

Bulletin

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www.CSPD.org

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President's Message



Dr. Richard Mungo

Time is such an elusive entity. It comes and goes, heals all wounds, flies, marches on, runs out and will tell. What can time not do? It cannot stand still. In my first president's message I mentioned that the position offered to me was a fleeting one, only to be borrowed for a short time. There was such enthusiasm, new goals, great expectations and serious concerns. The year unfolded and our enthusiasm

focused on our concerns, as the accomplishment of our goals exceeded our expectations. It is amazing to think that we are already looking forward to our Annual Scientific Session to renew our old acquaintances, address new issues and welcome our new leadership. Where did the time go?

This has been a year of growth and maturity in our efforts to be recognized as the voice for pediatric dentistry in the state of California. Legislative efforts and collaborative participation have all been at the forefront of our activities. Our strategic plan served as our guide to a year that addressed the seven goals established as our top organizational priorities.

I would like to share some of the highlights that define our year in review. The importance in relying upon the wisdom found within the strategic plan has been taken to new heights. Under the watchful eye of Dr. Lovingier, the president elect, a continual updating of our living document helped the Board of Directors keep focused on the mission and beliefs of CSPD.

Preparation for the upcoming CSPD Strategic Planning Leadership Conference in September 2003 has already been initiated. Innovative approaches will help make our new strategic plan an even better guide to our future.

In an attempt to develop a public awareness and social conscience to support a caries free population, CSPD enlisted the efforts of various members to reach out to the public with our pediatric oral health message.

Dr. Cathy Christensen participated in the Healthy School/Healthy People Conference in Sacramento. Our exhibit was well received by all attendees.

Dr. Cortez spearheaded the initial legislative grassroots effort to establish a mandatory pre-school dental examination for all children in California.

Dr. Perry, and others, petitioned for state funds that would be used to produce an updated needs assessment.

Dr. Neithamer presented a revised CSPD brochure that will better reflect our purpose and services to an interested public.

Dr. Neithamer, Dr. Hansen and the entire Editorial Committee dedicated themselves to updating and re-vamping our CSPD website. Working closely with AAPD, the newly established template has served as an example for other state units. In addition to the improved level of communication offered to our members and the public, the bonds formed between our Society and our National brethren were invaluable.

Dr. Perry serves on the Board of the Dental Health Foundation. Access to fluoridation is paramount to the existence of this agency.

Dr. Francisco Ramos-Gomez and Dr. Mungo participated in the Dental Health Foundation (DHF) request for proposal development for the usage of Prop 10 funds for pediatric oral health care.

Many CSPD members participated on California Children and Families State and Local Commissions, the California Oral Health Partnership group, the Healthy Families Program, and other leading collaboratives that capitalized on the newly found political awareness of the epidemic nature of oral disease.

Dr. Udin and the Child Advocacy Committee were charged with developing an informational packet to support the importance of dental services within children's hospitals and community clinics.

The CSPD Foundation has taken information gained at the CSPDF Consensus Conference on the Faculty Crisis and established an Internal Faculty Development Grant Program to assist all California pediatric dental departments. The CSPD Foundation has selected Dr. Jacob Lee, Dr. Thomas Barber and Dr. Martin Rayman to develop a course for general dentists to enhance their pediatric dental skills.

Dr. Roland Hansen and Dr. Ray Stewart have produced twenty-one hours of distance learning courses for general dentists that are ready for distribution via hard media.

The New Dentist Program continues to develop courses and seminars specifically for new graduates and practitioners.

Dr. Lisa Brennan completed the inclusivity survey and is tabulating the final results.

The national merger of the ASDC and CSPD has brought attention to the need for new categories of membership in CSPD. New categories would address the needs of the general dentist, other spe-

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Scenic British Columbia the site of our Annual Meeting.

The California Dental Access Project - An abstract

From The Center for the Health Professions at the University of California at San Francisco

Beth Mertz, Project Director

California and the nation now face oral disease that is of a crisis nature. The situation has developed over several decades and involves a complex set of problems, institutions, attitudes and financing arrangements. For millions across California, access to oral health care services is severely compromised. In part, this crisis is driven by the inability of the current arrangements for oral health to care for all of the needs of Californians. This results in unacceptable levels of oral disease, particularly in the most vulnerable populations: children, elders, the non-white racial and ethnic communities, and the economically disadvantaged. This places extreme pressure on limited public health resources, leaving them with little ability to respond much beyond meeting the acute care needs of these populations. The solution to these complex issues lies in a more effective use of private and public sector resources organized and deployed using evidenced based approaches to oral care and service.

The California Dental Access Project (CDAP) was developed to review and analyze the complex issues that must be considered and addressed to improve access to oral health services for underserved populations in California. Recommendations are framed as action steps to:

- * foster partnerships and collaborative efforts,
- * use resources more efficiently, and
- * institute evidence-based models.

With funding from the California HealthCare Foundation, the CDAP was conducted by the University of California, San Francisco (UCSF), Center for the Health Professions, with assistance from a 13 member advisory committee. This report provides an introduction to the oral health issues facing California framed by five basic principles.

1. There exists a shared responsibility for California's oral health
2. Oral health as an essential component of overall health
3. Access to dental care is essential for good oral health but not its sole determinant
4. There should be standards for all oral health services
5. There are standards for all health professionals

Lacking a comprehensive system of oral health care, California fails to protect the oral health of many of its residents, particularly the most vulnerable. To respond to this need will require integrated action from professional associations, educational systems, and government programs. The current arrangements for oral health care create many of the barriers to access. Key among these are the following realities:

1. Private practices are oriented to serve a population that is capable of paying for service, committed to the idea of preventive oral health and culturally similar with the population served.
2. The number of Californians without dental insurance is two to three times the number without medical insurance. Even those with public insurance are many times unable to access dental care due to the lack of providers participating in publicly funded programs.
3. Enrollment and utilization of eligible benefits is an ongoing problem, despite a variety of public programs

aimed at making dental care available.

4. Funding for many of these programs is categorical or not sustainable, making it difficult to provide continuous, quality care for the underserved

Education of the dental workforce not only provides the technical skills needed for quality care, but also shapes the way these professionals practice, where they locate, and what orientation they have towards treating the underserved. For example:

1. Dental education focuses on service delivery to individuals whereas most of the solutions for the underserved lie in population based strategies.
2. The racial and ethnic diversity of dental professionals is not consistent with that of the population, restricting access to care for millions of the state's culturally diverse residents.
3. Dentists graduating with high levels of debt are unlikely to work for safety net programs that typically pay less and treat more challenging patients.

The macro issues integral to improving the oral health of California's communities include; how the current system functions, (financing, workforce issues, services available, public health interactions), who is in need of care, and who should be the partners and leaders. This report addresses these issues and suggests a framework for action. The report finds that:

- Primary health care represents a major underutilized resources for the provision of dental services for underserved populations
- Oral health programs must compete with more pressing interests (prevention and treatment of life-threatening diseases) for funding.
- California's population consists of significant numbers of the disenfranchised: the poor, children, immigrants, elderly, non-white racial and ethnic communities.
- Significant financial, physical, attitudinal and process barriers to dental care exist. Programs that have successfully overcome these barriers are in part characterized by collaborative efforts between many differ-

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California and the nation now face an oral disease situation that is of a crisis nature.

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.

Getting to Victoria is half the fun ...

Victoria is located on the southeastern tip of Vancouver Island, allowing easy access from mainland Canada via Vancouver and from Continental USA. With a bit of planning, the journey to Victoria can be just as fun as it is to see the sights once you arrive. There are a variety of ways to get to Victoria.

By Sea

- * BC Ferries: via Vancouver; www.bcferries.bc.ca
- * Washington State Ferries; www.wsdot.wa.gov/ferries
- * The Victoria Clipper: via Seattle; duration 2 hours; www.victoriaclipper.com

By Air

- * Jets/Planes (Airport to Airport): Air Canada via Vancouver, duration 25 minutes, www.aircanada.com; Horizon Air, www.horizonair.com; Alaska Airlines, www.alaskaair.com
- * Jet Helicopter (Downtown to Downtown): Helijet Airways via Vancouver, duration 35 minutes, www.helijet.com
- * Float Planes (Downtown to Downtown): Harbour Air, via Vancouver, duration 25 minutes, www.harbour-air.com

By Land

- * Bus: Pacific Coach Lines, downtown to downtown or airport to airport via Vancouver; Gray Line of Seattle
- * Train: Via Rail operates a daily service between Victoria and Courtney (part way up Vancouver Island), www.viarail.com

Premium scenic routes:

- * BC Ferries among the "top ten most scenic voyages in the world".
- * Helijet Airways: breath-taking views of Victoria, Vancouver Island, Georgia Strait, Gulf Islands, San Juan Islands, Washington State, and city of Vancouver.

Best Websites for Victoria and Vancouver:

- * Tourism BC: www.hellobc.com
- * Tourism Vancouver: www.tourismvancouver.com
- * Tourism Victoria: www.tourismvictoria.com
- * Whistler and Blackcomb Resorts: www.whistler.com



Victoria meeting facilities are superb.

Dental Access from page 2

ent institutions. The integration of evidence-based care, interdisciplinary and collaborative strategies, consumer education and awareness, and provider accountability are approaches which show promise for increasing access and improving the quality of oral health care in California.

An extensive review of existing literature, a survey of over 100 "safety net" dental programs both in California and across the country and assessment by the advisory committee led to the following conclusions.

1. The epidemic of oral disease that is being reported in California is caused in large part by lack of preventive oral health care for underserved populations. Oral disease is further exacerbated, and many times goes untreated, because these populations cannot access dental care. There are few private practitioners who will treat underserved populations, and safety net programs are not capable of filling all the gaps.
2. Disparities in oral health status and significant barriers in access to dental care are problems faced all across the nation, but are particularly challenging for California policymakers for the following reasons.
 - growing and diverse population, including a high level of immigration into the state
 - significant urban/rural differences and competing priorities
 - income disparities
3. Scientific research has shown that poor oral health can contribute to other health problems, with long-lasting effects. Research has also shown us that dental caries (cavities), the most common childhood disease is almost entirely preventable. Fundamental shifts in the entire system are necessary to impact this epidemic.

To address these challenges the study recommends the following roadmap for action.

- * Responsibility for improving oral health care must be shared. No single agency, profession, or program can address the complex issues that compromise oral

health. Community and institutional partnerships will be necessary to improve oral health. There must be a unified direction and cohesive action across the institutions involved.

- * Leadership in oral health promotion is a crucial catalyst for facilitating change.
- * Targeted funding increases, both public and private, are necessary if any meaningful changes are to occur in the provision of preventive oral health services and oral health care.
- * Oral health care needs evidence based demonstration models in delivery settings.
- * Information technology can be used to revolutionize the processes of professional and community education, care delivery, and health monitoring and tracking, but awaits implementation.
- * Significant opportunities exist for expanding existing health and welfare resources. Integrating dental services into primary health care delivery is essential if services are to be made available for underserved populations.
- * Dental workforce shortages must be addressed with creative new solutions. Inter-professional disputes and turf wars over scope of practice must be replaced with collaborative efforts to address the oral health needs of California's residents.
- * Evaluation of efforts is key to providing future direction for new education models, care delivery models, and programmatic efforts.

Recommendations

There is no dearth of recommendations on how to fix the system; the problems seem to occur in implementing the suggested changes. Many of them require significant shifts in priorities and basic functioning of major institutions-no small task! After reviewing a decade of recommendations for reform, this report suggests two strategies for California. The following recommendations propose a major shift in how resources are allocated to oral health activities, giving high priority to low-cost preventive activities and safety-net programs

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BC Ferries are among the "top ten most scenic voyages in the world."

The Bulletin Interviews Drs. Christensen and Stewart on a Proposed CSPD Name Change



In April at the meeting of the General Assembly in Victoria, the membership of CSPD will have the opportunity to approve a change in the name of our organization to the California Society of Pediatric Dentistry. Since our founding over 25 years ago, we have operated proudly as the California Society of Pediatric Dentists. Why the recommendation now by the Board of Directors for adopting this modification? To answer this question, The Bulletin contacted Board member Cathy Christensen and AAPD District VI Trustee Ray Stewart to pose the following questions:

Bulletin: What are the reasons for proposing this alteration in the Society's identity?

Dr. Christensen: The mission of the California Society of Pediatric Dentists is to promote the oral health and general welfare of infants, children, adolescents and persons with disabilities in the State of California. The proposed change in name better reflects the society's mission as an advocacy organization rather than a membership services organization.

Dr. Stewart: As an advocacy organization, our visibility and influence with legislative and regulatory bodies, child health and welfare organizations, media outlets, and the public are all enhanced when our name reflects our mission.

Bulletin: How does the new name reflect our current relationship with the American Academy of Pediatric Dentistry?

Dr. Christensen: CSPD was formed in 1975 as an autonomous organization to represent the state's pediatric dentists. Later, CSPD became loosely affiliated with the American Academy as a still-independent "component" organization. Recent changes in AAPD governance and structure now place CSPD as the recognized state unit of our national organization and part of a tripartite structure involving the District VI Western Society of Pediatric Dentistry. The proposed change in name makes clearer these beneficial relationships.

Bulletin: Are we unique in favoring this nomenclature? **Dr. Stewart:** Not at all. The Academy recognizes 43 state units, of which 33 use the designation [State] Society of Pediatric Dentistry instead of [State] Society of Pediatric Dentists. Five of the six AAPD Districts have a formal organizational structure, all of which operate under Pediatric Dentistry designations. The two other national North American pediatric dental organizations, are, respectively, the Canadian and Mexican Academies of Pediatric Dentistry." The proposed name change places CSPD in the mainstream of national and international pediatric dental organization nomenclature and makes the identification of our society more likely in the public eye.

Dr. Christensen: To date, no AAPD state unit has initiated a name change after being granted state unit recognition. CSPD's conversion from a Society of Pediatric Dentists to a Society of Pediatric Dentistry will serve as a model for the remaining nine state units to institute the same change. One common identity at all state, dis-

trict and national levels will be advantageous to all respective organizations for the reasons just enumerated.

President's Message *from page 1*

cialists, graduate, and undergraduate students. Consideration is also being given to those allied dental health providers involved in pediatric oral health care.

Dr. Gila Dorostkar has been named to the AAPD Council on Membership.

Dr. David Rothman has developed a safety data form to gather information and statistics on safety issues in pediatric dentistry. The form is on our website. Dr. Rothman also sits in an advisory position on the California Dental Society of Anesthesiologist's board of directors.

Dr. Larry Luke and Dr. Weyland Lum are establishing a mentorship program.

Dr. Udin and the Ad Hoc Sedation Reimbursement Committee worked with the California Department of Health Services regarding non-provider anesthesia billing to assist Denti-Cal families.

Dr. Andrew Soderstrom represented CSPD during the state hearings on the Dickerson anti-amalgam bill. Dr. Soderstrom received the CDA Government Relations Award for 2002 in recognition of his expert testimony that helped defeat any forward progress on the proposed bill.

Dr. Paul Reggiardo represented CSPD within a myriad of state and national arenas. He made inroads and alliances that will benefit our children for many years to come. It is impossible to describe his positive influence upon the oral health care of the children of our state.

Dr. David Good continued to lead the CSPD Foundation Board to greater levels of success.

These are only a few of the highlights of the year. There are many more individuals that worked very hard. I would like to mention one last major event that was an amazing experience. In mid-January, of this year, I had the honor of attending the American Academy of Pediatric Dentistry Board of Director's meeting and Strategic Planning exercise. Dr. Melvin Rowan, our executive director of CSPD, served as the meeting facilitator. His leadership and knowledge made for an unforgettable experience. A high tech approach, using software developed by Dr. Lonnie Lovingier, our president elect, proved to mark a new era in the execution of planning sessions. Ms. Lynne Marian, our CSPD recording secretary, magically worked between two laptop computers and LCD projectors, providing instantaneous tabulation of the thoughts and suggestions emanating from the very kinetic audience. Over fourteen hours of very dedicated activity produced a strategic plan that will guide our Academy through the next few years. None of this could have taken place without the guidance and pre-meeting preparation provided by Dr. Paul Reggiardo, president elect of AAPD and Dental Board of California Liaison for CSPD. Other participants from CSPD and the Western Society of Pediatric Dentistry were Dr. Ray Stewart, District VI Trustee and Dr. John Liu,

The proposed change in name better reflects the society's mission as an advocacy organization.

Scientists Decipher Genome Sequence of *S. Mutans*

Scientists have deciphered the complete genome sequence of *Streptococcus mutans*, the main organism implicated in the etiology of tooth decay. The scientists have made each piece of sequencing data freely available online during the course of the four-year project. Supported by the National Institute of Dental and Craniofacial Research (NIDCR), the sequencing project was carried out by researchers at the University of Oklahoma. The paper describing their work is published online at the Proceedings of the National Academy of Sciences Web site (www.pnas.org).

This is an extremely powerful tool for the scientific community," said NIDCR's Director Dr. Lawrence Tabak. "It will allow researchers to systematically and comprehensively study the pathogen most implicated in tooth decay. It will enable us to identify genes involved in acid tolerance, biofilm formation and communication as well as other genes important in the functioning of *S. mutans*. Building on this basic research may one day lead us to new approaches for preventing and treating tooth decay."

"Until now, we've had only pieces of the puzzle," said Dr. Joseph Ferretti, the study's senior author, from the Department of Microbiology and Immunology, University of Oklahoma Health Sciences Center. "It's very satisfying to have the complete sequence. With the data available online, researchers around the world can access it from their offices. They'll be able to discover in weeks information that once took years to obtain," Dr. Ferretti said.

The sequence, which contains two million base pairs, will also be useful to scientists studying other microbes, the scientists say. "If we identify a certain function in *S. mutans*, we can look to see if it is related to bacteria that have similar properties," said Dr. Ajdic. "This can go a long way in adding to our knowledge of bacteria."

The sequence data for *S. mutans* is available at: <http://www.genome.ou.edu/smutans.html>, <http://www.oralgen.lanl.gov/>, and through GenBank (accession number AE014133).

Editorial Opportunity

The Ad-Hoc Editor Transition Committee of the California Society of Pediatric Dentists is seeking qualified applicants to assist the current editor with an intent to assume the position of Editor. Please send a letter of interest and your qualifications to the Chair of the Committee,

Dr. Richard Mungo
7891 Talbert Avenue, #103
Huntington Beach, CA 92648
or an email to: mungorpm@aol.com

President's Message *from page 4*

AAPD-at-Large Trustee. The incredible CSPD representation at the AAPD meeting clearly demonstrated our influence on the national scene.

I have just finished reading a book, *The Tipping Point*, by Malcolm Gladwell. His premise is that little things can make a big difference. In any organization or society there is a certain moment when "things take off, when they reach their critical mass." Natural pollinators of new ideas and trends create the next stage in development of an agency or an idea.

Our CSPD Board of Directors is proposing a name change for our society to "The California Society of Pediatric Dentistry." We are at that tipping point, that time in history when a little thing can make a big difference. Representing pediatric dentistry is what we are about. We represent the needs of the children and the practice of pediatric dentistry. Time has brought us to this tipping point. We have become the conscience of pediatric oral health care. There are many players, participants and stakeholders in this arena, but we are the leaders that must carry the torch. The results of this year's efforts were derived from intensive committee work. Individuals made things happen. This is our strength. History buffs might recall that Thomas Jefferson was a shy, weak-voiced man. He was not a strong presence and would hardly be noticed when he entered a room. He referred to himself as a "committee man." He lived in a three-mile an hour world, but his thoughts streaked across the sky.

Committeemen make things happen and as time goes on, they are recognized for their genius and raise themselves to higher roles in leadership. This is why I feel so positive about our organization. Our future leadership looks bright and oh, so promising. Issues of access to care must continue to be addressed. Integrating oral health care with medical health care must be encouraged to a greater extent. Incentives must be found to attract more faculty, more pediatric dentists and more pediatric allied dental health professionals. Diversity within our make-up is paramount. Dr. Burton Edelstein, writing on the future of dentistry, stated. "Clinicians have a patient perspective while policy makers and managers who deal with health care policies and programs have a population perspective." We need to understand these concepts in order to break down the barriers to progress. Dr. Lonnie Lovingier, Dr. Ann Azama, Dr. Santos Cortez, Dr. Marty Steigner and Dr. Richard Udin are ready and poised to take on the future. Our future is in good hands.

We lost a fellow professional colleague this year. Dr. Warren Brandli passed away. Warren was an outstanding pediatric dentist, a mentor and most of all a dear friend to many of us. He taught by example and lived by his word. We are obliged to carry on the work he began with the CSPD Foundation, and we are honored to carry on his legacy.

Thank you for allowing me to serve our Society. This year brought challenges and triumphs, but most of all, it brought us great satisfaction in working together and once again affirming that "it's all about the kids!"

Time has brought us to this tipping point. We are at a place where the unexpected becomes the expected, where radical change is more than a possibility. Time has come and gone, flown by and marched on. Only time will tell what the future will bring.

See you in Victoria

Our CSPD Board of Directors is proposing a name change for our society to "The California Society of Pediatric Dentistry."

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CSPD FOUNDATION INITIATES FACULTY GRANTS

As our Foundation year moves forward, projects continue to evolve. These are primarily focused on faculty development and student mentoring, the two subject areas highlighted by last year's Consensus Conference.



A Faculty Development Grant program has been initiated to help enhance the quality of the teaching experience for our educators and provide them with some resources to aid in identifying and mentoring dental students and pediatric dental residents who have the potential and interest to consider careers in academics.

The development of the faculty member as a role model and mentor will help stimulate those special relationships which are successful in encouraging students to pursue academics as a part of their career models.

Grant proposals have been requested and are being evaluated. We anticipate awarding our first grants at the upcoming CSPD Annual Meeting in Victoria.

In addition, we recognize the importance of student pediatric dental study groups. These allow interested students to be further stimulated and educated in areas of pediatric dentistry, but they also enable students to have a closer interaction with our best and most dedicated faculty members thereby further promoting the consideration of teaching as a career goal. We are

happy to announce that we are initiating small grants to support, promote and enhance these programs at each of our dental schools.

Our Faculty Development Educational program committee is now surveying our department chairs as well as our membership. This will help us shape the specific direction and structure to be taken by these educational efforts for current and potential faculty members. Please give special attention to this survey as it will allow us to define our upcoming projects in this area.

As our 2002-2003 annual campaign moves ahead I wish to thank the rapid and generous support already received from CSPD members. It is important to the success of our young Foundation to both build our corpus to be more effective in our programs and also have a high percentage of membership support as we seek corporate contributions. We look forward to participation from all pediatric dentists in California to help continue our projects and fulfill our goals.

We are actively interested in your involvement with our Foundation. Please feel free to contact me to provide input into our programs and strategic plan.

David Good, President



Dr. David Good

Annual Giving Campaign 2002-2003

All contributors receive the following benefits:

Recognition in the CSPD Foundation's Annual List of Contributors published in special inserts in the CSPD Bulletin and the Annual Meeting program; Badges showing membership level to be worn during the CSPD Annual Meeting

MEMBERSHIP OPPORTUNITIES

Presidents' Circle

Presidents' Circle donors receive the following additional benefits:

Special designation in Annual List of Contributors, in CSPD Bulletin, at Annual Meeting
Personal Annual Briefing by Foundation Trustees

- Gold \$1,000 or more
- Platinum \$2,500 or more
- Sustaining Life \$10,000 may be payable in up to 10 annual installments of \$1,000 each
- Life \$10,000 may be payable in up to 5 annual installments of \$2,000 each
- Presidents' Circle Life \$25,000 may be payable in up to 5 annual installments of \$5,000 each

Circle of Friends

- Member \$100
- Contributing \$250
- Sustaining \$500

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

Amount Enclosed: \$ _____

News Briefs

Dr. Andrew Soderstrom received the California Dental Association's Government Relations Award 2002 for "Outstanding Individual Legislative Effort on Anti-Amalgam Legislation."

Pediatric Dentist Dr. Steve Chan who practices in Fremont has completed his term of office as President of the California Dental Association. He is succeeded by Dr. Dennis Kalebjian of San Diego.

Orange County Activities of the CCFC Prop 10 A dental/medical clinic is planned in Garden Grove. Construction is to start May-June, 2003 with doors opening December 2003. Dr. Okawachi, Dr. Kunihiro, Dr. Mungo, Dr. Renzi, Dr. Brostoff and Dr. Reggiardo are reviewing the clinic plans. They currently have \$2 M budgeted for start up, \$1 M a year for 10 years, and \$5 M in their operational budget. Children's Hospital of Orange County (CHOC) currently owns the property.

Dr. Jac Pedersen reports that on March 1, 2003 a grand opening ceremony for the Talosa Dental Clinic will be held in San Luis Obispo. This clinic has been made possible through a unique partnership between county and state public health, and the private sector through the "Partnership for Children." This is a non-profit, low income, sliding fee schedule dental clinic specifically designed for children. It will be a freestanding facility not associated with county public health, although public health has provided a 2200 square foot facility that is adjacent to a medical clinic. The proposed clinic has been fully funded for the first year. Funding was provided by the Robert Wood Johnston Foundation who has given \$500,000 over a 4 year time period, and by the California Endowment Fund (\$495,000), the Federal Government (\$139,000), and Prop 10 (\$30,000). Funding was also received from Wells Fargo, Bank of America and Partnership for Children who each donated approximately \$15,000.

Lisa Brennan is serving as Chairperson for the Keila Study Group. This Japanese flower arranging group is celebrating their fifth anniversary with master instructor Ryu Ishikawa from the Sogetsu School of Ikebana in Tokyo. Lisa received a congratulatory plaque from Elaine Pferman, field person for councilman Hal Bernson. She says that "flower arranging takes your mind into the creative world letting you appreciate a new natural beauty."

The CSPD Bulletin can now be accessed over the Internet at www.cspd.org/membersonly. The advantages of an electronic Bulletin are: all pages are in color, posting prior to mail delivery, wider distribution at a lower cost, convenience, and online archiving.

An application to present a Table Clinic at the Annual Meeting can be accessed on our website at www.cspd.org/news

The California Oral Health Collaborative (COHC) held a meeting on February 7th at CDA headquarters in Sacramento to formulate their response to the First 5 California Children and Families Commission (CCFC) Oral Health Initiative funded by Prop 10. An overview of the project was delivered by Jon Roth, Executive Director, CDA Foundation, and by Reed Snow, DDS, Denti-Cal Outreach Program. Reprints of the CCFC Oral Health Initiative white paper are available on request.

The number of children under one year of age in California by race and ethnicity.

Latino - 234,409
White - 150,907
Asian - 40,871
Native Hawaiian and other Pacific Islander - 1,436
African American - 29,588
American Indian and Alaska Native - 2,116
Other - 1341
Multiple Races - 22,465
Total 483,143

The one year of age totals are about the same as under one year and in combination represent approximately one million children in California who are one-year old or less.

The total number of children in California who are less than 5 years of age totals 2,486,981.

Welcome New Members

Dr. Ilhyun Kim
23332 Hawthorne Blvd., Suite 102
Torrance, CA 90505

Dr. Linda Lott
1411 Montecito Drive
Los Angeles, CA 90031

Call for Table Clinics

All CSPD and District VI members, as well as pre and postdoctoral students are invited to submit an application to display a table clinic at our upcoming meeting in Victoria, British Columbia. You can submit your proposal electronically via the CSPD website, by clicking the "Call for Table Clinics" link under the "Latest News" section. You will need a title, a brief description and table setup requests.

Please feel free to contact Dr. Jeffrey Wood at jwood@uop.edu with any questions.

Space is limited, so early application is requested and electronic submission is preferred.

Report of the Nominating Committee

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Dr. Jac Pedersen



Dr. Lisa Brennan

The total number of children in California who are less than 5 years of age totals 2,486,981.

District VI Trustee Report

by Ray Stewart, District Trustee

The first annual District VI/Western Society of Pediatric Dentistry meeting will be held in conjunction with the 28th Annual CSPD meeting in Victoria BC, April 3-6, 2003. This meeting has been widely publicized using push E-mail through the AAPD web sight, the District VI Newsletter and through communication with all of the State Unit presidents. Executive Director Mel Rowan reports that inquiries and requests for registration materials from non-CSPD member's numbers is close to one hundred. I would encourage the CSPD Board to continue to have a dialogue with the Western Society Board concerning the desirability and feasibility of continuing to combine the two organizations annual meetings and to discuss the economics and logistics of such a combined effort.

Dr. Richard Mungo of Huntington Beach California has been elected to succeed me and become the next District VI Trustee to the American Academy of Pediatric Dentistry. His three-year term will begin in May 2003. Judging by the outstanding job Dick has done during his term as president of CSPD, we can expect great things from him as our new Trustee. Dick has also served as the president of the Western Society of Pediatric Dentistry during this past year. His election to the Trustee position will necessitate the election of a replacement for the Western Society President position.

A notice has recently been sent to the State Unit presidents in District VI soliciting the name of any members in their state who would be interested in being considered as candidates to serve on AAPD Councils. These names will be submitted to President-elect Paul

Reggiardo for consideration. Any CSPD members who are interested in serving should let that be known through the CSPD president or other Board member. I would suggest that a notice be placed in every issue of the Bulletin advertising the fact that Council membership is the best way to become actively involved and engaged in Academy affairs. CSPD members should be encouraged to pursue AAPD Council appointments.

The recent AAPD/ASDC merger has been finalized. As such, a membership category has been established which will allow general dentists who are interested pediatric dentistry to join AAPD as Affiliate Members. I would encourage the CSPD Board to consider adding a similar membership category thereby enabling general dentists to become members of our State organization and to participate in CSPD educational and advocacy activities.

Dental Access *from page 3*

to address existing disease levels. The general strategy entails:

1. Expand activities, both preventive and treatment oriented, using the best available evidence
2. Move the focus upstream to prevention-oriented activities
3. Evaluate outcomes of different strategies to direct future efforts. Include cost benefit analysis and monitoring of health status to judge long-term trends.

To download the entire document see:

<http://www.futurehealth.ucsf.edu/dentalaccess2.html>

*The recent AAPD/
ASDC merger has
been finalized.*

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A Challenge to Leadership



Dr. Ray Stewart

On the occasion of my final CSPD Board meeting, I would like to reflect for a moment on the enormous gratitude I feel for having been afforded the opportunity and honor of serving CSPD for the past 15 years. Since coming on the Board in 1988, it has been my great pleasure to work with the finest and most dedicated group of people I have ever known. Many of these colleagues have come to be counted as my closest and most treasured friends. These fifteen years have seen CSPD evolve from a "member oriented club" into an institution that serves as the respected voice on all issues relating to children's oral health in the state of California. This hard earned respect has been the result of the tireless work and selfless dedication of a relatively small number of men and women who have served as officers, Board members and Council or committee members within CSPD. Herein lies the source of the only negative feelings that I harbor over my years of service to this organization. The stark reality is that the vast majority of our membership has abrogated their responsibilities in defining policy, overseeing regulation and legislation, and advocating the health and welfare of all children in our society to "someone else who has the time or the interest." This apathetic behavior is at once shameful and inexcusable and may be the ultimate threat to the respect and trust that society currently bestows upon us as pediatric dentists. If CSPD is to retain this trust and maintain its strength and vitality we simply must demand, or otherwise enlist, the active participation of each and every member of this organization. To sit idly by and to suggest that the current access to care crisis for children in this state and across the nation is "a problem for someone else" is simply unacceptable. It is my considered opinion that the manner in which we deal with this complacency and how we will accomplish

broader and more active participation by greater numbers of our members is the greatest challenge facing our leadership in the coming decade. To fail in this quest will result in alternatives that will not be at all attractive or palatable. If we are unable to find a solution...one will surely be found for us and we will not be pleased with the outcome. The consequences of political and societal demands for a resolution to the access problem are already taking shape.

Case in point: The State of California has passed legislation that will allow non-licensed foreign dentists to obtain visas to provide comprehensive dental services in underserved areas within Community Health Centers for up to three years.

Case in point: The American Academy of Pediatrics has balked at the idea of endorsing the concept of including the "one year dental exam" in their periodicity schedule due to the lack of adequate numbers of pediatric dentists who will provide these services, particularly in the Medicaid/SCHIP populations. However, they have endorsed the concept of Pediatricians and ancillary health care personnel, hygienists included, doing oral health risk assessments and initiating intervention strategies where the services of a dentist are not "readily available." These examples are but the tip of the iceberg. As Officers and Board members, I implore you, address the problem while you still have some control of the situation. I urge you to immediately develop a strategy, which will clearly and simply impart the urgent nature of this crisis and the certainty of negative consequences for our members should they choose to ignore it. Issue a challenge, or perhaps more appropriately, a mandate, that as a condition of maintaining status as "member in good standing" there will, henceforth, be a requirement to provide a minimum

Please see page 11

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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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Child Advocacy

by Richard D. Udin, Committee Chair



Dr. Rick Udin

Despite the bad economic times we're facing in the State, there are some bright spots that have the potential to help improve access to care for low-income children. During the last quarter of 2002, LA Care developed an Oral Health Initiative that provides \$3 million for programs targeting underserved populations in the greater Los Angeles area. Proposals have been received and are currently being evaluated.

Local Proposition 10 (CCFC)

Commissions continue to fund oral health proposals. Recently, a pair of rather extensive proposals were submitted by the Los Angeles Health Foundation (a consortium of the local dental societies, UCLA, USC, L.A. Health Department and community clinics) and a more modest proposal by Julie Jenks at USC.

At our last Board Meeting, we were able to confer with Barbara Marquez who is affiliated with the Statewide California Children and Families Commission (CCFC). They are preparing a RFP for their Oral Health Initiative that will provide \$10 million over a 4-year period. The original proposal was subsequently extensively rewritten and introduced to the Commission at their meeting in Sacramento in November. The new Initiative now contains two components:

1. Education and Training Project (7 million) for 4 years to provide various levels of training and education services to the provider community and the public. One expected outcome is that over the course of the program, approximately 75% of the dental provider community will receive general education in Pediatric Dentistry, with at least 30% receiving more intensive "hands-on or bench" training programs. Fifty percent of the primary care medical providers will receive education and resources and 20% will be provided more intensive training. Parents and caregivers would be provided information about early oral health care.

A "contractor" will be selected to develop, implement and evaluate the Education and Training Project and also serve as a technical advisor to the State Commission and County Commissions relevant to their own funded oral health programs.

2. An Insurance-based Oral Health Demonstration Project (\$3 million) in partnership with Managed Risk Medical Insurance Board (MRMIB) and Healthy Families. This partnership would provide opportunities to leverage additional federal funds (\$2 for each \$1 of CCFC funding). These projects would include mobile dental services in targeted areas, hospital-based dentistry, teledentistry/telemedicine networks and rate enhancements.

The Initiative will be developed, implemented and evaluated in conjunction with an Early Childhood Oral Health Advisory Committee.

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Western Society of Pediatric Dentistry

The first District VI meeting since our formal recognition and incorporation will be held in conjunction with the CSPD Annual Meeting in Victoria, British Columbia on April 3-6, 2003. There will be a District Board and business meeting during the three-day event. Members and staff are invited to attend this inaugural session

The following Western Society members have been elected to serve the organization.

President:	Richard Mungo
Secretary/Treasurer:	Kyle House
Arizona:	Jonathan Staker
California:	Lonnie Lovinger
Hawaii:	Lynn Fujimoto
Montana:	Todd Steinmetz
Nevada:	Jade Miller
Oregon:	Douglas Park
Utah:	Brian Romney

A Challenge from page 10

amount of uncompensated public service in the form of pediatric oral health services delivered at specified locations and facilities. One could envision these public service requirements being satisfied by participation in a wide variety of settings and programs. Our members should be encouraged to serve in mentoring or teaching in dental schools or other facilities, in providing restorative services in community or mobile facilities serving high needs locations and populations, or participating in screening and education programs. The challenge is indeed daunting. The decision to forge ahead in search of a solution will require courage and a willingness to "take the heat" which will surely come from those members who are "too busy" or otherwise reluctant to do their fair share. What is immediately necessary is leadership and a determination to do the right thing.

Ray E. Stewart, District VI Trustee

Web Notes

RECENT POSTING ON THE CSPD WEBSITE

WWW.CSPD.ORG

The Bulletin in its entirety is on our website at www.cspd.org/membersonly. The document is in pdf format and requires Acrobat Reader software that can be obtained free of charge from Adobe. Henceforth the Bulletin will be archived on our site.

Password for Members Only section of the CSPD website. User name = **cspd** and Password = **pedo**. Note case sensitivity.

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The Center for the Health Professionals
<http://www.futurehealth.ucsf.edu/publications/index.html>

Distribution of Medicaid Dental Services in California.
http://futurehealth.ucsf.edu/press_releases/dental.html

An Initiative to Improve the Oral Health of California's Underserved
<http://futurehealth.ucsf.edu/dentalaccess2.html#finalreport>

Geographic Distribution of Dentists in California.
http://futurehealth.ucsf.edu/press_releases/dental.html

The Hidden Health Care Workforce: Recognizing, Understanding and Improving the Allied and Auxiliary Healthcare Workforce
<http://futurehealth.ucsf.edu/AHexecsum.html>

The Children's Dental Health Project
<http://www.childent.org/>

SHIP - Dental Care for Kids
<http://www.ncsl.org/programs/health/CHIPDENT.htm>

NGA Center for Best Practices
http://www.nga.org/center/topics/1,1188,D_683,00.html

MCH Netlink Plus
<http://mchnetlinkplus.ichp.edu/>

Log on to <http://www.cspd.org/log> to get an update of the statistics pertaining to our website.



Web Statistics

for January ending the 26th.

Successful Hits For Entire Site - 25,776
Average Hits Per Day - 1,031

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Page Views (Impressions) - 5,285

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Document Views - 3,863

Visits - 2,904

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Average Visit Length - 00.13

International Visits - 2.44%

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