"The insurance I get through the MDA has been a lifesaver since my accident."

- Dr. Eric Appleberry

"Unlike a lot of health plans, our MDA sponsored insurance doesn’t place restrictions on where we can go to get treatment. So when I had my accident, I got help quickly, without concern about a specific hospital or doctor. And later, I was able to freely choose the rehab facility that was best able to help me. The MDA gives us direct input regarding our insurance benefits. The program is managed by members trying to do what is best for all of us. I like that."

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GIVE KIDS A SMILE DAY A BIG SUCCESS

233 children were treated by the 24 volunteer dentists and specialists providing $71,233 worth of dental care. Thank you to all that donated your time and service: Dr. Vicki Quist, Dr. Steven Sulfaro, Dr. James Cantwil, Dr. Martin Werschky, Dr. Jay Werschky, Dr. Kim McPheeters, Dr. Trina Floyd, Dr. Paul Racine, Dr. Ken Ackley, Dr. Larry Black, Dr. Niman Shukairy, Dr. Mark Eastman, Dr. Rod Knoerr, Dr. Mark Knight, Dr. Tim Vanitvelt, Dr. Lori Thomas, Dr. Tom Belford Jr., Dr. Matt Fulton, Dr. Lisa Lewis, Dr. Jeff Bundy, Dr. Sanjay Agrawal, Dr. Greg Peacock, Dr. Juliana Hukill, Dr. Jack Medemar, and Dr. Fatima Khan. Special thanks to Dr. Vicki Quist and her staff for organizing the event.

Below is a reprint of an article on Give Kids a Smile Day from the Flint Journal.

Dentists donate time, talents to help low-income kids

By Marlon Vaughn

Local dentists didn’t get the turnout they hoped for at the recent Give Kids a Smile event — a day of free dental services for children from low-income families around the county.

But they aren’t about to give up. They’ll huddle, redesign the program and try it again next year.

They’re determined to educate children and families about the importance of good dental health.

“We’re not going to be defeated,” said Vicki Quist, a Flushing dentist who helped organize Give Kids a Smile with Amy Maul, who works in her dental office.

“We want to create awareness of the importance of dental health and dental services.”

In addition to Quist, more than 20 other local dentists took part in Give Kids a Smile: Steven Sulfaro, James Cantwil; Martin and Jay Werschky; Kim McPheeters; Trina Floyd; Paul Racine; Ken Ackley; Larry Black; Niman Shukairy; Mark Eastman; Rod Knoerr; Tim Vanitvelt; Lori Thomas; Tom Belford; Matthew Fulton; Mark Knight; Lisa Lewis; Jeff Bundy; Sanjay Agrawal; Greg Peacock; Jack Medemar; Juliana Hukill; and Fatima Khan.

The dentists set aside the day to offer free cleanings, exams and other dental services.

Low-income families with children were identified for services, and about 300 appointments were booked.

But many of the dentists reported only about a 25 percent turnout, and even less than that for some.

Cantwil, whose office is in Mt. Morris Township, said three of the 17 families actually made their appointments.

“We had plenty of kids interested in the program,” he said.

“The children that aren’t being seen for regular preventive dental care aren’t in control of whether their parents take them.”

The dentists identified a number of potential causes for the low participation rate, including a lack of transportation and work conflicts for the parents.

“Sometimes, the patients had to travel a pretty long distance,” Quist said. “There were some pretty tough restrictions on a lot of them.”

But the dentists already are drilling for ways to boost attendance at next year’s event.

“Among the plans under consideration are having a two-day screening event at a central location, then handing out vouchers for additional services at their individual offices. ‘Hopefully we can create more awareness for next year’s event,’ Quist said.

And dental health is a pivotal issue for low-income children, the dentists agreed. According to the National Survey of America’s Families, the percentage of low-income children with unmet dental care needs is double that of higher-income children.

About 60 percent of low-income children don’t receive the recommended minimum level of dental care, and 30 percent receive no dental care at all in a given year, the survey found.

“Low-income families perhaps have more immediate concerns,” Quist said. “If a child isn’t complaining about a toothache, then they might move on to other concerns.”

Cantwil said there’s also a perception that dental checkups are prohibitively expensive, when they really aren’t.

“There’s a mindset that if insurance doesn’t cover it, then it’s not going to get done,” he said.

Cantwil said during his Give Kids a Smile appointments, he talked to the parents about the importance of dental health and how to maintain it while they hygienists were working on their children’s choppers.

Among the problems associated with poor dental health are susceptibility to infections, poor academic performance and even heart disease later in life.

“It’s very important in terms of a child’s overall health,” he said.

And that’s why the dentists are determined to make the Give Kids a Smile event in this area a success.

“There’s not enough government support for dental health for children from low-income families,” Quist said.

“We want to bring more attention to that.”

Cantwil: “A lot of people don’t think (dental care) is a big priority, when it is. We want to get that message to them — we’re just trying to think of a different way to do it.”

‘A lot of people don’t think (dental care) is a big priority, when it is. We want to get that message to them — we’re just trying to think of a different way to do it.’

— Dentist James Cantwil

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This year’s conference, the “ADA 21st New Dentist Conference: Bridging Our Future” will be held June 21–23 at the Hilton Hotel in Portland, Oregon. Join the Committee for a weekend of networking, continuing education and camaraderie. Back by popular demand is the availability to earn up to 10 credit hours, and for the first time, you’ll have the opportunity to participate in special programming from the ADA-Pankey Education Connection. Members, new dentists and dental students will receive promotional materials and a conference brochure in early 2007.

2007 C.E. COURSES INCLUDE:
• “Street Drugs and Their Impact on You, Your Family and Your Dental Practice” Dr. Harold Crossley
• “I Wish I Had This Financial Information When I Was Starting My Dental Career” Dr. Mart McClellan
• “Posterior Restorative Excellence: A Potpourri of Procedural Innovations” Dr. William Liebenberg
• “Building Your Practice the Old-Fashioned Way: One Patient at a Time” Ms. Cathy Jameson

2007 LEADERSHIP COURSES INCLUDE:
• Orientation for New Network Leaders
• Advanced Leadership Program: “Shaping the Future: Creating Tomorrow through Personal Leadership” Mr. David Rabiner
• Hot Topics: Ask Your ADA Leaders
• New Dentist Committee Network Idea Exchange

For more information, contact the ADA Committee on the New Dentist at (312) 440-2779 or by e-mail at newdentist@ada.org

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One of the biggest benefits of membership in the Michigan Dental Association, your local dental society, and the American Dental Association can be described in two words: information access. That means that you can get answers — fast, accurate answers — to almost any question that comes up in the course of your practice of dentistry. It’s as easy as calling the MDA’s toll-free phone number: (800) 589-2632, or sending an e-mail directly to a staff member. If the MDA’s experienced staff doesn’t know the answer, they know where to find the answer. All just for you, and in most cases right away. Maybe you have a particular question or questions you’d like answered that isn’t included below. If so, contact the MDA at mda@michigandental.org or by calling the MDA office. You’ll be provided with an answer as soon as possible.

CONTINUING EDUCATION
What are the requirements for CE?
Dentists must accumulate 60 hours of acceptable continuing education in a three-year period preceding license renewal, in addition to a current CPR certification.

Registered dental hygienists and registered dental assistants are required to accumulate 36 credits plus retain a current CPR certification. For full details, see the MDA continuing education catalog, the MDA Web site, or call the MDA CE department.

How many credits can be earned online?
Dentists can earn 20 hours of CE in board-approved online CE activities. Board-approved entities include the MDA, American Dental Association, Academy of General Dentistry, University of Michigan Dental School, University of Detroit Mercy Dental School, or any organization approved through one of the entities above. The MDA is approved through the American Dental Association. Registered Dental Hygienists and Registered Dental Assistants can earn 12 hours of CE online through Board-approved entities.

Do the articles in the ADA Journal or other journals that are accompanied by a test that’s sent in for credits count toward license renewal?
In Michigan, those credits do count, but only toward the “Reading, Viewing, Listening” category, which is limited to 10 credits over a three-year period. Often, there is a cost associated with sending in a test. If this is the case, save your money because the Michigan Board of Dentistry does not require proof of knowledge from articles read. It is perfectly OK to read the MDA Journal or any other dental-related material to earn the 10 credits in this category. If audited, a list of publication titles and issue dates is all that is required.

What type of CPR is required for license renewal?
According to the state, an applicant for relicensure shall possess current certification in advanced cardiac life support from an agency or organization that grants certification pursuant to standards substantially equivalent to the standards adopted by the American Heart Association. What that means is that you may take CPR through an independent contractor so long as the agency follows the AHA standards. Note: The new rules require a health care provider or health care professional course. CE credits are not earned for CPR training.

DENTAL PRACTICE
Who owns patient dental records? Who has access to them? Can a duplication fee be charged, and if so, how should the fee be determined? How long should the records be kept?
In brief, treatment records are owned by the dentist. Patients may request a duplicate copy, and the dentist may charge a reasonable fee for that service. Generally, treatment records are to be retained for a minimum of 10 years past the last date of service. However, there are variables to this requirement such as minors, incompetent individuals and lab orders. Therefore, members are encouraged to contact the MDA for a free packet of information that clearly lays out the law on retention, ownership, access, duplication, etc. Contact Grace DeShaw-Wilner to request yours.

I have a question about which procedures can be delegated to my assistant or dental hygienist. Can you tell me what is legal and what kind of training is required?
Delegation of procedures and educational requirements for dental professionals are regulated through the Michigan Board of Dentistry and appear in the Administrative Rules. For a copy of the most-current rules relating to delegation of duties, visit the MDA Web site at www.smilemichigan.com (dental professionals area). Or, contact Caroline Ruddell at the MDA office (cruddell@michigandental.org) if you have specific questions.
dentists... in fellowship

Dr. Jay Berthiaume, Dr. Alison Soethe & Dr. Jack Medemar

Dr. Jim Cantwil, Dr. John Sullivan, Dr. Bill Beck & Dr. Mac Conover

Dr. Mark Murphy, Speaker from the Pankey Institute
Hepatitis B is caused by the hepatitis B virus (HBV).

How does HBV spread? HBV is spread by either skin puncture or mucous membrane contact with the blood or other body fluids of an HBV-infected person. The highest concentrations of the virus occur in blood and wound secretions. Moderate concentrations of HBV are found in semen and vaginal fluid. HBV is not spread by air, food, or water.

In the United States, the primary routes of HBV transmission are through sexual contact, from an infected mother to her baby during birth (perinatal), and by percutaneous (through the skin) exposures (e.g., injecting illegal drugs with a contaminated needle).

HBV is efficiently transmitted by sexual contact and it is estimated that sexual transmission accounts for about 50% of new infections among adults in the United States. The most common risk factors for sexual transmission among heterosexuals include having multiple sexual partners, a history of a sexually transmitted disease, or sex with a known infected person. Men who have sex with men are also at high risk of HBV transmission.

Perinatal transmission from HBV-infected mothers to their infants results from exposures to maternal blood and body fluids at the time of delivery. Breastfeeding has not been associated with transmission of HBV.

HBV transmission during childhood can also occur. Most early childhood transmission occurs in households of persons with chronic HBV infection, but transmission has also been documented in daycare centers and in schools. The most likely mechanisms of early childhood transmission involve contact between an infected person’s body fluids (e.g., their blood or secretions from their wounds or skin lesions) and breaks in a child’s skin or mucous membranes (e.g., imperceptible punctures in the child’s skin or mucous membranes). HBV also can spread through bites, as a consequence of pre-chewing food for infants, and through contact with the virus from sharing personal items such as razors or toothbrushes. HBV remains infectious for at least seven days outside the body and can be found on objects, even in the absence of visible blood.

The risk of HBV infection from HBV-contaminated needlesticks is 50–100 times higher than the risk of HIV transmission. In the United States, injecting illegal drugs accounts for approximately 15% of new HBV infections. Other types of percutaneous (through the skin) exposures, including tattooing and body piercing, have been reported to result in HBV transmission in the United States when good infection control practices have not been used. Unsafe injections in medical settings are a major source of HBV transmission in many developing countries and might be a risk for U.S. residents traveling abroad.

What are the symptoms of hepatitis B? At least 50% of adults with acute hepatitis B show no symptoms. Children under five years of age who become infected rarely show any symptoms. Persons with an acute case of hepatitis B might suffer from nausea, lack of appetite, tiredness, pains in the muscles, joints, or stomach, fever, diarrhea or vomiting, headache, dark urine, light-colored stools, and yellowing of the skin and whites of the eyes.

What is the risk of getting HBV infection while traveling in other countries? The risk of HBV infection for international travelers is generally low, except for certain travelers in countries where the prevalence of chronic HBV is high or intermediate. These areas of the world include Asia, Sub-Saharan Africa, Amazon Basin, Eastern Europe, and the Middle East. Ask your healthcare professional if you should be vaccinated before traveling to one of these areas.

How common is hepatitis B in the United States? About 5% of the U.S. population has been infected with HBV at some time in the past. Of these, about 1.25 million persons have chronic HBV infection and most of these persons do not know they are infected.

The number of new cases of hepatitis B in the United States has been decreasing recently, both because of increased vaccination against the disease and because of changes in risk-reduction behaviors among at-risk populations in response to the HIV/AIDS epidemic. In the mid-1980s, there were 26,000 cases reported; in 2003, there were 7,526 cases reported. However, reported cases of hepatitis B represent only a small proportion of all persons infected with the virus; many have no symptoms of disease, and many with disease are not reported to health department officials. Based on studies that have looked for evidence of infection in people’s blood, it is estimated that nearly 73,000 persons became infected with HBV in 2003 in the United States.

Is there a treatment for hepatitis B? There are several FDA-approved medications that may help a person who has chronic HBV infection. Not everyone is a candidate for these medications. Researchers continue to seek additional cures for hepatitis B. There is no treatment for people with a newly acquired case of hepatitis B.

How long is a person with hepatitis B contagious? A person with acute or chronic hepatitis B is contagious as long as they have the virus in their blood, which can only be determined by blood testing. People can be infected for their entire lives.

What should you do if you have been exposed to HBV? Contact your doctor or clinic. If an unvaccinated person is exposed to blood or another body fluid known to be HBV infected, it is recommended that they receive treatment with HBIG (a blood product containing protective antibodies to the virus) and also the first dose of hepatitis B vaccine as soon as possible. Following this, they will need additional doses of hepatitis B vaccine.
When did hepatitis B vaccine become available?
The first hepatitis B vaccine became commercially available in the United States in 1982. In 1986, a hepatitis B vaccine produced by "recombinant DNA technology" was licensed, and a second recombinant-type hepatitis B vaccine was licensed in 1989.

These two recombinant vaccines are the ones currently used in the United States, although the original plasma-derived vaccine is also safe and effective and is still used elsewhere in the world. The two recombinant vaccines are produced by different manufacturers but can be interchanged for use during an individual's vaccine series.

What kind of vaccine is it?
The hepatitis B vaccines used in the United States are a recombinant DNA vaccine, which means it is produced by inserting the gene for HBV into common baker's yeast where it is grown, harvested, and purified. HBV infection cannot occur from receiving hepatitis B vaccine.

How is this vaccine given?
It is recommended that the hepatitis B vaccine be given in the deltoid muscle for children and adults and the thigh for infants.

Who should get this vaccine?
Hepatitis B vaccine, usually a three-dose series, is recommended for all infants beginning at birth. All older children who did not get all doses of hepatitis B vaccine as an infant should complete their series as soon as practical. Most states require hepatitis B vaccine for school entry. Adolescents who are just starting their series will need two or three doses, depending on their age and the brand of vaccine used. Adults at increased risk of acquiring HBV infection should also be vaccinated. (See below.)

What groups of adults are at increased risk of HBV infection?
Adults who are at increased risk of HBV infection include:
- Healthcare workers or others with occupational exposure to blood or blood products
- Men who have sex with men
- Persons with more than one sex partner in a six-month period
- Persons diagnosed recently with a sexually transmitted disease (STD)
- Injection drug users
- Inmates of long-term correctional facilities
- Hemodialysis patients and patients with early renal failure before they require hemodialysis
- Recipients of certain blood products (e.g., hemophiliacs)
- Staff and residents of institutions or group homes for the developmentally disabled
- Household members and sex partners of persons with chronic HBV infection
- Susceptible (non-infected) persons from U.S. populations known to previously or currently have high rates of childhood HBV infection, including Alaska Natives, Pacific Islanders, and immigrants or refugees from countries with intermediate or high levels of chronic HBV infection.
- International travelers who will live or work for six or more months in areas with intermediate or high levels of chronic HBV infection

Who recommends this vaccine?
The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Physicians (ACP) all recommend this vaccine.

How safe is this vaccine?
Hepatitis B vaccine is very safe. Globally, more than one billion hepatitis B vaccine doses have been administered. In the United States, more than 30 million adults and 40 million infants and children have received this vaccine. The majority of children who receive this vaccine have no side effects. Serious reactions are rare.

What side effects have been reported with this vaccine?
Of those children experiencing a side effect, most will have only a very mild reaction such as soreness at the injection site (3%–9%) or low-grade fever. Adults are slightly more likely to experience such mild symptoms. Serious allergic reactions following hepatitis B vaccination are rare.

Why should your child be protected against hepatitis B if he/she won't ever inject drugs or be sexually promiscuous?
HBV can be transmitted in many ways in addition to sex contact and injecting drug use. On the average, any baby born in the United States has a 5% chance of acquiring HBV infection during his or her lifetime. By avoiding obvious means of exposure, people can reduce their odds of becoming infected. But while there are degrees of risk involved in contracting HBV infection, there is no such thing as "no risk."

Should I be tested before I get the vaccine to see if I'm already infected or immune?
Blood testing before vaccination is not recommended for the routine vaccination of infants and children.

Testing should be considered for individuals who have a high risk of having been exposed to the virus in the past, including men who have sex with men, injection drug users, family members of persons with chronic HBV infection, and persons from countries or ethnic groups where hepatitis B is common.

If a person is already infected with HBV or is immune to hepatitis B, getting the vaccine will neither help nor harm them. The main reason for testing persons at higher risk for HBV is to determine if they are infected. If they are, they must be referred to a health professional for ongoing medical care for chronic HBV infection.

What should be done if a person gets the first two doses of hepatitis B vaccine but never gets back for the third dose. Should the series be restarted?
No. There is no need to start the vaccine series over just because the interval between doses is longer than recommended.

Who should NOT receive hepatitis B vaccine?
People who had a serious allergic reaction to one dose of hepatitis B vaccine should not have another. Persons with a moderate or severe acute illness should postpone receiving the vaccine until their condition is improved.
Dentist elected to lofty post in world organization

GRAND BLANC
GRAND BLANC VIEW
By Patrick Hayes
Thursday, December 14, 2006

When 2009 rolls around, Grand Blanc will be the home of the leader of an international organization. Richard Shick, a Grand Blanc resident for nearly 40 years, was recently elected as vice-president of the International College of Dentists and will begin a term as president of the organization in 2009.

“I am really proud to be a part of the organization and to help with all of the things they do,” Shick said.

The mission of the ICD is to improve dental health around the world or, as Shick describes it, to “give back and make the world a better place.” Programs the ICD champions include a student exchange program in which dental students from all over can travel and practice their craft worldwide.

Another successful program involves clinicians going into third-world countries all over the world to help improve the health of natives and educate people about dentistry and dental care. Stops have included Vietnam, Cambodia, Laos and several countries in South America. There also are plans to send members to countries in Africa as well.

About three percent of dentists are invited as fellows into the prestigious organization, and Shick has been a member since 1974. In 2001, he served as president of the United States section of the ICD, only the second Michigan resident to do so.

Shick said dentists are invited into the ICD based on several criteria, including contributions to the profession, communities, states and society as a whole.

Shick also noted that ICD contributions worldwide go a long way toward improving international relations.

“What better way to promote peace than to help countries we formerly considered enemies?” Shick said. The ICD was formed in 1927 by dentists in 47 countries. Today, there are nearly 11,000 members in 12 sections worldwide.

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Genesee District Dental Society Board Meeting Minutes - January 11, 2007

ATTENDANCE:
Dr. Lori Thomas, Dr. Mark Knight, Dr. Tim Vanitvelt,
Dr. Milt Panzer, Dr. Larry Grzegorzewski,
Dr. Jay Werschky, Dr. Mark Medel, Dr. Denise Polk,
Dr. Steve Sulfaro, Dr. Trina Floyd, Dr. Jay Berthiaume,
Dr. Julianna Hukill and Dr. Dan Briskie.

I. Approval of Minutes

II. President's Report
   a. There will be a website planning meeting on January 23 at 6:00 p.m. at Damon’s.
   b. Committee Report:
      1. New DDS: Dr. Alan Klein met with 14 new dentists from the area for dinner at the Redwood Lodge. It was well attended. There will be another meeting in May. Dr. Klein will be stepping down and Dr. Diwakar Kinra will take over as chairperson in the fall of 2007.
      2. Give-Kids-A-Smile Day:
         • As of now, 15 dentists are signed up to donate time and services. There was lots of discussion about this event; some on having this event at one central location (i.e. Mott Children’s Health Center). Also, a lot of discussion on more marketing for this event.
         • Motion to approve $2,000.00 expenditure for GKSD promotion. Mr. Larry Hennessee will contact and work with Dr. Vicki Quist on this matter.

III. Old Business
   a. Our new computer is here. Dr. Jay Werschky will keep it in his possession and have it at the Tuesday evening dinner meeting.
   b. Wireless microphone - still in discussions with the Flint Golf Club.
   c. Greater Flint Health Coalition - 1-year old baby dental visit is standard of care. An announcement will be made at Tuesday’s dinner meeting.

IV. New Business
   a. Editor of “Explorer,” Dr. Julianna Hukill brought Mr. Scott Brown from Kendall Printing to the board meeting. He gave a short presentation about some new ideas for updating the “Explorer.” He discussed doing full-color, using a heavier paper and selling more advertising. His fees are approximately $1,950 per issue, for 500 publications (we are presently paying $1,780). Mr. Larry Hennessee was also at the meeting and will be bidding on the “Explorer” project. He will do a mock-up to review. Julianna will work with Larry. Larry’s prices were comparable to Mr. Scott Brown’s.
      1. Discussion and motion approved to only do four issues vs. six issues per year.
      2. Committee Roster:
         • Long-term goal for the committee is to condense/consolidate the list of committees and make each more purposeful. We will most likely have more than one person responsible for each committee. This will be discussed at the next meeting in greater length.
   b. Over-site committee, which consists of Dr. Jay Werschky, Dr. Jay Berthiaume and Dr. Jack Hinterman, will be meeting with Merrill Lynch to become more familiar with GDDS accounts and the Community Foundation.
      • Dr. Dan Zaroff will be a liaison for GDDS and the Community Foundation.
   c. Dr. Dan Zaroff took on the project and paperwork for GDDS to become accredited for grant CE credits. We are now certified through September 2010.
   d. GDDS - Answering service:
      1. $50/month
      2. Inappropriate message.
      3. Dr. Jay Werschky would like to discuss and get feedback from board members (number to call is 810-230-3790).
   e. MDA Matching Funds:
      • GDDS was given $3,156 for spending $1,052 in 2006 for certain expenditures.

V. Executive Secretary Report
   a. Financial update by Dr. Jay Werschky.
   b. Over-site committee, which consists of Dr. Jay Werschky, Dr. Jay Berthiaume and Dr. Jack Hinterman, will be meeting with Merrill Lynch to become more familiar with GDDS accounts and the Community Foundation.
      • Dr. Dan Zaroff will be a liaison for GDDS and the Community Foundation.
   c. Dr. Dan Zaroff took on the project and paperwork for GDDS to become accredited for grant CE credits. We are now certified through September 2010.
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   e. MDA Matching Funds:
      • GDDS was given $3,156 for spending $1,052 in 2006 for certain expenditures.
**Prescription Drugs**
- **Cortisone & other steroids** (both cortico- and mineralo-), ACTH
- **Estrogens** (usually just oral contraceptive agents with high estrogenic activity)
- **Nonsteroidal anti-inflammatory drugs**
- **Phenylpropanolamines and analogues**
- **Cyclosporine and tacrolimus**
- **Erythropoietin**
- **Sibutramine**
- **Ketamine**
- **Desflurane**
- **Carbamazepine**
- **Bromocriptine**
- **Metoclopramide**
- **Antidepressants** (especially venlafaxine)
- **Buspirone**
- **Clonidine, BB combination**
- **Pheochromocytoma: BB without a-blocker first; glucagon**
- **Clozapine**
- **Street drugs and other "natural products"**
- **Cocaine and cocaine withdrawal**
- **Ma huang, "herbal ecstasy," and other phenylpropanolamine analogs**
- **Nicotine and withdrawal**
- **Anabolic steroids**
- **Narcotic withdrawal**
- **Methylphenidate**
- **Phencyclidine**
- **Ketamine**
- **Ergotamine and other ergot-containing herbal preparations**
- **St. John's wort**
- **Lifestyle Modifications to Prevent and Manage Hypertension**
  - **Weight reduction**
  - **Dietary sodium reduction**
  - **Physical activity**
  - **Moderation of alcohol consumption**
- **Lifestyle changes**: DASH eating plan, moderate alcohol consumption, physical activity, moderation of alcohol consumption.
A great deal of the media attention about dietary fats focuses on the avoidance of unhealthy saturated and trans fats. Although minimizing the intake of these fats is certainly important for good health, the Dietary Guidelines of Americans recommend that 20% to 35% of an adult’s diet be composed of fats. That may leave people with the question -- what are the good sources of dietary fats? Researchers are continuing to gather evidence about the impact of various types of fats on health, but it is clear that consumption of omega-3 fatty acids are linked with positive health outcomes.

What Are Omega-3 Fatty Acids?
All fats are composed of hydrogen, carbon and oxygen atoms. The arrangement of these atoms determines the type of fat. For example, in saturated fatty acids, carbon atoms are joined by bonds that allow the maximum number of hydrogen atoms to be attached; however, in unsaturated fatty acids, at least two of the carbon atoms are joined together in a way (i.e., double bonds) that limits the presence of hydrogen. Polyunsaturated fatty acids have multiple double bonds limiting the presence of hydrogen. Omega-3 fatty acids are polyunsaturated fatty acids.

Omega-3 fatty acids can come from either animal (e.g., fish, shellfish, and organ meats) or plant (e.g., green leafy vegetables, nuts, canola oil, and flaxseed) sources. Omega-3 fatty acid supplements also can be purchased over the counter.

Omega-3 Fatty Acids and Heart Disease
Early evidence that omega-3 fatty acids might be important for heart health came from the observation that people who routinely consume a lot of fish (e.g., Eskimos) were less likely to die early from cardiovascular disease. Subsequent studies that focused on consumption of fish, fish oils, and omega-3 fatty acids have reported less cardiovascular disease among those with the highest intake. Studies on animals suggest that omega-3 fatty acids are important for maintaining normal rhythmic function of the heart. In addition, when people consume increased amounts of omega-3 fatty acids, their blood levels of triglycerides go down, thereby reducing cardiovascular risk. There is even some evidence that omega-3 fatty acid consumption can help control blood pressure.

Omega-3 Fatty Acids and Other Diseases
Some have speculated that because omega-3 fatty acids serve as a source of substances needed for the body’s inflammation processes, these fatty acids may be important in treating or preventing diseases linked with inflammation (e.g., asthma and arthritis). Research suggests that increased omega-3 fatty acid consumption reduces joint pain for people with rheumatoid arthritis. However, there is no substantial evidence that consumption of omega-3 fatty acids is beneficial for treating or preventing asthma, inflammatory bowel disease or lupus. Recognizing the fact that omega-3 fatty acids are found in the brain and nerves, researchers also have researched for a link between these substances and neurological function. To this point, there is no conclusive evidence that consumption of omega-3 fatty acids is linked with cognitive function in aging, Alzheimer disease, or Parkinson disease.

Fats are an important part of a person’s daily food intake. Fats serve as an important source of energy and provide the precursors for the formation of cell membranes and steroid hormones. However, to promote optimal health, one should choose healthy dietary fats. Evidence suggests that choosing omega-3 fatty acids as a part of one’s diet will promote good health.

Dixie L. Thompson, Ph.D., FACSM, is the director of the Center for Physical Activity and Health and professor in the Department of Exercise, Sport and Leisure Studies at the University of Tennessee, Knoxville.
DEA Raises Fees for Registration

REPRINTED FROM THE ADA NEWSLETTER
By Craig Palmer

The Drug Enforcement Administration said escalating drug control costs require increased registration fees that are just starting to affect renewing dentists, physicians and other registrants. New registrations are also affected.

The DEA increased the three-year fee to $552 effective November 1, 2006, for new and renewing registrants. Registrants billed at an annual rate but on a three-year cycle are starting to receive renewal notices with fees higher than what they paid three years ago. A December 1, 2003 increase set fees at $130 a year or $390 for three. Recent history suggests DEA fee hikes every three years.

The ADA Council on Government Affairs at its January 25-27 meeting will consider a legislative initiative intended to provide financial relief for dentists and similarly situated professionals by seeking to curtail future fee increases. The American Dental Association and American Medical Association took the DEA to court over earlier fee hikes. The U.S. Court of Appeals for the District of Columbia Circuit said the DEA could set “reasonable fees” to recover the costs of diversion control but must explain how they set the fees and what activities are covered.

In announcing the recent round of fee hikes, the drug control agency said it is required by law to recover with fees the costs of “activities related to the registration and control of the manufacturer, distribution and dispensing, importation and exportation of controlled substances and chemicals.” The Controlled Substances Act authorizes the Attorney General to charge “reasonable fees” related to the registration and control of these substances, the agency said.

The new fee schedule is effective for all new and renewal applications postmarked on or after November 1, 2006.
Carefully compare carriers.

With so many coverage choices, it is terribly important to understand the differences between dental malpractice carriers. It’s not always apples to apples.

Compare operating philosophies… defense records… stability and experience. Too many good dentists are falling victim to pared down coverage and increased exposure to frivolous claims—ending up with bruised reputations.

Pick wisely.

ProAssurance Group has led in the defense of dentists for over a quarter of a century. Our strong record of service and cases tried to verdict are testaments to our long-term commitment: to help good dentists keep practicing good dentistry.

As you make choices for protecting your practice, be selective.
This year your board members set forth several goals to promote the Genesee District Dental Society in our community. We are pleased to announce that SmileGenesee.com is now available online. This web site will be available to all members of the Genesee District Dental Society as well as the general public.

To improve communications, we are asking that all members of the Genesee District Dental Society submit their e-mail to Dr. Jay Werschky. The collection of this data will be used strictly and confidentially for the sole purpose and use in the development of our web site. Only uppercase letters for the beginning of their first and last name followed by lowercase letters for the remaining letters and the temporary password will be your 7-digit office telephone number. Please note that only members will have the ability to view other members' biographical data and that this information will not be displayed to the general public.

As you experience the website, please be advised that this website is in its most elementary form. Future phases of the website will depend heavily upon the input from our members. Currently, we are looking at other modifications, i.e., communication to our community, educational updates and classified ads. The board welcomes your comments.

I hope you enjoyed the first edition of our new Smile Genesee journal. I would like to thank Houser & Hennessee Advertising Corporation for their expertise and creativity in the design and production of our new look. Their company has made the transition effortless and very exciting. I also appreciate the members who took the time to contact me with their comments. Your feedback helps drive the focus of the articles and information provided and is a valued and greatly appreciated resource. Comments or advertisement space inquiries can be emailed to me at juliannahukill@msn.com

ATTENTION DENTISTS!
Do You Need A Temp? Fill-In Hygienist. This program is available to all dentists and provides dental hygienists to fill in on a freelance basis for dentists that have a hygienist out sick, etc. if they need a sub. Currently there are 12 available hygienists in the registry. Call The Dental Hygiene Registrar Coordinator Helen Whaley: (810) 785-5528 or (810) 785-7500

Mark Your Calendars
A photographer from Kim’s Photography Studio will be present at the next Genesee District Dental Society Meeting, March 13 at 6:30 p.m., to take photos of all Genesee District Dental Society Members for placement in our new Member Directory.

Join us for a Spring Semi-formal Genesee District Dental Dinner, Thursday, May 17 at Warwick, 6 - 9 p.m.
Heavy hors d’oeuvres and cash bar.

There will be a Continuing Education Dinner Meeting on Tuesday, April 17. Our speaker will be Dr. Peter Polverini speaking about updates on Oral Cancer.

Dr. Mark S. Medel
Dr. Julianna Hukill

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