the 483 members of our organization using personal knowledge and membership application information.

Some guesswork was required during the analysis, however most members were known to someone on the team.

We have categorized members by sex, ethnic origin, and length of time in practice.

We hope to use this knowledge to encourage



Dr. Lisa Brennan

### Regular Membership - Sex and Ethnicity

Male .....	71%
Female .....	29%
White .....	55%
Black .....	2%
Asian .....	19%
Hispanic .....	6%
Middle East .....	8%
Other .....	1%

### Student Membership - Sex and Ethnicity

Male .....	45%
Female .....	55%
White .....	55%
Asian .....	25%
Hispanic .....	9%
Middle Eastern .....	11%

### Years in Practice

<Ten years .....	26%
10 to 29 years .....	45%
>30 years .....	12%
Retired .....	6%
Faculty .....	2%
Students .....	9%

diversity in the organization and to encourage all members to participate in our activities.

*The committee will be able to use the information gathered from our roster to encourage diversity in the organization.*

## Professional Opportunities Registry

Looking for an Associate or Partner? Complete this form and return it to:

### South Chair:

Dr. Joseph Jedrychowski  
UCLA/Dent/CHS 23-020/Box 951668  
Los Angeles, CA 90095-1668  
Email: [jjedro@dent.ucla.edu](mailto:jjedro@dent.ucla.edu)

### North Chair:

Dr. Arthur Rabitz  
100 O'Connor Drive #11  
San Jose, CA 95128

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address (please!) \_\_\_\_\_

*The workshop was fully attended, well structured, and covered a variety of introductory topics.*

*Amalgam... Continued from pg. 2*

tin adhesives indicated that mean bond strengths were significantly greater for amalgam than for composites.  
**Fact 4: Amalgam can be bonded to teeth, often yielding higher bond strengths than are obtained by resin composites.**

**Myth 5: Because of recent advances in materials and techniques, most studies of resin composites are outdated while most studies of amalgam are not.**

A feature of resin composite restorations is that they can be repaired simply by bonding new composite to the old composite, usually after placement of additional retention with undercuts in the old restoration or in the preparation. Amalgam can be repaired as well even without bonding. It is often possible to repair the restoration simply by placing undercuts in the remaining old restoration before adding new amalgam. It is now also possible to bond fresh amalgam to old amalgam.

**Fact 5: Improvements in amalgam restorative materials and techniques in recent years have been at least as dramatic as those in resin composite materials**

**Myth 6: Resin composites are superior to amalgam because composites can be repaired.**

Amalgam can be repaired also; even without bonding, it is possible to repair the restoration simply by placing undercuts in the remaining old restoration.

**Fact 6: Like resin composite restorations, amalgam restorations can often be repaired.**

**Myth 7: Amalgam is 100 years old; resin composite is much newer and therefore better.**

The quality of a material or technique should not

be judged solely on its age, but rather on its clinical and scientific performance. The fact that dental amalgam has been used for more than 100 years is not in and of itself a negative; it simply means there has been more time to study amalgam.

**Fact 7: Amalgam's longevity is testament to its safety and efficacy.**

**Myth 8: The American Dental Association refuses to admit that mercury-containing amalgam is unsafe for fear of lawsuits.**

Regardless of whether the ADA states that amalgam is safe or unsafe, the ADA is not legally liable for any alleged harm from amalgam restoration.

**Fact 8: The ADA's statements on the safety and efficacy of dental amalgam are apparently unrelated to a fear of lawsuits.**

**Myth 9: The American Dental Association holds the patent for amalgam and receives a royalty for each amalgam restoration placed.**

An Internet search revealed that of 67 patents held by the American Dental Association Health Foundation, the nonprofit research arm of the American Dental Association, only two were for amalgam formulations (US 4,078,921 and US 4,018,600), The American Dental Association itself has never held a patent for any amalgam formulations. Both of these patents have expired, neither was ever licensed.

**Fact 9: Neither the ADA nor the ADA Health Foundation has ever received remuneration for any amalgam restoration ever placed.**

**Myth 10: Amalgam has been banned in Germany and Sweden and therefore should be banned in the United States.**

An Ad Hoc Working Group of experts from the countries of the European Union issued a report on dental amalgam in 1998. After an extensive review of the available literature, the group concluded that there is no scientific evidence of systemic health problems (other than rare cases of allergy) or toxic effects arising from dental amalgam, and the group did not recommend any special restrictions on its use. Sweden and Germany not only implemented these recommendations but also participated in their development.

**Fact 10: Dental amalgam has not been banned in any country in the European Union.**

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THE SUPPORT OUR SPONSORS CONTRIBUTES TO THE SUCCESS OF THE ANNUAL MEETING AND HELPS TO UNDERWRITE THE PROJECTS OF OUR SOCIETY THROUGHOUT THE YEAR. PLEASE LET OUR SPONSOR KNOW WE APPRECIATE THEIR CONTINUED SUPPORT.

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## Membership Continues to Grow

Membership numbered 499 in September of 2000. Current membership totals 531. The number of active members has been relatively stable.

Active Members .....	385
Faculty .....	17
Associate Members .....	29
Life Members .....	30
Retired .....	5
Honorary .....	1
Students .....	64
<b>Total .....</b>	<b>531</b>

• The **Workforce Committee** headed by Lisa Brennan continues to develop ideas that will support the faculties of our Pediatric Dental training programs.

• A draft **WIC Policy memorandum entitled "Categorical Nutrition Tailoring of Juice for Infants and Children"** that addresses nutrition tailoring of juice to WIC infants and children is currently under review and open for commentary. The American Academy of Pediatrics (AAP), in its May 2001 issue of Pediatrics, issued a policy statement on "The Use and Misuse of Fruit Juice in Pediatrics. Their policy statement in part recommends the following:

- Fruit juice consumption for infants over 6 months of age, and for children ages 1-6, be limited to 4 to 6 ounces per day.
- Juice should not be introduced into an infant's diet before 6 months of age, and
- It is prudent to give juice only to infants who can drink from a cup. WIC agencies are expected to delay the issuance of juice to all infants until they are 6 months of age. State agencies are also expected to tailor food packages for children ages 1-5, by reducing the allowance of juice from 9.6 ounces/day to 6 ounces/day. Further reductions are allowed, as appropriate, to reduce the allowance to 4 ounces/day, based on participant age and nutritional need.

• District VI members will be invited to attend our **Annual Meeting in Victoria, BC in 2003**. They will be invited to participate in the meeting planning, production, and the table clinics. Dr. Vincent Kokich has accepted an invitation to be one of the speakers.

• At the **September meeting of the CSPD Board**, Dr. Christensen reported that the Center for Disease Control (CDC) is working on regulatory language that will require bottled water companies to label the fluoride content of their product.

**Access to Care.** The committee has been monitoring the transition at the national level on the HCFA/HRSA changes on the administration key leadership positions. So far these organizations are waiting to have some direction in regard to the Oral Health Initiative. It is unclear if the new director would be receptive to continuing with "Oral Health" as a priority, as it was in the last administration.

The committee continues to work closely with the California State Medical & Denti-Cal Program to increase fees and update preventative procedures as part of their comprehensive package for children. CSPD contributes to the HCFA demonstration Program in Alameda County named "Innovative Management of Dental Decay for Young children Enrolled in the Medicaid 'SCHIP'. Healthy Kids/ Healthy Teeth Program (HK/HT)".

CSPD is very enthusiastic about the participation and advocacy of Dr. Santos Cortez on the proposed fee increase for the Health Families program.

• **Dr. Paul Reggiardo** was inducted into the Pierre Fauchard Academy Southern California Section at their recent induction ceremony. The Pierre Fauchard Academy has awarded \$350,548 in service program grants and scholarships in the year 2000. The five-year total of awards now amount to more than 1.5 million dollars.

• **The Dental Board of California** as of July had received 1,095 applications for an Oral Conscious Sedation permit and issued 438 certificates based upon:

Postdoctoral Specialty Training .....	270
General Practice Residency Training .....	29
Board-Approved 24-hour Course .....	125
Case Submission .....	14

## Accident claims former dental leader

Wynn M. Matsumura, DDS, of San Francisco, died Aug. 27 in Timber Cove while scuba diving alone for abalone.

Dr. Matsumura previously served on CDA's Council on Dental Health. He was also past president of the California Society of Dentistry for Children and recently served as the Northern California chairman of the Academy of Dentistry of International.

## Child Advocacy News

By Richard Udin

### PROPOSITION 10

The statewide Proposition 10 Committee will finally release the New Parent Kit after several months of discussion. As this report was prepared, a press conference announcing the release which was scheduled for September 25th has been postponed until some time in October, due to the events of September 11th. The kits will contain the revised brochures (including dental) which contain the new toll-free numbers (including CSPD's new number) and slightly revised videos. The revised Parent Guide will not be released until the initial supply is exhausted (The guides will still contain the 1-800 Dentist and AGD phone numbers).

### FEE INCREASE FOR HEALTHY FAMILIES PROGRAM

Thanks to the efforts of Santos Cortez, a fee increase for dental services is being finalized. The recommended fee changes should bring the new schedule to 70% of each practitioner's UCR, however there may just be an across the board increase of approximately 30% of current fees. This increase would be only for pediatric dentists. Details are still being worked out.

*The recommended fee changes should bring the new fee schedule to 70% of each practitioner's UCR.*

## Annual Meetings

2002

**DISNEY'S GRAND CALIFORNIAN HOTEL  
MARCH 21-24, 2002**

2003

**APRIL 3 - APRIL 6  
EMPRESS HOTEL VICTORIA,  
BRITISH COLUMBIA, CANADA**

2004

**SAM DIEGO**

Officers and members of the Board of Directors for CSPD meet quarterly. The membership of CSPD is encouraged to provide input to the leadership. Our next regularly scheduled meeting will be held in San Francisco. Board meetings are open to the membership, and you are welcome to attend. Address your written intention to attend to President, Dr. David Perry.

# BOARD BRIEFS

SEPTEMBER 29, 2001 \* SAN FRANCISCO AIRPORT MARRIOTT HOTEL



Dr. Lonnie  
Lovingier



Dr. Andy  
Soderstrom



Dr. Francisco  
Ramos-Gomez

The 110th meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by Dr. Dave Perry on Saturday, September 29, 2001 at 9:03 am

In attendance were Drs. Perry, Rowan, Udin, Mungo, Gross, Cortez, Pedersen, Dorostkar, Jackson, Azama, Brennan, Reggiardo, Rothman, Christensen, Soderstrom, and Lovingier. Lynne Marian (secretarial assistant) was also present. Absent Hansen, Stewart.

## AGENDA MODIFICATION

The Board agreed to hold a breakout session later in the day to discuss Mandatory Dental Exams. Dr. Perry invited the Board to participate in a wide-ranging discussion regarding this policy and to review issues that will have a long-term effect on the provision of oral care to the citizens of California. Bill Lewis from CDA will attend the meeting today to provide input during this breakout session.

## OFFICERS' REPORTS

### President - Dr. Perry

Dr Perry informed the board of a letter sent to the Honorable Liz Figueroa informing her of CSPD's opposition to Assembly Bill 564 in its present form. In a letter to Assemblywoman Wilma Chan concerning Quality Health Care, President Perry informed her about issues relating to the health status of students and their ability to succeed in the classroom. The letter provided testimony on how optimized oral health will prepare children to improve their performance in the classroom.

### President Elect - Dr. Mungo

Dr. Mungo clarified some items in the strategic plan and delineated the committees that are assigned to implement the strategies and objectives. He also reviewed the goals of the newly formed CSPD Foundation and challenged the Board to encourage the support of the general membership by pledging a \$1,000.00 donation.

### Vice President - Dr. Lovingier

Dr. Lovingier reported on his attendance at the AAPD Legislative Conference.

### Secretary - Dr. Cortez

Dr. Cortez requested that the Board consider restructuring the quarterly Board meeting due to a longer agenda and the potential restructuring of airline schedules.

The Board asked Drs. Cortez, Rothman, and Christensen to review this issue and report back to Board at their next meeting.

### Treasurer - Dr. Azama

Dr. Azama reported that the organization has received 4% of budgeted income to date, a normal range for the first quarter and that the organization has expended 22% of budget to date, also a normal range for the first quarter.

### Executive Director - Dr. Rowan

Dr. Rowan reported that CSPD has activated the 800 number this month. This number was obtained in response to the impending distribution of the new parent kit and parent guide distributed by Healthy Families.

The financial impact could amount to \$600.00 a month depending on the amount of calls generated by the distribution of the brochures

### Legislative & Governmental Affairs - Dr. Soderstrom

Dr. Soderstrom reported that the governor has not acted upon any of the bills that are awaiting his signature. Because of the current American crisis, the proposals will be pushed back a couple of years. His feeling was that more of the emphasis would be regulatory action due to the financial issues on the state and nation.

### CSPD Mega Issues Discussion - Mandatory Dental Examinations

Dr. Perry welcomed Bill Lewis who is currently in the Government Relations office at CDA and is an associate of Ms. Liz Snow. Starting in November, his new role will be the dental practice service manager under the division of the membership services and programs. Dr. Perry stated that the purpose for this mega issues discussion was to provide an opportunity to fulfill the strategic plan "a caries free population of children in California".

### Editorial - Dr. Hansen

In his packet, Dr. Hansen reported that Dr. Niethamer has been in contact with a web design firm, American Eagle who provided an estimate for the revision of our website. After some review, the Board decided to invite Dr. Niethamer to attend the next meeting of the Board to discuss possible modification of the CSPD website.

Dr. Perry informed the Board that Drs. Hansen and Stewart were in Sacramento along with other members of the Curriculum Committee presenting a course on the fundamentals of Pediatric Oral Health Care. Dr. Perry distributed the first CD-ROM created by this committee. The CD features a multimedia course by Dr. John Featherstone at UCSF entitled the "Science and Practice of Caries Prevention." This course is presented in collaboration with CDA, Delta Outreach, and AAPD. The faculty consists of four well-known AAPD members, Drs. Kevin Donly, Barbara Sheller, Steve Adair and Bill Waggoner. Forty-five general dentists will be attending that represent rural health centers throughout Northern California. Twenty-one hours of continuing education will be offered.

The course will be captured in digital video for integration at some future time into 20 sixty-minute multimedia CD's that provide basic instruction in Pediatric Dentistry.

### Credentials & Membership - Dr. Cortez

Dr. Cortez reported that of the current CSPD members, 64 hold student memberships and 1 member holds an honorary membership. The Board voted to review honorary membership status annually. It was reported that 102 CSPD members are not members of AAPD.

### Professional Activities - Dr. Udin

Dr. Udin reported that two \$1,000.00 research awards have been granted to UCLA and to UCSF.

### Annual Meeting Committee

Annual Meeting Site Selection in 2004 - Dr. Cortez  
The committee has recommended San Diego as the

Please see page 11

Board Briefs... Continued from pg. 10

site for the 2004 meeting

2003 Meeting in Victoria, BC, Canada - Dr. Azama reported that Dr. Vincent Kokich will be the principal speaker at the meeting. Members of District VI will be invited to attend.

**Membership Service Committee -  
Dr. Niethamer**

Sub-committee on New Pediatric Dentist - Dr. Jackson reported that the committee is currently working on the April seminar. She reported that attendance this year was of acceptable size, but that attendance was down from the previous year.

**Patient Safety - Dr. Rothman**

Dr. Rothman reported that The Patient Safety Data Form approved at the spring board meeting was accessible on the CSPD website. He reported that the web site has had approximately 60 hits on this form, but only two have been filled out and returned. The committee would also like to see continued discussions with AAMOS on partnering with them on continuing education courses.

Dr. Rothman reported that there are new guidelines for the use of sedation by non-anesthesiologists by the American Society of Anesthesiologists.

Respectfully Submitted,  
**Santos Cortez, Secretary**

Dental Fact Sheet... Continued from pg. 6

children and diabetics may be perceived to be at increased health risk from exposure to mercury from dental amalgams, the scientific evidence does not support that claim. Not surprisingly, the Consumers for Dental Choice and their supporters vociferously opposed the draft. Public discussion was heated, passionate and unruly, filled with threats, accusations and the promise of lawsuits. Media representatives witnessed a meeting at which the tension and intimidation reached a level where a squad of Oakland police officers was summoned to maintain public safety. Ultimately, the Board voted to again send the document back to the contractor for some purported technical considerations and will most likely revisit approval at their next regularly scheduled meeting in November.

Unified... Continued from pg. 6

- Suitable brochures for patient education will be available for ASDC members.
- ASDC will have a subsection of the AAPD website for ASDC member information.
- There will be an identified ASDC Member Headquarters staff person.
- An ASDC member Unification Advisory Committee of three persons will exist for five years and will report evaluations annually to the Board of Trustees of the new AAPD organization. This committee will consist of the ASDC Trustee and two ASDC Council members.
- ASDC Foundation funds will be identifiable in a separate internal sub-account of the unified foundation during the first 2 years.

See [www.asdckids.org](http://www.asdckids.org) for more details.

# Web Notes

RECENT POSTING ON THE CSPD WEBSITE  
[WWW.CSPD.ORG](http://WWW.CSPD.ORG)

## In "What's New" see:

Reprints from the Fall Bulletin

- President's Message Winter 2001
- Board Briefs, San Francisco, September 29, 2001
- News Briefs - Winter 2001
- Officers and Committees 2001-2002
- Sponsors 2001-2002
  - \*Letter to the Editor - Santos Cortez
  - \*Sedation Survey
  - \*ASDC/AAPD Unification



Distance Learning Resource Network

The site for the U.S. Department of Education's Star Schools program at [www.dlm.org](http://www.dlm.org)

Oral Body Piercing at [www.umanitoba.ca/outreach/wisdomtooth/](http://www.umanitoba.ca/outreach/wisdomtooth/)

Time for Kids.com

TIME's children's magazine for kids, parents, and teachers at [www.timeforkids.com](http://www.timeforkids.com)

Dental Resources

Educational sites, clinical information, office management, associations, mailing lists, and general information at [www.dental-resources.com](http://www.dental-resources.com)

Children's Dentist

Look for a referral and much more at [www.childrens-dentist.com/](http://www.childrens-dentist.com/)

The Dental Students Network at [www.studentdoctor.net/dental/index.html](http://www.studentdoctor.net/dental/index.html)

A Saudi Pediatric Dental Website at [http://saudidentists.8m.com/pediatric\\_dentistry.htm](http://saudidentists.8m.com/pediatric_dentistry.htm)

Dental Incident Report form at <http://www.cspd.org/incident.html>

Dental Bytes - Dentistry and the Internet; Sites of Substance... pick of the litter.  
[www.dentalbytes.com/internet.htm](http://www.dentalbytes.com/internet.htm)

National Center for Fluoridation Policy & Research  
<http://fluoride.oralhealth.org>

Antifluoridationists Claims Rebuffed by Arizona Daily Sun  
William E. Johnson, director of the NAU

Public Health Program and assistant director of the NAU Health Careers Opportunity Program, recently reviewed controversial articles cited by opponents as indicating health risks from fluoridation. Log on to:

[www.azdailysun.com/non\\_sec/nav\\_includes/story.cfm?storyID=27820&syr=2001](http://www.azdailysun.com/non_sec/nav_includes/story.cfm?storyID=27820&syr=2001)

The American Association of Dental Editors at [www.dentaeditors.org](http://www.dentaeditors.org)

Want to read specific content on patents? Go to [www.uspto.gov](http://www.uspto.gov)

## WEBSITE ACTIVITY FOR WWW.CSPD.ORG

From Wed-25-Jul-2001 to Mon-22-Oct-2001 (89.64 days).

(Figures in parentheses refer to the 7 days to 23-Oct-2001.)

Successful requests: 27,072 (2,097)

Average successful requests per day: 302 (299)

Successful requests for pages: 6,300 (469)

Average successful requests for pages per day: 70 (66)

Distinct files requested: 70 (49)

Distinct hosts served: 2,845 (326)

Data transferred: 146.340 Mbytes (11.783 Mbytes)

Average data transferred per day: 1.632 Mbytes (1.683 Mbytes)



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 Jonathan Lee

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 Student Liaison (So.) .... Joseph Jedrychowski  
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 (Anaheim) ..... (Lonnie Lovingier)

ANNUAL MEETING ..... (2003)  
 (Victoria) ..... (Ann Azama)

ANNUAL MEETING SITE SELECTION (2004)  
 (San Diego) ..... (Santos Cortez)  
 Ann Azama  
 Catherine Christensen  
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