

# Bulletin

Summer 2003

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## President's Message



Dr. Lonnie Lovingier

The Birth of the Non-Dues Revenue Committee

In the previous issue of The Bulletin, I described challenges facing CSPD. One of those challenges encompassed the creation of a non-dues revenue committee. With the increased activities of CSPD, non-dues revenue takes on several challenges. The objective of this message is to bring the membership up-to-date on our efforts to address this task.

Those who sponsor our annual meeting are our friends as well as business associates. We believe that this relationship can be a beneficial to both parties. We have sponsors who not only pay a fee to exhibit at our meetings, but they provide additional support above the exhibitor's fee by supporting the cost of our social events. They support our annual Academy meeting as well as supporting The Bulletin. Our sponsors have also offered to sponsor a lecture and to advertise on our website.

The continued growth of our organization and the formation of our Foundation has created competition for support money. It is essential that we hold in high esteem those who support our mission and in return make their efforts rewarding. It is important for each and every one of us to patronize their business when given the opportunity. The California Society of Pediatric Dentistry has maintained relationships with corporate sponsors for many years. These relationships have given CSPD the financial cushion that has enabled us to underwrite rising speaker costs, improve the quality of functions and entertainment offered, and to otherwise enhance the success of the annual meeting. Sponsors, in turn, have been able to strengthen their relationships with current clients, meet potential new clients for their specialized services and products, and help to keep their finger on the pulse of pediatric dental care issues in California. CSPD believes that these relationships should be mutually beneficial in order to allow us to bring a higher level of service to our members and their patients.

CSPD would like to improve our relationship with sponsors and cultivate their cooperation. When there has been improper attention to the needs and concerns of our sponsors, their numbers have declined and their financial support has waned. Furthermore, their lagging interest has necessitated even greater efforts on the part of CSPD to rebuild this base of support. The year-to-

year consistency of preserving these relationships has been very difficult. Each year a new chair inherits the role of annual meeting chairman. The task is awesome and requires the pursuit of responsibilities in a number of different directions. By the time the chairman works out the arrangements with the hotel for various rooms, meals, social events, travel, activities, speakers, transportation, and contracts...there just isn't much time left to build a relationship with the sponsors. By the time we contact them it is often too late for proper notification and preparation. Each year they seem to get the short end of our time and effort. That oversight is simply is not consistent or fair since they offer a substantial service to our members. For this reason we have instituted a non-dues revenue committee who will work with sponsors, exhibitors, and oversee the creation of outside income.

The committee consists of the immediate past Annual Meeting chair, the current Annual Meeting chair, the Secretary and the Treasurer. The committee currently includes two members at-large and is expected to grow in size. They will offer year-to-year consistency, knowledge, training and preparedness that is desperately needed to maintain working relationships with sponsors and donors. The inclusion of the President-Elect offers liaison with the Foundation Board. It is possible the committee will grow to include another director, a larger number of non-board member and sponsors in an advisory position.

The chairman of this committee will be the "next-in-line" to chair the annual meeting. Since the committee is weighted with current Board members, the transition to leadership will result in a thorough knowledge of the process and instill an appreciation of the importance of the relationship. We believe that a more personal contact with our sponsors will enhance the relationship in a manner that will expand and improve our opportunities for involvement.

The first function of this Non-Dues Revenue Committee shall be to establish protocol that will enhance mutually advantageous partnerships with our supporters. It will focus on the following charges.

1. This committee will establish the purpose, goals, overview policies and procedures involving sponsors and exhibitors. The committee will provide a policy statement for all related issues...such as the protocol at our CSPD Reception during the AAPD meeting. The partial support of our

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Dr. Santos Cortez and Congresswoman Linda T. Sanchez, California (D-39th) see News Briefs.

# Current Crisis of Care

Excerpts from: Mertz E, O'Neil, E (2002) "The Growing Challenge of Providing Oral Health Care Services for all Americas" *Health Affairs* 21(5)65-77.

The recent surgeon general's report cataloged the advances that have been made in the technology and science of oral health care but also clearly showed that there are worsening disparities in the oral health status for certain population groups.

Underserved groups include people who are low-income or indigent; live in rural communities; are racial or ethnic minorities, non-English speaking, children, or elderly, and are developmentally disabled or have major medical problems. Each of these populations faces sizable barriers to care, and all are at a notable disadvantage with poorer health outcomes. Socioeconomic status tends to be the most important indicator for use of services and health outcomes, regardless of race and gender, while people with dental insurance have a higher likelihood of visiting a dentist than do those without.<sup>45</sup>

In no small measure, this is attributable to the current practice model of dentistry, which is structured to serve insured patients or patients who have the disposable income to pay for services out of pocket, in areas served by dental providers. Moreover, dental education trains new providers within the current practice model, leaving little room for developing a different type of practitioner that might appropriately address unmet needs. There is limited public financing for oral health care services outside of private dental offices. The dental safety net is small compared with the medical safety net, and many safety-net providers are underfinanced, understaffed, and overburdened.

Practitioners operating in the traditional delivery service model are able to sustain and increase income while working shorter hours, so they have little financial incentive to modify their practice. This lack of incentive, the limited supply of dentists, and the lack of alternatives for delivery and financing of care mean that much of the population with the greatest and fastest-

growing set of needs will continue to be under-served by the traditional system of private practice, fee-for-service dentistry.

## Alternatives To Current Practice

A system of dental care that will begin to address the unmet health needs of a growing part of the population will likely need to move beyond the existing system of finance, practice organization, and professional utilization. The standard response to the lack of dental services is to suggest increasing the number of den-

tists. Some increase may be warranted, and perhaps inevitable, but it may be more useful to understand this problem less as a problem of supply of practitioners and more as a poor fit between part of the current practice model, the patterns of disease, and the people needing care. Such a change will raise several critical questions, such as the following: Where do those who have the greatest oral health needs receive other health care? What physical and financial impediments could be removed to facilitate meeting current and future demand? Are there social service or employment settings that might effectively sponsor oral health services? What motivations might bring the underserved more seamlessly into a system of care? How can expectations regarding oral health be raised within the underserved population?

\* Alternative organizational structures. A variety of strategies have been explored to provide some level of unproved access to dental care for underserved populations. On the supply side, public dental clinics, whether freestanding or integrated into larger medical clinics, represent the closest alternative to private practice. Dental vans and mobile dental services have become a popular solution for delivering services to rural communities or schools. Increasingly, school-based or -linked services organize care at easily accessible sites and emphasize preventive care and screening. Teledentistry enables dentists in remote clinics to communicate with specialists in urban centers, to provide better diagnosis and referral.

\* Increased education about programs. Alternative organizational structures of dental services are only a part of the equation. Many communities have historically underused dental services. To increase participation in oral health care, focused population-targeted programs concentrate their efforts on increasing education and awareness about services within specific population groups. Some programs go further, providing case management for their clients to ensure proper screening, treatment, and follow-up. Policy responses to increasing the supply of and demand for dental services must move beyond funding the traditional models of Medicaid coverage and provider incentives to take more charity cases. A sound policy response would vastly expand the dental public health infrastructure to creatively bring those with unmet need into a system of care.

\* Integrating oral and primary health care. Another model of care focuses on the reintegration of oral health care into primary health care. This concept is being explored in both the dental and medical communities. One of the keys to improving access to care is making dental services visible, affordable, and convenient for underserved populations. Primary care medicine has more routine contact with these populations, providing opportunities for preliminary dental screening and education as well as integration of clinical services.

Any strategy to address the barriers to care will need to be a collaborative effort across health care providers, as no single profession can tackle the issue alone. For example, the monitoring of oral health could be incorporated into a chronic care model and be offered in systemic primary care carried out by family physicians.

*Continued on next page*

*There are worsening disparities in the oral health status for certain population groups.*

## California Society of Pediatric Dentistry 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 Dentistry 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 Dentistry.

# Los Angeles Pediatric Oral Health Access Program

This would be beneficial to Medicare recipients who have no dental coverage. Addition of a dental benefit to Medicare is unlikely in the current fiscal environment, and to date alternative public mechanisms to finance dental care for the elderly are not in sight. Although access to care for underserved populations is on the policy screen, the important issues associated with dental care for the elderly have yet to catch policymakers' attention.

\* Multidisciplinary approach. The public health system has not been competitive in attracting dentists, so the use of a variety of health professionals and social workers should be considered. Multidisciplinary efforts may better reach underserved populations by combining administrative efforts and public health goals.

\* Expanded practice for hygienists and assistants. Expanded practice for dental hygienists and assistants is another option being explored as a way to increase access to preventive services and education. Pilot studies have shown the expanded practice models to be safe and effective, and these practices have been successful in reaching underserved populations. Regulatory change around scopes of practice is a slow process, and few states have implemented major changes. Expanding the roles of allied oral health practitioners could increase the contact points for oral health information and care for numerous populations.

\* New dental school strategies. It is unlikely that the current dental workforce will be adequate to meet the oral health needs of our communities; therefore, the pipeline for providers is an important issue that must be addressed. Dental schools could recruit and support more students from underserved backgrounds, who have been shown to be more likely to work in underserved communities. Education programs also should encourage all oral health providers to serve underserved communities throughout their professional careers. Similarly, an expansion of dental hygiene and dental assisting education may increase the raw supply of these practitioners, but only if this effort is combined with regulatory change that ensures full use of their skills.

\* Program evaluation. While experimental interventions to increase demand and alter the structure and financing of care hold promise, evidence of effectiveness is still nascent. For the most part, safety-net programs focus on meeting the enormous volume of demand for services rather than dissipating resources to evaluation. A focused effort on program evaluation, with concentration on cost-effectiveness and patient outcomes, is an important final step for alternative models to gain legitimacy and support. Alternative programs remain a small fraction of all dental services.

Meeting the challenges of reducing disparities in oral health care will require fundamental re-definitions of how dental practice is organized, financed, and provided. In the long run, it would seem that systems of oral health care must be either directly integrated into larger systems of care or more effectively articulated with them. Financing of care must be realigned to pay for proven and effective interventions. Finally, the education of dental professionals must focus on community health and well-being, in addition to individual treatment and private practice.

The Los Angeles Oral Health Foundation (LAOHF) in partnership with the California Dental Association Foundation (CDAF) has received a grant from L.A. Care Health Plan, support from the California Society of Pediatric Dentistry, and sponsorship from the Denti-Cal Outreach Program to present a comprehensive pediatric dentistry training program to 50 general practice dentists throughout Los Angeles County. This program is designed to increase access to dental care for children, particularly the underserved, by providing general dentists the skills and knowledge necessary to expand their practices to provide dental services to children under 5 years of age, including those with special needs (physical and developmental disabilities). At the completion of the no-cost training program, each participating dentist will have agreed to regularly treat young children in their practice and to provide free dental care to 18 underserved children by December 31, 2004. Underserved children are those who require urgent, extensive treatment, have no private/government benefits, and are not able to pay for dental services.



*Jon Roth,  
Executive  
Director of  
CDAF.*



*Gene  
Cassagrande,  
Ex. Director  
of LAOHF*

The Program will consist of the following educational components:

\* 21 hours of didactic lectures and presentations by 5 of the most prominent pediatric dentists in the USA, including Drs. Adair, Sheller, Waggoner, Donly, and Casamassimo. Subjects will include Prevention, Behavior Management, Interventions/Restorations, Diagnosis/Treatment Planning, Special-Needs Patients, and Case Presentations. Courses will be presented on September 13th, 14th, and 20th, 2003 at the USC School of Dentistry.

\* One day of hands-on, laboratory, "bench" training by Dr. Yaari of the USC, Dept. of Pediatric Dentistry will be presented on September 21st, 2003 at the USC School of Dentistry.

\* One day of Mentoring in a pediatric dentist's private office in Los Angeles County will be scheduled during the month of October 2003.

\* A 25-hour Oral Conscious Sedation (OCS) Course, approved by the Dental Board of California for an OCS permit, to be given by Dr. Tim Silegy on October 17th, 18th, and 19th, 2003.

Participants who complete the Program will receive approximately 60 hours of Continuing Education credit and a Los Angeles Pediatric Oral Health Access Program Certificate of Completion. The value of this unique training program is estimated to be \$12-15,000.

General dentists who are accepted into the program must be prepared to agree to the following:

\* Commit to attending all lectures, laboratory course,  
*Please see page 10*

# *"Floss Cutting"* Ceremony for the Children's Dental Clinic in Paso Robles



"Floss Cutting". Ceremony for the Children's Dental Clinic in Paso Robles.

The new Clinica Se Tolosa dental clinic, a not-for-profit project of "The Partnership for the Children of San Luis Obispo County", will open in June in the city of Paso Robles. The three-year project has been the result of a community-based collaboration of individuals and organizations dedicated to increasing access to dental and oral health services for uninsured and under-served children and adolescents. The four-chair office, which will provide up to 3,600 patient visits annually to children living in San Luis Obispo County, is located at 717 Walnut Drive, in Paso Robles, adjacent to the Public Health Clinic.



*Dr. Jac Pedersen cuts the floss at Clinica De Tolosa.*

The San Luis Obispo Community Health Foundation, the United Way of San Luis Obispo County, the San Luis Obispo County Community Foundation, the Giannini Family Foundation, the Wells Fargo Foundation, Delta Dental Plan of California, Heritage Oaks Bank, the Partnership for the Public's Health, along with other local funders, have pledged their financial support of the Clinica de Tolosa dental project by their commitment to contribute more than \$500,000 for dental care for uninsured children in San Luis Obispo County through 2006.

The local funding will match a \$500,000 grant from The Robert Wood Johnson Foundation (RWJF) based in Princeton, New Jersey, under its Local Initiative Funding Partners (LIFP) program. RWJF, the nation's largest philanthropy devoted exclusively to health and health care, awarded the four-year grant to The Partnership for the Children of San Luis Obispo County in 2002.

Last year, The California Endowment (TCE), a private foundation in Woodland Hills, CA with \$3.1 billion in assets, awarded a grant in the amount of \$450,000, over three-years, to the dental project. The largest portion of year-one TCE funding was used for the purchase of dental equipment, office furnishings, computers and leasehold improvements. The office site, which is leased from the County of San Luis Obispo, has been turned into a state-of-the-art dental clinic through the work of several members of the San Luis Obispo County Builders Exchange. Contractor Rudy Bachmann, president of Specialty Construction Inc., quickly pledged his company's support to the dental project and busily recruited other local craftsmen for help on the clinic which was completed in mid-May.

On Friday, May 30th, The Partnership for the Children of San Luis Obispo County recognized the many partners and local funders, whose support has made the Clinica de Tolosa dental project a reality, with a "floss cutting" celebration.

## Health Care Interpreters in California

by Catherine Dower  
Center for the Health Professions  
Excerpted

### *The Rise of a Profession*

Patients whose providers do not speak their language often rely on interpreters to convey their concerns and to understand the health care practitioner. Although any bilingual individual could potentially interpret, a profession dedicated to the demands and nuances of health care interpreting has developed in recent years. Professional health care interpreters have been trained in health care interpreting, adhere to professional ethics and protocols, are knowledgeable about medical terminology, and can accurately and completely render communication from one language to another.

Professional health care interpreters are one part of the solution to meeting the needs of patients who do not speak English. Other approaches include:

Using family members - This practice has come under increasing criticism for the compromised confidentiality, lack of experience and medical knowledge that can lead to medical errors and an unfair burden on children.

Using bilingual "ad hoc" staff from other departments or responsibilities in hospitals and private practices - In a national survey, 51 percent of the providers said that when they need interpretive services, they often enlist help from staff who speak Spanish, including clerical and maintenance staff. If the ad hoc interpreters are trained in health care, they may be more familiar with medical terminology than family members. However, ad hoc interpreters drawn from administrative or housekeeping duties may not have health care terminology training. Moreover, while ad hoc interpreters may be better than no interpreter at all, they are not trained in interpreting, which can lead to distortions in information obtained in the clinical interview and errors that are more likely to have clinical consequences than errors made by dedicated staff interpreters. In addition, the costs of pulling them from their primary duties may be substantial.

Expanding the language and cultural competence skills of patient care providers. - In 2001, 28% of primary care physicians in California reported that they were fluent in Spanish. Some health profession schools are increasingly looking for evidence of bilingual skills among applicants and many health care professionals are learning second languages to better meet the needs of their patients.

Expanding the use of technology, including telephonic and video interpretation through central facilities. The rise of health care interpreting as a profession can be traced to several developments in California and the US:

**Changing demographics:** Today, 20 percent of Californians are considered Limited English Proficient.

**Quality of care:** Without effective communication between patient and provider, there is an increased risk of misdiagnosis, misunderstanding about the proper course of treatment and poorer adherence to medication and discharge instructions.

*Continued on next page*

**Cost of care:** Lack of understanding may increase costs due to unnecessary testing, medical errors, lack of compliance with treatments, return visits, and liability.

**Patient satisfaction:** Comprehension, understanding and patient satisfaction with health care received may be compromised by language barriers.

**Federal law:** Any federally funded health care (including Medicare and Medicaid programs) must provide interpreter services under Title VI of the Civil Rights Act of 1964 and Executive Order 13166 of 2000.

**California law:** General acute care hospitals in this state must provide language assistance services to patients with language or communication barriers.

## FOUNDATION ACTIVITY

A number of foundations have focused on the needs of patients and clients who do not speak English. Some highlights of recent activity include:

- The Robert Wood Johnson Foundation has awarded grants to 10 organizations nationally through a new program, *Hablamos Juntos: Improving Patient-Provider Communication for Latinos*, to develop affordable models to help English-speaking providers communicate more effectively with their Spanish-speaking patients.
- Since 1999, The California Endowment has granted more than \$15 million to support equal access to health care for Limited English Proficient health care consumers in California through three key strategies:

1. Improving the training and professionalization of medical interpreters;
2. Strengthening applied research and evaluation of language assistance services; and
3. Promoting policy and health delivery systems change to ensure language access.

## President's Message *from page 1*

sponsors must be acknowledged by inviting them to attend some of our functions.

2. Define terms such as sponsor versus exhibitor.
3. Establish policies regarding sponsors and exhibitors.
4. Create a master roster of sponsors and exhibitors and maintain communication with them.
5. Survey the roster to determine which sponsors should be approached to underwrite receptions, continuing education and associated activities.
6. Develop a memorandum of understanding with the CSPD Foundation relative to the coordination of solicitation of sponsors and corporate supporters.
7. Define the duties of officers and board members relative to enhancing the relationship between CSPD and sponsors.
8. Several additional pressing issues need to be addressed. Can a business participate with CSPD at different levels of support? Could lower levels of support

*Please see page 10*

# UCLA Retires Pedito Faculty

Dr. Larry Luke and Dr. Steve Blain were honored by Dean No-Hee Park on the occasion of their retirement from the UCLA School of Dentistry.

Larry retired from the UCLA School of Dentistry after 34 years of service to the School. In 1965 he earned his DDS degree from the University of California San Francisco and then attended the University of Michigan earning a MS in Pediatric Dentistry. Larry studied Orthodontics at the Eastman Dental College in London, England and earned a Certificate in Orthodontics at UCLA in 1987. He joined the faculty at the UCLA School of Dentistry in 1969 and has taught both Orthodontics and Pediatric Dentistry. He has served as Chair of Pediatric Dentistry and as Chair of Orthodontics. In 1982 he created the unique combined residency program in Orthodontics and Pediatric Dentistry and has been the Program Director since that time.

Since 1971 Steve's academic career has centered on the UCLA School of Dentistry and he retires with 30 years of teaching service. Prior to coming to Los Angeles Steve earned his DDS degree at the University of Illinois. In 1973 he earned two specialty certificates at UCLA...in Pediatric Dentistry and in Mental Retardation and Developmental Disabilities. That year he became an Assistant Professor in Pediatric Dentistry and since 1994 has been a Clinical Professor. He also holds an appointment as a Lecturer in Pediatrics and Psychiatry in the UCLA School of Medicine. Since 1995 Steve has been the Director of the UCLA Children's Dental Center. This clinic is staffed exclusively by residents and treats a large number of special needs children. He has also served the School as Acting Assistant Dean of Student Affairs, Acting Associate Dean for Administrative Affairs, and Associate Dean for Admissions, Student and Alumni Affairs, and Financial Aid.



*Dr. No-Hee Park, Dean, UCLA School of Dentistry.*



*Dr. Steve Blain*



*Dr. Larry Luke*

## Presenters for Breakfast Rounds Needed

The Annual Meeting of AAPD to be held in San Francisco in May 2004 will again feature Breakfast Rounds as a method to meet and interact with your peers. This next year the rounds will be held on May 28 and May 30, respectively. Members of CSPD are cordially invited to participate in this activity. The deadline for submission of an application is September 15, 2003.

### *Contact:*

Elliott Maser, Chair, Breakfast Rounds  
215-752-4514  
emaser@compuserve.com

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*CSPD Foundation*  
**President's Message**



Now entering its third year in existence, the CSPD Foundation has achieved the early goals set by those who perceived a strong need for such a non-profit organization in California and orchestrated its creation. The membership of CSPD understood the importance of establishing this Foundation and supported it mightily with contributions to the Annual Giving Campaigns.

The Board has focused on developing an organizational structure, procedures and policies, strong by-laws, and an early plan for beginning to raise the funds necessary to embrace the issues facing pediatric dentistry in California.

The early emphasis has been to address the crisis in education in our specialty, both at the predoctoral and postdoctoral levels, as well as the need for enhancing the knowledge base for general dentists who treat children in their practice settings. Educational opportunities for others in the health professions which would enhance their understanding and role in improving the oral health of children is also an area identified as being in need of support from the Foundation. Initial projects have been implemented, including efforts to support the strengthening and development of student study clubs within the dental schools, mentoring projects to encourage an interest in careers in academe, and a continuing education program which will empower and encourage those of us in private practice to consider offering our services as teachers in the various programs within the state.

This June the Foundation Board completed a successful strategic planning session, which is intended to give the Foundation direction and a plan for the next three to five years.

While the details are still in process, the most significant outcome of the session was to solidify our sense that the critical shortage of educators is still the primary problem that must continue to be the focus of our efforts. The

Foundation will continue to identify areas where we can make a difference, directing resources toward those projects, while being mindful that we

will not be able to fund beyond the range of our Foundation's capabilities.

On the development side, the Board will now begin to develop strategies, which will help identify and seek major funding for larger projects from the corporate world, as well as other Foundations which traditionally fund projects, which deal with health. CSPD members may be assured that this Foundation Board is also committed to establishing policies as to the appropriate acceptance of corporate funding only after the most careful consideration of all the possible implications of such relationships.

The single most important factor in successfully acquiring major grants is the demonstration of a broad base of support from the membership. While we are approaching fifty per cent participation from CSPD members in these first two years, it is now essential that we expand the level of participation to even higher

*Please see page 10*



*Dr. Mark Lisagor,  
 Foundation President*

## Annual Giving Campaign 2003-2004

**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

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# News Briefs



Dr. Joe Renzi



Dr. Howard Brostoff



Dr. Tom Barber

Dr. Santos Cortez hosted Congresswoman Linda T. Sanchez, California (D-39th). She visited the Children's Dental Health Clinic in Hawaiian Gardens in late May to observe the work being done for the underserved population in this community. Subsequently she visited the offices of Dr. Santos Cortez. They discussed issues related to Access to Care, Medicaid Reform, Title VII Funding and the Children's Dental Health Act recently introduced in the Senate by Senator Jeff Bingaman (D-NM).

Dr. Songtao Shi and colleagues at the National Institute of Dental and Craniofacial Research (NIDCR) has reported the existence of stem cells taken from the pulp of primary exfoliated teeth. The researchers say this unexpected discovery could have important implications because the stem cells remain alive inside the tooth for a short time after it falls out of a child's mouth, suggesting the cells could be readily

harvested for research. These cells are long lived, grow rapidly in culture and with careful prompting in the laboratory have the potential to induce the formation of specialized dentin, bone, and neuronal cells. If follow-up studies extend these initial findings, the scientists speculate they may have identified an important and easily accessible source of stem cells that possibly could be manipulated to repair damaged teeth, induce the regeneration of bone, and treat neural injury or disease. Shi and colleagues named the cells SHED, which stands for stem cells from human exfoliated deciduous teeth. Shi said the unique acronym was needed to differentiate SHED from stem cells in adult tissues, such as bone or brain. "Postnatal cells from children may act totally differently than adult stem cells, and we felt the inherent difference needed to be emphasized.

Dr. Howard Brostoff is a new member of the Board of Directors. He is a graduate of UOP in 1976 and took a residency in Pediatric Dentistry at USC/Children's Hospital in 1978. He has been in private practice in Orange since 1979. He and his wife Judy have been married for 25 years. They have two sons, 16 and 20.

Dr. Joe Renzi is also a new member of the Board of Directors. He took his graduate studies at U.C.L.A. graduating in 1982. His wife Dr. Denise Habjan and Joe are very active in the Orange County Dental Society.

## The 2003 University of Illinois Distinguished Service Award.

At UIC's Commencement on Sunday, May 11, Dr. Thomas K. Barber, former head of the Department of Pediatric Dentistry at the UIC College of Dentistry, received the 2003 University of Illinois Distinguished Service Award. Dr. Barber is only the second dentist and alumnus of the College of Dentistry to earn this honor. Earning his DDS and MS in dental histology simultaneously from the UIC College of Dentistry in 1949 and a certificate in postdoctoral pedodontics from the college in 1951, Dr. Barber joined the Department of Pediatric Dentistry faculty in 1951 and became head of the department in 1965.

Dr. Barber has been a leader in research and was one of the first pediatric dentistry researchers and teachers to address preventive orthodontics. His seminal article on preventive and interceptive pediatric orthodontics, written with UIC colleague Dr. Earl Renfroe in 1957, helped create the field of preventive and interceptive orthodontics for the general practitioner.

In 1969, Dr. Barber left to launch the postgraduate program in pediatric dentistry at the University of California, Los Angeles and served as its head for several decades before recently retiring to the rank of professor emeritus. The Thomas K. Barber Institute for Pediatric Dentistry at the UIC College of Dentistry is named in his honor.

## Proposed Program in Dental Hygiene

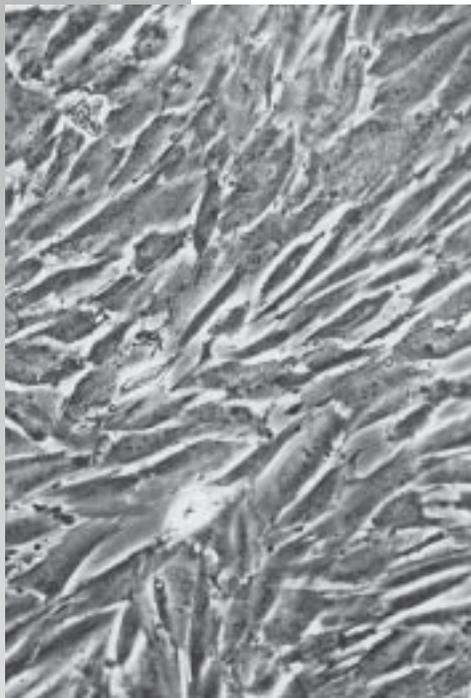
Area dentists and Hartnell College in Salinas are hoping fate will smile on them with a new program for dental hygienists. The two-year program, which would begin next fall if funds are found, could cure a countywide shortage of dental hygienists. There are currently no hygiene programs in Monterey County

## Obituary

Robert Ricketts, D.D.S., M.S. died on June 17th in Scottsdale, Arizona at the age of 83 of a sudden illness. Bob was well known as an orthodontist who was an inventor, scholar and friend to many of our colleagues. He founded the American Institute for Bioprogressive Education that offered advanced orthodontic seminars and helped found Rocky Mountain Data Systems. Loma Linda University has dedicated a library in his name and the University of Illinois has a Ricketts Research and Conference Facility. He is a graduate of Indiana University School of Dentistry and received his Master's degree from the University of Illinois and opened an orthodontic office in Pacific Palisades in 1953.

## Minority Groups

Many minority groups are under-represented in the dental workforce. A recent report on California dentists found that 75 percent are white, 4 percent are Hispanic, 18 percent are Asian/Pacific Islander, 2 percent are African American, and fewer than 1 percent are Native American (21). These data compare with an overall population in California that is 52 percent white, 29 percent Hispanic, 11 percent Asian/Pacific Islander, 7 percent African American, and 1 percent Native American (22). Although the proportion of Asian/Pacific Islanders is growing among younger dentists, Hispanics and African Americans remain underrepresented even among the younger cohort of dentists.



Primary pulp cells in culture.

COURTESY OF PASADENA FOUNDATION FOR MEDICAL RESEARCH

*AAPD Meeting in New York*  
**Meeting in New York**



*Top left to bottom right  
 Paul Reggiardo, Ned Savide,  
 David Curtis, Paul  
 Reggiardo, Scott Litch, AAPD  
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 Donna Duperon, Clarene  
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 Mungo, Jon Roth, CDAF  
 Executive Director, Roland  
 Hansen, Presidents Lovingier  
 and Reggiardo, Santos Cortez  
 & Scott Litch.*

## Oral Health Access Program *from page 3*

and mentoring session on the scheduled days.

\* Commit to completion of the Oral Conscious Sedation course and to obtaining an OCS permit from the Dental Board of California.

\* Expand the scope of their practice to include routinely providing dental care to children less than 5 years old and special-needs children, including providing oral conscious sedation when appropriate.

\* Provide, at no charge, comprehensive care to 18 children less than 5 years old (6 children by April 2004 and 12 additional children by December 31, 2004) who have extensive dental needs, lack private or governmental benefits, and are not able to pay for dental services.

\* Purchase the necessary typodont, supplies, instruments, etc. required to complete the Program.

\* Equip their practice with the necessary instruments, supplies, monitoring devices, etc. necessary to begin routinely providing care to young children, including the above-mentioned treatment to underserved children.

\* Cooperate with the Program's administration regarding reporting of dental services provided as a result of the Program.

## Foundation President's Message *from page 7*

numbers. Most CSPD members would agree that the environment in private practice in recent years has allowed us to achieve great personal results. Some might suggest that we now have an obligation and a responsibility to acknowledge the dental schools and pediatric dental training programs, which prepared us for the wonderful careers we now enjoy. We also need to take this opportunity to give back to these institutions, now, more than ever, to insure that the future of our specialty is secure. Contributions to the Foundations will be directed to that end throughout the state.

If you have not yet become a member of the Foundation through an annual gift, I would ask you to do so now. As we begin our Third Annual Giving campaign you can use the donor form in this issue of the Bulletin to join your colleagues in this important effort.

The Foundation Board welcomes and appreciates your continued support, your offers to help with our work, and your input.

Mark Lisagor, DDS  
President

## President's Message *from page 5*

feasible? Should all sponsors be given the opportunity to advertise in our Bulletin and/or on our website?

In addition, this committee will have immediate responsibility for other avenues that generate non-dues related income.

The committee will manage the entire exhibitor/sponsor participation at our annual meetings with the assistance of the Executive Director and the Board of Directors. The committee will also offer assistance in other relationships, such as underwriting the costs of

meeting related activities, research grants, graduate student support, and continuing education.

Finally, I would like to publicly thank the following members for their effort in the evolution of this committee. Drs. Ann Azama, Santos Cortez, Marty Steigner, Rick Udin, Wayne Grossman, and Cathy Christensen are members of the committee. Roland Hansen and Steve Neithamer have provided assistance as well. Marty Steigner is the current chairman of this committee and has done an excellent job in structuring the committee. Wayne Grossman has been an invaluable source of information. To each of you, on behalf of our entire membership, I thank you.

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## The Need for Interpretation

One in five Californians (6-7 million) are Limited-English Proficient (speak English less than "very well"). In four counties (Imperial, Los Angeles, Monterey and San Francisco), between one-quarter and one-third of the population is LEP.

Almost 50% of Medi-Cal managed care and Health Family Program members primarily speak a language other than English.

California's Medi-Cal and Healthy Families (SCHIP) managed care contracts require that HMOs provide medical interpreter services to all their LEP members.

Over 200 languages are spoken in California.

Spanish-speaking Latinos make up one-third of California's population.

There are probably fewer than 500 professional health care interpreters in California and only a fraction of these have been formally trained in health care interpreting and work full time as health care interpreters.

# CSPD 2004 Annual Meeting

*Twenty-ninth Annual Meeting and Scientific Session and the 2nd Annual Western Society of Pediatric Dentistry Meeting*

**Hilton La Jolla Torrey Pines  
San Diego, CA  
on April 1-4, 2004**



*The Hilton at La Jolla Torrey Pines*

The program will start with the Foundation lecture on Thursday afternoon followed by a Mexican Fiesta style Welcome Reception in the Evening complete with the flavor of Mexico. There will be great music, food and drinks. The Friday Continuing Education Program features Dr. Harold Slavkin, Dean, USC School of Dentistry speaking on "The Future of Pediatric Dentistry in California." Practice Management will be the topic for the Friday afternoon "New Dentist/Resident program." Dr. Charles Cox will speak Saturday and Sunday morning on the latest techniques in bonding materials entitled "The Biological Basis for Clinical Success." Don't forget to pencil in your recreation time to include any of our many activities planned such as the golf contest, hiking, kayaking, hot air ballooning, or for something a little more relaxing a stroll on the beach or shopping in La Jolla. Save up some energy and a little extra cash to wager on your favorite horse at our Saturday Night banquet where the theme will be "A Night at the Races." Our lecture hall will be turned into our own version of the Kentucky Derby complete with horse races, wagering, a jazz band and great food and drinks. There will be prizes awarded to the biggest winner and to the gal with the prettiest hat.

Plan to attend this outstanding event of the year!  
Log on to: <http://www.montereyplaza.hotel.com/>

The Annual Meeting in 2005 will be held at the Monterey Plaza Hotel and Spa on April 7-10.

## Board Meeting

The first meeting of the Board of Directors representing the California Society of Pediatric Dentistry met on June 28, 2003 at the Crown Plaza Hotel, Los Angeles. The previous name of the Society, the "California Society of Pediatric Dentists" has met 117 times over the course of our history. It was called to order by Dr. Lonnie Lovingier with a tap of the gavel.

In attendance were: Doctors Lovingier, Cortez, Rowan, Hansen, Robinson, Wood, Rothman, Azama, Brostoff, Steigner, Niethamer, Udin, Brennan, Lowe, Renzi, Mungo and Lynne Marian (secretarial assistant).

# Reporting Trends in Pediatric Behavior Management

By David Rothman

The Patient Safety Committee was instituted as part of CSPD's continuing commitment to excellence in patient care and response to the needs of practitioners. With a goal to monitor issues of patient safety in the delivery of care to children and respond to trends in practice, the committee set about compiling a data base of sentinel incidents in the areas of non-pharmacologic and pharmacologic behavior management. Through meetings with representatives of TDIC's Risk Management Unit and their attorney, the committee developed a means to retrieve data related to patient care. By understanding and analyzing out-of-the-ordinary events, it is the committee's goal to report trends and areas of potential problem. With the compiled data it is our ultimate goal to support the undisputed record of patient safety and optimum patient care in pediatric dental offices. If presented in a timely manner, we can act as the knowledgeable and respected source of information on accepted behavior management modalities. We are oftentimes contacted by the news media after an untoward incident. By developing a simple-to-use incident reporting form downloadable from CSPD's website ([www.cspd.org](http://www.cspd.org)), we solved a seemingly over-

whelming task of compiling this data. The report is anonymous and may concern a behavior management issue that occurred in your office or another office of record. No record is kept of the name of the practitioner. The incident must relate to a patient who falls within the definition of pediatric dentistry, but may or may not have been treated in a pediatric dental office.

What is a sentinel incident? It is anytime our routine and expected course of action and surveillance is challenged. Even more simply put, it is when our pulse oximeter records an unexpected drop in saturation during a sedation or when a bruise is found on a child after the use of a medical restraint. It can be an untoward drug reaction such as vomiting or a challenge to a consent. We need this preliminary information to help you with your practice and to avoid the pitfalls. These incidents do not have to be reportable to the state or insurance carriers and you will not be identified as the reporter. Regular reports will be found on our website and in the Bulletin.

Dr. Steve Niethamer,  
Webmaster



## Web Notes

### RECENT ACTIVITY ON THE CSPD WEBSITE

[WWW.CSPD.ORG](http://WWW.CSPD.ORG)

<u>Site Activity Statistics</u>	<u>April</u>	<u>May</u>	<u>June</u>
Successful Hits .....	30,367	24,007	29,783
Average Hits/day .....	1,012	774	992
Home Page Hits .....	1,478	1,219	1,263
Page Views .....	5,686	4,423	6,594
Visits .....	3,279	2,924	3,098
Average Visit Length .....	10:40	9:16	12:48
International Visits .....	3.38%	4.54%	3.32%
Unique Visitors .....	1,473	1,086	1,002
Visitors More Than Once .....	333	286	320
<b>Kbytes Transferred .....</b>	<b>1,807,075</b>	<b>1,740,117</b>	<b>1,599,545</b>

#### Definitions:

**Hits:** An action on a web site such as when a user views a page or downloads a file.

**Page Views:** A hit to any file that is classified as a page. Contrast with Hit, which counts files of every type. **Visit:** Commonly called User Session and includes all activity for one user of a web site. By default a user session is terminated when a user is inactive for more than 30 minutes.

#### News about the website

Members can download a much more colorful **Bulletin** from our Home Page weeks before it arrives by slow mail. Past editions are archived in the Members Only section. Photos of the CSPD Reception at the AAPD's Annual Session in NYC can be viewed in the Latest News section along with photos of two USC residents and their Research Posters.

Recently the Membership Directory was updated. Members who have not shared their office website address with CSPD and wish it to be linked on our site should email the address to the Website Committee at [SNiethamer@compuserve.com](mailto:SNiethamer@compuserve.com). Also, members are encouraged to send the committee addresses of sites they feel other members will enjoy. These sites will be placed in the Links section.



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