

Bulletin



Spring 2002

www.CSPD.org

Vol. XXIX No. 4

President's Message



Dr. David Perry

Our Annual Meeting brings to a close my term of office, an experience that has been exhilarating. It brings some sadness to leave the office of President but I have been invigorated by my term and pledge my continued support of our programs and activities. I will cherish many good memories for many years in the future.

Any reflection of the preceding year suggests that our multifaceted programs require the ongoing attention of our officers and board if we are to be successful. As we begin a New Year, I am hopeful that our new leadership, led by incoming President Dick Mungo, will continue to work unceasingly to attain our lofty objectives.

I would be remiss if I did not acknowledge the large volume of substantive work turned out by many of our members. Their diligence in contributing to our organization should not be overlooked. Throughout the year our officers and the Board of Directors must define our vision and implement that vision with action. While

many of our objectives have been met, much remains for the ensuing year.

We must continue to pursue a course of action that will bring to fruition our vision for the future. While our stated objective of a caries free population seems quite distant, we continue that pursuit acknowledging that oral disease is universal in nature. No action assures the status quo...an unacceptable position for our progressive nature.

Over the past few years we have been very successful in monitoring legislation that directly impacts the delivery of care for children. Our varied committees have done an outstanding job in the implementation of our strategic plan. We have established our direction over the next few years and continue to modify and redirect our efforts to the benefit of our members and the young patient that we serve. Our record is outstanding considering the relatively small size of our membership.

Worth noting is our continuing attention to workforce issues. The CSPD Foundation Consensus conference preceding the Annual Meeting is a notable example of our ongoing effort to identify solutions to the national shortage of professional talent. The Foundation has engaged an excellent speaker to lead this program.

While the newly formed CSPD Foundation has enjoyed an excellent response from our members, the support of each and every one of you is an important consideration as the Foundation seeks additional funding from corporate interests. If you have not done so, please join and contribute to the Foundation now.

Our organization has been fortunate to have oral health for children come to the forefront as federal agencies have recognized the prevalence of oral disease among our youth. Fluoridation still sits on our "front burner" as we continue to seek answers to rampant dental caries in our very young children. While fluoridation in many parts of our country is commonplace, the State of California lags the rest of our nation. Ours is a task that seems unending, and yet we continue to use due diligence in finding solutions to these and other vexing problems.

The Annual Meeting promises to be outstanding. The venue is incomparable and our chairperson, Lonnie Lovingier has created a framework for excellence. The program is packed with outstanding clinicians and worthwhile recreational activities. Bring the whole family!

See you at our Annual Meeting...it will be one of the best.

In this issue

President's Message	1
27th Annual Meeting	1
Kopelman-Mouradian abstract ...	2
Legislative Report	3
CSPD Foundation	3
Monterey County Funds UCSF	3
Patient Safety Committee	4
Fluoridation News	4
Letter to the Editor	4
District VI Report	4
Annual Meeting Invitation	5
New Pediatric Forum	5
Table Clinicians Wanted	5
Anti-Amalgam	6
Child Advocacy Report	7
Professional Opps Registry	7
Sponsors	8
Advertisement	8
AAPD	8
News Briefs	9
Access to Care	9
Board Briefs	10
Web Notes	11
Research Proposals	11
Committees, Officers, Directors	12



This year's Annual Meeting is set for the Disney's Grand Californian Hotel in Anaheim, California. See "An Invitation..." on page 5..

Annual Meetings

March 21-24, 2002

Disney's Grand Californian Hotel

April 3 - April 6, 2003

Empress Hotel Victoria, British Columbia, Canada

2004

San Diego



Dr. Steve Chan who practices Pediatric Dentistry in Fremont was recently installed as President of the California Dental Association.

'Do Children Get Their Fair Share of Health and Dental Care?'

'Do Children Get Their Fair Share of Health and Dental Care?' by Loretta Kopelman and Wendy E. Mouradian, *The Journal of Medicine and Philosophy*, vol. 26, no. 2 (2001), pp. 127-136. Copyright © The Journal of Medicine and Philosophy, Inc. Reprinted by permission.

This excerpt is taken from one of five essays that began as a presentation given at a conference convened at the National Institutes of Health (NIH) on January 21, 2000, entitled "Allocation of Resources to Children: Ethics and Oral Health Seminar." The goal of the Conference was to consider the basis for claims about duties to or rights of children to receive basic health care including oral and dental health care, which for historical reasons are poorly integrated. The inspiration for these conferences was a conference two years earlier on the same topic organized by Wendy Mouradian, M.D. at Children's Hospital and Regional Medical Center and the University of Washington in Seattle.

In this issue of *The Journal of Medicine and Philosophy*, five authors consider assumptions and arguments about how to allocate health and dental care to children fairly. A growing number of children worldwide lack basic health care and many more have little or no dental care available to them. These authors argue that the failure to provide good dental care to children or integrate it into other aspects of health services profoundly affects children's well being, opportunities and self-image. Unfortunately, dental care is sometimes regarded as less important than other forms of health care. Yet dental needs lead the list of unmet health need among children in the United States and has both short and long term affects on health. Moreover, almost three times as many children lack dental insurance as lack medical insurance.

[The authors in this issue] apply general notions of duty or fairness to the issue of children's access to basic health and dental care. They examine what basis can be found for arguing that when a society can afford it, there is a duty to provide children with basic dental and health care. They discuss whether there is unfair age bias against children in allocation of health care, an unfortunate gap

between what we say and do about how to treat children, or widespread social assumptions or values impeding children's access to care. Some argue that a fundamental shift in social thinking needs to take place since both kinds of care are fundamental to people's life, opportunities and well being. . . .

Loretta M. Kopelman in her accompanying article, 'On duties to provide basic health and dental care to children' identifies several important values that establish duties to provide children with basic health and dental care when a society can afford such services. First, providing this care would be socially useful, since it not only increases people's satisfaction with their lives, but also helps avoid the harms of sickness and early death. It is cost-effective to provide for children's health and access to basic dental and health care since inexpensive preventive interventions can make a profound impact on health outcomes. It is also useful to have a healthy labor force and the most common health problems in children are often easily treatable illnesses, such as dental pathology (the leading unmet need), vision impairments, hearing loss, allergies, and asthma. Failure to provide preventive care and early treatment for some conditions can cause considerable functional impairment throughout life. Second, it would also promote autonomy and equality of opportunity to provide children basic health and dental care. Children who are sick or in pain cannot compete as equals among their peers, and often their illnesses are preventable or easily treatable. Poor children are most likely to get sick and stay sick longer, thereby adding to their social disadvantages as they try to learn or compete.

Third, there is a duty to provide this care based upon children's well being or best interest due to their vulnerability. Although parents have the primary responsibilities to promote children's best interest, the state recognizes duties to promote children's well being. The best-interests standard is a widely used ethical, legal, and social basis for policy and decision-making involving children and other incompetent persons. This standard is employed in different ways, argues Kopelman, but two of them are particularly relevant in discussing the duty to provide children basic health and dental care. The first is the use of the best-interest standard as a threshold for intervention and judgment when children are being neglected. Failing to provide adequate care when a society can afford it, is a form of neglect. Second, the best-interest standard can be regarded as an ideal to establish policies or prima facie duties. If we consider what is ideal for children, it is surely to provide basic health and dental care.

Fourth, she argues that providing them health and dental care fosters compassion, sympathy, empathy and solidarity. A necessary component to securing rights for children is making their needs visible in order to motivate and promote empathy and sympathy or those in need. Children have gained many welfare and liberty rights over the last century. Their advocates have to first demonstrate that many children were neglected, impoverished, abused, or exploited to motivate change for them. Advocacy for children's basic health and dental care should be viewed as a part of this trend.

Fifth, in addition to these arguments that are grounded in long-standing social values and commitments, Kopelman argues that any federal- or state-funded

Please see page 8

There is a duty to provide children with basic dental and health care.

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.



Published 4 times annually
Editor
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.

Legislative Report

By Paul Reggiardo

CSPD Liaison to the Dental Board of California

The following bills of interest to dentistry were passed by the state legislature and signed into law by the Governor last year. Each took effect on January 1st of this year.

SB 134 (Figueroa) dissolved the Dental Board of California (DBC) on December 31, authorizing the Governor to appoint members to a new Board on January 1. The law also requires all Registered Dental Assistants (RDA) to be certified in radiation safety and coronal polishing by January 1, 2005; reduces from 18 to 12 months the on-the-job training requirement for qualification to sit for the RDA examination; requires distribution of a "Dental Materials Fact Sheet" developed by the Board to all patients prior to the placement of a dental restoration; requires that an acknowledgement of receipt of the "Fact Sheet" signed by the patient (parent/guardian) be placed in the patient record; extends the provisions governing the Committee on Dental Auxiliaries (COMDA) to July 1, 2004; and extends the current provision of law that an applicant who fails to pass the dental licensure examination after four attempts may not be re-examined until successfully completing two years of additional education.

SB 26 (Figueroa) makes additions and modifications to the laws governing a number of boards and bureaus of the Department of Consumer Affairs, including the Dental Board of California. It (1) establishes that the "highest priority" of the DBC is the protection of the public and that where public protection is inconsistent with some other interest, public protection shall be paramount; (2) requires an independent analysis of the scope and practice of dental auxiliaries, a report of which is to be made to the legislature by 9/2/02; and (3) requires the Department of Consumer Affairs to appoint an independent Dental Board Enforcement Program Manager to "evaluate and improve" the dental disciplinary system in 2002.

AB 447 (Firebaugh) requires that of the eight "practicing dentists" appointed to the DBC, one shall be a full time dental school faculty member and one shall be a dentist practicing in a non-profit community clinic.

AB 564 (Lowenthal) changes the requirements for notifying the Dental Board of the death or removal to a medical facility for more than 24 hours of any patient as a result of dental treatment (unless such hospitalization is a planned event in conjunction with the treatment of a dental condition), and requires the DBC to report to the legislature by January 1, 2003 an account of such reports as received by the Board.

AB 1428 (Aanestad) authorizes and requires the DBC to establish a process for Licensure by Credential, under which dentists holding a valid license to practice in another state and meeting certain other requirements, would be allowed to practice in California without first passing the state licensure examination.

SB 724 (Committee on Business and Professions). This omnibus Senate bill, among its many provisions, (1) removes the authority to establish a licensure examination committee within the DBC and replaces it with a separate administrative body and examining panel, meeting certain specified criteria, appointed by the Board; (2) extends existing law to January 1, 2006 (which otherwise would have expired January 1 of this year) allowing a physician holding a permit from the Board to administer general anesthesia in a dental office.
Please see page 4

CSPD

Foundation News

By Richard Sobel

Through the support of our past presidents and many other members, our Foundation has successfully begun its inaugural Annual Giving Campaign. We hope you all will be able to join us as our goals directly impact pediatric dentistry, first in education and then in helping us provide dental care for the children of California.

As I mentioned in our last report, our primary program entitled, "Consensus Conference: California Pediatric Dental Teaching Crisis", will be presented this year just prior to the CSPD Annual Meeting in Anaheim. It is geared toward addressing the growing shortage in both full and part time faculty which is creating deficiencies in both graduate and undergraduate pediatric dentistry education. The program is designed to seek solutions to some of these problems and to encourage more practitioners to participate in the educational programs at our dental schools.

Our keynote speaker is Dr. Norman Tinanoff, who has extensive experience in many facets of pediatric dental education and who has been actively involved through the AAPD and legislative venues, in attempting to address these problems. The program will also feature a panel composed of the department chairs or program directors of each of the California schools:

- USC - Dr. Rick Udin
- UCLA - Dr. Don Duperon
- LLU - Dr. John Peterson
- UCSF - Dr. Ken Troutman
- UOP - Dr. Jeffrey Wood



Dr. Richard Sobel

Remember, this program is open to all CSPD members, it is free and 4 units of continuing education credit is provided. Be sure to save the date: Thursday, March 21, from 1 to 4 PM.

Currently the Foundation has received contributions totaling almost \$75,000 from over 110 members with another \$85,000 in multi-year pledges. The inaugural campaign is still in progress and it is not too late to join us in this important endeavor.

The Foundation shall host a Presidents' Circle Reception on Friday, March 22, at the Naples Ristorante in Downtown Disney to honor those members who have donated at the President's Circle level of giving. Thank you to the Colgate - Hoyt Corporation, Marsha Freeman and Associates and several pediatric dental practices throughout the state for underwriting this event. We would be honored to have your support and attendance at this very special, invitation only, evening.

If you have any questions regarding the Foundation, our goals and plans, or how you may participate, please contact me or Dr. David Good, our Foundation President.

Off Site Pediatric Dental Residency

Monterey County Funds UCSF

By Roger G. Sanger, DDS, MS.

Monterey County Children and Families Commission with tax revenues from Proposition 10 has funded an off site University of California San Francisco Medical Center Pediatric Dental Registry. The two-year residency will be a combined program of both the UCSF Postdoctoral Pediatric Dental Program and an new pediatric dental registry program of the Appolonia Foundation for Dental Health in Monterey County. The resi-

Please see page 5

Our Foundation has successfully opened its inaugural Annual Giving Campaign.

Patient Safety Committee Incident Report



Drs. David Rothman and Ann Azama.

A link to the Incident Report Form can be found on the home page of our website (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
CSPD Chair
Patient Safety Committee
2001 Union Street, Suite 550,
San Francisco, CA 94123

Fluoridation News

The City Council of Escondido recently passed a measure to begin citywide water fluoridation, overturning a controversial ordinance passed by the city's previous council.

At its June 6 meeting, the council voted to accept a grant from the Fluoridation 2010 Work Group to cover capital costs associated with installation of equipment.

Two years after a successful citywide vote to add fluoride to its water supply, Silicon Valley's town of Mountain View can boast the flow of fluoridated water through its taps.

Mountain View's 71,000 residents voted overwhelmingly in favor of fluoridation in the November 1998 election.

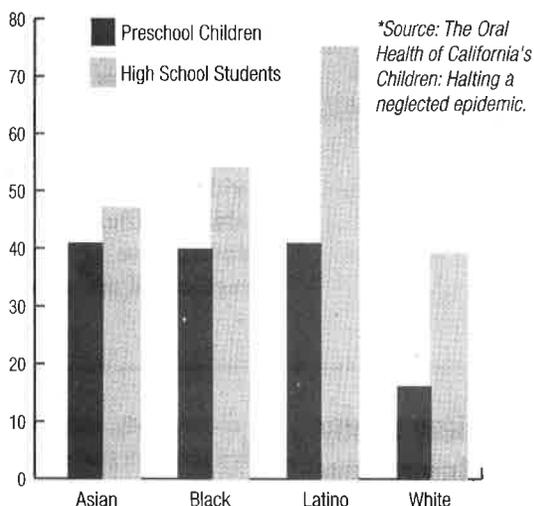
The Mammoth Lakes Water Board voted to fluoridate the town's water supplies as capital funding becomes available from the Sierra Health Foundation. The Board of Education recently voted to remove soda machines from the schools in their jurisdiction.

Only 30 percent of California residents enjoy the safe effective and low-cost benefits of fluoridation.

Only 30 percent of California residents enjoy the safe effective and low-cost benefits of fluoridation.

Fluoride can help halt epidemic of decay

A recent study showed the percentage of California children in need of dental care varied from 40% for black preschool children to as high as 75% for Latino high school students.*



Letter to the Editor

The CSPD Foundation is very pleased that each of the California Pediatric Dental Program Chairs has accepted our invitation to participate in the above referenced Consensus Conference: The California Pediatric Dental Teaching Crisis, with Norm Tinanoff as our keynote speaker. Through some of the input already received, we will be revising several of the proposed questions for each panelist in the near future. Each of the Program Chairs received a recent memo from Dave Perry, CSPD President entitled "Work force issues update" with an attachment submitted by the ADA Board of Trustees summarizing the 2001 summit meetings held on: The cost of Dental Education, Student Indebtedness, and Dental Faculty Shortages. This document is an outstanding summary of the National problem that exists, and serves as valuable background information for our upcoming conference. Thanks in advance to the Program Chairs for the listing of full time and part-time faculty at your respective teaching institutions.

The CSPD Foundation Trustees join me in looking forward to a meaningful conference.

Warren Brandli

District VI AAPD Trustee Report

Dr. Ray Stewart, AAPD Liason

Dr. Stewart reported on the Joint effort CSPD has with CDA and Delta Dental in developing curriculum and programs to enable the general dentist to treat pediatric patients. He reported that there were approximately 48 general dentists in attendance during the 3-day session in Sacramento last September.

The course will be broken into three phases and Dr. Stewart reported that the CSPD's help and input is needed in the 2nd and 3rd phases.

The second phase will be bench training. General dentists will undergo a day of reviewing operative techniques and restorative materials. Dr. Stewart expressed the need for five to six pediatric dentists to assist in this phase of the course. The course will be held at UOP in San Francisco. Dr. Rothman has agreed to supply materials for this section.

The third phase will be a supervised clinical experience with these same general dentists treating children in a clinical setting. Dr. Stewart requests the assistance of CSPD in identifying the individuals and training them for the clinical and the bench phases.

Legislative Report... Continued from pg. 3

... (2) removes existing provision allowing for issuance of the Oral Conscious Sedation Certificate by case submission, and (4) provides for a disabled inactive dental license category at a lesser fee than that charged for the active dental license.

SB 826 (Margett) extends to January 1, 2004 the authority of the Department of Consumer Affairs to assign seven additional sworn peace officers to the investigative unit of the DBC and requires an independent analysis of the Board's need for sworn peace officers.

AB 668 (Chan), originally proposed as legislation to make educational forgiveness grants to dentists practicing in designated health professional shortage areas, was amended to require only a feasibility study of establishing a loan forgiveness program.

27th Annual Meeting, March 21-24.

An Invitation...

On behalf of the CSPD Board of Directors, I would like to invite you to the New Anaheim Resort, your Imagination Destination! Disney's California Adventure expanded the Anaheim Convention Center, and is now dedicated the Anaheim Resort District. Bring your family and enjoy negotiated convention rates before and after the meeting.

Disney's California Adventure is a new theme park, hotel and entertainment district, adjacent to the original Disneyland Park. It is an all-new theme park offering exciting attractions, shows, and shopping and dining experiences in a variety of themed districts. It celebrates the richness, diversity and pioneering spirit of the Golden State. Our members and guests will experience everything from California's beach culture to soaring on hang gliders.

Additionally, our members and guests will enjoy a nostalgic boardwalk amusement area, Paradise Pier. Attractions include among other things, a looping roller coaster and a giant Ferris wheel. Also, Hollywood Pictures Backlot is a fun-filled area, which includes "Superstar Limo" and "Muppet Vision 3-D." The Mouse Factory is a Disney Animation experience. Our members and guests will enjoy an up-close and personal look at Disney's most treasured and admired art form, including a hands-on opportunity to make their own cartoon magic. Also, you cannot miss a striking rock formation, which towers over the spectacular "Grizzly River Run" attraction in the Sierra Nevada-themed wilderness area of the adventure park.

The Grand Californian, a 750-room luxury hotel is within this unique theme park. It is filled with breathtaking beauty and artistic warmth. Designed in the American Arts & Crafts tradition by architect Peter Dominick, designer of the popular Wilderness Lodge at The Walt Disney World Resort, Disney's Grand Californian features a rich selection of hand-crafted natural materials used in a manner rarely seen today.

Downtown Disney, a 300,000 square foot outdoor-themed retail and dining complex provides our members with exciting entertainment. Downtown Disney is a vibrant new dining, shopping and live entertainment district that stretches between Disneyland, Disney's California Adventure and the Disneyland Hotel. Downtown Disney features trend setting restaurants such as Patina Group, Y Arriba! Y Arriba!, Naples Ristorante e Pizzeria, Rainforest Café and La Brea Bakery; one-of-a-kind shops, including World of Disney and ESPN Zone; dance and music clubs such as House of Blues and Ralph Renan's Jazz Kitchen; and a multiplex AMC Theatre movie complex. The Mission Tortilla Factory will celebrate the traditional foods of Mexico, which have also been an integral part of the Golden State's cultural fabric. The world's largest maker of tortillas will offer a visual history of the tortilla as well as a tour of the working factory and kitchen.

Meeting Chair - Lonnie Lovingier

Monterey... Continued from pg. 3

dency will commence July 1, 2001 and last for 24 months. The off sites will be Children's Miracle Network Dental Center operated by Roger G. Sanger, DDS, MS, Ray E. Stewart, DMD, MS and Peter C.J. Chiang, DDS and their associates, and Children's Miracle Network Mobile Dental Center and Children's Oral Health Program, both operated by the Appolonia Foundation. Alonzo Gonzales J.D. is Executive Director and Dr. Stewart is the President of the foundation.

The resident selected by UCSF is Marge Domingo, DDS who is currently Dental Director at Clinic De Salud De Salinas Del Valle. In addition to the off sites listed previously, Dr. Domingo will also rotate through both UCSF Medical Center and Natividad Medical Center. Dr. Stewart will be the Monterey County off site program director. Dr. Stewart along with Dr. Sanger, Dr. Chiang and their associates hold faculty appointments at UCSF Medical Center.

New Pediatric Dentists Forum

Speakers from The Keller Group, a large CDA endorsed financial planning firm in Southern California, will be speaking on financial planning for the new Pediatric dentist. Topics such as the following:

- Paying off school debt
- Buying a house
- Financing a practice
- Starting your retirement plan

Therapists with experience in improving interpersonal relationships for the new Pediatric Dentist will be speaking on:

- How not to take home your career
- How to plan for your future and enjoy your career

These courses will be held Saturday March 23, 2002.

Roger G. Sanger, DDS, MS

Alison K. Jackson, DDS

Moderators

Please note that spouses are invited to come to this forum.

The education of pediatric dentists is a major problem facing our profession today.

Share your vision – Table Clinicians Wanted

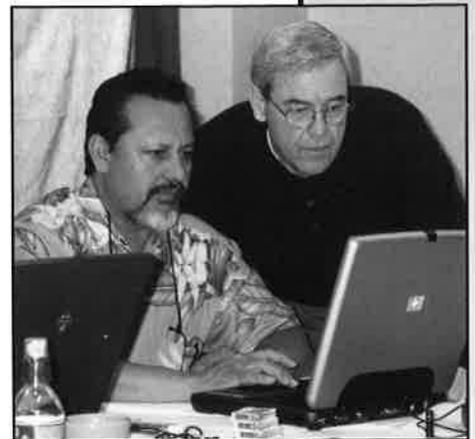
Our newly formed CSPD Foundation has identified education of pediatric dentists as a major problem facing our profession today.

A simple way to help is to share something you've learned through your professional knowledge and experience. Most of us agree the most valuable things we have learned have been from an associate.

Please set aside any anxiety you might have and share an idea with us.

An application form can be downloaded from the CSPD website.

Table clinics will be held Sunday, March 24, 2002 from 7 to 11am.



Drs. Santos Cortez and Lonnie Lovingier confer at the CSPD Board Meeting held in Los Angeles.

The Medical Mythology of Anti-Amalgam

Excerpted by permission from
Quintessence Int 2001;32:696-710

By Michael Wahl, DDS

Mercury-containing amalgam restorative material has come under attack for its alleged harmful effects on systemic health. A literature search revealed that amalgam restorations release small quantities of mercury but apparently not enough to cause systemic health problems. Mercury from dental amalgam restorations cannot be linked to kidney damage, Alzheimer's disease, multiple sclerosis, other central nervous system diseases, "amalgam disease," mental disorders, damage to the immune system, increases in antibiotic resistance, or harmful reproductive effects. Dentists occupationally exposed to mercury have not been shown to suffer harmful reproductive or other systemic health effects, provided proper mercury hygiene is used. There are legitimate health concerns about alternative restorative materials, including resin composite. According to the latest scientific information available, dental amalgam remains a safe and effective restorative material.

TEN MEDICAL MYTHS REGARDING AMALGAM

Myth 1: Amalgam restorations leak large amounts of mercury.

Mercury (Hg) is ubiquitous in the environment. It is in the air we breathe, the food we eat, and the water we drink. Dental amalgams contain about 43.0% to 50.5% mercury by weight before mixing, although they contain less after condensation. There is no doubt that amalgam restorations release mercury vapor. The question is how much vapor is released?

It has been estimated that a single amalgam restoration releases 0.03 ug of mercury a day. A patient would have to have 2,740 amalgam restorations to reach the threshold limit value of 82,20 ug of Hg per day considered to be dangerous for occupational exposure in the United States.

Fact 1: Amalgam restorations release small amounts of mercury, well below threshold levels considered dangerous for occupational exposure.

Myth 2: Mercury from dental amalgam causes kidney damage.

Dentists typically have higher urinary mercury concentrations than do other people with amalgam restorations. A 1991 study of dentists screened in the United States in 1985 and 1986 who had urinary mercury concentrations as high as 115 ug Hg/L found no renal dysfunction, as measured by serum and urine microglobulin concentrations, serum creatinine, and creatinine clearance.

Fact 2: The available scientific evidence does not support the myth that mercury from dental amalgam causes kidney damage.

Myth 3: Mercury from dental amalgam causes Alzheimer's disease, multiple sclerosis, and other diseases of the central nervous system.

Controlled human study has failed to confirm a link between dental amalgam restorations and Alzheimer's disease. A relatively homogenous group of Roman Catholic nuns was studied for their performance on a battery of neuropsychological tests, in-

cluding one from the Consortium to Establish a Registry for Alzheimer's Disease. Their scores on these tests could not be correlated with the presence or absence of amalgam restorations or the number or surface area of such restorations.

There was no association between the number of amalgam restorations and tumors of the central nervous system, and the authors concluded that there is no evidence that amalgam restorations are a cause of central nervous system tumors.

Fact 3: The available scientific evidence does not support the myth that mercury from dental amalgam is associated with Alzheimer's disease, multiple sclerosis, or other diseases of the central nervous system.

Myth 4: Mercury from dental amalgam causes a variety of symptoms of amalgam illness.

Anti-amalgamists often assert that a multitude of conditions, sometimes collectively called amalgam illness, are caused or worsened by the presence of amalgam restorations and that removal of the restorations and replacement with non-amalgam restorations leads to dramatic improvements in health.

In numerous well-controlled studies, researchers have been unable to document a scientific basis for amalgam illness.

Fact 4: The available scientific evidence does not support the myth that mercury from dental amalgam causes "amalgam illness."

Myth 5: Mercury from dental amalgam causes mental diseases.

Numerous controlled scientific studies have failed to show a correlation between amalgam restorations and mental illness.

Fact 5: The available scientific evidence does not support the myth that mercury from dental amalgam causes mental disease.

Myth 6: Mercury from amalgam damages the immune system.

Several controlled scientific studies have been unable to document damage to the immune system from amalgam restorations.

Fact 6: The available scientific evidence does not support the myth that mercury from dental amalgam damages the immune system.

Myth 7: Mercury from dental amalgam causes significant increases in antibiotic resistance in humans.

Mercury and multiple antibiotic resistance was studied in 1995 in 191 people in three groups: those with dental amalgam, those that had their amalgam restorations removed, and those with no known exposure to amalgam. There were no significant differences between the groups in mercury or antibiotic resistance in the intestinal gram-negative aerobic microflora.

Fact 7: The available scientific evidence does not support the myth that mercury from dental amalgam causes significant increase in antibiotic resistance in humans.

Myth 8: Mercury from dental amalgam causes harmful reproductive effects to patients, dentists, and dental assistants.

It is evident that biocompatibility must be considered to the same extent for both amalgams and commonly used or recommended alternative filling material.

Child Advocacy Committee Report

By Richard Udin

PROPOSITION 10

The New Parent Kit is finally being distributed to parents of newborns all across the state. It is also available to individuals on request by calling (800) KIDS-025 (English) or (800) 5-0-NINOS (Spanish). The brochures in the kit have been redone. "To Have A Healthy Baby" has a reasonable oral health section and DOES contain the new CDA and CSPD toll-free numbers. However, in the back of the brochure, there is a section "Where You Can Find Help" which lists the Denti-Cal number as (800) 336-8478, which is really 1-800-DENTIST. Bob Isman has made the CCFC people aware of the problem. All of the brochures in the kit can be viewed at the CCFC website.

ORAL HEALTH ACCESS COUNCIL

The Dental Health Foundation (DHF) has received limited funding to help facilitate the initial stage of an Oral Health Primary Care Initiative. To do this, they have created an Oral Health Access Council (OHAC) which is charged with developing a strategic action plan and recommendations for improving oral health access in California. The OHAC had an initial meeting last October, in which CSPD was represented by Julie Jenks.

The OHAC selected three major issues in which to focus its efforts: workforce issues, financing/funding issues and public awareness issues. The DHF is seeking to execute a memorandum of agreement (MOA) with CSPD to participate as an active member of this coalition (other members include the California Primary Care Association, its twelve affiliated regional associations, the California Association of Public Hospitals and its Safety Net Institute, various professional organizations, county, state and federal agencies and other organizational representatives and individuals).

AD HOC SEDATION REIMBURSEMENT COMMITTEE

The Committee met by conference call following analysis of the survey of CSPD members regarding the utilization of IV sedation services and oral sedation for children covered by Denti-Cal and Healthy Families programs.

Briefly, the survey indicated that approximately 58 percent of the respondents utilize a dental anesthesiologist and 12 percent use a medical anesthesiologist for private pay or commercially insured patients. For patients covered by Denti-Cal, the utilization of a dental or medical anesthesiologist drops to about 6-7 percent for each.

Sixty-five percent of the respondents perform oral conscious sedation in their offices for private pay and commercially insured patients. Significantly fewer respondents perform oral sedations on patients covered by Denti-Cal (25 %) or Healthy Families (14%), with over 50% reported doing less than 5 cases per month.

Finally, respondents were asked whether they would provide those services to patients covered by Denti-Cal and Healthy Families if the reimbursement was increased to the reasonable levels. Thirty-six percent indicated that they would provide services for patients covered by Denti-Cal (29% didn't know), and 33 percent would provide services for patients covered by Healthy Families (30% didn't know). This is an improvement over the current involvement of 13 percent providing IV services and 25 percent oral sedation services for Denti-Cal patients and 11 percent providing IV and 14 percent oral sedation

services for Healthy Families patients.

The committee agreed on the following plan:

1. Denti-Cal reimbursement for oral conscious sedation should be a priority. The bottom line is to improve access to care. By providing fair reimbursement to pediatric dentists and GPs (holders of the oral conscious sedation certificate) for providing oral sedation to patients covered by Denti-Cal, improved access may be achieved. Reimbursement would be on a unit of time basis to allow fair compensation for longer procedures.

2. Denti-Cal reimbursement for parenteral sedation/general anesthesia by a dental anesthesiologist or MD anesthesiologist who provides anesthesia services in the dental office. This provider of this service would not render the dental treatment. Reimbursement would be on a unit of time basis to allow for longer procedures.

3. The level of reimbursement by Denti-Cal must be fair. If the fee schedule is set at a minimal level, the effect would be to actually diminish access to care. Currently, because "oral sedation" and "IV conscious sedation" are not covered benefits, practitioners may charge the family for these services. If DHS makes these covered benefits but sets the reimbursement too low, utilization would decrease.

4. To significantly impact access to care, Denti-Cal must concomitantly improve reimbursement for restorative/extraction procedures. Providing reimbursement for sedation services without improvement of restorative fees would provide questionable benefit. In the three states that have significantly raised Medi-Caid fees, access has improved dramatically.

5. The new sedation fees will be tied to the new CD-10 codes which will be adopted by Denti-Cal shortly.

6. Members of the committee will investigate the current level of reimbursement for medical anesthesiologists in a hospital or licensed surgicenter as well as the reimbursement for ancillary/facilities costs.

7. The committee will meet at the annual CSPD meeting in Anaheim to finalize the plan and determine appropriate reimbursement levels from Denti-Cal for sedation services.

Sixty-five percent of the respondents perform oral conscious sedation in their offices for private pay and commercially insured patients.

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

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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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Rocklin, CA 95765 916/630-5520

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415/897-2440

California Oral Health Partnership Established

HRSA awarded a contract to California to look at the oral public health infrastructure in the state and to come up with a system that might be able to be adopted throughout the United States. In an effort to improve the oral health infrastructure of the state, a precise definition is necessary. That infrastructure consists of systems, people, relationships and the resources necessary to perform essential oral public health functions.

The California Society of Pediatric Dentists has been asked to represent the specialty of pediatric dentistry. The focus group will have a February meeting in Sacramento to define a general understanding of the project, and to develop the core constituents of a dental public health system.

Associate Wanted with intent to purchase:

CALIFORNIA—San Diego. North County San Diego ortho/pedo practice seeks associate with the desire toward partnership and purchase. Practice is located behind a 400-bed hospital, in free a standing office condominium that is available for purchase. Practice is geographically centered within five school districts. Present office staff of six, in 3,000 sq.ft. of office space. Four sound proof surgery rooms for general anesthetic or sedation; six open bay chairs for ortho or pedo recall. Surgery center and hospital privileges available. Call 858/ 488-5180.

Anti-Amalgam... Continued from pg. 6

Swedish investigators studied 8,157 infants born to dentists, dental assistants, or dental technicians and found no increased risk for spina bifida, perinatal survival, low birth weight, or malformations compared to all births. The only difference between the infants of dental workers and the infants of the rest of the population was that the infants of the dental workers actually had a lower perinatal death rate. In another investigation, these authors also found no greater risk of spontaneous abortions in dental workers and concluded that there is no increased reproductive risk in the dental occupations in Sweden.

Fact 8: The available scientific evidence does not support the myth that mercury from dental amalgam causes harmful reproductive effects.

Myth 9: Mercury from dental amalgam can be dangerous to dentists, therefore, it is hazardous to patients.

There are many examples of substances that are beneficial in small doses but can be harmful in large doses. In small doses chlorine's antibacterial effect makes water safe to drink, in higher doses chlorine can be deadly. The anticoagulant warfarin sodium (Coumadin) prevents stroke and thromboembolisms in patients with a variety of medical conditions but is used as rat poison in higher doses. In small doses, fluoride has a beneficial anti caries effect; in somewhat higher doses, it can cause fluorosis. In still higher doses, fluoride is poisonous.

Fact 9: Dentists and dental assistants have higher body
Please see page 9

The AAPD Pediatric Dental Workforce Makes Progress

1. AAPD obtained an additional \$2 million Title V11 Pediatric Dentistry Residency Training Grants in FY 2001 through the efforts of Congressional Liaison Heber Simmons, Jr. Fourteen pediatric dentistry programs have received these grants in the last two years to expand positions. There has been a 20 percent increase in first year pediatric dentistry training positions in the past five years.

2. AAPD provided technical assistance to pediatric dentistry program directors on Title VII and GME funding, to assist with expansion of programs. This included a HRSA Title VII technical assistance grants workshop at the 2001 AAPD Annual Session. C. Scott Litch of the headquarters office has coordinated these efforts.

3. AAPD obtained clarification that pediatric dental positions are not subject to a residency cap under regulations implementing new Children's Hospital Graduate Medical Education (GME) payment system, increasing incentives to expand pediatric dental residency training programs at such institutions.

4. A draft report of the HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry has recommended \$15 million for the general and pediatric dentistry Title VII program, even higher than AAPD's current \$9 million request. Very favorable text for pediatric dentistry was included in the report, thanks to the efforts of committee member James Crall.

Do Children...? Continued from pg. 2

health-care goods, services, or benefits for competent adults should also, as a matter of justice, be available to children. This would be socially useful in promoting general health and well being, fostering equality of opportunity, and acknowledging duties to act in children's best interests due to their vulnerability. It would also enlarge our vision of who needs attention and where systematic bias exists, thereby promoting sympathy, compassion, empathy and community solidarity. Our moral failure to help children around the world may be because their plight is too hidden from general view, or it may result because powerful forces sweep their just claims aside. In either case, building support for children may depend not only upon making their needs more visible but also making available to children programs available to many competent and even wealthy adults. . . .

It is remarkable that bioethics has become so ingrained into contemporary social-policy thinking that this group of governmental representatives, administrators, scholars, and academic physicians and dentists decided that the first conference should be philosophical. Consider that the first half of the twentieth century was marked by a tendency among philosophers to isolate themselves. They increasingly refined their discussions so that only a subset of philosophers working in the same area found the arguments accessible.

Given the nature of the conference, the authors were mindful of the impact of theory on social policy and practice. They clearly began from different, sometimes incompatible theoretical stances, yet often reached similar conclusions about the importance of providing basic health care including dental and oral care to children.

News Briefs

The AAPD Board of Trustees voted to accept the Bylaws of District VI of the Academy at their most recent meeting.

Several of our members staffed the CSPD booth during the AAPD Annual Meeting held in San Francisco on October 20-22, 2001. Volunteers included Drs. Gila Doroskar, David Morris, Ken Troutman, Johnathan Lee, Dave Rothman, Jeffrey Wood, and Renaldo Negron.

Dr. Richard Mungo was named as the only dental representative to the Healthy Families Advisory Panel that is composed of 16 members. He has also been named to serve on the California Dental Society of Anesthesiologists Board of Directors.

Dr. Julie Jenks was re-appointed for another term as the pediatric dentistry representative to the Children's Health Consultant Advisory Committee for LA Care.

Dr. Robert Ripley a 1990 graduate of the UCLA Pediatric Dental program was recently given a public service award by the California Children's Dental Disease Program. Last year Ripley orchestrated a "brush in" where 2,883 people gathered to brush their teeth for three minutes...quite possibly a new Guinness record.

The CSPD Board granted Life Membership to Drs. Leonard Schmitt and Paul Stewart.

The first meeting on the Healthy Families Advisory Panel was held in February of this year.

The CDA Foundation is currently accepting applications for its Healthy Californians Grant Program. The program provides financial grants of up to \$25,000 and grants of dental materials and supplies to nonprofit organizations and clinics that address access to care, prevention, education and intervention.

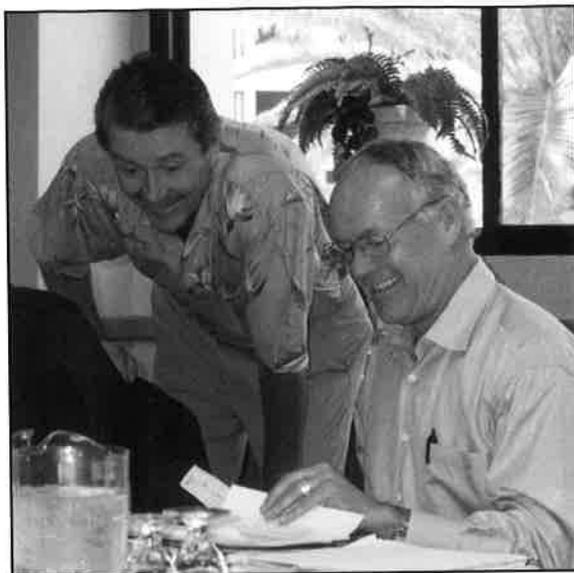
The American Academy of Pediatric Dentistry has received a 5-year, \$500,000 grant to engage the dental community to address adolescent health issues in a program called "Youthful Smiles."

The Pediatric Dental Association of USC will hold their 2nd annual reception on March 22nd in Grand Californian Hotel during the Annual Meeting in Anaheim. Students, residents, and their guests are invited to attend.

Online Fact Sheet on Oral Health and Learning

A free fact sheet that highlights the connection between oral health and learning is available for health care professionals, program administrators and policy makers. Developed and released by the National Maternal and Child Oral Health (NMCH) Resource Center, the publication, "Oral Health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn," provides data on lost school time and restricted activity days and information on programs for improving oral health of children.

This fact sheet, along with others addressing topics in oral health, is available in PDF format on the NMCH Web site at www.mchoralhealth.org/factsheet.html.



Drs. Jac Pedersen II and President David Perry in action.

Access to Care

Dr. Ramos-Gomez reported that HRSA, HCFA, & AAPD consultant group has focused upon funding for pediatric dental slots to increase or ensure the continuance of training programs. A grant has been awarded to fund this activity.

The HCFA demonstration project will be held in Oakland, California. The objective of the program is to increase reimbursement for MediCal providers. The project is still in its planning stages with specific priorities to be established in 30 to 60 days. Director Sissy Goldstein has been employed for this project and she will coordinate the activities of the group.

Reduction of oral health disparities is the objective of the University of California at San Francisco who was awarded a 7-year grant from the National Institutes of Health.

The committee believes that access to oral and general health care for migrant workers will be the future major focus of Governor Gray Davis.

Anti-Amalgam... Continued from pg. 8

levels of mercury than do those not in the dental profession, but dentists and dental assistants with good mercury hygiene have not exhibited systemic health or reproductive problems from working with amalgam.

Myth 10: There are no health concerns regarding the components of resin composite and glass-ionomer cements and other non-amalgam materials.

Most reviews have concluded that composite restorative materials are safe, but there is far more knowledge about dental amalgam than there is about resin composite and glass-ionomer restorative materials. After extensively reviewing the toxicity of non-amalgam materials, one researcher concluded that is not possible to rank dental filling materials in respect to their biocompatibility, and it is evident that biocompatibility must be considered to the same extent for both amalgams and commonly used or recommended alternative filling material.

Fact 10: Although they appear safe and effective, resin composites, glass-ionomer cements, and other non-amalgam materials do have components that generate health concerns and that warrant further study.

The objective of the program is to increase reimbursement for MediCal providers.

BOARD BRIEFS

JANUARY 12, 2002

The 111th meeting, of the Board of Directors of the California Society of Pediatric Dentists was called to order by Dr. Dave Perry on Saturday, January 12, 2002 at 9:03am. In attendance were: Drs. Perry, Lovingier, Mungo, Rowan, Hansen, Pederson, Stewart, Azama, Rothman, Luke, Jackson, Reggiardo, Cortez, Udin, Ramos-Gomez, Dorostkar, Brennan, Gross and Mrs. Marian (secretarial assistant)

OFFICERS' REPORTS

PRESIDENT - DR. PERRY

Drs. Perry, Mungo, and Rowan represented CSPD during the November 15-18, 2001 Sacramento meeting with other CSPD members in attendance. The delegation followed four important resolutions

Dr. Perry requested that specialty representatives be allowed to speak at the CDA House of Delegates. Dr. Rowan and Mungo lobbied for this resolution by going to each caucus to answer questions. The motion received support from half of the delegates but was defeated when it lacked a 2/3 majority.

A position paper on Early Childhood Caries sponsored by the Council on Community Health passed. Dr. Suzanne Berger and the Council on Community Health were responsible for drafting this document with the assistance of Dr. Ray Stewart.

Opposition to soft drinks and promotion of healthy beverage choices sponsored by CSPD passed. The purpose of the resolution was to raise awareness of the vending machines in schools that sold sodas. After some debate on the floor and some modifications the resolution passed.

The California Society of Periodontists sponsored legislation recognizing specialties as approved by the ADA Commission on Dental Accreditation. Once again the subject of specialty licensure was soundly defeated on the floor of the house.

The president also reported that the CDA Council of Communication would soon have 225 billboards promoting the ADA and children's oral health. CDA will make 5,000 different posters available soon which can be obtained through CDA and ADA.

PRESIDENT ELECT - DR. MUNGO

Dr. Mungo presented an overview of the strategic plan and the current update. The objectives include the promotion of services for high-risk pregnant woman, provide funding and resources so that children will receive care, maximize existing resources such as community clinics, and to address the external forces and influences that impact care

CSPD FOUNDATION REPORT

Dr. Mungo reported that as of December 31, 2001, there was \$71,375.00 in paid donations from 104 donors. Forty-seven of the donors are in the Presidents' Circle including 10 Life members with multi year com-

mitments. Total pledges amount to \$156,375.00.

He reported that the President's Circle Reception to be held on March 13, 2002 at the Annual Meeting will be an invitational event for contributors who gave \$1,000.00 or more.

TREASURER REPORT - DR. AZAMA

Dr. Azama reported on a previous discussion regarding the possibility of generating revenue other than increasing the member dues. The Board discussed the possibility of generating non-dues income to supplement the dues structure.

AD-HOC EDITOR TRANSITION COMMITTEE - DR. MUNGO

Dr. Mungo reviewed the charge to the committee, which was to initiate steps that will assure a smooth continuance of the high standards set forth by the current editor Dr. Roland Hansen. He stated that Dr. Hansen is not stepping down from the editorial position, but the committee was established to formalize a transitional process. There was discussion regarding the need to establish a similar process for a successor to the web master. For informational purposes only, Dr. Stewart mentioned that the Academy has allocated \$100,000 for technological upgrades to their website capabilities.

EXECUTIVE DIRECTOR - DR. ROWAN

Dr. Rowan reported that the 1-800 number that CSPD established in response to the Prop 10 New Parent Kit has not seen any activity to date.

IMMEDIATE PAST PRESIDENT - DR. LUKE

Dr. Luke reported that one of the AAPD's goals is to increase the number of diplomats across the board. He reported that The College of Diplomats has approached him, as well as Dr. Lum, to organize the effort to mentor those who are trying to get their board accreditation. At this time approximately 25% of AAPD members are board certified.

DISCRIT VI AAPD TRUSTEE REPORT

AAPD LIAISON - DR. STEWART

Dr. Stewart reported on the joint effort CSPD has with CDA and Delta Dental in developing curriculum and programs to enable the general dentist to treat pediatric patients. This effort helps provide access to care, especially in rural and remote areas in the state. He reported that there were approximately 48 general dentists in attendance during the 3-day session in Sacramento last September. The seminar was viewed as very successful and all 21 hours of lecture were video taped with the intention to make an educational CD-ROM. Some additional assistance was requested in presenting the bench portion and the supervised clinical instruction of the program. He reported that there is interest at the academy level to use this material in their efforts to develop curriculum and new continuing education with the AGD in the area of pediatric dentistry once completed.

AAPD District VI structure of governance - Dr. Stewart reported that District VI has submitted their request for recognition as a District to the Academy for formal recognition. After considerable discussion regarding proportional representation the Board directed Dr. Stewart to request that the AAPD Board of Trustees to



Dr. Bernard Gross



Dr. Francisco Ramos-Gomez



Dr. Paul Reggiardo

approve the District VI structure as presented.

**LEGISLATIVE AND GOVERNMENTAL
AFFAIRS - DR. SODERSTROM
CDA Liaison - Dr. Rothman**

Dr. Rothman reported that the SB19 - Escutia bill (Soda pop bill) was signed into law on October 14, 2001 with no funding from the governor. The governor will seek federal funding.

Dental Board of California - Dr. Reggiardo

Under SB 134, the law now requires dentists to distribute the Dental Materials Fact sheet developed by the board, to patients and get a receipt for it, which is placed in the patient chart. Dr. Reggiardo made available to the members, the fact sheet which he condensed to one page.

The board passed a resolution supporting the placement of composite filling materials under the Medi-Cal program.

COMDA

It was reported that SB 134 reduces the RDA on-the-job work experience requirement to take the RDA examination from 18 to 12 mos. It mandates that now all RDA's will have to pass examinations in radiation and coronal polishing for new applicants beginning in July 2002 and by January 2005 it will be a requirement for all RDA's in order to renew their licenses. COMDA has asked the Department of Consumer Affairs to seek a sponsor for legislation that would allow licensure by credential for RDH's.

MEMBERSHIP SERVICES

COMMITTEE - DR. NIETHAMER

Board Liaison - Dr. Jackson

Subcommittee on New Pediatric Dentist - Dr. Jackson reported that a new study group in northern California has been formed with approximately 35 dentists attending. She reported that they are expecting 30-40 pediatric dentists to attend the meeting in Anaheim and spouses will be invited.

Subcommittee on Work Force Issues - Dr. Brennan reported that her committee working together with the CSPD Foundation in planning the workforce seminar at the Annual Meeting.

Continuing Education - Dr. Fisher

Dr. Dorostkar reported that there were a total of 148 attendees at the recent auxiliaries course, approximately half from each north and south. She suggested that a survey be sent to CSPD members to ascertain future interest.

Respectfully Submitted,
Santos Cortez, Secretary

Call for CSPD Research Proposals

All CSPD members, particularly student and resident members, are invited to submit research proposals for funding from the CSPD. Proposals should be submitted by March 4, to be considered for funding for 2002-2003. Awards are given for 1 year and generally range from a total of \$500 to a total of \$2,000. The CSPD Research Committee will review applications and funding will begin May 1. Awardees will be expected to present their research findings at the subsequent CSPD meeting. Application forms are electronically available, and can be obtained from Dr. Pam DenBesten, e-mail pkdb@itsa.ucsf, phone, 415-502-6383.

Web Notes

RECENT POSTING ON THE CSPD WEBSITE

WWW.CSPD.ORG

In "What's New" see:

- Reprints from the Fall Bulletin
- President's Message Spring 2002
- Board Briefs, Los Angeles, January 12, 2002
- News Briefs - Spring 2002
- Officers and Committees 2001-2002
- Sponsors 2001-2002



National Foundation for Ectodermal Dysplasias at www.nfed.org

Dental Resources – Educational sites, clinical information, office management, associations, mailing lists, and general information at www.dental-resources.com

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

Medical Search Engine at www.ohsu.edu/clinweb and

Medical Matrix at www.medmatrix.org.

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

Oral Body Piercing at www.umanitoba.ca/outreach/wisdomtooth/

International Dental Volunteer Organizations: A Guide to Service and a Directory of Programs at www.theirc.org

Using the ADA's database of e-mail addresses, Association leaders on November 1, 2001, opened a "monthly dialogue" with the profession on recent ADA activities and critical issues affecting dentistry. In early 2002, the Association will launch an aggressive campaign to enlarge its bank of e-mail addresses - but there's no need to wait to get onboard. You can sign up now at www.ada.org/Formslogin.asp?members/pushsignup.asp.

Tips for Dental Information on the Internet – The most reliable sources of health information on the Internet are associated with universities or hospitals, government agencies, and professional organizations. The Health Information Technology Institute offers "Criteria for assessing the quality of healthcare information on the Internet" at www.hitiweb.mitretek.org/docs/policy.html

Center for Evidence-Based Dentistry at www.ihs.ox.ac.uk/cebd

The School of Health and Related Research at the University of Sheffield at www.shefac.uk/~scharr/ir/netting and the Health Information Research Unit at McMaster University, hiru.hirunet.mcmaster.ca.

Website Activity for www.cspd.org – Requests analyzed from Wed-25-Jul-2001 08:40 to Sat-26-Jan-2002 23:37 (185.62 days).

General Summary

(Figures in parentheses refer to the 7 days to 27-Jan-2002 00:01).

Successful requests: 60,490 (2,863)

Average successful requests per day: 325 (408)

Successful requests for pages: 14,386 (657)

Average successful requests for pages per day: 77 (93)

Distinct hosts served: 5,424 (410)

Data transferred: 338,001 Mbytes (17,600 Mbytes)

Average data transferred per day: 1.820 Mbytes (2.514 Mbytes)



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 Michael McCartney

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 Larry Luke
 Melvin Rowan (ex off.)

ANNUAL MEETING (2002)
 (Anaheim) (Lonnie Lovingier)
 ANNUAL MEETING (2003)
 (Victoria) (Ann Azama)

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

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