Chicago

soaring to new HEIGHTS!

AAPD 63rd Annual Session

CHIEF EXECUTIVE OFFICER’S REPORT
to the Membership

John S. Rutkauskas, D.D.S., M.B.A., CAE
Chief Executive Officer

May 27 - 30, 2010
Welcome to the AAPD’s 63rd Annual Session

Dr. John S. Rutkauskas
AAPD Chief Executive Officer

Sweet Home Chicago! Welcome to the 63rd Annual Session and the AAPD’s home town. We are delighted to be your home town hosts this year, along with our energetic Local Arrangements Committee headed by Drs. Steven Kuhn and Indru Punwani.

Here are some fun facts about the Annual Session in Chicago as of the date of this report (look for final figures in the July 2010 PDT):

• Second City Communications is the designer of the Keynote Session.
• Over 4,100 have registered for the meeting, including over 1,500 members and nearly 1,000 office staff.
• Over 250 Research Poster presentations have been reviewed.
• 150 Exhibit booths have been sold.
• Over 3,000 have registered for the Welcome Reception, which has the theme of Sweet Home Chicago!
• The Presidents’ Farewell Dinner continues its grand tradition, taking place this year at the newly opened Modern Wing of the Art Institute of Chicago, including access to the Matisse Exhibit.

Donors at the Leadership Circle and above to Healthy Smiles, Healthy Children: the Foundation of the AAPD, are invited to the HSHC Donor Party on Saturday, May 29, 2010, from 7 to 10 p.m. at the Trump International Hotel and Towers.

Visit HSHC in the exhibit hall and learn about the new access to care grants and much more! Donors can come in, relax, enjoy a cup of coffee and catch up with friends both old and new.

The AAPD-Head Start Dental Home Initiative is part of the HSHC booth this year, so take time to learn what’s new with this initiative and the upcoming state launches.

The AAPD Store continues to feature great offerings and gifts to bring back to the office. One lucky visitor to the store will win a free registration for the 2011 Annual Session in New York, N.Y. Any purchase of $20 or more from the AAPD store makes you eligible for the daily drawing.

Future Locations for the AAPD Annual Session

2011 – New York City
2012 – San Diego
2013 – Orlando
2014 – Boston
2015 – Seattle
2016 – San Antonio
2017 – Washington, D.C.
2018 – Honolulu, Hawaii

This report is also available in PDF format on the AAPD Web site in the Members-only section under Members Resource Center.
AAPD Membership Holds Strong in Difficult Economy

We’re pleased to report that AAPD Membership now exceeds 7,600!

The AAPD member retention rate was 91.7 percent. The retention rate for Active and Life members is even higher — 97 percent. These percentages put AAPD at or near the top in market share comparison with other dental and medical associations. We appreciate our member loyalty and will continue to strive to offer outstanding programs, services and initiatives.

**Membership Statistics as of March 2010**

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>4972</td>
</tr>
<tr>
<td>Life</td>
<td>290</td>
</tr>
<tr>
<td>Affiliate</td>
<td>607</td>
</tr>
<tr>
<td>Associate</td>
<td>87</td>
</tr>
<tr>
<td>International</td>
<td>132</td>
</tr>
<tr>
<td>Honorary</td>
<td>2</td>
</tr>
<tr>
<td>Retired</td>
<td>504</td>
</tr>
<tr>
<td>Predoctoral Students</td>
<td>204</td>
</tr>
<tr>
<td>Postdoctoral Students</td>
<td>875</td>
</tr>
<tr>
<td>Allied</td>
<td>10</td>
</tr>
<tr>
<td>Friends of Pediatric Dentistry</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7688</strong></td>
</tr>
</tbody>
</table>

**AAPD Membership Growth 2003-10**

New Members totaled over 400 for the 2009-10 fiscal year (not including post doctoral conversions to Active)

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>14</td>
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<tr>
<td>Affiliate</td>
<td>77</td>
</tr>
<tr>
<td>Friends of Pediatric Dentistry</td>
<td>1</td>
</tr>
<tr>
<td>International</td>
<td>5</td>
</tr>
<tr>
<td>Post Doctoral Students</td>
<td>231</td>
</tr>
<tr>
<td>Predoctoral Students</td>
<td>106</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>434</strong></td>
</tr>
</tbody>
</table>

**New AAPD Membership by Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>64%</td>
</tr>
<tr>
<td>Male</td>
<td>36%</td>
</tr>
</tbody>
</table>

**New AAPD Membership by Age**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 and Above</td>
<td>5%</td>
</tr>
<tr>
<td>65-70</td>
<td>4%</td>
</tr>
<tr>
<td>60-64</td>
<td>28%</td>
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<tr>
<td>55-59</td>
<td>63%</td>
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<tr>
<td>50-54</td>
<td>71%</td>
</tr>
<tr>
<td>45-49</td>
<td>19%</td>
</tr>
<tr>
<td>40-44</td>
<td>13%</td>
</tr>
<tr>
<td>35-39</td>
<td>13%</td>
</tr>
<tr>
<td>30-34</td>
<td>6%</td>
</tr>
<tr>
<td>Under 30</td>
<td>1%</td>
</tr>
</tbody>
</table>

**New Affiliates Members by Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>64%</td>
</tr>
<tr>
<td>Male</td>
<td>36%</td>
</tr>
</tbody>
</table>

**New Postdoctoral Members by Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>71%</td>
</tr>
<tr>
<td>Male</td>
<td>29%</td>
</tr>
</tbody>
</table>

**New Predoctoral Members by Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>57%</td>
</tr>
<tr>
<td>Male</td>
<td>43%</td>
</tr>
</tbody>
</table>
Membership Needs Assessment Results

Every five years the AAPD conducts a comprehensive survey to assess the needs of the membership. This enhances planning efforts through this direct input from members about professional practice issues and product/service preferences. The survey was sent electronically to all Active, Life and Affiliate Members in late November 2009. In this report we would like to share some of the key findings.

Key member services that are rated most used and very valuable to members are as indicated below:

Challenges rated critical by the membership are indicated below:

Advocacy continues to be a high priority for the membership. Three of the top rated areas for advocacy are:

- Third party reimbursement policies/inadequate reimbursement
- Special needs patients after they reach adulthood
- Obtaining a state law requiring a dental examination prior to school matriculation.

### Reason to Continue AAPD Membership

<table>
<thead>
<tr>
<th>Reason to Continue AAPD Membership</th>
<th>2009 Rank</th>
<th>2004 Rank</th>
<th>1999 Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the organization that represents my specialty</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Support AAPD advocacy on behalf of children</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>AAPD publications</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>AAPD continuing education courses</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Fellowship/interaction with pediatric dentists</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>The AAPD Annual Session</td>
<td>6</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
New Membership Database Comes Online

On Dec. 8, 2009, the AAPD officially went live and on schedule with a new Association Management Software (AMS) called Association Anywhere. This system is completely Web-based and can be accessed anywhere with Internet connection. The new database will provide greater integration and reporting capabilities across departments to track trends between members, customers, exhibitors, advertisers, etc. New areas that will be tracked include advertisements, speaker proposals and abstract management. Membership and Marketing Director Suzanne Wester effectively managed this implementation, keeping the project on time and on budget.

Association Anywhere also enhances your experience using the AAPD Web site, especially the Members Only section via:

• **Improved functionality of the Online Store.**
• **Easier meeting registration.**
• **Ability to reprint confirmation and receipts from your online profile.**
• **Ease of updating personal and educational information on your online profile.** Opportunity to print out CE credits from past AAPD meetings and enter new CE credits from non-AAPD courses.
• **Join AAPD Online (coming soon).**

With this new software, the AAPD is also able to offer a new service to state unit organizations for collection of their state dues via the AAPD system. The following state units are participating in this service for 2010-11:

- Connecticut Society of Pediatric Dentists
- Massachusetts Academy of Pediatric Dentistry
- Nebraska Society of Pediatric Dentistry
- Pennsylvania Academy of Pediatric Dentistry
- Wisconsin Society of Pediatric Dentistry, Ltd.

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**In Memoriam**

Dr. Robert J. Boller  
Eagan, MN

Dr. Russell V. Brown  
Port Orange, FL

Dr. Bertram M. Cronson  
West Redding, CT

Dr. Francis J. Dermody Sr.  
Vero, Beach, FL

Dr. Robert J. Feigal  
Minneapolis, MN

Dr. Mary J. Hauk  
Amherst, NY

Dr. Mark Ritz  
Homerville, GA

Dr. Gordon H. Rovelstad  
Columbia, MD
**AAPD Finances Remain Strong**

The completed audit for fiscal year 2008-09 indicated that the AAPD had a modest deficit of $192,107, due to investment portfolio losses on paper for that time period, which have since recovered nicely. The deficit was over $100,000 less than budgeted. This is a tribute to the prudent financial oversight of our Budget and Finance Committee and sound business decisions of the Board of Trustees. A surplus is budgeted for 2009-10.

Total AAPD reserves\(^1\) continue to exceed 100 percent of our annual operating expenses, which is the envy (and goal) of many other associations. The AAPD has benefited by maintaining a very sound moderate to conservative risk investment philosophy. Budgeted expenses for the 2009-10 fiscal year (not including pass-throughs such as the Head Start contract, MCHB Perinatal grant, and PAC restricted funds/hard dollars) are $7,401,981. As of March 31, 2010, the AAPD’s investment portfolio stood at $9,368,656, which means we are comfortably above the 100 percent figure. This provides both funds for a rainy day and, more importantly, flexibility to make key investments in initiatives that might take multiple years to reach fruition. This includes activities related to promotion of the dental home, such as the Head Start project and the new **Get It Done in Year One** media campaign.

The most recent financial statements indicate that AAPD income is running comfortably ahead of expenses to date in the current fiscal year.

I do want to add a note of respect for and tribute to Elliott Hall, an accountant from the AAPD’s long-time accounting firm of Martin and Martin. Elliott passed away from leukemia this past fall. We appreciated Elliott’s professionalism and friendship, and will sorely miss him.

\(^1\)Reserves reflect the portion of assets that are allocated into various financial investment vehicles, including CDs, equities, and bonds.
Dental Insurance & Coding Assistance

Since 2007 the AAPD has offered a service to assist AAPD members with hands-on advice related to third-party reimbursement (dental and medical insurance) and coding. We can help answer your questions regarding dental and medical coding and effective utilization of dental benefits, and provide technical assistance to help resolve difficulties that your practice may be having with claims submitted to dental or medical plans. Our Dental Benefits Manager Mary Essling brings a tremendous level of experience and knowledge on these issues. The service is available for members to contact whenever you have questions or concerns about insurance or coding, as well as how they relate to AAPD’s oral health policies and clinical guidelines. Contact Mary Essling at messling@aapd.org.

Below is a summary of the number and types of member calls received in the period from January 2009 to March 2010. These inquiries have all been resolved in a satisfactory manner for AAPD members!

<table>
<thead>
<tr>
<th>Key to chart abbreviations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental: Delta Dental EOB/Unresolved Claims</td>
</tr>
<tr>
<td>Fluoride varnish: Fluoride varnish submitted as D1203 if low risk</td>
</tr>
<tr>
<td>Non-covered dental service fees: Non-covered dental service fees set by carriers</td>
</tr>
<tr>
<td>GA Legislation: General Anesthesia Legislation</td>
</tr>
<tr>
<td>Restorations: Preventive Resin Restoration/sealant/Icon-GMA America</td>
</tr>
<tr>
<td>Radiograph: Radiograph (occlusal film especially) requirements</td>
</tr>
<tr>
<td>Age Limitations: Contractual Age Limitations</td>
</tr>
<tr>
<td>United Concordia: United Concordia EOB EOB/Unresolved Claims</td>
</tr>
<tr>
<td>SSC: Aesthetic stainless steel crown</td>
</tr>
<tr>
<td>&gt; Age 7: Plans not covering services by pediatric dentist after age 7</td>
</tr>
<tr>
<td>BCBS: BlueCross BlueShield EOB/Unresolved Claims</td>
</tr>
<tr>
<td>Crowns: Strip crowns/resin based composite crown/four or more surface resin based composite</td>
</tr>
</tbody>
</table>
AAPD Buyer’s Guide

New resource for purchasers and decision makers of dental benefit plans – AAPD Buyer’s Guide to Dental Benefits

Released Fall of 2009

This guide is designed for benefit directors, human resources staff, and other key stakeholders responsible for designing, selecting, and purchasing dental benefit plans with optimal dental benefit coverage for children. It provides a comprehensive overview of dental insurance plans such as indemnity plans versus managed care plans. Additionally, this brochure explains the distinctions among dental insurance (indemnity, HMO, PPO) versus dental discount plans. By making this information available, the AAPD hopes it can assist purchasers of benefits to select dental benefit plans that best suit their employees, families, and the overall health of all insured. In the fall of 2009, this 19 page brochure was mailed to employers in major metro areas with 1,000 or more employees, or a total of 3,611 corporations.

AAPD Coding Manual Proves Invaluable Resource - Get Ready for 2011-12 Dental Codes

The AAPD publication Coding and Insurance Manual 2009–2010: A Comprehensive Resource for Reporting Pediatric Dental Care Services has sold over 1,000 copies to date. An updated 2011-12 second edition/supplement to this manual will become available to membership in October 2010, with an effective date of Jan. 1, 2011. This resource offers advice for accurate coding which means quicker reimbursement! The AAPD Coding and Insurance Manual is a quick and convenient go-to guide for effectively reporting procedure codes when filing dental and medical insurance claims, including:

• Listing of all relevant new and revised CDT codes relevant to pediatric dentistry.

• Current ADA Claim Form and CMS 1500 Claim Form with instructions.

• CDT dental codes cross-linked with CPT and ICD-9 diagnostic codes.

• Correct Medical Coding to Dental Services.

• Medical code procedures and diagnostic codes relevant to pediatric dentistry.

• Answers to common coding questions.

• Vignettes and coding suggestions for pediatric dental scenarios.

• Contact information for insurance carriers, Medicaid Directors and State Insurance Commissioners.

• Updated glossary of dental and insurance terminology.

Several additions or revisions to the CDT for 2011-12 will affect pediatric dentistry. Most notably, after years of efforts by the AAPD and other dental organizations, there will now be a code for preventive resin restoration in a permanent tooth for moderate to high caries risk patients. This is a conservative restoration of an active cavitated lesion in a pit or fissure that does not include placement of a sealant in any radiating non-caries fissures or pits.
New Local AAPD Coding and Insurance Workshops Now Available

The AAPD now offers a Coding and Insurance Workshop to state and district pediatric dental societies. The workshop is approximately three hours long and covers general coding issues, plus specific ones that may be unique to your region. We cover claims processing tips, coordination of benefits, documentation requirements specific to pediatric dentistry, cross coding dental procedures to medical procedure and diagnosis codes, tips on developing meaningful narratives, Medicaid policies on reimbursement issues, and tips for appealing claim denials. For seminars taking place in 2010, the new and revised codes for the next edition of CDT are now available and will be presented to the participants. Although the additions and revisions will not become effective until Jan. 1, 2011, participants will benefit from learning about the upcoming changes and be ready to implement them on Jan. 1, 2011. Each pediatric dental society is responsible for airfare, travel costs, and hotel expenditures for at least one presenter. State Coding and Insurance Workshops already scheduled for 2010 are:

Nebraska – April 22, 2010
West Virginia – July 24, 2010
Indiana – Sept. 17, 2010

If your state or district is interested in holding such a workshop, please contact Dental Benefits Manager Mary Essling at messling@aapd.org.

Medical Coding Efforts to Support Pediatric Dental Hospital or Ambulatory Surgery Center Cases

The AAPD Board of Trustees has made it a priority to obtain appropriate medical coding to support access to both hospital operating rooms and ambulatory surgery centers for pediatric dentists providing restorative treatments in such settings.

The AAPD recently submitted a medical CPT code proposal for full mouth dental rehabilitation in a hospital setting or an ambulatory surgical center (ASC). AAPD District III Trustee and Council on Dental Benefit Programs Board Liaison Dr. Tom Ison presented oral arguments in support of this code proposal to the CPT Editorial Panel in February 2010. Unfortunately, the CPT Editorial Panel rejected the request to establish the full mouth dental rehabilitation code. Their rationale was that since there is no physician work value for the “facility,” it cannot be referred to the RBRVS system to assign a value.

In consulting with several experts in the hospital and medical coding arenas, the AAPD has explored a second alternative, obtaining a HCPCS Level II code for full mouth dental rehabilitation in a hospital setting or an ambulatory surgical center (ASC).

The Level II HCPCS codes, which are established by CMS’s Alpha-Numeric Editorial Panel, primarily represent items and supplies and non-physician services not covered by the American Medical Association’s Current Procedural Terminology-4 (CPT-4) codes. Medicare, Medicaid, and private health insurers use HCPCS procedure and modifier codes for claims processing. National Permanent Level II HCPCS codes are maintained by the HCPCS national panel, a group comprised of representatives from Blue Cross/Blue Shield (BCBSA), America’s Health Insurance Plans (AHIP), and CMS.

The HCPCS process, as mandated, requires that each of the state Medicaid Medical Directors submit the application. Therefore Mary Essling and our Council on Dental Benefit Programs will organize our efforts with state Medicaid agencies.

We hope you find the “Behind the Code” articles featured in PDT to be useful

Each month this column has featured analysis to help your offices with dental and medical coding and insurance matters, including:

- Key Pediatric Code Revisions for CDT 2009-2010
- Dental Procedures Most Likely Covered by Medical Plans
- Billing Examinations and Consultations to Medical Plans
- Advertisement for new AAPD resource – AAPD Coding and Insurance Manual 2009-2010
- UCCI Raises Reimbursement Fee for Conscience Sedation
- Are You Required to Refund Money to Carriers?
- State and Regional Coding Workshops Announcement
- How Do We Report Smoothing a Tooth?
AAPD Presents to AHIP on Model Dental Benefits Plan

On March 8, 2010, Council on Government Affairs Chair Dr. Warren Brill and Dental Benefits Manager Mary Essling made a presentation to the America’s Health Insurance Plans’ (AHIP) Dental Committee during the AHIP annual session in Washington D.C. Warren and Mary presented information on the AAPD’s oral health policy on *Model Dental Benefits for Infants, Children, Adolescents, and Individuals with Special Health Care Needs*, and the associated CDT codes. AHIP is a highly influential professional association of approximately 1,300 health insurance plans.

Attend an Informative Insurance Symposium at the Annual Session!

Plan to attend the Insurance Symposium to be presented Friday, May 28, 2010, from 1 to 2:30 p.m. at the AAPD 63rd Annual Session in Chicago. This program will feature a presentation from the ADA’s Contract Analysis Service (CAS). Mr. Ahmed Elganzouri, Esq., will present an overview on what every dentist should know about participating provider contracts. In addition, you will hear from experts in the field of dental insurance reimbursement and learn about the recent trends in reimbursement and how these related matters may affect your practice’s bottom line.

Did you know?

You can access legislative text from all 31 states that have passed general anesthesia coverage legislation on the AAPD Web site, available at [http://www.aapd.org/hottopics/advocacy/gamap.asp](http://www.aapd.org/hottopics/advocacy/gamap.asp).

You can review legal issues related to practice management and the profession of pediatric dentistry in PDT under *Litch’s Law Log*. Recent columns include:

- Good communications practices for risk management
- Efforts to repeal the McCarran-Ferguson Act (health insurers’ antitrust exemption)
- Why worry about antitrust law?
- Demystifying ERISA and its impact on general anesthesia legislation.
AAPD Public Relations Efforts

Our media goal is to reach out to media, parents, caregivers and other health care professionals to build relationships and share our key messages. As the media landscape continues to transform, the AAPD serves as an expert resource for traditional and new media outlets. Traditional media—newspapers, magazines and broadcast news outlets—are losing viewers, readers and advertising revenue as people are shifting to new forms of media. The Internet and mobile phones are redefining the way people receive news and information. This is relevant in the forms of media that are turning to the AAPD for answers, tips and valuable insight. In these new forms of media, people not only digest news, they can respond and redirect public discourse.

MWW PR Firm Retained

Last fall the AAPD transitioned to a new public relations firm, the MWW Group (MWW), to represent the AAPD and HSHC to help raise public awareness of children’s oral health care issues, pediatric dentists, the AAPD and the foundation. MWW’s objectives include helping to increase the number of children who visit a pediatric dentist each year, highlighting AAPD’s commitment to access to care in the national health care reform debate, and building a dental home for all children by age one.

One of our initial efforts was a Feb. 22, 2010, Press Release during Children’s Dental Health month. Titled “Celebrate National Children’s Dental Health Month by Taking Care of Tiny Teeth”, this was also the “soft launch” of our Get it Done in Year One multi-year multi-media effort to promote the dental home and the age one dental visit. Through our efforts we generated a total of more than 3 million media impressions! You can view the entire press release at: http://www.aapd.org/media/pressreleases.asp?NEWS_ID=1074.

Getting Accurate Information to the Media

In the quest to gather easy-to-digest information for the public, writers may not thoroughly research the topic of pediatric dentistry or carefully review the AAPD’s Oral Health Policies and Clinical Guidelines. As a result, misinformation may be shared with the public. In such circumstances, the AAPD has responded in an efficient manner to address such concerns. For example, over the second half of 2009, the AAPD responded to Parents magazine, BBC News, The Boston Globe (a child caring Web resource on www.boston.com), Kroger (supermarket chain), and KHOU-TV, a CBS affiliate in Houston. While there is no way to correct every inaccuracy within the media, the AAPD strives to address prominent media and public sources and has received positive feedback as a result of these efforts.

Annual Session Surprise

During the general session on Friday morning in Chicago, AAPD President William C. Berlocher will show you some special new advertisements related to children’s oral health in Working Mother magazine, and the Chicago edition of USA Today.

Media Training

In June 2009, seven spokespersons were trained to address a variety of topics within pediatric dentistry, ranging from access to care to fluoride to health care reform. Presenters Dr. Robin Wright (Wright Communications) and Dick Helton (senior political correspondent for KNS, the CBS all-news radio affiliate in Los Angeles, Calif.) offered insight on how best to address the media, especially when controversial topics arise in dentistry. Each spokesperson learned valuable tools, information and strategies and they are eager to put them to use in local news markets. We are also offering an refresher course for all our media spokespersons at the 2010 Annual Session in Chicago.
CNN Story on the Economy’s Impact on Children’s Oral Health

In August 2009, we pitched a story to a CNN Newsource senior producer. CNN Newsource is a news service that provides stories to hundreds of local news stations (CNN affiliates) in the U.S. Journalists are extremely interested in covering stories that reveal how the economy is affecting business and life trends. The AAPD’s message was to encourage parents and caregivers to make their children’s oral health care a top health priority. By postponing regular dental visits, they may be worsening dental disease, and restorative treatment can prove to be more costly than preventive care. The story included the importance of the age one visit and preventive care, which was stressed through an in-studio interview with AAPD President William C. Berlocher. Dr. Ricardo Perez also contributed to the story and shared tips for parents and caregivers. Since the story’s release on Sept. 28, 2009, it has aired in over 300 markets, including New York City, Los Angeles and Washington, D.C. In addition, the story aired on radio station WTOP, one of the largest news radio stations in the country. Through these broadcast efforts, the AAPD’s messages reached millions of parents and caregivers.

THIS IS JUST ONE OF AN IMPRESSIVE SET OF MEDIA PLACEMENTS OVER THE PAST YEAR

On the national and local media front, AAPD members continue to be featured as experts and leading voices of children’s oral health care. AAPD media spokespersons and AAPD members appeared in newspapers, magazines, television, online news sites, and health publications.

<table>
<thead>
<tr>
<th>News Media Featured</th>
<th>AAPD Expert(s)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting magazine</td>
<td>Dr. Michael J. Hanna (Pa.)</td>
<td>June 2009</td>
</tr>
<tr>
<td><a href="http://www.webMD.com">www.webMD.com</a></td>
<td>Dr. Beverly A. Largent (Ky.)</td>
<td>June 23, 2009</td>
</tr>
<tr>
<td>Barbara’s Mailbag <a href="http://www.boston.com">www.boston.com</a></td>
<td>President William C. Berlocher (Texas)</td>
<td>July 9, 2009</td>
</tr>
<tr>
<td>The Journal Gazette</td>
<td>Dr. Bradley R. Smith (Colo.)</td>
<td>Aug. 2, 2009</td>
</tr>
<tr>
<td>Women’s Day magazine</td>
<td>Dr. Beverly A. Largent (Ky.)</td>
<td>Sept. 2009</td>
</tr>
<tr>
<td><a href="http://www.caller.com">www.caller.com</a> (Corpus Christi Caller Times online news)</td>
<td>President William C. Berlocher (Texas)</td>
<td>Sept. 27, 2009</td>
</tr>
<tr>
<td>WDEF News 12</td>
<td>Dr. Ricardo A. Perez (Md.)</td>
<td>Sept. 29, 2009</td>
</tr>
<tr>
<td>Colorado Parent magazine</td>
<td>President William C. Berlocher (Texas)</td>
<td>Fall 2009</td>
</tr>
<tr>
<td>First Impressions</td>
<td>Dr. Joel H. Berg (Wash.)</td>
<td>Oct. 2009</td>
</tr>
<tr>
<td>The Huffington Post</td>
<td>Dr. Joel H. Berg (Wash.)</td>
<td>Oct. 8, 2009</td>
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<tr>
<td>Chicago Tribune</td>
<td>Dr. Lee M. Weinstein (Ariz.)</td>
<td>Oct. 28, 2009</td>
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<td>Q13-TV (Fox)</td>
<td>Dr. Joel H. Berg (Wash.)</td>
<td>Oct. 30, 2009</td>
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<td>KGO-TV (ABC 7 News)</td>
<td>Dr. Jeffrey A. Wood (Calif.)</td>
<td>Oct. 30, 2009</td>
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<td>KPCC (Southern California Public Radio)</td>
<td>Dr. James J. Crall (Calif.)</td>
<td>Dec. 7, 2009</td>
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<td>Parents magazine*</td>
<td>Immediate Past President Beverly A. Largent (Ky.), Council on Scientific Affairs Chair Jessica Y. Lee (N.C.), Dr. Burton Edelstein (N.Y.)</td>
<td>Jan. 2010</td>
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<tr>
<td>USA Today newspaper</td>
<td>President William C. Berlocher (Texas)</td>
<td>March 1, 2010</td>
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<tr>
<td>FloridaToday.com Web site</td>
<td>President William C. Berlocher (Texas)</td>
<td>March 27, 2010</td>
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AAPD Public Relations Efforts

**Pediatric Dentistry Today (PDT) Feature Stories**

In an effort to highlight AAPD members and programs that have shaped pediatric dentistry, we have added feature articles for Pediatric Dentistry Today (PDT). In the past year these have included:

- “Dedicated to helping children one smile at a time”—a profile of Dr Patrice Wunsch of Columbia, Md., who strives to put the AAPD’s mission into practice.
- “President’s vision impacts future of pediatric dentistry”—a profile of AAPD President Bill Berlocher.
- “Serving the other side of paradise: the AAPD announces program to improve dental care for children of Hawaii”—a story on our press conference in Hawaii to announce the state Head Start project launch.

**Press Conferences**

The Head Start press conference in Hawaii took place the day before the AAPD’s 2009 annual session. It was a special day for all concerned. The press event took place at a Head Start center in Honolulu called Parents and Children Together (PACT). Our purpose was to highlight the Head Start Dental Home Initiative and Hawaii State Launch. The press conference provided reporters an opportunity to hear from Head Start staff, Head Start parents and key AAPD leaders on the importance of the initiative. As a result of media relations outreach, provided jointly by the AAPD and McNeil Wilson (public relations firm in Honolulu, Hawaii), the story aired on a number of major media outlets. McNeil Wilson’s public relations support was donated by the Hawaii Dental Association. The story was televised on the evening news on KHON (FOX), KGMB (CBS) and KITV (ABC). In addition, the local leading newspaper, The Honolulu Star Bulletin, featured the event and statements from then-President Dr. Beverly A. Largent and Foundation President Dr. Paul A. Kennedy Jr. Dr. Largent and Dr. Lynn Fujimoto were interviewed on the set of the KHON on the importance of children’s oral health.

As described in the Head Start section, we will hold a press conference in Chicago immediately preceding the annual session to announce the Illinois state launch. Look for an update from President Berlocher at the general session on Friday morning.
Healthy Smiles DVD Distributed to Membership

This DVD was developed last year in partnership with Conrad Productions, and also includes a professional guidebook. Featuring celebrity spokesperson Kristi Yamaguchi, former Olympic champion and mom of two, the DVD and guidebook appeals to parents and caregivers. The DVD and guidebook were created with the volunteer participation of AAPD officers Dr. Beverly A. Largent (who was president at the time) and Dr. Joel H. Berg. Since the DVD promotes the dental home, preventive tips and the importance of children’s oral health care, it is an ideal video to showcase in dental offices nationwide. To facilitate this opportunity, a guidebook and DVD was mailed by Conrad to every AAPD active, life, and affiliate member the week of Aug. 24, 2009. You may also view it in the Members-only section of the AAPD Web site under Member Resources. In addition, the 33-minute production was shown on CBS stations in five major cities last fall during daytime, weekend hours: Washington, D.C., Miami, Atlanta, St. Louis and San Francisco.

Dental Home DVD for General Dentists

The AAPD continues to promote our collaborative educational DVD with the Wisconsin Dental Association (WDA). The WDA /AAPD Dental Home continuing education kit is designed to provide general dentists with the necessary tools to perform an age-one visit and welcome very young children and their families into their practices. The 33-minute instructional DVD is divided into nine concise chapters, making it easy for dental teams to view over the course of staff meetings. The chapters include: causes/effects of early childhood caries, how to perform an age-one oral health examination using the knee-to-knee method, preventive tips for parents, treatment options, and incorporating the dental home concept into the business of a general dental practice. Other state dental associations can purchase the rights to the materials “as-is” for less than $2 per member. Or, if state associations wish to customize the DVD master, this can also be done for an additional cost. To discuss your state dental association’s participation in this dental home initiative, you may reach out to WDA Executive Director Mark S. Paget at 414-755-4100.

AAPD on the ROAD!

The AAPD takes the opportunity to promote the children’s oral health, AAPD’s mission, and special projects like Head Start at a variety of tradeshows. In the past year the AAPD has exhibited at the following meetings:

- Academy of General Dentistry
- National Conference of State Legislators (along with ADA, AAOMS, and AGD)
- American Academy of Pediatrics
- Greater New York Dental Meeting
- Chicago Dental Society Mid-winter Meeting

Special AAPD-Head Start Project displays have appeared at the following annual meetings:

- National Head Start Association
- National Maternal and Child Health Conference
- National Oral Health Conference (dental public health and state and territorial dental directors)
American Academy of Pediatric Dentistry

HEAD START Dental Home Initiative
Partnering to provide quality dental homes for Head Start children across the U.S.

We want to thank all of our volunteer leaders who are a part of the important project, from state leaders to regional consultants to dentists participating in Head Start provider networks. As noted last year in the annual report, this is the probably the most important policy project that the AAPD has ever undertaken. By now many of you have met our Head Start Project Manager Jan Silverman at state launches that have taken place around the country. Jan and her staff in Chicago, along with Project Director Dr. Jim Crall, are working non-stop on all cylinders to make this project a success.

Sept. 30, 2009, marked the end of the second year of the five-year contract with the Office of Head Start to:
- Engage the dental community in the development of a network of dental homes linked to Head Start facilities throughout the country
- Provide information and training to empower Head Start staff and families to improve the oral health of the children in their care.

Project staff, Regional Oral Health Consultants, and State Leaders are successfully partnering with Head Start staff and other key stakeholders at the national, regional and state levels to develop strategies to provide quality dental homes for all Head Start children. Dentists across the country are partnering with Head Start grantees as well as other community leaders to identify strategies to overcome any barriers to HS children’s access to dental homes. Head Start enrolled children are a small subset of the Medicaid population and many dentists report positive experiences with Head Start. In addition to providing educational services, Head Start grantees also provide parent education and case management services. These services, which focus on parents, include case management, support services, parent education and opportunities for parent involvement. Head Start Performance Standards require that HS children receive an initial dental exam and have a dental home. Comprehensive services reinforce performance standards, and can assist parents in overcoming some of the barriers to good oral health and access to dental services.

OHS Oral Health Expert

In addition to serving as Project Director for the AAPD Head Start Dental Home Initiative, Dr. Jim Crall began serving as the OHS Oral Health Subject Matter Expert in July 2009. The OHS Oral Health Subject Matter Expert provides on-site expertise to the Office of Head Start located in Washington, D.C. He advises OHS on day-to-day issues concerning pediatric oral health and represents OHS at various meetings related to children’s oral health. Having Jim on a full-time basis in D.C., has added immeasurably to our overall policy initiatives; for example, see the description below of his testimony for AAPD before the Institute of Medicine. We also plan to have Dr. Crall and Head Start Administrator Yvette Sanchez Fuentes host a briefing about the project for Congressional staff in the near future.
State Launches

By Sept. 30, 2010, (the end of the third contract year), the initiative will have launched in 31 states as illustrated by map below:

State leaders across the country are not waiting for their state’s launch to begin initiative-related activities in their states; these state leaders are busy engaging the dental and Head Start communities, and working with their state leadership teams to identify and overcome barriers to good oral health for the Head Start children within their state.

The Illinois state launch will take place on May 25, 2010, immediately preceding the annual session. The following day, May 26, 2010, AAPD will host a press conference at the new pediatric dentistry clinic at the University of Illinois-Chicago. There will be VIP speakers and dental visits from children of the local El Valor Head Start center.

Note some of the positive events surrounding state launches over the past year:

- **Oklahoma was the first state in which the governor issued an official proclamation in support of the AAPD HS Dental Home Initiative.**
- The governors of Hawaii and West Virginia issued proclamations in support of the initiative as well. Additionally, the Hawaii legislature issued a proclamation in support of the initiative.
- At the Oregon launch, the Oregon Secretary of State, Kate Brown, spoke enthusiastically of her support of the initiative.
- The First Lady of West Virginia, Gayle Manchin, has taken on the initiative as a special project.
State Support Grants

In September 2009, the AAPD Head Start Dental Home Initiative (DHI), under contract with the Office of Head Start, offered state grants to support approved DHI-related collaborative activities to support the oral health of children enrolled in Head Start, and to develop and sustain infrastructure and/or processes necessary to support ongoing Head Start Dental Home Initiative activities. The following states applied for and have received grant funds:

Alabama
Maryland
South Carolina
Arizona
Mississippi
South Dakota
California
Missouri
Tennessee
Colorado
Montana
Texas
Connecticut
New Hampshire
Vermont
Hawaii
New Jersey
Virginia
Idaho
New York
Washington
Illinois
North Dakota
Washington, DC
Indiana
Oklahoma
West Virginia
Iowa
Oregon
Louisiana
Rhode Island

Instructional DVDs for the Dental and Head Start Communities

Instructional DVDs are being developed for general dentists and for Head Start staff and families. The DVDs include information on the dental home, caries management, anticipatory guidance and good oral health habits. The Head Start staff DVD includes information necessary to facilitate the establishment of positive working relationships with the dental community. The general dentist DVD includes information related to cultural differences. They will shortly be available for download from the AAPD Head Start Web site at http://www.aapd.org/Headstart.

Head Start Dental Provider Appreciation Certificates

We have partnered with our friends at Sesame Street to develop a Dental Appreciation Certificate, to be issued to every dentist participating in the AAPD Head Start Dental Home Initiative by providing dental homes to Head Start children.
Success Stories

Formalizing Relationships

North Dakota State Leader Dr. Brent Holman on facilitating discussions between Head Start Centers and IHS clinics:

“I was amazed that just by scheduling a meeting with IHS dental staff and HS staff, they very quickly start discussing common problems and solutions for the benefit of better care for their HS kids. We mostly listened and guided them in developing strategies to solve their problems. Although they communicated previously, this was an opportunity to talk about issues that were only informally discussed after a problem with a particular case. It was inspiring to see their commitment to their mission despite the many challenges.”

Parent Empowerment

Connecticut State Leader Dr. Doug Keck on talking with parents:

“At the Health Advisory Committee, parent representatives of the local Head Start were amazed from a consumer standpoint that there are differences between dentists and how it is important to seek better oral health care than what they are accustomed to.”

Recruiting Providers

North Dakota State Leader Dr. Brent Holman:

“Surveys have been sent out to ND dentists to determine their willingness to see HS kids and/or serve on HS Advisory Committees. The early returns have been amazing with most dentists expressing their eagerness to serve in any capacity. We also helped a HS program “re-recruit” a dentist that decided to quit seeing HS kids, in an area that had few other dentist options.”

Telamon Migrant and Seasonal Head Start, Tennessee

Dr. Pitts Hinson, Tenn. state leader has been working closely with the Head Start State Collaboration Director and individual Head Start grantees to identify dental homes for Head Start children throughout Tennessee who did not previously have access. According to J Davis, State Director, Telamon Corporation:

“The initiative is working throughout the state – not just here. The whole idea of dentists talking to each other is phenomenal – we’re seeing it work. This has changed everything. All five Telamon programs traditionally have had a hard time finding dentists. For the first time in over twenty years, all five centers have partnerships with dentists.”

Collaboration

New York State Leaders Dr. Amr Moursi & Dr. Courtney Chinn have recently created a NYC Pediatric Oral Health Consortium for Head Start. This consortium has support from 14 of the 15 pediatric dental residency programs in the NYC area. The consortium will link participating dental residency programs with Head Start programs.

Maureen Short, RN, Assistant Head Start Director, UCAN Head Start on regional collaboration meetings sponsored by AAPD HS Dental Home Initiative State Support Grants:

“The Southern Oregon Regional Meeting was a wonderful opportunity to begin lasting relationships between Head Start, pediatric dentists and the dental health organizations. The relationship building will be the foundation for many future positive experiences, this is a huge success.”

Michael E. Jones, Executive Director, Oklahoma Association of Community Action Agencies on collaborating with pediatricians:

“Active and key pediatrician involvement in the HS DHI State Leadership Team was accomplished this quarter. The representatives of the medical community have the capacity to influence physicians’ decisions to participate in cross-sector education and training opportunities to be made available through the HS DHI support grant.”
AAPD Publications Earn High Value Ratings

Our publications the Pediatric Dentistry journal, Journal of Dentistry for Children, and PDT (Pediatric Dentistry Today) had another exceptional year in design and appeal.

Pediatric Dentistry

The 2010 Volume of Pediatric Dentistry continues to promote the practice, education and research related to the specialty of pediatric dentistry through its peer-reviewed articles. Pediatric Dentistry also dedicates one complete issue to a compilation of presentations from the fall symposium, featuring up-to-date and evidenced-based topics that relate to the clinical practice of pediatric dentistry. Pediatric Dentistry is completely integrated and accessible in online format as well as print. This new format provides worldwide access to an individual subscriber as well as students, academics, and researchers of universities with multiple campuses. You can find out how to get your access today at http://www.aapd.org/publications/peddent/.

JDC

The online Journal of Dentistry for Children (JDC) continues to attract articles that pertain to the practice of pediatric dentistry around the world. These peer-reviewed articles give the reader an insight into international case reports, scientific, education, and research findings related to pediatric dentistry.

PDT

PDT (Pediatric Dentistry Today), the official AAPD magazine, offers feature stories, guest editorials, and news about members, trends affecting pediatric dentistry, legislative advocacy, insurance and coding issues, continuing education opportunities, and activities of HSHC and the Head Start initiative. PDT is your member resource to know what’s going on at the AAPD and in the world of pediatric dentistry.
Member Survey Reveals Most Used and Valued Publications

These services garnered overall value ratings of 91 percent or higher. *Pediatric Dentistry Journal* and the AAPD References Manuals ranked highest, with ‘very valuable’ ratings by 75 percent or more responders.

<table>
<thead>
<tr>
<th>Services: High Value Ratings</th>
<th>Percent Who Have Used</th>
<th>Percent Very Valuable</th>
<th>Percent Somewhat Valuable</th>
<th>Percent Overall Valuable</th>
<th>Percent Little/No Value</th>
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<tr>
<td>Pediatric Dentistry Journal</td>
<td>99</td>
<td>79</td>
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<tr>
<td>AAPD Reference Manual</td>
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<tr>
<td><em>The Handbook of Pediatric Dentistry</em></td>
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<tr>
<td>Annual Membership Directory</td>
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<td>92</td>
<td>5</td>
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<tr>
<td>Pediatric Dentistry Today (PDT)</td>
<td>97</td>
<td>55</td>
<td>38</td>
<td>93</td>
<td>3</td>
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AAPD Publications Rank Third for Reasons To Continue AAPD Membership

Membership Directory and Reference Manual

Both the 2010 *Membership Directory* and 2009-10 *Reference Manual* were mailed to members in 2009.

Continuing Education (CE) Brochure

The Fall 2010 AAPD Continuing Education (CE) Brochure has made its way to your mailbox. This new design highlights all of our fall CE courses. Learn about each course and register today!
Legislative Advocacy for Children’s Oral Health

The AAPD continues to vigorously advocate for critical issues affecting children’s oral health care. Our 2010 Legislative and Regulatory Priorities, as developed by the Council on Government Affairs and approved by the Board of Trustees, are available on the AAPD Web site at http://www.aapd.org/hottopics/advocacy/. Please note that these priorities will be updated shortly to reflect the passage of health care reform legislation.

There is one very important piece of data from the recent AAPD membership survey related to the role of pediatric dentists in access to care. Nearly 70 percent of our members see some Medicaid patients! We must repeat this constantly in explaining to policymakers the critical role of pediatric dentists in access to care and establishment of a dental home. This figure is especially noteworthy at a time when many physicians are withdrawing or threatening to withdraw from Medicare and Medicaid because of inadequate reimbursements. As discussed below, the health care reform legislation does not resolve the underlying problems with Medicaid dental programs, so we faced continued challenges in the coming years to serve those children most in need.

Health Care Reform

Through-out the year-long debate in Congress, AAPD posted frequent updates on the AAPD’s E-Advocates network, in the E-Advocates “community of interest” page on the AAPD Web site, in PDT, and in E-News. We alerted members to summaries of the legislation at different stages in the process, as prepared by groups such as the ADA, the Kaiser Family Foundation, and the Children’s Dental Health Project (CDHP). The ADA’s summary of the final legislation is available at http://www.aapd.org/upload/news/2010/3848.pdf.

As most are well aware, after more than a year of debate, President Obama signed into law comprehensive health reform legislation on March 23, 2010, as P.L. 111-148. The “Patient Protection and Affordable Care Act” (H.R. 3590) was passed by the House on March 21 by a vote of 219 to 212, after earlier being passed by the Senate on Dec. 24, 2009.

Also on March 21, 2010, the House passed a “corrections” bill (H.R. 4872) using the budget reconciliation process that would make changes to the Senate health care reform legislation (H.R. 3590) approved by the House earlier in the night. The reconciliation bill passed by a vote of 220 to 211. No Republicans voted for the reconciliation bill or the Senate health reform bill; 33 Democrats joined Republicans in opposing the reconciliation bill and 34 Democrats joined Republicans in voting against the Senate bill.

After rejecting more than 40 amendments and motions, the Senate passed the reconciliation bill on March 25, 2010, but with two slight changes to the original House-passed version. This forced the House to act again on H.R. 4872. The modifications, which were prompted by a ruling from the Senate Parliamentarian that the provisions violated budget reconciliation rules and had to be removed from the bill, applied only to the student loan portion of the bill and not the health care provisions. Democratic Senators Blanche Lincoln (AR), Ben Nelson (NE), and Mark Pryor (AR) joined Republicans in voting against the bill. Senator Johnny Isakson (R-GA) did not vote due to illness. The final vote tally was 56 to 43. Then late on March 25, 2010, the House of Representatives gave final approval with a vote of 220 to 207 to H.R. 4872. The reconciliation bill removed from the new law some of the controversial provisions that benefited single states, increased premium subsidies for individuals purchasing coverage through new insurance exchanges, and reduced the effects of an excise tax on high-cost insurance plans. It also applied an increased Medicare payroll tax (3.8 percent) to investment income and wages and included other revenue raising provisions.

While Democrats hailed passage of the health reform package as historic, and President Obama embarked on a campaign-style trip to tout the attributes of the new law, Republicans vowed to make the issue the centerpiece of the upcoming November mid-term elections.

To help you make sense of it all, this year’s Advocacy Forum at the Annual Session will focus exclusively on health care reform and the implications for pediatric oral health care. Please join us on Friday, May 28, 2010, from 2:30 to 4:30 p.m.

We are well aware that opinions across the country and among AAPD members vary widely as to the overall merits of this legislation. In legislation this immense, it was inevitable to contain provisions that are liked and others that are not. Further, the final outcome could not have been more partisan, with the President and Congressional leadership obtaining no Republican votes in either the House or Senate.
The AAPD sought to promote what would best improve the oral health care of those children most in need, while mitigating proposals that would cause harm. Ultimately, the ADA, AAPD and most of the other dental specialties opposed the overall legislation for the reasons indicated in the letter below:

March 19, 2010

The Honorable Nancy Pelosi
Speaker of the House
H-232 U.S. Capitol
Washington, DC 20510

Dear Madam Speaker:

The dental professional associations listed below, as members of the Organized Dentistry Coalition, are writing to express our disappointment with both the Senate-passed health care reform bill and the related House reconciliation bill. While this legislation contains many worthwhile oral health provisions, including recognition of pediatric oral health care services as an essential benefit, we cannot support this legislation in its current form. The main reason is that it does not properly fund Medicaid dental services and therefore will not improve access to oral health care for those most in need.

Data show that there is a direct relationship between the level of reimbursement and dentist participation in Medicaid and the utilization of services by beneficiaries. Unless the federal government makes an investment in preventing dental disease – which will reduce future Medicaid expenses – oral health will remain neglected and many Americans will continue to suffer needlessly. The legislation also fails to include measures that would remove administrative barriers or establish data-gathering initiatives to help policymakers take additional steps to improve oral health care delivery in Medicaid. By extending Medicaid eligibility to individuals in families with incomes up to 133 percent of the federal poverty level without addressing the funding issue, and without providing a basic adult dental benefit for existing or new Medicaid enrollees, Congress is essentially promising an insurance card without real access to oral health care.

Our associations are also concerned that Congress seems intent on offering low-income families a lower tier of care, provided by non-dentists without appropriate training. Hence, we oppose provisions in the bill to allow workforce pilot programs that may lead to non-dentists performing surgical dental procedures. We oppose provisions that would divert primary care dentist residency training funds to dental hygiene training.

Overall, our associations do not believe that enactment of this legislation will help millions of low-income Americans to obtain the oral health care they need.

Sincerely,

Academy of General Dentistry
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists
American College of Prosthodontists
American Dental Association
Certainly some of our members may have wished we had opposed the bill from the outset, while others may support the efforts to expand coverage and disagree with this letter. Please understand this was a difficult decision for AAPD’s leadership. We believe the course was prudent because to oppose the legislation earlier would have eliminated any chance of correcting problems. Conversely, to endorse the legislation would have given a blessing to a bill that upon passage contained troublesome features or omissions along with some very good provisions. The best way to illustrate this is via the chart below:

### Pediatric Oral Health Care Reform Chart

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<th>The Good</th>
<th>The Bad</th>
<th>The Ugly</th>
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<td>Pediatric oral health is part of the essential benefits package. All insurance issuers in the individual or small group markets—inside or outside of the insurance exchange—must ensure coverage includes the “essential health benefits package.” All qualified health plans in the exchange must provide essential health benefits, including pediatric oral care. This does not apply to grand-fathered individual and employer-sponsored plans.</td>
<td>While a “public option” is not mandated, unless a state opts out the HHS Secretary can offer through the exchanges a non-profit “community health insurance option” to compete with other plans. The Secretary will negotiate rates for reimbursement of health care providers under the community insurance option.</td>
<td>There is no guarantee how robust pediatric dental benefits will be, especially for medical plans that offer them. Although the scope must be equal to benefits provided under a typical employer plan, to be determined via a survey by the Secretary of Labor. It is also uncertain how many medical and dental insurance plans will be able to continue to operate for the long term under the many new regulations.</td>
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<td>A state may award grants to providers who treat a high percentage (as determined by the state) of medically underserved populations or other special populations.</td>
<td>There is no fix for Medicaid dental payments, although the Medicaid and CHIP Payment and Access Commission (MACPAC), which was created under CHIPRA, will assess policies affecting Medicaid beneficiaries, including payments to providers.</td>
<td>Beginning in 2014, Medicaid is expanded to all individuals with incomes up to 133 percent of the FPL. This is expected to add 15-20 million more eligibles to the rolls. Although there will be 100 percent federal matching support for all states for newly eligible individuals from 2014-2016, 95 percent support for 2017, 94 percent in 2018, 93 percent in 2019, and 90 percent support for 2020 and subsequent years—this is not required to go towards improved provider reimbursement.</td>
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<td>Stand-alone dental plans are permitted to operate in the insurance exchange.</td>
<td>There is no provision to subject stand-alone dental plans to consumer protections, including prohibiting plans from limiting non-covered services.</td>
<td>There is no repeal of insurers’ antitrust exemption.</td>
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<td>Title VII pediatric dentistry program is reauthorized under a primary care dental cluster, including faculty loan repayment—a top priority for AAPD.</td>
<td>Dental hygiene is part of this cluster.</td>
<td>An alternative dental provider demonstration project authorized at $60 million over five years. Each entity receiving a grant under this section shall certify it is in compliance with all applicable state licensing requirements.</td>
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<tr>
<td>The Good</td>
<td>The Bad</td>
<td>The Ugly</td>
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<td>The high health insurance premium excise tax (i.e., the “Cadillac tax”) would not go into effect until 2018 and the tax threshold would be increased to $10,200 for single coverage and $27,500 for family coverage. <strong>The value of dental and vision plans would not be included in making the determination as to whether the plan exceeds the threshold.</strong></td>
<td>There is a $2,500 annual limit on the amount of salary reduction contributions to flexible spending arrangements (FSAs), though it will be delayed until FY 2013.</td>
<td>The Reconciliation Act added a new IRC § 1411 that imposes a tax on individuals equal to 3.8 percent of the lesser of the individual’s net investment income for the year or the amount the individual’s modified adjusted gross income exceeds a threshold amount. For estates and trusts, the tax equals 3.8 percent of the lesser of undistributed net investment income or adjusted gross income over the dollar amount at which the highest trust and estate tax bracket begins. For married individuals filing a joint return and surviving spouses, the threshold amount is $250,000; for married taxpayers filing separately, it is $125,000; and for other individuals it is $200,000.(^3)</td>
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The CDC, in consultation with professional oral health organizations, shall establish a 5-year national, public education campaign focused on oral healthcare prevention and education. The science-based strategies would include community water fluoridation and school-based dental sealants, and grants to demonstrate the effectiveness of research-based dental caries management.

Consistent with the Senate bill, businesses with fewer than 50 employees are exempt from assessments for non-coverage. The assessments on larger businesses that do not offer coverage is lowered to $2,000 per employee and the first 30 employees are excluded from the assessment. Small businesses (fewer than 25 employees and average annual wages of less than $50,000) will be eligible for a tax credit on a sliding scale. The full credit (50 percent of the premium cost) is available to employers with 10 or fewer employees and average wages of $40,000.

The Good

Payments under the National Health Service Corps loan repayment program and state loan repayment programs intended to provide for the increased availability of health care services in underserved or health professional shortage areas (as determined by the state) will not be subject to taxation.

The Bad

A National Health Care Workforce Commission is established to make recommendations regarding workforce, such as determining if the demand for health care workers is being met (including supply and distribution), evaluating training and education activities, revising national loan repayment programs, etc. One of the commission’s high priorities is the education and training capacity, projected demands, and integration with the health care delivery system of the oral health care workforce capacity at all levels. There is also a grant program to enable states to complete similar strategies. A National Center for Health Care Workforce Analysis is established to work with professional and educational organizations and state and regional centers for health workforce analysis for the purpose of data collection, analysis and reporting.

The Ugly

Individuals who work at free clinics are extended medical liability protection.

No tort reform (only five year demonstration grants to states to develop alternatives to tort litigation).

AAPD Child Advocate Testifies Before Institute of Medicine’s New Oral Health Committees

On March 4, 2010, AAPD Child Advocate Dr. James J. Crall testified before the Institute on Medicine’s (IOM) newly formed oral health access to care committee. This is part of a two year long study on oral health care delivery and access issues, being funded by HRSA. The AAPD, ADA, and AGD took strong exception to the IOM’s complete exclusion of practicing pediatric or general dentists from both the oral health access committee and the oral health initiative committee. The AAPD had nominated Paul Casamassimo, Jim Crall, Beverly Largent, and Paul Reggiardo, yet none of these eminently qualified individuals was selected. Congressman (and dentist) Mike Simpson (R-2nd Idaho) also sent a letter of the concern to the IOM. Dr. Crall subsequently testified on March 31, 2010 before the IOM’s oral health initiative committee. We urge you to review both of these excellent statements, along with Congressman Simpson’s letter, at http://www.aapd.org/hottopics/news.asp?NEWS_ID=1088.

AAPD-ADA Joint Written Congressional Testimony on Medicaid Dental Reforms – More Reports to Follow

On Oct, 7, 2009, the United States House of Representatives’ Oversight Committee’s Subcommittee on Domestic Policy held a hearing on children’s dental issues in Medicaid. One of the witnesses testifying was AAPD Secretary-Treasurer Dr. Joel H. Berg, who spoke about the success of the Access to Baby and Child Dentistry (ABCD) program in Washington State. The AAPD and ADA submitted joint written testimony for the record documenting successful Medicaid dental reforms in several key states, specifically highlighting the positive impact of market-based reimbursement reform on dentist participation and patient utilization in Medicaid. We are working with the ADA to update Medicaid dental fee analysis and also report on the promising new developments in Connecticut and Texas as a result of settlements of Medicaid litigation. Speaking of which, we wish the Florida Academy the best, as their joint Medicaid lawsuit against the state of Florida, filed with the Florida Pediatric Society, went to trial in December 2009.
Mid-level Dental Providers Promises to be a Huge State Level Issue for 2010

The AAPD’s October 2010 release of the mid-level dental provider analysis and recommendations (appearing in print in the January/February 2010 issue of Pediatric Dentistry) is clearly just part of what promises to be a long drawn-out struggle. With the dental therapist legislation approved in Minnesota earlier this year, and spurred by funding from the PEW Charitable Trust and the Kellogg Foundation, mid-level dental proposals will be promoted in at least five states in 2010. As noted above, there is also authorization for a mid-level dental provider demonstration project in the health care reform legislation. The Kellogg Foundation issued a favorable report on mid-levels on Dec. 16, 2009, authored by pediatric dentist Dr. Burton Edelstein.

The AAPD’s paper was presented at the December 2009 ADA Lobbyist Conference and very favorably received by state dental association executives and state lobbyists in attendance. Subsequently we mailed a hard copy to every state dental association executive director. It was summarized in of the March 2010 PDT. We urge all AAPD members to review it, and thank the AAPD’s Workforce Task Force and Child Advocate Jim Crall for their efforts. In a nutshell, the recommendations are:

- AAPD supports greater use of EFDAs based on extensive evaluations of their effectiveness and efficiency in a wide range of private and public settings as part of dental teams.
- AAPD recommends further evaluation of Dental Therapist and CDHC (Community Dental Health Coordinator) models prior to policy decisions regarding their use.
- AAPD joins others in rejecting the ADHP model on the basis of its incompatibility with the principle that dental care should be provided directly by or under the supervision of a dentist.
- AAPD supports the use of mid-level dental providers who perform or assist in the delivery of specified reversible procedures and certain surgical procedures under the general supervision of a dentist, provided that such arrangements have been thoroughly evaluated and demonstrated to be safe, effective, and efficient and to not compromise quality of care in similar settings.

Further, the AAPD’s Sept. 24-25, 2010, Advanced Legislative Workshop will focus exclusively on this topic, to assist our advocates dealing with this issue at the state level. Please note the registration deadline is June 15, 2010; see the May 2010 PDT and E-News for more details.

Feingold-Collins FY 2010 Grants Cycle

The Feingold-Collins\(^4\) program of grants to states issued a new grant cycle with applications due April 12, 2010. This program was funded at $17.5 million in FY 2010.

We encouraged our Advocates to work with state officials on grant proposals, as states can utilize these funds for a variety of purposes including:

- Establishing faculty recruitment programs at accredited dental training institutions whose missions include community outreach and service that have a demonstrated record of serving the underserved.
- Continuing dental education including distance-based education.
- Practice support through tele-dentistry in accordance with existing State laws.
- Grants and low-interest or no-interest loans to help providers who participate in the Medicaid program under Title XIX of the Social Security Act to establish or expand practices in designated dental health professional shortage areas by equipping dental offices or sharing in the overhead costs of such operations.
- Establishing or expanding dental residency programs in coordination with accredited dental training facilities in States without a dental school.

\(^4\)This legislation was developed by Senators Russ Feingold (D-WI) and Susan Collins (R-ME) and initially approved in 2000 as part of the Safety-Net Improvement Act.
FY 2010 Federal Appropriations: Congress Increases Funding for Pediatric Dentistry Residency Training to All-Time High!

Plus

Faculty Loan Repayment Now Available

Remember, this program is the primary reason for the tremendous growth over the past decade in pediatric dentistry residency training slots. We should especially acknowledge the outstanding work of Congressional Liaison Dr. Heber Simmons Jr., in advocating program funding and also creation of a faculty loan repayment option.

There was excellent news in the conference/omnibus FY 2010 appropriations bill approved by the U.S. House of Representatives on Dec. 10 and the U.S. Senate on Dec. 13, 2009. This package, H.R. 3288, House Report 111-366, includes all health-related programs of interest to AAPD. In terms of the AAPD’s highest appropriations priority, the conferees accepted the higher Senate recommendation of $7.575 million in Title VII funding for pediatric dentistry residency training. This is over a 50 percent increase in funding from the prior year’s level of $5 million, and just below the AAPD request of $8 million. The conferees also included bill language allowing for funds to be used for faculty loan repayment, as well as language concerning faculty development and curriculum enhancement.

This legislative achievement has resulted in a slew of grant opportunities in the Spring of 2010 for pediatric dentistry residency programs. We have kept them apprised of these opportunities and facilitated technical assistance:

1. **Title VII Institutional Grants for Pediatric Dentistry**
   These are five (5) year grants that follow the new Title VII Reauthorization under the health care reform law. Funds are available for predoctoral training, faculty loan repayment, postdoctoral training and faculty development. The faculty loan repayment option is a key accomplishment of our advocacy efforts. Programs requesting these funds will be able to pay off the entire student loan balance over five years so long as the individual remains on faculty. Both ARRA (American Recovery and Reinvestment Act of 2009) and non-ARRA funds (FY 2010 appropriations as noted above) are being used to award this funding competition.

2. **ARRA funds for EQUIPMENT TO ENHANCE TRAINING FOR HEALTH PROFESSIONALS**
   This is a one-time only grant totaling $50 million that pediatric and general dentistry programs can compete for along with other health professions programs. HRSA indicated that “For purposes of this initiative, the term equipment is defined as tangible items with a unit cost of $5,000 or more and a useful life of one or more years. This broad definition allows applicants to define the communities' needs for health professions training equipment within the requirements of the training program. The EETHP program provides funding to purchase training equipment for eligible health professions training programs.”

3. **Special Pediatric Dentistry Faculty Loan Repayment Opportunity**
   This is a one-time only structure based on the FY 2010 appropriations language, rather than the health care reform authorization language which is broader in terms of eligibility and the amount of loans that can be repaid. This is a great opportunity for pediatric dentistry faculty. Up to 60 awards to pediatric dentists will be made this year, and such faculty can receive as much as $40,000 towards repayment of their student loans. Individuals selected agree to serve on the faculty of an accredited health professions college or university for two (2) years. The government also provides funds to offset the tax burden.

Eligibility is limited to “disadvantaged faculty” for this year only. This is defined (by HHS) as:

“...an individual from a disadvantaged background is one who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.”
AAPD Advocacy Programs

There were over 70 participants for the March 24-25 2010, Congressional Lobby Days, including members of the Council on Government Affairs and PAC Steering Committee. This was a very exciting time to be in Washington, D.C., as our members were able to advocate for FY 2011 Title VII funding and also raise future issues that need to be addressed in both health care reform implementation as well as potential future technical corrections legislation.

Advocacy Programs

Lobby Day 2010

The AAPD PAC had Another Very Productive Year

We compliment our membership for their strong support of the PAC. A detailed list of our 2009 supporters is printed in the May 2010 Pediatric Dentistry Today and will also be available at the PAC booth in Chicago. Please stop by and learn more and contribute more!

The AAPD PAC had 1,155 total donors and received over $136,017 in hard money in 2009 and $83,680 in soft money in the current fiscal year through Feb. 25, 2010.

The AAPD PAC is taking an even more proactive role in sponsoring or co-sponsoring fund-raising events for legislative supporters of children’s oral health care. See more details in the AAPD PAC Steering Committee Chair’s annual report.
The AAPD Web site (http://www.aapd.org) continues to provide the most up-to-date news affecting members and the public, including information on advocacy, continuing education, membership, HSHC Foundation activities, media activities, practice management, pediatric dentistry residency programs, and pediatric oral health care tips for parents and health care providers.

For 2009, we neared 1.5 million visitors in a calendar year for the third year in a row. For comparison’s sake, this is more than double our Web traffic in the year 2005 and nearly triple the traffic from 2003. While AAPD Web traffic peaked in 2007 – possibly due to coverage of Deamonte Driver’s death – 2009 saw a sharp increase in traffic that has continued into 2010 as the health care reform debate dominated media coverage. See below:

*Data through December 31, 2009*
Top 5 Pages Visited*

1) AAPD Home Page
2) AAPD Policies and Guidelines
3) Find a Pediatric Dentist and Practice Maps
4) AAPD Members Only Home Page
5) Pediatric Dentistry Online Article Search

*A visit is a series of actions that begins when a visitor views their first page from the server, and ends when the visitor leaves the site or remains idle beyond the idle-time limit. The default idle-time limit is 30 minutes.

Here are the top Page Views from Jan. 1, 2009 to Dec. 14, 2009:

<table>
<thead>
<tr>
<th>Page Title</th>
<th>Page Views 2008</th>
<th>Page Views 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAPD Home Page</td>
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<td>1,149,652</td>
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<tr>
<td>Find a Pediatric Dentist Search</td>
<td>119,149</td>
<td>116,539</td>
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<tr>
<td>Pediatric Dentistry Online</td>
<td>61,809</td>
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<tr>
<td>Policies and Guidelines</td>
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<td>55,427</td>
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<tr>
<td>Online Classified Ads</td>
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<tr>
<td>Media Page and Press Releases</td>
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<td>Annual Session Site</td>
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<td>Journal of Dentistry for Children Online</td>
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<tr>
<td>Online Membership Directory</td>
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</tr>
<tr>
<td>Latest Advocacy News</td>
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<td>4,688</td>
</tr>
<tr>
<td>Online Clinical Photo Library</td>
<td>3,682</td>
<td>3,256</td>
</tr>
</tbody>
</table>

AAPD on Facebook. In early 2010, the AAPD expanded its online presence to include a Facebook page. The new site allows Facebook users to keep up-to-date with the AAPD updates in their news feeds, discuss these stories with other fans, view upcoming events, and promote key initiatives. This also reaches out to parents and children.
Here are some recent Web site enhancements of note:

- **Online Store.** With the change in database systems, the AAPD’s online store presence has been greatly improved, featuring a fully functional search of products, the ability to have coupon or discount codes for special promotions, and a more appealing user interface.

- **Annual Session Update.** The Annual Session section of the site has been completely redesigned in preparation for the 2010 Annual Session in Chicago. After the success of the recent Annual Session “microsites” (that is, a unique-looking site within a Web site), the new design was built on that framework with improved functionality, design, and organization. This section features an interactive schedule and exhibit hall map.

- **Head Start Dental Home Initiative Online.** As part of the partnership with the Office of Head Start, the AAPD has established both public and Members’ Only Web sites. Both sites archive important news updates from the initiative and provide information on state and regional leaders. The Members’ Only page puts AAPD members in touch with state and regional Head Start programs. The public page explains basic information about the partnership and will eventually be expanded to include dental health care tips for Head Start families.

- **Expanded Dental Coding Information.** The Dental Coding page of the Members’ Only Web site has recently been redesigned and its information updated. Additionally, there is a new archive of AAPD Dental Benefits Manager Mary Essling’s Behind the Code articles.

- **Parent Resource Center.** The AAPD continue to update our online Parent Resource Center to give parents and caregivers quick access to information important for the care of their children’s teeth.

- **Dental Home Resource Center Online.** As part of the AAPD’s Age One Dental Visit policy, the AAPD continues to collect all relevant documents in an online resource center available to parents and policymakers. This resource center also includes audio and video promotional materials and media appearances that highlight the Age One Dental Visit policy.

- **Journal of Dentistry for Children Articles Online.** Members and non members have access to the online *Journal of Dentistry for Children*. The full article text is available free of charge to members through Ingenta Connect and can be reached through the Members-only section of the Web site. Non-members and the public can read article abstracts or purchase content online in the form of individual articles or full issues. **As of December 2009, there have been 20,125 full-text downloads of individual articles from the online archive in 2009. This is an increase from 13,639 full-text downloads of individual articles in 2008.**

- **Residency Director Resources.** AAPD members involved in the administration of residency programs now have access to a page in the Members-only section of the Web site specialized to their needs. In addition to links to PASS, National Matching Services and the Commission on Dental Accreditation (CODA), there is also information on those program directors who have recently been site-visited by CODA and have offered to assist other programs in their preparation.

**What to Look for at www.aapd.org in 2010-11**

AAPD will be embarking on a re-design of our Web site [http://www.aapd.org](http://www.aapd.org), with easier navigation and more enhanced, interactive functionality to assist both AAPD members as well as the general public (parents, guardians, and caregivers) seeking information about children’s oral health care. Look for more details on AAPD’s “Web 2.0” shortly.
AAPD Offers an Exciting Range of Popular Continuing Education Courses

The AAPD continues to provide relevant Continuing Education Courses designed to meet your needs. The CE course calendar for 2009-10 was full and successful based on the attendance at each course and favorable participant evaluations. Our Senior Meetings Manager Kristin Olson, who manages the advance planning and on-site coordination that make these courses run smoothly.

Our course faculty are also to be commended for their expertise and dedication. Please note that over the past year our course faculty for the Comprehensive Review Course were: Drs. Kevin J. Donley, Constance M. Killian, Catherine M. Flaitz, and Andrew L. Sonis. Our Sedation course faculty were: Drs. Stephen Wilson, Ron Kosinski, Alan Milnes, David R. Rothman, and Michael Webb.

Mark your Calendars for the Upcoming CE Courses on the Docket

### Oral Clinical Examination Review
**Sept. 10, 2009, Chicago**
120 attendees

### Comprehensive Review of Pediatric Dentistry
**Sept. 11-13, 2009, Chicago**
166 attendees

### Contemporary Sedation of Children for the Dental Practice: Enteral & Parenteral Techniques & Human Simulator Course
**Oct. 9-11, 2009, San Francisco**
171 attendees

### Symposium on the Prevention of Management of Early Childhood Caries
**Oct. 23-24, 2009, Chicago**
242 attendees and 13 exhibitors

### Pediatric Medicine Update
**Nov. 5-6, 2009, Boston**
232 attendees

### Comprehensive Review of Pediatric Dentistry
**Jan. 22-24, 2010, Scottsdale, Arizona**
181 attendees

### Contemporary Sedation of Children for the Dental Practice
**Feb. 25-27, 2010, Atlanta, Georgia**
124 attendees

### Management of Pediatric Sedation Emergencies: A Simulation Course
**Feb. 27-28, Atlanta, Georgia**
31 attendees

### Getting the Most from Your Practice: Using Technology and Building Exceptional People Skills
**March 5-6, 2010, Fort Lauderdale, Florida**
115 attendees

### Comprehensive Review of Pediatric Dentistry
**April 9-11, 2010, San Antonio, Texas**
128 registrants as of the printing of this report

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**Oral Clinical Exam Review Course**
**Aug. 26, 2010, New York City**

**Comprehensive Review of Pediatric Dentistry**
**Aug. 27-29, 2010, New York City**

**Dental Assistant’s Course: Sedative and Medical Emergencies in the Pediatric Dental Office**
**Oct. 22, 2010, San Diego, California**

**Contemporary Sedation of Children for the Dental Practice**
**Oct. 22-24, 2010, San Diego, California**

**Medical Emergencies in the Pediatric Dental Office**
**Nov. 5-6, 2010, Chicago, Illinois**

**Beyond Sugar: Contemporary Nutrition in Oral and Systemic Health A Symposium on Nutrition**
**Dec. 3-4, 2010, Chicago, Illinois**
Support for Educational Programs

With the leadership of Educational Affairs Manager Scott Dalhouse, there are a number of exciting initiatives to support and enhance our pediatric dentistry residency training programs, as well as pediatric dentistry in the dental school/predoctoral curriculum.

2010–11 Pediatric Dentistry Residency Program Match

Pediatric dentistry continues to be a popular specialty with dental school graduates, as evidenced by the continued growth in the Match results for the 2010–2011 academic year.

Once again, the number of first year pediatric dentistry residency applicants, positions offered, and positions filled surpasses orthodontics, oral and maxillofacial surgery, and advanced education in general dentistry!

2010-11 MATCH Results

<table>
<thead>
<tr>
<th></th>
<th>Number of Applicants</th>
<th>Positions Offered</th>
<th>Positions Filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Dentistry</td>
<td>562 (+85)</td>
<td>307 (+10)</td>
<td>299 (+14)</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>485 (-9)</td>
<td>269 (+14)</td>
<td>262 (+10)</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery</td>
<td>387 (+20)</td>
<td>216 (+10)</td>
<td>206 (+6)</td>
</tr>
<tr>
<td>Adv. Education in General Dentistry</td>
<td>378 (+31)</td>
<td>214 (-14)</td>
<td>143 (-6)</td>
</tr>
</tbody>
</table>

The number in parentheses in both columns represents the changes (plus or minus positions) as compared to last year. Note that pediatric dentistry also had the largest increase in its applicant pool with a growth rate of nearly 18 percent (562 applicants) over the 2009-10 Match (477 applicants).

Did you Know?

Interesting facts about residency programs.

Annual data on accredited programs and enrollment is gathered by the ADA’s Survey Center. According to the most recent data from the 2008-09 academic year:

- There were 74 pediatric residency programs accredited by the Commission on Dental Accreditation (CODA).
- Forty-two programs are sponsored by dental schools and 32 programs are sponsored by hospitals and non-dental school settings.
- A total of 710 postdoctoral residents were enrolled.
- There were 349 first-year positions as of July 1, 2008.
- 61.8 percent of all residents are female and 38.2 percent are male.
- There were 314 graduates entering the workforce. The only other specialty graduating more residents was orthodontics, with a total of 342.

\(^{3}\text{Participation in the Match is voluntary. A record 96 percent (or 71 of 74) CODA-accredited pediatric dentistry residency programs participated in the Match. While reviewing these results, keep in mind the numbers do not reflect all programs because of the three programs which do not participate in the Match.} \)
Re-recognition of the Specialty of Pediatric Dentistry: Full Steam Ahead!

Every ten years, the ADA’s Council on Dental Education and Licensure (CDEL) requires each recognized specialty to undergo a periodic review of their specialty education and practice. The previous recognition and review of the specialty of Pediatric Dentistry was in 2001. We passed this with flying colors. CDEL has notified AAPD that the specialty of Pediatric Dentistry will be re-recognized in 2011. For re-recognition to occur, the AAPD filed the required written report with CDEL prior to May 1, 2010. AAPD President Dr. William C. Berlocher appointed a workgroup to co-author the report, which is a retrospective look of the specialty for the preceding ten years.

The report discusses how Pediatric Dentistry has promoted quality within the discipline over the past ten years including competencies, parameters of care, the expansion of continuing education offerings, and the AAPD’s strategic plan. Current trends and forecasting the future in membership were discussed in detail. Comments were made about changes in research and technology and how these changes have affected practice. Trends in education over the past ten years were also included. Finally, significant information was included about the growth in the number of members achieving board certification from the American Board of Pediatric Dentistry, and the process for certification and recertification.

Interested members may view the report in the Members Only section of the AAPD Web site at www.aapd.org.

Updated Residency Training Standards

The standards in use for Advanced Specialty Education in Pediatric Dentistry were formulated in an era when graduate education or residency training took place predominantly in a single training institution. Community outreach, providing care to diverse populations, and the concepts of outcomes-based education and competencies were only just beginning to be discussed. To address the current trends in education and to assure training standards that complement those trends, the AAPD has undertaken a complete reworking of the standards for residency training programs. In 2008, following a Commission on Dental Accreditation (CODA) validity and reliability study of the standards and discussion by the CODA Pediatric Dentistry Review Committee, an Ad Hoc Committee on Residency Training Standards was appointed by then AAPD President Beverly A. Largent. Under the chairmanship of Dr. Paul Casamassimo, this committee was charged to overhaul the current document and develop a national curriculum for pediatric dentistry. The proposed new standards address didactics, clinical experiences, research and critical thinking, advocacy, and community-based experiences.

All residency training program directors were invited to a special meeting in Chicago on May 25, 2010, immediately prior to the beginning of the Annual Session, for an initial review and discussion of the revised standards. Multiple levels of additional review must occur including a public comment period, before the new standards becomes effective. This is an important initiative that will benefit the specialty of pediatric dentistry for years to come.

2010 Joint Academic Day

The AAPD will again present a Joint Academic Day, which all pre- and postdoctoral educators were invited to attend, on the Wednesday prior to the official opening of the Annual Session. The morning program will center on the Medicare Graduate Medical Education (GME) and Children’s Hospitals GME reimbursement mechanisms. Featured speakers are from HRSA, the law firm of King and Spalding, and Geisinger Regional Medical Center. An overview of the Renewal of Certification Process (ROC-P) of the American Board of Pediatric Dentistry will also be provided. Following lunch, the Societies of Postdoctoral Program Directors and Predoctoral Program Directors will hold individual meetings with programs of interest to their respective groups.

AAPD In-Service Examination

The In-Service Examination Committee held its test construction meeting in January 2010. The purpose of this meeting is to review the exam and questions, write new questions and develop this year’s examination. Nearly 97 percent of all residency programs utilize this examination, which provides outcomes measures for training programs and their residents. These outcomes measures may be used by program directors during accreditation visits and to maintain a well-rounded training curriculum. Program directors receive hard data showing resident progress from the start of their training through graduation.
Master Clinician Update: AAPD Scholarship Recipients Complete the 2009 ADEA/AAL Institute for Teaching and Learning

AAPD and Healthy Smiles, Healthy Children: the Foundation of the American Academy of Pediatric Dentistry (HSHC) awarded five scholarships for new and prospective dental educators who completed the American Dental Education Association (ADEA) and the Academy for Academic Leadership (AAL) intensive faculty-development program, the Institute for Teaching and Learning (ITL). This is the second class of Master Clinician scholarships to be awarded by the AAPD and HSHC.

The ITL is conducted in collaboration with the University of North Carolina at Chapel Hill (UNC) School of Dentistry. Given the number of vacant, budgeted faculty positions in U.S. dental schools, the overall program goal is to help recruit and retain dental faculty by preparing participants to become more effective teachers and develop other skills to facilitate success in the academic environment. The two-phase program held on the campus of UNC enabled this year’s class of ITL Scholars to attain a higher level of excellence in evidence-based clinical and didactic modalities of dental education. The ITL Scholars received hands-on experience with key teacher tasks such as evaluating student competence, presenting lectures, planning courses, constructing tests, fostering small-group learning, working with difficult students, guiding students with questions, and providing feedback. ITL Scholars also explored cognitive theories, learned strategies to enhance motivation, research on educational best practices, student learning styles, characteristics of today’s Gen Y learner. They also completed teaching self-assessments and a focused examination of their career development plans, concluding with extensive lessons on leading effective meetings and chairing academic committees.

All Five AAPD/HSHC Scholarship Recipients are Launched on Promising Academic Careers

Dr. Gary Badger received his dental degree from Georgetown University and completed his pediatric dentistry residency at the University of Missouri-Kansas City. Following a long military career, he continues in private practice and is a Clinical Associate Professor at the University of Texas Dental Branch at Houston.

Dr. Lance E. Kisby is a graduate of Tufts University School of Dental Medicine and spent more than 17 years in private practice. He is currently Chief of Pediatric Dentistry at Geisinger Medical Center in Danville, PA and is developing a new pediatric dentistry residency program at that institution. Additionally, he has been a part-time faculty member in the Department of Pediatric Dentistry at Tufts University since 1979. Dr. Kisby has this to say about the ITL:

“The recent ITL meeting I attended recently was one of the best courses I have ever taken. With the knowledge I gained on theories of learning, different ways of learning among the generations, how to write exams, and methods of teaching, I will be able to be a better instructor for my residents and thus produce better trained and educated future pediatric dentists.”

Dr. Moses Y. Salas is a graduate of the dentistry program at the University of Nuevo Leon and the pediatric dentistry residency program at the University of Puerto Rico. He is a clinical instructor at the University of Connecticut Health Center, School of Dental Medicine and is pursuing a Masters in Public Health degree also from the University of Connecticut. Dr. Salas shared his thoughts on the ITL by saying:

“As a University of Connecticut faculty member, the ITL became a new platform for the exchange of ideas and experiences in the academic field. The ITL represents a unique experience and opportunity to establish a social network with other faculty members throughout the US. I have been assigned new teaching responsibilities as a preceptor in our pediatric dental clinic and I am looking forward to apply what I learned at the ITL with my dental students and pediatric dentistry residents.”

Dr. Steven Schwartz spent 30 years in private practice following graduation from New York University. He is the program director for Staten Island University Hospital Pediatric Dentistry residency program. Additionally, he has published three books, numerous peer reviewed articles and has taught various seminars on clinical pediatric dentistry and practice management. Dr. Schwartz says of his attendance at the ITL:

“The benefits of attending ITL were evident immediately. I discovered my previously unrecognized deficiencies as a teacher during the weekend and my residents noticed an improvement in my teaching methods upon returning to the hospital.”

Dr. Cynthia K. Slack received her dental degree from Case Western Reserve University and completed a pediatric dentistry residency at the University of Rochester. She has been in private practice in Rochester for more than 27 years and maintains a practice at a residential mental health facility for children and young adults. Recently, Dr. Slack was appointed to the faculty in the Division of Pediatric Dentistry at the University of Rochester Medical Center, and served as a moderator for a series of breakfast rounds at the AAPD Annual Session in 2006. Dr. Slack says about her experience at the ITL:

“One of the many valuable nuggets from this course was the precise review of the generational learning styles and how to integrate and modify teaching tools which could allow for an optimal teaching/learning experience.”
Healthy Smiles, Healthy Children: The Foundation of The American Academy of Pediatric Dentistry

The AAPD’s CEO also serves as the Chief Executive Officer of Healthy Smiles, Healthy Children: the Foundation of the American Academy of Pediatric Dentistry (or HSHC for short). We wish to recognize the hard work and dedication of HSHC’s 2009-10 Board of Trustees which, in addition to the CEO, is composed of:

Paul A. Kennedy Jr., President
Jackie L. Banahan, Secretary-Treasurer
David K. Curtis, Trustee
John Kornitzer, Trustee
William Berlocher, AAPD President

Paul S. Casamassimo, Vice President
Joel H. Berg, Past President
Karen Hunke, Trustee
Jerome B. Miller, Trustee
John Liu, AAPD President-elect

As of April 15, 2010, HSHC has raised a total of $1,037,832 for the 2009-10 fiscal year in support of foundation initiatives, including several donor-advised funds. Of the gifts received, 44 percent were from individual AAPD members and 43 percent were from corporate sponsorships/gifts. Members of the AAPD and HSHC Board of Trustees represented 12 percent of total giving. We are also pleased to announce that the AAPD Headquarters Staff began a giving program through payroll deduction. Staff gifts will be used to fund an Access to Care grant, and 100 percent of the staff are participating!

<table>
<thead>
<tr>
<th>Constituent Code</th>
<th>Number of Donors</th>
<th>Number of Gifts</th>
<th>Total Gift Amount</th>
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<td>16</td>
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<tr>
<td>Business/Corporation</td>
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<tr>
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<td>1,350</td>
<td>$452,880</td>
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<tr>
<td>Other Organization</td>
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<td>$1,064</td>
</tr>
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<td><strong>1,499</strong></td>
<td><strong>$1,037,832</strong></td>
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New ACCESS TO CARE Grants Awarded

In the fall of 2009, the HSHC Board of Trustees voted to implement new service-based initiatives designed to directly impact the oral health care of children. **Access to Care** is the top priority. Priority will be given to initiatives that reach underserved/limited access populations and/or support the AAPD’s Dental/Home Age One dental visit policy.

In the first year of this new initiative, HSHC received 70 proposals requesting more than $2 million. Grant applications went through a rigorous review process to ensure that awardees fit the goals of HSHC and our donors. They were first viewed by a sub-committee made up of a number of AAPD members, including members of the Council on Scientific Affairs and other scientific and clinical experts. This subcommittee reviewed all of the grant applications and recommended 21 applications to be sent to a second committee, which was made up of members of the HSHC Board of Trustees. This committee ranked the grants on a five point scale. The grants were reviewed based on the quality of design, the program’s ability to be sustainable, financial reporting, and most importantly the number of children the program would serve.

**Beginning July 1, 2010, HSHC will fund five Access to Care Grants totaling $75,264. Combined, these initiatives will impact more than 238,000 children over the next five years.** Please join us at the Opening General Session for the official announcement of the recipients of our first Access to Care grants!

HSHC Grants Available for 2010

HSHC will accept the next round of grant applications beginning Sept. 1, 2010. The three grant categories are as follows:

- **Access to Care Grants** are matching/challenge grants of up to $20,000 per year supporting local service initiatives that provide dental care to underserved/limited access children. HSHC funds may be applied to cover the costs of clinic supplies and instruments, patient/parent education materials, take-home supplies (toothbrushes, toothpaste, etc.), education and/or outreach to recruit dentist participation in program activities, or other activity with a clear, direct impact on child oral care.

- **Oral Health Research Grants** are multi-year awards of up to $100,000 per year for a three-year time period for research initiatives consistent with the AAPD’s Research Agenda. Special consideration will be given to research projects designed to better understand dental caries and its impact on child oral health, and/or to evaluate performance of dental care programs targeting underserved/limited access child populations.

- In order to improve child oral health for years to come, HSHC will help develop the next generation of dental researchers, and invest in their careers, with the **HSHC Future Dental Researcher Fellowship**. This Fellowship will support the careers of third-year investigators focusing their research on the study of dental care programs that target underserved/limited access child populations.

To apply for a grant, or for additional information please visit our Web site at [www.healthy.smiles.healthy.children.org](http://www.healthy.smiles.healthy.children.org).

Through these new initiatives, HSHC is poised to make a meaningful impact to improve children’s oral health care. The ultimate goal, through these grant and programmatic activities, is to have a positive impact on the oral health of at least **FIVE million children over the next five years.**

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HSHC Gala in Chicago

This year HSHC will celebrate in true Chicago fashion. Those individuals who have so generously given to HSHC at the Leader’s Circle level ($10,000) and above are invited to a Donor Appreciation Gala to be held at the fabulous new Trump International Hotel and Tower in the heart of Downtown Chicago on Saturday evening. At the Gala we will proudly recognize the following individuals who have increased their giving to Healthy Smiles, Healthy Children at the Gold Circle level:

Joel H. Berg  
David W. & Karen Boyd  
David K. & Pat Curtis  
Beverly A. & Thomas Largent  
Lawrence I. Lipton

In addition, we will be honoring the following individuals who have so generously stepped up to the President’s Circle level this year:

William C. & Alma Berlocher  
Warren A. Brill  
Paul S. & Maureen Casamassimo  
Robert L. & Mary Delarosa  
Charles E. & Daphne Dyer  
Timothy R. & Pamela Fagan  
Douglas B. & Kelly Keck

The event will feature food and wine from around the world. Ms. Alpana Singh, Master Sommelier, will be on hand to talk about the wines served. The Gala will also feature a special guest appearance by Jim Hendry, General Manager of the Chicago Cubs and other members of the Cubs organization. While this event is by invitation only, there are a limited number of tickets available for purchase at $500 each. The proceeds from the sale of these tickets will go directly towards HSHC’s Access to Care initiatives described above. Be sure and visit the HSHC Booth in the Exhibit Hall for more information.

Healthy Smiles, Healthy Children will once again host our popular Donor’s Lounge in the Exhibit Hall. Make it a point to stop by, take a break, and learn more about HSHC and the wonderful things your Foundation is doing.
Planned Giving

We are really excited about a new feature added to the HSHC Web site. Our interactive planned giving site provides the most up-to-date information regarding estate planning, including a gift calculator to help you determine the best ways to structure your gifts to make them meaningful contributions while meeting personal planning goals. In today’s environment, these gifts are more important than ever in helping fund the work of charitable entities like Healthy Smiles, Healthy Children. The new planned giving Web site can be accessed by going to http://healthysmileshealthychildren.aboutgiving.net or through the AAPD’s web site www.aapd.org. You will discover ways to make gifts to HSHC you may not have thought possible, such as:

• Selecting options that can actually "give back" for a time, providing extra income in retirement years or to help fund educational expenses and other needs.
• Adding meaning to your gift by using it to honor a special friend or loved one.
• Saving money on income, gift, and estate taxes and redirecting those amounts for use in ways you choose.

Our members are already taking advantage of this wonderful new feature! Below is a summary of use of this new Web resource since the “go-live” date of Jan. 15, 2010, through March 31, 2010:

- There have been 309 visits to this Web page.
- Visitors are from 19 different countries, including Mexico, Canada, Italy, Greece, Lithuania, Japan and Spain.
- There have been 1,073 total page views, with an average of 37 page views per visitor.
- Of the 309 individuals who have visited the site, 91 have returned to view the site again.

The most popular pages on the site are:

- Gifts that provide income to you and others – 59 unique page views
- The choice of what to give – 47 unique page views
- Information for advisors – 45 unique page views
- Gifts of securities – 36 unique page views
- Comparing the benefits – 32 unique page views
- Gift calculator – 29 unique page views
- Exploring the options – Charitable Trusts – 26 unique page views
Leadership Institute II Wraps up as Leadership Institute III Kicks off this Year

Leadership Institute II participants gathered at the AAPD Leadership Institute at Northwestern University’s Kellogg School of Management for the final year of a three year series on Dec. 10-13, 2009. All of the participants completed the Leadership series and successfully graduated from the program.


HSHC is proud to again partner with Kellogg and Ultradent Products, Inc. to host the third cohort of the Leadership Institute beginning December 2010. Program information was mailed to all AAPD members in early December 2009. LI III applications were due April 30, 2010. HSHC looks forward to welcoming 30 new AAPD members into the Leadership Institute III program in December 2010.
Brief Update on the American Board of Pediatric Dentistry

I am pleased to report that the AAPD maintains an excellent working relationship on both the volunteer and staff level with our specialty’s certifying board, the American Board of Pediatric Dentistry. Since 1964, the AAPD has sponsored the American Board of Pediatric Dentistry (ABPD), fulfilling a requirement that to be recognized as a specialty an organization must demonstrate the ability to establish a certifying board (CDEL/ADA 2001). As the credentialing and certifying arm of the specialty, ABPD has a vision that we support:

To achieve excellence in pediatric dentistry through certification of all pediatric dentists.

As of this writing, fifty-four (54) percent of eligible AAPD members are certified by ABPD, with another 1,319 candidates in the certification process. By the end of 2010, there will be over 3,000 Diplomates, a 44 percent increase in the last ten years. This is a tremendous achievement for the ABPD and for the profession of pediatric dentistry.

However, board certification is not the end of professional growth and self-improvement. It is a lifelong process. Therefore, in July 2010 the ABPD will launch the Renewal of Certification Process (ROC-P). The continuing rolling process is designed to meet the rapidly changing science and technology and support the highest quality oral health care to pediatric patients and patients with special health care needs. It also satisfies a requirement, passed by the ADA House of Delegates in 2009, that each Board shall encourage its Diplomates to engage in lifelong learning and continuous quality improvement.

I salute the Board of Directors and ABPD Headquarters in the tremendous progress they have made in the last ten years. The AAPD leadership and my office will continue to support their requests by assisting all Academy members to be certified and to enroll in the renewal of certification process.
What’s new with the AAPD’s Headquarters Office Staff?

Below are some of our staff’s achievements over the past year.

- **Ms. Tonya Almond** joined the AAPD last Fall as Meeting Services Director. Tonya comes to the AAPD from the American Academy of Physical Medicine and Rehabilitation, where she served as Director, Meetings and Event Services since 2005. She previously served as Director of Meeting and Customer Services for DRI—The Voice of the Defense Bar from 2000-2005 and as Convention Coordinator for the association management firm SmithBucklin from 1996-2000.

- **Ms. Abbie Burrows** was promoted to the position of Membership and Marketing Associate. Abbie has been with the AAPD since 2006.

- **Ms. Debra Gilbert** has a new title of Meetings and Exhibits Associate, in recognition of her expanded role in coordinating exhibitors and exhibit hall at the AAPD Annual Session.

- **Ms. Kristin Lewis** transitioned last Fall from a temp to the full-time Head Start Project Administrative Assistant. Kristin received her Bachelor’s degree from Iowa State University, and her Master’s of Science in Historic Preservation from the School of the Art Institute of Chicago. She is extensively involved in information/data management activities for the initiative.

- **Mr. C. Scott Litch**, Chief Operating Officer and General Counsel, served his third and final year on the Board of Directors of the Association Forum of Chicagoland, and also served as chair of the Forum’s Political Action Committee. He again co-presented a Forum educational seminar on *Essentials of Association Law.*

- **Ms. Ilana Mark** joined the staff in last Fall as Database Management and Donor Relations Coordinator for HSHC. Illana previously worked for a service organization called CARC, where she gained much experience with the Raiser’s Edge software that HSHC is now using. She has a bachelor’s degree from DePaul University and master’s degree in social work and management from the University of Chicago.

- **Ms. Kristin Olson, CMP** was promoted to Senior Meetings Manager last Fall. Kristin has been with the AAPD since 2005, and has been promoted twice during that time.

- **Ms. Beth Radtke** joined the Head Start project staff last Fall as Head Start Project Coordinator. Beth earned her bachelor’s degree in family studies at Central Michigan University and is currently pursuing a Master of Science in Administration from that same university. She has worked in dental offices since 2005, most recently as office manager for a prosthodontics and implant dentistry practice in downtown Chicago. By the way, Beth’s sister is pediatric dentist Dr. Dana L. Radtke of Brighton, Michigan.

- **Ms. Tracey Schilligo** of the HSHC staff has a new title to better reflect her duties: Grant Management and Corporate Relations Coordinator.

Best wishes to:

- **Marianthi Thanopoulos**, Public Affairs Coordinator, recently accepted a position in media relations and social media for the Chicago Public Schools. Marianthi was integral in our media efforts, especially in coordinating the Head Start project launch press conference in Washington, DC in February 2008, and the press conference announcing the state launch in Hawaii in May 2009. We will be announcing a replacement shortly.

- **Catherine Mills**, CMP, Meeting Services Director, last summer accepted a position with the American Dental Association as Director, Council on ADA Sessions. Catherine was with the AAPD for almost 9 years, a time of tremendous growth in AAPD meetings.