

NYSDA

AN OFFICIAL PUBLICATION OF THE NEW YORK STATE DENTAL ASSOCIATION

news

Inside Alaska: The Long and Difficult Journey to Oral Health

Robert B. Raiber, D.D.S.

Editor's Note: Earlier this year, Robert Raiber, a general dentist from New York City, traveled to a remote village in Alaska as part of an ADA task force assembled to study first-hand the problems encountered by Alaskan natives in obtaining dental care. The access situation is so critical in this part of the country, that Alaskans have resorted to training non-dentists to provide care, a move the ADA has sought to limit to the northern most state. Dr. Raiber has provided NYSDA News with an account of his trip to Hooper Bay, Alaska, and offers his thoughts on bringing help to a needy population.

On a day this past April, I left my dental office in Midtown Manhattan, to catch a flight to Seattle, WA. There, I connected with a flight to Anchorage, Alaska, arriving at my destination three hours later.

But my journey wasn't over.

In order to get to Bethel, the "hub" village, from which I would be working, I caught another three-hour flight from Anchorage. I arrived just as the public health dentists assigned to the village were returning from a dogsled ride. Bethel has a population of about 5,000, mostly Alaskan natives. My first impression was that it was unlike anything I had seen in the "lower 48." For one thing, all the homes were built on stilts, as the village is on the tundra, or delta region, and when the ice melts, there is a good deal of flooding. All the waste lines are insulated and several feet above ground. The temperature when I arrived was about 15 degrees Fahrenheit.

Dr. Bob Allen and Dr. Mary Willard, who had picked me up at the airport, gave me a tour of the dental clinic. Everything in the clinic was state-of-the-art. The staff there seemed to have access to all the best equipment and technology, including digital radiography. The clinic serves the surrounding 80 villages in an area about the size of Connecticut, containing 26,000 Alaskan natives. For geographic reference, if we were picturing Connecticut, Bethel would be located on the eastern border with Rhode Island, and Hooper Bay, where I was headed, would be on the extreme western border with New York State. The entire region, known as the Yukon-Koskowin Delta, is flat and covered in frozen tundra. There are no roads. Access to the villages is by airplane only, although I heard that some villagers



The only way in and out of far-lying Alaskan villages is by plane. The author, on his way to Hooper Bay.

occasionally venture out by snowmobile, a six-hour ride that can be very risky and dangerous.

On the Monday morning after my arrival, Jane Grover, also an ADA volunteer dentist, and I went to the clinic to pack up our gear for the week. I was scheduled to leave on a 10 a.m. charter flight with Dr. Wendi Goldston, a first-year contract dentist working for the Indian Health Service. She explained that the IHS was at that time short of dentists. Usually, it has about 12 full-time dentists, but currently had only six full-time and three part-time dentists. The six full-time dentists rotate 12 weeks a year through the 80 villages, so, obviously, not all the villages get to see a dentist in the year.

We packed one complete portable dental treatment room—chair, compressor and all. In addition, we brought a new light for the permanent chair in the Hooper Bay Health Clinic. We packed scrubs for the week, as well as several cases of sterile water, which I was told should be the only water I drank. I was also told to bring my own food, and I had packed protein bars as well as a loaf of bread, and peanut butter and jelly. Most importantly, Wendi warned me that we would carry the week's anesthetic with us so that it would not freeze on the sled ride from the airport to the clinic.

I did a fair amount of heavy lifting as we loaded about a dozen large boxes onto the back of a pickup truck and got a ride to the airport with one of the hygienists. At the airport, the

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NYSDA Celebrates Budget VICTORY IN ALBANY

Maintenance of adult Medicaid dental services is good for patients, the profession and speaks to the power of organized dentistry.

Judith L. Shub, Ph.D.

THE LAST FEW MONTHS have been tense ones for NYSDA and its members who provide dental treatment to patients enrolled in New York State's Medicaid and children and family health insurance programs. Gov. George Pataki's proposed 2004-2005 State Budget eliminated Medicaid funding for adult dental services provided in private dental offices. If the budget had been adopted with the governor's proposal intact, dental treatment would have been available to adults only in Article 28 clinics and through HMOs.

The governor also proposed eliminating or restricting funding for dental treatment in the budgets for Family Health Plus and Child Health Plus, respectively.

The budget bill adopted by the Legislature on Aug. 11 included continued funding for state dental programs. As Gov. Pataki did not veto the Legislature's budget requests for dental services, this funding is now in place for the fiscal year ending on March 31, 2005.

When the governor submitted his original budget to the Legislature, neither the State Senate nor the Assembly immediately rejected his proposals and the resulting cost-savings promised. Given the large deficits New York is experiencing, the future of state funding for dental treatment for the poor appeared to be in serious jeopardy.

NYSDA OBJECTS

NYSDA opposed the governor's proposal for several reasons. First, it would have resulted in the

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A reluctant patient is lured into the dental chair by a balloon animal.



Rare time off is spent ice fishing with Hooper Bay 8th graders. Unfortunately, the author had to leave before the first fish were caught.

boxes and our luggage were loaded onto a skid for weighing and loading onto the Piper Navajo twin we flew to Hooper Bay.

ROUGH RIDERS

The flight, at 6,000 feet, took about two and one-half hours. At the end of the flight, when we broke through the cloud ceiling, at 800 feet, it was snowing. When we landed, the temperature on the ground was 5 degrees and very windy, as Hooper Bay is located on the Bering Sea. The pilot had used the VHF to call ahead to the clinic to send sleds for us, but, apparently, she had the wrong frequency. We tried again from the ground and, finally, someone responded after about 15 minutes. The VHF in Hooper Bay is the community telephone. The 15-minute ride from the airport in a Honda 4 x 4 was cold, and several times we were almost thrown from the vehicle.

My first impression of Hooper Bay was that it was a smaller version of Bethel. However, there were no cars, only snowmobiles and 4 x 4's. The population of Hooper Bay is about 1,200 in the winter months. In the summer, people move out to fish and hunt. The older natives speak the traditional Yu'pik language. Fortunately, one of our assistants, Theresa, who lived in the village, also spoke Yu'pik.

The villagers have no running water or indoor plumbing. They haul water from a central well, use the local laundromat for scheduled showers, and, in the morning, haul their personal toilet waste in buckets to several collection points or the sewage lagoon. The centrally located health clinic is one of only three buildings in the village with indoor plumbing. There is a huge insulated waste line that leaves the building and empties into the sewage lagoon; and there is a large water holding tank outside the building. The other buildings with running water and plumbing are the school and the laundromat.

The permanent dental room in the clinic is fairly well equipped for general dentistry, with the one exception that the X-ray did not work. This did not seem to hinder our treatment, as caries are rampant and readily visible on the children's teeth. If a teenager had an exposure and wished to have root therapy, then he or she was referred to Bethel for anteriors and bicuspid or to Anchorage for molars. We extracted many third molars and some "bombed out" teeth without the benefit of an X-ray, but there was no choice.

The second treatment room has no X-ray machine and was completely set up using the portable equipment we brought from Bethel. This was boxed and left behind when we departed at the end of the week.

LONG DAYS AND NIGHTS

On the day we arrived, patients were waiting for us at 1 p.m., having heard on the VHF that we were arriving. We treated patients nonstop, until 9 p.m. that evening. Each of us saw a patient every half hour or 45 minutes, with only a 15-minute dinner break.

For the rest of the week, we started at about 8:30 a.m. and tried to finish by 7:30 p.m., but often worked until after 8 p.m. On average, we each treated 15 patients a day, and the only long break I had all week was when I took one hour to meet the 8th grade class for ice-fishing. However, I had to get back to the clinic just after they got set up, so I missed out on their success, with each youngster catching about 20 fish.

On the last day, a Friday, we started seeing patients early, at 7:30 a.m., so that we could pack up at 11:30 a.m. and catch the flight back. During the week, the women had slept in a room off the kitchen with sleeping bags on actual beds. I slept in one of the medical exam rooms in my sleeping bag. Large horseflies seem to be a major problem in the clinic and their buzzing around kept us all from enjoying a peaceful night's sleep. We were told it gets much worse in the summer.

In total, we both treated fewer than 200 patients out of the 1,200 people in the village. Many of the villagers were disappointed that they could not get to see a dentist, as they had been eagerly awaiting our visit.

Mostly we treated caries, but we also managed to place sealants on just about every 6-year and 12-year molar that was unprotected. We had no time for fluoride treatments or cleanings. Children as young as 8 use snuff or chew tobacco. Several teenagers were referred to Anchorage for biopsy of possible cancerous lesions.

Most of the older adults, not having grown up with candy and soda, have caries- and restoration-free mouths, but the children are in much worse shape than I had expected. Walking into the school gym, the first thing you pass is a "store," which is open until midnight, where only candy and soda are sold. Not a single water or diet soda was available.

In addition, because they don't have running water in their homes, the villagers are not in the habit of brushing their teeth. We handed out brushes and toothpaste, but the assistant from Hooper Bay told us the people would not use them.

It seems to me that if you had two dentists working nonstop for about three months, you could bring the population of Hooper Bay into a state of good oral health. There is the additional problem of trying to change both dietary and oral hygiene habits. The village has had medical health aides for the last 25 years who act as primary care physicians. The health aides speak Yu'pik and clearly try to alter the unhealthy behavior of their patients. They are currently training one of their natives in New Zealand as a dental health aide to perform basic restorations and simple extractions. Given their special circumstances—isolation and the lack of dental care, plus the failure by organized dentistry to identify these problems—the villagers have been forced to seek this alternative.

I believe that having a local native who is well versed in prevention might be very helpful for changing attitudes and oral hygiene habits. Some of the

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denial of necessary health care to many adult Medicaid recipients, presenting major hardships for patients with other physical and mental disabilities in particular. Article 28 dental clinics already operate at capacity, with long waiting periods for Medicaid patients seeking treatment. Without access to routine dental care, the demand for emergency services would inevitably increase dramatically. And the governor's plan would have severely undermined the delivery of dental services in New York City and resulted in, essentially, a total denial of care for Medicaid recipients living in most upstate areas.

Second, it would have resulted in a reduction of oral health care services to children as well. When adults do not have access to routine dental care, they are less likely to seek such care for their children. And because the proposal would likely lead to an overall decline in the number of private dental offices accepting Medicaid reimbursement, there would be fewer places for children to be treated.

Last and most important to legislators, the projected cost savings were illusory. It is less cost effective to provide dental treatment in Article 28 settings. The cost of care in DOH Article 28 facilities is significantly higher than the cost of services provided in private dental offices. If just a small portion of the denied private office visits resulted in an increase in clinic visits, program expenditures would likely increase. And limiting access to routine and preventive dental treatment would increase the demand for emergency and more costly restorative care.

NYSDA RESPONDS

NYSDA immediately obtained a memorandum from the law firm that represented the Association in its 1999 suit against New York State. Federal Title XIX requires that medical services included in a state Medicaid program be provided in a fair and equal way—not just to people who live in the vicinity of a clinic or who may be enrolled in a managed care plan that includes dental coverage. Therefore, if the worst-case scenario presented and the Legislature backed the governor's plan, NYSDA would prevail upon the courts to overturn the governor's proposals.

NYSDA provided detailed memoranda opposing the proposed budget cuts to legislators, including members of the budget committees, and to the governor. NYSDA members and staff met with key staff in the Assembly and Senate to discuss the impact cuts would have on the ability of Medicaid recipients to obtain care, the effect this would have on the overall health of these patients, and the financial implications of the proposal. Association representatives also met with members of the Black and Hispanic Caucus, and with Senate Majority Leader Joseph Bruno and Assembly Speaker Sheldon Silver.

Other health care associations and Article 28 clinics supported NYSDA's position. When Association members testified before the Black and Hispanic Caucus in March, the caucus also heard testimony in opposition to the proposed cuts from the medical director of the New York City Health and Hospital Corp.

NYSDA SCORES A VICTORY

Despite providing sound arguments for maintaining funding for oral health care and for maintaining dental treatment in private offices, NYSDA couldn't be certain what the outcome of the budget debate would be. It was possible that the Legislature would overlook dental funding in hurried deliberations over more costly items in the budget. The Legislature could also have accepted the governor's proposed cuts as part of its efforts to control state spending.

When the Legislature restored funding for dental

care on Aug. 11, NYSDA reacted with relief and cautious optimism, because the likelihood that the governor would veto key portions of the budget remained. But the governor accepted the Legislature's recommendations on this issue, which is good news not just for Medicaid patients and their dentists, but for the entire dental profession. It helps assure that dentists, working with the New York State Department of Health, can continue to help improve the oral health of New York's Medicaid, Child Health Plus and Family Health Plus populations.

This victory demonstrates the Legislature's recognition of the importance of dentistry and oral health for all New Yorkers. And, it shows that, when the dentists of New York State speak, they are heard. ☘

Dr. Shub is NYSDA Assistant Executive Director for Health Affairs.

Inside Alaska *continued from page 2*

contract dentists are making a very good salary—\$120,000 for the first year and \$20,000 tax-free loan payoff money. Yet, there is still a tremendous shortage of dentists. There would need to be several hundred additional dentists in the Indian Health program or dozens of weekly volunteers all over the state to alleviate this problem. Perhaps the ADA should push for a higher amount on the loan payoff and more publicity about both the needs and the opportunities of practice in Alaska.

On the plus side, I noted that some young adults were willing to pay for the crowns to help them restore their dentition. In Alaska, after one has established residency, there is an annual cash payment from the state called the PFD, or permanent fund distribution, from oil money. Recently, it was almost \$2,000 per person, and this includes every child in the family. Most of the

natives in Hooper Bay use this money to buy snowmobiles, but we met a few people who wanted to spend some of it on improving their smiles. They were told they could go to Bethel to have the work done.

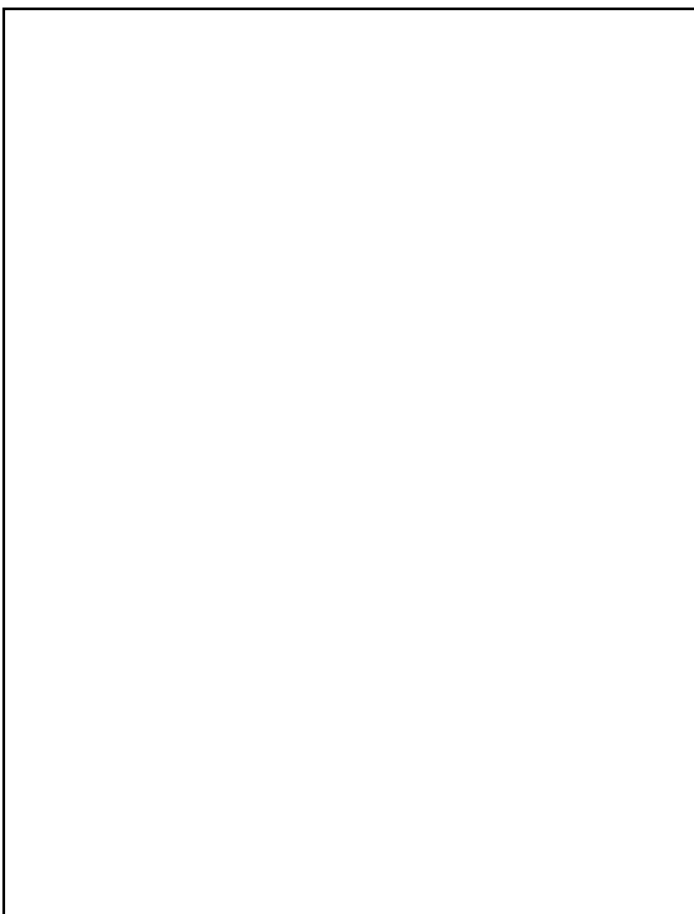
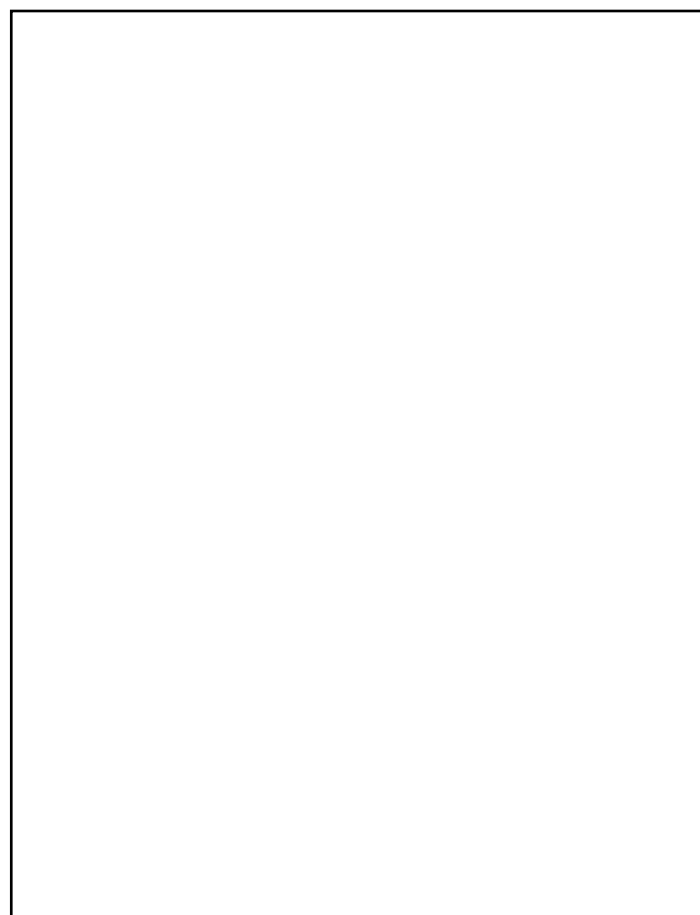
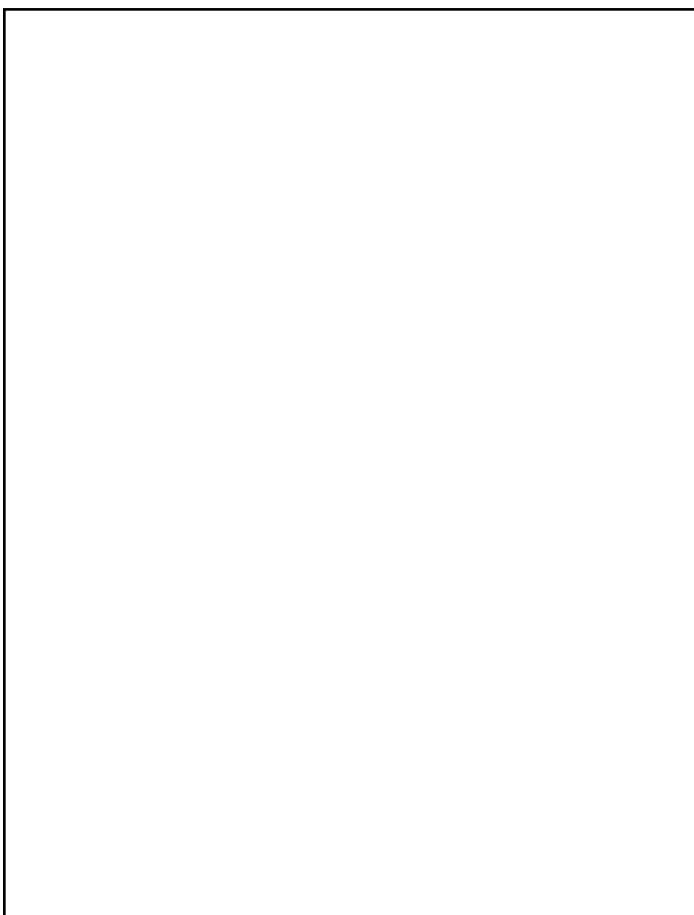
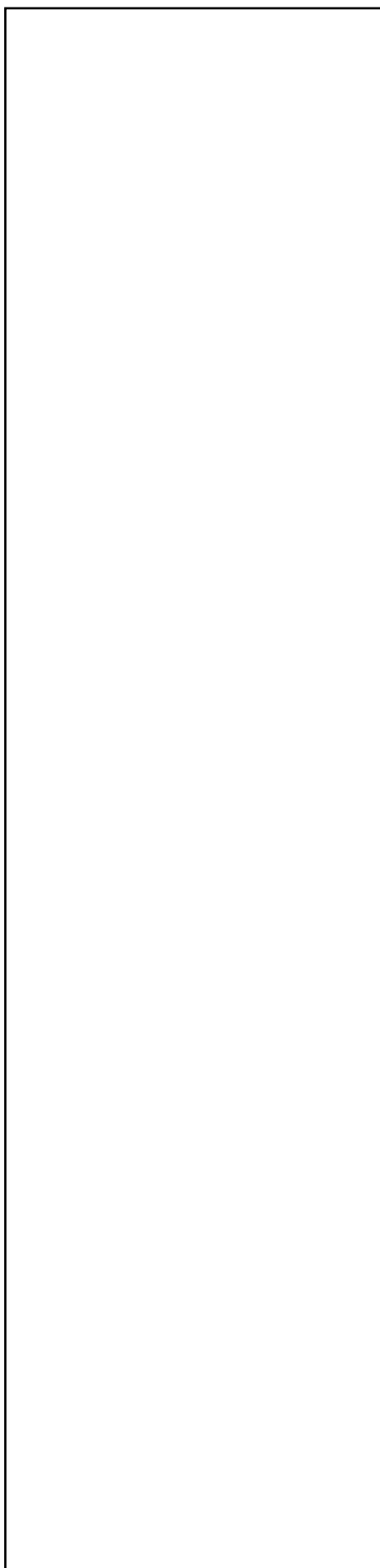
In general, the people of Hooper Bay could not have been friendlier or more appreciative of our being there. They all thanked us profusely for caring for their children. And the children are among the best behaved I have ever seen. Typically, a child sits in the chair, points out which teeth are hurting and calmly waits for the injection. We made balloon animals for all the young children, which were a big hit.

My experience was very positive, and I would like to return next year as a volunteer. Leaving the village, the pilot circled so I could get some good pictures and, again, the isolation of these people was quite apparent. The ice melts only a few months of

the year, which enables the village to have access by water to the Bering Sea for a brief time. During those months, barges bring in heavy supplies—and the snowmobiles. The hunting and fishing opportunities in the summer are said to be wonderful. The sun set during our week at about 10:30 each evening, and rose at 7. In the summer, there are only a couple of hours of darkness. The natural beauty of Alaska answers the question “Why do people live there?”

As our plane climbed, I thought I could see a huge island off the coast. No, the pilot said, you are looking at a glacier. ☘

Dr. Raiber represents New York County Dental Society on the NYSDA Board of Governors, is a member the Association Executive Committee and a delegate to the ADA House.



NYU Initiative Aims at Compassionate Education

Maureen McAndrew, D.D.S.; Jan Marc Levy, D.M.D., J.D.

The addition of service learning to the senior dental curriculum is seen as way to prepare future dentists for professional encounters with a rapidly expanding and culturally diverse patient population.

IN 1960, President John F. Kennedy urged Americans, "Ask not what your country can do for you; ask what you can do for your country." This often-quoted phrase ushered in a new era of public service, culminating in volunteer initiatives such as VISTA and the Peace Corps. Service learning has its roots in these successful efforts.¹

In 1988, President George H. Bush called for a new volunteer service movement, which he dubbed, "A Thousand Points of Light." The National and Community Service Acts of 1990 and 1993 provided funds to create a nationwide service system to engage Americans in service to their communities. This legislation was intended to encourage civic responsibility and create more opportunities for volunteerism.² An important element was the call for service learning in our nation's schools.³

A new service learning initiative at the NYU College of Dentistry has been undertaken in association with nearby Lincoln Hospital. We ultimately hope to determine, over a period of years, if and to what extent the service learning experience influences a student's practice career choice.

WHAT IS SERVICE LEARNING?

Service learning emphasizes the practical application of academic skills in real life situations while meeting genuine community needs. It embodies both a type of pedagogy and philosophy. The pedagogy is experiential and includes both action (service) and reflection (writing or thinking about the service performed). Service learning as a philosophy encourages positive ethical values toward community service, fosters an engaged citizenry and promotes the ideals of democracy.⁴

In 1982, Derek Bok of Harvard University described the social responsibility of the modern university and the importance of shifting the focus of education and research from the campus to the community.⁵ Furthermore, service learning can provide students at urban universities with a window into the city life that surrounds their campuses.

The benefits of service learning are varied and extend to all the entities involved. Research by Markus et al. showed that students who participated in service learning had higher academic achievement, more positive course evaluations and better attitudes toward community service.⁶ Service learning enhances the understanding of different cultures and develops teamwork and interpersonal skills. The community benefits by

receiving a broader range of existing services. The college benefits by fulfilling its service mission and strengthening its relationship with the community.⁷

Experiential learning is a cyclical process of action and reflection on that action. Reflection has been described as the "key" to service learning.⁸ Reflection requires a student to re-think some meaningful experience during his or her educational experience and return to it, to reflect upon it, in such a manner as to

realize its educational value.^{9,10} Reflection activities range from compiling photographic journals to writing essays describing "critical incidents."¹¹

Reflecting upon critical incidents as a teaching methodology dates back to World War II, when it was used as a research tool involving aircraft pilots' behavior and aviation safety. This technique encour-

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ages students to record events that created a lasting impression upon them. The events could be positive or negative, as long as they initiated professional thought processes.¹² It is also believed that reflection activities reinforce learning and professionalism, yet they are not included to any great extent in the dental curriculum.¹³

SERVICE LEARNING IN HEALTH EDUCATION

Our nation's growing health care needs are challenging the viability and relevance of our academic medical centers. Although academic medicine and dentistry have made significant strides in biomedical science and diagnostic and therapeutic services, such a restricted orientation is increasingly at odds with the changing needs of the nation.¹⁴ An aging and more diverse population, the increasing prevalence of

chronic disease and concerns about the cost and quality of health care for all require essential changes in the education of health professionals.¹⁵

The Pew Health Professions Commission, a national organization of leaders in allied health, medicine, nursing, dentistry, health care administration, pharmacy, public health and the health care delivery system, identified a set of competencies that all health professionals should have if they are to address the health needs of the public in the 21st century.¹⁶ These include practicing prevention, promoting healthy lifestyles, partnering with patients and their families in health care decision-making and understanding that almost every treatment decision involves an ethical decision.¹⁷

Education and training in these competencies must be balanced with the individual organ-based, disease-specific educational model that has been the driv-

ing force.¹⁸ These competencies are difficult to achieve in the traditional training environment of health professionals, which emphasizes care of individual patients in specialized inpatient settings.¹⁹ To help their graduates attain these competencies, health professional schools must strive to understand and meet the health care needs of the communities they serve.

Service learning in community-based settings holds great promise for achieving these goals.²⁰

SERVICE LEARNING AND DENTAL EDUCATION

Dental students have been providing dental services in community-based programs for more than 30 years. Early extramural programs gave dental students the opportunity to hone their newly acquired clinical skills. The learning component of such programs was primary, while the service component was of secondary importance.^{21,22,23}

In the 1970s, dental educators were remarkably prescient. They began to realize that the dental graduate must be "socially sensitive" in addition to being a competent practitioner.²⁴ This was in response to an expected increase in demand for dentistry from a more diverse population. The educators felt that students' social awareness declined in dental school. Experiences outside of school, such as externships, were needed to provide students with a clearer perspective of the responsibilities of the dental profession to a changing society.²⁵

SERVICE LEARNING AND ETHICS

In an article in the April 2004 Journal of Dental Education, Dr. Bertolami, dean of the School of Dentistry at the University of California in San Francisco wrote, "No one has ever done the right thing because of taking an ethics course in dental school."²⁶ Still, it is well established that dental schools must graduate students with the knowledge to fulfill ethical professional responsibilities in practice and to adhere to the ADA Code of Ethics.²⁷ The pedagogy of service learning directly addresses this issue.²⁸

A person's ethical system is based upon his or her background, including culture, gender and ethnicity.²⁹ This system may be challenged in dental school as the students' responsibilities increase, patients are treated, and students interact with each other and faculty. Students' ethical values may be influenced by reflection activities and modified as a result of interactions with other ethical systems and goals.

At the "Ethics Summit II" in January 2000, a meeting of 62 organizations involved in the oral health care field supported the important role of ethics. Those in attendance felt that critical issues facing health care included a "need to encourage volunteerism," and to address the "lack of understanding and awareness of other individuals or organizations' ethical positions."³⁰ Service learning directly addresses these issues.³¹

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NYSDA's Highest Honor to Go to L.W. Seldin

Howard Fine and John Iacono to Receive Service Awards

THE NYSDA 2004 Jarvie-Burkhart Award will be presented to Leslie W. Seldin, D.D.S., of New York City, a past president of NYSDA, former first vice president of the ADA, and current general chair of the Greater New York Dental Meeting.

Dr. Seldin's selection to receive NYSDA'S highest honor was announced earlier this year by the Association Council on Awards and was approved by the Board of Governors at its meeting in May. He will receive his award on Nov. 13, during the NYSDA Annual Meeting in New York City.

Joining Dr. Seldin at the award presentation will be Howard B. Fine, D.M.D., of Rochester, and John M. Iacono, D.D.S., of Manhasset, Nassau County, both of whom will receive the NYSDA Distinguished Service Award for outstanding service to the Association.

The Jarvie-Burkhart Award recognizes "outstanding service rendered to mankind through dentistry." In recent years, Dr. Seldin has volunteered considerable hours to mapping the future of the dental profession. As chair of the ADA Future of Dentistry Project, he was instrumental in the development of a report that helps frame a worldwide comprehensive picture of the future of oral disease and the scientific, economic and demographic issues that must be addressed before oral disease is eliminated. The report was especially supportive of continuing dental education and dental research.

A long-time member of the NYSDA Board of Governors and former chair of the Association's Council on Insurance, Dr. Seldin went on to serve as chair of the ADA Council on Insurance and the ADA Committee on Scientific Affairs.

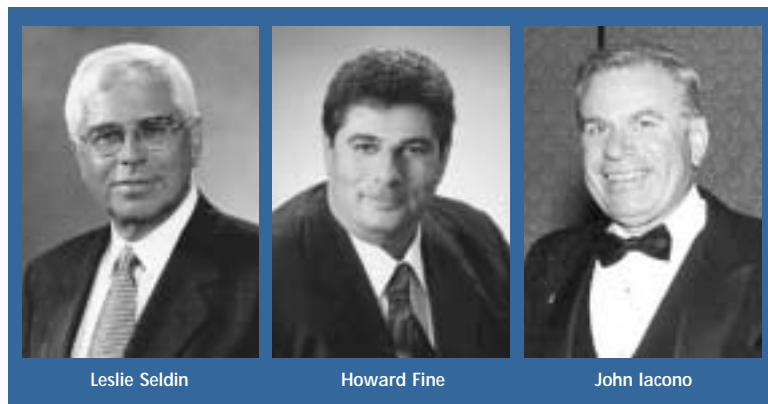
Dr. Fine, an endodontist, has devoted a major portion of his career to organized dentistry, most recently as second district trustee to the ADA. He is a past president of the Seventh District Dental Society; served five years on the NYSDA Board of Governors, including two years as a member of the Executive Committee; and was a delegate to the ADA House. In 2003 he received the Honor Award of the New York State Chapter of the Pierre Fauchard Academy.

Dr. Fine has also been active in the cause of children, serving on Gov. George Pataki's special task force to oversee implementation of the \$576-million enhancement of child Medicaid to increase access for the poor. He was also a member of the ADA task force on the Surgeon General's report to increase access for dental care for children.

Dr. Iacono, a long-time member and former chairman of the NYSDA Council on Peer Review, made a significant mark on the State Association in 1992 when he was asked to chair a

subcommittee charged with overhauling the Association's Peer Review Manual. The project took two years to complete and helped to establish New York State as a national leader in the peer review system.

Dr. Iacono currently sits on the State Board for Dentistry and is its former chair. He is a past president of Nassau County Dental Society, served on the NYSDA Board of Governors for six years and was a delegate to the ADA House.



Leslie Seldin

Howard Fine

John Iacono



About that knock at your door...

If it's a peer assistance volunteer on the other side of the door, it may be the last friendly visit a dentist will receive.

Thomas H. Sullivan, D.D.S.; Judith L. Shub, Ph.D.

Dentists tend to be wary of a "knock at their door." Is it an OSHA inspector? Is it a representative from another law enforcement agency? Or, is it an investigator from OPD, the State Education Department Office of Professional Discipline?

A professional license is a valuable yet vulnerable possession. Today, doctors are on their guard against disgruntled patients or former employees who might make their way to a government agency with an unfounded complaint. Regardless of the

merits of the complaint, its very existence renders the professional vulnerable. That "knock" is always costly, whether in terms of legal expenses, reputation, or the attendant stress and anxiety until the charges are resolved.

There is another "knock" that dentists might hear at their doors. It comes without threat of punishment or disclosure. It is a visit from a friend offering help that can avert the ominous knock of the OPD investigator, or, in some cases, law enforcement agents. This friend is a member of NYSDA's peer assistance network.

SOMEONE WHO UNDERSTANDS

NYSDA has supported the activities of its peer assistance network for the past two decades. Most of these volunteers are themselves in recovery from alcohol, drug or nitrous oxide addiction. They have been through treatment to reach and maintain sobriety. Some have themselves lost or surrendered their dental licenses. They understand the risks and the costs to a professional career.

A visit from the peer assistance committee is the last friendly visit the dentist will receive. If information about a dentist's conduct has reached his or her peers, that dentist is likely already under scrutiny by a disciplinary entity as well.

The committee hears about dentists who are imbibing at lunch or between patients, writing prescriptions for themselves, abusing nitrous oxide after patient hours, or purchasing and using street drugs. It also hears from disgruntled employees and former spouses seeking revenge through accusations of substance abuse. By making the dentist aware of the accusations or of concern over specific behavior, the committee provides the dentist with the ability to seek treatment, initiate steps to protect his or her license voluntarily, if warranted, or to take steps to preclude such accusations from having more dire or punitive repercussions.

A REASON TO CHANGE

Most dentists are grateful for the visit and the opportunity to have a professional peer show them that there is recovery and hope. Understandably, it is unsettling to learn that there have been accusations that the doctor's behavior may be indicative of alcohol or substance abuse. Some of the dentists visited have used the encounter to establish their sobriety in defense of charges being levied by OPD.

In some instances, the committee finds the behavior observed is not the result of substance abuse but is attributable instead to a psychological

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NYU Initiative Aims at Compassionate Education *continued from page 6*

ACCESS TO CARE

A goal of dental education has always been the improvement of oral health. Promoting oral health may also be considered a major ethical goal.³² During the 1990s, American dentistry tried to go beyond the Great Society programs of the '60s by seeking more effective approaches to caring for the underserved. State Medicaid laws increased the number of eligible patients, but they reduced the level and scope of services. Public Health's "Healthy People 2000" study asked the dental profession to work with the government to improve access to dental care. Dental school philosophy changed from treating patients as a means to educate students, to focusing on providing dental care to underserved populations. Some schools set up satellite clinics in order not to limit their service to geographic areas in proximity to the school.

Service learning, therefore, now operates in the larger context of providing dental care to the inner city and rural poor, and to a bigger and more diverse immigrant population.³³

FINANCIAL AND FACULTY ISSUES

Although all levels of higher education are facing financial constraints of varying severity, dental education faces unusual challenges. Public financing of dental education is at disturbingly low levels. When this outside funding was curtailed, institutions were forced to absorb the lion's share of the costs. Tuition and fees grew at an alarming rate. In fact, dental schools have the dubious distinction of being the most expensive programs on college campuses.

Unlike other professional schools, dental schools must provide costly onsite clinics for the education of their predoctoral students. Shifting some of the educational responsibilities to community sites may offset the cost of dental school clinics. By sending students to volunteer at existing clinics, the number of school-based faculty that is necessary may be reduced. This could alleviate the operating costs of the dental school; however, the savings might be ephemeral, because removing senior dental students—whose production is highest—from the school's clinics could translate into a net loss of revenues.^{34,35}

NYU AT LINCOLN HOSPITAL

Lincoln Hospital is a public hospital located in the Mott Haven section of the Bronx. According to the 2000 census, 40% of the population of the surrounding area is on some type of public assistance; 58% of the population is Hispanic; 36% is African-American; and 67% is under 18 years of age.³⁶

NYU has been associated with Lincoln Hospital for the past five years except for an interruption of several months. Anecdotally, students report they see more patients than they would at the dental school, and they perform a wider variety and number of procedures. Faculty agree that students return from the rotation as more confident and efficient practitioners.

This honors rotation is offered to senior dental students in the top two

quintiles of the class. The application process consists of a student essay, resume and interview. Seen primarily as educational enrichment, the College of Dentistry receives no fees for services rendered by the students and accepts legal responsibility for them.

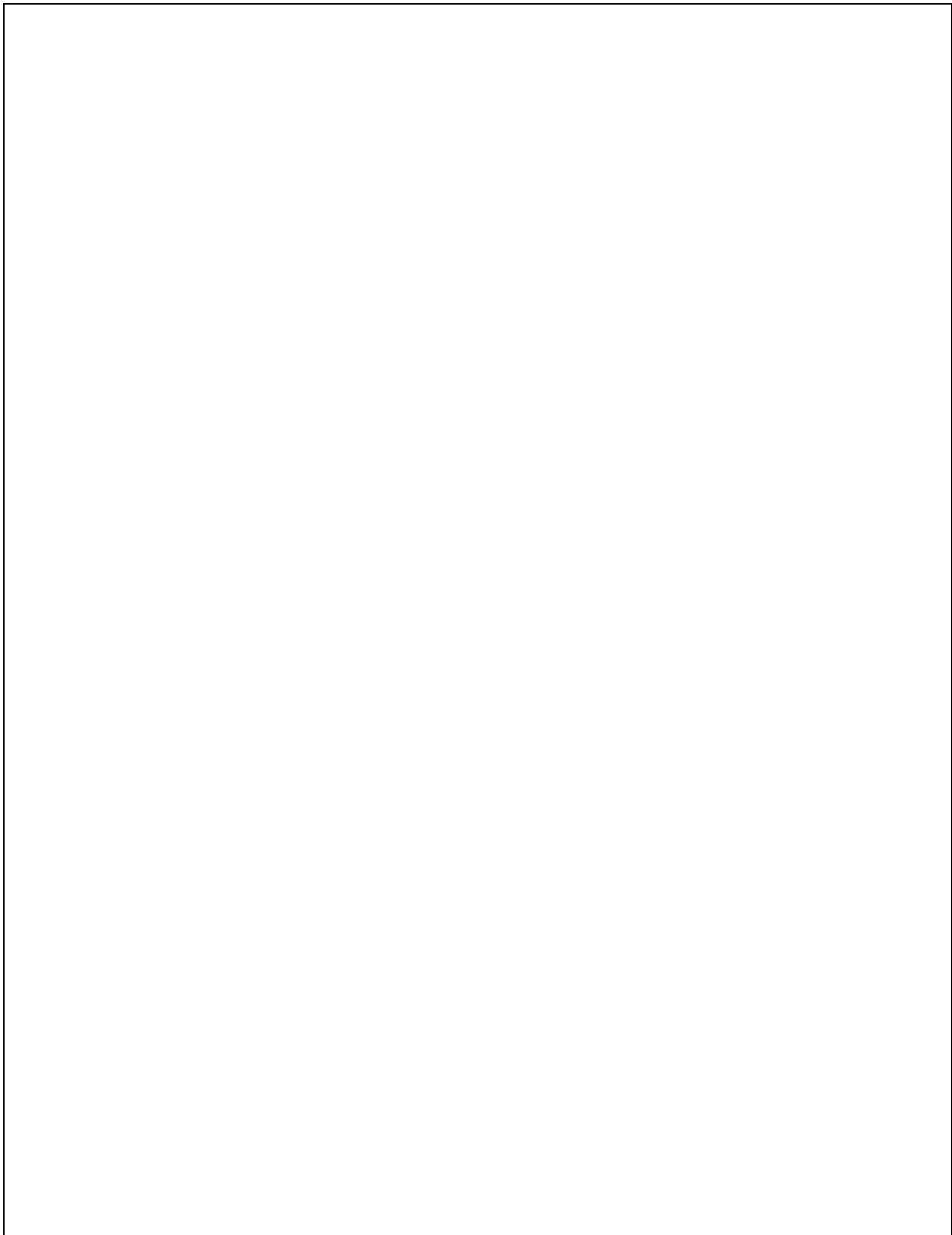
In a review process, notice was taken of NYUCD's unique New York City location and diverse student and patient populations, with widely varying cultural heritages and belief structures. It was believed that adding a service learning aspect to the externship would be beneficial to both students and the community. For the 2004-2005 academic year, the dean of academic affairs supported the inclusion of a formal service-learning component in the Lincoln Hospital rotation.

Consequently, the following changes were implemented to incorporate a service-learning component into the Lincoln Hospital rotation. The resi-

dency director and the attendings were required to attend standardization seminars at NYUCD to assure that instruction would be aligned with that of the College of Dentistry.

The new service learning requirements entail participation in pre- and post-rotation questionnaires and submission of a journal with critical incident reports once a month. Topics may include ethics, patient management, cultural awareness, and a comparison between dental school experiences and those of the rotation. Attendance at one or two group meetings to discuss and reflect upon experiences is required. In addition, submission of a short paper on the overall experience, including a report on the community and barriers to care and a self-evaluation of the participant's performance, is required. Some of the communication will be

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Health Department Unveils New Program for Medicaid Orthodontic Services

THE NEW YORK STATE Department of Health (DOH) recently piloted a new process for approval of orthodontia services under Medicaid and the Physically Handicapped Children's Program (PHCP) in 18 counties. These new procedures have been shown to serve children better and to make it easier for providers to participate in the program. DOH is now implementing the new procedures in additional counties.

The new review process does not apply to Medicaid- or PHCP-eligible patients with an existing treatment authorization previously issued through the PHCP screening process. For such patients, the currently authorized treatment year may be completed, after which the orthodontist will be required to submit a new treatment request for prior approval or prior authorization evaluations.

The provision of orthodontic care under either program is still generally limited to the treatment of patients under 21 years of age with severely handicapping malocclusions. Approval for treatment will be limited to cases involving congenital defects, such as cleft palate and cleft lip, mandibular micrognathia, extreme mandibular prognathism, severe open bite and severe skeletal dysplasias requiring a multi-disciplinary approach.

General dental treatment, including the treatment of cavities, prophylaxis and extractions, should be addressed by a general dentist prior to any request for orthodontics being submitted for either a Medicaid or PHCP-eligible child.

Beginning Oct. 1, the procedure for prior authorization of all new orthodontic treatment plans, and requests for continuation of orthodontic treat-

ment were changed for both Medicaid and PHCP-eligible children whose care is the financial responsibility of all counties in New York State with the exception of Nassau, Suffolk and the counties comprising New York City. The new review process applies to patients from the included counties regardless of the location of the treating orthodontist.

Questions about the new procedures can be addressed to Michelle Cravetz, assistant director of the Bureau of Dental Health at (518) 474-6968. More about the guidelines, including a link to the State Department of Health Web site, can be found on the NYSDA Web site, www.nysdental.org. Look for "New DOH Guidelines for Approval of Orthodontia Services Under Medicaid and the Physically Handicapped Children's Program."

LETTERS

Praise for Licensure Reform
My sincere congratulations to the forward thinking members of the New York State Dental Association who obviously worked very hard to bring a truly innovative approach to licensure for new dentists. I read about it in the TDA Today, the newsletter of the Texas Dental Association. It is almost with a wave of relief that I see your state leading the way to what must become—the national norm. This gives me much to think about as I work within my own association.

Thanks.

William A. Buche, D.D.S.

President

San Angelo District Dental Society, Texas

About that knock at your door ...continued from page 8

disorder. At times, the visits alone result in the dentist seeking appropriate professional care for a psychological or behavioral disorder, leading to greater professional satisfaction for the practitioner and to fewer confrontations with patients and staff.

Whether the call comes to NYSDA from a patient, staff member, colleague or the dentist himself or herself, the volunteer members of the peer assistance network leave their offices to respond quickly and confidentially to help a colleague in trouble. ☘

Dr. Sullivan is NYSDA Peer Assistance Coordinator and works with the Association Council on Chemical Dependency. Dr. Shub is NYSDA Assistant Executive Director for Health Affairs.

NYU Initiative Aims at Compassionate Education

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achieved by a blackboard Web site for the course.³⁷

In addition, a liaison between NYUCD and Lincoln Hospital will make periodic visits to the site and will communicate often with the director, students and the administration at the College of Dentistry. The selected students met with the liaison in April and the service learning requirements were discussed and well received.

CONCLUSION

Service learning in dental education has many important benefits. Students will provide much needed care for an underserved Bronx community. Besides learning about different practice modalities and becoming stronger clinicians, students reflect on their experiences and refine their ethical values. These reflections help them to learn more about diverse groups and themselves and to recognize the importance of life-long service to their communities.

Ultimately, NYUCD will determine to what extent the new service-learning course at Lincoln Hospital influenced dental students' attitudes toward community service. ❀

Dr. McAndrew is clinical assistant professor, and director of Administrative Services, Department of General Dentistry & Management Sciences, New York University, College of Dentistry. Dr. Levy is clinical associate professor in the Department of General Dentistry & Management Sciences.

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Council in Search of New Dentist Leader

THE NEW YORK STATE Dental Association Council on the New Dentist is seeking nominations for its 2004 New Dentist Leadership Award. Nominations must include the following:

- Nominee's updated curriculum vitae.
- A single-page essay documenting the nominee's leadership qualities, professional accomplishments and volunteer activities at all three levels (national, state, component) of organized dentistry, and community service involvement. Provide specific examples.
- A letter of recommendation from the president of the component society.

Component entries must meet the following eligibility requirements:

- Each component may nominate one candidate. The nominee must have the endorsement of his/her component dental society.
- Nominee must be a NYSDA member in good standing.
- Nominee must be less than 10 years out of dental school or a specialty-training program.

Nominations must be postmarked by December 31. Send to: Council on the New Dentist, New York State Dental Association, 121 State Street, Fourth Floor, Albany, NY 12207-1622. For more information, contact Sandra DiNoto at NYSDA, (800) 255-2100, ext. 283; sdinoto@nysdental.org.

A subcommittee of the Council on the New Dentist will select the award recipient. The winner will receive \$500 and a plaque.

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Annual Membership Meeting Set for November

Members to Select 2005 Officers



Lawrence Volland



Alfonso Perna



Steven Gounardes



John Asaro

THE NYSDA COUNCIL on Nominations convened in a telephone conference on Aug. 27 to approve the slate of candidates for the top elected positions with

the Association. At the end of its deliberations, the council had advanced **Lawrence E. Volland** of the Eighth District Dental Society to the office of presi-

dent, and nominated the following members:

Alfonso J. Perna of the Sixth District Dental Society for president elect; **Steven Gounardes** of the Second District Dental Society for vice president; and **John P. Asaro** of the Eighth District for secretary-treasurer.

Elections will be held during the annual General Membership Meeting, scheduled for 2 p.m., Saturday, Nov. 13, at the Westin Times Square Hotel in New York City.

Dr. Volland currently serves as president elect of the Association. Dr. Perna is vice president. Dr. Gounardes is a NYSDA Governor, member of the Finance Budget & Audit Committee, and an alternate delegate to the ADA House. Dr. Asaro now holds the office of secretary-treasurer.

Wastewater Management, Pediatric Dentistry Courses Will Be Offered at Annual Meeting

Courses in amalgam wastewater management and pediatric dentistry will be offered by the New York State Dental Foundation on Friday, Nov. 12, opening day of the NYSDA Annual Board of Governors Meeting in New York City. The courses will take place at the Annual Meeting site, the Westin New York at Times Square. Both courses are recommended for dentists and hygienists. They are described below.

"AMALGAM WASTEWATER MANAGEMENT"

9:00 a.m. – Noon (3 MCE credits)

Speaker: Dr. Lawrence Bailey

This course will provide attendees with an overview of the best management practice techniques for the proper handling and disposal of mercury-containing amalgam waste. During the course of this presentation attendees will receive information about water-related issues in the dental office as well as an overview about the more popular models of amalgam separators. Since dental offices are responsible for management of the amalgam waste that is produced in the office, it is important that guidelines are developed that will ensure that mercury is not mishandled and allowed to enter into the environment. At the conclusion of this program, participants will understand the potential risk to the environment from amalgam; and they will be better prepared to develop practical solutions for immediate implementation in their practices.

"MICRO-DENTISTRY FOR THE PEDIATRIC PATIENT"

1:30 p.m. – 4:30 p.m. (3 MCE credits)

Speaker: Dr. Lawrence Kotlow

Pediatric Dentistry: Is today's high technology really high-tech, or is it now the norm in the treatment of children? This course will include diagnosis and rationale for treatment of children using the Erbim family of lasers, digital radiography, the dental operating microscopy and more. A Power Point presentation with live video of patient procedures using the microscopy and other technologies will be discussed.

NYSDA Board of Governors Meeting Continuing Education Course Registration Form

COPY THIS FORM FOR EACH ATTENDEE

Friday, November 12, 2004, Westin New York At Times Square, 270 West 43rd St., NY, NY

Name _____ ADA# _____ Hygiene Lic. # _____

Address _____

City _____ State _____ Zip _____

Tel. # () _____ Fax # () _____

Confirmation is by e-mail only. My e-mail address is: _____

"Amalgam Wastewater Management"

Nov, 12, 2004, 9:00 a.m. - Noon

NYSDA Member Dentist	\$ 95.00	\$ _____	NYSDA Member Dentist	\$ 95.00	\$ _____
Non-NYSDA Member Dentist	\$ 125.00	\$ _____	Non-NYSDA Member Dentist	\$ 125.00	\$ _____
Dental Hygienist/Staff	\$ 75.00	\$ _____	Dental Hygienist/Staff	\$ 75.00	\$ _____

GRAND TOTAL \$ _____

Enclosed is a check payable to: The New York State Dental Foundation

Charge my: Visa MC AMEX Card # _____ Exp. _____

Return Form to: The New York State Dental Foundation, 121 State St., Albany, NY 12207.

Credit card payments may be faxed to 518-465-3219.

No Refunds After 11/1/04

CLASSIFIEDS

FOR SALE

MARYLAND: Southernmost NERB state. Large and small practices for sale. No buyer's fees. Full financing arranged. Call for current listing. Polcari Associates, LTD. (800) 544-1297; www.polcariassociates.com. Dentist owned since 1985.

HUDSON VALLEY: 15-year-old general practice with real estate. High traffic location, excellent visibility. Rapidly growing family-oriented, good schools. Please reply to *NYSDJ*, Box #O-805.

FLORIDA: Boca Raton. Excellent Florida opportunity. Quality FFS general practice for sale. 3 ops. + 1 hyg., recently renovated with modern equipment. Gross \$695. Dentist relocating. Call (561) 716-3215.

MANHATTAN: Lincoln Towers at W. 67th St. Dental condo for sale in high density, upper class neighborhood. Extremely low taxes/cc's, which includes all utilities. Call (212) 362-9491.

GOLDEN OPPORTUNITY: Seeking recent grad to have own practice, low overhead, 30 minutes north of NYC. Populated and still growing area. Two treatment rooms to share; 2 rooms for expansion. Call (518) 783-0760.

POUND RIDGE, NY: Home & Office. Semi-retired, 20 hrs./week. Ideal opportunity on state road; 2+ acres; 10-room house, pool, a/c, all amenities. A visual delight. Call (914) 764-4440.

SO. SARATOGA COUNTY: Well-established, productive general practice, 4 operatories, great staff. Retiring; will stay to introduce if desired. Flexible terms. Great opportunity for caring, compassionate dentist. Reply to *NYSDJ*, Box #O-806.

NEW YORK STATE: The largest selection of quality practices for sale from Albany to Buffalo. Columbia County- \$775,000 gross; Jamestown- \$412,000 gross; Lake Placid- \$524,000 gross; Corning- \$520,000 gross; Binghamton area- \$600K- \$1.2M; Finger Lakes- \$875,000 gross; Utica- \$600,000 gross; Rochester, Saratoga- \$1.2M gross. OMS practices too. Find us in the ADA Directory of Dental Practice Appraisers and Brokers. Jim Kasper Associates, LLC: (603) 355-2260; www.JimKasper.com.

ROCHESTER: Eastern suburban, low overhead, fee-for-service, computerized general practice for sale. Established 20+ years, loyal patients, flexible transition. Price \$115,000 – less than current net. Reply to *NYSDJ*, Box #O-801.

LONG ISLAND: Suffolk County, Port Jefferson, NY. Dental office building in Medical Park for sale. Prestigious location bordered by two hospitals and minutes to University Hospital. Call: (631) 941-3100, x125 or x229; view at: www.coldwellbankercommercial.com, property ID # 13995403.

FOR RENT

SUFFOLK COUNTY: Beautiful 2-operator office available. Fully equipped for GP or specialist. Computer network, digital radiography, digital imaging, rotary endo, operating microscope, surgical implantology, orthodontics. Conveniently located in Patchogue, just off Rte. 27 and close to expressway. Call Tracey at (631) 475-0263.

MANHATTAN: New dental operator for rent. Madison Ave. and 50th St. If you are an orthodontist, we have spaces for Pano and Ceph. Call (212) 223-3005.

MANHATTAN: Dental operatorie(s) for rent. Sixth Ave. and 57th Street. Sunny, modern, newly renovated. Please call (212) 751-6344.

ALBANY, NY: Western Ave., near State Campus. Built for dental office. Brick building offers 5 operatories, private office, laboratory, reception area, waiting room, 2 bathrooms and private parking. On bus route; triple net lease. (518) 286-2560.

MANHATTAN: Corner of 17th St. and 3rd Ave. Shared use of 3-operator, 1100 sq. ft. office. Street level entrance in 24-hour luxury doorman building. Call (212) 228-1450.

MANHATTAN: Seeking dentist wanting to slow down, reduce overhead and /or thinking about retirement. All arrangements considered. 1 – 2 rooms available with floor-to-ceiling views of Manhattan skyline. Call (212) 246-4420.

MANHATTAN: Periodontist wishes to sublet 2 operatories one day per month in modern office. Please call (516) 887-7700.

57TH ST & AVENUE OF THE AMERICAS: 3-operator pent-house office grossing \$460,000 on 4- day week. Long-term lease available; perfect for dentist with small nucleus looking to expand. (516) 295-0812.

EXCEPTIONAL: Completely renovated 4-operator dental office located in NYC on Fifth Ave. & Washington Square. One or two ops available for rent. Please e-mail replies to: MilanSeGallDDS@msn.com; or call: (212) 979-0020.

MANHATTAN: Operatories available for specialist, or I will purchase your perio practice. 60th Street and Park Avenue. Modern office, great building in luxury Midtown location. Leave message at (203) 733-1946.

MASSAPEQUA: Sunrise Hwy., across from train station. Professional space available for rent. 700 – 2,500 sq. ft. Excellent for medical or professional service. Great parking. Call (516) 458-4436.

MIDTOWN MANHATTAN: One or two full-time or part-time dental operatories in newly renovated office for rent. 24-hour doorman. Call (212) 581-5360.

FLUSHING (NORTHERN BLVD.): Fully equipped dental office for rent. Ideal for GP or specialist, highly visible location, 3 operatories. Great opportunity to own your own office without initial set-up cost. Also good as a second office. Long-term lease available. Call (917) 232-6549 for further information.

SERVICES

DENTISTS' ATTORNEY: STEVEN H. JESSER
(800)424-0060 and (847)212-5620 (mobile)
shj@sjesser.com; www.sjesser.com

Experienced and affordable representation of NY dentists in all legal areas affecting dental practice, including purchases/sales; licensure and credentialing; collection; litigation; employment/partnership contracting.
Initial telephone consultation without charge (24/7).
Admitted to NY bar.

TAXES: Your office, business or personal. Specialty-dentists. Personable CPA. References. Call Stuart A. Sinclair, CPA, at (516) 935-2086. Office located at 1120 Old Country Rd., Plainview, NY 11803.

EQUIPMENT FOR SALE

LIGHTYEAR HANDHELD: Digital X-Ray system and Suni Cam intraoral camera. Brand new, never installed. Was \$13,000, will accept \$8,000 or best offer. Call Diane at (718) 229-6600.

SOFTWARE: Dental*Partner, a full-featured practice management system for Windows, now includes direct-to-NY State Medicaid billing of HIPAA-complaint claims, via a modem or diskette. No submission charges! Claims are batched and error-checked. One click posting and reconciliation of Medicaid remittance statements and insurance bulk payments. Complete package (private, insurance, Medicaid), \$2595. Medicaid-only version, \$1595. Developed by Integra Software, Inc.: (800) 541-4996; www.IntegraSoftwareInc.com.

SOFTWARE: \$695 for Complete Dental and Orthodontic Practice Management Software. Unrivaled technical support and free maintenance for first year! For a FREE TRIAL, surf to www.perfectbyte.net, or call (877) 767-7007.

OPPORTUNITIES AVAILABLE

GENERAL DENTISTS: Full or part time to work in long-term care facilities and community clinics throughout New York State. Flexible days and hours. Call (914) 738-1144, ext. 29; fax (914) 738-6751; or see us on the Web at: www.dentserv.net.

BRONX, PELHAM PKY. AREA: Modern, fully equipped four-chair office that is underutilized. Looking for someone with a nucleus to share space. Will consider all arrangements. Call (718) 824-4383.

LIVERPOOL, NY: Excellent opportunity for motivated general dentist to join established dental group. Located within full-service medical facility in scenic Central New York. We offer competitive salary plus bonus. Excellent benefits, which include CDE allowance and up to four weeks paid vacation per year. Applicants with outstanding clinical and interpersonal skills or recent graduates, please forward CV to: NMC General Dentistry, 5100 W. Taft Rd., Ste. 3K, Liverpool, NY 13088; call (315) 452-2700; fax (315) 452-2705.

MID-HUDSON VALLEY: Well-established, high-quality dental group seeks motivated General Dentist with strong clinical/interpersonal skills to join thriving practice. Residency or equivalent training required. Full-time position with potential for partnership. Our practice has been providing dental care to the community for 70 years and is still growing. Contact Administrator at: Pine Street Dental Associates, 138 Pine St., Kingston, NY 12401; call: (845) 338-6900; e-mail: admin@pinestreetdental.com.

HOW TO PLACE YOUR CLASSIFIED ADVERTISEMENT IN THE NYSDA NEWS

STANDARD CLASSIFIED AD: \$35 for the first 30 words or less, 75 cents each additional word. All prices are per ad, per issue.

ASSOCIATESHIP POSITIONS AVAILABLE: NYSDA members pay \$25 for 3 consecutive issues — please limit ad to 30 words or less. Nonmembers pay \$35.

ASSOCIATESHIP POSITIONS WANTED: Three consecutive issues, free of charge. Please limit ad to 30 words or less.

NYSDJ BOX NUMBER: \$10 per ad, per issue. The NYSDJ will assign a box number to your ad and will send all responses to you when they are received.

NYSDA WEB SITE: For an additional \$10 per insertion we will run your standard classified ad on our Web site. Associateship wanted ads will run on site for 3 consecutive months at no charge. Associateship available ads will run for 3 consecutive months for an additional \$5 (members) and \$10 (nonmembers).

PAYMENT: Payment via check, money order, or credit card must accompany ad copy. American Express, Visa, MasterCard and Discover accepted with 2% surcharge. All ads must be submitted in writing. Send ad copy and payment to NYSDJ Classifieds, 121 State Street, 4th Floor, Albany, NY 12207

Please write out your ad as you would like it to appear in *The Journal* and attach it to this form. Complete this form and mail with payment to: NYSDJ Classifieds, 121 State St., 4th Floor, Albany, NY 12207.

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Card # _____
Exp. Date _____

WATERTOWN, NY: Seeking highly motivated dentist with excellent clinical and communication skills, a desire to learn, a strong commitment to continuing education and a lifelong dedication to success. You will be joining a growing private practice with very committed professional staff; up-to-date with operator computers, digital radiography, intraoral camera, air-abrasion and Cerec technology. Centrally located near the Adirondack Mountains, Lake Ontario, and the St. Lawrence River (1000 Islands). Amazing opportunity for an associate leading to partnership. Interested candidates please contact Robert D. Schonfield, DDS, at (315) 788-0805.

ASSOCIATE/FUTURE PARTNER: We are located in the Binghamton area of beautiful upstate NY. Due to the retirement of a partner, we are looking for an associate in general practice. Our practice has three general dentists, one pediatric dentist, five hygienists and a great professional staff. Contact Ms. Butler at (607) 754-3080; or e-mail: Sschiff@stny.rr.com.

NEW YORK CITY AREA: Seeking pedo dentist for specialty practice team in up-and-coming NYC neighborhood. Inspired, dedicated to quality care, fun loving, self-starter eager to earn and grown a must. Reply to NYSJD, Box# O-804; or e-mail resumes to: susanvee@juno.com.

ITHACA: Heart of the Finger Lakes. Golden opportunity for early ownership of quality-oriented, established general practice. Contact Dr. Patrick LaForte, 310 E. Court St., Ithaca, NY 14850; or call (607) 272-2033.

PARTNERSHIP POTENTIAL: Maryland State Board member is looking for pediatric dentist associate for Maryland pedo practice located midway between Baltimore and Annapolis. Brand new 5200 sq. ft. office with all new equipment. This beautiful office is the most ethical practice you'll find. Maryland license required. Fax resume to (410) 760-1422; e-mail any questions to: drbdl@comcast.net.

MIDTOWN MANHATTAN: Great opportunity to join progressive, growth-oriented, holistic dental practice. We deliver state-of-the-art, high tech, comprehensive care. Mondays and Fridays to start. Ideal for someone with an existing patient base. If you are a skilled communicator, always strive for growth and excellence, and have long-term partnership and equity goals, fax your resume to (212) 564-0345.

DENTISTS FOR VERMONT: Outstanding opportunities for practice acquisitions in the Montpelier, Burlington and Lake Champlain

areas. Enjoy the splendor of the Green Mountains and Lake Champlain, all part of the unbeatable Vermont lifestyle. Please call for details. Lynn Harris, (800) 288-1730; fax (518) 266-9289; lynnharris@harrisbrand.com.

POSITIONS AVAILABLE: Spend time doing what you love best—treating patients—and leave the business of dentistry to us. Join our established and well-respected dental practice, located in brand new, state-of-the-art office on Madison Avenue. We have built our reputation by providing the highest quality dentistry, combined with dedicated attention to our patients' needs. If you have a nucleus of patients whom you truly care for, whether you are just beginning your career or are planning to retire, then you belong in our practice. Fax all inquiries to (212) 249-8449.

DENTIST: New York-Catskills. Bassett Healthcare, major referral center of upstate New York is looking for full-time dentist for new practice at O'Connor Division in Delhi, NY. This position will be available in February 2005. Delhi is family-oriented community located in beautiful Catskill Mountains with excellent school system and abundance of year-round recreational and cultural opportunities. Applicants must be competent in all phases of general dentistry and hold licenses as DDS or DMD. We offer competitive salary and comprehensive benefits package. Please send CV and correspondence to: Denise B. Harter, Medical Staff Affairs, Bassett Healthcare, One Atwell Rd., Cooperstown, NY 13326; (607) 547-6982; fax (607) 547-3844; denise.harter@bassett.org.

WANTED: Retiring Dentist's Practice to buy in NYC. Planning to retire? Well-established and growing NYC Midtown practice seeking a compatible merger prospect with retiring dentist who wishes to transition his practice into modern, private practice setting with doctors and staff who are warm, friendly and uphold to highest standards of excellence in dentistry. Short and longer transition terms available. You and your staff can continue to practice while your patients will appreciate the time to become familiar with us as you "phase out." The retiring dentist will gain: increased personal freedom, security, assured income and less business headaches. For more information, please contact Jennifer Vitulli at: (212) 826-2322, ext. 213; or jjvitulli@aol.com.

ASSOCIATESHIPS AVAILABLE

NEW YORK: Capital District. Dentists and specialists needed to join modern, multi-doctor, growing general dental practice. Potential for partnership. F/T and P/T positions available. Call (518) 377-4431/Fax (518) 377-4618.

SOUTHERN TIER/FINGER LAKES: Busy, fee-for-service, family-oriented, solo general practice is seeking associate leading to future buy-out. Five treatment rooms. On-site housing available. Call (607) 324-1175, days; or (607) 324-0512, evenings.

BINGHAMTON: Modern, well-established group practice, beautiful upstate NY setting. Seeking motivated associate, leading to partnership. Family/cosmetic dentistry. Fax resume: Thomas Bucker, DDS/Hayes Aronson, DDS, c/o Carpathian Dtl. Associates, (607) 770-1176; e-mail: BUCK2015@aol.com.

ORAL & MAXILLOFACIAL SURGEON: Long Island, NY. Busy, established practice needs BE/BC surgeon FT/PT. Golden opportunity for quick sale. Please call (631) 941-3705.

ORAL & MAXILLOFACIAL SURGEON: Long Island, NY. Established, well-respected, two-office group practice, seeking BE/BC surgeon for association leading to partnership. Fax resume to (516) 822-5010; or call (516) 822-7880.

BROOKLYN, NY: Oral Surgeon needed for Oral Surgery office. Full-time or part-time BC/BC. Call (718) 272-8300.

ORANGE COUNTY: Long-term position available for young, motivated dentist. High-tech practice with accent on cosmetic dentistry. Associate must have well-rounded personal and dental skills as well as interest in continuing education. Please fax resume to (845) 856-3000.

NEW YORK, CAPITAL DISTRICT: Well-established, two-man Oral Surgery practice seeking board-certified or board-eligible associate, leading to early partnership. Near the Adirondacks and Saratoga, two hours north of New York City. Send CV to NYSDJ, Box #O-803.

GENERAL PRACTICE: Two partners and two offices looking for associate FT/PT. Located in Liverpool and Central Square, NY. Please call Dr. Gross at: (315) 453-3003; and/or fax resume to: (315) 457-0073.

LONG ISLAND: Nassau County. Competent, personable dentist wanted to join growing, modern, family dental practice. Potential for partnership. Experience preferred. Contact Dr. Sloyer at (516) 935-5222.

DENTIST NEEDED: FT/PT in very busy Guilderland office. Buy-in possibility. Call Carl at (518) 452-0655; or fax resume to (518) 452-0657.

ASSOCIATE DENTIST NEEDED: For beautiful family-oriented practice. Multi-dentist/hygienist, state-of-the-art equipment, 25 minutes north of Saratoga. 2+ years experience preferred. Potential earnings \$300,000. Please call Sarit at (518) 798-9561.

BUFFALO SUBURB: Innovative group general practice seeks additional doctor. Expanding practice with new, high-end facility and equipment. Your best qualities can be discussed at interview. Fax resume to (716) 683-0579; or call (716) 652-5543.

ASSOCIATE/FUTURE PARTNER: General dentist for FT associate position with potential partnership. Progressive, busy practice, professional building, located on Lake Champlain, 60 miles south of Montreal. Contact Dr. DeSnyder, (518) 566-9198; or fax (518) 561-1918.

NORTHSHORE: Western Long Island. Well-established group practice seeks pediatric dentist for associate position leading to partnership. New pediatric office space. Hospital affiliation and operating room privileges. Board eligible and highly motivated. Fax resume, (516) 627-7031.

CAPITAL DISTRICT: Associate/Partner for General Practice in very nice area. 8 operatories; opportunity for long-term community commitment; will consider leasing space. Personable, ambitious, business & quality-oriented dentist desired. Serious inquiries please. Dr. Glover, (518) 374-3060.

ASSOCIATESHIP/BUYOUT: People person needed for rural upstate 10-year-old practice. Gross \$700K and rising. Endodontist on staff, modern equipment; owner wants fewer hours. Open to all possibilities. Call (315) 642-0318.

ROCHESTER SUBURB: Associate leading to partnership within 18 months. Modern, 7-operator office with digital X-rays, great staff and nice patients. Must be compassionate, experienced and proficient in restorative dentistry, oral surgery, endo, pedo. Contact Dr. Levy, (315) 597-5511.

PERIODONTIST: Needed immediately for Valley Stream, LI, family dental practice to replace periodontist who will be leaving after 14 years. One day per week to start, with great potential. Call (516) 825-6695. Fax resume (516) 825-6642.

ORTHODONTIST/ORANGE CO.: Established, multi-specialty practice seeking P/T orthodontist leading to associateship to join our quality, progressive team. Newly renovated facility one hour north of NYC. Call (845) 565-6677; or fax (845) 565-6163.

GENERAL DENTIST ASSOCIATE: For high-quality, busy, growing, state-of-the-art, 6-operator office. Seeking buy-in associateship

leading to buy-out. Very nice Bronx neighborhood. Call (718) 654-2320.

GENERAL DENTIST: \$120K salary + benefits. High-tech practice in Lowville, NY, seeking FT associate. Planning new 10-operator facility. Buy in after one year. Send CV to: Dr. Sam Pominville, 7626 N. State St., Lowville, NY 13367; (315) 376-3121.

WESTERN SUFFOLK: Modern office. Looking for an associate in a general dental practice. GPR experience preferred. Tuesdays and Thursdays only. Please fax resume to Dr. Glazer at (631) 361-4823.

ASSOCIATESHIPS WANTED

MANHATTAN/WESTCHESTER CO.: Looking for FT/PT associate position in general practice. GPR experience. If interested or know of colleague in need of associate, please call (917) 657-5233.

ENDODONTIST/NYC AREA: Endodontist seeks busy GP office to perform all root canals. Willing to travel NJ, Westchester, LI and all NYC. Personable and professional. Call (917) 837-6418.

PERIODONTIST: 14 years experience in all phases of treatment. Seeking PT associateship in general or group practice in Long Island, Queens, Bronx or Brooklyn. Will work with most insurance plans. Call (516) 255-8398.

NYC: Columbia University SDOS grad looking for PT position in Manhattan or Brooklyn area. GPR experience. Can speak Japanese. If interested or know of colleague in need, please call (917) 334-1936.

EXPERIENCED ENDODONTIST: Seeking association in endodontics or general practice in NYC, preferably Manhattan. Very productive, excellent references. Nice working conditions, pleasant staff etc. Please call (917) 597-1549; or reply to NYSDJ, Box #O-802.

SOUTHERN TIER/FINGER LAKES: Syracuse General Dentist with 17 years experience seeks pediatric position 1-2 days/week. E-mail: kadluddite@yahoo.com.

NASSAU/SUFFOLK CO.: A personable GP with 2 years of private practice experience, GPR, proficient in C&B and molar RCT (conventional/rotary) is looking to join quality practice for FT/PT associate position. Please call (917) 208-9615.



COLUMBIA RESEARCH to Examine Gene Influence on Severity of Periodontal Disease, Therapy Response

Study will provide basis for targeted therapies for leading cause of adult tooth loss.

SCIENTISTS AT Columbia University Medical Center (CUMC) are looking into the genetic reasons why individuals experience periodontal disease so differently, and why some respond to treatment more successfully than others. Even with treatment, some patients continue to see deterioration of gum condition and eventual loss of teeth.

The research is part of an effort at CUMC to eradicate periodontitis in these patients and better understand how the gum disease develops. It is hoped that such understanding will allow the development of pharmacologic therapies targeted specifically to a person's own genetic predisposition for response.

A new, three-year \$1.8-million grant from the National Institute of Dental & Craniofacial Research will support research to determine whether different forms of periodontitis can be classified based on gene expression in inflamed gums.

Currently, periodontitis is classified into two groups—chronic and aggressive—that are categorized based on clinical signs after consideration of medical and oral health history. However, distinguishing these two disease categories can be difficult because the clinical signs of both can be quite similar, while response to standard therapeutic procedures may vary considerably.

“The current system for classifying periodontal disease does not have a solid, pathobiology-based foundation,” said Panos N. Papapanou, D.D.S., Ph.D., the principal investigator on the project, who is also professor and chair of the Section of Oral and Diagnostic Sciences and director of the Division of Periodontics, Columbia University School of Dental & Oral Surgery. “We intend to identify the molecular basis of the wide spectrum of responses to periodontal bacteria, and use this information to reduce the risk of periodontitis and develop new, more targeted therapies.”

The patient's individual immunoinflammatory response to the bacterial challenge is believed to determine the type, extent and severity of periodontitis, and this response is believed to have a strong genetic component. Dr. Papapanou and his team will examine gene expression signatures to define different subtypes of the disease in order to understand the molecular processes involved in each subtype.

The research will take advantage of contemporary gene expression profiling technology, similar to that used to study the behavior and prognosis of certain cancers. Dr. Papapanou and his team will study 120 patients—60 with chronic and 60 with aggressive periodontitis. Samples of inflamed gingival tissue from the patients will be analyzed to identify local patterns of gene expression in inflamed gums, and will be used to develop a novel classification scheme based on similarities in gene expression signatures.

“In addition to providing insights into the pathobiology of periodontitis, this research will provide a wealth of data on the basic host responses to infection,” said Paul Pavlidis, Ph.D., co-principal investigator of the study and assistant professor in the Columbia University Department of Biomedical Informatics and the Columbia Genome Center. ❀