



Oral Health E-Newsletter October 2009

Announcements

Interview with an Oral Health Champion

In the News

Awards/Funding Opportunities

Training and Career Development

Conferences

Resources

Journals

Online Newsletters

Opportunities

New York Now Provides Medicaid Reimbursement for Children's Oral Health Preventive Services

Effective October 1, 2009, a maximum of 4 annual fluoride varnish applications will be covered for children from birth until 7 years of age. Physicians, dentists, and nurse practitioners treating Medicaid fee-for-service beneficiaries will be reimbursed up to \$30.00 per application. Clinic reimbursement under APG's will vary by peer group, however, will fall within the reimbursement range of \$30.00. Reimbursement through Medicaid managed care plans will be in accordance with provider agreements.

Prior approval is NOT required under Medicaid fee-for-service.

Medicaid managed care plans may establish procedures for prior approval.

Procedure code "D1206" should be used by all Provider types.

For more information, providers can contact the Division of Provider Relations and Utilization Management, Dental Bureau at (800) 342-3005, option 2. For questions concerning Medicaid managed care, please contact the Division of Managed Care at (518) 473-0122.

ANNOUNCEMENTS

CHIPRA Dental Education Listening Session

Section 501 of the Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that the Centers for Medicare & Medicaid Services (CMS) educate parents of newborns about the risks and opportunities to prevent cavities with a dental visit during the first year of an infant's life. The CMS is interested in your thoughts about the messaging to this targeted population and what can be done collaboratively to encourage mothers of newborns to follow this guidance. The session will be held on Friday, October 23, 2009, from 2:00 pm to 4:00 pm in the Hubert H Humphrey Building, SW Conference Room 505A, in Washington, DC. The format will be a facilitated listening session on the best approaches to educate pregnant women and new mothers about the importance of oral health during pregnancy and encouraging habits that will help prevent dental caries for the child, including the importance of a dental visit when the child reaches age 1. Discussion, collaboration, sharing, and networking is anticipated, with the goal of coming away with strategies that will effectively address the needs of pregnant women and new mothers. Upon registration, background papers will be forwarded for review to enhance these discussions. If interested in attending, please contact Barb Cebuhar at 202-260-1020 or Barbara.Cebuhar@cms.hhs.gov by the close of business on Friday, October 16, 2009. For those who cannot attend in person, limited phone lines will be available.

Agency for Healthcare Research and Quality Health Care Innovations Exchange Topics for October <http://www.innovations.ahrq.gov>

During the month of October, the Agency for Healthcare Research and Quality (AHRQ) Health Care Innovations Exchange Web site will feature innovative health service delivery profiles and tools in a variety of areas. The month will kick off with a variety of topics. Rounding out the month and into November, the focus will be on profiles that promote health service improvement in the area of dental/oral health. The Innovations Exchange contains more than 300 searchable innovations and 1400 searchable QualityTools. There is also a Spotlight section that includes expert commentary, human interest stories, and opportunities to connect.

Campaign Materials Available for National Children's Dental Health Month

<http://www.ada.org/prof/events/featured/ncdhm.asp>

The American Dental Association's National Children's Dental Health Month (February 2010) campaign materials are available to help oral health teams, teachers, and parents raise awareness about the importance of oral health. Content includes posters for children, a program-planning guide, publicity resources, activity sheets for children, and classroom ideas and resources. The posters and activity sheets are available in English and Spanish and are available for download on the ADA Web site.

INTERVIEW WITH AN ORAL HEALTH CHAMPION



Mark Nehring, DMD

Background

Mark Nehring, DMD, is the Chief Dental Officer for the Health Resources and Services Administration Maternal and Child Health Bureau (MCHB). His areas of activity include administrative responsibility for oral health activity within the MCHB, primarily through grants and contracts designed to increase access to services through partnerships, and integration of systems of care benefiting women and children. Dr Nehring holds a Master's degree in Education and received his professional degree in dentistry from Boston University. He received his Master of Public Health degree from Johns Hopkins University and is board-eligible in Dental Public Health.

After graduating from dental school, Dr Nehring held clinical roles in the National Health Service Corps, Indian Health Service, and Office of the Surgeon

General before taking on his current administrative responsibilities. He also has 28 years of active duty in the Commissioned Corps of the US Public Health Service and holds the rank of Captain.

As a commissioned officer in the US Public Health Service, Dr Nehring has the added benefit of working within the mission of a specific agency but is able to augment what is learned or accomplished through an extended family of commissioned corps officers working in other federal agencies. The cadre of officers, who often possess specific expertise and have had a broad range of experiences, offers the opportunity to act collaboratively and in partnership with others in both the public and private sectors. These relationships also help yield success in accomplishing goals and bring collaborative opportunities to work with others toward solving problems and addressing common issues.

A Focus on Oral Health

Dr Nehring always envisioned that upon graduating from dental school, he would be a small-town dentist in private practice in rural New England. By the end of his first year of dental school, however, he had spent all his savings from part-time jobs so applied for a National Health Service Corps (NHSC) Scholarship as part of a federal rural health initiative. That was in the late 1970's. His profile and intent to practice in a rural area was a good match with the program, and he was directed to fulfill his service obligation in Cairo, IL.

Nearing completion of the 3-year payback as a general dentist, Dr Nehring was intrigued by an offer to continue with the NHSC in rural Montana or Alaska. He chose Montana, where he discovered the Indian Health Service, and led him to the Turtle Mountains of North Dakota. These 3 states and the diverse practice settings and rampant dental disease made him wonder if something other than a traditional clinical role could help prevent disease before it ever gets started. In his pursuit of this ideal, Dr Nehring began formal public health training as a means of merging clinical experience and program administration to become more involved in breaking the cycle of oral disease as opposed to repairing its ravages. Positions and roles in personnel, policy development, program administration, dental public health, and directing non-dental health programs were integral in bringing him to provide direction for oral health coordination within the MCHB.

Dr Nehring's oral health program responsibilities within the MCHB include program coordination across MCHB Divisions, convening expert meetings to formulate recommendations for priority issues in oral health, and developing grants and contracts to augment State Title V programs that bring technical assistance and resources to support focus on the oral health needs of women and children, especially those most vulnerable to oral disease. The current \$3.2 million grant program to states supports oral health projects in 20 states. The program is entering the third of its 4-year grant cycle targeting the oral health needs of children with special health care needs, increasing year 1 dental visits to ensure provision of early intervention and prevention services for at risk children, and making sure follow-up services to treat oral disease identified through screening and sealant programs is completed.

Dr Nehring is also the project officer for an Institute of Medicine study about children's access to oral health services. The purpose of the study is to address system issues which disproportionately impact the underserved who are most vulnerable to oral disease and the safety net providers, both public and private, intended to serve them. In addition, the project will examine the unique system challenges associated with the provision of oral health services to women and children and will evaluate progress since the publication of the Public Health Service's 1989 report: *Equity and Access for Mothers and Children*.

Promoting Oral Health

According to Dr Nehring, one of the biggest barriers to preventing caries in young children is a lack of awareness. Herein lies the beauty of having the American Academy of Pediatrics (AAP) as a partner in addressing the barrier of access to care, especially for families living in poverty. Medicine and dentistry together can be part of the solution by recognizing common frustrations that can be tackled through professional education, patient risk assessment, interventions that apply early prevention therapies, and referrals for the purpose of establishing a medical/dental home in which comprehensive health care can be provided as part of a team approach to meeting the total health needs of an individual. Also, pediatrician visits bring opportunity for early influence on behaviors within the family, promoting attention to reducing risk factors common to oral and general health. A mother's awareness of her own oral health, also relevant to preventing complications of dental

diseases during future pregnancies, helps to interrupt the transmission of disease to the child and reinforces health practice behaviors. It is therefore Dr Nehring's belief that the AAP should continue just what it is doing to increase awareness and promote the valuable role of the physician, while also sharing opportunities for collaboration to fight against something completely preventable.

IN THE NEWS

Parents See Children's Medical, Dental Coverage as Equally Important

(Insurance & Financial Advisor News – October 9)

<http://ifawebnews.com/2009/10/09/parents-see-children%E2%80%99s-medical-dental-coverage-as-equally-important>

Parents place the same value on good dental care for their children as on other medical care and are more apt to obtain dental care if covered by an insurance plan, a new study by Delta Dental finds. Nearly 9 in 10 Americans agree that it is equally important for their children to get good dental care and medical care, according to a survey of American children's oral health conducted on behalf of Delta Dental Plans Association. In the survey of 914 parents across the United States, 87% agreed that good dental care and good medical care are equally important and 4 in 5 (79%) respondents say that dental benefits are extremely important. About 80% of respondents said their child is covered by dental benefits. A total of 69% of respondents with coverage said they would send their child to the dentist, while just 54% of those without coverage said they would obtain care for their child's dental problems. Children with dental coverage also obtain coverage at an earlier age—2.5 years old—compared to children without coverage, who typically wait until age 3 to obtain care.

Energy Bars, Drinks May Cause Major Tooth Decay

(KTVB.com Health News – October 9)

http://www.ktvb.com/news/health/stories/ktvbn-oct0909-tooth_decay.1ff711312.html

Energy bars are a popular way to fuel a workout, but dentists say they can cause more cavities. Although these snacks are made with ingredients that appear to be healthy, they are packed with sugar and are gooey, allowing the sugar stick to a person's teeth longer, giving bacteria more time to create cavities. This doesn't mean people need to stop eating energy bars should instead be encouraged to brush and floss soon after eating one. If this is not an option, rinsing with water or chewing sugarless gum will help remove any particles that are stuck to the teeth. Energy drinks can also be a problem because they have as much sugar as soda.

Oral Infections Tax Emergency Room Resources

(KYPost.com – October 8)

<http://www.kypost.com/content/wcposhared/story/Critical-Condition-Oral-Infections-Tax-Emergency/wiblkz27CkCMP9WYOKKw.csp>

The Northern Kentucky Health Department says as many as 20% of emergency room visits are oral health related. "A lot of people who don't have insurance – who don't have the ability to obtain services in the private treatment community – end up in the emergency room," says Dr Steven Katkowsky, MD, director of the Northern Kentucky Health Department. "People who go to the emergency room for a dental problem will only receive the immediate 'episodic' care that they need to have ... This uncoordinated kind of care doesn't result in an improvement in their overall oral health – and because it's uncompensated care – it's costing the hospital to be able to have these people in the emergency room." The meantime, the health department has programs in schools and other learning centers, such as Headstart, that provide fluoride varnish to children who might not see a dentist on a regular basis.

National Academy of Sciences Study Will Recommend Improvements to US System of Oral Health Care

(HRSA – October 8)

<http://newsroom.hrsa.gov/releases/2009/oralhealthrev.htm>

HRSA recently awarded the National Academy of Sciences contracts worth \$2.4 million to conduct a wide-ranging study of oral health care in the United States and suggest ways it could be improved. "Access to oral health services is a problem across America and for all segments of the population," says HRSA Administrator Mary K Wakefield, PhD, RN. "This study will help guide federal investments in service delivery models that expand access to oral health care and improve its quality." Working with the National Academy of Sciences, the

Institute of Medicine's (IOM) Board on Children, Youth and Families and the Board on Health Care Services will establish 2 15-member committees of experts in oral health and other health-related services to examine the oral health system of care in the United States as it currently exists, explore its strengths, weaknesses and future challenges, describe a desired vision for the oral health care system, and recommend strategies to achieve that vision. Additionally, the IOM will explore ways to increase public awareness of the relationship of good oral health to good overall health, look at ways to improve the delivery of oral health care to underserved groups and to the safety-net providers who serve them, and assess the oral health literacy of providers and the public and recommend messages to promote the prevention of oral health disease to all ages. The IOM's final report will review elements of a national oral health initiative, propose ways the HHS Secretary, HRSA Administrator, and other HHS agencies can implement such an initiative, and recommend a strategy to improve the public's awareness of existing HHS oral health activities and the services available.

Many Children Still Don't Get Medicaid Dental Care

(The Associated Press – October 8)

http://www.google.com/hostednews/ap/article/ALeqM5ilbXgkLMBQ2d2_EBwiXpuXY8nOIQD9B6E3JO0

Two years after a 12-year-old Maryland boy died from an untreated tooth infection, more low-income children are getting dental care under Medicaid but many still don't ever see a dentist, government investigators said Wednesday. State officials told the Government Accountability Office that a lack of available funding, low provider participation, and administrative burdens are some of the barriers to providing dental care to more children through Medicaid. The GAO released its report as part of a House Oversight subcommittee hearing on the inadequacies of pediatric dental care among Medicaid enrollees. The report said "continued attention and action is needed to ensure children's access to Medicaid dental services" despite steps by federal and state officials to address problems. Last year, the GAO told the House panel that only 37% of children ages 2 through 18 enrolled in Medicaid had received any dental care. The GAO recommended that Health and Human Services Department's Center for Medicaid and State Operations develop a plan for sharing promising practices among states and reviewing dental services in states with low access rates.

How Health Care Reform Can Benefit Children and Adolescents

(New England Journal of Medicine – October 7)

<http://healthcarereform.nejm.org/?p=2011&query=home>

Medical and scientific advances have reduced the rates of acute childhood illnesses and childhood mortality and increased the positive outcomes of a wide variety of serious childhood illnesses; nevertheless, children's health in the United States currently falls short. Our infant mortality rate is higher than that of 29 other countries, and the United Nations Children's Fund (UNICEF) ranks the United States last among 21 developed countries in terms of children's health and safety. The children's health community is looking to health care reform to improve access, provide needed preventive and comprehensive benefits, and develop quality initiatives for all children and youth through the medical home. The medical home is a system of comprehensive, family-centered, culturally appropriate services, through which all children and young people would be provided care, with appropriately enhanced services for those with special health care needs. Medical homes in pediatrics provide continuous medical coverage, bringing together primary care, specialty services, emergency services, and hospitals. A number of components are essential if reform is to benefit children and young people adequately.

CHIPRA Outreach and Enrollment Grantees

(Centers for Medicare & Medicaid Services – October 7)

http://www.cms.hhs.gov/CHIPRA/04_outreachenrollmentgrants.asp#TopOfPage

The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, signed by President Obama on February 4th, authorized new Federal funding targeted at reaching out to children who are eligible for Medicaid or CHIP but have not enrolled. The legislation included a total of \$100 million in outreach funding to be made available between FY 2009 and FY 2013. This amount includes \$10 million for a national outreach campaign, \$10 million in grant funds for Indian Tribes and health care providers that serve Tribes. The remaining \$80 million is devoted to grants to community-based organizations, States, community health centers and other health care providers, as well as faith-based organizations, school districts and Tribal organizations. These grants will be used to develop and execute strategies to promote enrollment and retention in Medicaid and CHIP. The first \$40 million in grant funds was awarded on September 30, 2009. CMS received an

overwhelmingly positive response to the grant solicitation and over 400 applications were reviewed. Out of this strong pool of applicants, CMS awarded 69 grants that will distribute the \$40 million in Federal funds across 42 States and the District of Columbia. The grant awards are based on merit ranking, with additional considerations given to geographic distribution and level of innovation. Of the 69 grantees receiving awards, 49 are individual organizations or States. The remaining 20 grants are being awarded to groups of entities working together as consortiums. All the grantees expressed a commitment to reaching under-served populations that are more likely to be uninsured. The grantees will have 2 years to spend the grant funds and will be expected to report enrollment data and other information that will be used to evaluate the success of these projects.

Bright Smiles, Bright Futures: Taking Dental Care to Those in Need

(HealthNews – October 6)

http://www.healthnewsdigest.com/news/Dental_330/Taking_Dental_Care_To_Those_In_Need.shtml

To provide greater access to health care to those in need, medical professionals in some areas of the country are teaming up with community and nonprofit organizations, as well as county and state governments, to provide free screenings and treatment via mobile health vans. Through its flagship oral health education program, Bright Smiles, Bright Futures, "dental clinics on wheels" annually visit more than 150 communities across the United States. Staffed by dental professional volunteers, the mobile dental vans conveniently appear at schools, Family Dollar stores, YMCAs, and cultural festivals to provide dental screenings, affordable treatment referrals, and oral health education for children and their families.

Dental Care in 'Abysmal' State Due to Lack of Staff

(Irish Times – October 6)

<http://www.irishtimes.com/newspaper/health/2009/1006/1224255979252.html>

Special needs patients are experiencing delays of up to a year for dental treatment due to staff shortages, according to a leading expert. According to Dr Jane Renehan, incoming president of the Public Dental Surgeons Group, existing staffing and resources are "abysmal" and the situation is worsening as vacancies remain unfilled and increasing numbers of surgeons are leaving the service because of difficult working conditions and poor resourcing. The Public Dental Surgeons Group has called on the Health Service Executive for public dental services to be exempted from the moratorium on recruitment. According to the organization, which is part of the Irish Dental Association (IDA), fewer than 200 surgeons are currently employed full-time in public service that provides free services to vulnerable adults and children.

Fewer Schools Selling Candy, Soda

(InteliHealth – October 5)

<http://www.intelihealth.com/IH/intIH/EMIHC251/333/8895/1345387.html?d=dmIICNNews>

A new government report finds that fewer US high schools and middle schools are selling candy and salty snacks to students. The Centers for Disease Control and Prevention (CDC) said its report was based on a survey of public schools in 34 states, comparing results from 2006 to 2008. The study did not report the total number of schools that have changed. Instead, it looked at the proportion of schools in each state. The CDC found that the median proportion of high schools and middle schools that sell the sugary or salty snacks dropped from 54% to 36%. The share of schools that sell soda and artificial fruit drinks dropped from 62% to 37%.

Study Backs Dental Health Claims of Sugar-free Gum

(Irish Times, IE – October 5)

http://www.irishdentist.ie/news/news_detail.php?id=2281

European experts have confirmed that sugar-free chewing gums help to maintain dental health. In the first of a series of opinions relating to 'general function' health claims, the European Food Safety Authority (EFSA) panel looked at dental and oral health, including gum and tooth protection and strength; plaque acid neutralization; maintenance of tooth mineralization; and the reduction of oral dryness. On the basis of available data, the panel concluded that a cause and effect relationship has been established between the consumption of sugar-free chewing gum and plaque acid neutralization. To obtain the claimed effect, sugar-free chewing gum should be used for at least 20 minutes after eating or drinking.

Jamaica's Dentist-to-Patient Ratio One of the Region's Worst

(Jamaica Observer – October 2)

http://www.jamaicaobserver.com/news/html/20091001T220000-0500_160901_OBS_JAMAICA_S_DENTIST_TO_PATIENT_RATIO_ONE_OF_THE_REGION_S_WORST_SAYS_PROFESSOR.asp#

Citing a severe shortage of dentists in Jamaica, Professor Winston Davidson, head of the School of Public Health and Health Technology at the University of Technology, has called for more local institutions to offer oral health care training. Citing data he obtained from the Ministry of Health, Professor Davidson said the current dentist-to-patient ratio is 1 to 17,000, one of the worst in the Caribbean and Latin America and way above the recommended ratio by the World Health and Pan-American Health organizations of 1 dentist to every 2,750 citizens. According to Professor Davidson, "The demand for proper dental care cannot be fulfilled without proper professional leadership in the area of dental care. ... The time has come for our training institutions to step up to the plate and begin the training program of dentistry and [the surrounding] allied professions."

Group Creates Guidelines to Reduce Tooth Decay in Irish Children

(Irish Dentist, IE – September 29)

http://www.irishdentist.ie/news/news_detail.php?id=2264

Tooth decay is the single most common chronic disease in Irish children, reports a Health Research Board funded initiative based at University College Cork (UCC). In addition, more than half of 5-year olds living in areas with non-fluoridated water and 1 in 3 living in fluoridated areas, have 1 or more teeth that are decayed, filled, or have been extracted because of decay. Further, half of all 12-year olds and three-quarters of all 15-year olds have experienced decay in their permanent teeth. The research has produced comprehensive, evidence-based guidelines to reduce tooth decay in Irish children. Key recommendations include an increased emphasis on early identification of children who are at high risk of developing decay, and strategies to prevent decay for high-risk individuals, as well as for the population at large.

Xylitol Syrup Prevents Early Childhood Caries

(AAP News – September 29)

<http://aapnews.aappublications.org/cgi/content/full/30/10/2-c>

Xylitol topical oral syrup was effective in preventing decay in the primary teeth of toddlers, according to a randomized, controlled study of 94 children ages 9-15 months. Xylitol is a naturally occurring polyol sweetener used in food since 1963. Previous clinical studies have shown that use of xylitol-containing gum and lozenges prevents decay in the permanent teeth of school-aged children. This study addressed the use of xylitol during primary tooth eruption. Participants included toddlers in the Republic of the Marshall Islands, where the caries rate is 2 to 3 times higher than in the typical US mainland community. The authors concluded the results suggest that administering 8 grams of xylitol topical syrup divided in 2 doses a day during primary tooth eruption could prevent up to 70% of decayed teeth. Dividing the 8 grams into 3 daily doses did not increase the xylitol's effectiveness.

Training Clinicians Helps Reduce Rates of Early Childhood Cavities

(EurekAlert – September 29)

http://www.eurekalert.org/pub_releases/2009-09/bumc-tch092909.php

Researchers at Boston University School of Medicine have found that pediatricians provided with the proper communication, educational and information technology tools, and training could reduce the rates of children developing early childhood caries (ECC) or cavities by 77%. This study appeared in the [September issue](#) of the journal *Medical Care*. Researchers provided pediatric clinicians with communication skills training to help them more effectively counsel parents and caregivers to reduce children's ECC risk. Pediatricians as well as clinical nurses participated in a 1-hour study training session, and they were also provided with educational brochures to give to parents. The electronic medical record was also adapted to prompt clinicians to remember to counsel. After the educational program, a simultaneous recruitment of children affected with ECC was conducted at a comparison site, where the clinicians did not receive training. Parents and caregivers of children aged 6 months to 5 years were asked to participate in a clinical exam and interview that consisted of a series of questions inquiring about the parent or caregiver's discussion with the child's doctor or nurse. This interview assessed the degree the clinician covered the topics on which they had been trained to counsel regarding ECC risk reduction. This process was repeated approximately 1 year later. Findings show that providers at the intervention site had

greater knowledge and conducted more counseling, and patients at that site had significantly reduced odds of developing ECC over time.

Body's Immune System Response To Dental Plaque Varies By Gender And Race

(ScienceDaily – September 28)

<http://www.sciencedaily.com/releases/2009/09/090925102001.htm#>

The recent *Journal of Dental Research* article "Neutrophil Response to Dental Plaque by Gender and Race" adds to the body of evidence that dental hygiene plays an important role in a preventive health program for the whole body. For this article, researchers studied 128 black and white men and women and found that dental plaque accumulation did not result in a change in total white blood count, a known risk factor for adverse cardiac events. However, in black males the researchers noted a significant increase in the activity of neutrophils, the most common type of white blood cell and an essential part of the immune system. Unlike other studies that attempt to understand the link between oral inflammatory disease and heart disease risk, these study participants did not have periodontal disease. They were healthy individuals who by the study design were asked to neglect oral hygiene.

Technology Incentives Not So Stimulating for Dentists

(California Healthline – September 28)

<http://www.californiahealthline.org/Features/2009/Technology-Incentives-Not-So-Stimulating-for-Dentists.aspx>

Although the HITECH Act includes dentists among the "eligible professionals" in line for federal stimulus money, some dental advocates are worried oral health might get short shrift in the push toward electronic health records. A big part of the equation for getting some federal money aimed at encouraging the use of EHRs involves meaningful use of technology. Much has been said and written about how IT might be meaningfully used in other parts of the health care spectrum but not much has addressed meaningful use in dental care. In response to questions about dental care's role in the federal stimulus package, 2 representatives from the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC) have collaborated on answers. CMS plans to issue its definition of meaningful use by the end of 2009 and ONC plans to have EHR certification process and criteria regulations written and approved by late spring of 2010.

Pictures of 'Meth Mouth' Show Teens Drug's Dangers

(Honolulu Advertiser – September 28)

http://www.honoluluadvertiser.com/apps/pbcs.dll/article?AID=/20090930/NEWS15/909300373&source=rss_loc_alnews

In just a couple of school presentations so far this year, speakers from the Hawaii Meth Project have discovered that gruesome photos of an extremely painful condition called "meth mouth" send a more vivid anti-crystal methamphetamine message to Hawaii teenagers than any statistics or warnings from adults. After years of warnings to Island students about the dangers of smoking crystal methamphetamine or "ice" new attention has been focused on a little-known side effect in which gums recede and teeth break apart and begin to rot as soon as 6 months after ice use. "Those pictures are certainly the attention-grabber," says Cindy Adams, executive director of the Hawaii Meth Project. The Hawaii Meth Project plans to visit dozens of middle and high schools around the Islands this school year.

Delayed First Visit to Dentist Can Affect Children's Lifelong Oral Health

(PR Newswire – September 24)

<http://sev.prnewswire.com/health-care-hospitals/20090930/AO8443430092009-1.html>

Most American children don't see their family dentist until they are older than 2, far later than is recommended by both dental and medical professionals. That's one of the key findings from a survey of American children's oral health, conducted on behalf of Delta Dental Plans Association. The survey was commissioned to gain greater knowledge about the state of children's oral health and revealed that, for those children who had seen a dentist—and 34% had not—the average age at the initial visit was 2.6 years. The American Academy of Pediatric Dentistry (AAPD) recommends that a child go to the dentist by age 1 or within 6 months after the first tooth erupts. Among children who have never visited the dentist or who have not seen a dentist in the past 12 months, the most mentioned reason (62%) was that "the child is too young" or "doesn't have enough teeth yet." Lack of insurance coverage was cited by 12% of the caregivers.

Mangalore Dentistry Facing a Crisis

(Manalorean.com, India – September 22)

<http://mangalorean.com/news.php?newstype=local&newsid=146681>

According to Major General (retired) PN Awasthi, Secretary of the Dental Council of India, dental science is facing a major crisis in Mangalore because most dentists are pursuing commercial interests. "There is hardly any research or serious teaching happening in the field," he said. Blaming the commercialization on the disproportionate number of students taking to dentistry, he said: "Over 70,000 dentists graduate each year. There are too many dental graduates against too few jobs." Pointing out that the urban areas had reached saturation levels, Mr Awasthi advised students to move to rural areas and reach out to the masses there.

Issue in Implant Debate Comes Down to Saving Teeth

(PRNewswire – September 21)

<http://news.prnewswire.com/DisplayReleaseContent.aspx?ACCT=104&STORY=/www/story/09-21-2009/0005097989&EDATE>

The American Association of Endodontists has expressed serious concerns over recent assertions by the American Academy of Implant Dentistry that reinforce outdated myths about root canal treatment. A news release distributed by the implant group positioned implants as a better option than root canal treatment for a variety of reasons, including higher success rates and lower financial burdens - claims that root canal specialists know to be inaccurate and misleading to potential patients. "Not only has it been proven that both treatments have the same success rates," said Dr Gerald N Glickman, President of the AAE, "but several studies show that root-canal treated teeth are retained at about 95% to 97% after eight years, versus implant retention of 85% to 90% during a similar time period." Dr Glickman also noted the inference that diseased teeth are not worth saving, which he said does a disservice to both patients and the dental profession as a whole.

Books Will Steer Kids to Dentist

(Plymouth.co.uk – September 20)

<http://www.thisisplymouth.co.uk/news/Books-steer-kids-dentist/article-1353762-detail/article.html>

The Peninsula Dental School has launched the Happy Reading: Healthy Smile initiative to encourage children between ages 2 and 5 years of age to visit the dentist. As a result of this initiative, Plymouth's dental school is giving away more than 600 books to encourage children in Devonport to look after their teeth. The school's Dental Education Facility has contacted nearby primary schools, children's centers and nurseries. It will be distributing more than 600 books to encourage children to visit the dentist. The books will be presented in bags containing leaflets on oral health and a voucher for a family oral health pack that can be redeemed at the Devonport Dental Education Facility. Families visiting the facility at the school in Devonport can also pick up free toothbrushes and toothpaste.

Economic Crisis Bad for Dental Health

(Canary Island News – September 18)

http://www.tenerifenews.com/cms/index.php?option=com_content&view=article&id=12467:economic-crisis-bad-for-dental-health&catid=36:health-and-beauty&Itemid=124

More than 2680 professional dentists all over Spain took part in a study by the Spanish Dental Foundation (FDE) and Colgate. The study found that 62% of dental surgeons believe that Spaniards go to the dentist less and cancel more appointments in times of economic crisis. Similarly 81% of people take less care of their teeth if they are in a state of anxiety. An economic crisis can apparently negatively influence daily dental hygiene and the amount of times a person visits the dentist for a check-up. Colgate and the FED have just presented the VIII edition of Mes de la Salud Bucodental, an initiative designed to make the population aware of how important it is to brush their teeth 3 times a day, to visit the dentist at least once a year, and to change their toothbrush every 3 months.

Missouri College Dental Hygiene Program Reaches Out To Hispanic Population

(PR Web – September 17)

http://www.prweb.com/releases/Missouri_College/Dental_Hygiene/prweb2896004.htm

Students in the new Dental Hygiene Education program at Missouri College are learning more than how to clean teeth, take X-rays, and address oral health issues. They will also be taught to speak "Medical Spanish" in an effort to prepare them to communicate with the growing Hispanic population locally and nationwide. Patients who primarily speak Spanish are a population at risk for health issues for several reasons: lack of education

about preventive health care, lack of insurance, and language barriers. According to Hubert Benitez, DDS, director of the program, "The quality of the medical encounter is severely hampered by language barriers for Spanish-speaking patients. When the dentist or hygienist cannot communicate with the patient, this leads to confusion and misunderstanding, which can actually be dangerous to the patient's health." States Charlotte Royeen, PhD, Dean of the Doisy College of Health Sciences, "Our partnership with Missouri College in developing the Medical Spanish course can definitely lead to better outcomes for Spanish-speaking patients. We understand the need to eliminate health disparities and build partnerships to enhance education and service."

Oral Health Improves

(Botswana Press Agency – September 17)

http://www.gov.bw/cgi-bin/news.cgi?d=20090916&i=Oral_health_improves

Oral health has experienced a remarkable progress in the past 2 decades in most of the developed countries, says Tatitown Police Assistant Superintendent, Ms Seanokeng Nkau. Officiating at the Natale Village Oral Health Day, Ms Nkau said this level of progress was made possible by well-organized preventative programs that include widespread use of fluoridated water and fluoride toothpastes. There is still evidence, however, of the global escalation of 2 major oral diseases, namely tooth decay and gum disease. "This general deterioration of oral health is attributed to factors such as the general poor oral hygiene and bad dietary habits, which are characterized by an increase in the consumption of sugary foods." Provision of oral health programs is a well-known concept of the World Health Organization's global school health initiative, which includes building capacity, advocating for improved school health programs, carrying out research in order to improve school health programs to create networks and alliances for the development of health promotion in schools, and strengthening national capacity.

AWARDS / FUNDING OPPORTUNITIES

NIH Releases New Tool to Enhance Access to Information on Funded Grants, Contracts, and Products

<http://projectreporter.nih.gov/reporter.cfm>

The National Institutes of Health (NIH) Research Portfolio Online Reporting Tool (RePORT) has launched RePORTER, a system to make funding data, research results, and products for NIH grants and contracts available to the public. The system combines NIH project databases and funding records, PubMed abstracts, full-text articles from PubMed Central, and information from the US Patent and Trademark Office with a search engine. Users can locate descriptions and funding details on NIH-funded projects along with research results that cite the NIH support. RePORTER is the newest tool on the RePORT Web site, NIH's online repository of reports, data, and analyses of research-related funding.

CDC Announces Community Chronic Disease Prevention Funding

<http://www.grants.gov>

US Health and Human Services Secretary Kathleen Sebelius has announced the release of \$373 million in funding from the Centers for Disease Control and Prevention (CDC) allocated within the American Reinvestment and Recovery Act of 2009 (ARRA) and part of the Communities Putting Prevention to Work initiative. These cooperative agreement funds will be dispersed through a series of grants to local and state governments and will fund evidenced-based, community programs aimed at reducing risk factors for chronic disease and improving wellness. The CDC is specifically interested in funding programs that increase physical activity, improve nutrition, decrease the rate of overweight/obesity prevalence, reduce tobacco use, and decrease exposure to secondhand smoke. Pediatricians and AAP Chapters are encouraged to work with state and local health officials in developing grant proposals that address the specific needs of the child and adolescent population within their state and local communities. The CDC will fund programs that "emphasize high-impact, broad-reaching policy, environmental, and systems changes in schools (K-12), communities, and states." Examples of programs funded through CDC Community Prevention grants include the development of coalitions aimed at instituting comprehensive smoking bans and school lunch programs to improve healthy choices. Communities interested in applying for the Community Putting Prevention to Work funding can find more information about the program online. The application deadline is December 1, 2009.

Funding Opportunity – Children’s Oral Health in West Virginia

The Appalachian Regional Commission (ARC) and the Claude Worthington Benedum Foundation have teamed up to fund a grant for children’s oral health in West Virginia. The award is aimed at increasing access to preventative dental services for youth in West Virginia through school-community partnerships. Grant awards range from youth in West Virginia through school-community partnerships. Grant awards range from \$15,000 to \$22,000. The deadline for applications is October 30, 2009. For more information, contact Richard Crespo at 304/691-1193 or crespo@marshall.edu.

TRAINING AND CAREER DEVELOPMENT

Conference on Oral Pathology and Rapid HIV Testing in the Dental Setting

http://nysdentalfoundation.org/pathology2009.html?utm_source=Oral+Pathology+Conference+List&utm_campaign=0701393b23-Oral_Pathology_Conference_Announcement7_20_2009&utm_medium=email

The 2009 Conference on Oral Pathology and Rapid HIV Testing in the Dental Setting, will serve as a dynamic, 2-day program devoted to the advancement of the art and science of dentistry in the service to the public. The first day of the program will be devoted to a series of presentations on contemporary topics in the field of oral pathology. The second day of the program will be devoted to an intensive training offered by the NY/NJ AIDS Education & Training Center regarding the implementation of rapid HIV counseling and testing in the dental chair. Participants attending both days of the conference (one registration fee) will receive 12 MCE lecture credits. The conference will be held October 17-18, 2009, at the New York University College of Dentistry.

School-Based Dental Sealant Programs in Ohio

<http://www.ohiodentalclinics.com/curricula/sealant/index.html>

The National Maternal and Child Oral Health Resource Center (OHRC) is pleased to announce the availability of School-Based Dental Sealant Programs in Ohio, a series of modules designed to ensure that school-based dental sealant program staff have a thorough understanding of the history, operations, and underlying principles of programs funded by the Ohio Department of Health (ODH). Although targeted to programs in Ohio, much of the information is applicable nationwide. The modules provide detailed guidelines for infection control in school-based programs; discuss tooth selection and assessment for dental sealants; review the dental sealant application process; and provide information about program operations, with an emphasis on the specific requirements that apply to programs funded by ODH. If you are a dentist or dental hygienist licensed in Ohio, 2 continuing education CE credits through the Ohio Department of Health will be awarded upon successful completion of this course. There is no charge.

Protecting All Children’s Teeth (PACT): A Pediatric Oral Health Training Program

<http://www.aap.org/oralhealth/pact.cfm>

The Oral Health Initiative is pleased to announce the launch of Protecting All Children’s Teeth (PACT): A Pediatric Oral Health Training Program! This 13-chapter module aims to educate pediatricians, pediatricians in training, and others interested in infant, child, and adolescent health about the important role oral health plays in the overall health of patients. PACT features topics such as dental development, fluoride, and oral injury and includes interactive tools such as roll-over definitions, chapter photo galleries, and self-assessment pages. The American Academy of Pediatrics is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The AAP designates this educational activity for a maximum of 11.0 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This training is also available through AAP Practice Management Online at <http://practice.aap.org/content.aspx?aid=2328>.

CONFERENCES

Fourth Annual Institute for Oral Health Conference: Defining Quality Oral Health Care (Oct 15-16)

Hotel Valencia – San Jose, CA

<http://quest.cvent.com/EVENTS/Info/Summary.aspx?e=5c135ee7-d109-4fd5-be06-94bd2494426a>

American Academy of Pediatrics National Conference and Exhibition (Oct 17-21)

Washington Convention Center—Washington, DC

<http://www.aapexperience.org/>

Oral Health Sessions offered at the 2009 NCE include:

- 10/19 4-5:30 pm: Medical/Dental Efforts (C Czerepak, DDS; Giusy Romano-Clarke, MD)
- 10/20 7-8:00 am: Meet the Expert (Adriana Segura, DDS)
- 10/20 8:30-10 am: Medical/Dental Efforts (Rama Oskouian, DMD; Giusy Romano-Clarke, MD)

ADEA Fall 2009 Meetings (Oct 21-24)

Hilton Anatole – Dallas, TX

<http://www.adea.org/events/Pages/Fall2009Meetings.aspx>

17th Annual Meeting of the Hispanic Dental Association (Oct 22-24)

Hilton Americas – Houston, TX

http://www.hdassoc.org/site/epage/25547_351.htm

NNOHA's 2009 National Primary Oral Health Conference (November 2-4)

Gaylord Opryland Hotel – Nashville, TN

ACE Symposium on Periodontics & Systemic Health (November 12-14)

Hyatt Regency Resort & Spa at Gainey Ranch – Scottsdale, AZ

<http://www.acescottsdale2009.com>

RESOURCES

Medicaid's Efforts to Reform since Preventable Death of Deamonte Driver: A Progress Report

<http://domesticpolicy.oversight.house.gov/story.asp?ID=2626>

On Wednesday, October 7th, 2009, the Subcommittee on Domestic Policy held a hearing titled: "Medicaid's Efforts to Reform since the Preventable Death of Deamonte Driver: A Progress Report." The hearing was the fourth in a series on access to pediatric dental services in Medicaid. The subcommittee has focused on this issue since the death of Deamonte Driver in February 2007 highlighted the inadequacy of dental services for Medicaid-enrolled children in Maryland. Opening statements, testimonies, and the GAO Report: State and Federal Actions Have Been Taken to Improve Children's Access to Dental Services, but Gaps Remain are available for free download.

Resource Serves Children's Health Community in Integrating Information Technology Into Promoting Child Health and Well-Being

<http://www.hrsa.gov/healthit>

The Health IT for Children Toolbox provides resources for a diverse group of stakeholders to support information technology (IT) in children's health promotion and disease prevention. The toolbox was developed by the Health Resources and Services Administration (HRSA) in conjunction with Nemours Health and Prevention Services, the California HealthCare Foundation, and the California Endowment as a resource for those who are seeking knowledge about how health IT can be used to promote children's health and well-being. Three of 7 toolbox modules are currently available. Contents include a general introduction to the health IT landscape and a specific view of health IT for children within that landscape, an overview of federal and state initiatives on health IT for children, resources for those interested in learning about and implementing cross-sector coordination and data sharing-initiatives, and resources for those interested in learning about enhancing collaboration and the use of health IT to ensure that eligible children are enrolled in public health insurance programs.

FDI World Dental Federation Launches New Oral Health Sourcebook

<http://www.oralhealthatlas.org/Home.html>

Oral health is an integral part of general health and well-being. However, 90% of the world's population have experienced oral or dental problems in their lifetime. Despite its importance for individuals and health systems,

oral health is still a neglected area in both national and international health and politics. *The Oral Health Atlas* puts the facts about oral health on the table, highlights the extent of the problems worldwide, and suggests realistic individual and population-wide solutions. The unique combination of short texts, maps, charts, and graphics presents complex statistics and facts in an intuitive, easy-to-understand visual format, complemented by extensive tables of global oral health data and a reference section. *The Oral Health Atlas* will be a valuable resource for dental practitioners, public health experts, policy makers, and anyone interested in oral health.

Standards Promote Oral Health during National Dental Hygiene Month

<http://news.thomasnet.com/companystory/567034>

October is National Dental Hygiene Month, promoting oral health practices for strong teeth and happy smiles through outreach efforts and promotional materials. Proper dental hygiene is supported all year long by International and American National Standards that guide healthy habits at all ages. The American Dental Association (ADA) recommends that all children and adults brush their teeth twice a day. International Standards are in place to address requirements for effective toothbrushes. IEC 60335-2-52 Ed. 3.1 b:2008 deals with the safety of electric oral hygiene appliances used in the home, while ISO 20126:2005 provides guidance for manual toothbrushes. Several American National Standards address gloves worn by dentists and hygienists. More information about dental product standards is available on the ADA Web site at <http://ada.org/prof/resources/standards/products.asp>.

New Publication - Improving EPSDT Periodicity Schedules to Promote Healthy Development

<http://www.nashp.org/files/ESPDTBrf.pdf>

Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit is comprehensively designed to promote children's healthy development. EPSDT includes outreach, comprehensive well-child visits (referred to as EPSDT screens), treatment, and case management. In recent years, states have recognized that it is important to identify and treat developmental delays early in a child's life. EPSDT screens are designed to identify any physical, developmental, oral or mental health condition a child may have, as well as provide parents (and adolescents) with information to help them promote the child's optimal development. The 5-page briefing, "Improving EPSDT Periodicity Schedules to Promote Healthy Development", summarizes findings from a review of state Web sites and an informal survey of state EPSDT Coordinators designed to identify the extent to which states were revising EPSDT schedules to adopt improved standards of care.

The National Oral Health Policy Center at CDHP Introduces "Trendnotes"

<http://www.cdhp.org.php5-4.websitetestlink.com/trendnotes>

TrendNotes is published by The National Oral Health Policy Center at Children's Dental Health Project and is designed to highlight emerging trends in children's oral health and promote policies and programmatic solutions that are grounded in evidence-based research and practice. The inaugural issue underscores the significance of preventing and managing childhood tooth decay, and it is the organization's hope that *TrendNotes* will help to focus attention on trends, opportunities and options to improve oral health for all children at low cost through the best use of prevention, disease management, care coordination and maximized resources.

Brief Profiles the Health Coverage and Status of American Indians and Alaska Native

<http://www.kff.org/minorityhealth/7977.cfm#>

The Kaiser Family Foundation today released a brief examining the health coverage, access to care, and health status of American Indians and Alaska Natives across the country. This brief gives an overview of some of the demographic factors that influence the health and insurance coverage of American Indians and Alaska Natives and examines the relatively high rates of chronic conditions experienced by American Indians and Alaska Natives compared to other racial and ethnic groups. The brief also provides information about the Indian Health Service and health coverage and access to care for this population.

American Dental Association Launches Podcast Program for Public

<http://www.prnewswire.com/news-releases/american-dental-association-launches-podcast-program-for-public-62400617.html>

The American Dental Association (ADA) is launching "Straight from the Mouth," a new video podcast series for the public, to provide oral health information in amusing 3 to 5-minute Webisodes. Posted monthly, the podcasts are a new resource for people seeking health information online and will be available on iTunes and

the ADA Web site at www.ADA.org. The podcasts feature such dental health topics as tooth whitening, overcoming dental anxiety, dental care for children, and dental care while traveling to other countries.

New, Expanded Nationwide Dental Directory

http://www.free-press-release-center.info/pr000000000000005523_new-expanded-nationwide-dental-directory-unveiled.html

Health Care Hiring has introduced a new dental directory that includes a search by federal National Provider Identifier (NPI) for all registered dentists in the United States, along with nationwide searches for many specialties in the dental profession plus dental labs and denture fabricators. The directory covers the following dental specialties: endodontists, oral surgery, orthodontists, periodontists or pediatric dentists, periodontists, prosthodontists, dental laboratories, and denture suppliers. Persons seeking employment in the dental field may use the Health Care Hiring dental directory as a local city search resource.

The American Way of Dentistry

<http://www.slate.com/id/2229637>

This series by a British journalist includes the following articles: "The Story of My Teeth", "The Disappearing Dentist", "Oral Cost Spiral", "How Dentists Think", "Why Poor Folks Are Short on Teeth", "Inside the Dental Safety Net", and "Healthy Teeth for All".

JOURNALS

Academic Pediatrics (*Volume 9, Issue 5, September-October 2009*)

<http://www.journals.elsevierhealth.com/periodicals/acap/current>

American Journal of Orthodontics and Dentofacial Orthopedics (*Volume 136, Issue 3, September 2009*)

<http://journals.elsevierhealth.com/periodicals/yomod/current>

Articles of interest:

- *Electromyographic Evaluation in Children Having Rapid Maxillary Expansion*
- *Incorrect Orofacial Functions until 5 Years of Age and Their Association with Posterior Crossbite*
- *Effects of Malocclusion and Its Treatment on the Quality of Life of Adolescents*

American Journal of Public Health (*Volume 99, Issue 10; October 2009*)

<http://www.ajph.org/current.shtml>

Archives of Disease in Childhood (*Volume 94, Number 10, October 2009*)

<http://adc.bmj.com/current.dtl>

Archives of Pediatrics & Adolescent Medicine (*Volume 163, Number 10, October 2009*)

<http://archpedi.ama-assn.org/>

British Dental Journal (*Volume 207, Number 7; October 2009*)

<http://www.nature.com/bdj/index.html>

Articles of interest:

- *Summary of: Influences on Dentists' Decisions to Refer Pediatric Patients to Dental Hygienists and Therapists for Fissure Sealants: A Qualitative Approach*
- *Summary of: Efficacy of Dental Prophylaxis (Rubber Cup) for the Prevention of Caries and Gingivitis: A Systematic Review of Literature*

British Medical Journal (*Volume 339, Number 7725, October 2009*)

<http://www.bmj.com/current.dtl>

Caries Research (Volume 43, Number 5, 2009)

<http://content.karger.com/ProdukteDB/produkte.asp?Aktion=Ausgabe&Ausgabe=248979&ProduktNr=224219>

Articles of interest:

- *A Practice-Based Study of the Variation of Diagnostics of Dental Caries in New and Old Patients of Different Ages*
- *Association between Enamel Hypoplasia and Dental Caries in Primary Second Molars: A Cohort Study*
- *Microbiological Analysis after Complete or Partial Removal of Carious Dentin in Primary Teeth: A Randomized Clinical Trial*
- *Association between Dental Caries and Fluorosis among South Australian Children*
- *Effect of Long-Term Consumption of Milk Supplemented with Probiotic Lactobacilli and Fluoride on Dental Caries and General Health in Preschool Children: A Cluster-Randomized Study*
- *Influence of Beverage and Food Consumption on Fluoride Intake in Japanese Children Aged 3-5 Years*
- *Effects of Flossing and Rinsing with a Fluoridated Mouthwash after Brushing with a Fluoridated Toothpaste on Salivary Fluoride Clearance*
- *Effect of Rinsing with Mouthwashes after Brushing with a Fluoridated Toothpaste on Salivary Fluoride Concentration*
- *Validity and Reliability of Laser-Induced Fluorescence Measurements on Carious Root Surfaces in vitro*
- *In vitro Comparison of Nyvad's System and ICDAS-II with Lesion Activity Assessment for Evaluation of Severity and Activity of Occlusal Caries Lesions in Primary Teeth*

Clinical Pediatrics (Vol 48, No 8, October 2009)

<http://cpj.sagepub.com/current.dtl>

Articles of interest:

- *Have JumpDrive, Will Travel: Medical Lecturing in the Age of PowerPoint*

Community Dentistry and Oral Epidemiology (Volume 37, Issue 5, October 2009)

<http://www.blackwell-synergy.com/loi/COM>

Articles of interest:

- *Linking Mother Access to Dental Care and Child Oral Health*
- *Assessing the Effectiveness of a School-based Oral Health Promotion Program in Yichang City, China*
- *Reproducibility and Accuracy of the ICDAS-II for Occlusal Caries Detection*
- *Risk Factors in the Occurrence of Enamel Defects of the First Permanent Molars Among Schoolchildren in Western Australia*
- *Associations of Fluoride Intake With Children's Bone Measures at Age 11*
- *Orofacial Pain in Young Adults and Associated Childhood and Adulthood Factors: Results of the Population Study, Wales, United Kingdom*
- *Evaluation of the Mechanical and Chemical Control of Dental Biofilm in Patients with Down Syndrome*

Contemporary Pediatrics (September 2009)

<http://contemporarypediatrics.modernmedicine.com/contpeds/issue/issueDetail.jsp?id=17832>

Dental Clinics of North America (July 2009)

<http://www.dental.theclinics.com/>

Dental Economics (Volume 99, Issue 9; September 2009)

<http://www.dentaleconomics.com/issue/toc.html>

Dentomaxillofacial Radiology (Volume 38, Issue 7, October 2009)

<http://dmfr.birjournals.org/current.shtml>

Articles of interest:

- *A Comparative Study of High-resolution Cone Beam Computed Tomography and Charge-coupled Device Sensors for Detecting Caries*
- *Comparison of Visual Inspection and Different Radiographic Methods for Dentin Caries Detection on Occlusal Surfaces*

Dutch Journal of Dentistry (Volume 116, Number 9; September 2009)
<http://english.ntvt.nl>

Emergency Medicine Journal (Volume 26, Number 10, October 2009)
<http://emj.bmj.com/current.dtl>

Articles of interest:

- *Best Evidence Topic Report: Avulsed Tooth Brought in Milk for Replantation*

European Archives of Paediatric Dentistry (Volume 10, Issue 3, September 2009)
http://www.eapd.gr/EAPDJournal/2009v10/Issue_3/Vol_10_3_Sept_Contents.htm

Articles of interest:

- *Guidelines on the Use of Fluoride in Children: An EAPD Policy Document*
- *Fluoride and the Caries Lesion: Interactions and Mechanism of Action*
- *Water Fluoridation*
- *Caries Preventive Effect of Fluoride in Milk, Salt and Tablets: A Literature Review*
- *Fluoride Containing Gels, Mouth Rinses and Varnishes: An Update of Evidence of Efficacy*
- *Caries Prevention with Fluoride Toothpaste in Children: An Update*
- *How Much Toothpaste Should a Child Under the Age of 6 Years Use?*
- *A Review of Slow-Release Fluoride Devices*
- *Cochrane Reviews of Randomized Trials of Fluoride Therapies for Preventing Dental Caries*

European Journal of Orthodontics (Volume 31, No 5, October 2009)
<http://ejo.oxfordjournals.org/current.dtl>

Articles of interest:

- *Prevalence of Malocclusion and Its Relationship With Socio-demographic Factors, Dental Caries, and Oral Hygiene in 12- to 14-year-old Tanzanian Schoolchildren*
- *Malocclusion and Occlusal Traits in an Urban Iranian population. An epidemiological study of 11- to 14-year-old Children*
- *The P561T Polymorphism of the Growth Hormone Receptor Gene Has an Inhibitory Effect on Mandibular Growth in Young Children*

European Journal of Pediatric Dentistry (Volume 10, Issue 3, September 2009)
<http://www.ejpd.eu/currentissue.asp?currentissue=S>

Articles of interest:

- *Self-perception Regarding the Need for Orthodontic Treatment Among Impoverished Schoolchildren in Brazil*
- *Facial Aesthetics and Childhood*
- *Perception of Dental Aesthetics in Pediatric Dentistry*

General Dentistry (Volume 57, Number 5, September/October 2009)
<http://www.agd.org/publications/issue/?PubID=17>

ICAN: Infant, Child & Adolescent Nutrition (Volume 1, No 5, October 2009)
<http://can.sagepub.com/content/vol1/issue5>

International Journal of Paediatric Dentistry (Volume 19, Issue 6, November 2009)
<http://www.blackwell-synergy.com/loi/ipd>

Articles of interest:

- *Three-dimensional Space Changes After Premature Loss of a Maxillary Primary First Molar*
- *Translation and Validation of a Chinese Language Version of the Early Childhood Oral Health Impact Scale (ECOHIS)*
- *Oral Streptococcus Species in Pre-term and Full-term Children – A Longitudinal Study*
- *Oral Health Status in a Group of Children and Adolescents with Myotonic Dystrophy Type 1 Over a 4-year Period*
- *Influence of the Cavity Size on the Survival Rate of Proximal ART Restorations in Primary Molars*
- *Dental Avoidance Behavior in Parent and Child as Risk Indicators for Caries in 5-year-old Children*

- *Everyday- and Dental-pain Experiences in Healthy Swedish 8–19 year olds: An Epidemiological Study*
- *Do Maternal Factors Influence the Dental Health Status of Nigerian Preschool Children?*
- *Periodontal and Microbiological Parameters in Children and Adolescents with Cleft Lip and/or Palate*

Journal of the American Dental Association (Volume 140, Issue 10; October 2009)

<http://jada.ada.org/current.dtl>

Articles of interest:

- *Letter: Early Childhood Caries*
- *Assessing a Potential Risk Factor for Enamel Fluorosis: A Preliminary Evaluation of Fluoride Content in Infant Formulas*
- *Poor Oral Hygiene As a Risk Factor for Infective Endocarditis-related Bacteremia*

Journal of Contemporary Dental Practice (Volume 10, Issue 5, September 2009)

<http://www.thejcdp.com/journal>

Articles of interest:

- *Dental Treatment Duration as an Indicator of the Behavior of 3-to 9-Year-old Pediatric Patients in Clinical Dental Settings*

Journal of Contemporary Dental Practice (Volume 10, Issue 5, September 2009)

<http://www.thejcdp.com/journal>

Articles of interest:

- *Dental Treatment Duration as an Indicator of the Behavior of 3-to 9-Year-old Pediatric Patients in Clinical Dental Settings*

Journal of Bacteriology (Volume 191, Issue 20, October 2009)

<http://jb.asm.org/current.dtl>

Articles of interest:

- *Inactivation of VicK Affects Acid Production and Acid Survival of Streptococcus mutans*

Journal of Dental Education (Volume 73, Issue 10; October 2009)

<http://www.jdentaled.org/current.shtml>

Articles of interest:

- *Creation of a Scholars Program in Dental Leadership (SPDL) for Dental and Dental Hygiene Students*
- *Using Competencies to Improve Dental Practice Management Education*
- *Introducing Infant Oral Health into Dental Curricula: A Clinical Intervention*

Journal of Dental Research (Volume 88, Number 10; October 2009)

<http://jdr.sagepub.com/current.dtl>

Articles of interest:

- *The Impact of Fluoride on Ameloblasts and the Mechanisms of Enamel Fluorosis*
- *Runx2, Osx, and Dspp in Tooth Development*
- *How to Influence Patient Oral Hygiene Behavior Effectively*

Journal of Endodontics (Volume 35, Number 10, October 2009)

<http://www.jendodon.com>

Journal of Evidence Based Dental Practice (Volume 9, Issue 3, September 2009)

http://www.sciencedirect.com/science?_ob=PublicationURL&_tockey=%23TOC%2312976%232009%23999909996%231485233%23FLA%23&_cdi=12976&_pubType=J&_auth=y&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=55ae6229f82480e9b592af0039ff58ac

Journal of Periodontology (Volume 80, Number 10; October 2009)

<http://www.joponline.org/toc/jop/80/10>

Journal of the Canadian Dental Association (Volume 75, Number 8, October 2009)
<http://www.cda-adc.ca/jcda/vol-75/issue-7/index.html>

Articles of interest:

- *Point of Care: How Do I Perform a First Dental Visit for an Infant or Toddler?*
- *Probiotics for Oral Health: Myth or Reality?*

New England Journal of Medicine (Volume 361, Number 14, October 2009)
<http://content.nejm.org/current.dtl>

Oral Diseases (Volume 15, Issue 7, October 2009)
<http://www3.interscience.wiley.com/journal/118545009/home?CRETRY=1&SRETRY=0>

Oral Health (September 2009)
http://www.oralhealthjournal.com/issues/table_of_contents.asp?issue=09012009&RTtype=&PC

Pediatrics (Volume 124, Issue 4; October 2009)
<http://pediatrics.aappublications.org/current.dtl>

Articles of interest:

- *The "Fear Factor" for Surgical Masks and Face Shields, as Perceived by Children and Their Parents*

Pediatrics in Review (Volume 30, Number 10, October 2009)
<http://pedsinreview.aappublications.org/current.dtl>

RDH Magazine (Volume 29, Issue 9; September 2009)
<http://www.rdhmag.com/issue/toc.html>

ONLINE NEWSLETTERS

ADA News Today (October 2009)
<http://www.ada.org/prof/resources/pubs/adanews/index.asp>

American Public Health Association Oral Health Section Newsletter (Fall 2009)
<http://www.apha.org/membergroups/newsletters/sectionnewsletters/oral/fall09>

Erie Family Health Center Newsletter (September 2009)
<http://archive.constantcontact.com/fs054/1102233611976/archive/1102726025644.html>

Flossline – National Dental Association (Winter 2009)
<http://www.ndaonline.org/Downloads/Flossline%20Winter%202009%20-%20Final.pdf>

HDA News and Reports – Hispanic Dental Association (Winter 2009)
http://www.hdassoc.org/site/files/351/32799/125363/385560/Winter_09_newsletter_final.pdf

MCH Alert – Maternal & Child Health Library (October 2009)
<http://www.mchlibrary.info/alert/2009/alert100209.html>

Oral Health Alert: Focus on Head Start (September 2009)
<http://www.mchoralhealth.org/alert/2009/ohalert0909.html>

Articles of interest:

- *Children's Drinking Water: Parental Preferences and Implications for Fluoride Exposure*
- *Effects of Periodontal Therapy on Rate of Preterm Delivery: A Randomized Controlled Trial*

Oral Health America e-Newsletter (September 2009)
<http://oralhealthamerica.org/enewsSept09.html>

OPPORTUNITIES



PedJobs is the electronic recruitment resource for pediatrics. View available jobs or post a resume. PedJobs is found online at:

National Listings

Indian Health Service

Indian Health Service (IHS) has vacancies in facilities large and small in some of the most beautiful areas of the United States. Whether you choose the Commissioned Corps, Civil Service, or direct Tribal hire career path, IHS has a position that will meet your specific needs for opportunity, adventure, and purpose. There are currently 66 vacancies—60 available now. Access an unofficial listing of vacancies open or soon to be open online at <http://www.dentist.ihs.gov/index.cfm?module=vacancies>.

National Network for Oral Health Access (NNOHA) Job Listings

The NNOHA Web site lists health center dental openings throughout the United States. The job list is available at http://nnohajobbank.com/NNOHA%20Logon/Job_List.aspx.

State Listings

Boston, MA—Director of Dental Services (MassHealth)

https://www.jobs-umassmed.org/umm/jobboard/JobDetails.aspx?_ID=*C34CD1B14930B825

The Director of Dental Services is a full-time key policy-making position in the Office of Medicaid. The Dental Director shall oversee the MassHealth dental program within the MassHealth Office of Acute and Ambulatory Care (OAAC) and work in collaboration with the Massachusetts Department of Public Health Office of Oral Health on dental public health programs. The Dental Director shall also work to increase access and work on oral health prevention activities and other initiatives to address oral health disparities, including but not limited to workforce shortages. The Dental Director must be a Massachusetts-licensed dentist with public health experience. The Dental Director will report directly to the Director of the MassHealth Office of Clinical Affairs and indirectly to the Deputy Assistant Commissioner for the OAAC. The Dental Director will be an important representative of and spokesperson for the MassHealth dental program, participate on various committees, and provide outreach to dentists in the Commonwealth. The Dental Director will lead the MassHealth Dental Advisory Committee, chair applicable joint committees, and consult with the Division of Health Care Finance and Policy regarding dental rate development. Frequent travel throughout Massachusetts and occasional evening hours for board meetings are required.

Chicago, IL—Project Manager, Dental Team Activities & Publications (American Dental Association)

https://pserprd.ada.org/psp/HRPRD849E/EMPLOYEE/HRMS/c/HRS_HRAM.HRS_CE.GBL?Page=HRS_CE_HM_PRE&Action=A&SiteId=1

This position's main responsibilities include providing support and technical expertise to the Council in carrying out its Bylaws responsibilities related to dental practice management, publications and dental team issues; planning, managing, and overseeing select Council on Dental Practice (CDP) subcommittee projects, etc.

El Paso, TX—Public Health Dentists

<http://www.watersconsulting.com/recruitment>

Reporting to the Senior Public Health Dentist, this position provides professional chair side dental services to El Paso County residents from ages 1 to 21, both in the Public Health Department's Rawlings Dental Clinic and in 3 Mobile Dental Clinics, which operate at schools throughout El Paso County. Important aspects of the Dental staff's responsibilities are Oral Health Education and related preventive services. The position is open until filled.

Flagstaff, AZ—*Dental Hygiene Assistant Clinical Professor Positions (Northern Arizona University)*

<http://hr.nau.edu/m/content/view/796/549>

Northern Arizona University has 2 positions open for Assistant Clinical Professor. One position is located in Keams Canyon, AZ, with weekly travel between Keams Canyon and Flagstaff required. The second position is a 9-month clinical position located in Phoenix. Both positions will remain open until filled.

Hartford, CT—*Multiple Positions (Connecticut Oral Health Initiative)*

<http://www.ctoralhealth.org>

The Connecticut Oral Health Initiative is seeking qualified applicants for the positions of Advocacy Director, Development Coordinator, and Administrative Assistant. To apply, e-mail a cover letter and resume (PDF or Word files only) to the Connecticut Oral Health Initiative at lisar@ctoralhealth.org.

Indianapolis, IN—*Various academic positions (Indiana University)*

http://www.iupui.edu/~oeo/academicjobs/acad_jobs.htm

Numerous dental health positions are listed. Available jobs include:

- *Dean, School of Dentistry*
- *Visiting Assistant Professor/Department of Preventive and Community Dentistry*
- *Assistant Professor, Department of Endodontics*
- *Assistant Professor, Department of Oral and Maxillofacial Surgery*

Minneapolis, MN—*Various academic positions (University of Minnesota)*

<http://www.dentistry.umn.edu/employment/home.html>

Numerous dental health positions are listed. Available jobs include:

- *Associate Dean for Clinic Administration and Patient Care*
- *Oral & Maxillofacial Surgery Faculty*
- *Research and Post-Doctoral Associates*
- *Director, Dental Therapy Program*
- *Endodontics Faculty*
- *Post Doctoral Associates*

Morgantown, WV—*Assistant/Associate Professor, Division of Pediatric Dentistry (West Virginia University School of Dentistry)*

<http://www.hsc.wvu.edu/sod/employment/faculty/index.html>

Responsibilities include course development and clinical instruction for predoctoral training, patient care, and scholarly activity. There may also be future involvement in postdoctoral training with the potential of a pediatric dental residency program. Candidates must have a DDS or DMD degree from an accredited US or Canadian dental school or foreign equivalent, be board certified or board eligible in pediatric dentistry, and be eligible for a West Virginia License. Prior academic and/or private practice experience is desirable. Review of applications will begin immediately and continue until the position is filled. Interested individuals should submit a letter of interest; current CV; and the names, addresses, and phone numbers of 3 references to Dr Elliot Shulman, Chair, Search Committee, West Virginia University School of Dentistry, PO Box 9485, Morgantown, WV, 26506-9485. A full-time position as Chair of the Department of Endodontics is also available.

San Francisco, CA—*Professor and Chair, Department of Preventive and Restorative Dental Sciences and Leland A & Gladys K Barber Distinguished Professorship in Dentistry (University of California, San Francisco School of Dentistry)*

http://www.norcalherc.org/c/job.cfm?t3169=&keywords=D-229&site_id=730&page=1&sort=relevance,date_&jb=5534818

The University of California, San Francisco School of Dentistry invites applications and nominations for the position as Chair of the Department of Preventive and Restorative Dental Sciences. The successful candidate will hold a Leland A and Gladys K Barber Distinguished Professorship in Dentistry and will take a strong leadership role in the teaching, research, patient care, and service missions of the department and school while being responsible for overall strategic planning and management of the department. UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to UCSF's commitment to diversity and excellence. Applicants should e-mail a letter of interest and curriculum vitae plus the names and addresses of 3 references to Peter B Sargent, PhD, Chair, PRDS Search Committee at peter.sargent@ucsf.edu or mail to UCSF School of Dentistry, Box 0640, 521 Parnassus St, Room C-734, San Francisco, CA, 94143-0640.

San Francisco, CA—Multiple Positions (University of California, San Francisco School of Dentistry)

http://www.norcalherc.org/c/search_results.cfm?site_id=730&page=1&keywords=school+of+dentistry&t3169

The University of California, San Francisco School of Dentistry is seeking faculty members in the Department of Preventive and Restorative Dental Sciences, Division of Oral Epidemiology and Dental Public Health and the Center for Health Professionals, with a joint appointment in the School of Nursing, Department of Social and Behavioral Sciences. A biostatistician and pediatric dentist/cariologist are also needed.

International Listings

Sydney, Australia—Professor and Dean of Dentistry (University of Sydney)

<http://tinyurl.com/dentistrydean>

The Dean is responsible for the general management of the faculty, providing leadership and support for all research, teaching and learning activities provided by the Faculty, overseeing the finances of the Faculty, and for the overall supervision of its staff. The successful applicant will be a distinguished scholar and researcher of international standing in a field of knowledge or clinical discipline within Dentistry, and have a breadth of interests and sympathy for other research interests represented in the faculty. The new Dean will be expected to actively contribute to its work and participate in University-wide projects. An information brochure can be obtained from Kevin Mitchell, Senior Recruitment Manager, at (+61 2) 9036 7294 or srsacademic@usyd.edu.au.

Inclusion in this publication does not imply an endorsement by the American Academy of Pediatrics. The AAP is not responsible for the content of these resources. Web site addresses are as current as possible, but may change at any time.