



NOHC

special session
on Latin America
Miami, 2008



Dr. Enrique Acosta-Gio
UNAM, Mexico City



1 million dentists in the world

~ half of them work in Latin America.

~ 70% of the world's dentists practice in this hemisphere.

~200,000 in Brazil

~100,000 in Mexico

~200,000 in the US

50% of the world's dentists work in the US, Brazil and Mexico.



country/DMFT	income	Population (millions)	Dent/10,000
Panama / 3.6	upper middle	3	2.9
Uruguay / 2.5		3	12.4
Costa Rica / 2.5		4	6.5
Chile / 3.4		16	1.8
Venezuela / 2.1		26	5.7
Argentina / na		40	9.3
Mexico / 2		109	na (8)
Brazil / 2.8		170	9.8
Nicaragua / 2.8	lower middle	5	2.9
Paraguay / 3.8		6	0.9
Honduras / 4		7	na
El Salvador / 1.4		7	5.5
Dominican Rep / 4.4		9	9
Bolivia / 4.6		10	1.2
Cuba / 1.6		11	9.5
Guatemala / 5.2		13	1.6
Ecuador / 2.9		14	1.8
Peru / 2.9		28	1.6
Colombia / 2.3		44	7.8

- Low Income
- Lower Middle Income
- Upper Middle Income
- High Income

worldbank.org
paho.org



Ferney-Voltaire,
FRANCE/Washington D.C.,
USA, 31 April 2008 – The FDI
World Dental Federation and the
Pan American Health
Organization, Regional Office for
the World Health Organization
(WHO/PAHO), regret to
announce today that the
*Conference for Oral Health in
the Americas*, previously
scheduled for November 2008,
has been cancelled. Both
organisations remain committed
to improving oral health in the
region and will continue their
efforts and engagement with all
stakeholders in this context.



Federación Odontológica Latinoamericana

Fundada el 3 de Octubre de 1917

Dra. Mirta Roses Perlago
Directora Organización Panamericana de la Salud

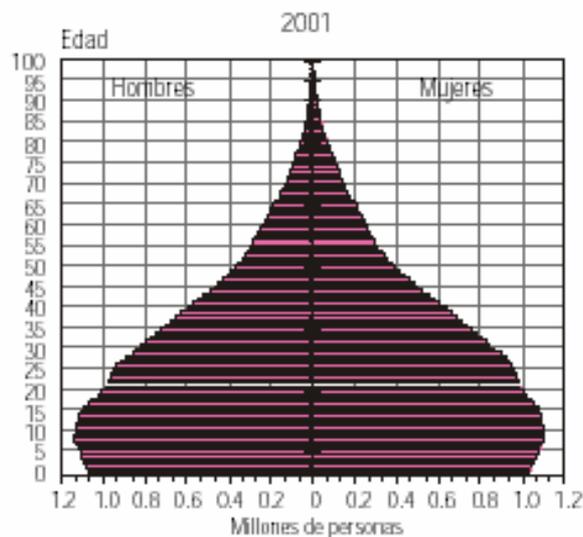
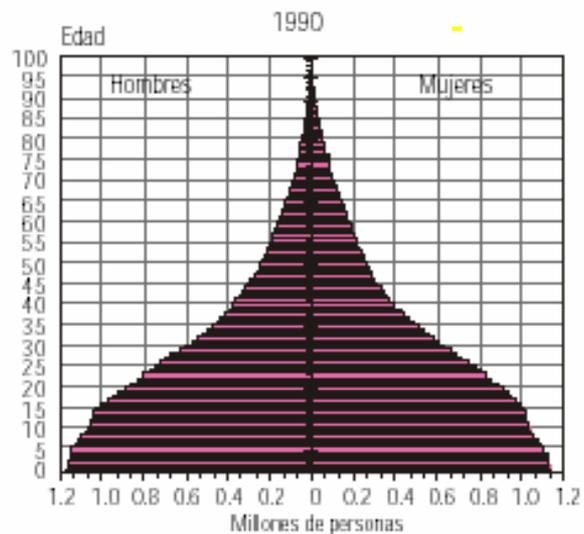
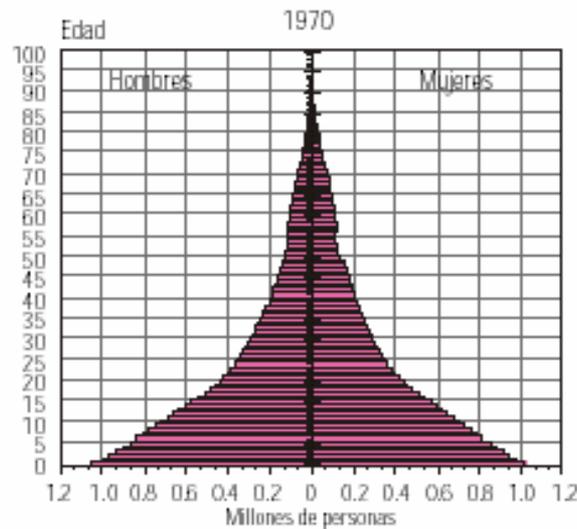
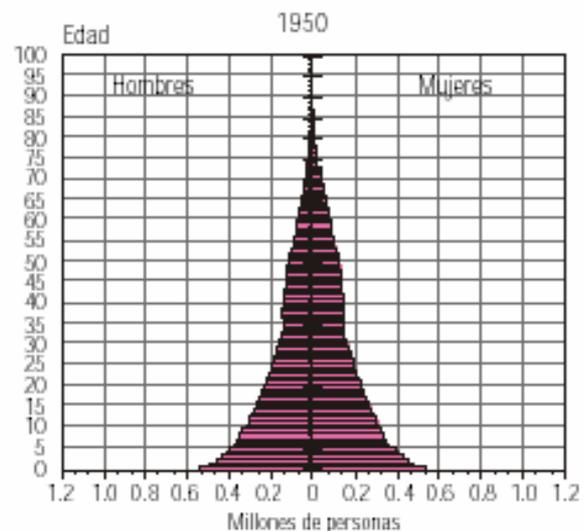
Distinguida Directora

El Honorable Consejo de Delgados de la Federación Odontológica Latinoamericana (FOLA) reunido en Asamblea Extraordinaria en la ciudad de Recife Brasil, en marzo del presente año, manifiesta de manera unánime su sorpresa, desagrado e inconformidad con la suspensión de la Conferencia de las Américas sobre salud bucal programada para realizarse en Lima, Perú el próximo mes de noviembre.

Según dicha comunicación enviada por la FDI, nos enteramos que la OPS ha reprogramado sus prioridades, resultando evidente que dentro de ellas no está la salud bucal de nuestras poblaciones.

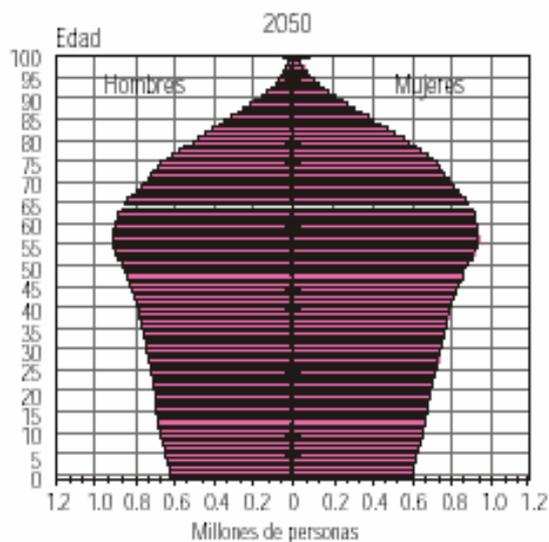
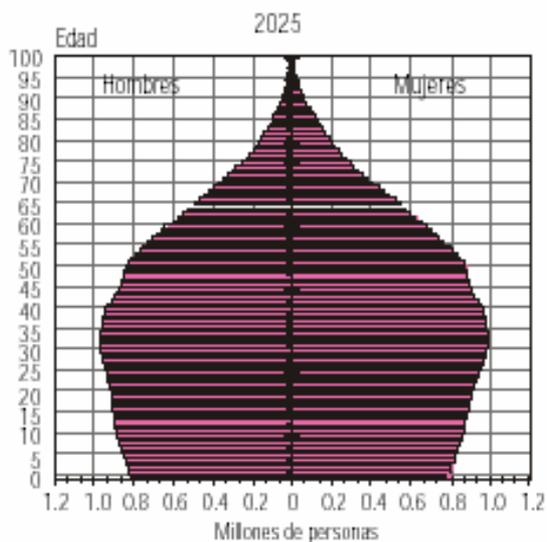
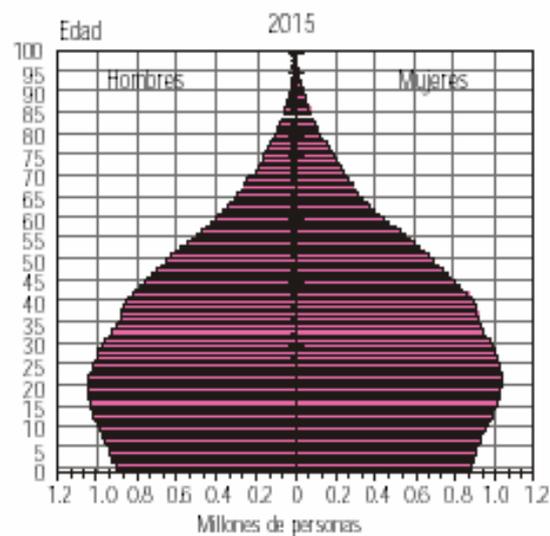
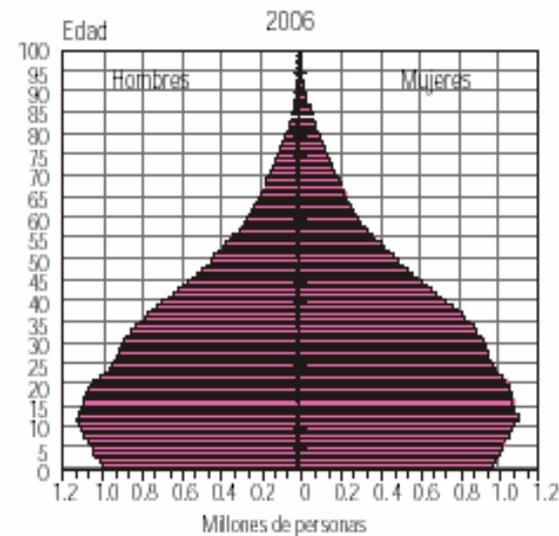


AGE AND GENDER DISTRIBUTION IN MEXICO IN 1950, 1970, 1990 AND 2001.



Fuente: estimaciones de CONAPO.

POPULATION PROJECTIONS, DISTRIBUTION BY AGE AND GENDER 2006, 2015, 2025, 2050



Fuente: proyecciones de CONAPO.

Source: CONAPO, 2005

On average a Mexican eats per year:

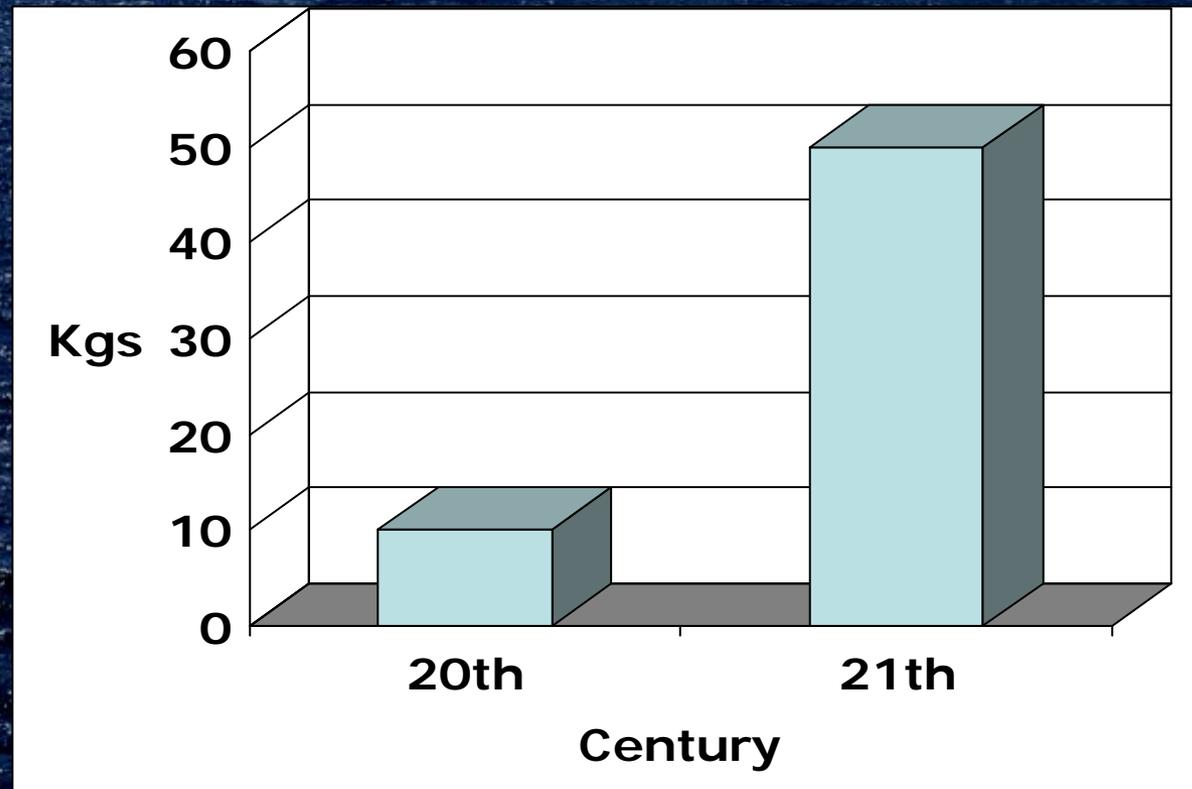
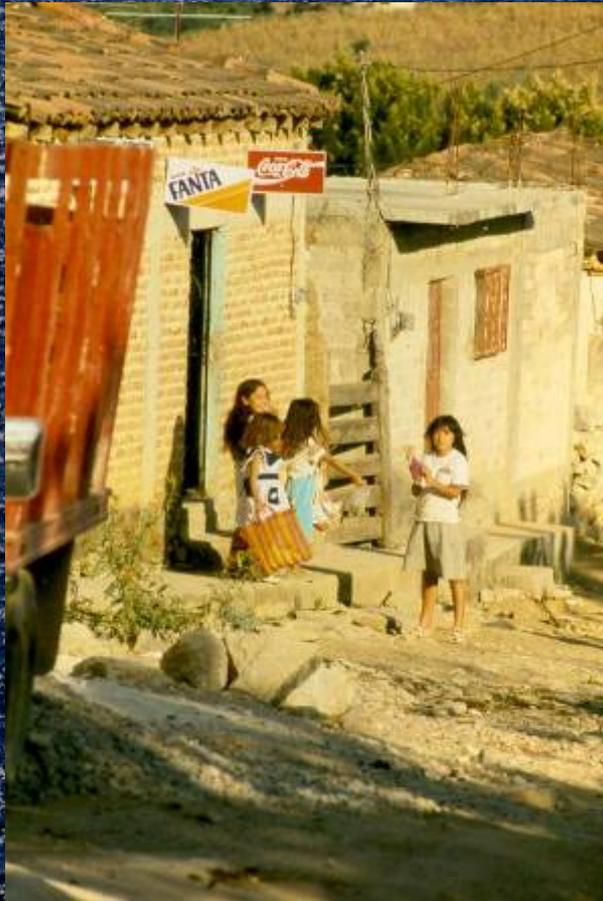
3500 tortillas= 129 Kg.

3.5 kg of fish

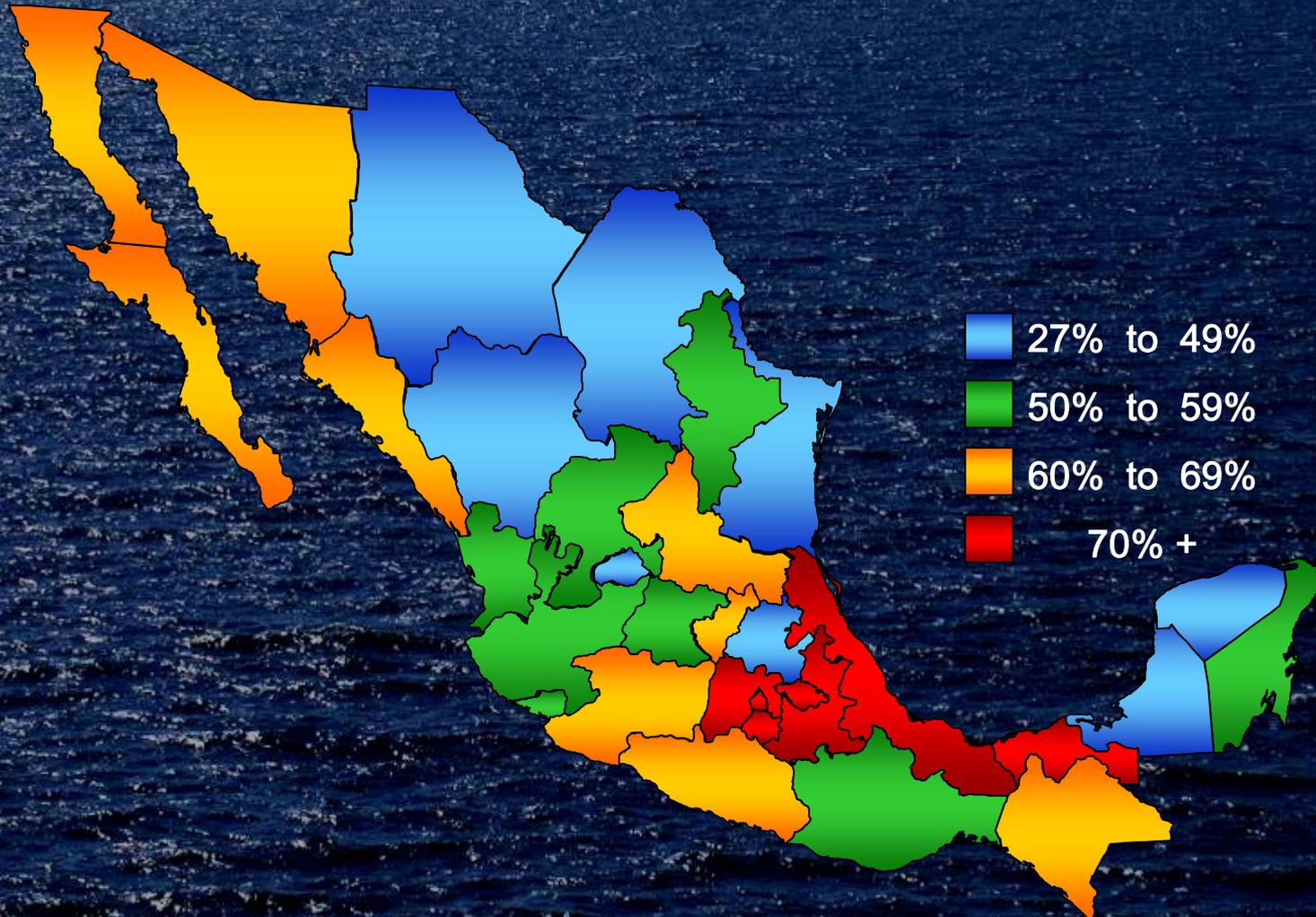
6 apples



annual sugar intake



Dental caries prevalence in 6 year old school children



Source: Secretaría de Salud, Subsecretaría de Prevención y Protección de la Salud.
Centro Nacional de Vigilancia Epidemiológica.
Encuesta Nacional de Caries y Fluorosis Dental 1997-2001 (resultados preliminares)

Oral health and quality of life of migrant and seasonal farmworkers in North Carolina.

[Quandt SA](#), [Hiott AE](#), [Grzywacz JG](#), [Davis SW](#), [Arcury TA](#).

Division of Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, North Carolina, 27157-1063, USA. squandt@wfubmc.edu

Oral health deficits can have a significant effect on workers' general health and their ability to carry out normal activities. Although farmworkers have been found to lack access to dental care, few studies have documented their oral health status or its impact on quality of life (QOL). This research (1) describes the oral health problems experienced and oral health care received by Latino farmworkers in North Carolina, and (2) explores the association between oral health and QOL. Data were collected using face-to-face interviews from a representative sample of 151 farmworkers; data included oral health-related QOL (OHIP-14) and general health-related QOL (SF-12 Health Survey). Workers reported a high number of unmet needs: 52% reported caries, and 33% reported missing teeth. Only 21% had received dental services in the past year, almost all in Mexico rather than the U.S. The dimensions of oral health-related QOL most impaired were psychological discomfort and physical pain caused by dental problems. Number of functional oral health problems was the strongest predictor of oral health-related QOL ($p < 0.001$) and physical health-related QOL ($p < 0.05$), but was unrelated to mental health-related QOL. These findings indicate that the high rate of unmet oral health needs is associated with poorer farmworker QOL. The consequences of suffering on-going dental pain for work performance, sleep, and nutritional status are unknown. Because national data indicate that fewer farmworkers are returning to their countries of origin, communities with large farmworker populations need to address their unmet needs for dental care.

Healthy Smiles Healthy Growth 2004--basic screening survey of migrant and seasonal farmworker children in Illinois.

[Lukes SM](#), [Wadhawan S](#), [Lampiris LN](#).

Southern Illinois University, Carbondale, IL 62901, USA. smlukes@siu.edu

OBJECTIVES: To obtain baseline data for caries prevalence, use of dental sealants, and dental treatment needs for children of migrant and seasonal farmworkers (MSFWs) enrolled in the Illinois Summer Migrant Education Program, 2004. **METHODS:** This study adapted the methodology of Healthy Smiles Healthy Growth 2003-2004, by Illinois Department of Public Health (IDPH), Division of Oral Health. Oral screenings were conducted for children of migrant and seasonal farmworkers at participating schools. **RESULTS:** Of the 840 eligible children 58% participated in the assessment. Overall caries experience was 64%. Untreated decay was observed in 42%, 8% urgently needed treatment, and sealant prevalence was 51%. Among those 6-9 years old (n = 254), 47% had cavitated lesions, 12% urgently needed treatment, and 45% had dental sealants. For children 10-15 years old (n = 198), 34% had cavitated lesions, 4% urgently needed treatment, and 65% had dental sealants. **CONCLUSIONS:** The population's mobility suggests need for more frequent surveillance for effective programmatic planning.

Dental decay in southern Illinois migrant and seasonal farmworkers: an analysis of clinical data.

[Lukes SM](#), [Simon B](#).

Dental Hygiene Program, School of Allied Health, College of Applied Sciences and Arts, Southern Illinois University, Carbondale, IL 62901, USA. smlukes@siu.edu

CONTEXT: Migrant and seasonal farmworkers are a population at risk for oral health problems. Data on the oral health conditions of migrant and seasonal farmworkers' permanent teeth are particularly lacking. **PURPOSE:** To document the relative rates of treated and untreated dental decay in a sample of southern Illinois migrant and seasonal farmworkers who had sought care at a farmworker health center dental clinic. **METHODS:** Existing migrant health dental clinic records from 1995-2002 were reviewed. Final sample size was 650. Data for decayed, missing, and filled tooth surfaces were recorded using both anatomical recording and treatment notes. **FINDINGS:** Sixty-nine percent of migrant farmworkers had at least 1 decayed (untreated) tooth surface, and more than half had 3 or more decayed surfaces. **CONCLUSIONS:** Results indicate that untreated dental decay is significant among migrant and seasonal farmworkers who seek care at this dental clinic. Recommendations include addressing barriers to care, improved monitoring of dental health conditions, and further research to better document the treatment needs of this population.

dental education - private practice



- 61 dental schools
- 30,000 dental students
- one-year social service before obtaining a license
- the license is FEDERAL - valid nationwide
- accreditation of dental schools is in progress
- certification of dental professionals is in progress
- unregulated dental hygienists and dental assistants



POBLACION AMPARADA POR ENTIDAD FEDERATIVA

ENTIDAD FEDERATIVA	TOTAL	TRABAJADORES	FAMILIARES	PENSIONISTA	FAMILIAR DE PENSIONISTA
<i>2006</i>					
TOTAL NACIONAL	10,798,948	2,424,773	7,297,397	578,392	498,386
DISTRITO FEDERAL	3,248,110	677,452	2,203,514	197,535	169,609
ZONA NORTE	764,959	159,544	518,949	46,524	39,942
ZONA ORIENTE	789,283	164,618	535,444	48,002	41,219
ZONA SUR	1,116,356	232,837	757,338	67,890	58,291
ZONA PONIENTE	577,512	120,453	391,783	35,119	30,157
AREA FORANEA	7,550,838	1,747,321	5,093,883	380,857	328,777
AGUASCALIENTES	111,519	25,698	72,104	7,203	6,514
BAJA CALIFORNIA	140,080	32,488	86,255	11,984	9,353
BAJA CALIFORNIA SUR	97,767	23,201	62,104	6,653	5,809
CAMPECHE	84,033	19,943	55,814	4,445	3,831
COAHUILA	257,443	56,862	173,059	15,084	12,438
COLIMA	67,600	15,459	43,538	4,479	4,124
CHIAPAS	255,541	65,398	166,836	13,011	10,296
CHIHUAHUA	265,928	58,336	177,605	15,695	14,292
DURANGO	283,276	57,167	208,556	9,731	7,822
GUANAJUATO	359,577	91,788	243,185	12,963	11,641
GUERRERO	436,892	94,846	318,477	12,668	10,901

44.3 million Mexicans covered



Población derechohabiente.

Enero a Febrero Del 2008

Delegación	Adscrita a la Unidad				Adscrita a Médico Familiar	Adscrita a Médico Familiar al 30 de Junio (Censo)
	Total	Asegurados Permanentes	Beneficiarios			
			Total	Prom. por Aseg.		
Total Nacional	44331997	22976222	21355775	0.93	36217051	35331336
Aguascalientes	628054	297066	330988	1.11	537586	525103
Baja California	1745325	956430	788895	0.82	1403303	1338383
Baja California Sur	347538	186980	160558	0.86	272483	256199
Campeche	333409	182164	151245	0.83	253785	237071
Coahuila	1969532	911594	1057938	1.16	1675865	1662214
Colima	302469	158570	143899	0.91	249549	234572
Chiapas	617632	367718	249914	0.68	468477	453193
Chihuahua	1826121	898440	927681	1.03	1583624	1591108
Durango	652003	306057	345946	1.13	543664	543282
Guanajuato	1953920	909705	1044215	1.15	1657671	1627647
Guerrero	651894	355298	296596	0.83	552922	539795
Hidalgo	537797	288396	249401	0.86	430483	392704
Jalisco	3492940	1640291	1852649	1.13	2981645	2961141
México Oriente	3435860	1760499	1675361	0.95	2891774	2753825
México Poniente	1832104	980756	851348	0.87	1464254	1392946
Michoacán	1038537	540152	498385	0.92	843306	800047
Morelos	636054	328429	307625	0.94	505783	493031
Nayarit	397109	212291	184818	0.87	301846	298189
Nuevo León	2867570	1326008	1541562	1.16	2593413	2580415
Oaxaca	516685	298584	218101	0.73	386035	368562
Puebla	1384160	704411	679749	0.96	1126641	1090725
Querétaro	872510	442228	430282	0.97	721609	691222
Quintana Roo	638590	367024	271566	0.74	479429	448035
San Luis Potosí	922341	441154	481187	1.09	779289	755541
Sinaloa	1382277	664958	717319	1.08	1160506	1132373
Sonora	1429996	725625	704371	0.97	1154721	1096357
Tabasco	523307	327407	195900	0.6	333729	325564
Tamaulipas	1772641	911748	860893	0.94	1465944	1446476
Tlaxcala	344937	184232	160705	0.87	271571	261286

Atenciones prestadas en el servicio de Dental
Enero a Febrero Del 2008

Delegación	Total de atenciones en consulta				
	Total	Promedio Horas médico	Por 1,000 A. M. F.	Incapacidades	Días amparados
Total Nacional	675968	2.29	18.66	11218	26243
Aguascalientes	7825	2.67	14.56	120	286
Baja California	22373	2.14	15.94	585	1377
Baja California Sur	6408	2.16	23.52	137	284
Campeche	4376	2.32	17.24	245	527
Coahuila	25654	2.23	15.31	382	1082
Colima	4496	1.87	18.02	124	215
Chiapas	10954	2.34	23.38	357	870
Chihuahua	31003	2.16	19.58	151	377
Durango	8768	2.17	16.13	62	176
Guanajuato	37112	2.94	22.39	181	516

Dental visits were 3.5% of all health care sessions Jan-Feb

Información Estadística en Salud



Total de consultas y distribución porcentual por servicio

Enero a Febrero Del 2008

Delegación	Total	Médico Familiar		Especialidades		Urgencias		Dental	
		Absoluta	Relativa	Absoluta	Relativa	Absoluta	Relativa	Absoluta	Relativa
Total Nacional	19222696	12850231	66.85	2894168	15.06	2802329	14.58	675968	3.52
Aguascalientes	310741	204035	65.66	45051	14.5	53830	17.32	7825	2.52
Baja California	634110	429304	67.7	88421	13.94	94012	14.83	22373	3.53
Baja California Sur	157348	105131	66.81	20153	12.81	25656	16.31	6408	4.07
Campeche	130621	84460	64.66	18421	14.1	23364	17.89	4376	3.35
Coahuila	856873	536909	62.66	104412	12.19	189898	22.16	25654	2.99
Colima	156829	89264	56.92	25579	16.31	37490	23.91	4496	2.87
Chiapas	230862	165714	71.78	27429	11.88	26765	11.59	10954	4.74



in Latin America dental schools often serve as the major provider of oral health care for the low-income population.

...

3,200 students

700 faculty members

800 dental chairs.

5,000 procedures performed each day.



45,000 patients annually, in campus

28,000 patients in satellite clinics

30,000 patients in rural communities

Restorative dentistry is the prevailing model

Oral Health — Integration and Collaboration

Testimony for the 2005 Global Health Summit
Philadelphia, Pennsylvania
June 5, 2005



INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH
AMERICAN ASSOCIATION FOR DENTAL RESEARCH
FDEA
Pan American Health Organization
World Health Organization
Global Oral Health Programme



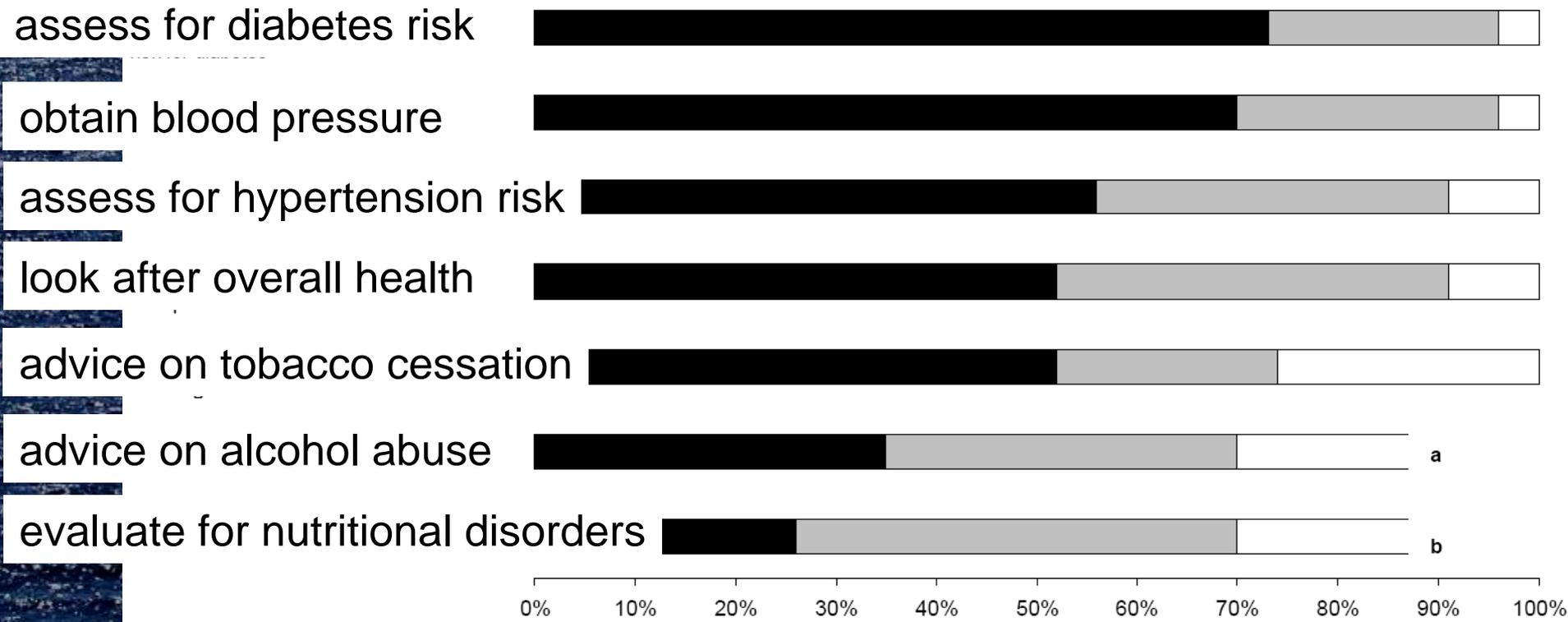
SCIENTIFIC AMERICAN PRESENTS

ORAL AND WHOLE BODY HEALTH



- Mouth - Body CONNECTIONS
- The Facts and Fictions of INFLAMMATION
- PREGNANCY and PERIODONTAL DISEASE
- Linking DIABETES, OBESITY and INFECTION
- Reflections from a SURGEON GENERAL
- HEALTH POLICY of the Future
- Blurring the DOCTOR-DENTIST Barrier

Opinions of 23 Mexican dental deans on oral health care providers' (OHCP) responsibilities for their patients' overall health



a

b

We are entering an era of medical awareness and understanding in which all health care providers need to shoulder the responsibility for a patient's medical health.

A new dental education model is required to:

- meet treatment needs of those underserved
- work on disease prevention
- conduct health promotion



community-based research initiatives:

research capabilities must be strengthened and mobilized to assess the oral disease burden and prioritize oral health needs in diverse communities.



Antibodies to the Metacestode of *Taenia solium* in the Saliva From Patients With Neurocysticercosis

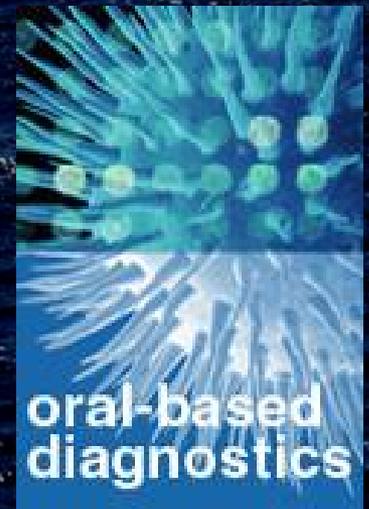
E. Acosta

Departamento de Inmunología, Instituto de Investigaciones Biomedicas, UNAM, Mexico DF, Mexico

Diagnosis of Intestinal Amebiasis Using Salivary IgA Antibody Detection

Rubén del Muro, Enrique Acosta, Elizabeth Merino,
Walter Glender, and Librado Ortiz-Ortiz

From Departamento de Inmunología, Instituto de Investigaciones Biomédicas, and Departamento de Ecología Humana, Facultad de Medicina, Universidad Nacional Autónoma de México, and Unidad de Epidemiología Clínica, Hospital General de México, Secretaría de Salud-Facultad de Medicina



Simposio Internacional

“Integrando a la profesión dental en la lucha contra elVIH/SIDA”



UNIVERSIDAD NACIONAL AUTÓNOMA DE MÉXICO
FACULTAD DE ODONTOLÓGÍA



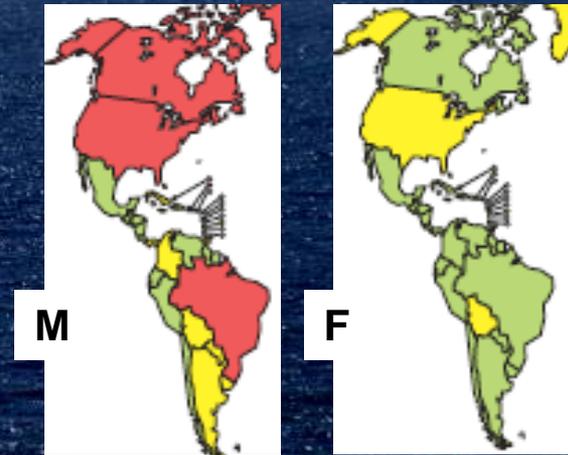
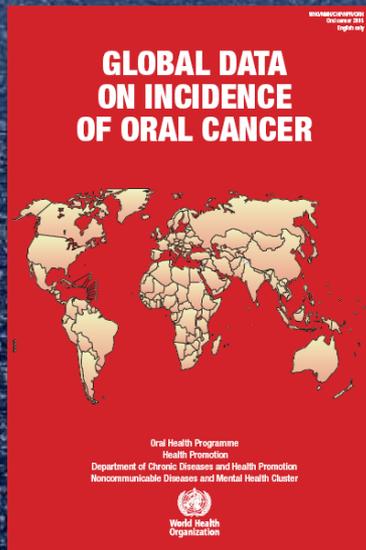
Integrating HIV screening into routine dental care

Patients' attitudes about rapid oral HIV screening in an urban, free dental clinic.

[Dietz CA](#), [Ablah E](#), [Reznik D](#), [Robbins DK](#).

Department of General Medicine and HIV Primary Care, Kansas City Free Health Clinic, Kansas City, Missouri 64111, USA. craigd@kcfree.org

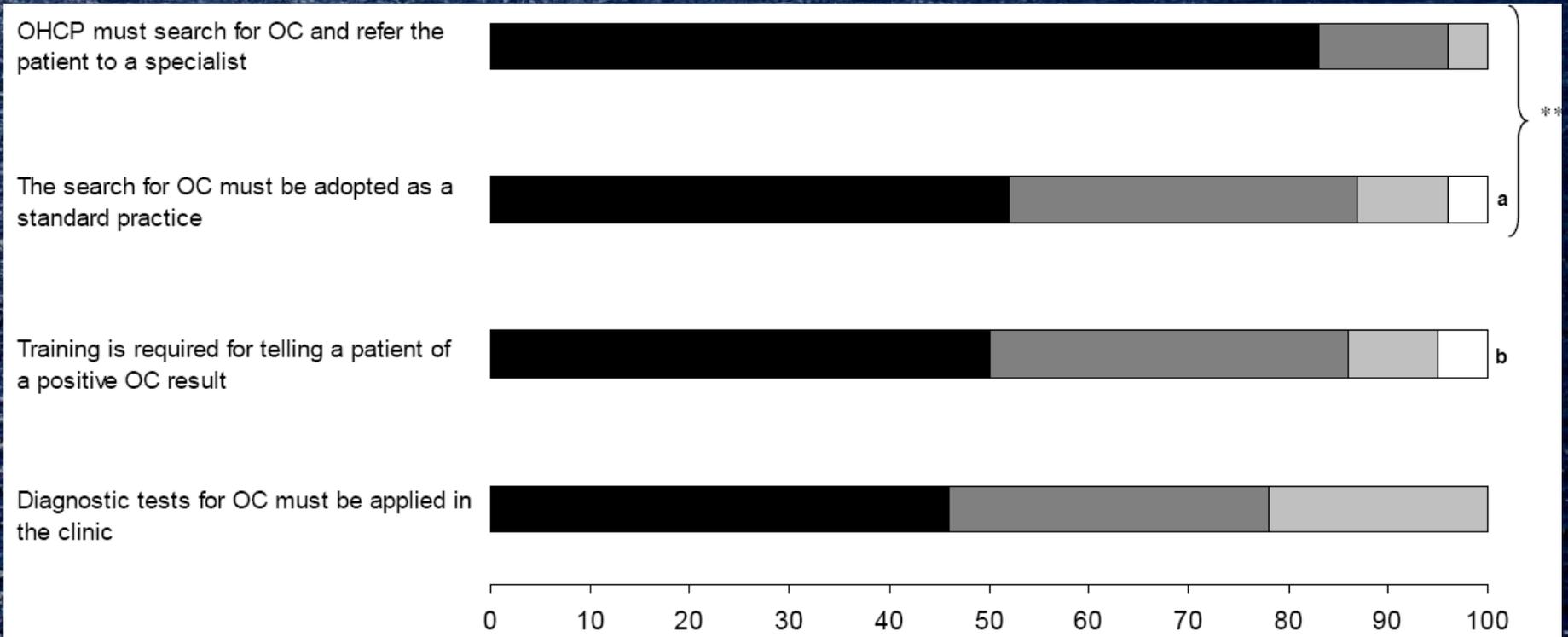
The 2006 Centers for Disease Control recommendations for routine HIV screening in all health care settings could include dental clinics an important testing venue. However, little is known about patients' attitudes regarding the routine use of rapid oral HIV screening at an urban free dental clinic. This pilot study seeks to evaluate the patient perspective on rapid HIV screening in this setting. In June 2007, patients at a free dental clinic in Kansas City, Missouri, were provided an attitude assessment survey prior to their dental visit. This dental clinic serves a diverse patient population consisting of approximately 37% white, 47% black, 6% Hispanic, 4% Asian, and 1% Native American uninsured patients. Results were analyzed for acceptance of testing and potential barriers. Of the 150 respondents, 73% reported they would be willing to take a free rapid HIV screening test during their dental visit. Overall, 91% of Hispanics, 79% of Caucasians, and 73% of African American patients reported they would be willing to be screened. Patients with a history of multiple prior screening tests for HIV were more likely to agree to oral rapid HIV screening in the dental clinic. The majority (62%)



Among Hispanics in the US oral and pharyngeal cancers rank 10 for men and 17 for women, with rates of 11.4 and 4.2 per 100,000 inhabitants, respectively, and it is thought that cultural habits are preserved among Hispanics in the US.

Howe HL, et al. Annual report to the nation on the status of cancer, 1975-2003, featuring cancer among U.S. Hispanic/Latino populations. *Cancer*. 2006; 107(8):1711-42.

Opinions of 23 Mexican dental deans on OC screening





dental tourism?

is not what dentists
do on their vacation





*Would You
Travel To
Houston Just
To See These
Dentists?*

Read Why So Many Do!



Dr. Schiro

Dr. Kline

Our dental office is unlike any you have ever experienced. Upon entering, you encounter a 10 foot wall of water, imported granite floors, and soft melodies from the player grand piano in the corner.

The feel is of a luxury hotel, not a dental office. This feeling is reinforced as you are greeted by either Dee Dee, Cheryl or Jenifer, our "Dental Concierges".

Imagine, come to Houston for a few days of shopping and go home with a spectacular new smile!

Our office will be happy to make all of your travel and lodging arrangements should you so desire. Remember, no request is too small so don't hesitate to tell one of our dental concierges you want to arrange an express visit! Contact us today to arrange a Complimentary Smile Consultation.

Tour Our Office



Dr. Schiro and Dr. Kline's five star staff

Out of Town Guests





dentists on the move?



[Home](#)[Your Investment in your Health](#)[Your Treatment](#)[Your Dental Team](#)[Your Decision](#)[Your Visit](#)[My true story](#)[Links](#)[Contact Us](#)

“feel the difference”

call us now

Welcome!

Thank you very much for coming to see us – we are taking a fresh approach to dental treatment in Budapest, Hungary – this site is designed to help you make the decision to get in touch with us to discuss your needs – we have tried to put you, the patient, at the heart of the site so you can make an informed decision to contact us without being overwhelmed with information – we hope you do, if you do, you will – feel the difference!



“Oral hygiene as part of your total wellbeing”

UK dental prices slashed

BioDental Budapest offers you state of the art dentistry plus a service/price experience which cannot be beaten. >>>



Budapest is a must see city

Why not combine your dental treatment with a visit to a truly historic city? >>>

“I had treatment just in time” – true story

“...I knew I had neglected my teeth and I was not a big fan of visiting the dentist.” >>>

BioDental Budapest sets new standards in personal dental treatment.

“Our experience is your reassurance” – Dr Horvath

Making the decision to have treatment

- > Our dentists
- > Our dental surgery
- > Plastic surgery
- > Dental Technical Laboratory

You can make
saving with us!

Dental treatments

30% off
the prices of the
beauty salon

FAQ's

- > You can get some useful information from the answers given to the frequently asked questions in relation to our services.



Rosengarten
Dental

- > Appointment
- > Price list
- > Guarantee
- > Contacts
- > Link partners

The **Rosengarten Dental Clinic** in Hungary was established in an effort to provide more than just a simple surgical intervention for those interested in receiving dental treatments in Hungary. The clinic has got all what it takes to offer a **full range of services in dental tourism** and to turn treatments into a pleasant experience to its patients.

Background

- > a **dental clinic** furnished with state-of-the-art equipment
- > **dentists** with thorough knowledge and significant history of professional experience who speak **German and English**
- > qualified **assistant staff**
- > **plastic surgery**
- > **beauty salon** 350 m²
- > **Rosengarten Hotel** - a three-star hotel with 26 rooms and a Turkish bath



DENTAL CARE & CURE CENTRE

132/B/1, Rani Jhansi Road, Civil Lines, Ludhiana - 141 001.

Meet Dr. Sagar

Our Facility

Service Spectrum

The Lab

Infection Control

Dental Caps, Crowns & Beyond...

dental lab

 Feedback  Fix An Appointment  Contact

5...(+91) 9815555700



❖ Infection Control

 HOME

We follow all the **disinfection and sterilization** procedures needed for infection control. These are used for **each and every patient** to prevent the transmission of the AIDS virus and other infectious diseases.

All our staff involved in patient care use appropriate protective garb such as **gloves**, and **masks**. After each patient visit, the gloves are discarded, hands are washed and a new pair of gloves is used for the next patient.



We have introduced individualized **sterile packs** that contain instruments, gauze, cotton balls and suction devices (photograph). Our patients are reassured when a new pack of supplies is opened in front of them prior to treatment. All needles and syringes used in our centre are disposable. The glasses used for rinsing and towels used as aprons for the patients are disposable too. Dental instruments are cleaned and sterilized at very high temperatures after each time they are used on a patient.

The sterilization methods used in our centre are: **autoclaving (steam under pressure)**, **dry heat oven**, **chemical vapors (commonly called a chemiclave)**. These measures are carried out rigorously and consistently and demonstrate our commitment to your safety.



Dental tourism Thailand.
Great Smiles start Here.



Home About Us Price & Service Clinical Cases Dentists Dental Spa Contact us Partners

Thailand Dental Tourism

Meet the Dentists

Thailand Dental Center is a union of Asia's most accomplished doctors specializing in various modern fields of Dentistry and a licensed travel and tour agency with extended services. This allows us to offer exceptional rates with superior service that other competitors cannot beat. Please feel free to compare rates and service, and if you find another company offering better - we will match them or offer better. Our team is committed to the task of providing you medical makeover desires, and confident that we will meet your requests and more!



Dr. Pacharee Soonthornsawad

- DDS, Mahidol University
- M.S. in Operative Dentistry, U of North Carolina at Chapel Hill



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 **TOURISM IN PANAMA / Benefits for Foreign Retirees**

Thursday, May 24, 2007

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- Panama at a Glance
- Economic Fundamentals >
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Panama & Global Links

TOURISM IN PANAMA / Benefits for Foreign Retirees

Panama has the best incentive program in the world for foreign retirees or Pensionados.

Some of the benefits are:

- Importation of all your personal and household goods up to US\$10,000 free of taxes.
- Right to import a car every two years free of taxes

[Welcome to Panama Guide](#)

Monday, May 14 2007 @ 06:39 PM EDT



A case of dental tourism (happy customer's story)

Wednesday, September 28 2005 @ 05:14 PM EDT

Contributed by: [John Todd](#)

Views: 1,445



I am a SW florida resident with aspirations of moving to Panama. I also had a very bad problem with my 60 year old teeth -- both esthetically [they looked horrible] and functionally. These problems most likely resulted from a severe case of dental phobia which resulted in a 12 year absence from dental offices.

I finally decided to "look into" having my teeth corrected with crowns. A visit to a Florida dentist shocked me with a quote that exceeded the annual income of most Floridians! This was NOT going to happen!

However while speaking with my Panama financial adviser [that's another story] I inquired as to the possibility of being directed to a Panama dentist.



Breast Implants | Tummy Tuck | Liposuction | Gluteoplasty | Breast Lift | Arm Lift | Breast Reduction
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Dental Implants in Costa Rica

If you happen to be missing one or more teeth, this procedure is perfect for you. Once you have procured a dental implant, you will be able to enhance your chewing abilities, eat your favorite foods and augment your appearance. Your teeth are an important part of your facial traits and play an intrinsic part in the impressions you make. Most of the time, a person's smile is their business card and by submitting yourself to a dental implant, this can help you boost your self-esteem and confidence, changing the way you relate to others.

Tijuana - San Diego



Juarez - El Paso



Mexicali - Calexico



Piedras negras - Eagle pass

Nuevo Laredo - Laredo



Reynosa - MacAllen



Matamoros - Brownsville

Along the border region many regard Mexican dentists as their dentists and rely on them for continued care [ADA]





Throng of uninsured US patients seek dental care in Mexico

Oct 5, 2007



Americans board a shuttle bus to Mexico

EL PASO, United States (AFP) — With aching teeth and a need to cut expenses, throngs of Americans are marching into neighboring Mexico for dental care, and saving hundreds to thousands of dollars in the bargain.

"Save up to 75 percent on complete oral rehabilitation," says one of the publicity fliers distributed in this border city located across the Rio Grande from Mexico's Ciudad Juarez.

Mexican dentists working on the other side of the border provide help to hundreds of Americans, who cross the border every day with the purpose of getting rid of their toothaches.

About 20,000 people legally cross the border on foot in this city in southwestern Texas, according to the Border Patrol.

They say that drug trafficking is "the cancer of the region," and many doubt the effectiveness of a border fence designed to stem the flow of illegal immigrants.

But none of the local statistics show the number of white US retirees, as well as of the young people, who every day stand in line near San Jacinto Plaza in downtown El Paso in order to go to Ciudad Juarez to see a dentist.

"We come for them every day," said Gilberto, one of the van drivers for the Washington Dental Clinic. "We offer free roundtrips from here to the clinic and back."





OUR MISSION

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Our mission is to provide Quality **Tijuana Mexico** Cosmetic & General Dental Treatment in a caring, and supportive environment under OSHA's hygiene regulations. We will transform your smile promoting long-term dental health, with outstanding personal service and care. We can solve all your dental needs; dental implants, porcelain crowns, veneers, gold crowns, metal crowns, whitening, bridges, root canal therapy, extractions, wisdom teeth extractions, gum surgeries, oral surgeries, dentures, extreme makeovers, and so on...

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Clinica Dental Integral.

"Clínica Dental Integral" has been the dental facility where both Californias, and all the surrounding states residents visit. Seventy percent of our patients come from the United States. Our patients have found here excellent dental care in a relaxed environment. Our entire staff is highly qualified, to provide you with a personalized attention. You will always have the same doctor assigned to you. In the spacious facility of "Clínica Dental Integral" with over 3000 square feet you will find modern equipment enough to provide you the dentistry services that you need, with less visits .

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We obtain and maintain the highest sterilization levels through permanent peer reviews of all of our instruments and equipment. We make weekly spore tests to our sterilizing equipment. Each instrument is sterilized in an individual bag and it is opened in front of the patient to ensure your safety . We only use ADA (American Dental Association) approved materials.



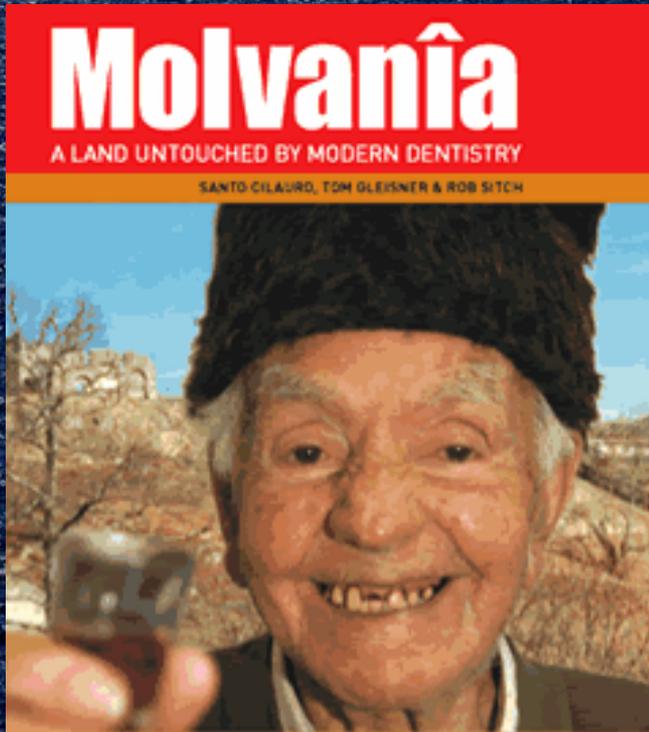
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DISINFECTANT & STERILIZER
TIMSEN
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sterilization

DIRECTIONS FOR USE

Add 4 grams of Timsen for 1 liter of water and apply the solution directly with an atomizer or submerge the objects to disinfect and/or sterilize into solution about 1 minute, that is all to obtain the best disinfection and sterilization.

1 min immersion

INGREDIENTS

Active ingredients: n-alkil dimethyl benzyl ammonium chloride 40%
Inert ingredient: urea 60%

BKC 0.16%

CHARACTERISTICS

Biodegradable 100%; low no toxicity; non carcinogenic (approved by O.S.H.A.); tensoactivity; non corrosive; no irritant.

STATEMENT OF PRACTICAL TREATMENT

In case of contact with eyes flush with clean water for at least 15 minutes, if swallowed promptly drink a large quantity of milk or water and call a physician.

Keep out reach of children

Made in U.S.A. by: UNIT CHEMICAL CORP. (4161 Redwood Ave. Los Angeles Cal. 90066 U.S.A.)

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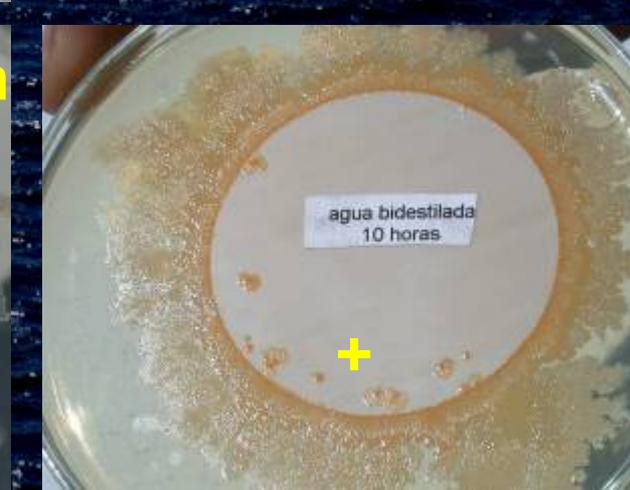
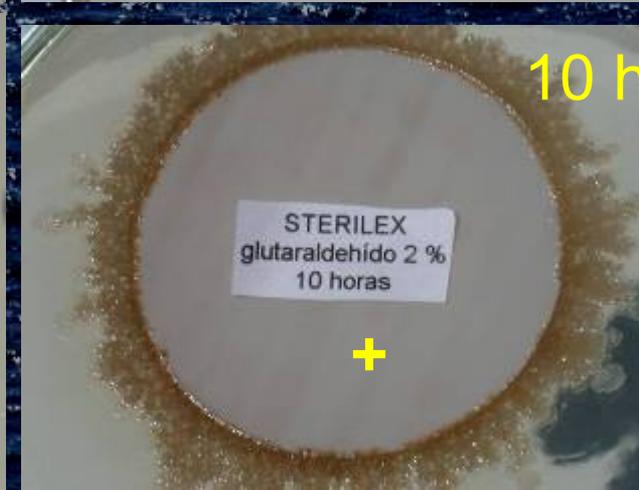
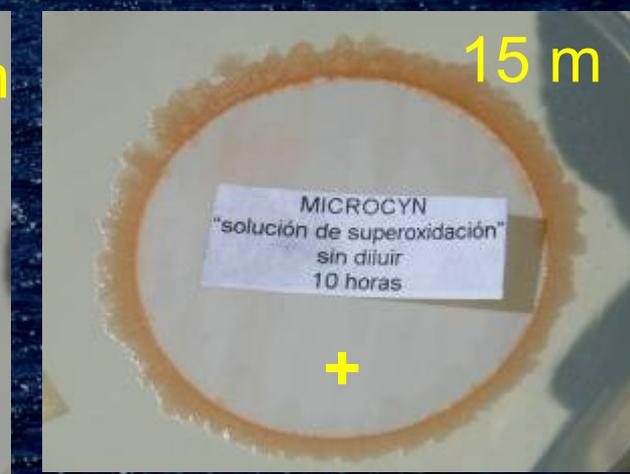
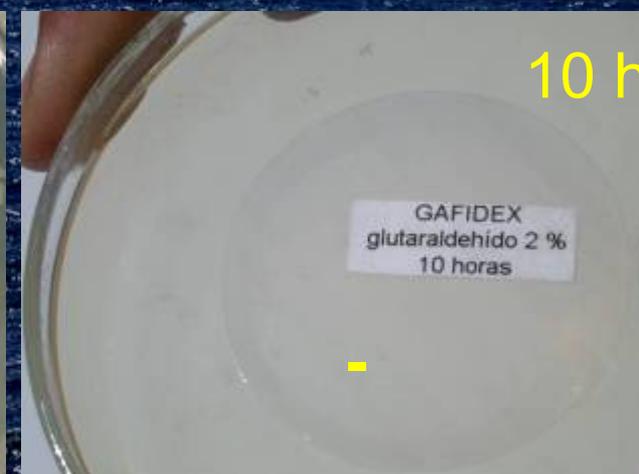
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registered

NOTE: Do not mix with soap or anionic detergents which would reduce the effectiveness of timsen.

of six products registered as sterilants, only two showed sporicidal activity in 6 Log₁₀

AJIC June 2005.



Instrument processing with lauryl dimethyl benzyl ammonium bromide: A challenge for patient safety

Teresita Bello-Gonzalez,^a Patricia Rosales-Pantoja,^b A. Enrique Acosta-Gio,^b and Jacobus H. de Waard^a
Caracas, Venezuela and Mexico City, Mexico

The quaternary ammonium compound (QUAT) lauryl dimethyl benzyl ammonium bromide (LDBAB) is commercialized in the Caribbean, Central, and South America under label claims to sterilize medical and dental instruments in 30 minutes or less. But QUAT formulations are classified as low-level disinfectants with no sporicidal activity or tuberculocidal efficacy. This study evaluated the presumptive sporicidal and tuberculocidal activities of 2 LDBAB formulations with label claims of high-level disinfectant action used widely in the Americas. In this study, sporicidal activity was evaluated using membrane filters against a challenge inoculum of 10^9 *Bacillus atrophaeus* spores. Tuberculocidal activity was evaluated against *Mycobacterium tuberculosis* H37Rv using the quantitative suspension test described in European Standard EN14348:2005. Tested at the usage concentrations indicated on their respective labels, both LDBAB solutions failed to demonstrate sporicidal activity and tuberculocidal efficacy. These findings underscore the need for public health authorities, as well as medical and dental professionals, to correctly identify LDBAB as a low-level disinfectant and avoid its use in instrument processing, a practice that may endanger lives. (Am J Infect Control 2008; ■■■■ ■■■■)

collaboration with Venezuela

Nueva Imagen



Gerdex
El único en el mundo capaz de eliminar todos los gérmenes en sólo 30 minutos, como lo demuestran los Estudios realizados en diferentes partes del mundo. Cumple las acciones de Desinfectante-Esterilizador y Antiséptico en un mismo producto.

Composición:
BROMURO de LAURIL DIMETIL BENCIL AMONIO al 10% de concentración

Funciones:

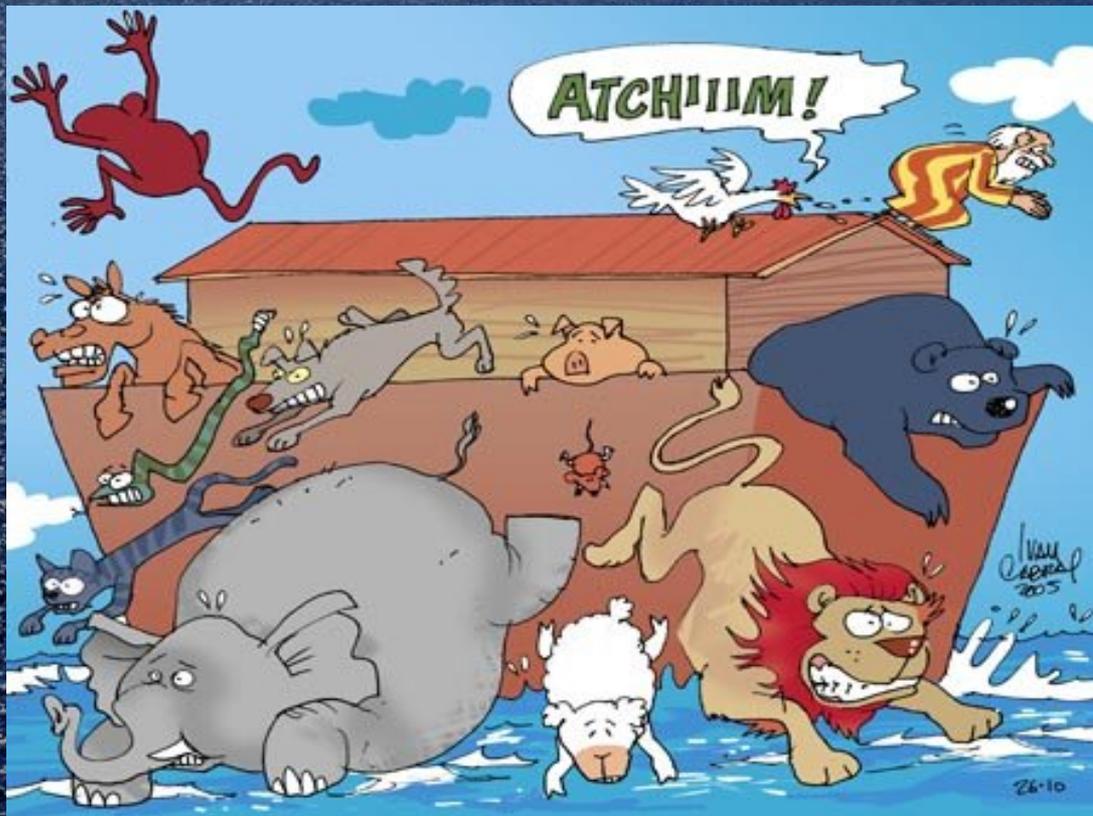
Bactericida	Fungicida
Viricida	Esporicida
Parasiticida	Protozoocida
Germicida	Tuberculicida
Desinfectante	Esterilizante

- Establish a binational collaboration for
- oral disease surveillance, and
 - monitoring infection control compliance

Science can enable people to work together effectively for common and mutual benefit, removing the barriers of inequality, moving toward social justice globally and finding new ways to prevent, diagnose and treat diseases...



Lois Cohen JADA Nov 2007.



After all, we're on the same boat!

acostag@servidor.unam.mx