



## Texas pediatric dentists' attitudes toward practice issues and the role of the component society

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### Abstract

*A questionnaire addressing practice issues in dentistry and members' expectations of component society activities was sent to members of the Texas Academy of Pediatric Dentistry (N = 269). Response rate was 73%. Respondents were not in full agreement with the American Academy of Pediatric Dentistry recommendation that children first be seen at 12 months, though younger and childless dentists had significantly greater agreement than those who were older and had children. Strong disapproval of proposed independent practice for hygienists was expressed, and strong support was given for assistants to perform coronal polishing and apply sealants. Three-fourths of respondents treat Medicaid patients. In evaluating the role of the component society, respondents—especially women—unanimously affirmed the responsibility of keeping dentists abreast of current information, but also expressed strong support for maintaining relationships with outside groups and representing member views on issues of health care reform. Based on the diffusion theory of communication, a program of proactive public relations is recommended for the first-visit issue. (Pediatr Dent 18: 433–39, 1996)*

The specialty of pediatric dentistry and its practice are being challenged by numerous external issues. The National Health Interview Survey on dental visit patterns conducted in 1989 indicates that the use of pediatric dental services is increasing.<sup>1</sup> However, there are significant regional and socioeconomic differences in children's dental visit patterns.<sup>2</sup> Those in racial, cultural, and ethnic minority groups and from low income families have fewer professional examinations and treatments despite having higher rates of dental caries.<sup>3</sup> This segment of the population is increasing, and the caries prevalence in the primary dentition in these groups can be expected to increase.<sup>4</sup> Studies report that 20% of children account for 60% of dental decay,<sup>2</sup> and many of these children are served by federal and local entitlement programs.

If state and national health care reform includes dental care for children, there will be a need for increased access to dental care for children from the segments of the population that previously had limited or no access. Whether this increased access will result in an increased demand is yet to be determined. The current Medicaid system would be overwhelmed if all children eligible for dental care attempted to access the system.

The manpower issue is very real, and to complicate the matter further, providers will be asked to do more with less compensation. The result will be an increased impetus to reduce the costs of dental care delivery. This may lead to changes in state practice acts, which would permit an increase in the types of procedures legally delegated to auxiliaries.

In this climate of changing health care delivery, reimbursement sources, and dental disease patterns, it is imperative that pediatric dentists and those who represent them maintain active, accurate communication so the profession can respond appropriately to meet the oral health care needs of children.

In an effort to better serve its members, the Texas Academy of Pediatric Dentistry (TAPD), a component organization of the American Academy of Pediatric Dentistry (AAPD), proposed and commissioned a survey to gather information and ask for direction. The purpose of this paper is to present the findings concerning current issues facing the profession and how the organization could best serve member needs.

### Method

A mail survey of members of the TAPD was conducted in November 1994 among 269 members. A 51-item questionnaire was designed to:

1. Provide a demographic profile of the pediatric dentist in Texas
2. Gauge support for the AAPD recommendation of time of first pediatric dental visit
3. Assess extent of treatment of Medicaid patients

**TABLE 1. AVERAGE TYPICAL VS. PREFERRED FIRST APPOINTMENTS BY AGE OF DENTIST**

	Dentists' Age (years)					Overall
	< 30 (a)	31-40 (b)	41-50 (c)	51-60 (d)	> 60 (e)	
<b>Age at which you usually see patients for their first appointment</b>	N = 21	N = 54	N = 63	N = 34	N = 15	N = 187
< 12 months	9.6%	5.6%	1.6%	2.9%	13.3%	3.6%
12 months	28.6%	29.6%	15.9%	23.5%	13.3%	21.9%
13-18 months	-	11.1%	12.7%	14.7%	6.7%	11.1%
20-24 months	19.1%	18.6%	25.4%	20.6%	26.7%	21.4%
27-33 months	23.8%	14.8%	19.1%	17.6%	20.0%	18.2%
3 years	14.3%	16.7%	19.0%	17.6%	20.0%	17.2%
> 3 years	4.8%	3.8%	6.4%	2.9%	-	4.7%
Average age (months)	23.0	22.9	25.8	23.3	23.2	24.0
<b>Age at which you personally believe children should first be seen</b>	N = 23	N = 54	N = 62	N = 35	N = 13	N = 187
< 12 months	4.3%	9.4%	6.4%	2.9%	23.1%	8.2%
12 months	69.6%	46.3%	29.0%	31.4%	15.4%	37.8%
13-18 months	13.0%	11.2%	24.2%	17.2%	23.1%	17.6%
20-24 months	12.9%	13.0%	12.9%	17.1%	15.4%	13.5%
27-33 months	-	13.0%	17.7%	11.4%	7.7%	13.0%
3 years	-	7.4%	8.1%	20.0%	15.4%	9.3%
> 3 years	-	-	1.6%	-	-	0.5%
Average age (months)	13.7(d)*	17.6	20.2	21.7(a)	18.4	18.8
<b>Agree with the AAPD recommendation that children be seen at 12 months†</b>	95.7%	71.9%	65.6%	58.8%	53.3%	68.9%

\* ANOVA significant at 0.05. Parenthetical letters in the table indicate groups with significantly different means.

† Chi-square significant at 0.02.

by pediatric dentists and the reasons for not treating Medicaid patients

4. Allow members to rank the importance of current and potential TAPD activities including continuing education, child advocacy, and member representation
5. Obtain member views on current issues in dentistry including independent hygienist practice, perception of changing caries rate, insurance reimbursement, and access to hospital/general anesthesia.

Pretesting of the questionnaire was conducted among 12 practicing pediatric dentists, and revisions were made to improve the clarity. The revised questionnaire was mailed, accompanied by a stamped envelope addressed to an independent market researcher. No follow-up mailing was attempted. Respondents were guaranteed anonymity in a cover letter.

**Results**

A 73% response rate (196 of 269) was achieved.

**Demographic profile**

The Texas pediatric dentist is typically male (77.2%), married (85.3%) with children (79.1%) and between the ages of 31 and 50 (61.5%). The typical pediatric dentist in Texas is in private practice (78.4%), is a sole proprietor (67.1%), and uses a single office location (67.8%), though one-third report that they use two or more offices. The average number of hours spent in private practice per week is 34.1.

**Time of first visit**

Three questions were used to obtain information about first appointments for patients. The first asked at what age dentists usually see patients for a first appointment. Next they were asked at what age they personally believe children should first be seen. Lastly, they were asked whether they agree with the AAPD recommendation that children be seen at 12 months of age.

Table 1 shows the considerable range of typical first-appointment times with three-fourths reporting they see patients after age 1 year. Dentists said they personally believe children should be seen at a younger age than they usually see

them, though more than half said they believe the first visit is appropriate after the first birthday.

When asked if they agreed with the AAPD recommendation, slightly more than two-thirds (68.8%) said they did. Of the almost one-third (31.2%) who said they disagreed with the AAPD recommendation, the overwhelming majority who wrote comments in a space provided indicated that they felt that 12 months was too early, though a few said they disagreed because they believed the first visit should be earlier than 1 year—in one case as early as 6 months.

A comparison of agreement by age of respondent showed that younger respondents were almost unanimous in their support of and significantly more likely to agree with the AAPD recommendation than their older cohorts. Generally speaking, the older dentists are, the less likely they are to agree that children should be seen at 12 months.

Table 1 also illustrates the range of first-appointment personal beliefs. Older dentists, especially those in the 51-60 age group, suggested significantly later first-appointment ages than did dentists younger than age 30.

**TABLE 2. MEDICAID PATIENTS AS A PERCENTAGE OF PEDIATRIC DENTAL PRACTICES\* N = 114**

Medicaid Percentage of Patient Numbers	Dentists %
10% or less	21.1
11-30%	28.1
31-50%	31.7
More than 50%	19.3
Average percentage	36.9

\* Note: this table represents only those dentists who said they treat Medicaid patients.

**TABLE 3. ATTITUDES TOWARD ISSUES FACING DENTISTRY**

	% Responding					Average Score*
	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree	
Dental hygienists should be allowed to have independent practices (N = 151)	-	5.1	9.1	8.6	77.3	1.4
Dental assistants should be allowed to apply sealants and perform coronal polishing (N = 150)	46.7	23.4	12.2	5.6	12.2	3.9
Insurance reimbursement is satisfactory (N = 149)	-	9.3	32.6	34.7	23.3	2.3
In my practice, the caries rate has declined over the past 5 years (N = 143)	15.9	15.4	30.8	19.8	18.1	2.9
There is a shortage of pediatric dentists (N = 149)	2.1	12.6	35.3	25.8	24.2	2.4
I have sufficient numbers of patients in my practice (N = 149)	12.8	30.9	29.8	17.6	9.0	3.2
I have sufficient access to hospital/GA to meet the needs of my practice (N = 145)	42.5	25.4	13.8	9.9	8.3	3.8

\* Mean scores were computed using a 5-point scoring system: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.

Dentists who do not have children of their own said they personally believe children should be seen at a significantly younger age (14.3 months) than did those who have children (19.8 months, *t*-test *P* = 0.01). Those without children are also more supportive of the AAPD recommendation (87.2% agree) than those with children (63.8%, chi-square *P* = 0.01).

### Medicaid

More than three-fourths of respondents (77.8%) said they treat Medicaid patients. Younger respondents were slightly more likely to treat Medicaid patients

than were older dentists. The youngest respondents, those younger than 30 (81.3%) and 31-40 (82.7%), were the most likely to treat Medicaid patients, followed by those 41-50 (75.8%), 51-60 (75.0%), and older than 60 years old (69.2%).

Table 2 shows the proportion of patient load accounted for by Medicaid. For the 114 dentists who said they accepted Medicaid patients, Medicaid represented an average of more than one-third of their patients.

In response to an open-ended question, pediatric dentists who said they did not treat Medicaid patients gave as their primary reason unsatisfactorily low reimbursement levels, followed by excessive paperwork.

### Issues in dentistry

Two areas of the questionnaire provided respondents the opportunity to indicate the importance of various issues in dentistry. The first, a series of statements to be rated on a five-point agree/disagree scale, included independent hygienist practice, expansion of delegation of duties to auxiliaries, insurance reimbursement, perception of changing caries rate, availability of pediatric dentists, patient load, and access to hospital and general anesthesia (Table 3). The second area was an opportunity to indicate a preference for specific continuing education programs (CE) at the annual state meeting from a list of potential topics (Table 4).

Three of the agree/disagree statements were related to manpower. Very strong disagreement was voiced on the independent practice of dental hygienists, with 86% saying they do not think hygienists should be allowed to practice independently. More than two-thirds agreed that dental assistants should be allowed to apply sealants and perform coronal polishing. Fifty percent of pediatric dentists in Texas said they believe there is not a shortage of dentists in the specialty, while another one-third felt neutral. The majority disagreed that insurance reimbursement is satisfactory, and another one-third said they feel neutral.

Roughly one-third each agreed, disagreed, or felt neutral about whether the caries rate had declined in their practices over the past 5 years. Six new dentists

**TABLE 4. MOST REQUESTED TOPICS FOR CONTINUING EDUCATION COURSES**

Topic	# of Requests N = 150	% of Dentists*
Restorative techniques/esthetics	136	69.4
Office management	119	60.7
Financial planning	92	46.9
Staff relations	87	44.4
Orthodontics	87	44.4
Health care reform	80	40.8
Periodontics	34	17.3
TMJ	32	16.3
Implants	18	9.2

\* Respondents were allowed to request more than one topic, therefore total responses exceed 100%.

did not respond to the item because they had not been in practice for 5 years. Age played a significant role in responses to the caries question, as did the extent of involvement with Medicaid patients. The rate of agreement to the statement that the caries rate is declining was significantly lower among younger dentists 31–40 years of age (mean of 2.3) than for those 41–50 (3.0) or 51–60 (3.8, ANOVA  $P = 0.05$ ). In addition, dentists who said that Medicaid constituted half or more of their patient base were significantly more likely to disagree that they had observed a decline in the caries rate (mean of 2.3) than were dentists who saw no Medicaid patients (3.5, ANOVA  $P = 0.05$ ).

Almost half of respondents reported sufficient numbers of patients in their practices; another 30% felt neutral; and one-fourth said they did not have sufficient numbers of patients. There was significantly more agreement among females (mean of 3.5) than males (3.1,  $t$ -test  $P = 0.05$ ) that their patient loads were satisfactory.

More than two-thirds agreed that they have sufficient access to hospital/general anesthesia to meet their needs. Agreement by male dentists that their hospital needs were being met was significantly stronger (mean of 3.9) than that of females (3.4,  $t$ -test  $P = 0.05$ ).

A number of management-related topics were among the most popular choices for continuing education at the annual meeting. Restorative techniques and office management received the greatest number of votes. In the second tier of topics were financial planning, staff relations, orthodontics, and health care reform. (Table 4)

### Component society activities

Dentists rated eight areas of potential component society involvement on a scale of 1 “not important” to 5 “very important”. Table 5 contains the scaled responses and mean scores for each item.

Overall, respondents expressed support for their component society’s involvement in all of the areas evaluated. The lowest mean score was a 4.2, which on the 5-point scale of importance is still quite positive.

There was almost unanimous approval of the role

**TABLE 5. IMPORTANCE OF COMPONENT SOCIETY ACTIVITIES**

	% Responding					Average Score*
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
Keep pediatric dentists abreast of current trends and developments (N = 150)	78.3	17.2	3.0	1.0	0.5	4.7
Act as a liaison with pediatricians (N = 150)	59.1	25.3	13.6	1.0	1.0	4.4
Represent member views on important issues to the AAPD (N = 151)	64.3	28.1	7.0	–	0.5	4.6
Represent member views on important issues to other outside groups (N = 152)	48.2	28.6	22.1	1.0	–	4.2
Provide continuing education opportunities for members (N = 152)	49.0	33.5	12.5	3.0	2.0	4.2
Act as a voice for pediatric dentists in health care reform (N = 150)	69.2	24.2	5.6	0.5	0.5	4.6
Involve itself in the issue of child advocacy (N = 151)	46.2	28.6	20.6	3.0	1.5	4.2
Act as a voice to improve reimbursement for third-party plans (Medicaid, insurance) (N = 151)	69.0	23.0	7.5	0.5	–	4.6

\* Mean scores were computed using a 5-point scoring system: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.

of the TAPD in keeping pediatric dentists abreast of current trends and developments in the specialty. A total of 96% of respondents said this activity was either important or very important, and female dentists were significantly more supportive (mean of 4.9) than were males (4.7) of this internal function. One method of keeping members current—providing continuing education—was rated as important or very important by more than 4 out of 5 respondents.

All of the other items concerned the relationships of the component society with outside groups, or engagement in activities that would call for such relationships. Members expressed strong interest in a component society that actively represented them in a number of different areas. More than 4 out of 5 members confirmed the traditional mission of a component society to act as a liaison between pediatricians and the dental profession. Members also placed great importance on the TAPD's role in representing member views to the AAPD—more than 90% said this activity is an important one. Respondents were still quite positive but not quite as enthusiastic about the TAPD's role in representing member views to other outside groups. Three-fourths said the activity is an important one.

Very strong support was expressed for the TAPD's role in representing pediatric dentists in health care reform, with 93% saying such representation is important. And more than 9 out of 10 respondents said it is important for the TAPD to act as a voice to improve reimbursement for third-party plans.

Three-fourths of pediatric dentists voiced support for the TAPD involving itself in child advocacy, which though it represents a positive response, was less enthusiastic than the support for other outside activities.

## Discussion

The extraordinary response to this survey and enthusiasm about all issues gave clear direction to the TAPD about what its membership thinks, needs, and wants. The survey design included a large number of issues believed to be of interest to our membership. We anticipated that a small number would be identified as most important, but the responses indicated strong opinions for all issues. Due to the size of the TAPD and findings in the data, it was felt that the information would be valuable to the AAPD as a subset of its total membership.

### Time of first visit

One unexpected finding was the lack of agreement with the AAPD recommendation for timing of the first visit. Nationally, there is a 5% prevalence of baby bottle tooth decay in children 2–4 years of age. Regionally, in the Southwest Head Start program, the prevalence is 20%.<sup>6</sup> The AAPD recommends that the first dental visit be at 12 months of age to educate the parent as early intervention toward prevention of dental disease. It appears from our study that the TAPD membership

either has not been convinced of the need or doesn't understand the purpose of the 12-month visit. This situation poses a classic public relations dilemma for the AAPD: if its own members at the state level neither endorse nor make themselves available for the early visit, how can external publics, especially pediatricians or parents, be expected to believe and comply?

The social communication theory known as diffusion uses a strategy that combines interpersonal and mass communication channels to achieve the greatest possible effect. Communications efforts accompanied by much word-of-mouth activity have been found to achieve more lasting attitudinal effects than those without.<sup>7</sup> Diffusion relies on a phenomenon called the two-step flow hypothesis. The first step involves directing advertising or other mediated messages to various audiences, especially those who are considered to be opinion leaders or influencers (pediatric dentists, pediatricians). In the second step, these important influentials discuss what they have been exposed to with others for whom they serve as experts or opinion leaders (patients, parents). Thus, the diffusion of the desired information is accomplished using mass media in tandem with word-of-mouth. Our study suggests that attrition of older dentists who are the primary objectors, may help the first-visit situation improve in the coming years. In the interim, the AAPD might consider a renewed program of proactive public relations communication targeted at its own members on the first-visit issue. This effort could be complemented by corollary programs toward pediatricians, and eventually parents.

### Issues in dentistry

A portion of the survey dealt with how important members believed various issues in dentistry to be. There were strong feelings about the expansion of delegation of duties to auxiliaries. Studies show that delegation of sealant placement significantly increases the quantity and efficiency of their use.<sup>8</sup> In order to increase cost effectiveness, the American Dental Association and the National Institute of Health noted that sealants could and should be delegated to dental auxiliaries. Both also recommended that state practice acts be changed to allow it.<sup>9,10</sup> Our study shows support from pediatric dentists for these recommendations with 70% of respondents endorsing the delegation of sealant application and coronal polishing to assistants.

Though much has been written about projections for a shortage of pediatric dental specialists nationally, half of pediatric dentists in Texas said they believe there is not a shortage of dentists in their specialty, while another one-third felt neutral. This finding may be related to the presence of three pediatric advanced education programs in Texas. Potentially, 10 new pediatric dentists are available to enter the work force in the state each year.

An issue of disagreement among the membership was their perception of the reported decline in dental

caries. The National Institute of Dental Research's 1986-87 survey of oral health among U.S. school children reported decreases in disease and proclaimed that half of children between ages 5 and 17 were caries free. Their study refers only to permanent teeth that begin to erupt at about age 6 and completely ignores caries experience in the primary dentition.<sup>11</sup> Minority, low-income, and underserved subgroups continue to experience extensive destruction in both primary and permanent dentitions.<sup>12</sup> Our study underlines the difference in perceptions of caries disease among those who regularly treat such underserved groups. Pediatric dentists in Texas whose practices include 50% or more Medicaid patients were significantly more doubtful about the decline of caries than were dentists who saw no Medicaid patients.

A most important aspect of the survey requested topics of interest from the membership for continuing education. The large number of requests for practice management-related continuing education demonstrates that issues associated with business survival are of paramount importance and that there is an expectation that the component society should assist in filling these informational needs. Pediatric dentistry has had the largest increase in overhead of all the specialties. From 1980 to 1989 overhead has increased from 51.3% to 63.67%. If the trend continues, it will approach 75% by the year 2000. In order to maintain practice profitability, it will be mandatory for pediatric dentists to have greater knowledge of practice management techniques in the future. There will be a trend by the year 2000 toward shared group facilities and an increase in the number of employees in the pediatric dental office.<sup>13, 14</sup>

*Component society activities.* Texas pediatric dentists consider the relationship with pediatricians one of their highest priorities for component responsibilities. More than 8 out of 10 said the liaison role of the state pediatric dental society was important or very important. Since the results of a survey of pediatricians' attitudes toward pediatric dental health indicated that the majority of the pediatricians self-reported feeling inadequate in recognizing, understanding, and dealing with basic pediatric dental problems,<sup>15</sup> it is inappropriate to leave this important area to them. Physicians also said they would like more continuing education on oral health. Dr. G.W. Teuscher predicted in 1966 that the future of pediatric dentistry would bring a closer alliance between pediatric dentists and pediatricians, an emphasis on prevention, and increased use of trained auxiliaries.<sup>16</sup>

As the TAPD has prepared to implement a strategic plan that reflects member preferences, society leadership has had to face a management challenge in balancing the internal needs of the organization with the increasing number of external activities in which members are involved. Should the role of the component society be largely internal, providing continuing edu-

cation, newsletters, practice-related research, and professional discussion among its members? Or are we becoming increasingly external in this era of health care reform, lobbying, and public relations—the activities that often call for professional expertise beyond the practice of dentistry? And if we must become increasingly external, how do we acquire these services and engage in these activities on a limited budget?

In addition to the information gathered as a result of our self-study, the energy and dialogue it has created among our leadership and membership has been invaluable. We recommend that other component societies examine and share with other groups the views and practices of their own members—for their own strategic direction as well as for the benefit of pediatric dentistry as a whole.

## Conclusions

The TAPD has greatly benefited from a formal survey of members' practices and opinions. From our study of a large and diverse component society, we conclude:

1. Considerable distance exists between the AAPD recommendation for time of first visit and the personal beliefs and practices of component society members. This poses both an internal and external public relations challenge for the AAPD.
2. Age is an important factor when analyzing pediatric dentists' opinions and practices. In our study, views concerning time of first visit varied significantly with the age of the dentist.
3. Opinion about whether the caries rate is in decline appeared to be in large part a function of an individual dentist's exposure to Medicaid patients. Those who see the greatest number of Medicaid patients are less likely to agree that the caries rate is decreasing.
4. Pediatric dentists' need for basic business information and assistance should not be underestimated. In our study, members requested continuing education for practice management topics more often than technical courses.
5. Overwhelming support for activities of the component society in all areas, both internal and external, illustrates the high expectations of members for their organizations as well as their expressed needs for information, support, representation, and leadership. It is clear from the results of this study that pediatric dentists in Texas place a high value on the grass roots efforts of the TAPD and that they rely on the state organization for their professional needs.

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The Journal of the American Academy of Pediatric Dentistry



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