



Dan Hubig

The Case for Dental Sealants in California

By David F. Nelson, DDS, MS, and Rudy Blea

There is an epidemic of dental decay in California compromising the health and quality of life of California's children. Left untreated, tooth decay often has serious consequences, including needless pain and suffering, difficulty speaking and chewing, and lost days from school. Additionally, poor

dental health in childhood impacts overall health and well-being throughout a person's lifetime. Proven methods for reducing tooth decay in children, including fluoridation and the use of dental sealants, have been significantly underutilized in California.

The underuse of dental sealants is particularly notable, as California



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ranks 20th of 25 states participating in the National Oral Health Surveillance System, in the percentage of third-grade children who have received dental sealants. With just 27.6 percent of third-grade students receiving sealants, California falls well below the U.S. Public Health Service's Healthy People 2010 Objectives, which call for 50 percent of 8- and 14-year-old children to have sealants placed on one or more permanent molar teeth. While concerns regarding inadvertent sealing of dental caries may have initially contributed to these low sealant rates, a number of studies have put this misapprehension to rest. At this time, sealants are widely accepted as the best prevention for occlusal caries.

In 2005, the Dental Health Foundation, along with the California Department of Health Services and the California Dental Association Foundation, conducted an oral health needs assessment of 21,000 kindergarten and third-grade students in a representative sample of California schools. The results show that more than half of kindergarteners and more than 70 percent of third graders have experienced tooth decay, and more than a quarter of them have untreated decay. Overall, 26 percent of the children screened had a need for dental care. However, the Dental Health Foundation survey found inequities in the need for dental care among children in families of low socioeconomic status and children of color. These children are much more likely to have tooth decay and suffer the consequences of untreated dental disease. Furthermore, children at schools participating in the National School Lunch Program and School Breakfast Program are 50 percent more likely to have untreated tooth decay, and twice as likely to require urgent treatment for their untreated dental disease, as their

counterparts in other schools.

The only school-based program in California that delivers large numbers of sealants to high-risk, low-income children is the Children's Dental Disease Prevention Program. This program reaches out to approximately 300,000 underserved children by serving schools where participation in the National School Lunch Program and School Breakfast Program is 50 percent or greater. Since these students suffer disproportionately from dental decay when compared with more affluent students, preventive measures such as dental sealants help reduce the health disparities in the overall student population. However, government programs like the Children's Dental Disease Prevention Program can only do so much to assist California in meeting the Healthy People 2010 goals.

Private practitioners must continue to place sealants on their patients who have incipient caries in their permanent first and second molars and are between the ages of 7 and 12. This will ensure these teeth will have the cavity protection afforded by dental sealants. The combination of dental sealants and fluoridated drinking water is the ideal remedy for reducing dental decay. This article is a reminder that California has a long way to go to meet the Healthy People 2010 objectives for sealants and fluoridated water (75 percent of Californians drinking fluoridated water). As California moves forward in its efforts to become a leader in oral health, dentists must be diligent in providing all available treatment modalities such as dental sealants, fluoride supplements, fluoride varnish, and topical fluoride to their patients where applicable.

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Annual Plan Can Be a Great Guide to Success

Good planning may be the difference in having a successful career in dentistry or having one that's just ho-hum.

According to an article in the summer 2006 issue of the *Journal of the Indiana Dental Association*, the annual plan is a tool dentists can use to bring a greater amount of success to their practices.

"Its purpose is to determine what you want your practice to accomplish in a year and to break this down into realistic goals, which can be tracked monthly and daily," wrote James Pride, DDS, in an article before he died earlier this year.

The annual plan has two parts. One is the actual yearlong plan, an approximation of how one's year will go. The dentist needs to figure out the exact number

of days he or she will work as well as vacation days. Continuing education days also need to be specified and adhered to.

The plan also should include projected expenses and revenue. Small expenses, as well as large ones, should include variable and fixed costs. The second part of the plan is the smaller, monthly component. This is where one can adjust the plan to take account of emergencies such as illness.

While it's all right to adjust the plan monthly, one should never adjust the annual plan downward, Pride recommended. Staying true to the plans will, over the years, lead to greater success.



Abstracts Sought

Original investigations and case reports are being sought by the American Academy of Oral Medicine for its annual meeting April 17-21, 2007, in San Diego.

The AAOM abstracts committee will choose abstracts for oral and poster presentations, as well as for publication in the *Oral Surgery*, *Oral Medicine*, *Oral Pathology*, *Oral Radiology* and *Endodontology* journals.

The deadline for submission is Dec. 15, 2006, and may only be submitted electronically. The review process will be completed by Jan. 31, 2007, and authors will be notified via e-mail. If accepted, authors are required to register for the meeting and be present during the scheduled poster/oral sessions.

For more information, contact Nathaniel Treister, DMD, DMSc, by e-mail, ntreister@partners.org. For information about the AAOM meeting, go to www.aaom.com.

Restorative Resins Add Dimension to Forensic Dentistry

Researchers at the State University of New York at Buffalo have now found a way to identify remains based on the type of restorative resins found in teeth of victims of crimes or accidents. This is an important development because human remains sometimes are so badly damaged that most or all organic material is destroyed beyond use forensically. Resins, on the other hand, have staying power.

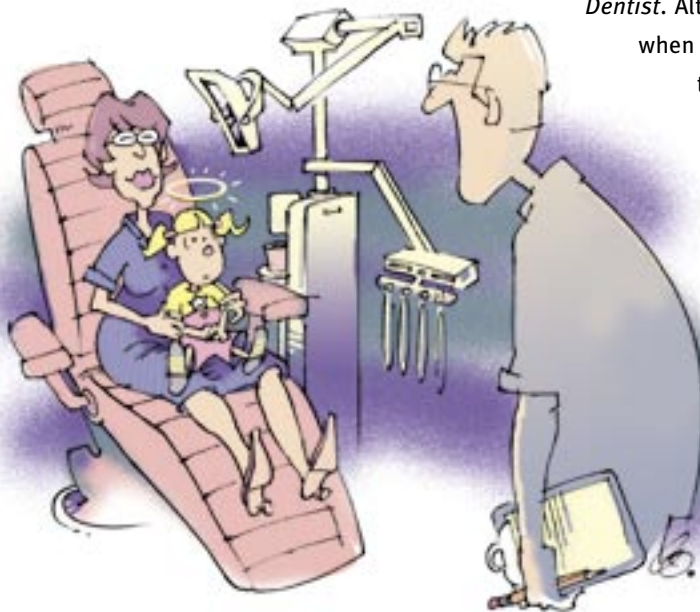
In an article published in the September 2006 issue of the university's *Dental Report*, authors detailed an experiment they conducted, placing five different kinds of resins in a total of six cadavers, with each body receiving a distinctive combination of resins.

Using an X-ray fluorescence unit, the researchers identified the remains of the cadavers based exclusively on the elemental makeup of the resins left over after cremation.



Having Parent Chairside May Not Be in Best Interest of Child

Whether or not to have parents in the operatory depends as much on the particular parents as it does on the particular child, according to Carilynne Yarascavitch, DDS, in the September 2006 issue of *Ontario Dentist*. Although many dentists rely on their own personal experiences when making such decisions, Yarascavitch examined the extent to which scientific data exists to show a positive or negative influence on parental presence.



According to Yarascavitch's review, randomized studies failed to show that a parent in the room significantly reduces a child's anxiety. Parental presence can reduce anxiety, but only in children who are younger than 4 years old, are considered mild in temperament, or only have slight anxiety.

Studies also showed that parents who exhibit high levels of anxiety can have a negative impact on their children's anxiety, transferring tension to the children as well as nervousness, worry, or apprehensiveness. Those parents should be discouraged from accompanying the child in the operatory.

Tax Tip: Don't Forget Your Documentation

Like all small-business owners, dentists in private practice should dedicate a considerable amount of their attention and time to tax issues. In the August issue of *Today's FDA*, the publication of the Florida Dental Association, Keith Johnson, a certified public accountant, offered some tips for dentists looking to take advantage of tax deductions the IRS allows them.

Among Johnson's tips and deductions that may lessen a practice's income tax:

- Benefits paid to employees, such as health coverage and retirement, can be deducted.
- Cell phones and Internet costs, if used for business, can be written off.
- Continuing education and travel for business are typically deductible.
- Only take deductions that can be backed up with documentation. This is especially vital in cases where some items for which one is seeking a deduction also are used personally.
- Remember the car mileage.
- Some fixed assets, such as computers, can be deducted completely in the year in which they were purchased.
- Some purchases like office equipment and furniture can be depreciated.



More and More People Using Search Engines to Find a Dentist

With people spending so much time online, an increasingly popular way to look for a dentist or research a particular practice, is to let their fingers do the walking on the Web.

"If a potential patient hears your name in a casual conversation, you can bet they will try to find you on the Internet before they call directory assistance," wrote Bruce Terry, DDS, in his column, "Cyber Salon," in the May/June issue of the *Pennsylvania Dental Journal*. "The general public also wants to see your name on the Internet. It gives you credibility."

Terry believes it is important for a dentist to establish a presence on the Web. One can pay a professional to construct a site and host it, or a dentist can create their own site, containing all the information they want their patients to have, with an Internet service provider.

Whatever the dentist decides to do, Terry suggested maintaining the site with accurate information. Dentists can post anything they want on their site as long as it comports with the regulations of their state dental board, the ADA Code of Ethics, and their state dental society's code of conduct.

Another task that should be performed periodically is to conduct a search for information about oneself on the Web. Dentists can use their favorite search engine to look up their name and practice. One might be surprised to see one's name listed at a number of sites. Some of these listing can be good news ... or not.

"Perform frequent searches to make sure the information about you is accurate," said Terry. "Get on the Internet, but make sure you look good."



Upcoming Meetings

2006

Dec. 3-6 International Workshop of the International Cleft Lip and Palate Foundation, Chennai, India, (91) 44-24331696.

2007

April 15-21 United States Dental Tennis Association, Sarasota, FL, www.dentaltennis.org.

April 17-21 American Academy of Oral Medicine Annual Meeting, San Diego, www.aaom.com.

May 3-6 CDA Spring Scientific Session, Anaheim, (866) CDA-MEMBER (232-6362).

June 27-July 1 Academy of General Dentistry Annual Session, San Diego Convention Center, (888) 243-3368.

Sept. 27-30 American Dental Association 148th Annual Session, San Francisco, www.ada.org.

Nov. 27-Dec. 1 American Academy of Oral and Maxillofacial Radiology 58th Annual Session, Chicago, www.aaomr.org.

To have an event included on this list of nonprofit association meetings, please send the information to Upcoming Meetings, *CDA Journal*, 1201 K St., 16th Floor, Sacramento, CA 95814 or fax the information to (916) 554-5962.