

DENTAL TRIBUNE

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News in Brief

Designed to Smile

Dental nurses and support workers from the North Wales 'Designed to Smile' team are celebrating after achieving recent qualifications successes. The Designed to Smile team, which aims to improve the dental health of children in Wales, has been encouraging children in teaching infant and junior pre-school settings and schools to brush their teeth regularly. Since the dental nurses have gained their Fluoride Varnish Application Certificate they are now qualified to apply fluoride varnish to children's teeth which has been proven to be one of the most effective measures that can be taken to prevent dental decay. Furthermore, the Dental Health Support Worker colleagues have achieved the Foundation Certificate in Oral Health Promotion meaning they are qualified to deliver oral health advice to parents, carers and other groups who are responsible for the care of children.

The way forward?

Smiling has been regarded as one of our most important social assets and research has suggested that smiling brings about a host of benefits, from enhancing a person's mood to becoming more socially appealing. A telephone survey conducted by Harris Interactive, and commissioned by Philips as part of the Get It Right! Campaign has further put truth to these statements. The survey found that 89 per cent of adults agreed that to make a good impression you need a bright, white smile, and a 55 per cent of those questioned believed that a person's smile is the best physical indicator of someone's friendliness. Half of those surveyed said that they would whiten their teeth over straightening them. The survey revealed that 77 per cent of those questioned agreed that a white smile is best achieved by seeing a dental professional; however, only 20 per cent of these people had achieved a white smile by visiting a dentist.

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News



Cancer divide
Charities face hard times

► page 5

Interview



Supporting Japan
DTI interviews Ella Gudwin

► pages 8-10

Social Media



Digital engagement
Rita Zamora discusses QR codes

► page 19

Showcase Preview



Showcase Preview

► pages 27-29

Dentists face OFT investigation

Dentists across the country will once again come under investigation

There have been many heated debates regarding the costs of dental treatment in England, especially after Channel 4's Dispatches 'The Truth about your Dentist' was broadcast. However, the battle for dentists is not quite over yet.

Amid widespread agreement that the NHS is simply not working, the consumer watchdog Office of Fair Trading has announced that it will launch a market study, to examine whether the private and NHS dentistry markets are working well for patients. The study, which will look into the information provided in the £7.2 billion dental market, will include investigating the choice of treatments that are offered and the way complaints are handled.

Although the OFT has stated that it recognises the high standards of oral care in the UK; however it remains determined

to examine several concerns raised by consumer bodies such as Which? who say that patients are confused over dental treatments and prices.

A report issued by the OFT said: The study will focus on how dentistry services are sold, whether patients are given appropriate information to help them choose between dental practices, the types of treatments on offer and different payment methods in the context of both NHS and private dentistry. It will also look at how easy it is to change dentists, and whether the current system for customer redress works.

The study will also examine whether there are any unnecessary barriers to new practices entering either private or NHS funded markets, and consider the issue of professional restrictions on direct access to specialists or providers of auxiliary services, such

as hygienists.


Whilst the OFT completes the study, the Department of Health will aim to try and rewrite the current contracts of NHS dentists, which sees NHS dentists get paid an average of £90,000 a year.

Currently, under the pilot schemes which are being car-

registered at their practices, but also on the quality of care they provide.

Sonya Branch, the OFT's Senior Director for Services, Infrastructure and Public Markets, was quoted in The Telegraph saying: "Patients appear to be confused about the prices they are being charged and concerns have been raised that they may not be getting sufficient information or adequate choice over the dental treatments they receive."

"We also note that the costs of private dental treatment in England are among the highest in Europe."

"Given the current strains on people's finances, we think it is a good time to examine whether competition is working effectively to drive up the quality of private and NHS dental services and deliver better value for money for consumers." 

'The OFT has stated that it recognises the high standards of oral care in the UK'

ried out across England, dentists will no longer be paid a set figure; the new scheme aims to pay dentists in accordance with not only how many people are

YOUR PATIENTS WOULD MENTION THIS...



Editorial comment

Well, Show-case is almost upon us and we at Dental Tribune are getting ready to pack our bags and make our way to Birmingham's NEC, for three days of discovery and not seeing natural daylight!

If you are making the pilgrimage to dentistry's largest exhibition make sure you come by Stand W08 and say hello, leave your comments about Dental Tribune and find out more about the educational products and services provided by our sister company Smile-on.

And if you want to hear about the latest development from both the Smile-on and Dental Tribune team, including one very exciting development that the DT team have been working on, come to W08 on Thursday 19 October at 12pm and enjoy a glass of something bubbly as we reveal all!!

Finally, those of a gadgety nature make sure you scan the QR code on page 18 and follow Dental Tribune on Twitter. **DT**

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to:
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GCD calls for wider response

In April this year the General Dental Council (GDC) asked registrants to respond to its Standards Review by answering a questionnaire on the issue.

There has been a good response so far, but the GDC is keen to hear from as wide a range of registrants as possible.

The GDC registers the entire dental team – dentists, dental nurses, orthodontic therapists, dental hygienists, dental therapists, dental technicians and clinical dental technicians – and currently has more than 95,000 dental professionals on its registers.

'Standards for dental professionals' is the regulator's key ethical guide for registrants and any changes will have a direct impact on their day-to-day working lives, so it's important that as many as possible have their say.

The questionnaire, which is open until the end of December, is just one part of a number of activities that will feed into the review. The aim is to produce comprehensive new guidance for all members of the dental team by the end of 2012.

One issue in particular has sparked a lot of comment and it is worth noting that draft guidance on ethical advertising will be considered by the Standards Working Group as part of this review, rather than as a separate document. All the research that the GDC has gathered to date on the issue as well as all the comments that have been received will be considered as part of this wider review of the standards.

Further information about the Standards Review and the questionnaire can be found here: <http://www.gdc-uk.org/GDCcalendar/Consultations/Pages/Review-of-Standards.aspx> **DT**

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Could you use a £20m investment?

It is rare that one hears about an investment opportunity which offers a catalyst for growth rather than one which encourages dentists to opt out of the profession, but one such opportunity has just been announced. Dr Amarjit Gill has teamed up with a seasoned dental entrepreneur to create a group of dental practices in the North of England. The duo have initial financial backing to invest up to £20m in an existing dental group – and would even be open to approaches from an alliance of individual practices looking to merge into one entity.

The pair have ambitious expansion plans to create a network of practices in the North of England and see great potential to establish a regional cluster. They will then use their considerable business acumen and dental expertise to relieve the current owners

of the increasing burden of bureaucracy and low staff morale, allowing them the breathing space to perform better clinically. They also have plans to streamline the practices and ultimately increase the proportion of turnover derived from more sought after 'lifestyle' treatments.

In 2010 Dr Amarjit Gill, BDS MFGDP was voted one of the top five most influential dentists in the UK by the readers of *Dentistry Magazine* and in 2011 relinquished the mantle of the British Dental Association's Presidency after a year at helm. His business partner, who has chosen to remain discrete and allow Dr Gill to front the bid, is the ex-Chief Executive of a successful dental corporate. Between them they have the business acumen, the influence and the funds to establish a new style of dental

practice and help dentists do what they do best.

As Amarjit Gill commented: "We are going public with our search as we feel there must be a number of practices and groups who are looking for a strategy to grow, but so far have not found the right route. Selling to a major corporate is not necessarily right for everyone and the loss of identity and control is only attractive if the Principals are considering leaving the profession. By contrast we are initially looking for a group of practices with a turnover above £10 million who looking for a way to expand and to leverage an investment to build on their success."

Interested practices can contact Amarjit by contacting him directly by email -gill@smilesahead.biz - to set up an exploratory meeting. [DT](#)



Are you looking for a strategy to grow, but haven't found the right route?

£600,000 funding for UCL

Dr Stefano Fedele and Professor Stephen Porter of the UCL Eastman Dental Institute have recently been awarded over £600,000 in prestigious research grants and PhD scholarships. The funding will support a number of clinical and translational research projects, which will be conducted at the UCL EDI.

Dr Fedele, Senior Clinical Lecturer, and Professor Porter, Institute Director, have received grants from the National

Institute of Health Research – Research for Patient Benefit Scheme (NIHR-RfPB) and Arthritis Research UK, and been awarded a UCL Grand Challenge PhD Scholarship for work in relation to two research projects: LEONIDAS-1 and LEONIDAS-2. These multicentre studies will investigate the effectiveness of a novel medical device in lessening dry mouth symptoms caused by radiotherapy and Sjogren's syndrome and have the potential to revolutionise the management of individuals affected by this

debilitating disorder.

Dr Fedele and Professor Porter have also secured funding from the International Serious Adverse Event Consortium (iSAEC) and a second UCL Grand Challenge PhD Scholarship to lead an international research project on the genetics of bisphosphonate-related osteonecrosis of the jaws: the GENVABO study. This is a genome-wide association study (GWAs) that will help to discover potential gene variants associated with the risk of developing

jaw osteonecrosis. The results

will enable clinicians to identify individuals genetically predisposed to this debilitating and incurable drug-induced adverse side effect. [DT](#)



(left to right) Professor Stephen Porter and Dr Stefano Fedele

CQC launches fees consultation

The Care Quality Commission (CQC) is consulting about changes to the fees it proposes to charge providers of health and adult social care for 2012/13. These fees cover CQC's work in registering providers and monitoring their compliance with government standards of safety and quality.

The consultation sets out proposals to extend the fees scheme to providers of out-of-hours services, who will register for the first time with CQC from April 2012, and adjust parts of the existing scheme.

The consultation also sets out CQC's strategic approach to fees for future years, which

will involve more detailed consultation over the next year for phased implementation from 2013/14 onwards.

The three main proposals for the April 2012 fees scheme are to:

- extend the scheme to providers of primary care out-of-hours services entering the

registration system from 1 April 2012

- reduce the fees in the middle bandings for providers of dental and independent ambulance services

- reduce the fee in the lowest level banding for providers of adult social care services with-

out accommodation

Cynthia Bower, CQC's chief executive, said: "At this stage we are only proposing some minor changes to the fees scheme. These will be the first steps in a longer term strategy for a scheme that we will develop in close cooperation with providers." [DT](#)



SO WHY DON'T THEY
MENTION THIS?



NHS cancer waiting times show improvement

Statistics published this month show that cancer waiting times have improved over the past year, despite a general growing pressure on waiting times in the health service and an increase of more than 100,000 more people in England being seen by a cancer specialist.

Official statistics from the Department of Health published in September 2011 show a steady improvement in waiting times for cancer patient referrals and treatment. The report, called *Waiting Times for Suspected and Diagnosed Cancer Patients in England 2010-2011*, also show the NHS hit targets for cancer referrals seen at two weeks, and treatment targets at 31 days and 62 days.

Between April 2010 and

March 2011 more than one million patients were seen by cancer specialists following an urgent referral by a GP – an increase of more than 100,000. A total of 95.5 per cent were seen within 14 days of referral, compared to 94.9 per cent in the previous year. Around 45,000 patients were not seen within 14 days of referral.

The performance is encouraging news for mouth cancer patients where early diagnosis and treatment improve survival rates from 50 per cent to 90 per cent. Referrals within 14 days for suspected head and neck cancers improved to 96.3 per cent in 2010-2011, from 95.7 per cent in the previous year⁴.

The good performance for cancer referral and treatment is in contrast to other parts of the NHS. The number of hospi-

tal patients in England waiting over the 18-week guarantee has jumped by a third in the past year. Of the 500,000 people seen in July 2011, more than 28,000 had waited beyond the target – a 34 per cent rise from the same month last year. Those who waited over six months rose by 55 per cent to more than 9,000. Overall the NHS in England is continuing to hit its targets of seeing 90 per cent of patients in 18 weeks.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: “The NHS is doing a very good job once cancer patients are in the system. The challenge in relation to mouth cancer is to ensure that everyone recognises the warning signs before it is too late. They include ulcers which do not heal within three weeks, red and

white patches in the mouth and unusual lumps or swellings in the mouth.

“Our message to everyone is ‘If in doubt, get checked out.’” **DT**



More referred patients are being seen by cancer specialists within 14 days of referral

Diabetics told to brush their teeth



Oral health has a direct impact on the risk of developing complications in diabetics

Many people with diabetes are unaware of the close links between the state of their

oral health and their risk of developing complications, medical researchers warn in the latest issue of the *British*

Dental Journal (BDJ).

The authors of the *BDJ* report, *Oral health awareness in adult patients with diabetes: a questionnaire study*, maintain that inflammation from swollen gums can increase the severity of diabetes, worsen cardiovascular disease and increase mortality from oral cancer and oral pre-malignancies. They also point out that long-standing, poorly -controlled diabetes appears to speed up the progression of gum disease, which, if left untreated, can result in loss of teeth.

But a survey of 229 adults attending a diabetes clinic found that awareness of any association between dental health and their medical condition was poor. Only 13 per cent knew

that swollen or tender gums could be affected by diabetes, or vice versa, while fewer still (12 per cent) were aware that there could be a link between loose teeth and diabetes.

“Dental and oral self-care tasks were rated as less important than other diabetes self-care tasks, such as taking prescribed medication or having regular eye checks,” said the researchers from Warwick Medical School. “Around one-third of patients rated daily flossing as the least important health related activity.”

Commenting on the findings, the British Dental Association (BDA)’s Scientific Adviser, Professor Walmsley, said: “This study adds to the growing body of evidence linking oral

health to general health and well-being.

“It’s important that health-care professionals, dentists included, make people with diabetes more aware of this link.

“Brushing teeth twice a day, every day, with a fluoride toothpaste, flossing daily and seeing the dentist regularly will go a long way to protect teeth and gums and, it seems, reduce the risk of developing complications from diabetes.”

The BDA hopes the development of a new, outcomes-focused contract in England, (pending the results of pilots launched earlier this month), will make it easier for dentists to adopt a more preventive approach to care. **DT**

Win a free flight to NYC with *Dental Tribune*!

In 2011, *Dental Tribune International* will launch the *Global Dental Tribune Awards* to celebrate excellence in dentistry.

This is a fantastic opportunity for practices and companies to show just how remarkable they are and compete against others in their own areas on friendly terms. The winners will receive free economy flights to New York City to join us at the Award Ceremony, which will be held at the Greater New York Dental Meeting on November 28, 2011 in the special events hall.

All *Dental Tribune* readers worldwide are cordially invit-

ed to submit their applications online WITHOUT REGISTRATION FEE by October 21, 2011.

Simply choose your categories and submit one PDF (500-1000 words) and one-six images in jpeg format. Explain why your practice or the individual/team deserves to win. You can nominate yourself, a team or an individual. The final deadline for all entries is October 21, 2011.

Applications will be judged by a jury of renowned opinion leaders from all parts of the world:

• Dr John R. Halikias, General

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• Dr Denis Forest, Directeur des Journées dentaires internationales du Québec, Canada

• Dr Sergio Cacciaccane, Director Escuela Superior de Impantologia, Argentina

• Dr Adolfo Rodríguez, President Dominican Dental Association, Dominican Republic

• Dr Stefan Holst, Clinical Associate Professor at the Friedrich-Alexander-University, Germany

• Prof Dr Norbert Gutknecht, President of the World Federation of Laser Dentistry, Germany

• Dr Sushil Koirala, President of

the South Asian Academy of Aesthetic Dentistry (SAAAD), Nepal

• Dr So-Ran Kwon, President of the Korean Bleaching Society, Korea

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Good luck! **DT**

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Cancer divide means hard times ahead for small charities



Some charities suffer due to their profile

A new survey looking into public support for cancer charities has uncovered a worrying disparity in the proportion of donations throughout the sector.

The study revealed that high profile charities for cancers such as breast cancer were more likely to be donated to (46 per cent), whereas people were less likely to donate to lung cancer charities (16 per cent).

Of the other cancers, the findings showed that only one in 33 (three per cent) would be more likely to donate to skin cancer, one in 25 (four per cent) to testicular and brain cancers while one in 20 (five per cent) preferred to support prostate and bowel cancers.

Cancer of the liver received votes from only three people in the survey, making it the least chosen of the cancers on the list while mouth cancer obtained just eight votes.

The results also revealed that cervical cancer featured highly on the list, with almost half of respondents (43 per cent), favouring it in their top three. Overall, the figures suggest that female cancers are more widely supported than male-associated cancers.

However, the survey worryingly showed that one in four people were less likely to support cancers which are seen as preventable.

The British Dental Health Foundation, organisers of awareness campaign Mouth Cancer Action Month throughout November said the research was concerning and are encouraging more people to support their cause.


Chief Executive of the Foundation, Dr Nigel Carter, said: "Unfortunately, the recession and a squeeze on household incomes have meant that some charities have financially suffered as a result. Now, more

than ever, instead of donating to a number of charities, some people might choose to prioritise just one, and as the results of this study have shown, mouth

cancer is rarely thought upon.

"Regular donations are a vital part of our fundraising efforts. Mouth cancer is now di-

agnosed in 6,000 people in the UK every year, and without early detection half will die. It is important that we continue to raise awareness to the early

warning signs of the disease, as well as the risk factors – to be able to do this, we are asking for your continued support and increasing donations." 

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Reference: 1. GlaxoSmithKline data on file, You Gov PLC, 2010.

 GlaxoSmithKline
Consumer Healthcare

Practice refurb gives patient boost



Steve Midgley (LTSBC RM) and Katrina Hayes-Sinclair

Holmfirth Dental Surgery has seen a huge boost in custom in the last few months after Katrina Hayes-Sinclair decided to expand and refurbish the business using a six

figure loan from Lloyds TSB Commercial.

Holmfirth Dental Surgery, located on Huddersfield Road, was purchased by qualified dentist of 18 years Katrina at the beginning of this year when she bought out her previous partner.

Since the implementation of the expansion strategy, Holmfirth Dental Surgery has gone from strength to strength. Having surpassed the set NHS target at the end of March, the practice has diversified its services to offer cosmetic dentistry.

The launch of the new specialist

dental implant service has resulted in a huge boost in patient numbers for the surgery, with last month seeing numbers rise to the practice's largest patient base to date.

Katrina said: "The increase in demand the business has received since launching our cosmetic dental care has been outstanding. Taking on several hundred more patients over the last few months has been a direct result of our most recent service, and the feedback from both regular and new patients has been consistently positive.

"Dental implants are fast be-

coming the preferred alternative to dentures, and the recent boost in custom is testament to their popularity. This specialist service combined with the surgery refurbishment has given us a competitive edge over other practices in the area.

"The decision to purchase the whole practice was a daunting one, as after working with a partner for ten years I was used to sharing business decisions. However the experience I gained within that time put me in great stead to branch out alone and by working closely with Lloyds TSB Commercial I had constant access to consistent support and guidance." **DT**

Toothfairy's dream house?

Artist Gina Czarnecki is planning on using milk teeth in her latest artwork.

To date, her career focuses on the relationship between humans and advances such as genetic research, disease and even evolution.

Throughout her projects, Gina has worked with biotechnologists, computer programmers, dancers and sound artists; however, this time Gina is working with stem cell researcher professor Sara Rankin to create Palaces – a glass-like castle

decorated with around 12,000 milk teeth.

In one report, Gina said: "Milk teeth have massive cultural significance and they are the only things that fall off your body as a sign of progress, not decay.

"Different cultures have different traditions about where these teeth go, and what they are used for. Losing your tooth at seven is a symbol of transition.

"But stem cells can also be extracted from milk teeth and

may in the future be used to repair damaged organs."

Her artwork raises questions on life's developments in society, and being one of three sculptures where 'cast-offs' from human donors, such as teeth, bones and fat, have been used, Palaces will be undoubtedly be just as questioning.

The finished artwork is expected to look like a beautiful underwater coral castle. It will be exhibited at art and science venues across the UK starting at the Bluecoat, Liverpool, in



Gina Czarnecki's latest artwork is a toothfairy's dream

December 2011, followed by the Science Museum, London, in 2012 and The Herbert, Coventry in 2013. **DT**

www.ginaczarnecki.com

GDC to meet registrants in the north east of England

Following the success of four registrant events held across the UK at the beginning of this year, the General Dental Council is holding another one in Newcastle in November.

Dental professionals from in and around the city are being asked to come along to the

Hilton Newcastle, Gateshead Hotel at 6pm on the 8 November 2011 to find out about how the GDC's work affects them.

They will also have the chance to take an active role in workshops either on the review of GDC Standards or the review of the GDC's Contin-

ing Professional Development scheme.

The event is free and participants will be awarded two hours of verifiable CPD.

Director of Policy and Communications at the GDC Mike Browne says such events are a valuable source of feedback:

"This will be a great opportunity for registrants and GDC staff to speak directly to each other, and really find out what people are concerned about.

We are carrying out some important pieces of work at the moment on Standards and CPD and it will be good to hear exactly what dental profes-

sionals think."

Any dental professionals interested in attending can book online at www.gdc-uk.org.

It should be noted that places are limited, so early booking is advised. **DT**

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Don't ask how I am...

Elaine Halley admits she's an MSc bore

I am officially becoming an MSc bore. I consistently find myself telling anyone who makes the mistake of asking me the all searching question of 'how are you?' all about the quandary of deciding upon my research question for the dissertation. I have practically given lectures on the subject – in the most inappropriate places such as my nephew's two-year old birthday party or a dinner party with non-dental friends – the checkout assistant in Tesco's got away lightly.

I liken it to when I was training for the marathon and other runners I know have felt the same. Because you are completely immersed in it and there is an adrenalin rush caused by the stress and Paul Brocklehurst's infamous words 'your degree is at risk' ringing in our ears, at any given opportunity the ability to let off steam and include others in your world is tantalising. The only problem is that nobody else really cares – their eyes glaze over and you can see them plotting their escape! I was a running bore, now I am an MSc bore. Of course, I do recognise that I am the common denominator in both these scenarios. Hmmm.

And so – the month of September, as I have alluded to, sees the start of our dissertation and the introduction of our full-time research tutor, Jane. A few of my colleagues have done the sensible thing and written up their four posterior cases which are due early October. Most of us have not and so we have the added pressure of four case reports, plus the complex case which are due over and above the dissertation.

The dissertation material is taught/learned using Manchester University's all new platform Blackboard 9 – which most of us couldn't access in time to start the learning process, and then there have been a few glitches such as an uneditable pdf for a Master Proforma which we were supposed to edit and hand-in to a deadline. This has caused a massive increase in stress due to time wasted trying to figure out 'is it just me' in the technical department. There are discussion threads for peer-to-peer support but these are so complicated to follow (again, may just be me) that I have resorted to old-fashioned email. There are frequent deadlines designed to keep

us working to a sensible time-scale as this project is too big to manage all at the last minute. In theory, with the constant feedback, we are guided through the structure and thought process so that we can't go off on a tangent and 'put our degree at risk'. OK – we get it – this disser-

tation is the make or break of the whole course.

We have had the speediest feedback ever on our Aims and Objectives which is a welcome change, so it does feel like Manchester University and our tutor Jane are

ready to help us with this phase. Our dissertation is to design a research project around a clinical question. So far we have had to develop our question and define our aims and objectives. Next is a literature search which we have to write up in 2,500 words to hand-in

in a few weeks. This will involve revising all the technical terms such as Boolean operators and MESH terms. I am still battling with the seemingly never ending confounders that come with my choice of question – a confounder being a variable which could be influencing the result but has nothing to do with the intervention of study and so lead to erroneous conclusions. I think, anyway – if you have a spare 20 minutes I could really begin to bore you on the subject...DT

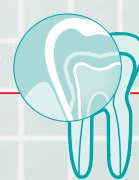
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About the author

Elaine Halley BDS DGDGP (UK) is the BACD Immediate Past President and the principal of Cherrybank Dental Spa, a private practice in Perth. She is an active member of the AACD and her main interest is cosmetic and advanced restorative dentistry and she has studied extensively in the United States, Europe and the UK.

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1 Marinho V et al. (2002) Cochrane Database Syst Rev. no3.

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Supporting the restoration of Japan's health services

**DTI's Daniel Zimmerman interviews Ella
Gudwin, Vice-President of AmeriCares**



AmeriCares gives supplies to Japan

With relief efforts in Japan slowly coming to an end, news concerning the disaster has become scarce. However, *Dental Tribune Asia Pacific* found that a large number of relief organisations are still operating in the area to help restore much-needed infrastructure such as dental clinics. *DT* Group Editor Daniel Zimmermann had the opportunity to speak with Ella Gudwin, Vice-President of Emergency Response at AmeriCares, Stamford, USA, about the dental needs of the population in the aftermath of the disaster and why organisations like hers are necessary for a successful reconstruction process.

Ms Gudwin, you are coordinating the relief efforts of your organisation in the aftermath of the earthquake/tsunami disaster in Japan. What is the current situation in the affected areas?

Gudwin: The last time I went to the Miyagi Prefecture was in June and what we encountered there was mixed feelings

by the people towards the government and its relief efforts in general. The overall mood was temporarily heightened by the celebration of Obon, a Buddhist festival to celebrate the parting of the deceased, but with the country now entering the reconstruction phase, some of the frustration and feeling of discontent is beginning to show.

The good news is that people in the affected areas are finally being moved from shelters to temporary housing facilities, a process that could trigger new problems because people, especially the elderly, are not

*'Oral health often tends to be side-lined
as a minor concern'*

very fond of the idea of being separated from their former communities.

How was the health infrastructure affected by the disaster in the area you are



The dental centre can treat 20 patients a day

working in?

Gudwin: Secondary and primary care services have definitely been affected most. I cannot tell you the exact number but what we found is that none of the six dental clinics that existed in Minami Sanriku (a coastal town in the Miyagi Prefecture) actually survived the disaster, which, of course, is a relatively small number compared with the 300 nursing homes that were also demolished by the tsunami in the same area. Currently, there are only two temporary dental facilities to serve a population of approximately 13,000 people.

What dental care-related projects are you currently running in Minami Sanriku?

Gudwin: Basically, we are financially supporting the restoration of health services such as mobile and home-based medical care for people who moved into temporary housing facilities. The dental clinic we are funding in Minami Sanriku is actually the first physical project we have taken on during this transitional phase.

This is a three-way partnership in which we are providing US\$200,000 for the structure and clinic interior, such as dental chairs, and money from

the Japanese government is being used to provide the majority of the equipment and supplies. We also selected the site for the clinic after having consulted with the Minami Sanriku City Council, which is in charge of the long-term reconstruction planning.

In terms of scale, we are running a smaller operation than most other organisations in the region but we are very targeted and help to get money down to the ground early. We do not know of any other organisation focusing on oral health services at the moment, so we are filling a unique gap there.

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