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Hi everyone!

I hope you are all well and enjoying life in whatever way it might come.

Well I had the President’s letter for the issue ready to go – a little bit overdue, I must confess – when my 17 year old son came with something he wrote to me to read. He told me: I have started writing a book ...like you did!

He said very seriously: my book is not scientific; it’s not a text book. I’d like to write it to other teenagers like me, to share my feelings, my thoughts, my experiences with them – and maybe, one day, the parents will read it too and understand us better...

I read it all – and might I add I was wonderfully surprised! I was amazed and amused by such sensitivity, for how insightful and how beautiful a soul my son is. Then I thought the BEST message I could write to you today was the message my son wrote to all of US.

Hopefully, through it we will be able to revive our inner, deeper feelings that might have been dormant for a long, long time since our teenager years ... and we mature though scared, have become frightened of them and don’t let them out anymore.

Let’s relive it:

THOUGHTS

“I don’t know about you, but sometimes I wonder about the meaning of the word love. People now-a-days have lost sight of the meaning of the word love. It’s thrown around in every kind of situation, from hyperbole to pornography to lust and I don’t really think people understand the extent of the emotions associated with love. I’m not alleging to be an expert of any sort on definitions but expertise sometimes clouds our judgement because our thoughts are so focused on complexity rather than simplicity. To me love is the all encompassing emotion, the feeling from which all others are derived. Love is so important to any human being because it gives you a feeling of secure comfort. You know that if you are loved then, no matter what, there is always going to be someone there to catch you when you fall. How does that tie into being a teenager? Most of us will at some point fall for someone. I can assure you that at first it won’t be love but it will be the preamble of love: infatuation. Human beings are very interesting and complex creatures. We want and pursue things which are seemingly unattainable just so that if we achieve it we can claim the impossible. If we don’t we can always fall back on the excuse that we were young and naive, that now we would never make the same mistake again. We may never truly fall in love in our lifetimes because we are constantly playing this game of deception, a dance where we conceal who we truly are and simply show a person that cannot be hurt by a stranger. How can you genuinely claim understand another person and fall in love with them if you don’t even know who they are? That is why people’s hearts are broken because they fall for someone who is not there; they fall for an image, for a feeling rather than a person.”

By Marino Mugayar- Baldocchi

God Bless us all! All The Best!

Leda Mugayar

President
Dear All,

Welcome to the 10th issue of the IADH Magazine. Well it’s not a particularly long time but I think the 10th issue is a milestone for me as the editor of this magazine. I hope you had great summer break and are ready to achieve your goals in the following weeks.

Each issue, I feel the same excitement and challenge to finish the magazine on time. To be honest I’m always a little bit late in putting the magazine on web. But it takes time to receive your news or photos and each issue is like the summary of the past season. Anyway, I hope everyone is happy with that.

There are certain times in our lives that we build special relationships with people because we are sharing similar experiences. This is why I found our “Sharing Experiences” section very important. Please be sure to read Kathy Wilson’s report on page 5. I have admired her work in Tanzania and I’m sure her mission will guide many dentists who read this magazine.

IADH Magazine plays a unique and international role for the communication of the IADH members all around the world. Each issue you’ll read news from different countries and we are always up to date of what’s going on in other countries. However the magazine is available only 4 times a year and we have found that sometimes the announcements and notices would be too late to be useful by the time of publication comes around. We are in the 21st century and time is so important for all of us to make full use of available technology. Many other dental associations have member lists for quick communication. These member lists have proved an excellent way to share ongoing information about such meetings and activities. We have had long discussions with the council members about the possibility of creating a list of IADH individual members and are currently planning how it might be possible to achieve this. Soon, we will be having an online membership payment area in our web site and hopefully we will be able to have an online e-mail registration area in order to create such a member list. Until this time I would kindly request from you to send me your contact details including your email addresses. Once we have your information we will start building the database of IADH members so we can keep you up to date with all our activities and news.

Hope you’ll enjoy reading this magazine. Please feel free to write your comments to us.

Warmest Best Regards,
Timucin Ari
timucin@confi-dent.net
Oral Health Experience in Adults with Leprosy living in Rural Tanzania

Dr Kathy Wilson – Specialist in Special Care Dentistry
Newcastle upon Tyne, England, UK

I have worked in the field of Special Care Dentistry for the past 20 years, with involvements in clinical practice, teaching and research. During this time I have also participated in several voluntary dental projects overseas in Nepal, Israel, India and Africa. All these opportunities have been extremely rewarding but my trip to Africa was to influence me most of all.

I first travelled to Africa in June 2006 to work for Bridge2Aid, a UK registered charity, operating dental and community development programmes in North West Tanzania (Fig 1).

Fig 1: Mwanza, North West Tanzania

The Dental Programme involves the provision of dental services at Hope Dental Centre, Mwanza and a 10 day intensive training course in Urgent Dental Care for rural clinical officers (RCO) which runs 3 times a year. The Community Development programme is centred around Bukumbi Care Centre, a rural village established to house those suffering from Leprosy. My experience on this first visit was to open up a whole new interest for me. The efficiency and friendliness of the staff at Bridge2Aid was outstanding and the ethos of their work commendable. By running dental training programmes for local health care workers, a sustainable future for the dental care of the rural population is being developed. This was a project I wanted to be part of and to this end I have returned on 3 further occasions to work as a locum at Hope Dental Centre.

Fig 2: Loss of digits

During my stay in 2007, I had the opportunity to visit Bukumbi Care Centre and it struck me that the level of disability experienced by many of the residents, due to their leprosy, was significant. Leprosy is a chronic infectious disease, which mainly affects the skin, peripheral nerves, upper respiratory tract and the eyes (Figures 2 and 3). Disability resulting from leprosy is a broad term encompassing any impairment, activity limitation or participation restriction affecting a person. Such disabilities can affect a person’s ability to carry out day to day activities impacting on general health, oral health and quality of life.

Fig 3: Walking aids
I felt that the disabilities experienced by the Bukumbi residents may be having a major impact on their ability to carry out oral care or gain access to oral care services. The nearest dental centre is Mwanza, some 50 km away, with limited public transport and certainly no accommodation for transport for those with disabilities. One mode of getting around used by some was a tricycle powered by a hand held pedal system (Fig 4).

Support was provided by a local team of Tanzanian staff, including a dental nurse, a driver and interpreter and an administration support officer provided by Bridge2Aid. The interpreter, Innocent, explained the nature of the study, in Kiswahili, to those who showed an interest and if they agreed verbally to take part they were included.

The study involved a questionnaire to assess Oral Impact on Daily Performance (OIDP), an oral exam to assess oral health status and treatment need.

The questionnaire was delivered by Innocent and one of the local dental nurses, as my Swahili was just a little rusty (Fig 5).

I applied to IADH for a project grant to assist in carrying out the work and was delighted when my application was accepted in October 2007. All systems were now go to plan and deliver the work! At this time a very enthusiastic fourth year dental student, Rachel Opie, contacted me to enquire about elective projects and guess what? I had the perfect plan. In July 2008 Rachel and I travelled to Mwanza to carry out the work. It was an inspiring time for us both.

The study was designed as a population survey to consider oral health status, treatment need and the impact of oral health on daily practice. Permission to carry out the work was obtained from the local Regional Dental Officer. All the adult residents, approximately 87, at the Centre were invited to take part.

Following this each participant received an oral examination. The medical clinic at Bukumbi Care Centre was used for carrying out the oral examination.

 Sharing Experiences

Fig 4: Hand propelled Tricycle

With these issues in mind, I felt a project to investigate the oral health needs of the residents at the centre was needed. Discussing the proposal for a study with the Bridge2Aid team they were extremely supportive and welcomed the opportunity to obtain robust information which could help influence the provision of oral care at the Centre.

Fig 5: Innocent carries out the questionnaire

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Fig 6: Eagerly waiting
There was a basic chair for the subject and light was provided by a torch. The examination was carried out using two dental mirrors. Accessing the clinic was difficult for many of the people with leprosy and therefore some oral exams were undertaken out with the clinic where the people were carrying out their daily tasks and again a torch was used for lighting, but often subjects remained seated on the ground as their disability hindered them from sitting on a chair or from standing (Fig 7). This provided great entertainment for the children of the village who were intrigued by our presence and weird western practices.

Fig 7: Out door Clinic

Some residents however were very proud to show off their newly acquired wheel chairs which had made such a difference to their day to day living and allowed them to get to the clinic (Fig 8).

Fig 8: My brand new wheel chair

Where treatment was indicated, in the form of extractions, arrangements were made for us to return the following week to carryout the work. The residents were also questioned about their tooth brushing habits and most used dental sticks, as they had no access to tooth brushes and toothpaste. Even those who had lost fingers were adept at this practice (Fig 9).

Fig 9: Brushing with a tooth stick

Results

We were only able to see 33 residents, as many were either working in the fields or had returned to Mwanza to beg on the streets, a very common practice. Some were simply suspicious of what we were going to do and would not consent to being involved. However, it was clear that there was a high treatment need with 20 residents (60.6%) of those examined requiring extractions.

The impact of the oral disease on day to day living was high with 72.7% reporting some effect of their oral disease on their quality of life. The main issues were that dental pain was effecting eating, sleeping and tooth brushing. These are all essential daily practices for any individual and the fact that a preventable or treatable oral health problem is having such a significant influence is a cause for concern.

One of the World Health Organisation’s goals for oral health is to; “reduce the burden of oral disease and disability, especially in poor and marginalised population”. This could not be more relevant for the people of Bukumbi Care Centre.
Treatment week

The week following the study saw Rachel and I returning to Bukumbi for an “extraction marathon”. Word had got around that the dentist was in town and as well as treating those who had been involved in the study care was offered to people in the surrounding villages who were in need of urgent care. So we set to work assisted by our Tanzanian support team, Innocent, a man for all occasions – driver, interpreter, torch bearer – who kept our spirits high (Fig 10).

Fig 10: Rachel busy at work

The gratitude we received from those treated was humbling and it was wonderful to see the relief from pain in so many faces. We were never alone and always had audience of happy little faces fascinated by what we were doing (Fig 11).

Fig 11: A welcome audience

Conclusion

The results of the study indicated a high level of dental disease amongst the residents at Bukumbi Care Centre. The most revealing information supporting the need for the provision of oral health care services is that obtained from the OIDP questionnaire which highlights the impact that dental disease is placing on the residents examined.

Bridge2Aid, with the support of the local government, are in a position to work towards improving access emergency oral care and oral health education for those living at Bukumbi Care Centre. As a result of the study I made recommendations to the director of Bridge2Aid to improve the situation for the residents including the employment of a dentally trained Rural Clinical Officer (RCO) as part of the medical team at Bukumbi Care Centre, the introduction of a basic oral health education programme and the provision of tooth brushes and paste.

I was delighted to hear from a colleague who had visited Mwanza in February 2009, that a dentally trained RCO has been appointed to Bukumbi and I hope that this will help to promote the need for further oral health involvement at the centre.

There is a saying once you visit Africa “it gets under your skin” – it certainly has for me and my next visit will be in December 2009 when I will travel to Dar Es Salam to visit a dental project for children with special needs and return to Mwanza as locum at Hope Dental Centre.

Acknowledgement

I would like to thank IADH for their support in providing funding for this project and the team at Bridge2Aid for their help in carrying out the work.
Disability Thematic University Network

The University net was born in July 8 of 2008. In the University of the Republic of Uruguay there are many people or academic units which are sensitive to the subject of disability, but their efforts over the years have had tended towards responding to particular sectors, often exhibiting independent or biased interests.

The establishment of the University net services via a thematic network was oriented towards interdisciplinary integration of knowledge and resources, thereby enhancing joint capabilities for generating agreements, planning actions and developing projects. The aim was to deepen the relationship between academics and the various social teams involved and interested in the subject of disability in order to enhance maximum cooperation and exchange in this topic.

We believe that the creation of the academic inter-disciplinary network is a very important initiative and will enable University to make significant contributions to developments in this field in many areas. The establishment of this network focuses on interdisciplinary working, addressing treatment themes, sharing of specific knowledge and information and generation of new ideas. This collaboration and closer working will allow a clearer view of the different projects and studies which are already underway, favouring the optimization of resources and highlighting areas which need greater development.

Furthermore, the academic network will facilitate the dissemination of information to the wider community as a whole, supporting and encouraging the interaction and relationship between teachers, students, staff with outside organisation. It will encourage at all times the relationship of the academics with various societies and social groups within the country. It will importantly collaborate with the various organizations for persons with disabilities and State institutions, facilitating their accessibility to important evidence and resources, and will provide directives in this topic, essential for those responsible for decision-making and the generation of policies.

Finally university net will looks towards undertaking or promoting research and development to improve accessibility and better assistance and availability of services, equipment guaranteed by people’s human rights. It will address the availability and use of new technologies, including information technologies and communication aids, mobility aids, technical devices and supporting technologies in order to optimise the quality of life of people with disabilities.

Objectives

1) To establish the systematic exchange of knowledge and experience produced in the field of disability in the academic units in the network.

2) To strengthen the development of the integrity of investigative functions, community work and education in the various disciplines comprising the network, allowing the interdisciplinary meeting for the approach of those functions.

3) To foster and promote academic training on this theme.

4) To join with specialized agencies or those with responsibilities in this theme.

5) To promote the systematic cooperation between the academic network and organizations and institutions of disabled link.

6) To aim that the academic network constitutes a reference point for the development of actions and social policies at a national level.

SERVICES THAT MAKE UP THE NETWORK:

- FACULTY OF MEDICINE
- FACULTY OF SOCIAL SCIENCES
- FACULTY OF DENTISTRY
- FACULTY OF PSYCHOLOGY
- TECHNOLOGY MEDICAL SCHOOL
- NUTRITION AND DIETETICS SCHOOL
- LAW SCHOOL
- SOCIAL SERVICE DEPARTMENT OF THE UNIVERSITY HOSPITAL
- UNIVERSITY WELFARE SERVICE, University Health Division.
Report from the Danish Spring-meeting 2009 – with visits from abroad.

In May this year the Danish members of IADH – Nordic Society for Disability and Oral Health – Danish Section held their spring meeting: Alternative dental treatments – when standard solutions don’t work.

The Committee of the Danish Section arrange scientific meetings for our 120 Danish members. At this particular spring-meeting lecturers from Norway, Sweden and Ireland were invited to give their suggestions and ideas for dental treatment solutions: which we find that we often are short of, when treating patients with special needs.

Madeleine Wertsen, West Gotland-Region (Sweden) started the meeting by explaining how special care dentistry for adults is organized in her region, since a new settlement was introduced 10 years ago. Dental care for special needs patients was at this time merged with nursing care, economically as well as organisationally. Dental care is therefore organized as a part of normal care in relation to diseases and disabilities and is divided into outreach- and necessary dental care. The Swedish dental teams in West Gotland have improved the level of the dental care for special needs patients using this model, but reported that there were still challenges ahead with addressing the needs of the increasing elder population.

After the first Swedish item the dentists and the dental hygienists/nurses were split into two groups. The group consisting of both dental hygienists and nurses was challenged by Mia Zellmer, dental hygienist in the West Gotland-Region (Sweden). She described how, in this region, they practice both outreach - and necessary dental care in a very professional way. The Danish special care dentistry still has a lot to pick up from our Swedish colleagues, especially in taking initiatives to new activities and projects.

Finally, this group had a lecture about all kinds of preventive methods and remedies especially suitable for patients with special needs and showed evidence for which kind of prevention is effective and which is not. This lecture was given by Kim Ekstrand, who is senior lecturer at the Dental Department, University of Copenhagen.

The dentist-group was entertained by Kjell Størksen from Norway. Dr. Størksen works at the dental department at Haukland Hospital in Norway and has long-standing experience with disabled geriatric patients. He wrote some years ago an article about the need for more guidelines in dental treatment for these special care patients. At this spring meeting Dr. Størksen gave an introduction to dental treatments and methods he used, concentrating on the compromises and simplification which were sometimes required to address the daily problems that we experience when working with patients with special needs.
Report from the Danish Spring-meeting 2009 – with visits from abroad.

At last the day ended with a scientific input from Ireland regarding the treatment of people with neuro-disability. Alison Dougall, Consultant in Medically Compromised Patients from Trinity College, Dublin also included information about the formation of their young society for disability and oral health, and the traditions and plans for special care dentistry in a country, which has been short of both till relatively recently.

As compared with the Irish challenge ahead, the Danish special care dentistry has many positive possibilities and is a progressing well, but this spring meeting showed us, that we still can learn a lot from colleagues abroad.

Danish dentistry is divided in a private and public sectors. Traditionally the children belonged to the public part and all adults to the private part. Special care dentistry traditionally had their own departments, but mostly centred on people with mental and intellectual disabilities. Since 1994 the elder patients with special needs was transferred to the public department, which for the last 25 years, had treated both normal children and geriatric patients.

Nowadays (post 2007) most of the special care departments have been united with the public section which means that we, who work in public clinics, don’t see geriatrics patients as a TIME BOMB. Instead we see it as a new and fascinating challenge and as a necessary part of dentistry for people who have suffered from lack of attention for a very long time. We realise that we need to focus on how we treat and especially in how we prevent oral disease in this group.

Our dental mission with special care patients needs ongoing support and inspiration from both inside and outside the country and from experienced and fiery souls, as we did meet this lovely spring-day in Copenhagen.

Best regard from Denmark, Gitte Johansen, Senior dental officer, Vallensbaek Public Dentistry and treasurer in the Committee of Nordic Society for Disability and Oral Health, Danish Section
Annual Scientific Meeting

President of Ireland, Mary McAleese, Patron of the Irish Society for Disability and Oral Health addressed the Annual Conference of the Society on Friday 26th June 2009.

President McAleese welcomed the delegates to the Conference, in particular members of the British Society for Disability and Oral Health whose Executive held a joint meeting with the committee of the Irish Society for Disability and Oral Health the day before. This is the first time the Societies have come together in a joint initiative and it is hoped that this will be the first of many such collaborative ventures.

The opening theme of the Conference was the future of Special Care Dentistry both for patients and those who provide their dental care in Ireland. Later in the day speakers from both the UK and Ireland focussed on access to care for marginalized groups and the different types of dental treatment that are available to improve the lives of people with disabilities.

World Down Syndrome Congress, Dublin Ireland, August 2009

Dublin played host to this three-yearly world congress from 19-22nd August 2009. ISDH members gave presentations, including the launch, by the President of Down Syndrome International and the past President of ISDH, of a joint initiative between the public service, ISDH and Down Syndrome Ireland in producing a leaflet for parents on oral health matters in Down Syndrome.

Autumn 2009

On Friday 13th November 2009, Dr Vinod Joshi, founder of the Mouth Cancer Foundation, which provides support for mouth, throat and other head & neck cancer patients, will address the Society on the topic of oral cancer, to coincide with Mouth Cancer week in the UK. Dr Joshi will share his experience with an invited audience of ISDH members, patients and other stakeholders in oral cancer awareness.
The 20th Nordic Congress in Gerontology (20 NKG) will be held in Reykjavik, Iceland 31 May – 2. June 2010. The congress is a multidisciplinary scientific meeting with attendance of all professionals active in research and teaching in gerontological sciences. It is also attended by those willing to follow the most recent trends in service for older people. The congress will follow traditional lines with plenary sessions, state of the art lectures, organized symposia, oral sessions and poster sessions.

For more information please go to our website: www.congress.is/20nkg

Jon Snaedal,
President of the Congress
Dental Photography

Most people are visually oriented ("a picture is worth a thousand words"), which makes it significantly easier to use visual documentation to demonstrate problems.

Dental photography is not a new field and is considered to be a sub-specialty of clinical/medical photography. Dental photographs can include external facial views as well as intra-oral views for practitioners of all dental specialties.

Photography has proven itself to be a valuable aid to all aspects of medicine including dentistry. Comparative pictures are often generated to illustrate the procedures over time or the portrayal of a condition using various spectrums.

Considerations

Producing pictures for dentistry and its sub-specialties can be straightforward when external views are required. No special equipment or approaches need to be used. However, intra-oral procedures are a bit more complicated and require substantially more equipment and expertise. Because intra-oral views are not possible with normal camera systems, special lenses and mirrors are required.

Equipment

The camera system could include (in most instances), a 35mm single lens reflex system (SLR) camera, a lens capable of doing close-up photography, an electronic flash, mirrors and retractors. The specific brand of camera is not important, but rather that the camera system is capable of some of the following functions as well as being simple to operate. Most dental photography is done with 35mm SLR camera systems. The use of a SLR is valuable for several reasons. The are a variety of films to choose from, they are compact and easy to use, but probably most importantly is they can utilize interchangeable lenses. The lens is one of the more important elements for good dental photography.

Intra-oral views require much depth of field to insure the entire dentition is maintained in sharp focus. Lenses for dental photography should be capable of minimum apertures of at least f22 for best results. Lenses also should be chosen for working distance considerations. The shorter the focal length, the closer the lens to the patient, consequently, lenses of approximately 100mm focal work very well for providing a large enough image size without invasion of the patients space.

To assist with intra-oral views special mirrors need to be used. Mirrors for dental photography can be either polished metal or front surface glass mirrors. Mirrors come in three shapes for various applications, palatal, buccal and lingual. Because of a wide variety of applications, mirrors also come in adult and pediatric sizes. Because the mirror plays a critical role in the picture making process, certain considerations are important for the optimal result. The mirror most probably will be stored at room temperature and to achieve good intra-oral pictures should be brought up to body temperature. This will prevent fogging when it is placed in the mouth. To facilitate the recording of the appropriate field with mirrors, proper retraction of the lip must be accomplished with unobtrusive retractors. Because of reflections, plastic proves much more desirable than metal.

Lighting

To insure maximum quality and fidelity in the recording of dental pictures, electronic flash is imperative. Electronic flash systems can be acquired in either ring light or point light configuration. The ring light is very easy to use and provides shadowless illumination for deep cavity views.
The University of British Columbia General Practice Residency Program provides a community dentistry rotation for two to three residents each year in Siem Reap, Cambodia. Siem Reap is Cambodia’s second largest city and located just minutes from the renowned Angkor Wat temple complex. Siem Reap is becoming a popular tourist destination but still remains one of Cambodia’s most impoverished regions from the brutal Pol Pot regime and years of civil and foreign wars. Currently half of the thirteen million Cambodians are under fifteen years old. Fifty-one percent of the Cambodian children are malnourished and one in seven will die before his or her fifth birthday.

The community dentistry rotation is based out of the Angkor Hospital for Children (AHC). The AHC is an independently operated non-governmental pediatric teaching hospital financed by non-profit New York based organization named Friends Without Borders. The AHC provides outpatient, inpatient, acute, emergency, surgical, low-acuity, dental and ophthalmologic care. On average the hospital treats between 300-400 outpatients per day as well as maintaining 50 inpatient beds. Patients are asked to pay a nominal fixed fee per visit if they can afford to do so and all other treatment and inpatient care is free of charge.

The UBC GPR residents take part in both hospital based care and community outreach. The residents are able to provide new insight for the dental professionals as well as gain valuable clinic and cultural exposure. The main barrier to knowledge transfer is spoken language. Many of the Cambodian children understand some English but the ability to comprehend dental education is absent. The dental resident must rely on a translator to convey their message. The Cambodian children are great dental patients and are very appreciative for their dental care. They are eager to learn and love to share their culture with foreigners. Overall the residents find this rotation to be a very rewarding and life altering experience.

Dr. Christopher Zed, Associate Dean Strategic and External Affairs, Head Postgraduate and Hospital Programs has developed a linkage for the IADH Developing Countries section with the University of British Columbia International outreach for the vulnerable populations in Cambodia commencing in April 2010. There will be 4 undergraduate students, 3 Post graduate residents, 3 Faculty members and local professionals, working together in a team to provide both a learning exchange program and service delivery program.

To this end there is a natural fit linking the IADH brand and logo to this activity. There is also an invitation to self funded IADH members to participate in the program. April 2010 trip space is limited. This program is seeking funding to use toward the students initiative of developing a local oral health promotion program for the very poor schools in the country.

Dr. Christopher Zed
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About EP Global Communications, Inc. and EP (Exceptional Parent) Magazine

EP Global Communications, Inc. is a 38-year-old, award-winning publishing and communications company whose mission is to develop, translate, and share information that can effect positive change for the special needs community. *EP* provides practical advice and the most up-to-date educational information for individuals with disabilities and special healthcare needs and the families, caregivers, physicians, allied healthcare professionals, and educational professionals who are involved in their care and development.

*EP* uses a multi-media approach to disseminate information through the following methods: its monthly print publication, *EP* (Exceptional Parent) magazine available in print and electronic format; its website (www.eparent.com); clinical custom communications projects; the *EP* Bookstore (www.epbookstore.com) which offers books, DVDs, and CDs on a wide range of disability related subjects; and online, interactive CME accredited seminars and teleconferences on a wide range of special needs topics (www.epliveonline.com). It is also partners in the World Congress and Exposition on Disabilities (WCD) (http://www.wcdexpo.com), a defining event held each year for physicians, allied healthcare professionals, educators, families, caregivers, and people with disabilities.

To the right you will find *EP* (Exceptional Parent) magazine in its new and exciting digital edition. We are pleased to offer this fresh, interactive format full of the cutting edge features and functionality that will define the next generation of magazine publishing.

If you have landed here because you are a subscriber of *EP* magazine, we thank you for making this transition to a highly interactive and now limitless format with us. For those interested in becoming subscribers to the digital edition of the magazine and gaining easy access to the news and information source that has been supporting the special needs community for decades, a simple call to (800) 372-7368 or visit to our digital subscription page can make you a part of the new and improved *EP* experience.

Fleeting are the days when most people access their news and information by way of the printed page. Digital media is indeed the wave of the future, a wave that is already gathering energy as more and more people turn to digital magazines, newspapers, journals, and even catalogs. EP is riding the crest of this wave as it presents its flagship monthly magazine as a state-of-the-art digital version that complements its print edition during these years when the worldwide paperless conversion is unfolding.

Making EP available in a digital edition is something the Company has been researching for several years. The technology available in previous years was simply not up to the challenge of delivering the kind of quality the Company has been accustomed to delivering in EP.

The time is now ripe, however, because 1) EP identified and tested digital technology that is dynamic and cutting edge in terms of its functionality, ease of use, and accessibility; 2) digital allows for a markedly lower digital subscription rate without sacrificing any of the great quality content that readers expect from EP, 3) digital has the added benefit of allowing EP to be a “greener,” more eco-friendly company as digital allows freedom from dependency on environmentally costly paper-based production; and 4) surveys conducted by the Company indicate that both subscribers and advertisers would welcome the change to digital.

With difficult financial times being faced by all Americans, especially those families caring for loved ones with disabilities, EP believes that now is the perfect time for digital. In essence, EP will be offering more for less, a welcome benefit from the financial hardship faced by many Americans. Additionally, EP recognizes that its very focused niche readership—people with disabilities and the families and professionals who care for and about them—are already a “hooked in,” computer savvy population as so many with disabilities access their world using assistive technology for mobility, communication, learning, and much more. EP’s digital edition will be one more tool in their toolbox as the magazine offers its vital and timely content in a more accessible format.

EP’s digital edition includes some of the most cutting edge features currently available in digital technology. As readers transition into this world of paperless publications, EP’s digital edition features the familiar ease of the “page turning motion” accessed by clicking on an animated “dogear” in the bottom corner of each page. Add to that features like streaming audio and video capable of being embedded on various pages and at various locations on a single page; infinite zoom in and out capabilities; page bookmarks for easy reference back to a favorite article; a digital “post it note,” which allows the reader to make their own notes right in their digital copy of the magazine; single or double page view; keyword searches, “quick links” to email addresses and Web site addresses found in the editorial text as well as within ads; archive search options; and much more. Equally important is the capability of expanding the EP content beyond our shores, and the Company has serious expressions of interest for this already from Europe, Canada, and South America.

A yearly subscription to EP’s digital edition is $19.95, a substantial savings over the $49.95 annual print subscription rate, and as a special introductory offer as EP kicks off its digital edition, the June digital issue is being offered free of charge to anyone who wishes to access it at http://www.eparentdigital.com. EP wants as many people as possible to experience its digital edition and navigate its dynamic content and new digital features. Check it out today!

About EP Global Communications, Inc.
EP Global Communications, Inc., parent company of Exceptional Parent (EP) magazine, is a 38-year-old, award-winning, multi-faceted publishing and communications company, which provides timely and indispensable resources and information to families and professionals caring for the needs of children and adults with disabilities.
Rainbow Lap CUSHION

The Rainbow® Lap Cushion facilitates the "knee-to-knee" technique for oral exams. This technique has advantages over the "mommy warp" (whereby the guardian lies on the chair and wraps arms around the infant or toddler), because with this device, the child is able to see mom's face while she controls the child's movement. This is reassuring for both child and parent.

The Rainbow Lap Cushion flexes with the baby, allows the tilt-back to feel more secure, and creates a cleaner, safer environment for all involved. It is made from a non-latex, cushy form that is comfortable for the patient, easy to use, and easy to clean.

Books & Products

A Clinical Guide to Special Care Dentistry
by J Fiske, A Dougall and D Lewis

Product Summary:

A Clinical Guide to Special Care Dentistry presents the detail and encouragement needed for practitioners to provide access to dental and oral health care for people requiring special care dentistry. The field of special care dentistry is rapidly gaining recognition both as a service that should be understood and provided by general clinicians as well as its recent acceptance in the UK as a specialty. Written to give the practitioner a wide appreciation of many of the conditions and circumstances common in treating patients who require special care, the book provides an eminently practical guide, supported by many appropriate illustrations, to both the newcomer and the clinician who already has some accomplishment in the subject area. The authors from, London, Dublin and Poole bring to the book their many years of practical knowledge and experience and their pragmatic approach is translated into a reader-friendly volume in which their commitment shines through and inspires.

Chapters Include:

- Access to care
- Effective communication
- Consent and capacity
- Safety
- Special care dentistry for younger people
- Services for older people

Eunice Kennedy Shriver, 1921-2009

Eunice Kennedy Shriver, 1921-2009

Executive Vice President, Joseph P. Kennedy, Jr. Foundation
Founder and Honorary Chairperson, Special Olympics

As founder and honorary chairperson of Special Olympics and executive vice president of the Joseph P. Kennedy, Jr. Foundation, Eunice Kennedy Shriver was a leader in the worldwide struggle to improve and enhance the lives of individuals with intellectual disabilities for more than three decades.

Born in Brookline, Massachusetts, the fifth of nine children of Joseph P. and Rose Fitzgerald Kennedy, Eunice Mary Kennedy received a Bachelor of Arts degree in sociology from Stanford University in Palo Alto, California.

Following graduation, she worked for the U.S. State Department in the Special War Problems Division. In 1950, she became a social worker at the Penitentiary for Women in Alderson, West Virginia, and the following year she moved to Chicago to work with the House of the Good Shepherd and the Chicago Juvenile Court.

In 1957, Shriver took over the direction of the Joseph P. Kennedy, Jr. Foundation. The Foundation, established in 1946 as a memorial to Joseph P. Kennedy, Jr.—the family's eldest son, who was killed in World War II—has two major objectives: to seek the prevention of intellectual disabilities by identifying its causes, and to improve the means by which society deals with citizens who have intellectual disabilities.

Under Shriver's leadership, the Foundation has helped achieve many significant advances, including the establishment by President Kennedy of The President's Committee on Mental Retardation in 1961, development of the National Institute for Child Health and Human Development in 1962, the establishment of a network of university-affiliated facilities and mental retardation research centers at major medical schools across the United States in 1967, the establishment of Special Olympics in 1968, the creation of major centers for the study of medical ethics at Harvard and Georgetown Universities in 1971, the creation of the "Community of Caring" concept for the reduction of intellectual disabilities among babies of teenagers in 1981, the institution of 16 "Community of Caring" Model Centers in 1982, and the establishment of "Community of Caring" programs in 1200 public and private schools from 1990-2006.

Recognized throughout the world for her efforts on behalf of persons with intellectual disabilities, Shriver received many honors and awards, including: the Presidential Medal of Freedom, the Legion of Honor, the Priz de la Couronne Francaise, the Mary Lasker Award, the Philip Murray-William Green Award (presented to Eunice and Sargent Shriver by the AFL-CIO), the AAMD Humanitarian Award, the NRPAS National Volunteer Service Award, the Laetare Medal of the University of Notre Dame, the Order of the Smile of Polish Children, the Franklin D. Roosevelt Four Freedoms Freedom from Want Award, The National Women's Hall of Fame, the Laureus Sports Award, the National Collegiate Athletics Association (NCAA) Theodore Roosevelt Award, and the International Olympic Committee Award.

Her honorary degrees included: Yale University, the College of the Holy Cross, Princeton University, Regis College, Manhattanville College, Newton College, Brescia College, Central Michigan University, Loyola College, University of Vermont, Albertus Magnus College, Cardinal Stritch University, Georgetown University and Marymount University.

On 24 March 1984, U.S. President Reagan awarded Shriver the Presidential Medal of Freedom, the nation's highest civilian award, for her work on behalf of persons with intellectual disabilities, and in 2005 she was honored for her work with Special Olympics as one of the first recipients of a sidewalk medallion on The Extra Mile Point of Light Pathway in Washington D.C.

Eunice Kennedy Shriver died on Aug. 11, 2009. She was survived by her husband, Sargent Shriver, and five children: Robert Sargent Shriver III, Maria Owings Shriver Schwarzenegger, Timothy Perry Shriver, Mark Kennedy Shriver and Anthony Paul Kennedy Shriver.
Members of the ISDH and BSDH Executive Committees take a break from the meeting

Dinner After Board Meeting