

inter

FACE



NEWSLETTER OF SPECIAL CARE DENTISTRY ASSOCIATION

SPECIAL CARE DENTISTRY ACT TO BE RE-INTRODUCED INTO NEW CONGRESS

Government Relations and advocacy activities for SCDA last year revolved around the Special Care Dentistry Act — federal legislation introduced in the House of Representatives that will aid the entire oral health community and improve access to dental care for our nation's most vulnerable.

In 2006, advocacy efforts focused on building support within the oral health and disability communities while educating members of the U.S. House of Representatives and Senate about the SCD Act. SCDA has requested that every state dental association and many national non-profit groups endorse the Act. There has been success in gaining the endorsement of over 28 groups, which will continue to grow as organizations review SCDA's request.

The Special Care Dentistry Act will increase federal funding for Medicaid oral health services by creating a 90/10 federal/state match, expanding federally required Medicaid coverage to include the nation's "Aged, Blind and Disabled." The bill also provides additional support for other oral health services such as transportation.

This legislation in the previous Congress was led in the House of Representatives by Representative Charles Boustany, M.D. (R-LA) and Representative Robert Andrews (D-NJ). Under the recent change in the majority, the SCD Act stands to benefit from the Democratic controlled 110th Congress as they are expected to take action on Medicaid legislation. The SCD Act will soon be re-introduced under a new bill number in the House of Representatives with a Democratic member leading the charge.

Once re-introduced, we will continue to work towards increasing co-sponsorship while pursuing the overall goal of passing the bill. Enactment will provide dental care for vulnerable individuals, improving their health while reducing avoidable health care costs. This issue continues to be critical

to your patients' access to care; therefore it is important to have the strongest possible voice resonate from your community. By partnering with other national organizations such as the American Dental Association and state dental organizations, SCDA hopes to both unite and strengthen the dental care community around this issue.

Additionally, enhancing the effectiveness of advocacy efforts through collaborating with allied organizations, professionals, and patient advocacy groups remains a priority. These efforts are part of the continued goal to further develop SCDA presence in the health and dental community.

In the coming months, with the re-introduction of the SCD Act in the 110th Congress, Government Relations will keep the membership apprised of all these developments including updating the current Policy & Advocacy Center website, modifying grassroots and legislative documents, continued outreach for supporting endorsement for like-minded organizations and a renewed SCDA membership call to action.

In conclusion, thanks to the entire SCDA membership for your continued support and
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Editor's Note: Mention of any particular website or proprietary company does not constitute endorsement by Special Care Dentistry nor its constituent organizations, membership or author.

2006 GERIATRIC ORAL HEALTH CARE AWARD

The Ohio State University Oral Health for Seniors in Appalachia was the winner of the 2006 Geriatric Oral Health Care Award. This award is given by the ADA's Council on Access, Prevention and Interprofessional Relations and is sponsored by the Pfizer Consumer Healthcare group through the ADA Foundation. This award was begun in 1984 and recognizes programs that have improved the oral health care of older adults through innovative community outreach activities.

The Appalachian Outreach program was created in 2001 by a collaborative effort involving the Ohio State University College of Dentistry Geriatrics

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CLINICIAN'S CORNER CAVITRON DUALSELECT BY DENTSPLY

By: Carlton V. Horbelt, DDS, FADPD, FACD, DABSCD, Dental Director
Arlington

Developmental Center, Arlington, Tenn.

One of the greatest challenges facing the dental professional who treats persons with special needs is maintaining their periodontal health. In the last few years, it has become increasingly clear that a definite relationship exists between periodontal infections and a wide variety of serious systemic health disorders such as cardiovascular disease, diabetes, and respiratory diseases.

Unfortunately, poor oral hygiene and the resultant problem of chronic periodontal disease can be a common

finding in the special needs population. In most cases, this occurs because of the behavior challenges these patients present to their caregivers concerning basic daily oral hygiene care. As a result, it is critical that dental professionals do everything possible to enhance and improve periodontal health at each and every cleaning appointment. It is for just this reason that I have consistently used an excellent product from Dentsply called the Cavitron DualSelect.

This unique device is a dual dispensing system that allows the operator to choose between water from a closed source or medicaments such as Chlorhexidine Gluconate 0.12% when scaling or polishing teeth. This product comes with two dispensing bottles that are designated as "A" or "B." These bottles can be filled with any chosen solution including clean water. Selecting which fluid to use during a scaling or polishing procedure is very easily done. The operator or the dental assistant can accomplish this by rotating the selector knob to "A", "B", or "H2O" if an external water supply is desired.

Regular procedures for infection control of this unit are very easy to accomplish. You can simply steam autoclave the selector knob, surface disinfect the unit itself, and use the designated disinfectant bottle to flush the system on a weekly basis. Also, if a medicament such as Chlorhexidine Gluconate is not desired, using clean water (as opposed to dental office water) as the fluid of choice can help to control biofilm formation and to maintain system integrity.

The Cavitron DualSelect is manufactured by Dentsply, and it is available through most major dental supply companies. The approximate cost for this unit is \$390 for the complete system (not including the Cavitron itself).

I have been using this excellent product for every scaling and polishing appointment done in my clinic for many years. I consistently use a solution of 0.12% Chlorhexidine Gluconate in both dispensing bottles. Since I began doing my scalings and polishings with a



Chlorhexidine Gluconate solution instead of water, I have noticed a dramatic improvement in the periodontal health of the patients I treat. Any product that enhances the periodontal health of our special patients is definitely worth having. I can highly recommend the Cavitron DualSelect for use in any dental office that treats persons with developmental disabilities and deals with consistent periodontal problems.

SCDA Welcomes the Following New Members:

Ms. Virginia Berger
Dr. La Shun L. Carroll
Dr. Howard Crystal
Dr. Robert D. Gehrig
Ms. Sandra D. Hemming
Dr. Jadwiga Hjertstedt
Dr. Christopher Lo Frisco
Mr. Tom Magyarody
Dr. Suparna Argekar Mahalaha
Dr. James Martyniak
Dr. Malinda Ann Maynard
Dr. Kevin McGlynn
Dr. Andrea Miller
Dr. Andrew J. Mramor
Dr. Kristin E. Outlan
Dr. Robert E. Rada
Dr. Barry Ross
Ms. Michelle Seebinger
Dr. Gregory Sikora
Dr. Carl Tegtmeyer
Dr. Sarat Thikkurissy
Dr. Roksolana M Tymiak-Lonchyna
Dr. Daniel Venker
Dr. Matthew Walton
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CQI CORNER CREDENTIALING

By: Burton S. Wasserman, DDS, FAAHD, DABSCD
Chairman, Dental and Oral Medicine.
Medical Director

for Quality Assurance, New York Hospital Queens, Flushing, New York. Chairman, Dental Medicine, Wyckoff Heights Medical Center, Brooklyn, New York.

The entire credentialing process in a hospital setting has become a carefully structured framework to review a practitioner's record. There must be validation that the new provider has the necessary qualifications and competence to practice in the particular hospital. Of course, the same criteria must be used in the re-appointment process.

All dentists who request staff appointment and clinical privileges in a hospital must undergo the same scrutiny as their medical colleagues. Those dentists requesting operating room privileges, such as oral and maxillofacial surgeons, pediatric dentists, periodontists, dental anesthesiologists and implantologists will require more evidence of training and experience for the O.R. setting. Some hospitals require board certification for specialists. Others allow board eligibility or waivers that are granted to achieve board certification in a specified time frame. Many hospitals require additional training, such as (GPR or AEGD) for dental generalists to serve as faculty members. The following credentialing tools could also be used as adjuncts in supporting the dentist's application:

1. Fellowships
2. Diplomate status
3. Clinical experience
4. CDE courses
5. Other hospital appointments
6. University appointments

In order to properly assess the competence of the practitioners who are seeking privileges, the following steps are recommended by JCAHO:¹

- Use of primary sources to verify information
- Contact peers to verify competence

- Consider a variety of sources for peer reviews
- Ask specifically about the applicant's competence in performing high-risk procedures
- Obtain evidence of competence for the specific privileges requested
- Consider using proctoring when competence cannot be verified through other means
- Document all verification of information
- Define and use criteria for assessing current competence
- Use focused practitioner performance review to assess current competence during recredentialing and reprivileging
- Use multiple high-quality data sources for assessing continuing competence
- Analyze competence-related data thoughtfully and carefully

Each hospital has its own bylaws and rules and regulations which delineate the appointment and reappointment process. When determining the scope of service for a particular specialty provider, the following elements are recommended:²

- Lists of procedures or treatments by body part or anatomical region or by bundles or clusters
- Patient risk categories
- Levels of training and experience needed
- Required practitioner specialty
- Core privileges

The documents requested by the hospital assist in delineating the applicant's responsibilities, help the medical staff and the governing body in evaluating the practitioner and ultimately granting the appropriate clinical privileges. When the credentialing process is compromised both patient safety and quality of care could ultimately be threatened.

Most every hospital queries the National Practitioner Data Bank which could provide pertinent malpractice histories and interstate information which would be invaluable data for the credentials committee in assessing the applicant.

There are situations that arise where there is a need to grant temporary privileges to the practitioner, such as fulfilling an important patient care need or when a new applicant has a completed application and is awaiting review and approval. Temporary privileges should not be used routinely especially when incomplete information has been received and the applicant cannot be fully assessed. However, when temporary privileges are granted the time frame should not exceed 90 days.

Conclusion

Patient safety and credentialing are totally interconnected elements. A careful credentialing mechanism will provide safeguards for the patients, the providers and the hospital.

A rigorous scrutiny of the practitioner's overall competence, training and experience should promote better patient outcomes and enhance the reputation of the particular department and healthcare facility.

References:

1. The JCAHO Guide to Priority Focus Areas, chapter 4, "Credentialed Practitioners", p. 37, 2005
2. The JCAHO Guide to Priority Focus Areas, chapter 4, "Credentialed Practitioners", p. 34, 2005
3. The JCAHO Guide to Priority Focus Areas, chapter 4, "Credentialed Practitioners", p. 36, 2005

Advocacy

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personal resources pledged to these efforts, with a special mention of appreciation to those who actively participate on the SCDA legislative leadership team. If you have any additional questions, comments, or concerns related to government relations and advocacy activities, please feel free to contact the Special Care Dentistry Government Relations office at (202)367.1175.

COMPLEMENTARY AND ALTERNATIVE MEDICINE

By: Neeta Mehta, DDS

The National Center for Complementary and Alternative Medicine (NCCAM) came into being in 1998 as a Federal Government agency within the National Institute of Health. It is dedicated to exploring CAM, subjecting the various practices to rigorous scientific research and then making available reliable information and guidelines to the public and health care professionals. NCCAM collects evidence about the safety and efficacy of some CAM therapies in the treatment of medical conditions.

The NCCAM, an integral part of the National Institute of Health defines CAM as a group of diverse medical and health care systems, practices and products, that are presently not considered part of conventional medicine. The two can be distinguished as follows:

- **COMPLEMENTARY:** medicine is used together with conventional medicine.
- **ALTERNATIVE:** medicine used in place of conventional medicine.

An outcome of the amalgamation of conventional medical therapies with CAM therapies of proven safety and effectiveness is categorized as **INTEGRATIVE MEDICINE**.

NCCAM has classified CAM into five categories:

1. **ALTERNATIVE MEDICAL SYSTEM:**
Subdivided into the Western and Eastern philosophies; Western to include Homeopathy and Naturopathy.
Non-Western: includes the Ayurvedic and the Traditional Chinese Medicine
2. **MIND-BODY INTERACTIONS:**
Utilizes meditation, prayer, mental healing music art or dance to enhance the minds capacity to affect the body
3. **BIOLOGICALLY BASED THERAPIES:**
This includes the Herbs, Foods, Dietary Supplements, Vitamins, etc
4. **MANIPULATIVE AND BODY BASED METHODS:** This list includes Chiropractic, Massage, Yoga, Alexander's Technique and a few others.
5. **ENERGY THERAPIES: BIOFIELD THERAPIES – Gi-Gong, Reiki**

BIOELECTRIC : Pulsed fields, Magnetic Fields or AC/DC fields.

The following is a description of some of the common complementary therapy approaches being practiced around the world today:

HOMEOPATHIC:

- Method of self-healing assisted with small doses of medicinal substances.
- Practitioners are regulated by Federal law and are licensed.
- Most prescriptions are available over the counter.
- The system was developed by Samuel Hahnemann (1755-1843) a German physician and chemist and author of a well known book on preparation and use of contemporary medicine.
- Based on the principle of 'like cures like' that is the medicine that in large doses causes the symptoms closest to the disease in lower doses is likely to cure it.
- It focuses on description and alleviation of symptoms, involves extensive communication with the patient as its own therapeutic benefit.
- Use of tinctures, tablets, pellets, and minerals obtained from natural sources.

CHIROPRACTICE:

- Origin in the American Midwest almost a century ago
- Integral part of the healthcare establishment, backed by strong scientific research base, licensure process established, widespread insurance coverage.
- Approximately 20 million patient visits per year
- Founded by Daniel David Palmer, a self-educated healer from Davenport, Iowa in 1895.
- Based on two fundamental principles that the vertebral subluxation causes abnormal nerve transmission and is the cause of virtually all disease and that manual manipulation of the vertebra is the cure.

- Interestingly enough, spinal manipulation has been documented and both Hippocrates and Galen were its advocates.

HEALING TOUCH:

- Belief in the universal healing of energy. It includes newer techniques and the modern variations of the indigenous practices found around the world
- Energetic strategies relieve physical and emotional distress
- Early reference to this universal energy found in India dated around 5000BC This phenomenon called 'prana' is also referred to as 'chi' in China, 'Qi' in Thailand, 'Ki' in Japan and mana in Polynesia. Contemporary approach is the Krieger-Kunz technique
- Other practices more common in the west are reflexology, Raki, acupuncture and naturopathy.

NATUROPATHIC:

- Trace its roots to Hippocratic school of medicine, attributed to the healing systems of the 18th-19th century
- Term coined by John Scheel in 1895, but became a formal profession due to the efforts of Benedict Lust, a German immigrant.
- It is a way of life that involves natural means for treatment of ailments, early therapies associated with it were hygiene, nature-cure and hydrotherapy.
- Over the course of several years it has imbibed other therapies like diet modification massage, exercise acupuncture and even minor surgery.

AYURVEDA:

- Relies on the three 'doshas' as the cause and means of cure
- Similar to the current view in biomedicine that physical constitution is related to disease.
- Includes diet/herbal remedies, plant based prescriptions and use of mind-body and spirit in disease prevention.

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2007 SCDA SILENT AUCTION NEEDS YOUR SUPPORT

Mark your calendars for an exciting SCDA event! The Fourth Annual SCDA Silent Auction is scheduled for Friday night, May 4, 2007, at the Gala Banquet in Denver. This year's event hopes to outdo the highly successful 2006 Silent Auction, which netted a total of \$4,812 (\$3,802 for the traditional Auction, and \$1,010 for the scholarship fund for Teran Gall's children).

The kickoff for the 2007 Silent Auction took place on October 17 at the

SCDA interim Board Meeting in Las Vegas. Dr. Jerry Kleponis will once again serve as the Chair of this event. In a guest appearance at the Meeting, Jerry challenged the SCDA Board to get the event off to a good start by donating auction items or monetary contributions prior to January 2007. Jerry also donated the first Auction Item, a portable World Series of Poker kit. To date, the SCDA Board has donated ten auction items, and nearly \$400 in cash pledges.

Now that 2007 has arrived, the remaining SCDA members are asked to participate. This year, there are three ways in which you can contribute to the success of the annual Silent Auction: donate an auction item, hire an auction shopper, or make a cash donation.

Donated items are the backbone of the Silent Auction. Last year's items ranged in value from \$15 to \$600, and such an affordable range allowed

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Medicine

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Multiple herb preparations in the eastern prescriptions.

- Information obtained from two religious scriptures dating back to 1200-800BC
- Provides classical antecedents to the current practice of Yoga.

TRADITIONAL CHINESE MEDICINE:

- Dating back to 3000BC, TCM refers to the five cosmic elements.
- Disease is the result of an imbalance in the natural environment of the body. Balance is restored between Yin and Yang via herbs acupuncture and massage.
- Focus in treatment is to influence the flow of the body's energy called Qi.
- Plant based prescriptions.

ACUPUNCTURE:

- Manipulates Qi
- Clinical observed efficacy of acupuncture is increasing .
- Biomedical explanation on the physiological effect of skin puncture and modulation of neurotransmitter substances.

MIND-BODY HEALING:

- Synergistic working of the mind and body results in optimal health.
- Today Complementary and Alternative Medicine has a large following. It is estimated that about 27 million dollars is

spent annually on CAM therapies. This popularity and rejuvenation of CAM has been due to several reasons including public perception of safety related to natural products; multiculturalism and globalization to bring concepts outside of traditional Western medicine; and an increasing public interest in medical alternatives.

CAM's impact on dentistry has been mostly in connection with the patient's medical health. Interactions of conventional drugs with the herbal remedies have enlightened the entire

healthcare community to the fact that we need to know more about these treatments. The health questionnaire needs to be modified to include names and doses of herbal preparations as well as informing dental practitioners of other CAM therapies of which his/her patient is undertaking.

Integration of CAM into medical/dental practices will not only widen the practitioners' horizons, but also expand our knowledge of both and enable us to provide treatment appropriately for our patient base.

Geriatric Award

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Program, the OSU Extension Service for Southeastern Ohio, the Area Agency on Aging #7, Inc., and the local dental societies in southern Ohio. The program visits community senior centers of each of the ten participating Appalachian counties in the southeastern Ohio region on a weekly basis. Four dental units are set up and patients are evaluated for dental treatment. Comprehensive dental care is provided by four predoctoral dental students and two

dental hygiene students under the supervision of an accompanying geriatric dentistry faculty member.

This program is directed by Dr. Abdel R. Mohammad who is a professor of geriatric dentistry and oral medicine and director of the Geriatric Dentistry and Community Outreach Programs at The Ohio State University College of Dentistry. Dr. Mohammad currently directs the geriatric dentistry program at OSU College of Dentistry.

SOME THOUGHTS ABOUT GERIATRIC DENTISTRY

Kevin T. Hendler, DDS, FASGD, DABSCD

It is very obvious that people are living longer and as a result there is an increase in the number of older adults. People are keeping their teeth longer, there are fewer edentulous mouths, and that translates into a larger number of older individuals who are visiting dental offices for care.

Most older-adults remain independent and many have the means and desire to get all the best that dentistry has to offer, including implants and elective esthetic procedures. These patients continue to see their regular dental providers and receive routine dental care without any treatment modifications.

However, there are many older adults with physical or mental impairments where routine care may be a challenge. Individuals with dementia or significant medical problems may not tolerate extensive dental treatment. Other older adults may have problems accessing care because of transportation or financial issues. And some individuals just think they are too old for dental treatment. These are the geriatric dental patients who will require special treatment and special training on the part of the provider in order to successfully manage their complex needs.

Treatment plans often need to be modified; sometimes the best treatment dentistry has to offer is not the best treatment for the patient. Dentists are taking training or CE courses directly related to treating medically compromised and/or elderly patients in order to be able to treat these individuals. But there is a need for more continuing education relating to special patient care and one good source is the annual meeting of the Special Care Dentistry Association.

Patient management is extremely important when dealing with geriatric dental patients. The best restorative dentistry is useless if you can't get it in the patient's mouth. Proper communication is an essential part of patient management with all patients but even more so with older patients who may be hard of hearing, visually impaired, or have cognitive impairments.



Root caries is a huge problem in older adults and may be the most common oral condition in the elderly. Root decay is often related to a dry mouth, which is usually the result of medication side effects. And with many older adults having systemic medical conditions, it is more likely they will be on medications that can cause a decrease in salivary flow. Saliva has many important functions including lubricating the oral cavity and neutralizing the acids from bacteria which cause decay. So a dry mouth is not only uncomfortable but can result in major dental destruction. It truly is a tragedy when an individual who has spent a lifetime caring for and maintaining their teeth end up losing them because they can no longer care for themselves.

It is important to be aggressive in diagnosing and preventing root decay. A complete series of radiographs, if possible, is ideal for two reasons. First, it may not be possible in the future and knowing what the roots look like will be helpful if teeth need to be extracted later on. Second, radiographs also can show early root decay that may not be obvious clinically. This is also a reason for more frequent radiographs in patients who are prone to root caries. And fluoride is not just for kids. Older adults, especially

those susceptible to decay, should also receive routine fluoride treatments in the office and even at home with prescription toothpastes that contain a higher concentration of fluoride.

Older adults are more likely to have systemic medical conditions such as cardiovascular disease, diabetes and respiratory problems. If a causal link between periodontal disease and systemic disease is eventually proven, the implications for older adults can be huge. The idea that treating or preventing periodontal disease could directly impact systemic disease would result in significant medical cost savings, since treating periodontal disease is less expensive than treating diabetes or cardiovascular disease.

Good dental health and a nice smile can also positively impact quality of life. The Special Care Dentistry Act which would provide dental care for the aged, blind and disabled would go a long way in improving the overall health and quality of life for older Americans.

Special Care Dentistry is a challenging but extremely rewarding field. Although there are many frustrations, you go home at the end of the day with a sense of accomplishment knowing that you provided care to someone who may not have been treated if not for you.



MOUTH BACTERIA ARE LINKED TO ORAL CANCER

By: Dr. Carlton V. Horbelt, DDS, FADPD, FACD, DABSCD, Dental Director

Arlington Developmental Center, Arlington, Tenn.

We are all aware that paying close attention to your daily oral hygiene is very important for many reasons ranging from wanting an attractive smile with pleasant breath to avoiding serious systemic health disorders. A recent study, which was published in the July 2005 issue of the *Journal of Translational Medicine*, discovered another very compelling reason to keep your mouth clean and healthy. This research found that the most common type of oral cancer (oral squamous cell carcinoma) is possibly linked to three different types of bacteria found in the intra-oral cavity.

The researchers in this project took bacteria samples from the saliva of 45 patients with oral cancer and then compared them to salivary samples from

a group of 229 people who were without oral cancer. The results showed that the patients with oral cancer had unusually high amounts of three different bacterial species in their saliva. These bacteria were *C. gingivalis*, *P. melaninogenica*, and *S. mitis*.

At the conclusion of the study it was determined that one of two different processes was probably taking place in the mouths of the patients with oral cancer. Either the development of oral squamous cell carcinoma was directly influenced by the presence of these bacteria, or, the cancer altered the intra-oral chemistry in a way that allowed these bacteria to grow more rapidly.

The eventual benefit of such a discovery would be to come up with some type of saliva test that could identify people who are likely to develop oral squamous cell carcinoma. The earlier that a cancer is detected, the less likely it will spread and the higher the possibility of a real cure.

The American Cancer Society has stated that approximately 29,370 people will be diagnosed with oral and



oropharyngeal cancer each year in the United States. They also estimate that 7,320 people in the United States will die each year from these types of cancer.

The lead researcher in this study, Donna Mager of the Forsyth Institute in Boston, made the following statement: "Finding bacteria associated with (oral squamous cell carcinoma) encourages us to hope that we have discovered an early diagnostic marker for the disease. If future studies bear this out, it may be possible to save lives by conducting large-scale screenings using saliva samples."

19th Annual Meeting on Special Care Dentistry

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Co-locating with the 2007 National Oral Health Conference (NOHC)

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Visit our Web site

www.SCDAonline.org for program and registration information

SCDA Auction

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everyone to participate. The range of items is only limited by the imagination. Regional items have been very popular in previous Auctions. Thus far, the selection includes such perennial favorites as a DVD player, bamboo cutting board, and an Amana Colony wool blanket, as well as new items such as a silk holiday table cloth/napkins set, a handcrafted glass and steel vase, and jewelry crafted especially for this event.

Don't have an idea of what to donate to the Silent Auction, or just don't have the time or energy to shop? You can hire one of the Silent Auction shoppers! Just name the amount of money you wish to spend, and an Auction shopper will choose a unique item to be included in

the Auction.

Of course, cash donations are always welcome. In researching the totals from last year's Auction, the Chair discovered that the average amount of money brought in by each auction item was \$70. As a result, this year's most popular cash donation to date has been \$70, although donations of any amount are welcome.

Again this year, there will be a donors' raffle, during which all donors of auction items or cash gifts will be eligible to win a gift certificate.

For further information on donating an Auction item, hiring an Auction shopper, or making a donation, please contact Jerry Kleponis at dunxmore@aol.com or SCDA Executive Director Kristen Smith at KRSmith@smithbucklin.com or (312) 527-6764.