

Bulletin

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President's Message



Dr. Richard Mungo

Summer is upon us and even though the days are longer it seems there is still a paucity of time for all that must be accomplished. July and August bring thoughts of vacations or at least a small break from the everyday patient care, business obligations and organizational duties that fill our waking hours. But alas, a true break from the realities of life is never quite possible. Therefore, this message comes at a surrealistic moment upon a barge floating down a canal in the Burgandy region of central France. The scene that keeps playing over and over at every twist and turn along the tranquil waterway is a breathtaking collage of foliage, trees, sky, still waters and above all, color. The blending of such an array of beautiful elements most assuredly served as inspiration for the artists centuries past. Observing the beauty of these sights reminds one that the total picture is truly dependant upon its parts. Dissecting the view would be unfair to its innate beauty. But appreciating the contribution made by each facet of the scene helps us understand the importance of the individual parts in creating the whole. I believe we can look at our place within the total picture of pediatric dentistry in a similar fashion.

After attending the annual AAPD meeting in Denver, Colorado, it came upon me that we, the California Society of Pediatric Dentists, are an ever increasingly important element in what composes our national specialty organization. We were well represented on the national scene by our CSPD leadership and members. Dr. Paul Reggiardo is the president-elect of the APPD, Dr. Ned Savide is the Vice President of the AAPD, Dr. Ray Stewart is the District VI Trustee and Dr. David Good, a member of the American Board of Pediatric Dentistry and past president of the Academy, was also present to bring the voice of California to the national ear. Dr. Richard Sobel, Dr. Weyland Lum, Dr. Larry Luke, Dr. David Rothman, Dr. Wayne Grossman, Dr. Gila Dorostka, Dr. Johnathan Lee, and a host of others all participated in offering incisive input helping shape the landscape of pediatric dentistry today.

Another manifestation of our influence upon the national scene was found within the display of the new AAPD website. Our CSPD website served as a demonstration model for the rather innovative template system. Drs. Niethamer, Hansen and Lovinger were given the charge to revamp our current site. Their hard work has brought us to the forefront of technological dissemi-

nation of information within our specialty. Their committee weighed the advantages and disadvantages associated with linking our site within the nationwide system. The main advantage in this collaborative effort is that we will have the polished look and depth of a sophisticated site while we learn and grow in our knowledge of website design and management. Our statewide issues will be more visible on a national level and therefore become a driving influence upon the direction and priorities set by our academy. For example, the issue of the criminalization of dentists undergoing untoward events within the office is of huge local concern and needs to become a priority on a national level. Dr. Lovinger pointed out that by making information about our local state activities available on a nationwide basis there could be the potential of increased annual meeting attendance and continuing education course participation. This could well benefit us in increasing our non-dues revenue.

By being the first to embark upon this endeavor we have also demonstrated our leadership role and our commitment to being a part of the whole. As a single element within the picture that is the national exhibition of pediatric dentistry, we help give it completeness and purpose.

A new entity has arisen bringing further color and depth to the national collage of pediatric dentistry. The formal establishment of the Western Society of Pediatric Dentistry weaves another seam into the fabric of the national panorama in which we can be influential and make a difference. The society consists of representatives from 11 Western states: Arizona, California, Hawaii, Montana, Nevada, Oregon, Utah, Washington, Alaska, Idaho and Wyoming. The latter three do not have formal state units. This assemblage takes District VI of the Academy and empowers it on a much higher level. We are the last of the Districts to form in this manner. The WSPD will serve as a breeding ground for leadership. Its mission is to facilitate communications between the AAPD and the state units of District VI. Having a forum for discussion of local and regional issues gives a united voice in posting issues for national rumination.

Dr. Ray Stewart, our District VI Trustee, continues to serve us extremely well. He was very instrumental in organizing our district into its new structure. The WSPD will communicate through its board and committees. It will meet annually and provide candidates for AAPD councils, District VI Trustee and the ever-important representative for the AAPD nominations committee. The society will define its future form as it grows

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Burgundy Barge

Mandating School Enrollment Dental Examinations

In April, Assemblywoman Wilma Chan (D-Oakland) introduced legislation that would convene a working group of health and education experts to examine the state's current system of school entry health assessments and to make recommendations to the legislature as to how the state can better identify health barriers to student achievement. Aware that undiagnosed and untreated dental conditions can negatively impact a child's ability to concentrate and learn effectively, CSPD recently appointed a Special Committee on Mandated Dental Examinations to study the issue and make recommendations regarding possible legislation. The Bulletin contacted Special Committee Chair Dr. Santos Cortez to pose the following questions:

Bulletin: Does the proposed legislation by Assemblywoman Chan specifically address mandatory school entrance dental examinations?

Dr. Cortez: No. The bill simply requires we reassess how we can more effectively identify students who may need further attention before health problems impact early academic performance. This could involve hearing or vision screenings. CSPD believes it should include dental examinations.

Bulletin: Is there precedent in California law for such mandated school entrance health assessments?

Dr. Cortez: Existing California law requires that within 90 days of entering first grade, each child must provide a certificate to the public or private school where the child is enrolled documenting that within the prior 18 months the child received specified health screening and evaluation services. Requiring dental examinations would only broaden the provisions of current legislation.

Bulletin: Are there exceptions to the certificate requirement?

Dr. Cortez: The law allows parents or guardians to obtain exemption to the requirement by the signing of a waiver request.

Bulletin: How would parents or guardians comply with such a law?

Dr. Cortez: Existing state law requires every school district or private school providing kindergarten education to provide information on school entrance requirements needed for the first grade. Parents and guardians would be advised well in advance of first grade enrollment of the need to obtain a dental examination for their child. Examinations and completion of the certificate could be provided by the child's own dentist or by dentists in such settings as dental schools, community clinics and other public health facilities, mobile vans and school-based centers.

Bulletin: Isn't first grade a little late for the child's first dental examination if we are to intervene early and reduce the disease burden of children entering school?

Dr. Cortez: Of course we would recommend every child be seen with the eruption of the first tooth and certainly no later than 12 months of age. But where this is not being done, the necessity of a school-entrance certificate, and the ability to meet the certificate requirement by an examination up to 18 months previously, will serve as a strong incentive for early examinations, diagnosis and treatment.

Bulletin: Would California be pioneering this type of legislation?

Dr. Cortez: No. Pennsylvania has required a certificate of dental examination as a condition of school enrollment for over 50 years! Three states, Georgia, Rhode Island and the District of Columbia, have since adopted a similar mandate. The implementation and enforcement of the laws vary among these four states as well as within the states themselves. Three other states, Illinois, New Jersey and North Carolina, have legislation recommending or supporting oral health screenings before school enrollment. In New York, a bill is currently being considered in the state legislature.

Bulletin: There is an old saying, "Don't screen for what you can't treat." Do we have the workforce to remedy the oral conditions and dental disease that such examinations would surely uncover?

Dr. Cortez: Certainly pediatric dentists alone cannot meet this challenge, but with the help of the larger dental community and the involvement of more general practitioners in the treatment of young children, we can address California's oral health crisis. Equally important will be the role of the legislature in authorizing adequate funding and regulation to improve the state's Denti-Cal and Healthy Families programs.

Bulletin: That brings up another issue of service delivery. If such legislation were passed, what would it mean to the private practice community?

Dr. Cortez: It would surely create additional demand for diagnostic, preventive and restorative services, all to the child's benefit. There would be additional responsibility on offices for the completion of necessary enrollment forms. Dentists would inevitably form closer ties with neighboring schools, school districts and the communities in which they practice.

Bulletin: What has CSPD done thus far to promote mandatory school entrance dental examinations?

Dr. Cortez: In June of 2001, the Board of Directors passed a resolution supporting the concept in principle.

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Dr. Santos Cortez

CSPD recently appointed a Special Committee on Mandated Dental Examinations

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.

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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.

An Editorial

Multimedia Education

There is no doubt that a revolution in technology-enhanced educational practice is upon us. Institutions worldwide are leveraging new technologies in Internet audio and video to maximize the impact of professorial time, energy, creativity and intellect to reach students with a leveraged system that delivers greater impact. Whether it is in distance learning courses, the development of multimedia archives, live-broadcasts of special events such as guest speakers or symposia, or as a platform for student projects, streaming media is creating a new foundation for learning, and enabling teachers to reach and engage more students. Multimedia delivered over networks provides a variety of asset deliveries that makes it uniquely qualified for universal adoption. Distance education is valuable for the following reasons.

- * Extend the reach of lessons by allowing students to participate irrespective of their location and at the convenience of the student.

- * Reinforce the effectiveness of teaching by enriching classroom-based learning with real-world, interactive, multi-media experiences

- * Increase productivity by making advance preparation more effective and class-time better spent

- * Drive retention by making classroom content available online to students to reinforce a complex lesson or help prepare for examination.

- * Leverage professorial time by presenting lectures once, but having the ability to deliver the same material many times to different students.

- * Minimize the cost of travel and accommodation to attend courses.

- * Decrease the "out of office" time.

Our economy is quickly becoming uniquely knowledge based. In the "new" economy, a premium is placed on creating and sharing intellectual capital. The accelerated rate of technological change increases the complexity and velocity of those work environments.

New product and service introductions demand ongoing knowledge renewal because customers and other stakeholders are highly sophisticated and demand increasing amounts of information. The use of information technology has been touted to be the result of an overriding cultural imperative. Students desire a learning environment that is rich in emerging systems that make learning more fun and cost effective.

Several reasons for the rapid advance of corporate information delivered over high-speed networks can be enumerated.

- * Organizations are becoming global.

- * Competition has driven organizations to consolidate to form large globally distributed companies.

- * Organizations wanting to extend their reach internationally face the challenge of communicating and sharing intellectual capital with employees, partners and customers in different geographic locations and time zones.

- * Globally distributed organizations are faced with internal and external audiences with different cultural and language backgrounds.

Although corporate technology needs vary to some degree as compared to educational delivery systems, distance education technology is becoming a stellar performer for numerous educational institutions. Some

observers suggest that information technology is too complex and that sophisticated software is a necessary ingredient for success. However, rich media solutions from numerous software purveyors uniquely empower organizations to cost effectively increase the quality and quantity of communications and knowledge transfer across global audiences. -RWH

'03 Annual Meeting



Victoria, BC the site of the 2003 Annual Meeting

If you schedule six months ahead, don't forget to schedule yourself and dental team out of the office on April 3 - 6, 2003!

California Society of Pediatric Dentists
presents its

28TH ANNUAL MEETING & SCIENTIFIC SESSION

and hosts the 1st Meeting of the
Western Society of Pediatric Dentistry
The Fairmont Empress Hotel
Victoria, B.C., Canada
April 3 - 6, 2003

SCIENTIFIC SESSION:

Dr. Vincent Kokich

Orthodontic Finishing: Valuable Information for the Pediatric Dentist and Treating the "Damaged" Incisor
Management of Impacted Teeth: What Every Pediatric Dentist Should Know and Single-tooth Implants and the Pediatric Dental Patient

Dr. Barbara Sheller

What's Up In Pediatric Medicine 2003

DENTAL TEAM PROGRAM:

Dr. Barbara Sheller

Behavior FUNdamentals For the Dental Team

Butchart Gardens Tour, Whale Watching,
Olympic View Golf Club, Antique Row
Shopping Tour, High Tea at The Empress,
Willow Stream Spa, Discover
Victoria Walking Tour, West Coast Evening at
The Royal British Columbia Museum



Dr. Ann
Azama

*The Annual Meeting
features Dr. Vincent
Kokich and Dr.
Barbara Sheller*

Board of Trustees Meeting June 9, 2002

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS FOUNDATION

PRESIDENTS REPORT

Now that the Foundation's first year is coming to a close, I would like to reflect on what has been accomplished this past year. First I must congratulate the Past-Presidents of CSPD who envisioned the need for a Foundation and contributed monies to get the Foundation off the ground. They also set some reasons for the need for the Foundation. These initial reasons became the basis for our Mission Statement



*Dr. David Good,
Foundation
President*



*Dr. Mel Rowan,
Executive
Director of
the
Foundation.*

The Foundation created a logo and stationery that distinguishes the Foundation from CSPD or the AAPD Foundation. The parents of this unique design and color for the stationery are Mark Lisagor and Weyland Lum. They weren't satisfied till they got it right.

For an organization the size of CSPD to have developed a financial arm that has generated over \$100,000.00 in contributions in one year is beyond belief. One individual really directed and guided the Board of Trustees in the campaign to generate funds and that individual is Mark Lisagor. I really believe he missed his calling.

The Consensus Conference, held in conjunction with the CSPD Annual Meeting in Anaheim, was more successful than any of us could have envisioned. The attendance was greater than we expected and we received contributions from many that attended. The results of the Conference are going to be published in Pediatric Dentistry Today (the Newsletter of the AAPD). Weyland Lum collated the findings of the Conference and submitted an article for publication. It should appear in the July issue. The whole idea of the crisis in dental education as a subject for the consensus conference was the brainchild of

Warren Brandli. Warren solicited the help of Mike McCartney and the two of them developed and ran the Conference. We owe both of them our gratitude.

Any organization that begins from nothing has many obstacles set before it prior to it becoming a reality. This is especially true of non-profit organizations. The Foundation had to generate a Constitution and By-Laws that would rule how we act Incorporation papers had to be filed with the State of California so we could be a non-profit entity that would enable us to accept funds from contributors. A TIN had to be obtained from the IRS so the Foundation could file tax returns each year. The Foun-

Cortez Interview *from page 2*

This year, Drs. Marielena Murillo, David Perry, Oscar Rivera, Ray Stewart and I were appointed to a Special Committee to develop model legislation and to investigate viable avenues of opportunity to secure appropriate passage in the legislature. We have identified two state legislators willing to sponsor this type of bill and have approached CDA's Council on Legislation and Office of Government Affairs for support. There are issues concerning funding that must be addressed in any such legislation and we are looking at coalitions with other child advocacy and health care organizations. This will be a long process and I would invite comment from CSPD members on our efforts.

dation needed an address where communications could be sent. And finally, the Foundation needed a guiding light to make sure we didn't sway from our Mission. The individual that accomplished all of these tasks, and I might add, in a super timely manner is our Executive Director, Mel Rowan. The Foundation would be lost without him.

So now that we are so successful, what do we do now? The Trustees need to identify other needs in the State of California. Later on in this agenda there is a proposal to the Foundation for an interesting project. We must also revisit the idea of funding resident and practitioner research in Pediatric Dentistry. We certainly need more evidenced-based clinical studies so we may select the best materials and the best way to apply these materials in our practices. Most studies are done on permanent teeth and adults. I plan to select an Ad Hoc Committee to bring a report back to the Trustees when we get to item 7.b.ii. in this agenda.

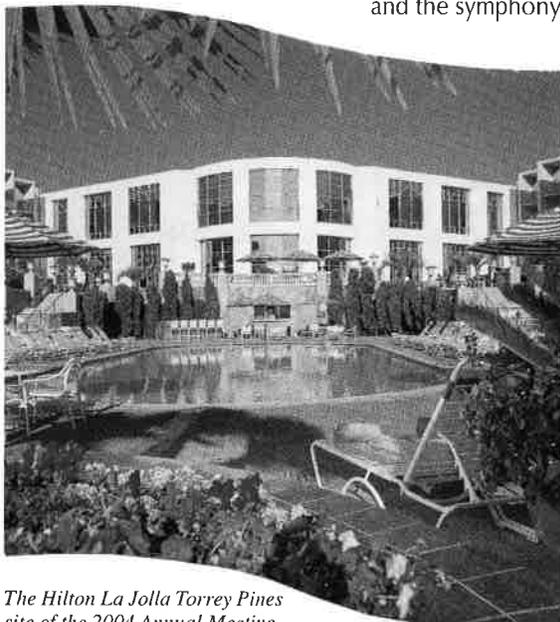
I have been most fortunate to have the privilege of serving as your President during this inaugural year. It has been challenging, time consuming and fun. I look forward this year to see what we can accomplish. Can we top last year? Sure we can. I just request your help and your ideas.

-David L. Good, President

Annual Meeting 2004

La Jolla Torrey Pines

Perched atop Southern California's spectacular coastline and overlooking the legendary Torrey Pines Golf Course, sits the renowned four-star, four-diamond Hilton La Jolla Torrey Pines. Located in the upscale resort town of La Jolla, San Diego's prestigious beach community and just minutes from Del Mar and downtown San Diego. Our guests enjoy an exclusive resort setting, near San Diego's world famous attractions, including the Zoo and Sea World as well as museums, live theatre and the symphony.



*The Hilton La Jolla Torrey Pines
site of the 2004 Annual Meeting.*

*The Consensus
Conference held in
Anaheim was an
outstanding success.*

Position Paper on Prevention of Early Childhood Caries

INTRODUCTION

The California Dental Association accepts the American Dental Association's definition of early childhood caries (ECC) as defined in Resolution 57 - adopted by the 2000 ADA House of Delegates as:

"...the presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries) or filled tooth surfaces in any primary tooth in a preschool-age child between birth and 71 months of age."

Furthermore, ECC is an infectious, easily transmittable and preventable disease. These facts invite early intervention and make possible a direct impact on the health of the public. Through innovative dental care and coordinated legislative, public policy, professional enhancement and public health instruction programs, the long-range consequences of ECC and their costs to the public can be averted or substantially reduced. The Surgeon General's Report on Oral Health encourages the dental profession to take a leadership role in the collaboration with other health care providers and community agencies to reduce the burden of oral disease in America.

PREVENTIVE INTERVENTION

Early assessment allows the timely delivery of educational information and preventive therapies to "at risk" populations in order to avoid the need for later surgical intervention. The primary caries causing bacteria, mutans streptococci, are transmitted from primary care giver to infant beginning with the eruption of the first tooth. It is imperative that high-risk individuals be identified at an early age, preferably prenatally, and that appropriate strategies be adopted. These strategies include anticipatory guidance and behavior modification (oral hygiene and feeding practices), prescription of antimicrobial mouth rinses for high risk caregivers, application of fluoride varnishes to non-cavitated white lesions, and restorative treatment of active disease in the form of untreated cavitated lesions. CDA recognizes that an effective strategy for addressing ECC has two parts: first to lower the numbers of cariogenic bacteria in the caregiver's mouth in order to delay inoculation of the child as long as possible and second, to arrest by early treatment the non-cavitated, decalcified lesions existing in the child's dentition.

RISK INDICATORS

Epidemiologically, ECC occurs in all racial and socioeconomic groups; however, it tends to be more prevalent in low-income children where it occurs in epidemic proportions. Known factors that serve as risk indicators for dental caries in children are:

1. Medically compromised children,
2. Children of high caries-risk caregivers (mother),
3. Children with demonstrable plaque, demineralization, and/or staining on teeth,
4. Children who sleep with a bottle, or at the breast,
5. Late order siblings of a mild to moderate caries-risk parent,
6. Children of low socioeconomic families.

RISK ASSESSMENT

In order to identify high-risk individuals at an early age, every child should have a risk assessment for ECC

between the third trimester of term and 6 months of age by a qualified healthcare professional. These assessments could be incorporated into "well baby" visits and prenatal counseling. Continuous assessment could be incorporated with childhood immunization visits. The physician (pediatrician) or a physician auxiliary (NP, PA, nurse) should be trained and capable of providing: 1) Risk Assessment, 2) Anticipatory Guidance/Prevention and 3) for every moderate and high-risk child, referral to a "Dental Home" in order to receive comprehensive interventional dental care.

In 1992, the American Academy of Pediatrics developed the concept of the Medical Home, which states, "A medical home is not a building, house, or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. Children and their families who have a medical home receive the care that they need from a pediatrician or physician whom they trust. Pediatricians and parents act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent

A DENTAL HOME MODEL SHOULD PROVIDE

1. An accurate risk assessment for dental diseases,
2. An individualized preventive dental health program based upon the risk assessment,
3. Anticipatory guidance about growth and develop-

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ECC is an infectious, easily transmittable, and preventable disease

CSPD Goes to Washington



During the AAPD Legislative Conference, CSPD members visited Senator Boxer's office on Capitol Hill in April. Pictured are Drs. Paul Reggiardo, Wayne Grossman and Weyland Lum.