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FEATURES

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In Our Best Interest?

Jack F. Conley, DDS

The moment of decision is now three months away for the 1998 American Dental Association House of Delegates. The major issue before it? The proposed ADA National Public Awareness Campaign.

On two previous occasions, our comments here have focused on the importance of every member becoming familiar with the rationale for the campaign and the TV spots and print ads it would comprise. The 1997 ADA House approved a full year membership education initiative that would enable informed members to convey either their acceptance or rejection of the proposal to those who will represent them as delegates at the 1998 House.

The proposal has resulted in discussions in component society board rooms throughout this state as well as throughout the country. Letters carrying member opinions have been shared in the ADA News and other publications. Many members strongly support the concept of this campaign, believing that this activity by the organized profession to strengthen the image of dentistry and potentially bring more patients into the dental office is a member benefit that will bring needed meaning and value to their tripartite professional membership. Others have said that the price tag for the campaign is too steep.

The CDA Board of Trustees confronted the issue head-on at its meeting in May. The result of those deliberations, as previously reported, was a vote against support for the national campaign. The quality of the program and the need for it never did become major issues for debate. Ultimately, the major issue was cost -- not necessarily of the program, but the cost of total membership dues and its impact on individual members and their decision to renew their membership during the three years of the proposed campaign, 1999 through 2001.

It must be emphasized that the impact on individual membership dues, currently projected at a $304 increase for the first year, might be acceptable to a significant number of CDA members. However, what about the collective impact of additional unknown variables such as the following, which could emerge this fall?

- It has been reported that ADA may ask for additional dues revenues (spread over one to three years) for necessary renovations for the ADA headquarters building.
- The 1998 House may deliberate on some issues with unanticipated expense, which will push the preliminary 1999 operating budget above that planned by the ADA Board.

The CDA Board considered the effect of a potential ADA dues increase of $304 plus the two items above. The actual impact of such a significant dues increase is unknown. However, even the most supportive member of the profession would acknowledge that at least a small loss of members from the tripartite system should be anticipated. Further, there is always a potential for CDA and component society dues increases if issues arise or new programs are directed by the members. Positive local efforts and programs are critically important to members seeking value from their support of organized dentistry.

While the American Dental Association was reluctant to project membership losses if the campaign is approved, the CDA Board clearly believes that the potential exists for a significant erosion of the CDA membership base. Even if CDA or

a component society could delay a dues increase for one or more years, the effect of the ADA dues increase alone could be substantial enough to result in losses of the current membership base.

The problem would become even more formidable in 2000 and 2001 when the loss in dues revenues from resigned memberships in the first year (1999), and then the second year, is added to the dues burden of remaining members. This could have a devastating impact on California component dental societies and CDA, requiring substantial dues increases or a reduction in services to compensate for the loss in dues revenues.

These concerns were clearly on the conscience of members of the CDA Board when they voted to recommend to 13th District ADA delegates that they not vote to support the campaign. However, CDA members should be reminded that the 13th District delegates are not obligated to vote for positions taken by the Board. Individual member input is still important!

Members who review the concerns detailed here should note that I have refrained from using any numbers suggesting specific percentage loss of members or total dues level for the tripartite membership. No one really knows what the actual losses and dues level could become. The only given that can be expressed with confidence as this is written is an additional $304 (above the 1998 level) for 1999 if the campaign is approved and there are no other increases for ADA, CDA, or your local component society. To project specific numbers at this time would be an inappropriate and unwarranted fear tactic.

In making its decision, the CDA Board sent a clear message that it does not wish to risk losing the current membership market share of organized dentistry, which stands at approximately 75 percent of the profession. Loss of any significant portion of this share, in terms of its effect on dentistry's strength in the legislative arena may be far more critical, in our opinion, than a few more percentage points in public image surveys! Because California represents such a sizable portion of the total ADA membership, CDA and its 32 component societies appear to be at far greater risk for losing market share than would many other constituencies within ADA.

We support the CDA Board position, believing that it is in our best interest as a profession. If you have a different view, share it either directly with the leadership who will serve as ADA delegates or via feedback to CDA publications.

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Millenium Bug Can Bite Dentists, Too

By David G. Jones

The year 2000 computer problem – a.k.a. the Millennium Bug – is arguably one of the most important issues facing industry and government worldwide.

When the new millennium arrives just 17 months from now, computer systems and networks around the world are subject to failure because of an inability to properly interpret dates beyond 1999. The problem is one of the most significant to face the world of commerce and government in history; experts estimate the cost of averting a major disaster to be about $600 billion worldwide.

Most dentists will have to pay their share of the cost before the year 2000 because their computers, software, digital X-ray equipment – anything digital using dates – has to be year 2000, or "Y2K," compliant. That means the equipment must be capable of "rolling over" its internal clock and successfully passing it to the software to properly operate in the new century.

"Dentistry is a cottage industry, and dentists are responsible for their actions on a day-to-day basis," says Michael J. Danford, DDS, chairman of CDA's Council on Dental Research and Developments. "I want to make dentists aware of the problem, to make sure their equipment and software is Y2K compliant."

Danford and his council have found that the problem could affect dental office computers and practice management programs.

"Practice management software may be the lifeblood of the practice and must be upgraded to handle aging of account balances, future appointment dates, and many other important functions," Danford says.

According to Danford, there is a definite hierarchy in dealing with the potential problems of the bug.

"First, your hardware needs to be compliant, and your operating system (OS) must be able to get the right date from the system's internal clock. Your software must also be able to process the date correctly," he says. "Windows 3.x and older versions of Windows 95 will need upgrading. Older Pentiums and most 486 and earlier processors are not compliant. All network and printer servers need to be checked as well."

Danford said that a Basic Input/Output System (BIOS) upgrade may be available for an individual PC from the manufacturer or via the Internet. If an upgrade is not available, he said that a new PC or main board (motherboard) may be needed. Finally, he suggested contacting software companies or checking their web sites for upgrades, patches and maintenance releases to upgrade operating systems and software.

The cost to individual dentists will depend on how much work has to be done to make their systems compliant. It could be nothing if all systems are already compliant, or it could run into the thousands of dollars if major systems and software have to be upgraded or replaced.

The next tier of potential problems are with the companies the practitioner interacts with, including third-party payers, supply and insurance companies, electronic clearinghouses, payroll services, banks and investment houses, as well as other participants in the local economy.

"It's not just your office equipment and software, but also everyone down the line has to be compliant," Danford says.

Few vendors will guarantee Y2K compliance, but dentists should ask where their vendors stand in fixing their systems and choose another vendor if needed to ensure compliance.

One major dental insurance company is putting forth massive effort to get its systems ready.

"When the scope of the problem first dawned on us about two years ago, there was a sense of dread and overwhelm," says Delta Dental spokesman Jeff Album. "We've since turned the corner, and we'll complete the testing of all our systems in June 1999."

Delta has dedicated 100 people full time to rewrite more than a million lines of computer code to fix the problem. By the time the process is complete, the company will have spent $28 million.

"This has exerted tremendous financial pressure on the company," Album says. "From a dentist's perspective, we have to ensure our systems are certified so payments can be made on time."

Another problem is the digital chips, which may not be Y2K compliant, embedded in many types of modern equipment. After midnight on Dec. 31, 1999, timed heating and air conditioning systems may not turn on or off at proper times, or may not work at all. Security systems, voice mail and faxes may malfunction. All of those problems could cut into a dental office's operation. If a device displays or uses two-digit dates, then it is suspect; and an appropriate service agency should be called.

At CDA headquarters, the Information Technology Department is approaching the problem from the ground up.

"From our perspective, this is not really an issue because we have to replace every bit of our equipment anyway due to obsolescence," says department Director Valerian Szyntar. "It's important that we do the replacement, and it cuts across all levels of CDA's operations and subsidiaries."

The Internet is a good resource for dentists to explore to learn more about the problem and how best to deal with it. Danford suggests dentists and their staffs

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visit the following sites for additional information and support:

Information –

http://headlines.yahoo.com/Full_Coverage/Tech/Year_2000_Problem/ (Yahoo's regularly updated article and site listing)

http://www.mitre.org/research/y2k/docs/Y2K_LINKS.html (Many industry, government, and resource links)

Industry Sites –

http://www.year2000.com (Industry leader Peter de Jager's site)

http://www.itaa.org/yr2000bg.htm (ITAA year 2000 buyers guide for assessing compliance)

http://www.nstl.com/html/ymark_2000.html (Downloadable diagnostic program called YMARK 2000)

A Problem to Wine About

An occupation that requires wine tasting can be hazardous to one's teeth, according to a case reported in the January 1998 Australian Dental Journal.

The article discusses the case of a 38-year-old man who had worked in the wine industry for 10 years. His job involved the daily testing of an average of 20 wines. He complained of dental sensitivity to heat, cold, and wine.

Although the man's oral mucosa appeared moist and healthy and he had evidence of previous caries experience but no active lesions, he showed widespread cervical erosion, particularly bacilli. Occlusal enamel erosion was present.

To confirm that wine could cause erosion, two freshly extracted, unerupted lower third molars were tested. They were cut in half, and half of each tooth was washed in deionized water and placed in 50 ml of white wine with a pH of 3.3 at 37 degrees Celsius for 24 hours. The other half of each tooth was placed in deionized water under identical conditions.

Electron micrographs of the water-only specimens depicted the typical appearance of the ends of the enamel rods, while those from the wine showed irregular areas of erosion.

The authors suggested that people in the wine industry who must taste wine frequently consider rinsing their mouths with water after each taste to minimize erosive effects while leaving tasting acuity intact. They also suggested a topical fluoride rinse at least daily.

Use Discretion When Emotion Takes Over

Is it unethical to treat your spouse, children, parents, or siblings? What about a boyfriend or girlfriend?

In the fall 1997 issue of the Journal of the Massachusetts Dental Society, Ronald I. Maitland, DMD, and Robert Duthie, DDS, point out that when serious, potentially life-threatening or disfiguring decisions must be made during treatment of a loved one, emotional interference may affect clinical judgment.

According to the authors, discretion is the proper route; let a colleague make decisions that may involve conflicts.

The ADA Code of Ethics contains no family treatment prohibitions. Routine care should pose no problem. Dentists may treat conditions they are trained to treat, within the scope of their license.

According to the authors, however, although a dentist may treat family members, it is often inadvisable. Anyone sitting in a dental chair is a patient first, regardless of family status or social relationship. The same prohibitions, rules and regulations apply to loved ones as to the general public. All dental treatment should be accomplished in the presence of office staff during normal office hours or in the presence of a witness after hours.

A complete record must be kept for each patient, documenting all diagnoses and services and including a proper history and appropriate radiographs.

Court records reveal incredible breakdowns in family and social relations because of close relations between dentist and patient, often ending in bitter battles. The authors write that dentists may continue to treat loved ones, but they should treat them with the same cautions, competence and legality that is applied to all other patients.

"Don't let your guard down for special people," they conclude. "Special people can, under unexpected circumstances, create special problems."

Healing Can Depend Upon Nutrition

Nutritional status is one variable affecting the wound healing process in oral surgery patients, according to Julie A. Patten, PhD, in the January 1998 issue of the Journal of the Greater Houston Dental Society.

Patten lists such common causes of depleted nutritional status as poor diet, malabsorption, the catabolic effect of illness, and drug-nutrient interactions.

In the wound healing process, Patten writes, nutrients function individually and cooperatively. Because nutrients depend on one another for absorption and transport, a well-balanced diet that is properly absorbed is vital for tissue repair.

Patten writes that although no dietary guidelines guarantee good health, eating patterns based on moderation and variety help build sound, healthy bodies more resistant to the stresses of inflammation and wound healing.

Oral surgical patients require attention to their nutrient needs, Patten writes. Evaluating patients' diet histories by comparing them with the USDA's Guide to Daily Food Choices can help assess their nutritional status and potential

of optimal wound healing.

Characteristics of patients at risk nutritionally include:

- Being severely underweight (less than 80 percent of standard for height) or overweight (more than 120 percent of standard for height);
- Recent loss of 10 percent or more of body weight;
- Substance abuse, especially alcohol;
- Acute or chronic disease; and
- Use of drugs such as steroids, immunosuppressants and antitumor agents with antinutrient or catabolic properties.

Because stresses of surgery and infection can increase nutrient requirements to as much as double the usual needs, elective oral surgery may need to be delayed until the patient's nutritional status improves.

If a patient is diagnosed as malnourished, Patten writes, a well-balanced diet high in protein with enough carbohydrates and fat to provide about 2,500 calories a day should be prescribed one to two weeks before surgery. The same dietary recommendations should be instituted postoperatively, taking into consideration the patient's food preferences and a suitably modified form of diet. Depending on the extent of oral surgery, the patient can progress from a liquid diet to soft foods and finally to a regular diet as healing progresses.

Caries in Little Ones is Still a Big Problem

Although baby bottle tooth decay continues to receive considerable attention, the issue of caries experience in preschoolers has, by and large, been neglected, according to a study by S.M. Hashim Nainar, BDS, MDSc, and James J. Crall, DDS, ScD, and reported in the November-December 1997 issue of the Journal of Dentistry for Children.

The lack of caries experience data on preschoolers, coupled with the observation that low socioeconomic status has been shown to be associated with increased risk for caries development, underscores the importance of fielding data on caries prevalence in inner-city preschoolers, write the authors, who studied caries experience in a sample of inner-city children aged 5 years and younger at the time of their initial dental visit.

Of preschool subjects who came to the inner-city clinic for their first dental visit, 67 percent exhibited caries. Those younger than 3 averaged 4.3 decayed surfaces; those aged 3 to 5 years averaged 7.08 decayed surfaces. Mean caries prevalence increased with age for all surfaces, the authors report. Buccal/lingual caries was the predominant type in subjects younger than 3 years of age, with a mean of 1.75 decayed surfaces. Occlusal caries predominated in 3- to 5-year-olds, with a mean of 3.24 decayed surfaces.

The majority of the children in the study sample had caries levels that place them at high risk for caries in the permanent dentition. Results of the study, the authors write, are significant from epidemiological and public health perspectives and support arguments for targeted early intervention programs.

The findings are also relevant to those responsible for financing and delivering dental services for preschoolers. A high proportion of preschoolers from households of low socioeconomic status exhibiting considerable untreated dental disease is a factor that bears consideration in formulation of managed-care arrangements. The need to use sedation or general anesthesia to provide dental services for many preschoolers with advanced dental treatment needs is an aspect that has financial and delivery system implications. The requirement not only increases treatment cost, but also requires a higher level of training and expertise on the part of clinicians providing services for these children, the authors write.

Road to Brazil

The American Dentists for Foreign Service Inc. is asking dentists to volunteer their services at dental operatories in various areas of Brazil.

Dentists are needed on a continuing basis starting this month in Macapa and Marahoe in the city of Sao Luis. Lodging and food will be provided, but dentists are asked to supply their own instruments, supplies, syringes, and anesthesia. A copy of one's dental license will be required in Brazil. Dentists interested in volunteering should call the service program at (718) 436-8686.

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CDA Hones Its Marketing Image

By David G. Jones

ABSTRACT This article discusses the many tacks CDA has taken with its marketing campaigns over the years. The keys to success have been reasonable goals and sufficient funds to make an impact. The current campaign, while underfunded due to budget constraints, carries on the successful theme of positioning CDA and its member dentists as the trusted sources of dental information for consumers, legislators, and health care decision-makers. An accompanying article discusses the proposed ADA national marketing campaign.

AUTHOR

David G. Jones is CDA's staff writer.

As the largest and most influential state dental association in the country, the California Dental Association has long been a leader in marketing dental services to consumers seeking high-quality, committed and well-trained dental professionals. The association has boosted public understanding of the importance of good oral health and has solidified CDA's position as a valued source of information about dental care.

The association's marketing program produced exceptional results some years, while in other years, budget considerations have limited its reach. But regardless of funding levels, volunteer leaders, staff, and hired consultants have worked together to produce some pioneering achievements that allowed CDA to be the first state dental association to:

- Undertake a paid multimedia program to promote the dental profession;
- Position itself as an advocate of patient's rights through development of the "Dental Patient Bill of Rights";
- License its marketing materials to other state dental associations; and
- Develop informational materials on AIDS and the dental office and promote them nationally.

Those accomplishments can be traced to the late 1970s, well before the association's Communications Committee was born. Eugene Brown, DDS, as the chairman of CDA's Council on Dental Health at the time, was responsible for the association's embryonic marketing program. He explained the program's genesis.

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"Dentists wanted to bring in more patients, so we started looking at the busy-ness problem," he said. "We hired an outside consultant who presented a concept to our council. We didn't hire her, but we did go on to address the problem within our existing budget."

That marketing budget had to be approved and renewed each year by the House of Delegates.

Brown said that in the beginning, CDA tried to increase public awareness through free public service announcements and media interviews. The program eventually began to cost more; and in the early 1980s, a yearly assessment of about $100 per member was levied.

"That allowed us to develop some limited television commercials, but it was very expensive," Brown said. "We were trying to make the public aware that CDA members were somewhat different from nonmember dentists."

The TV ads Brown referred to were designed to enhance the image of dentistry, increase public awareness of certain dental educational themes, and increase patient visits to member dentists by setting apart CDA members from nonmembers. Simplistic by today's standards, the $1.2 million ad campaign featured a woman holding an apple and became known as the "Apple lady" ad.

Brown, who became CDA president in 1990, said a survey showing response to the TV spots indicated that public awareness was "pretty high." Gathering data to measure how the campaign affected patient visits, however, was difficult.

"We finally came up with a figure of somewhere around four to five new patients for an average practice over a six-month period," he said. "Of course, some people said they didn't get any new patients."

Brown said that from those early days up to the present, "Members just don't understand communication well. They want a program to put bodies in their chairs, and that isn't going to happen. It's a very hard thing to measure."

In the later 1980s, CDA's marketing requirements exceeded the management ability of the Council on Dental Health, so an ad hoc communications committee was formed to guide the marketing program. That led to formation of a formal Communications Committee in 1988. The committee took over the association's marketing program and developed a three-year plan. Current CDA President-Elect Gene B. Welling, DDS, saw the plan unfold.

"My impression was that it was to increase the busy-ness of dentists," Welling said. "It didn't always work out that way, but I do think it had secondary value in presenting dentistry in a positive light, as a positive resource, reminding people they should have regular checkups."

The new marketing program's official goal was to advance the association's position as a consumer advocate and to bring to the surface issues important to the profession. Those efforts began with establishment of the Dental Patient Bill of Rights, according to Michael Miller, DDS, former CDA president and a trustee when the bill was established.

"When this issue came before the Board of Trustees, I stood up and used words like 'It's embarrassing, unprofessional and demeaning to the profession,' " Miller said. "I objected very strongly to establishing this marketing program and thought it was unprofessional."

The Bill of Rights originally delineated eight – expanded in 1996 to 10 – rights, such as "the right to see the dentist every time you receive dental treatment," and "the right to choose your own dentist." Together, they form a way for CDA and its member dentists to provide patients with the most recent information available on dental care, including the quality of treatment they are entitled to, and to help them speak up for it.

Eventually converted, Miller admitted, "It was probably the most effective single thing we did. It was a marvelous program. Various groups I spoke with told me this was very important, addressing their need to ask questions about treatment and fees and to be involved in their own treatment. This was the beginning of the whole patient involvement in health care, and I think we were in the right place at the right time."

Its success provided evidence that dentists such as Miller, who initially opposed the concept, were wrong.

"It pointed out very clearly to me that I didn't know what I was doing," Miller said. "When it comes to marketing that's effective in the public arena, dentists didn't have a clue, and they still don't. We are the worst people to make a judgment about marketing."

The Communications Committee next needed to find a way to encourage business decision-makers to look for and offer employees dental plans that provide the right to choose the dentist they want and not leave that decision to insurers.

"So I proposed the 'Right to Choose' campaign, because this was the start of the patients drifting away from practices because PPOs and HMOs were just beginning," said CDA Secretary Jack S. Broussard, DDS. "I got comments from patients saying 'I want to stay with you but don't have the choice under my new insurance plan.' "

Established in concert with "Right to Choose" was a print campaign to increase awareness of direct reimbursement, dubbed "To Do the Impossible."

"It showed a frog, and a princess was supposed to kiss it and turn it into the prince," Broussard said. "So the frog

represented 'to do the impossible,' saying DR could work if we put our minds to it."

The overall campaign's twin goals were to achieve CDA name recognition and promote the right to choose, encouraging patients to ultimately look for a CDA dentist. CDA was the first entity in the country to take on the right-to-choose issue. Broussard said CDA leadership liked the idea but realized it would take extra money and a grassroots effort to implement.

"For the original three-year campaign on the "Right to Choose," the annual budget for primarily radio and print advertising was $745,000," Broussard said.

Funding the campaign cost $50 per member. Added to another $57 in the budget, the total cost was $107 per member for the Marketing Department and the campaign.

"While the project didn't target getting patients into CDA member offices, per se, we were trying to stop patient erosion and also wanted to increase CDA name recognition so we could establish CDA as a valued source of information on quality care," Broussard said.

To measure whether the intended audience understood and remembered the message, "we did the full gamut of testing," Broussard said. "We pretested and post-tested, and found that when these programs were running, six months out of the year, we had figures of 63-68 percent for CDA name recognition, and up to 83 percent recognition for the Right to Choose slogan. When we went off the air, that dropped into the mid-40 percent area. That generally has been the trend through the years."

In 1991, the initial three-year plan was about to expire; and Joe Buchanan, DDS, a member of the Communications Committee, began work on another long-range marketing plan. Under Buchanan, the committee began work on what was to be a five-year marketing plan, which was ultimately presented to the 1992 CDA House of Delegates for consideration.

"So a proposal was on the table at a $124-per-member assessment, which the House approved, so our budget went from around $745,000 for marketing to about $2.8 million," Buchanan said. "It was a major commitment, but it wasn't enough."

When the Communications Committee presented the plan to the House, it actually presented three proposals, small, medium, and large.

"The delegates picked the middle one; and, as you can imagine, when you buy a Chevy and you wanted a Cadillac, you see a difference," Buchanan said. "That was a problem from the beginning of the plan. In hindsight, we should have made only one offering, because what happened was that everyone develops their own idea of what they should do in a marketing plan, and everyone is their own best marketer. But they don't realize it costs a lot of money to do certain things.

"But if you talk to people who are experienced, they said that it's unrealistic to expect the kind of things that many of the members wanted, given the amount of money we were prepared to spend."

What resulted was a strategic plan with a three-tiered approach to marketing. The first leg included radio; print; and, for the first time since 1985, television advertising. The second leg was public relations.

"We hired a PR firm later in the first year to work with CDA," Buchanan said. "This was a new area, and it crossed a lot of departmental boundaries, from Government Relations to the Executive Committee to trustees to component-level issues. So dealing with them was a wonderful learning experience. Their mission was to position CDA's response to the media in a way that PR people do, speaking with one coherent voice."

Before that reorganization, CDA had a variety of responses, some from the component level, some from the councils or committees, and some from the Executive Committee.

The third leg sought to combine the communications program under one umbrella.

"We had one person in charge of publications, another person in charge of marketing, and we had the PR firm. So organizing this as a single entity was a good thing, so for the first time we could develop a program that crossed council boundaries and make the message CDA sent the same for the entire organization," Buchanan said.

In the plan's first year, CDA rolled out its first TV commercial and brochures, developed a contact person for all the media outlets in the state, and dealt with the tough issues of amalgam safety and Kimberly Bergalis, the AIDS patient in Florida who said she was infected by her dentist. Buchanan's committee and the consolidated Communications Department developed a response for those issues, making it a very productive premiere.

Each year thereafter, "We re-evaluated what we had done, and looked at the next year's plan and fine-tuned it based on what we had learned," Buchanan said.

The campaign's result was "about a doubling of the awareness of what CDA was, which was about 24 percent before testing and up to 50 percent after.

"But we learned later that sustained advertising over a long period of time would be most effective," Buchanan said.

A highlight during the second year of the campaign was the Spanish-language test marketing.

"We did some research to determine which ethnic group was under-represented, targeted that group, and ran a model

campaign in Monterey County; and from that we learned what it would take to do a statewide Hispanic campaign and also learned about the difference in marketing to a different cultural group," Buchanan said.

Initial results were promising, but the committee finally learned that a separate Spanish-language marketing program would cost too much.

During the course of the five-year plan, Broussard said, dentists were "clamoring" about the "1-800-DENTIST" referral system and wanted a system like that for CDA members.

"We did a major research proposal to establish a referral system like this, and CDA's volunteer leadership made the decision not to go that way, because at that time our leadership didn't want to register CDA as a referral entity with the state," he said. "While we could establish a referral source, and allow all our members into it, each office would only get two to three new patients a month, so it wouldn't be cost-effective because of the dilution of new patients calling in and being referred throughout the entire membership."

In 1995, as the five-year plan began to wane, the Board of Trustees knew that managed care had become a major concern.

Denise Habjan, DDS
Communications Committee chair

"They saw the money the marketing campaign had to spend, and while they knew we had objectives for that money, they wanted to add more features, such as a campaign to educate consumers on managed care," said Denise Habjan, DDS, current chair of the Communications Committee. "It was truly a knee-jerk reaction in response to managed care. It was if to say, 'We have all this money, and we're talking to consumers anyway, so let's modify the message and talk about managed care and hopefully influence them.' "

Broussard said trying to stretch funding to achieve goals that were set late in the program was ill-advised.

"The message becomes diluted because we want finite dollars to do more and more," he said. "In the future, we have to try not to dilute those dollars. We need to set our goals, set our message, and follow it through. If we want to add additional campaigns, we have to fund those separately. If we don't do that, a campaign will be mediocre at best."

CDA embarked on a managed care program that included two radio spots promoting a comprehensive informational brochure. In the first two weeks, more than 4,000 people had called requesting brochures.

"Over the next six months, we thought it would lessen up; but requests for the brochure kept up at a high volume," Habjan said. "So around mid-year, we did our first wave of tracking research to gauge program effectiveness. We found that people were hearing our radio spots, but they thought we were a dental plan, because the only other people talking about this in the marketplace were promoting health plans. So those results were disturbing to the Communications Committee, because at worst, they expected our recognition would be low because we had diluted the messages, but it was even worse than that: We were one of 'them.' "

This campaign generated controversy throughout the association. Some members said the campaign needed to be re-evaluated. Some didn't think the Communications Department and Communications Committee were doing anything right, and others thought that too much money was being spent in too many areas. Finally, the Board of Trustees called for an audit of the marketing program to determine its effectiveness and/or need for new direction. The audit began in June 1995 and was finished by November.

"The audit found that to be very effective, we had to spend a lot of money to have year-long television advertising, but we didn't have that kind of money," Habjan said.

A comparison of CDA's advertising to that of the California Fluid Milk Processors Board and their "Got Milk" campaign can illustrate how expensive a successful campaign can be. In dentistry, advertising has to overcome a reluctance of many people who don't want to go to the dentist. The Milk Processors Board uses advertising to increase sales of a product most people already enjoy. Yet CDA spent $2.8 million a year for its total advertising package, compared to the California Fluid Milk Processors Board's $20 million a year, $18 million of it on TV advertising.

The audit also recommended that if CDA were going to spend money, it needed to do it so that all public relations and advertising activities were in one voice.

"The audit didn't say we were off base; it said the organization wasn't working in a coherent, coordinated way to meet its goals in this area," Habjan said.

Using the audit results as a starting point, in 1996 a year-by-year marketing program was developed; and the San Francisco-based marketing firm of Hoffman-Lewis was hired. Since there was not enough money in the budget to do television advertising, the new program utilized radio. It used creative spots in traditional advertising slots and augmented those with traffic report and health program sponsorships. Both were read live by news reporters and disk jockeys, which allowed CDA a lot of flexibility in subject matter.

In the final year of the five-year plan, the Harry J. Krinsky radio advertising program debuted. It is still on the air.

Everyone loved it, save dentists.

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"Dentists hated it, but people came into the office; and they talked about it, they heard it, and they remembered," Miller said. "Whether this brings patients into the office, I don't know. But I think it presents dentistry in a lighter fashion than people are used to and opens up conversation between patients and dentists and maybe even breaks down some communication barriers."

The campaign had two purposes.

"The first was to communicate that CDA was the first or primary source of unbiased dental information in the state, no matter who you were, a member of the Legislature, a public employee, a benefits manager, patients, or the media," Habjan said. "And we accomplished this by talking about dental health subjects, like baby bottle tooth decay and components of quality dental care plans. This helped engender the idea of branded identity, to give some meaning to the idea of seeing a CDA dentist rather than just a dentist."

Susan Wall, CDA Marketing Manager

Following the five-year plan, the Communications Committee "proposed a strategy creating a 'trusted source' because while we were talking about dental health issues we knew people were interested in, we also knew that dentistry was interested in making sure the public knew about these issues," said Susan Wall, CDA marketing manager.

The marketing program has gone from a "brief burst" campaign where principally television was used, to a low but continuous wave of media, especially radio.

"This will keep up awareness of the association while keeping our expenditures within budget, but we don't expect immediate recognition or understanding of major dental issues. This will only happen over time," Wall said.

The continuity marketing program has succeeded in maintaining a level of awareness of the association, which translates into people recognizing CDA members as trusted sources of oral health information. One of those oral health areas is fluoridation, one of the seven key objectives identified by the Board of Trustees and adopted at the 1997 CDA House of Delegates.

"The Communications Committee will further analyze those seven objectives, but the one that fits best into our current marketing plan is fluoridation, a dental health issue, and something that supports our mission of being a trusted source of information," Wall said.

She next compared past funding to current and future years.

"In the five-year program, funding was decent, with a guaranteed level for a certain period. When the five-year plan was over, and we needed to ask for continued funding, the organization was faced with a budget crisis, so the program had to take some of the cuts."

In this period of pressure on the marketing budget, and the possibility of a large ADA dues increase if its proposed national campaign becomes a reality, what about the future?

"The committee will propose a program that fits with what we're spending this year, but it has to look at the reality of ADA's proposed national public awareness program," Habjan said. "If that is approved, the question will be can CDA members pay their share of the marketing program and add on top of that the additional $300 to ADA."

Budget constraints have always been a factor in CDA's marketing program.

"I think from the beginning, CDA and its members valued public relations, marketing, and grassroots efforts as advocacy for our patients," Broussard said. "Historically, CDA has strived to do exactly that. If we haven't accomplished what we wanted, it wasn't from a lack of trying, it was for a lack of money."

With the five-year plan, "We looked at options on how to spend money, all the way from $50 as in the three-year plan up to $276 to get everything we wanted with TV in a big way. We went down to $124, so the message was diluted," Broussard said.

Beyond the issue of funding, Habjan said that it is the responsibility of the membership to decide how they want the profession and the association to be perceived.

"It's our jobs as members to decide what we want a campaign to accomplish, and then we turn these objectives over to the marketing professionals to decide the how," she concluded.

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ADA Marketing Proposal Heads for Vote

By David G. Jones

AUTHOR

David G. Jones is CDA's staff writer.

Delegates to the ADA House in October will decide whether a sweeping attempt to boost public awareness about the benefits of good oral health is worth the significant price attached.

The proposed public awareness campaign will be made up of messages in several forms of mass media, but its centerpiece will be national television spots designed to convey the relevance of oral health in people's lives and to enhance dentistry's image.

If delegates give the program a green light during the annual ADA meeting Oct. 24-28 in San Francisco, cost to the association will be $30 million a year for three years, bringing with it a $300-per-year dues increase for ADA members. The high cost of the proposed campaign, and the resulting possibility of losing members, led the CDA Board of Trustees at their May 15-16 meeting to pass a resolution to recommend that the 13th District caucus oppose it.

As ADA continues to try to educate members about the campaign, a key point is the association's attempt to distinguish its national public awareness program from state-level programs.

ADA's proposed campaign would provide a broad-brush approach in which a mass audience is targeted to receive key messages. State programs, on the other hand, typically target specific geographic market segments or demographic groups. They communicate their key messages because the messages are developed and aimed directly at specific groups of people.

The difference in the choice of marketing technique is in the audience selected to receive the key messages.

"The major difference between state and national programs revolves around the target audience," said Susan Wall, CDA marketing manager.

"As your target audience gets larger, and there's a greater variety of psychographic characteristics, it becomes more difficult to effectively deliver advertising messages that effectively make an impact. It will be possible to create an image for an organization, but it will be unrealistic to expect that a single message delivered through mass media, such as network television, will motivate the entire mass audience to take action."

Of state marketing programs such as California's, Wall said there will still be some of the same challenges, but the smaller audience can be more easily separated into market segments by factors such as geographic area (urban or rural); parental status; and education levels,

Tom Kochheiser, MDA's director of marketing and public information

Clay Mickel, ADA's Associate Executive Director of Communications

among others.

"Once the segments are identified, appropriate advertising media can be more finely selected, as in running a radio spot discussing the importance of mouth guards on the local sports/talk station," Wall said. "The various messages, all supporting a single objective, can be targeted to a wide variety of market segments within a single community."

Finally, Wall said that a state program will have other benefits for the association and its members.

"For instance, 'CDA' means something to California lawmakers, but an increase in awareness for the ADA name has little effect on local politics or legislative activities," she said.

An example of the effectiveness of a state marketing program can be found in Michigan. The Michigan Dental Society has for more than a decade operated a successful statewide campaign. Its advertising program has gone through several phases, but it has gotten more specific through placement of an MDA tag at the end of each television commercial to help create awareness of state dental societies and local dentistry issues, according to Tom Kochheiser, MDA's director of marketing and public information.

"After this, recognition of our members skyrocketed," Kochheiser said.

A 1988 public survey showed awareness of MDA was at 38 percent. By 1997, the figure had climbed to 88 percent.

Kochheiser said that last year MDA moved into the issues of managed care and freedom of choice through a campaign featuring statewide radio and Michigan editions of Newsweek, Time, and People magazines. Now, MDA is focusing on specific freedom-of-choice issues in more populous areas of the state.

In one part of the campaign that has been considered particularly successful, MDA created a continuing billboard message that has been placed near the main employee entrance of the sprawling General Motors plant in Detroit and at subsidiary manufacturing plants in Grand Rapids, Flint, and Lansing. Its message is clear to the intended audience – auto workers. The billboard depicts a pile of lemons in the background and the words: "If you can't visit your own dentist, trade in your dental plan."

Although MDA has had success with its program, delegates considered dropping it because of the cost of ADA's program if approved in October.

"Our House decided to continue our statewide program because we've spent a lot of money over the years getting specific Michigan issues to specific markets, which would be lacking in the ADA campaign," Kochheiser said.

As early as 1979, the ADA House approved a Board of Trustee-proposed national institutional advertising program that emphasized print advertisements in consumer magazines and limited television advertising in three test market cities. "Sparkle," as the campaign was called, sought to persuade consumers that regular dental care would improve the overall quality of their lives by contributing to their feeling of well-being. The ADA House withdrew the campaign after one year to allow more research into the total spectrum of effective marketing of dental services.

In 1984, ADA considered another House-directed national advertising campaign, one focusing entirely on television. It combined what was thought to be two important messages: periodontal disease is epidemic, and regular dental care can prevent discomfort and tooth loss. The three-year campaign was to have cost $12.5 million per year, funded by a $125 dues increase, but it failed to gain the required two-thirds House majority.

ADA's associate executive director for communications stressed that the 1984 campaign was staff-generated, whereas delegates representing ADA membership approved the current national campaign concept.

"We want people to realize that this isn't something the staff dreamed up. This came from a member on the floor of the House, and we're doing what the House told us to do," Clay Mickel said.

The proposed campaign will feature network and cable TV spots and national magazine ads designed to enhance dentistry's image and stress the relevance of good oral public health. In-office merchandising materials will help to educate patients about the need for good oral health, and direct marketing materials will be made available for dentists to offer their patients. The proposed campaign's theme line is "For the look that will last."

Mickel and other ADA staff members are in the process of traveling to every state to inform members about the proposed campaign.

"Most of the questions are in the membership realm, i.e., 'What effect will a dues increase to pay for the campaign have on membership?' " Mickel said. "That's exactly where the focus should be. That's the decision everyone has to make, whether the campaign's value outweighs any potential negative impact to the membership."

Mickel said it's much too soon to make a prediction on the chances of the resolution's passage.

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Making People Want Dentistry

By Fred Joyal

ABSTRACT With millions of dollars being spent by advertisers seeking a share of consumers' disposable income, dentistry is up against fierce competition for patients. Dentistry will have to sell itself to keep up, and one way to do that is to focus on the area in which consumers are increasing their spending – esthetics. Once patients are drawn into a practice by appeals to their desire to look good they can then be assessed for necessary work to improve their overall dental health.

AUTHOR

Fred Joyal is the chief executive operator of Futuredontics, Inc., which operates the 1-800-DENTIST referral service. He co-founded Futuredontics in 1986.

Approximately 6,000 advertising messages bombard consumers each day. Every message offers an opportunity for consumers to spend their disposable income. Unless dentistry is one of those messages, it will never even be a consideration for many people.

Dentists are beginning to realize the value of advertising. However, a lingering mind-set that advertising is unprofessional or unethical has hindered the industry from fully exploring the possibilities. The success of the 1-800-DENTIST cooperative advertising program, and that of other major dental advertisers such as Western Dental and Castle Dental Centers, demonstrates the power of advertising. Promoting dentistry through television commercials has proven to be viable. Consumers are being educated and responding to the benefits of visiting the dentist. High quality commercials that inform the public about dentistry today and encourage regular dental visits have swayed some dentists away from their anti-advertising position.

Change is inevitable and necessary. Dentistry is becoming a sophisticated business. There are now numerous Wall Street-backed dental practice management firms. Between Wall Street and managed care, you can be sure that advertising will become an even greater force within the industry. Those interested in changing with the times can turn this into a wonderful opportunity.

So what's next in dental marketing and advertising? Two marketing success stories serve as a lesson. First, there is the beef

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industry. As health and diet consciousness increased in this country, particularly in the 1980s, beef sales declined precipitously. The television advertising campaign that reversed that trend is a classic. Robert Mitchum's husky voice came on over beautiful images and intoned, "Beef. It's what's for dinner." Some very sophisticated marketing was going on behind the scenes in this commercial. First, the images: bulls, cowboys on horseback, lassos. This is pure Americana – rugged individual, conquering the frontier. The final image, a perfectly broiled, still steaming, juicy steak, looked so succulent you could almost smell it, if not downright taste it. And Mitchum's deep, manly voice – it didn't hurt that he had a reputation for being rugged, even a rebel. The spoken message: beef (the product, simple and straight) it's what America (reinforcing the imagery, playing on our strong patriotism) eats for dinner (notice the marketing here: lunch is a burger – go for the big ticket item, steak or prime rib for dinner). It all came together to create a real desire in the viewer. They made you want it.

Next case: milk. The California Milk Processors Board also faced declining consumption of their product. Their "Got Milk?" campaign not only reversed that trend, but so successfully captured public attention that it has become part of the national lexicon. Clever scenarios are combined with fresh, in-your-face cinematography. It makes the viewer feel the sticky sensation of eating chocolate chip cookies or peanut butter and jelly sandwiches, then discovering an empty milk container. The simple slogan, intoned dramatically at the end, is the only audible message needed. It's another case of great behind-the-scenes marketing. A situation to which almost anyone can relate. You always get to see the product, the empty milk carton, while feeling the pain of not having it – not an easy feat. The resonating slogan is something you can ask yourself anywhere: sitting on the couch, standing in the kitchen, at the grocery store. It all comes together to create terrific desire. Not only does the viewer crave the sensation of wanting to wash something down with a cold glass of milk, they want to make sure they never run out of the stuff. It is brilliant marketing and advertising.

Notice what they did not use in either case. No "packed with protein, fortified with minerals and iron," or "calcium enriched" messages. They have blown right by the "features" and are just ringing the "benefits" bell – it tastes good and makes one feel good too. It's all about desire, not practicality.

In so doing, they have blurred the difference between types of advertising. Traditionally, advertising fell into two categories: image and direct response. Image advertising builds awareness in a product or brand. Direct response stimulates immediate demand or sales for a product. Both cases cited speak for themselves.

The marketing challenge facing dentistry today is, how does the dental community continue to build image while creating demand. How do we make people want dentistry? Advertising promoting the "features" of dental treatment (e.g., "preventive treatment can eliminate the need for corrective procedures" or "periodontal disease has been linked to heart disease") has not created a strong desire to visit the dentist.

It would be a mistake to say those messages have failed completely. Sixty-nine percent of people in a national survey recently said they had visited a dentist in the past year. However, of those who did not, 44.6 percent cited a lack of perceived need as the reason.[1] Dentistry has failed to create real demand – desire – for its services. The "health sell" doesn't have sizzle!

It is not just dentistry that has missed the boat. Advertising spending by health care providers has risen from just more than $200 million in 1990 to $800 million in 1996.[2] Meanwhile, health-related expenditures have fallen as a percentage of our Gross National Product from 14.6 percent to 8.8 percent during that same period.[3] It's no surprise, considering these services are not as accessible, as simple to explain, or as tasty as beef or milk.

The Beef Council didn't think they had anything terribly interesting either. If you look at its earlier marketing, it sounds like a bunch of old cattlemen promoting a few steakhouses with red Naugahyde booths. The Milk Processors Board had virtually no marketing aimed at adults prior to the "Got Milk?" campaign, focusing instead on the benefits of milk consumption for children.

Dentistry can offer two things proven by other industries to be highly desired by consumers. First, looking good. Products and services related to looking good – apparel, accessories, makeup, jewelry, hair care, plastic surgery – are in ever greater demand, fueled by desires to look more beautiful. Second, smelling good. Industries related to smelling good – fragrances, hair care products, bathing products, deodorants, oral hygiene and breath products – are also thriving, again because of the desires of our society.

The next step in marketing and advertising dentistry is to create desire by focusing the message on looking good and smelling good. Is it appropriate for health care professionals to deliver such a message? If the goal is everyone visiting the dentist regularly, why not market a message designed to attract as many people as possible? Why not create a desire

in them for a service that offers them benefits as wonderful as dentistry does?

This strategy has already been employed, to some degree. More and more dental practices, particularly those trying to avoid the yoke of managed care, are promoting the cosmetic or esthetic aspects of their practice. Dr. Gordon Christensen asserts that bleaching makes an excellent introductory procedure that prompts many patients to continue with other esthetically oriented procedures.[4]

Optometry is one health-related service that has done an excellent job of creating demand through a desire to look good. In this county, wearing eyeglasses has gone from a need to a want during the last 20 years. Like many dentists, optometrists were little prepared to implement marketing and advertising strategies into their practices to ensure successful transition into the future of eye care. As part of a highly technical industry that examines vision, these doctors were suddenly thrown for a loop when managed care programs infiltrated their practices. For many, finding a niche has meant creating a boutique atmosphere in their offices. Those who carry and dispense only the generic brands covered by insurance companies are essentially surrendering any power they may have over the future of their practices. Eyewear is so closely associated with its dispenser that these doctors risk sending the message to consumers that their practices are of inferior quality.

In 1995, a study revealed eye doctors as the top dispensers in eyewear with a 62.5 percent share of the industry's $13.6 billion in sales.[5] This study urged more doctors to wise up and take control of the industry that is rightfully theirs, by virtue of their expertise and experience. Today, eyeglass frames are likely to carry a designer label. Those who deal in eyewear, including doctors, are quite pleased with the savvy marketing that has reinvented the vision care industry. Like the apparel and fragrances designer brands are associated with, advertisers and marketers have given eyewear the same "lifestyle" appeal. Eyewear has been successfully positioned as an essential part of the whole ensemble that characterizes a brand or quality-conscious person. Eyewear enhances their looks and reflects their personality rather than being merely a necessity that pinches their wallet or initiates hassles with their insurance plan.

Interestingly, the manufacturers underwrite a tremendous amount of eyewear marketing and advertising. They build image and brand awareness, typically in a designer label, but also create demand at the consumer level for their products and the optometrists' services. Some of this is beginning to happen in dentistry as well.

Tooth whitening has become one of the most requested esthetic procedures in dentistry. Named the hottest issue in cosmetic dentistry, it accounts for the majority of the more than 60 million cosmetic dental procedures performed in the United States every year.[6] This is due primarily to the fact that manufacturers of bleaching products, both over-the-counter and those obtained through a dentist, are advertising at the consumer level, creating the desire for this procedure. The interest in bleaching creates a spill-over effect – the need created for tooth whitening provides the opportunity for the dentist to diagnose needed treatment of which the patient would otherwise have been unaware. When researching products, services or equipment for your practice, it's a good idea to ask each company exactly what they are doing to market or advertise dentistry. Are they helping create demand? If not, why not?

So, how do we make people want dentistry? Create demand through desire. Create a lifestyle appeal – look good, smell good. Evaluate your own practice's marketing and advertising. Are you doing as much as you can? Is it as good as it can be? Look at doing some marketing or advertising cooperatively. Often more can be accomplished through collective efforts than individually.

Much like optometrists, dentists now face many challenges to independent practice. These obstacles can be overcome with proactive marketing and advertising. A great deal remains to be accomplished and many reward await those willing to make changes. Optometry engineered a change from "four eyes" to "fashion." Dentistry now has the opportunity to change from "tooth decay" to "a terrific smile."

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The Dynamics of a Village: Marketing Strategies for a New Millennium

By Howard Farran, DDS

ABSTRACT Successful marketing of a dental practice involves more than a yellow pages ad. Picking a dentist is an emotionally based decision. Dentists who take steps to become involved in their communities and interact with the people within them will reap the personal and professional rewards necessary for a successful practice.

AUTHOR

Howard Farran, DDS, is a nationally known expert on practice management and publisher of The Farran Report, a practice management newsletter. He is a fellow of the Academy of General Dentistry.

From the beginning of recorded time, man has been strongly influenced by personal recommendations. It started in the Garden of Eden. Eve said to Adam, "Go ahead, taste this fruit." He didn't read about the fruit in a slick, full-color brochure. He didn't hear about it on television in a strategically placed commercial. He made his decision based on only one thing: Eve's recommendation.

The power of a personal recommendation is still one of the strongest motivating factors in our society. People do not choose a good restaurant based on the size of its ad in the yellow pages. How many times have you told someone about a movie, and they saw it based on your recommendation? The synergy of human communication is the most powerful component of economic stability in a village.

The Village

Why the reference to a village? Statistically speaking, a practice's sphere of influence encompasses a 3 to 5 mile radius. Mature practices can sometimes increase their coverage to incorporate 7 miles. This small area -- the village -- should be your primary focus. Think of it as the backyard of your practice.

Few will disagree that today's dental offices are facing more challenges. The impact of managed care, the economy, and the ongoing changes in dental insurance suggest that dentistry will become more competitive. How do you survive in a competitive market? You find a niche and then focus your efforts on developing

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positive relationships within your village. Familiarity with the sociological and economic factors of your neighbors is intrinsic to the success of your practice.

The power of relationship marketing is quite evident in commercial advertising. Take, for example, the people-oriented advertising campaign of Saturn automobiles. What does flying a little old lady from out of town to a factory and having her meet Saturn employees have to do with the quality and workmanship of a car? It means very little to an analytical mind; but, to the average consumer, it's emotionally effective. The message implies Saturn cares about its customers and is willing to go that extra mile to make them happy. Saturn's advertising executives understand that even though people drive cars every day, they really don't know much about the mechanics. These executives also know that purchasing decisions for cars, as with most consumer goods, are primarily based on emotion.

Patients also make decisions on an emotional level. Selecting a dentist is based on personal recommendations they have received and their feelings. That's all the information they have to make a decision. Patients don't know the science of dentistry. When was the last time a patient asked for a bitewing X-ray of a crown upon completion or to see a periapical X-ray of a root canal to make sure all four canals were cleaned, shaped and filled all the way to the apex? Patients can only relate to personal recommendations and how they feel in the dental office. That's the reality -- and as Einstein once said, "Reality is merely an illusion, albeit a persistent one."

In a recent article, Dr. Ken James stated that less than one-tenth of 1 percent of practice income comes from what is termed the emergency appointment -- pain, swelling, bleeding, or fracture. Virtually all other procedures done in dentistry are optional.[1] The stark reality, which comes as a shock to some dentists, is that today's practitioner must actively vie for a market share of disposable income along with travel agents, beauty aids, camera equipment, and home computers. This cannot be successfully done by locating a practice on the sixth floor of an office building and relying on a yellow pages ad.

Personal Involvement

There are dentists who perform dentistry in their "professional" environments for 40 years, and the neighboring villagers could not recognize their faces even if they were plastered on the front page of the newspaper. These are the same dentists who are depressed and struggling to maintain even a reasonable lifestyle. Obviously, advertising (purchasing an identity) is not enough. A successful practice needs visibility and interaction within the surrounding village. Why is it a politician can become a household name in a community within months while a dentist in the same village can't be identified in a police lineup after 40 years? The politician has learned the value of "pressing the flesh" in the village. Yes, he uses advertising -- printed materials, television commercials, and slogans. However, few would disagree that his strongest effect on the village comes from personal involvement. Why do you think candidates spend the day before an election visiting 50 cities to kiss babies and talk to senior citizens? Because they understand people make their selections primarily on an emotional basis.

It is essential to understand the difference between advertising and public relations before you can effectively market your practice. Advertising is cost-generated and purely purchase-oriented. It is a necessary part of your image campaign, however it cannot make up the entire effort. It must be used in conjunction with public relations.

According to sociology, the family unit makes up the primary structure of our society. With that premise in mind, it is not hard to understand why consumers have shown a preference toward family dentistry. Does that mean they don't want implants, orthodontics, or bleaching? Certainly not. Unless educated, they don't even know their options. Villagers prefer family dentistry because they want a place where everyone knows their name, where the staff members treat them with kindness and understanding, and that provides convenience.

Influence of Baby Boomers

In North America, the largest portion of the population is made up of baby boomers -- those born from 1946 to 1964. This demographic group has been dictating commercial trends in the economy for more than 50 years. One marketing principle you must understand about boomers is that they demand convenience. They want a place where the entire family can be treated. If you're not treating children, boomer parents would prefer to find someone who will offer them one-stop convenience. As a group, boomers have been overindulged by the economic powers of retail convenience for more than four decades. With indulgence comes expectations, and boomers' expectations can be quite intimidating. However, boomers are an easy group to reach if you understand their primary motivation in life is obtaining the very best, not only for themselves, but especially for their children. Once you provide the optimal care for their children, your practice will grow in substantial family units.

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Case Study

For many, the first experience in marketing comes with the opening of their practice. They suddenly realize that their dental school GPA is meaningless, and a steady flow of patients doesn't happen by itself. They way I dealt with this problem can serve as a case study for others.

When I graduated from dental school, I was married and $86,000 in debt. With little money for advertising, my wife and I hit the streets of Ahwatukee -- the village where our practice is located. One of our first public appearances was an annual Easter parade in our village. I unicycled down the parade route throwing out toothbrushes and sugarless candy to the kids. At the end of the parade route, we had a tent where we spent the day blowing up hundreds of balloons with the name of our practice, Today's Dental, and our easy-to-remember phone number, 893-CARE. At the time, my wife was very pregnant, and the majority of the villagers stopped to ask about her due date and to suggest names for the baby. No one asked me about my sterilization techniques, equipment, or where I attended school. They were more interested in our expanding family. I stood by with gloves and a tongue depressor checking teeth and answering questions. When people said they would call later to make an appointment, we took out the appointment book and "closed" a time and date on the spot. In one day, we booked more than 400 appointments. To achieve the same results through a direct mail campaign, with a 1 percent response rate, would have required a mailing of more than 40,000 pieces at a substantially higher cost.

Churches are another excellent place to connect with people. In our area, we have 18 churches. I visited all the local clergy and offered them free dental services. I even provided free orthodontics to one of the pastor's wives. She was a highly visible woman within the community, and many parishioners noticed her gorgeous new smile. I also performed a "smile-lift" on a local pastor. I received numerous comments from members of his congregation who started coming to my practice after seeing their pastor's transformation. They enthusiastically told me he looked 10 years younger. Aside from receiving personal recommendations for my orthodontic work, I genuinely felt good about giving these people beautiful smiles.

I was also a founding charter member of our local Rotary Club and in charge of speakers for the Ahwatukee Kiwanis Club. Imagine me, a dentist, flipping pancakes at our Kiwanis Club's annual "Say No to Drugs" pancake breakfast. Quite honestly, I loved it. This was also a great opportunity to meet local elders such as bankers, lawyers, politicians, coaches, and PTA leaders. I met business owners, and we shared our common problems. It would be impossible to put a monetary value on the relationships my wife and I established through social interaction with these organizations.

Relating to Villagers

Don't let your public relations and marketing efforts end on the street outside your practice. Bring the same warmth and friendliness you extend to the community into your practice. Tear down those glass reception-area walls that separate your warm, friendly, caring staff from patients, and let them meet face-to-face. And speaking of staff, make sure they are from the village, or can effectively relate to the villagers. If your practice is located in Smurfland, then it would be wise to make sure a large portion of your staff are Smurfs. Remember, your patients will feel more comfortable with familiar surroundings. Always remember humans are visually oriented. What they see will have a dramatic impact on how they feel.

At a time when some claim the "golden age of dentistry" is coming to a close, I say the best days of dentistry are still to come. With only a few months remaining until the new millennium, I've never felt more inspired. Not only do I love the actual art and science of delivering 21st century dentistry, I thoroughly enjoy helping people in my village. Incorporating my skill while helping others gives life meaning and great personal satisfaction. If you're not enthusiastic about your work, maybe the secret to success lies in your village. Happiness and financial success may be closer than you think.

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Marketing on a Tight Budget

By Roger P. Levin, DDS, MBA

ABSTRACT Marketing is necessary to build a dental practice. A consistent, repeating, and ongoing set of marketing strategies is necessary to put a practice on the map and get people excited about becoming patients. Often, however, a dentist doesn't realize the necessity of marketing until such efforts are least affordable. This paper discusses a variety of low-cost ways of marketing a dental practice.

AUTHOR

Roger P. Levin, DDS, MBA, is a consultant on dental practice management and marketing and is the founder of The Levin Group, a dental management and marketing consulting firm.

Marketing is necessary to build a dental practice. These days, if a practice is not growing, it is in decline, and putting ads in the yellow pages simply is not enough to give a practice that extra edge that make patients want to go there. Instead, a consistent, repeat, and ongoing set of marketing strategies is necessary to put a practice on the map and get people excited about becoming patients.

Marketing the dental practice does not necessarily mean that the dentist has to spend a lot of money. Many times, when a dentist decides that it is necessary to actively and aggressively market the practice, it is at a time when the efforts are least affordable. In other words, most dentists wait until productivity decreases and the practice is in decline before taking action. Naturally, the author does not advocate this approach, but it is common nonetheless. If a dentist is faced with marketing when money is tight, the following suggestions should be used to reap rewards while maximizing dollars.

Know the practice's prime potential patients. Many dentists rely heavily on patient referrals or, if they are specialists, referrals from general dentists. Once the dentist knows the potential patients, he or she should get to know them better. The dentist should form a detailed profile of the best patient referral sources and should be as specific as possible. When chronicling potential patients, the dentist should define them by age, gender, marital status, zip code, employer/ occupation, and educational level.

Define the practice's competitive edge. The dentist must determine the biggest benefits the practice offers from the practice's; patients'; and, in the case of the specialist, the referring dentists' perspectives.

Promote the practice. The practice's services are valuable only if potential patients and/or referrers know about them. Educating potential patients is critical to the success of any marketing program. Assuming that everybody knows what the practice does is dangerous and sets up the practice for less than spectacular results. The doctor and staff members must tell patients what their services can do for them and should always highlight the competitive edge in promotional pieces.

Substance is critical. If practices do not provide the clinical expertise and high quality customer service they promote, people fooled once will not return. The practice must constantly emphasize improving quality to support marketing efforts.

Maximizing results with minimal funds. The author advocates using 25 to 40 simultaneously functioning marketing strategies. These strategies should incorporate a blend of one-on-one personal contact (patient surveys), group contact (community events), written communication (fact sheets and statement stuffers), and phone contacts, and should involve each level of the practice (doctor, clinical staff members, and front desk staff members).

Make news. The practice should recognize all awards, honors, memberships, milestones, new equipment, or recognition of any kind for the dentist or staff members -- all of these are suitable subjects for short press releases. Anything positive, upbeat, or unusual can be used to the practice's advantage. Admittedly, major metropolitan or daily newspapers will be less likely to run this type of story. Community weekly papers or local inserts in major newspapers provide the best chances for publication.

Generate publicity. The practice should sponsor contests, competitions (best smile, whitest teeth), fund-raisers, appreciation days, debates or speeches, carnivals, or workshops. The dentist and staff members can use their imaginations and plan promotional activities to coincide with upcoming local events. The practice can announce and recount these events in press releases or in fliers hung around the office waiting room or on the bulletin board.

Donate time and money to charitable causes. It is better to give than to receive, but it is best to do both. Charitable contributions are not only tax deductible but also can pay for themselves many times over. The practice cannot possibly be actively involved in every charitable cause, but choosing wisely can help immensely. The doctor and/or staff members should:

- Establish contacts;
- Generate publicity;
- Gain access to a large base of potential patients; and
- Associate the doctor's or the practice's name with a worthy cause.

Some charitable associations issue a letter, plaque, or award to contributors. The practice should plan to publicize any recognition its members receive. People in the community will be glad to know that their dental office supports community/charitable activities.

The practice may not have a lot of cash to be a major contributor, but the doctor and staff members can still become involved by using "product dollars." For example, the practice can offer an organization one or more $100 treatment gift certificates. Suggest that the organization either give the certificate to someone who can benefit from the practice's services or raffle it off. The publicity generated from the contribution can attract more patients to the practice.

Network. The doctor and/or staff members should not waste time and money joining organizations that will not ultimately benefit the practice. Instead, they should choose organizations patronized by their desired potential patients. Consider social, military, ethnic, religious, and fraternal organizations.

Celebrate the holidays. The seasons can be used to the practice's advantage. The practice can give out sugar-free treats on holidays such as Valentine's Day, Easter or Halloween.

Enjoy contact with sales representatives. All practice members should be nice to sales representatives, who are an excellent source of information about competitors. These representatives may also have contact with patients. The practice must put its best foot forward to ensure that salespeople leave the practice saying "Wow!"

Praise! Praise! Praise! The dentist must recognize the efforts of staff members. It is too easy for the doctor to fall into the habit of thinking, "I pay their salaries. They owe me." That may be true, but employees respond to praise -- the more the better. The doctor must set himself or herself a praise quota for the day or week and track his or her praises to be sure the target is reached.

Turn patients and staff members into advocates for the practice. The doctor must provide patients and staff members with referral cards to give to friends, neighbors, and co-workers. The card should have room for the patient referral source to write his or her name and address.

Point of purchase displays. A small sign in the reception area or staff pins

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that say "Ask me about _____," can be valuable in facilitating communication and educating patients about the services provided in the office.

Offer gift certificates. Gift certificates are wonderful for any occasion. Newlyweds, recent college graduates, young singles, and senior citizens may need and want dental services but often lack the immediate finances to make the commitment for treatment. The practice should get in the habit of informing patients that gift certificates are available to make optimal dental health possible for their friends and family.

The dentist must promote himself or herself. The dentist may find himself or herself at several "obligatory" events. This time can be used to foster relationships with those in a position to refer to the practice. The dentist should develop a 30 to 60 second script about the practice, find out who will be at each event, and target people he or she wants to be sure to meet (whether for the first or 19th time). Within 48 hours, the dentist should send follow-up letters or handwritten notes to the people with whom he or she has spoken.

Get marketing help. Local colleges often try to procure internships for students so that they may gain real work experience before graduating. Students are typically hard-working and enthusiastic and may bring many new and exciting ideas to the dental practice. Of course, because of their age and inexperience, they may need extensive direction from the dentist to ensure professional standards of marketing.

Use statement stuffers. Information regarding the services provided in the dental office should accompany all bills and outgoing mail. Each treatment option should be highlighted with some regularity. Although current patients may not be candidates for the procedure, friends or family members may be.

Send thank you notes. Every time the dentist or staff members receive exemplary service, they should write a short thank you note on the back of their business cards. Statements such as "I enjoyed your great service -- keep up the good work," and "Thanks for being so helpful. If I can ever help you, please give me a call," work wonders.

Carefully proofread everything leaving the office. Computer tools such as spelling or grammar checkers cannot be relied upon exclusively. Good proofreading is not a strategy but an excellent written communication tool that will help convey a highly professional, competent image.

These marketing strategies are extremely cost-efficient, yet offer the dentist and staff members a chance to show the community and patients that their practice is committed to high quality care and customer service. The same strategies are applicable to both general dentists and specialists -- specialists must market to their referring dentists as general dentists market to their patients.

Action Guide

The following steps should be taken to maximize a practice's marketing dollars.

1. The dentist and staff must know their potential patients/referrers and define their competitive edge. This data should be used to promote the practice.

2. The practice must develop a strategic base consisting of one-on-one contacts, group contacts, phone contacts, and written communication with patients/referrers.

3. The practice must use a blend of the enumerated strategies to get the most "bang for the buck."

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Using Public Relations for a Dental Practice

By Dell Richards

ABSTRACT Public relations is a way of marketing a dental practice through the media and directly to potential patients without purchasing advertising time or space. Well-written press releases and follow-up phone calls targeted to the specific audience of various media outlets can result in stories that are worth more than purchased advertising. One key to successfully communicating to others through public relations is straightforward writing. The following article not only covers the variety of opportunities available to a dental practice through PR, it also serves as an excellent example of the style of writing that should be used for PR communications.

AUTHOR

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Using public relations is one of the best kept secrets of the business world. In some publications, nearly 50 percent of all the "news" is generated not by reporters or editors but by public relations professionals. A study by the Columbia Journalism Review of the prestigious Wall Street Journal revealed that 45 percent of the Journal's articles were the result of press releases and pitches.

Unfortunately, public relations and marketing are rarely taught in dental school. Like running a business, this skill is usually acquired through the school of hard knocks only after the shingle is hung. Unfortunately, the days when a dentist could open an office and expect two weeks' worth of patients to walk through the door are long gone.

Some dentists also feel that they are lowering themselves by "selling their wares" even though their "products" are expertise and knowledge. In today's world, getting your name out is a necessity no matter what your profession. Publicity offers the ability to show the dentist's expertise and gives the doctor a legitimacy advertising cannot convey. Being featured or quoted by the media conveys credibility, a quality that cannot be bought. If done right, publicity can add to your stature as a professional, as an expert in your field, and as a human being.

By creating name recognition, media coverage also can boost patient numbers. When I started representing a Sacramento office nearly four years ago, the dentist was doing some marketing but little publicity. Through the use of externally generated

media stories and internally generated marketing such as newsletters, we have increased his patient numbers by more than one-third.

Despite the statistics, few dentists understand publicity or how to use it to their advantage. So, what is public relations and how do you get it?

Put simply, public relations is the ability of a dentist -- or the dentist's PR person -- to get stories about the dentist into newspapers, magazines, trade journals, radio, television, and other media outlets. In the broadest sense, PR also includes marketing directly to patients with items such as newsletters, brochures, booklets, fliers, and handouts.

PR people usually open the media's door by using a press release. A release is a double-spaced, one-page document that contains an item of news. It should contain a headline and the basic who, what, where, when, and how of a news story as well as your office name, address, and general office phone number.

If you want to know how to write a press release, read the first few paragraphs of any newspaper, magazine, or trade journal article. Unless the article opens with an incident or personal story, known as an "anecdotal lead," the article will summarize and contain the general information of the complete story. If the article has an anecdotal lead, there will be a "nut graph" by the third paragraph that contains the essence of the story in one sentence.

To find out what the essence of a story is, apprentice reporters often resort to the mom trick: If they had to tell their mom what the story was about in one sentence, what would they say?

And how should they say it? The language used in a press release needs to be simple and straightforward. In other words, no jargon. For example, since the public uses the word "cavities," press releases and newsletters should use the word "cavities," not "caries."

The release should also contain the name and phone number of the person who will handle the media. Not having a professional is one of the biggest mistakes businesses make. You need a professional who can pitch a story or answer questions in one or two sentences without using technical language. You also must call the media back immediately. Reporters work on horrendous deadlines and cannot wait for a response. When I worked on a daily news service, I would have a list of 10 people to call (sources) to get quotes. The first three people who filled the bill got into the story. The rest didn't. If you don't return a call within an hour, forget it. You will only show how little you understand the nature of the media. You will not only waste your own time but theirs and probably be crossed off their source list.

To be effective, press releases should be targeted to the audience that the media represents. For instance, if a new dentist is joining your practice, you would want to send a press release to the local business newspaper as well as the business section of the local daily newspaper. If you are a member of a dental society, and it has a newsletter with a people section, send a copy there. To know what to put in the press release, read the section you are targeting. Use it as a model for the tone and the information the release needs to contain.

When I first started working with the Sacramento dentist, I realized that the techniques he offered his patients were uncommon. At the time, he was encouraging his patients to make their own floss out of a yarn that had been clinically tested by a periodontist in the area but was not yet marketed commercially. (Johnson & Johnson recently came out with a woven floss that is remarkably similar to the concept he was promoting at the time.)

This new technique -- handmade though it was -- and its benefits formed the basis of the first releases sent to the local media. Because the editors and producers had never heard of this type of prevention, they were interested. As a result of the press release and a flurry of phone calls, the dentist and his periodontist were interviewed by all of the local television stations over the next few months.

Some people think that once the media bites, that is the end of it. Certainly, if you send that press release about the new dentist joining your practice to the local business newspaper -- and it has all the necessary information -- you probably will never hear from an editor. Instead, a paragraph in the local "People" section of the paper will appear in a few weeks, as if by magic.

This is rarely true, however, of a quote in an article or a feature-length story in a newspaper, magazine, or television. In these cases, you must be willing to spend time working with harried editors and reporters -- and their chaotic schedules. To be frank, this means being at their beck and call.

Because you are actually being given free editorial copy or air time, the time between landing a story and seeing it in the media can be quite intense. One television station wanted to send a reporter to the dentist's office for its three-hour morning show. We had to be at the office at 5 a.m. for the filming to start during the 6 a.m. segment. Although the dentist usually begins seeing patients at 7 a.m., those patients had to be canceled when we got a call from the producer saying they wanted to send a reporter out. Patients who matched the station's audience and were willing to be on television had to be found instead -- on less than 24 hours notice. To

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film a three-minute segment for the show every half an hour, we had to be available for four full hours. During this time, we all -- from the dentist and staff to myself -- ran around getting the reporter everything she needed for the next segment.

If you work with television, you also must be willing to hurry up and wait. Because mainstream media relies on breaking news, events change rapidly. One television station kept having to cancel its interview with us to send reporters on breaking stories. It took more than a week for the station to be able to send a reporter out for a story that simply was not as newsworthy as a flood, a prison riot, or even a public official's press conference.

During that time, we had to be on call and willing to rearrange patients as necessary. Because we have worked so hard to generate publicity and because we let patients know about the campaign to get the latest information on preventive dentistry out to the public, however, the patients not only support the efforts to get publicity but are excited to be able to help.

For those who consider their time too valuable to "waste" in this type of endeavor, check the cost of getting your name into the media any other way. To get a realistic picture of what PR is worth, begin by comparing the cost of local television or newspaper advertising with the amount of time -- and money -- spent. A front-page story in any section of the local daily newspaper can be worth $10,000 or more -- if the front-page story could be bought, which it can't. The 18 minutes of television coverage we landed during the morning show was worth thousands of dollars in advertising terms. Yet because it was part of the editorial content of the program, it was more credible. As such, that amount of time was much more valuable than that same amount of advertising time ever would be.

Although we landed stories on three of the four local television stations right off the bat, there was still one station that had not covered the story. Revamping the press release to include other new technologies, we sent it to the one remaining station. After the idea was rejected by the news department, I called the producer of the noon segment and pitched the idea of a demonstration of how to prevent cavities and gum disease for a program that often showcased cooking. We were soon writing a question-and-answer script for the noon reporter to use on the program.

Once we landed the local television stories, we decided to focus on a local business newspaper. Again, we revamped the basic idea. This time, I gave a pitch that focused on the hidden cost of dental problems to business, downplaying the information about prevention. The editor's interest was

Successful marketing uses one theme in as many different ways as possible. As long as the target audience is the priority, the idea will work.

Another example of what can be done was the use of the business newspaper article. Once the article was printed, we rewrote the headline and first few paragraphs to change the slant to fit our audience, i.e., our patients. One of the ways we did this was by substituting the word "person" for "business" and dropping statistics that were not relevant. We then had a graphic artist lay out the article and printed enough copies to send to the doctor's patients with the next issue of the newsletter.

Newsworthy personal items also can generate news, if the right audience is targeted. Every year for the past three years, this particular dentist has gone to Baja, Mexico, with his church to volunteer free dental services to the local people during Easter week. Because I had heard through the PR grapevine that the editor of a weekly section of the local daily was on the lookout for editorials, I pitched the idea that volunteerism gave as much back emotionally and psychologically to the dentist himself as it did to the people he was physically helping. The editor liked the idea and asked us to write a 750-word column that was published citywide.

After the volunteerism column was published, we added black-and-white photos of the Baja trip to it and had the article laid out by our graphic artist. Again, we printed it as an insert for the newsletter.

We also constantly market to patients. A newsletter full of the latest information on dental prevention goes to patients every other month. While it does have newsworthy information on the office, we focus on health information that is of interest to the patient. Recent issues have had articles on prescription drugs and their effect on the mouth, stress and oral health, bacteria and teeth, and liquids and teeth.

To be effective, a newsletter must look -- and sound -- professional. Writing in plain English rather than technical jargon is essential. Since people see at least 3,000 pieces of very sophisticated advertising every day, explaining the obvious does not work. A jaunty, letter-writing tone can also feel like it is written down to the patient. Remember that the patient is not a friend. He or she is a critical, highly informed consumer who has little time for fluff. Because people get most of their information from journalism of one form or another, the tone of the newsletter needs to be that of journalism itself: Dry and fact-filled. It must also be free of misspellings. Mistakes look amateurish and damage your credibility. Patients will think very little of your efforts to inform them of the latest dental health issues when those issues are presented in sentences with

misspelled words. Proofread your newsletter thoroughly, and then have at least one other person do the same.

If you want to start a newsletter, start the first issue with useful information. Don't spend the first issue talking about how you're going to start a newsletter. If you decide to use a newsletter as a marketing tool, follow through. Don't promise a newsletter you can't deliver. If you say the newsletter will go out every month, it has to go out every month -- no matter how much of a burden it is -- for at least a year. Otherwise, you will look worse than if you had done nothing. For a newsletter to work as a continuing direct mail piece, issues must also be done at least quarterly. The rule, however, is the more often, the more effective.

In addition to an ongoing newsletter, we have written and published a number of booklets. While the staff gives the booklets to patients with an explanation of its purpose, I use the publications to generate publicity.

Again, targeting is the key to success. When we published a children's coloring book, I sent a press release specifically about children's dental needs to local monthly publications aimed at parents. Since we were giving the coloring book away free, the headline included the words "Free Offer."

The press release to the weeklies who target neighborhood adults, however, took a different angle: "Local dentist publishes coloring book" with no mention of free offer. While the editors used the coloring book as a graphic in the story, they were not interested in dentistry as much as the man. When we wrote the article, we wrote about his lifelong love of dentistry. Unlike the earlier releases, this article had little actual information on prevention.

The local weeklies also cover six different geographic areas of town. In the article, we mentioned as many areas as we could:

- The area of town in which the office is located;
- The area of town in which he lives; and
- The area of town in which he grew up.

We even included the area of town in which his wife grew up.

Because we managed to work in four of the six areas the newspapers covered, we were able to get the story into four editions. Afterward, another edition picked up the story because they had seen it in so many other editions and had space to fill.

The doctor is now taking the coloring book one step further -- marketing it to other dentists for their patients.

While successful public relations is neither easy nor cheap -- and requires a high degree of commitment from the dentist – publicity can be one of the most effective ways of creating interest in your office, achieving name recognition and generating new patients.

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Fear and Expense in the Dental Office

Robert E. Horseman, DDS

Over the past 20 years, significant progress (as viewed through an electron-scanning microscope) has been made in our understanding of the complex reasons for 50 percent of the population's refusal to visit a dentist except under extreme duress.

Researchers wearing serious white coats and frowny expressions conclude that two basic reasons keep half the population out of our offices:

1. Expense of treatment; and
2. Fear of pain.

Researchers could have saved themselves and perhaps their sponsors time and money if they had just consulted my notes from freshman dental school some 55 years ago. Along with the doodles, tic-tac-toe games, and smudges from a leaky pen, they would have found this scrawl:

"Fifty percent of the population is not seen on a regular basis because of fear of pain and expense of treatment. What a bunch of losers!" That last comment was written prior to the onset of compassion for my fellow man that occurred when I first set foot on the clinic floor.

Are these still the most valid reasons for absentee patients? Obviously so, probably to be reconfirmed by another expensive poll taken in a year or two. Nowhere in the statistics is mentioned a group that every dentist is aware of, namely the bunch that wouldn't show up if the treatment were absolutely painless and accomplished for no fee whatsoever – even if you came and picked them up in a limo and they were served canapés and free drinks by nubile handmaidens or hunky menservants. What if oral surgeons and other exodontists issued a bulletin stating that henceforth no extractions would be done for pain relief for people who could not submit proof of biannual examinations? Would they come? Not even.

The irony of this is the cry of mea culpa from dentists who have been convinced that it's their fault. If they would just install that $40,000 laser, buy that $8,000 intraoral camera, spring for those virtual reality glasses, and hop on the resurgent air abrasion wagon, those missing patients would beat a path to their doors. Maybe. Or learn a variety of new techniques ranging from painless injections to coping with 25 percent fee reductions courtesy of a mothering PPO. Odds are that a poll taken 10 years from now would discover that fully 50 percent of the nation's people do not receive regular dental care. Fear and expense.

Education is cited as the most likely weapon to fight this disparity. The government approached it differently

in the '70s. Born of the same wisdom that ordered the Swine Flu fiasco, the conclusion was reached that those missing patients would appear if only there were more dentists. This would result in a dual benefit – lower the cost of dental treatment through competition while making it available to the missing 50 percent via appealing ads placed in the yellow pages and colorful fliers placed beneath windshield wipers.

There will be an acute shortage of dentists in the next decade was the alarming cry. The "missing half," as it came to be called, was out there trying fruitlessly to call for appointments and nobody answered! Educate more dentists and hustle them out into the hinterlands to care for the unprophied, undrilled hordes was the theory. The success of this move was on a par with the Bay of Pigs planning.

So, even though we agree that education is a major factor, the track record isn't too impressive. Cigarette smoking among teenagers is said to be up 10 percent in spite of massive education efforts. Unwed teenage mothers fill the welfare roles. Granted, young children show a marked reduction in the incidence of caries, but fluoridation is apt to get the credit for that, not a strong personal belief in dental maintenance.

The only ploy that hasn't been tried is reverse psychology. If the surgeon general were to declare that visiting a dentist could be hazardous to your health and it became a misdemeanor to supply people with dental treatment, we might witness a surge of activity in appointments. Print this on floss dispensers: "Use of this device has been shown to cause irreversible damage to laboratory animals when not used under the supervision of a licensed tooth person."

If it were considered morally repugnant by fanatical watchdogs or independent federal prosecutors to submit to oral treatment, dentists could be booked ahead for three months. Who knows?

In the meantime, those two bugaboos of pain and expense require our attention, just as they have for the past 100 years. Despite the fact that progress is exasperatingly slow, like teaching teenagers to pick up after themselves, we're not yet ready to concede defeat. That other stubborn duo, Death and Taxes – we're working on them too.