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Philosophy of Service
Tin Man's Promise
State Clinics

The Charitable Side of Dentistry

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DEPARTMENTS

FEATURES

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Healing or Hustling?

Steven A. Gold, DDS

The world is full of double-edged swords, and the profession of dentistry is no exception. New technology can at once be beneficial and damaging. As is often the case, it is not the technology that is the hero or the villain, but rather the individuals who choose either to use it properly or abuse it. One such area that seems to generate a great deal of emotion amongst our dental colleagues is esthetic dentistry, in particular, the question "When does esthetic dental treatment become overtreatment?"

There is no doubt that an esthetic revolution has occurred in the dental profession. Our ability to restore teeth has been elevated to such a level that a restored tooth often cannot be distinguished from adjacent natural teeth. The main factors that have driven this revolution are technology and demand. Technological improvements have occurred in both the materials we have available and the techniques developed to utilize those materials. Demand has come from dental professionals who continually strive to provide more and more natural-looking restorative dentistry as well as from patients who more frequently do not want any visible dental work in their mouths. The result of this revolution is that there has been a tremendous benefit to patients and an undeniable sense of satisfaction amongst dentists providing these benefits.

This very same esthetic revolution has also forced the profession to face an ethical dilemma. When does dental treatment in the name of improving appearance go too far? Or, as I like to think of it, are we hustling our patients into artificial smiles? The answer will no doubt vary from dentist to dentist, however colleagues I have surveyed feel that there certainly is a problem with overtreatment in our profession. What seems to be especially contentious is the area of "cosmetic dentistry." To distinguish it from "esthetic dentistry," cosmetic dentistry refers to dental treatment specifically for the purpose of changing appearance while esthetic dentistry is merely any dental treatment deemed beautiful or attractive.1 Porcelain veneers, tooth-colored restorations both direct and indirect, teeth bleaching in all its forms -- these have joined not only the dental lexicon but also that of the general public. We are seeing more and more patients inquiring about these procedures, and it is up to us to understand their concerns and guide them toward the best treatment for them.

Complicating the situation is a media-fueled image of what is beautiful or desirable. One need not look far in popular magazines to see smiles of snow-white, perfectly symmetrical teeth. While some may argue that this adds to an attractive look, most dentists seem to agree it is far from natural. Tabloid-style magazines, however, don't provide dental treatment. When it comes to cosmetic overtreatment, sadly, it is our own profession alone

that is to blame. We patronize a dental industry all too quick to move the latest cosmetic materials and practices to the marketplace whether or not they have a proven track record. We can obtain remarkably important-looking certificates by completing "training" at so-called esthetic centers, institutes, academies, and continuing education programs whose promotion of cosmetic dentistry to practicing dentists ranges from somewhat palatable to downright shameless and tasteless. And perhaps most troubling is the dizzying array of yellow page and other print advertisements from practicing dentists who all but defile our profession's established ethical standards of advertising.

Enough is enough. Questionable cosmetic dental practices have become too well accepted within dentistry. Teeth are put at risk by removing and replacing perfectly serviceable restorations simply because they are silver- or gold-colored. Teeth are put at risk when they are damaged by permanently removing healthy tooth structure for the placement of porcelain veneers. Many of us have seen unhappy patients who have suffered deleterious effects because such practices were carried out and they were not made aware of these risks. Whether they are victims of carelessness, risky, and unproven techniques or worst of all, profit-motivated treatment, they are, nevertheless, victims of the cosmetic hustle.

Dentistry has a rich history of individuals who devoted their lives to promote our vocation as a respectable and valuable healing profession. While some envision a future providing treatment tantamount to liposuction, collagen injections, and electrolysis, others wish dentistry to remain a healing profession. Perhaps we need to look to our history and the words of the grandfather of the healing professions, Hippocrates: "I will follow that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. With purity and with Holiness I will pass my life and practice my art."

Healing or hustling? It's our decision. May we choose wisely.

References

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Gifting Your Estate to Dentistry

By Janice Hamilton

We make a living by what we get; we make a life by what we give. -- Winston Churchill

A dentist donates $10,000 to his dental school and get his name on a chair in a lecture hall. For $5 million, the lecture hall will bear his name. And for $100 million, it will be renamed the Dr. Generous School of Dentistry.

Barney Neufeld, PhD, director of development for the University of the Pacific School of Dentistry calls this "donor recognition."

"It's important for each generation of students to know that their school didn't just happen, every piece of it was built through gifts. Their turn will come, but they need to know it," Neufeld said.

Dentistry has been a wise career choice for many. After years of laboring in the profession that helps others, dentists start wondering how they can continue that spirit of helping, even if it is after their death.

Many people have a will spelling out how their estate is to be distributed, but John Koch, planned giving consultant with the Planned Giving Office, working with CDA Foundation, says a will is only a start. He said each person should also ask themselves four questions about their assets:

1. Where should they go?
2. Who can they help?
3. How can they make a difference?
4. What kind of legacy can I leave?

Although the "whys" are as individual as snowflakes, estate giving to family and charities is thought of less today as a "dying thing." There's no joy in hoarding more money than one will ever be able to use while loved ones are struggling.

Instead, dentists are choosing to assist children and relatives during significant stages in their lives when it will make the most difference -- college, first home, business -- instead of at their passing.

Neufeld suggests that dentists teach their children and grandchildren, by words and deeds, that philanthropy is a family value. They should be told that they will receive their inheritance during the dentist's lifetime, instead of at his or her death.

Dentists can tell family members, "I want to be around to see you enjoy my gifts to you when you most need them. What's left when I die, dentistry gets because it has brought me and the family so much."

"Making gifts while you're alive is more fun," Neufeld said. "Plus, if you wait until you're dead, your kid might be 75 year old. Your son is then a retiree so when he gets the $1 million, it isn't going to be, 'Woo-hoo, let's party!'"

The same holds true for gifts to charity. Often overlooked is the joy that comes in sharing in the mission and successful outreach of one's favorite charities while still alive.

An alternative to lifetime gifts to charity are testamentary gifts or bequests, which may be worded in many ways. Here are a few examples:

- Specific -- "I give to ABC (Foundation or Dental School) $_____."
- Percentage -- "I give to ABC _____ percent of my estate."
- Contingent -- "I give to_____ (a named noncharitable beneficiary) $_____, but if he or she shall not be living, then I give the same to ABC."
- Residuary -- "All the rest, residue, and remainder of the estate, both real and personal, of whatever kind and wherever situated, which I may own or have the right to dispose of at the time of my death, I give to ABC.

"People don't give because of tax advantages, but ..." Neufeld said, leaving unsaid that the tax deductions are a big bonus, lessening the amount given to Uncle Sam. By leveraging tax-wise the power of lifetime gifts (made while living instead of at death), the dentist can keep more money. "For example, naming the CDA Foundation or your dental school as the owner and beneficiary of a life insurance policy that you no longer really need anyway will generate a current income tax deduction for you roughly equal to the cash surrender of that policy," Koch said.

A few examples of tax-advantaged giving:

Life Estate. A dentist can make a current gift of his or her home or vacation home to the charity, but the dentist reserves the right to live in it for the rest of his or her life. The dentist gets a generous current income tax deduction, and the charity can profit from the sale of the home upon the dentist's death.

Charitable Remainder Trust. This life income gift enables dentists to give highly appreciated assets, such as stock or real estate, to a tax-exempt trust and receive a generous income tax deduction. The trust can sell the asset without paying capital gains tax on the sale. Neufeld explained that proceeds are typically reinvested for growth and income, and the donors (for example, a husband and wife) receive a lifetime income stream from the trust. After their deaths, the trust's remainder passes to the chosen charity.

How to Look into Setting up A Gift

Dentists should contact the director of their dental school's development program or their favorite dental association's foundation (typically in charge of philanthropic gifts) to set up an appointment to meet. Of course, after talking over the options, the dentist should seek independent tax and legal counsel prior to implementing any estate or charitable tax planning strategy.

For questions, Neufeld can be reached at bneufeld@sf.uop.edu; Koch can be reached at thePGO@attbi.com. Questions regarding CDA Foundation should be directed to Jon Roth, Executive Director, CDA Foundation, at jonr@cda.org.

Dental Access Day to Debut in 2003

A one-day event aimed at promoting access to dental care for needy children will be a centerpiece of next year's National Children's Dental Health Month in February.

ADA members across the country will be asked to volunteer to provide dental screenings and care for underserved children on a designated access day.

The program has been given the genial working title of "Give Kids A Smile." The date of the event and other details are still being worked out.

The ADA Board of Trustees endorsed the access day concept as a way to spotlight the dental care needs of indigent children and organized dentistry's role in helping meet those needs.

The event is expected to involve organized dentistry's local, state and national levels.

"We'll be communicating with societies about existing access activities, because I know many of you have such programs in place," James Bramson, DDS, ADA executive director, told state and local dental leaders in a written message shortly after the Board meeting.

"Ideally," he added, "we'd like to have a national umbrella program that would deliver value to your own programs by getting them more attention. We're also talking to industry about tapping into some of their access programs."

In a follow-up message, Bramson told tripartite leaders that the association's goal "will be to help existing programs as needed, spur new programs and enable individual dental practices to participate."

Views in Research Papers Often Do Not Represent All Authors

Research papers rarely represent the full range of opinions of all those scientists whose work it claims to report, according to an article in the June 5 issue of the Journal of the American Medical Association, a theme issue on peer review.

Richard Horton, editor of The Lancet, London, conducted a study to determine whether the views expressed in a research paper are accurate representations of contributors' opinions about the research being reported. The study included a sampling of 10 research articles published in The Lancet during 2000, with qualitative analysis of answers to six questions about the meaning of the study put to contributors who were listed on the byline of these articles. Fifty-four contributors listed on the bylines of the 10 articles were evaluated, and answers to questions were compared between contributors within research groups and against the published research report.

The author found: "A total of 36 (67 percent) of 54 contributors replied to this survey. Important weaknesses were often admitted on direct questioning but were not included in the published article. Contributors frequently disagreed about the importance of their findings, implications, and directions for future research. I could find no effort to study systematically past evidence relating to the investigators' own findings in either survey responses or the published article. Overall, the diversity of contributor opinion was commonly excluded from the published report. I found that discussion sections were haphazardly organized and did not deal systematically with important questions about the study."

"I have found evidence of censored criticism; obscured views about the meaning of research findings; incomplete, confused, and sometimes biased assessment of the implications of a study; and frequent failure to indicate directions for future research," the author writes. "Some papers have more complete evaluations of findings than others. What was striking was the inconsistency in published evaluations, especially regarding weaknesses."

"The results reported herein indicate that more careful organization of the discussion section of a research paper might provide the framework for not only a fairer and more accurate representation of contributors' views, but also a more complete analysis of the data being presented," the author concludes. "Editors might also explore ways to recover the plurality of contributors' opinions."

Reflux Disease Increases Children's Risk of Tooth Erosion

Children who frequently vomit after eating and suffer heartburn symptoms may be at risk of tooth erosion, according to a recent study reported by Reuters.

Researchers found that children with gastroesophageal reflux disease -- the general term for the back-up of stomach contents into the esophagus -- were more likely than others to have lost some of the enamel covering their teeth.

The findings indicate that children with dental erosion should be evaluated for gastroesophageal reflux disease. And children who have already been diagnosed with reflux should have regular dental exams to check for erosion, according to the report in the Journal of Pediatrics.

Dr. Ahmed Dahshan from Oklahoma University in Tulsa and colleagues explained that gastroesophageal reflux is common in infancy and childhood and can increase the risk of bleeding, anemia and inflammation of the esophagus. To investigate whether the condition was associated with dental erosion, investigators examined 24 patients with reflux aged from 2 to 18.

Erosion of at least some enamel was noted in 20 patients or roughly 83 percent, and affected the posterior teeth. Half of the patients had mild erosion and one quarter had severe erosion of the enamel, the researchers found.

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Employing Quality Staff Is Best Investment for Practices

Of all management areas, outstanding staff management is the most important in building a successful practice, said Jennifer de St. Georges in the spring issue of New Dentist.

When dentists mishandle human resource responsibilities, this causes untold stress, high financial costs and, in today's climate of litigation, a good chance of expensive lawsuits, she said.

She said that current research shows that today's dentist has been, is, or will be embezzled. The embezzler, de St. Georges notes, is usually the most trusted employee, with the average theft being $80,000. The primary task should be to surround oneself with the best quality staff, she said.

In a general practice, dentists contain staff costs to about 33-35 percent, she said. Although the financial figures may be a good guideline for managing a practice, de St. Georges said dentists need to look beyond the figures to see the long-term financial benefit of hiring quality staff.

She recommends hiring the most experienced clinical staff that money and the marketplace will allow. For administrative staff, she recommends that well-established practices hire nondental staff. According to de St. Georges, the most clinically trained staff does not thrive in the administrative arena.

She cites five areas outside dentistry which provide outstanding dental administrative staff:

- Banks
- Airlines
- Restaurants
- Travel agencies
- Hotels

According to de St. Georges, people from these five areas of business have high levels of customer service training and experience. These employees have strong communication skills and can handle people.

For new practices, de St. Georges recommends hiring the most experienced and usually most expensive employee available. New dentists, she writes, lack management expertise. A good professional can single-handedly grow a practice in weeks and months to a level that could take years with lower-quality front desk employees.

Collections Depend on Solid Financial Policy

Dental practices lose one-fifth of what patients owe if they don't pay at the time of treatment, according to Sally McKenzie, CMC, in the April issue of Today's FDA, journal of the Florida Dental Association.

McKenzie notes the cost of staff time spent on billing and collections, printing costs, postage, the cost of aging receivables, and the expense of noncollectible debts total at least 20 percent.

Dentists must have a firm financial policy that includes payment options that work for the practice and for the patients. Payment for products and services shouldn't surprise anyone, she notes, and it won't if there is a written policy. She stresses that the dentist and the staff must make sure patients know the policy and must enforce it.

Although payment arrangements should be based on what's comfortable for the practice and the patients, she recommends establishing a structured series of payments that patients make as treatment progresses.

According to McKenzie, the most successful practices have an arrangement with a dental financing company. Instead of expending credit to a patient who can pay only $25 or $50 a month on a $1,000 balance, she says to consider letting a financing company assume the liability and pay the dentist at the time of treatment.

McKenzie said an alliance with a financing company frees the dentist from the task of determining who's a credit risk and what terms would be most appropriate for their risk level. And, she said, it keeps money from affecting the doctor/patient bond.

She said the best way to ensure payment is to have patients co-plan and co-own treatment. If dentists organize treatment plans by urgency or potential discomfort, McKenzie says it is simple to get patients to understand the need for treatment.

When a dentists has established need and the patient considers payment affordable, treatment-plan acceptance should be "a slam-dunk," she wrote.

Author Finds Upside to Having a Toothache

Dentures or a Toothache? That's no excuse for not eating well, according to Jim Moran. In his new book, Cuisine Après Dentist: All About Cooking, Eating, Laughing, and Helping Yourself After You've Been to the Dentist (Rutledge Books, Inc., $12.95), Moran provides readers with tips ranging from "how to fill a tummy after filling a tooth" to making the most of precious after-dentist time.

His humorous compendium of tips and recipes for people who have toothaches, dentures, or other chewing problems includes instructions for making Smashed Potatoes in Nine Flavors (including salmon, broccoli, and cheddar cheese), Indian Pudding, Red Flannel Hash, Eight Soft Turkey Croquettes and more.

Moran has devoted more than 20 years to the improvement of food quality. From McDonald's hamburgers to Hershey candy bars, from Hawaiian sugar to Taiwanese rice, his objective has been to make food better and safer for the consumer. Holder of six U.S., Canadian, and European patents on food inspection systems, he was chosen to receive the Outstanding Achievement Award in the field of engineering in 1981 from his alma mater, Rutgers University.

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California's colorful quilt of care is stitched with compassion

Debra Belt

Contributing Editors

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Like a quilt stitched together by the compassion, talent, and creativity of those who care about the millions in California without dental insurance, a patchwork of reduced-fee, sliding-scale, and volunteer community clinics covers the state. Helping to reinforce the blanket of care provided by the clinics are mobile dental vans, local dental society foundations, community action groups, and individual dentists who volunteer to treat the underserved in their own offices and in school-based programs.

Often referred to as a "safety net" for those who have no other options for dental care, the quilt is well-pieced-together in some areas and thread-bare in others. Heavily populated areas, especially those with dental or hygiene schools in the vicinity, have the most resources. Alameda County, for instance, benefits from the University of the Pacific Dental Clinic in Union City, and can also refer patients to the University of California School of Dentistry in San Francisco, in addition to a dozen other clinics offering a range of services. However, even in an area such as Alameda County, there are reports of long waiting lists for routine dental services, especially in the Oakland area. Likewise, Orange County and Sacramento report that some clinics are heavily backlogged and at times unable to accept patients.

Other, less-populated regions such as those served by Butte-Sierra District Dental Society and the Northern California Dental Society cover large geographical areas where resources are sparse and community clinics can be counted on one hand. These two local dental societies cover 15 counties, including rural areas such as Plumas County, where there is one community clinic, and Modoc County, where there are two.

Almost every one of CDA's 32 local dental societies reports receiving calls on a daily basis from people without dental insurance who are seeking dental care. San Francisco Dental Society has a referral hotline that receives approximately 200 calls a month, and the society itself receives about the same number of calls a month. Several local societies noted that it's often most difficult to find services for adults, as children's services are more available.

From Solana Beach to Eureka, Red Bluff to La Puente, and everywhere in between, dentists step up to help meet this need.

Community Clinics

The network of care threading through the state is varied. Clinic payment arrangements range from Medi-Cal, to

sliding-scale fees based on income, to reduced fees, to $10 fees, to free. This issue of the *Journal of the California Dental Association* includes a list of community and low-cost clinics, many of which are staffed or supported by CDA dentists. To list every volunteer and every effort would take several issues of the Journal. For years, the CDA Update member newsletter has profiled the individual efforts of volunteers, and there are still hundreds of untold stories. Although each story is unique, familiar themes are evident in volunteer profiles: They begin working with whatever resources are available – a donated room in a church or school, a local fairground, or their own office space. Volunteers also work tirelessly to recruit others to help in their effort, and they inevitably succeed. And without fail, the volunteers say they are compelled to do what they do as a way of "giving back" what has graciously been bestowed upon them.

St. Leo's Dental Clinic in Solana Beach is only one such story, but it illustrates the ongoing efforts around the state.

St. Leo's began the way many community clinics begin – with one or two determined volunteers working in whatever donated space is available.

In the case of St. Leo's, one dentist began providing dental care to uninsured children in a spare room at St. James Parish Hall. The year was 1995, and founder Robert Bobbitt, DDS, set up the three-chair clinic using donated equipment and took on "more patients than he knew what to do with." He had no grant funding and managed with the resources at hand: a few nondental volunteers and a lot of willpower.

Bobbitt worked for more than a year in the makeshift clinic, upgrading equipment and recruiting other volunteer dentists, hygienists, and assistants as he went along.

When St. James Church decided to refurbish Parish Hall, Bobbitt had to store the equipment and contemplate the fate of the clinic.

He began searching for a new location, and St. Leo's Mission offered a small patch of land where a dental facility could be built adjacent to the medical clinic. Roger Kingston, DDS, a local oral surgeon and on-call volunteer from the defunct clinic, joined the effort and contacted fellow Rotary Club members about helping with the project. Soon an architect was designing a new facility and contractors, roofers, plumbers, and other skilled tradesmen joined with Rotarians, church volunteers, local dental society members, and others from the community to build a new clinic.

What they built was a handsome, tile-roof facility with space for four dental chairs and a compact lab. In 2000, Bobbitt and his small brigade of volunteers moved in and once again began providing care to uninsured children younger than 12.

Bobbitt said the clinic helps provide service to children of working-poor families who are not eligible for Denti-Cal or Healthy Families. Those who utilize the clinic are mostly Hispanic families who have numerous access hurdles including finances, lack of transportation, and communication challenges.

The clinic is staffed on Wednesday nights and Saturdays, and the volunteer force has expanded to about 10 dentists. Bobbitt is retired from private practice and serves as the clinic director.

After moving into the new facility, the clinic expanded its role and began providing dental care to adults participating in the "Welcome Home Ministry," a program assisting women and men as they are released from prison. The clinic provides basic hygiene, restorative, and removable prosthetic services as part of an overall program providing shelter, clothing, counseling, and job interview skill development.

The clinic asks for a $10 donation from those utilizing the clinic, and 95 percent of the clinic's patients make the donation. Bobbitt noted that the fee adds a perceived value to the care provided and gives patients a sense of pride to be able to contribute to the clinic.

The clinic continues to survive on support from individuals and service clubs and recently received a $10,000 grant from the Foundation of the Pierre Fauchard Academy, an international dental honor society. The grant money will be used to replace an X-ray machine that is beyond repair and for supplies and laboratory services not donated.

The listing of clinics in this issue includes the names of many clinics with similar, noble stories: St. Raphael Sister Ann, Sonrisas, Su Salud, Dientes!, and Tzu Chi to name only a few.

Local Dental Society Foundations and Mobile Clinics

Helping to add another layer of coverage are local dental society foundations made up of dentists who volunteer their time and often their office space to help care for those in need. Local foundations range from the long-established such as the Marin County Dental Care Foundation and the Mid-Peninsula Dental Society Dental Health Foundation to the newly formed Alameda County Dental Society Dental Health Foundation. Other local dental society foundations include the Erwin N. Lebow Children's Dental Health Foundation in Contra Costa County, Harbor Dental Health Community Services, Inc., and the Santa Barbara-Ventura Dental Care Foundation.

One of the oldest component foundations is the Mid Peninsula Dental Health Foundation, which began in 1969, founded by Alvin Janklow, DDS. The society hosts annual fundraisers and member dentists contribute money to the support the 40 or so dentists who help care for patients.

Further extending the reach of dental care are mobile dental vans that travel to underserved areas and schools. Mobile vans are operated by and in conjunction with number of different agencies including county health departments, clinics such as the Tzu Chi in Alhambra, charities such as Ronald McDonald House, and organizations such as the Health Trust in Santa Clara County.

Additional Efforts

Additionally, individual dentists throughout California step up on a daily basis to provide care and support in a number of other ways. From finding ways to secure funding for programs to teaming up for children's dental health days and sealant clinics, dentists do more than volunteer in clinics.

A group of dentists in Tulare-Kings Dental Society this year teamed up with Tulare County Health Department's "Adopt-a-Child" program and provided cleanings, sealants, fillings, and extractions to as many underserved children as possible on Feb. 22 for "Dentists of a Heart Day."

Six dentists in Tulare-Kings -- Amy Coeler, DDS; David Humerickhouse, DDS; Fred Buettner, DDS; Steven Kindy, DDS; Gerald Schneider, DDS; and Richard Barnes, DDS -- volunteered their time, staff and office space to provide essential dental care to children.

"The group planned to try to cover as much geographic area as possible in the two counties and is also developing treatment plans before the actual event to help make the day as productive as possible," Humerickhouse said.

In striving to make the day even more successful, Loann Van Gronigen at the Tulare County Health Department is working to provide volunteers to drive children and their guardians to the dental offices.

"This kind of teamwork helps break down the transportation barrier that is often an issue in access to care," Humerickhouse said.

In Carpinteria, volunteer dentists have been conducting screenings in schools during Children's Dental Health Month for more than 15 years.

This year, a group of six dentists conducted screenings in the area's elementary schools in February. Volunteering for the effort was Robert J. Berkenmeier, DDS; John E. Conti, DDS; Loren K. Churchman, DDS; John W, Marsh, DDS; Janice M. Sugiyama, DDS; and Gerald A. Malovos, DDS.

"Carpinteria is a small, contained area, so we don't have a difficult time determining which schools to screen," Sugiyama said. "We simply go to all of the elementary schools, which is four."

The dentists spread the screening dates throughout the month and last year screened several hundred children during February.

"This is a small town, and all of us want to do what we can to help our community," Sugiyama said.

That sentiment is common throughout the state and motivates many CDA dentists to use their professional skill and compassion to help reinforce the patchwork of care in California.

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Dental Clinics List

Compiled by Debra Belt

Following is a listing of the dental clinics in California compiled from information supplied by the executive directors of CDA's local dental societies. This is not a complete listing of every dental clinic in the state, but is re presentative of the clinics where CDA members are active and where local dental societies refer those seeking dental care.

CDA will be updating and adding to the list as time goes on. If you know of a low-cost or volunteer community clinic in your area that is not on this list, please contact David Pisani (800) 736-7071, Ext. 4560, or send an e-mail to davidp@cda.org.

Alameda County Dental Society/ Berkeley Dental Society/ Southern Alameda County Dental Society

Central Health Center Dental Clinic, Oakland, (510) 271-4211

Highland Hospital Dental Clinic, Oakland, (510) 437-4473

La Clinica de La Raza Dental, Oakland, (510) 535-4000

Berkeley Free Clinic, Berkeley, (510) 548-2745 (switchboard: 548-2570)

Life Long Dental, Berkeley, (510) 280-6080

Children's Hospital Medical Center Dental Clinic, Oakland, (510) 428-3316

Native American Health Center Dental, Oakland, (510) 535-4410 (ask for dental clinic)

West Oakland Health Center, Oakland, (510) 835-9610 (ask for dental)

Chabot College Dental Hygiene Clinic, Hayward, (510) 723-6900

Fairmont Hospital Dental Clinic, San Leandro, (510) 667-3206

University of the Pacific Union City Dental Clinic, Union City, (510) 489-5200

Silva Pediatric Clinic, Hayward (510) 780-9119

Eastmont Wellness Center, Oakland, (510) 383-5144

East Oakland Family Health Center, Oakland, (510) 613-2210

Special Dental Programs in Alameda County

California Children's Services Alameda County Health Services Agency Orthodontics, Oakland, (510) 628-7920

University of California, San Francisco, School of Dentistry (415) 476-5692

University of Pacific School of Dentistry, San Francisco, children's clinic, (415) 929-6550; orthodontic clinic, 929-6555; adult clinic, 929-6501; oral surgery, 929-6473

Alameda County Dental Society Dental Health Foundation. The Foundation is newly established by ACDS and is expected to be treating its first patient this summer.

The Foundation will help provide dental care to children not eligible for Medi-Cal or Healthy Families and hopes to extend care to other populations in need. The Alameda County Health Department will identify children in need of dental care. Seed money for the Foundation was secured through member donations and a fundraising auction. For more information, call Norma Claassen (510) 547-7130.

Berkeley Dental Society

See Alameda County Dental Society

Butte-Sierra District Dental Society

Peach Tree Clinic, Marysville, (530) 749-3242

Lindhurst Family Health Center, Olivehurst, (530) 743-4611

Central Coast Dental Society

Nipomo Community Health Center, Nipomo, (805) 929-3254

San Luis Obispo County in conjunction with the Partnership for Children is working to open a clinic for children in January 2003.

San Luis Obispo County also operates the Help a Child program and works with volunteers from CCDS who will provide dental care to underserved children.

Nonprofit United Voluntary Services, a long-standing service operating a thrift shop where the profits go to help fund orthodontic care for children in the county, (805) 543-1545

Contra Costa Dental Society

Bay Point Community Clinic, Bay Point, (925) 427-8297

Brookside Health Center, San Pablo, (510) 215-9092

La Clinica de la Raza, Pittsburg, (925) 535-4215

Erwin N. Lebow Children's Dental Health Foundation. CCDS Foundation has approximately 100 dentists who volunteer to provide dental care for children age 2 through 18. The Foundation works with various county, hospitals, and community nonprofit organizations in seeking eligible children for the Foundation's benefits. The Foundation is also working to establish a mobile dental clinic and hopes to have it providing care for the children of Contra Costa County by spring of 2003. For more information, call Scot Lawler at CCDS, (925) 932-8662.

Dental Health Action Group. CCDS also participates in a community action group that meets monthly to work on goals of improving dental health in Contra Costa County. The Action Group was started by the county in 2001 and includes 20 various agencies, services and dentists.

Fresno-Madera Dental Society

Central Valley Indian Health Clinic, Clovis, (559) 299-2570

Community Health System (University Medical Center), Fresno, (559) 453-5725 or 453-5755

Mendota Dental Clinic, Mendota, (559) 655-4221

Holy Cross Dental Clinic, Fresno, all-volunteer clinic providing emergency care, (559) 442-4108

United Health Center, Parlier, (559) 646-3561

Darin Camarena Health Centers, Inc., Madera, (559) 664-4065

Huron Family Health Center, Huron, (559) 945-2541

Love Incorporated Church Services Network. Local dentists sign up with this program to see patients on a sliding-fee basis. (559) 224-9599.

Healthy Smiles Mobile Dental Van, helps provide dental care to remote areas in Fresno and Madera counties, (559) 229-3201

Fresno City College Dental Hygiene Program, (559) 442-4600

Harbor Dental Society

Assistance League of Long Beach, San Pedro, (310) 832-5295 or 832-8355

Assistance League of Long Beach Orthodontic Center, (562) 985-1165

Children's Dental Health Clinic at the Long Beach Memorial Hospital -- Miller Children's Hospital, (562) 933-3141

Children's Dental Health Clinic, satellite clinic, Long Beach, (562) 428-6515

Children's Dental Health Clinic, satellite clinic, Hawaiian Gardens, (562) 429-1423

Children's Dental Health Clinic, satellite clinic, Bellflower, (562) 804-8100

Children's Dental Health Clinic, satellite clinic, Avalon, (562) 933-3141

Long Beach Comprehensive Health Center, operated by Los Angeles County Health Department, (562) 599-2153

PTA Clinic, San Pedro, (562) 547-3830

Senior Citizens Dental Clinic at Long Beach Senior Center, (562)-570-3531, Ext. 248

St. Mary's Medical Center C.A.R.E., Long Beach, (562) 491-9905 or (800) 347-9165

Harbor Dental Health Community Services, Inc., a non-profit foundation established by the Harbor Dental Society. The foundation operates two programs, one working with residents of Su Casa, a home for battered women. The other program works with residents of the Flossie Lewis Center, a home for women recovering from drug or alcohol dependency. Both programs provide dental care to women seeking to enter the work force. For more information, call Mary Crawford-Raasveld, (562) 595-6303

Humboldt-Del Norte Dental Society

College of the Redwoods Dental Clinic, Eureka, (707) 476-4250

Willow Creek Dental Clinic, Willow Creek, (530) 629-2155

Sealants and Smiles Project, a collaboration between the Humboldt-Del Norte Dental Society, the County of Humboldt, St. Joseph Hospital, College of the Redwoods, California Conservation Corps, and four local schools. This June marked the successful completion of the first project where 50 dental professionals volunteered their time to serve more than 200 children in first through sixth grades. For more information, contact Laura McEwen, County of Humboldt Department of Health and Human Services, (707) 476-4980.

Kern County Dental Society

Bethany Homeless Shelter Dental Clinic, open Fridays, trauma only, (661) 322-9199

Clinica Sierra Vista, Lamont, (661) 845-3688

Baker Street Clinic, Bakersfield, (661) 632-2144

National Health Service Clinics, Lost Hills and Wasco, (661) 758-5903;

Buttonwillow, (661) 764-5257; Delano, (661) 721-7080.

Los Angeles Dental Society

Arroyo Vista Family Health Center, Los Angeles, (323) 254-5221 and 254-5225

Children's Hospital, Los Angeles, (213) 669-2130 and (310) 855-6361

Clinica Oscar A. Romero, Los Angeles, (213) 482-6400

Elias Chico Clinic, Los Angeles, (323) 266-4690

Franciscan Health Center (Queenscare Family Clinic, four locations), Los Angeles, (213) 413-1050

H. Claude Hudson Comprehensive Health Center, Los Angeles, (213) 744-3621

Hubert H. Humphrey Comprehensive Health Center, Los Angeles, (213) 846-4080 and (213) 846-4092

Los Angeles Free Clinic, Los Angeles (323) 653-1990

L.A. County/USC Medical Center, Los Angeles, (323) 226-5013

Pediatric and Family Medical Center, Los Angeles, (213) 746-1037

PTA Los Angeles 10th District Dental Clinic, sponsored by LADS, (213) 745-7066

R.E. Greene/LeBaron Dental Center, Los Angeles, patients must be clients of AIDS Project Los Angeles, (213) 993-1388

St. John's Well Child Center, Los Angeles, (213) 749-0947

USC School of Dentistry, Los Angeles, children, (213) 740-0412; adults, (213) 740-2862

Children's Dental Clinic, Los Angeles, (310) 668-6400.

Martin Luther King/Drew Medical Center, Los Angeles, (310) 668-4201

Watts Health Foundation, Los Angeles, (323) 564-4331

Community Health Foundation, Los Angeles, (three locations), Whittier Boulevard (213) 266-5665; Cruzado Lane, (213) 780-6350; Gage Avenue, (213) 780-6330

PTA 10th District Bridge Street Dental, Los Angeles, (323) 225-1944

Roybal Comprehensive Health Center Los Angeles, (213) 780-2260

Cesar E. Chavez Clinic, Los Angeles, school-based clinics in three locations, (213) 881-1112

East Los Angeles Health Task Force, (323) 261-2171

Martin Luther King GP Residency Los Angeles, (310) 668-4671

Rancho Los Amigos Medical Center, Downey (562) 401-7251

Marin County Dental Society

Marin County Dental Services, San Rafael, (415) 446-4425

Marin County Dental Care Foundation, founded by members of the Marin County Dental Society 20 years ago. A network of 35 dentists volunteers to provide care to those who apply with the Foundation. For more information, call (415) 472-7974.

Mid-Peninsula Dental Society

Mid-Peninsula Dental Society Dental Health Foundation, in operation for 33 years. Approximately 30 dentists -- including oral surgeons, pediatric dentists and endodontic specialists -- work as volunteers to see patients on a sliding-fee basis, (650) 328-2242.

Monterey Bay Dental Society

Dientes Community Dental Clinic, Santa Cruz, (831) 459-9211

Clinica de Salud del Valle de Salinas, five locations, Salinas, (831) 757-1365;

Castroville, (831) 633-1514; King City, (831) 385-5945; Greenfield, (831) 674-5344; Soledad, (831) 678-0881

San Benito Health Foundation Dental Clinic, Hollister, (831) 637-1897

Napa-Solano Dental Society

Sister Ann Community Dental Clinic, Napa, (707) 258-6128

Solano County Clinic, Fairfield, (707) 435-2120

Northern California Dental Society

Butte County

Oroville Family Dentistry Clinic, Oroville, (530) 533-6484

Northern Valley Indian Health Clinic, Inc., (530) 896-9400

Glenn County

Orland Family Health Center, Orland, (530) 865-5544

Northern Valley Indian Health Clinic, Willows, (530) 934-4641

Lassen County

Lassen Indian Health Center, Susanville, (530) 257-2542

Modoc County

Canby Family Practice, operated by In Search of Truth, Canby, (530) 233-4641

Big Valley Medical/ Dental Center, Bieber, (530) 294-5241

Plumas County

Plumas Community Clinic, Inc., Quincy, (530) 283-3915

Shasta County

Shasta Trinity Rural Indian Health Clinic, Redding, (530) 224-2700

Hill Country Community Clinic, Round Mountain, (530) 337-6243

Shasta County Community Clinic, Redding, (530) 242-1957

Pit River Health Service, Burney, (530) 335-3651

Siskiyou County

Butte Valley Rural Health Center, Dorris, (530) 397-8411

Tulelake Rural Health Center, (530) 667-2217

Karuk Indian Health Clinic, Yreka, (530) 842-1623

Tehama County

Red Bluff Community Clinic, Red Bluff, (530) 529-2567

Orange County Dental Society

Share Ourselves, Santa Ana, (949) 650-0640

Lestonnac Clinic, Orange, (714) 633 4600

La Amistad Family Clinic, Orange, (714) 771-8006

Gary Center, La Habra, (562) 691-3263

Children's Dental Clinic Santa Ana, (714) 834-8480

St. Jude Dental Center, Buena Park, (714) 522-8723

Camino Health Center, San Juan Capistrano, (949) 488-7682

Redwood Empire Dental Society

St. Joseph's Health Foundation, Santa Rosa, operated by Memorial Hospital, (707) 547-2221

Russian River Health Center, Guerneville, (707) 869-2849

Alliance Dental Center, Healdsburg, (707) 433-8161

Sacramento District Dental Society

Sacramento City College Dental Health Clinic, Sacramento, (916) 558-2303

C Street Clinic, Sacramento, (916) 874-8300

Davis Clinic, Davis, (530) 757-4667

Urban Indian Health Project Dental Clinic, Sacramento, (916) 441-0960. (Clinic currently has a waiting list for dental treatment.)

San Diego County Dental Society

Comprehensive Health Center, San Diego, (619) 231-9300, Ext. 3134 for dental

Escondido Community Clinic, Escondido, (760) 737-2018

Family Health Center (formerly Logan Heights Health Center), San Diego, (619) 234-8171

San Ysidro Health Center, San Ysidro, (619) 662-4180

San Diego American Indian Health Center, San Diego, (619) 234-2158

San Diego Children's Dental Health Center (619) 234-8131

St. Vincent de Paul Village Dental Clinic, provides free dental care to residents of the village, (619) 234-8131

Brother Benno's Foundation, Oceanside, (760) 439-1244

St. Leo's Dental Clinic, Solana Beach, (858) 756-4592

San Fernando Valley Dental Society

Hart Street Dental Branch, Canoga Park, (818) 883-1029

Meet Each Need With Dignity, Pacoima, (818) 896-0246

Northeast Valley Community Dental Clinic, San Fernando, (818) 899-0021

Olive View Dental Clinic, Pacoima, (818) 8990021

San Francisco Dental Society

Potrero Hill Health Center, San Francisco, (415) 648-7609

Southeast Health Center (Bayview), San Francisco, (415) 715-4066

Silver Avenue Family Health Center, San Francisco, (415) 715-0330

Chinatown Neighborhood Health Center, San Francisco, (415) 705-8536

San Francisco General Hospital Oral Surgery Clinic, San Francisco, UCSF residency program, (415) 206-8104

Native American Health Center, San Francisco, (415) 621-8056

Northeast Medical Service, (415) 391-9686

CARACEN, San Francisco, free dental and health care to Central American refugees age 7 and older, (415) 824-2330

Veteran's Hospital Dental Services, San Francisco, for veterans who meet eligibility requirements, (415) 750-2046

South of Market Health Center, San Francisco, (415) 626-2951

University of the Pacific Dental Clinic, (415) 929-6501

University of California, San Francisco, Dental Clinic, (415) 476-1891

Referral hotline, (415) 421-1435

San Gabriel Valley Dental Society

(Referrals also made to clinics in Los Angeles. See Los Angeles Dental Society.)

Buddhist Tzu Chi Free Clinic, Alhambra, (626) 281-3383

El Monte Comprehensive Health Center Dental Clinic, El Monte, (626) 579-8463

San Gabriel Valley Foundation for Dental Health, La Puente, for children age 2 to 14, (626) 934-2892

Pasadena City College, Pasadena, dental cleaning, exams and X-rays only, (626) 585-7881

San Gabriel Valley Foundation Dental Health Clinic, La Puente, (626) 934-2894

San Joaquin Dental Society

Bright Smiles, a program providing free orthodontic care to children. Local orthodontists and oral surgeons provide services. Contact Lyndon Low, (209) 487-4050.

Calaveras Children's Dental Project, school-based program providing screening, education, and preventive services to underserved children. Contact Cindy Lyon,

(209) 728-1429.

San Joaquin General Hospital Dental Clinic, French Camp, (209) 468-6109

Su Salud Community Disease Prevention and Education Center at San Joaquin General Hospital, (209) 468-7200

St Raphael's Dental Clinic, Stockton, free clinic, service provided by volunteers from the community, (209) 728-1429

San Mateo County Dental Society

Sonrisas (Smiles) Community Dental Clinic, Half Moon Bay, (650) 726-2144

Santa Barbara-Ventura County Dental Society

Salvation Army Dental, Oxnard, (805) 487-2074

SBVC Dental Care Foundation, works to obtain Proposition 10 funding to support oral health projects for children, (805) 643-3670

Santa Clara County Dental Society

Alviso Health Foundation, Alviso, (408) 262-7944

CompreCare Health Center, San Jose, (408) 254-5185

Chaboya, San Jose, (408) 494-3330

St. James Health Center, San Jose, (408) 280-0177

Franklin McKinley, fixed-site and mobile clinic through school district, San Jose. Contact the Health Trust for scheduling, (408) 283-6200

Gardner Community, San Jose, (408) 998-8812

Gardner South County Dental, Gilroy, (408) 846-6473

Indian Health Center, San Jose, (408) 445-3410

Dental Caremobile and Ronald McDonald Mobile Dental, various sites. Contact Santa Clara Valley Health and Hospital System, Community Health Services, for scheduling, (408) 793-6576

PRASAD Children's Dental Health Program, mobile clinic, for scheduling, (408) 937-4858

Southern Alameda County Dental Society

(Also see Alameda County Dental Society.)

Chabot College Dental Hygiene Clinic, Hayward, (510) 723-6900

Silva Pediatric Clinic, Hayward, (510) 780-9119

Stanislaus Dental Society

Stanislaus County Health Service Agency Dental Clinic, Modesto, (209) 558-8478

Tri-County Dental Society

Eastside Dental Clinic, Riverside, (909) 276-0668

Bloomington Dental Clinic, Bloomington, (909) 746-0840

Sach Norton Dental Clinic, San Bernardino, (909) 382-7100

Victor Valley Community Dental Service Program, Hesperia, (760)-961-0100

Tulare-Kings Dental Society

Good News Dental Clinic, open Fridays, emergency only, Visalia, (559) 734-0483

Tulare Community Health Clinic, Tulare, (559) 686-9097

Avenal Community Health Center, Avenal, (559) 386-4500

Lindsay Rural Health Clinic, Lindsay, (559) 562-1343

United Health Clinic San Joaquin Valley, Orange Cove, (559) 626-4031

Western Los Angeles Dental Society

South Bay Free Clinic, Redondo Beach, (310) 376-0791

The Children's Dental Center, Inglewood, (310) 419-3000

UCLA School of Dentistry, Los Angeles, (310) 206-3904

Santa Monica Hospital Medical Center, Santa Monica, (310) 319-4724

UCLA Venice Dental Clinic, Venice, (310) 392-4103

South Bay Children's Health Center Association, Inc., Redondo Beach, (310) 316-1212

Yosemite Dental Society

Local dentists conduct screenings once or twice a year in conjunction with the Merced County Health Fair. For more information, call YDS, (209) 722-3576.

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Dental Schools Teach Philosophy of Service

COLLETTE KNITTEL

AUTHOR

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In a time when dental school graduates are grappling with mounting debts and substantial loans, it might seem that students would be reluctant to volunteer their time and services. According to the ADA's 2000 Survey of Dental Graduates, 91 percent of students graduating in 1999 came out of dental school with educational debt, which averaged $141,660.

Despite the financial reality of completing dental school, both students and the five California campuses have stepped up their efforts in the area of community service, dedicating both time and resources to help underserved communities.

Some schools, such as Loma Linda University, require that students complete what they call "service learning" as part of their curriculum, while others, such as the University of the Pacific, host programs with a 100 percent student participation rate. Either way, dental students are on the move, climbing into mobile clinic vans, clamoring onto airplanes destined for foreign lands, and piling into cars headed for health fairs, thereby fueling a community service renaissance in California schools.

Theories as to why this new volunteer movement has taken hold range from a raised awareness to a sense of professional obligation. The surgeon general's sobering Report on Oral Health in 2000 and the grim events of Sept. 11 have also brought to the forefront the importance of helping those in need.

"Sept. 11 affected everyone," said Fred Kasischke, DMin, assistant dean for Admissions and Service Learning at Loma Linda's School of Dentistry. "People are realizing there's more to life than making money."

There is a well-developed sense in the dental community that oral health care providers, as educated professionals, have an obligation to educate and serve others.

"The commitment dental schools are trying to cultivate among students is that part of the ethical requirement of being a professional entails caring for those in need, regardless of financial circumstances," said Charles Bertolami, DDS, DMedSc, dean of the School of Dentistry at the University of California in San Francisco. "The idea is that if you're going to be part of a profession, you must profess something."

The following is a school-by-school update of what California's five dental campuses are doing to help underserved groups and communities throughout the state and abroad.

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Loma Linda University School of Dentistry

Loma Linda has a history of service-oriented learning and continues to be a leader in outreach programs for the less fortunate.

"The School of Dentistry intends its service learning program to provide concrete examples of how dentistry and dental hygiene can be, at its heart, an endeavor to serve people's basic needs," Kasischke explained.

At Loma Linda, the dental hygiene student engages in a minimum of 30 hours and the dental student is involved in 120 hours of service over the course of their respective programs. Students have the option of satisfying this requirement in a number of ways, including school clinics, health fairs, and international trips.

There are a variety of clinics set up for those who wouldn't otherwise receive dental care, including a fixed, five-chair clinic in Mecca, Calif., at a school with one of the poorest academic performance in the state. Weekly during the school year, teams from Loma Linda travel to Mecca's Saul Martinez Elementary School, Victoria Elementary School in San Bernardino, and Lugonia Elementary School in Redlands to screen and treat schoolchildren. Once a year, they host a family day, during which parents and siblings of the children may visit the school and receive treatment. Loma Linda students also volunteer monthly at the Share Our Selves Clinic and at the Compassion Clinic twice each month. Clinic With a Heart is an annual event where the campus opens its doors to the community while students, faculty, and staff provide dental services, no questions asked. It is anticipated that a newly acquired mobile clinic van will aid in providing treatment to additional elementary schools and board and care facilities for the elderly.

The most popular among the service learning options at LLU are the two-week Students in Mission Service-affiliated trips that take place during the school's academic breaks. Groups of students, faculty advisers, and LLU alumni travel abroad to work in various conditions -- ranging from rustic clinics to bare dirt -- and treat people who would otherwise have no access to dental treatment. Trips this year include Malawi, Fiji, the Gilbert Islands, Armenia, Yap, Nicaragua, Haiti, Papua New Guinea, El Salvador, Belize, the Ukraine, and Mexico.

According to Kasischke, one of the goals of sending students out on service-learning projects is to experience firsthand the problems associated with access to care and underserved populations.

"We are hoping that their volunteering will be a lifelong pattern," Kasischke said. "Or that they choose to practice in an area that needs service."

Eunice Hong, who is now in the orthodontic specialty program at LLU, recently returned from a trip to Armenia, where she helped provide dental care to children in an orphanage.

"I will never be the same again," Hong said upon returning. "I had no idea there was so much need and that, as a student with developing skills, I could help alleviate that need in the lives of so many little ones. It enabled me to discover why I was doing dentistry, and helped me refocus my efforts to be the best I could be."

Experiences such as Hong's are not uncommon at Loma Linda, and they have some impressive numbers to illustrate their commitment to their motto, "Yes we care. Yes we can." From June 1, 2000, to May 31, 2001, 935 students took 216 different trips (local and abroad) and performed 10,338 procedures on 7,206 patients.

University of Southern California School of Dentistry

USC offers its students many opportunities, both within the curriculum and on a volunteer basis, to serve the diverse oral health needs of the surrounding communities. The USC Mobile Clinic has been in operation since 1965, when a member of the school's oral surgery faculty and several dental students visited a remote site in Mexico to provide emergency dental care and information on prevention of dental disease. Over the years, the USC Mobile Clinic has moved closer to home and has narrowed its focus to treating schoolchildren. In its 36-year history, the clinic has provided dental care to 75,000 children from low-income families.

What was once a single van has turned into a mobile dental fleet. The program has expanded to include a 36-foot mobile coach and three 48-foot fifth-wheel trailers. During the 2000-01 school year, approximately 300 dental and dental hygiene students, under the supervision of Randall Niederkohr, DDS, clinic director, and Charles Hsieh, DDS, associate director, participated in the program along with students from UCLA and other California schools.

A collaboration between USC, QueensCare, the Everychild Foundation, and the Los Angeles Unified School District expanded USC's mobile efforts this year. Student volunteers, under the supervision of Director Brian Kelleher, DDS, now bring free comprehensive dental care to schoolchildren in some of Los Angeles' most disadvantaged neighborhoods.

Students at USC have also developed

their own volunteer group called Doctors Out to Care. The program, now part of the school's curriculum, was founded in 1993 by third-year dental student Adel Tawfilis, DDS, who is now an oral and maxillofacial surgeon in San Diego. First-year dental students visit second-graders at one of seven local elementary schools and teach a five-session series on the basics of oral health. At the end of the series, children are tested to see how much information they retained. During their four years of school, the dental students work with the same group of kids to give them annual oral screenings to assess whether the program has been beneficial.

In addition to several mobile and stationary clinics, USC students also spend their time on a variety of specialized programs. Weekly, they provide screenings and oral health care at the Hollenbeck Home, a retirement community located in the Boyle Heights area in downtown Los Angeles. Through the USC's clinic at the Union Rescue Mission, students provide comprehensive care for inner-city homeless. Each year, students volunteer to provide oral screenings to developmentally disabled athletes in the Special Olympics Special Smile program. They also participate in a variety of health fairs and a sealant project, where more than 300 inner-city elementary school students receive dental sealants each year.

"USC has a long-standing commitment to volunteering in our local communities," said Roseann Mulligan, DDS, associate dean for Community Health Programs. "It's part and parcel of the fabric of our educational philosophy. Recently, we have increased our focus to provide more experiences in caring for disadvantaged populations that are truly reflective of the cultural and economic diversity found in California."

Community service has become such an integral part of the educational experience that USC faculty and administrators are in the process of developing a study that will measure how beneficial these experiences are for students.

"We know that more than 11,000 were served by our programs last year and that our students are enthusiastic in their support of these projects," Mulligan said. "We are developing a service learning student evaluation to quantify the effects of these experiences."

The survey will follow students into their professional careers to determine whether they adopt a permanent philosophy of volunteerism and community service.

"We would like the outcome to be that once our students graduate they feel, as a health care provider, they have a responsibility to their community that reaches beyond the people who walk into their office," Mulligan said.

University of the Pacific School of Dentistry

Proudly reporting a 100 percent student participation rate in volunteer community service programs, UOP provides its students with a variety of opportunities in addition to their required clinical rotations. Most of these programs are organized and implemented through a student-run organization called Student Community Outreach for Public Education, or SCOPE. Started in 1993 by five visionary students and one faculty member, SCOPE is dedicated to oral health promotion to underserved groups.

"The SCOPE program offers our diverse student body a chance to become involved in the community and to get a sense of what it means to be a health care provider," said Chad Hicks-Beach, UOP Class of 2004 and SCOPE participant. "It's an opportunity for student volunteers to use our knowledge and skills to provide care and instruction to those in need."

Students create and volunteer in events such as community health fairs, classroom presentations and screenings, senior health programs, and sealant days. During the 2000-01 school year, SCOPE placed more than 700 sealants, and screened and educated more than 800 adults, children, and elderly individuals. In addition, they visited 50 classrooms or agency programs to provide health education lectures.

"Imagine expanding your experience and understanding of diverse, underserved community groups while being mentored and inspired by faculty, fellow upper-class students and alumni," said SCOPE President Jules DiGurno. "It's a dynamic mentor-model."

In March of 2002, former SCOPE President Michelle Feliciano-Turner showcased the program and accepted an award at the American Dental Education Association's Quest for Excellence in Dental Education Symposium in San Diego. SCOPE was judged to be one of the most distinctive and exciting examples of excellence in student-led community service projects among the 55 U.S. dental schools.

Class of 2001 SCOPE President Michael French noted that the SCOPE program has evolved continuously and prepares to celebrate its 10th anniversary in 2003.

"This innovative student service model motivates students to expand service to the community beyond a 'dental' focus as students volunteer for programs such as Habitat for Humanity, Hands-on San Francisco, and Mission District Food Drives," French said. "If a student can experience giving back to the community

prior to graduation, then they are prepared to carry on with that service in their professional life."

Another significant community-oriented program put together by UOP and supported by the California Endowment is a $2 million grant project that creates and places "dental social workers" in regional centers throughout the state to serve as an intake and referral resource for people with disabilities.

"In collaboration with these centers, we continue to expand the development of community resources and to mount a statewide effort to improve access to local dental services for people with disabilities," noted Christine Miller, RDH, MHS, MA, associate professor and director of Community Programs.

Additional objectives of this community-based model are to train and support local dental professionals, continue a Statewide Task Force on Oral Health for Persons with Special Needs, expand the Dentist Training and Dental Hygiene Educators projects, and promote the Adopt-a-Home program throughout California. The goal is to promote system-wide, long-term solutions to oral health barriers for people of all ages with disabilities.

UCLA School of Dentistry

Like Loma Linda, UCLA also makes service learning part of the academic curriculum. To graduate, students must take an eight-hour elective service credit, though there are a variety of options that will satisfy the course. UCLA students often join the students at USC on their mobile clinic trips, where they travel on weekends, and sometimes stay overnight.

"When they stay in the community, students get a true sense of what it's like," said Karen Lefever, PhD, academic coordinator. "They get together and discuss it afterward and try to understand the experience."

In addition to the mobile clinic trips, UCLA students often go out into different ethnic communities and provide oral health care at neighborhood clinics. The Salvation Army also has a clinic in downtown Los Angeles where students provide preventive and restorative care and screenings. Every Thanksgiving, students volunteer at a screening at the Santa Monica Civic Center. While homeless people are gathered at the center, students pass out toothbrushes, toothpaste, and floss, and perform oral screenings. First-year dental students can get involved by bringing along models and demonstrating the proper way to brush and floss.

"The impetus for many of these programs comes from the students," Lefever said. "It is a student-driven movement. It has really been a delight to see how excited and enthused students are about helping others."

Local community health fairs are also a popular credit option for students, as all levels can participate. Students further along in their schooling can accompany a UCLA-based group on their travels to Baja to help perform oral surgery at a clinic in Mexico, sponsored by Rotary International.

"Our hope is if they are supported in their efforts to volunteer as a student, they will continue to give back to their communities when they have practices of their own," Lefever explained.

University of California San Francisco School of Dentistry

With UOP and UCSF in proximity to each other, the San Francisco community receives a double dose of oral health services. In addition to requiring clinic rotations at San Francisco General Hospital in the low-income Mission District, UCSF encourages students to serve in community clinics located in rural areas that stretch from Tehama County to San Ysidro.

"Part of the reason underserved areas exist is because of geography," said Dean for Administration Julian Ponce. "Our hope is that when we send students into these rural clinics, they will have a chance to get to know the communities and the issues they face, and that they will consider practicing in an underserved area."

The off-site student rotations facilitated by affiliation agreements with federally funded and community clinics are an important outreach effort at UCSF. The school currently provides care to underserved communities through Shasta Community Health Center in Redding, La Clinica de la Raza in Oakland, San Ysidro Health Center in San Ysidro, Red Bluff Community Dental Clinic in Tehama County, and the Bay Area Women's and Children's Center in San Francisco's Tenderloin District. School officials are negotiating additional affiliation agreements with Dientes! Community Dental Clinic in Santa Cruz, the Restorative Dental and Dental Hygiene Clinic of Santa Rosa Community College in Santa Rosa, the Del Norte Community Clinics in Marysville, and the Alameda County Community Health Clinics in Alameda.

The most popular elective course at UCSF is one that allows students to take part in a clinic for the city's homeless. Roughly 100 dental and dental hygiene students participate each year, visiting citywide shelters and conducting screenings and interviews for approximately 80 to 100 patients per month. Selected patients are transported to campus one night a week for operative

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care provided by students and supervised by volunteer faculty. Approximately 650 patients are screened per year and 240 procedures are provided at no charge.

UCSF is also in a unique position to offer skilled dental care to HIV-positive San Franciscans, having sites convenient to all neighborhoods of the city, an internationally renowned faculty, and students who are experienced in providing expert, sympathetic treatment to patients with HIV disease. The program is funded under a Title I Ryan White contract with the city of San Francisco to provide $434,000 per year for dental care to HIV-infected city residents.

"Students are, by nature, idealistic and empathetic," Ponce said. "We are working on adding access-to-care issues to our educational curriculum so students can learn about the state of general oral health in California and in our country."

By nature, the subject of education has always lent itself to a sense of commitment to helping the less fortunate. Former professor of English and dean of Barnard College in New York City Virginia Crocheron Gildersleeve wrote, in her 1954 book called Many a Good Crusade, "the ability to think straight, some knowledge of the past, some vision of the future, some skill to do useful service, some urge to fit that service into the well-being of the community -- these are the most vital things education must try to produce."

As access-to-care issues surface and further cuts to an already unstable health care system seem inevitable, the role of service learning becomes increasingly significant in California dental schools. Both students and faculty are making a collective effort to reach in and help out. They realize that, as our state continues to grow and change, the role of the oral health professional must also evolve to meet the needs of the state's residents.

"The dental profession cannot be isolated from the changes in demographics affecting the entire state," UCSF's Bertolami said. "The dental schools' curricula recognize this and have adapted to it."

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California Dentists Give Time and Money to N.Y.

COLLETTE KNITTEL

AUTHOR

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It is impossible to quantify kindness.

Still, as days turn into a series of Xs and months are torn off the calendar, the anniversary of Sept. 11 approaches and with it the need to acknowledge the hours volunteered and the dollars donated in the relief attempt. Forensic dentists and the dental community as a whole gave generously and were instrumental in the recovery process.

The CDA Foundation currently reports $81,290 has been raised for the Sept. 11 Relief Fund. Money from the Foundation fund has been sent to the New York State Dental Association. Along with donations from other organizations, the fund was administered by a committee of dentists from the New York County Dental Society and distributed to dentists in lower Manhattan who sustained serious losses due to the terrorist attacks.

According to Ellen Gerber, CAE, executive director of the New York County Dental Society, the state dental association set up the grant assistance fund, and the county dental society formed a committee to screen applications and developed an extensive communication campaign to determine need among lower Manhattan dentists.

"Many dentists had practices that sustained damage or were inaccessible to patients," Gerber stated. "Other dentists lost a large portion of their patients."

California's contribution went beyond the monetary. A team of forensic dentists from the state also volunteered their time, closed their practices, and paid their own expenses to report for duty on the East Coast during the extended process of identifying victims. California dentists who volunteered their time include Gerald Vale, DDS, MDS, JD, chief forensic dental consultant for Los Angeles County; Norman "Skip" Sperber, DDS, chief forensic dental examiner for San Diego and Imperial counties' Medical Examiner's Office; Gregory Golden, DDS, chief forensic dentist for San Bernardino County; Joseph Anselmo, DDS; Cathy A. Law, DDS; James Wood, DDS; Janice Klim, DDS; and Janice Lemann, DDS.

Upon their arrival, they were met at the Newark airport and given a midnight police escort through the barricaded Holland Tunnel and streets of Manhattan. During the drive, they saw people standing at intersections waving flags and cheering the volunteer efforts of those who responded to the call for help. The team had to grow accustomed to the constant wails of sirens from ambulances traveling by their temporary lodgings (unfurnished student housing units at New York University) to the nearby Office of the Medical Examiner. They spent a

week, and most of their waking hours, sorting through records and examining human remains. Initially, there were not a lot of victims being brought in for identification, due of the amount of debris that needed to be cleared. Each of them got a chance to observe firsthand the overwhelming destruction at ground zero.

"In the beginning, we spent a lot of time developing the protocol for collecting and entering hundreds of charts full of ante-mortem dental data into a computerized system for matching unknown remains to reported missing persons," explained Golden, who led the California team. "In that area, I think we helped a considerable amount."

Upon returning to California, the forensic dentists got together to discuss what had worked well, and what it would be beneficial to do differently in the event of another domestic disaster.

"The memory of the event will always stay with us," Golden said. "The California Society of Forensic Dentists has teamed up with the Southern California Forensic Dental Study Group to examine the lessons learned from New York."

Jeffrey Burkes, DDS, chief forensic dentist for New York City's Medical Examiner's Office, led the largest forensic identification ever conducted in the United States. In the effort to identify victims of the tragedy, Burkes said, they had to develop new protocol as they went along, as things came up that were not anticipated due to the magnitude of the event.

"Our three-page protocol turned into 40 pages," Burkes said. "Volunteers had to read a list of rules stating they would not talk to the press. We had to check them to make sure no one brought in cameras or computer disks. After a while, I had people stop opening boxes of dental records that were delivered directly to the site because we had no way of knowing for sure what was inside."

The identification process continues to this day, as there is still not a one-to-one correlation between the list of missing persons and their dental records.

"The records are still coming in, for a variety of reasons," Burkes said. "Some of the people missing were foreign, and we had to send for their records, and often the records are in languages that then need to be translated."

From immediately after the attacks to the present day, dentists from across the country have aided the identification effort. Current statistics show that 518 victims have been identified solely through the use of forensic dentistry.

The underlying thread that held everyone together throughout the aftermath of the disaster was a sense of camaraderie, even between those who had never met.

"It meant so much not only to have forensic dentists from other states and countries working here, but also the emotional support provided and the feeling that every dentist in California would have come out to help, if called," Burkes said. "How can you thank someone for that?"

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Finding Organization With Similar Goals Key to Securing Grants

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For those seeking grants to help fund community projects, there is a "universe" of possibilities. That is the word the Foundation Center uses to describe the approximately 50,000 private and community foundations in the United States that offer grants to nonprofit organizations. That universe expands if international organizations are included.

For funding of projects and services specifically related to dentistry, the range of options includes state, federal, national, and international sources such as the CDA Foundation, the Department of Health and Human Services, the ADA Health Foundation, and the Foundation of the Pierre Fauchard Academy. In California, there are also local organizations that offer grants, such as the Health Trust in Santa Clara County.

When it comes to the art of applying for grants, the trick is in finding the right place to apply and in making sure that the goals of the proposed project or service match the goals of the grant maker. Most foundations have specific guidelines about the type of projects they will support. For instance, the Foundation of the Pierre Fauchard Academy, an international honor dental organization representing 65 countries, has a goal to support programs that will improve the public's access to dental care, but states in its guidelines and restrictions that it will not fund multiyear grants, research, the purchase of major equipment costing more than $1,000, or a principal project manager's salary.

Carl G. Lundgren, DDS, vice president of the Foundation of the Pierre Fauchard Academy and grants committee chairman, referred to the Foundation's goals and restrictions as the "golden guidelines" and said they are of high importance in the application process. "First, we ask that organizations send a letter of inquiry and then we send them the goals and restrictions," he explained. After reading the guidelines and determining if they can be met, an organization may then request an application. Lundgren added that not meeting the guidelines is the most common reason for the Foundation not to consider an application.

"We don't have enough funding to advance every organization, so we must base our priorities on the soundness of an organization. We look for the organizations we can help the most," said Lundgren, who has worked with the grants committee for six years.

In 2001, the Foundation awarded 31 service program grants, totaling more than $266,000, predominantly to volunteer dental clinics that reach the underserved. The grants were awarded to services in the United States, Mexico, Costa Rica, France, Vietnam and Haiti.

Nine California organizations received funding in 2001 including St. Leo's Medical and Dental Clinic in San Diego, MEND (Meet Each Need with Dignity) in San Fernando Valley, the Children's Dental Health Association of San Diego, St. Vincent de Paul Village Dental Services in San Diego, Esperanza International of California, 1,000 Smiles Foundation of Solana Beach, Roybal-Allard Children's Dental Center in East Los Angeles, the Sutter North Business and Community Healthcare Partnership of Yuba, and Children's Dental Center of Inglewood. The Foundation also awards a $1,500 scholarship to a student from each of the 53 U.S. dental schools and to dental students in 20 other countries. Lundgren said the Foundation generally awards $300,000 in grants and scholarships per year and expects to announce grant recipients for 2002 in the fall.

In the process of reviewing applications and making decisions about grant awards, the Foundation works with a committee of 10. He said the committee makes an abstract and then evaluates each application, summarizing "who the organization is, who they will serve, and what they are asking us to pay for.

"The main things we help out with are small dental instruments such as hand pieces and dental supplies."

The ADA Health Foundation also offers grants and states its primary goals as "enhancing the practice of clinical dentistry while improving the oral health of the American public. It accomplishes this mission by providing grants to support dental research, education, access, and awareness programs." The ADA Foundation acknowledges that its objectives are broad and offers specific criteria about project worthiness, sound design, demonstrable need for start-up, interim or supplemental funding on a time-limited basis, and disassociation from product research and development activities of a commercial interest. The proposed project must also be based in the United States or its territories.

In 2001, the ADA Health Foundation granted more than $750,000 in funding to projects and programs across the nation including the Inner City Health Foundation in Denver and St. Basil's Free Dental Clinic in Chicago. In California, the Vista Community Clinic received $5,000 through the Foundation's Harris Fund for Children's Dental Health.

Also in California, the CDA Foundation is in the process of reviewing the 23 proposals it received in May for its Healthy Californians Grant Program. The funding awarded to selected May applicants will be the first grants given by the CDA Foundation, which has been in operation for a little more than one year. The Foundation will accept grant applications again in November.

The CDA Foundation also has guidelines about the projects it will fund and offers grants to nonprofit organizations and clinics addressing one or more of the following objectives: access to care; prevention, education, and intervention; treatment programs; research; and oral health workforce initiatives. The CDA Foundation has restrictions on what can be funded and will not support overhead and administrative costs in excess of 15 percent of a total project budget; conferences and special events such as fundraising dinners; lobbying or political campaigns; capital campaigns; and organization budget shortfalls.

Jon Roth, CAE, executive director of the CDA Foundation, explained that there are several "layers" in reviewing proposals.

"The first layer is to exclude applications that are incomplete or do not follow the published guidelines," he said. "Organizations will be notified if their proposals are incomplete and will be given one opportunity to forward the requested elements within a specific timeframe."

The second layer is to determine which proposals do and do not meet the stated objectives of the Foundation's grant program, which include access to care, prevention, education and intervention, treatment programs, research, and oral health workforce initiatives.

"There may be many wonderful programs conducted by an array of organizations that are deserving of grant funding, but they may simply fall outside of the parameters of what the Foundation is trying to accomplish," Roth said.

The third layer of reviewing proposals is the most difficult, according to Roth, who works with Foundation staff to review applications before forwarding them to the Foundation's Board of Directors for the final determination of funding. In the third stage, the Board must look at all the qualifying proposals and make some difficult judgments and decisions about which of those proposals are the most closely aligned with the goals of the Foundation and its strategic direction.

"Unfortunately, it is not unusual for the Board to have to turn down great proposals for the simple fact that we do not have an unlimited supply of grant funds," Roth said. "It is a very difficult process. All organizations that are not funded will be invited to come back to us in future funding cycles. We will also be giving honest feedback to organizations that we do not fund so they can perhaps approach the next funding cycle with a more appropriate project or clearer proposal."

For organizations seeking funding, Roth offers the following advice: Follow directions, get the proposal in early, and pay attention to the details.

"I think that a proposal is a reflection of the organization itself," Roth said. "If the organization is organized, clearly articulates the program needs, and follows the grant guidelines, it is a very positive reflection on the organization. The opposite is also true."

In addition to international, national, and state sources of funding for community dental projects or services, some areas have the benefit of local resources. The Health Trust in Santa Clara County offers funding to community-based grassroots organizations in its region with programs supporting health prevention and wellness activities for children and their families, frail elderly, and vulnerable adults. This year the Health Trust awarded Good Samaritan Grants to 14 Bay Area nonprofit agencies including the De Anza Foundation in San Jose to help support the Foothill College dental hygiene program. The Health Trust specifies that it awards grants to health-related, nonprofit organizations with programs in Santa Clara County and northern San Benito County. It selects projects based on the scope, sustainability, and overall need in the community.

"We anticipated an increase in requests for operational support in the area of health and human services," Health Trust Program Officer Linda Appleton said. "It was challenging to prioritize the needs of our community and make strategic decisions that leveraged our available funds."

Appleton's comment parallels statements made by Lundgren and Roth and reiterates the necessity of finding the appropriate organization when seeking funding. Fortunately, the Internet has simplified research and there is a wealth of information online (see box).

Foundations

For more information on Foundations listed in this article:

CDA Foundation: www.cdafoundation.org

The Health Trust: www.healthtrust.org

ADA Health Foundation: www.ada.org/ada/charitable/

Foundation of the Pierre Fauchard Academy: www.fauchard.org

Internet Resources for Grant Funding

National Institutes of Health Grants and Funding Opportunities: http://grants1.nih.gov/grants/index.cfm

The Foundation Center: http://fdncenter.org/

Foundations online: www.foundations.org/

Michigan Community Health electronic library list of grants resources: www.mchel.org/grants/index.html

GrantsNet: www.hhs.gov/agencies

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Tin Man's Promise

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We called the project to create the CDA Foundation, "Tin Man." The project was named after the Wizard of Oz character who searched for the source of his compassion. In the birth of the Foundation, CDA has found its source of compassion, which holds great promise to make the universe of dentistry better.

The CDA Foundation was born from the association's intent to help those who cannot help themselves. CDA, the parent company, has had a long history of humanitarian efforts to improve the dental segment of our society, but these efforts were episodically driven. There are greater opportunities in the charitable and philanthropic world than those available to the association itself. These opportunities can best be maximized if efforts are coordinated, leveraged, and constructed with strategic intent.

CDA is a professional association, an advocacy group. It exists to improve and defend the profession. Two decades ago, framers of the association planned for future philanthropic opportunities beyond the scope of the advocacy group. They chartered three separate charitable entities, distinctly independent from CDA. Under the Internal Revenue Code, these entities enjoyed favorable tax benefits not given to professional associations.

The CDA Relief Fund provided financial assistance to those in our professional community who suffered from catastrophic misfortune. The CDA Charitable Trust supported scholarships, disaster relief, and local dental health projects. The CDA Research Fund initially supported dental scientific research and education. This fund would later house the California Endowment grant to fluoridate California. In 2000, these entities were consolidated in a single company to form the CDA Foundation.

Why a Foundation?

The federal government understands that it cannot provide for all societal needs or solve all societal problems. It created avenues for Americans to fund vehicles to improve society. It created opportunities for experimentation to "lessen the burden of government" and to mitigate society's problems. Such organizations are given tax-exempt, nonprofit status under Section 501 (c) of the Internal Revenue Code.

The term nonprofit is often confusing. "Nonprofit" refers to a tax-exempt status granted to an organization where none of the earnings may "inure" or personally benefit any private shareholder or individual. This federal tax exemption status is granted for very different and very specific purposes. Specific tests and rules are applied to each category of nonprofit, and activities are confined to specific purposes.

The California Dental Association operates under Section 501 (c) 6, known

as a "business league" or professional association. By definition, this "business league" has some common business interest, the purpose of which is to promote that common interest. It must be devoted to the improvement of the business condition. It must be shown that the conditions of a trade or interests of the community will be advanced. Inherent in its activity is lobbying. The limitations of scope of activities allowed under this provision are specifically defined.

A charitable organization is defined in Section 501 (c) 3 of the Internal Revenue Code. The term charitable is used in its generally accepted legal sense and includes:

- Relief of the poor, distressed, or underprivileged;
- Advancement of education and science, and;
- Lessening the burdens of government.

Categories of organizations granted this designation include charitable, educational, and scientific.

Unlike 501 (c) 6 organizations, 501 (c) 3 organizations can receive tax deductible funds from individual donors, other 501(c) 3 organizations such as endowments and other foundations, and governmental grants. How big is this universe?

In 2000, the USA Giving Report estimated that $203 billion was donated to philanthropic organizations. A total of 9.3 percent went to health-related endeavors, an estimated $18.9 billion.

Access to Care and Foundations

The federal government enabled foundations to be created to improve society and serve the public benefit. Access to care is a formidable social problem. The January 2002 issue of the CDA Journal examined the scope of access to dental care in California. The issue is multitextured. The philosophical debate centers around why organized dentistry should engage in developing solutions. Some of the origins of charitable behavior in U.S. culture are found in our history.

The Carnegies and Rockefellers defined modern-day philanthropy. In the 1880s, Andrew Carnegie advocated the case for the wealthy to establish foundations not for charity ("the relief of immediate needs and wants") but for philanthropy ("which provides a ladder upon which the aspiring can rise"). In the 1920s, Rockefeller espoused the principle that people who have been successful in creating wealth in the private sector should dedicate the wealth to support the public benefit in the nonprofit sector. These icons of American wealth and American philanthropy continue to drive modern-day philosophy on philanthropy. William Simms once wrote, "Our true acquisitions lie only in our charities, we get only what we give."

Contemporary philanthropy is based on the precept that foundations play a significant role in improving society. They should:

- Primarily concentrate on philanthropy (root causes) as opposed to charity (meeting immediate needs);
- Concentrate on leveraging funds as opposed to being the sole source of funds; and
- Primarily concentrate on helping good ideas get a trial and start as opposed to funding tested program approaches.

To address those ends, foundations must pool donor resources, broker donors, and prospective projects, and leverage successes for building future successes. They can broker funding sources with strategic needy projects that deliver care. They gather the experiences of these projects to develop a ledger of evidence to craft public policy. By funding or gathering the experience of pilot projects, foundations leverage these experiences with larger funding sources.

It is unreasonable to expect that any one entity can solve such a massive problem of society as access to care. Foundations enable pooled resources of individuals of the same profession to leverage a greater good. Solutions to the problem are seen more as a ledger. The incremental successes or benefits must improve the human condition. Certainly cost-benefit analysis enters into the equation.

We balance the social obligations as a learned professional who has been given the skill sets by society to treat disease with the real world costs of delivering the care. Possessing the skill sets and doing nothing enters into this equation.

Some argue that the redistribution of wealth is a form of socialism. Others argue that the nobility of a profession is in its charity. The greater question is who has control of the redistribution. Will it be the government or the professional who decides?

Political Pressure and Public Policy

State governments have come under increasingly intense political pressures to address access to care. The costs are staggering burdens for state budgets. In California, with the depressed economy and budget deficits from the energy crisis, the anticipated Denti-Cal budget is still projected to be in the $750 million range.

Policymakers spotlight organized dentistry for solutions, often giving incomplete tools. There are implied and overt quid pro quo demands of the profession. Attend to the access problem in exchange for attention to other public policy questions that affect the profession. It is a gladiator arena of special interests.

Philanthropy and Public Policy

Foundations have a role in developing public policy. The government understood the slow process of governmental bureaucracy moving from concept to implementation. Foundations can implement innovative solutions faster. In the foundation universe, multiple permutations arise. Market forces cull the most cost-effective experimental models. Policy experimentation is facilitated. Foundations are seen as impartial vehicles to bring these solutions to policymakers.

Broadly, public policy development is conducted in two primary arenas: policy

analysis and policy advocacy. Policy analysis is the development of models and solutions to perpetual problems. It explains the cause and consequences of various policies. Policy advocacy is the prescription of what policy governments should enact. The key role the foundations play is to provide policy experimentation.

Policy analysis is the prerequisite for advocacy. The primary concern is to determine the explanation rather than the prescription. Analysis searches for the root cause for a public policy. Finally, analysis continually tests the consequence of a proposed policy. It assesses adverse consequences, impact of deferral to other systems, and implications of effects of immediate decisions on systems downstream.

Policymakers are governed by the principles that governments should choose policies that will result in gains to society that exceed costs by the greatest measurable amount. No policy should be adopted if costs exceed benefits. Policymakers should choose policies that produce the greatest benefit over costs. Policymakers are wary if costs "savings" in one arena are shifted to another arena, thereby increasing overall costs to society.

In political science, health policy is developed consistent with the "rational" decision-making model. Policy is rational when the difference between the value of a policy society perceives and the value it sacrifices is positive and greater than any other policy alternative. Policymakers must calculate all socioeconomic value sacrificed or achieved by public policy, not just those measured in dollars. The object is to derive a maximum social gain.

To select rational policy, policymakers must:

- Know all society value preferences and relative weights;
- Know all policy alternatives available;
- Know all consequences of all policy alternatives;
- Calculate relation of benefit/costs for each alternative; and
- Select the most efficient policy alternatives.

The role of the CDA Foundation is to dissect the pertinent elements of policy analysis, fund innovative solutions, gather a portfolio of experience, and become an authoritative source to craft dental public policy. The building blocks of a foundation's reputation to craft policy are the portfolio of projects it supports.

Just as in any competitive market, contemporary foundations compete for positions in their markets. They compete using typical business principles of operation. They pursue mission statements as their reasons to exist, develop niches, adopt and continuously refine core competencies. They identify and pursue strategic goals. They adopt business plans to define the business operations and environment as well as their roadmap to achieve objectives and goals.

Contemporary thought on support for a professional association-sponsored foundation has expanded beyond solely humanitarian purposes. Contribution to the mission of a foundation can be seen as an investment. By pooling "investor" resources, foundations can leverage greater objectives on behalf of the common interests of those investors. The return on investment is based on two parameters: It is the ability to advance solutions in a highly charged political environment and the adoption of proposed models by decision makers.

Earnings are seen as those incremental successful projects that the profession adopts or society adopts. Equity is seen as the enhanced reputation/credibility of the foundation to develop a dominant voice in the market.

Public policy reaches into other areas of the profession. Some of the more contemporary issues facing the practice of dentistry are biofilm, safety needles, wastewater, and dental materials. The arena of legislation and regulation is driven by special interests. Policymakers attempt to balance views of all stakeholders.

Professional health associations advocate policy based on science. Inherent in this advocacy is a point of view. Foundation-driven research is seen in the market with less inherent biases compared with proprietary-driven research. Foundation analysis of public policy is seen by legislators and regulators with less inherent bias than advocacy positions.

An example of foundation-sponsored scientific research is the ADA Pfaffenbarger Institute analysis of amalgam separators. There are no uniformed standards for the efficacy of these new products. There is pressure on the market to deliver products to serve that need. Proprietary funded research has a vested interest in the outcome. In a strictly market-driven environment, the dental consumer has little ability to differentiate the choices. The axiom "Let the buyer beware" governs the marketplace. Foundations are seen as an impartial third party to deliver objective information.

A compelling argument for supporting a foundation is to improve that part of society in which we reside. We will have greater controls over the destiny of that part of the universe. While other forces seek those controls, how will the force of arguments from outsiders weigh against our efforts to improve our own universe? We improve because it is our choice to do so.

CDA Foundation Business Plan

To form a new company in the foundation universe in California, a business plan was constructed. This business plan would be a blueprint, an organized battle plan to define the company and the reason to exist. In that plan, addressing the access to care issue is identified as one of the CDA Foundation's reasons to exist. Its mission is to improve the health of Californians.

The access-to-care issue is too massive a social problem to completely solve. The Foundation's intent is to become a major player in California to influence the course

of solutions. The role of the Foundation is to provide health policy analysis and solutions to this multifaceted problem. Among the key strategic program areas are:

- To increase access to health care services for the underserved;
- To promote total health, disease prevention, and risk assessment; and
- To engage in research to assess health needs, epidemiology, service delivery, and outcomes.

The CDA Foundation enters the health foundation universe with a niche and a reputation to acquire. The business plan gives the Foundation a competitive edge and clarity of vision.

Charity and Philanthropy

While charity is the heart of foundations, philanthropy is the dream. Where charity removes the disease, removes the pain, philanthropy enables us to make a lasting difference in our part of the universe.

As a healing profession, we have an overriding vision: that all people -- whatever their status, whatever their age, wherever they live -- deserve access to quality oral health care. At CDA, we are committed to providing the best dental care to every person -- "one patient at a time."

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1-800-MY-MOLAR

Robert E. Horseman, DDS

Fie on us! The culmination of all the great minds of dentistry since the beginning of time -- the fruition of dental intellect -- has peaked with some pathetic technique to make teeth whiter in one hour. This is our most impressive triumph since the introduction of flavored floss. The shame of it! Pierre, come back from wherever you are.

BBC News puts it to us straight: Students at the Royal College of Arts in London have developed a phone that fits inside a tooth. You understand? A phone inside a tooth! These are not dental students; these are, specifically, two graduate kids named James Auger and Jimmy Loizeau who probably wear berets and drive a Morris Minor with a missing petrol cap.

It takes two laypersons -- art students, mind you -- to recognize civilization's greatest need, i.e., the need to communicate and to incorporate devices to do so into common objects normally found around the mouth. This is no credit to a profession seemingly obsessed with a self-imposed mandate of supplying "perfect smiles."

As usual, details of this breakthrough are sketchy. When you are onto something this big, you don't blab it all over until the patents and other financial arrangements have been set.

The basic concept is this: The device picks up signals with a radio receiver and uses a tiny vibrating plate to convey them as sound along the jawbone to a person's ear. See how carefully this BBC release is worded? JAWBONE. Playing their cards pretty close to the weskit along with the term "vibrating plate," nobody is giving away much.

The absolute pits is the fact that we could have done this research ourselves instead of wasting so much time in staff meetings trying to determine whose job description covers cleaning up the doctor's daily mess in the lab. Our British art student cousins speculate that their phone-in-a-tooth could be used by stock traders to receive up-to-the-minute information about what Martha Stewart might be up to or to help football coaches communicate with some 300-pound offensive linebacker during crucial moments of mayhem.

Relatively few years ago, we had the nucleus of this phone idea securely on our side of the pond when Maxwell Smart successfully communicated with his superiors via his shoe phone. It seems now, in retrospect, that the logical transition from foot to mouth would have been picked up by Dentsply or S.S. White. But no, their entire R&D teams were intent on putting an angle to a toothbrush handle to reach those posterior teeth, the very same teeth that could have been better put to housing mobile phones.

Perhaps it is not too late. If we read between the lines of the BBC News report, we notice no mention is made of transmitting with the tooth phone, only receiving. This is the same one-sided effect you get from listening to your kids prattle interminably on conventional phones at 49 cents a minute. A tooth phone is not going to make a big impact in the market until it's a two-way device. Then watch Sprint, AT&T, et al. vie to make your teeth vibrate like a front-end alignment gone bad.

The specter of seeing people's lips moving when there is no one near could take some getting used to, but to a nation of phone addicts who routinely make one-handed left turns in heavy traffic while conducting animated conversations on their cell phones, nothing is beyond belief.

In the meanwhile, if you have any dental ideas -- any at all -- contact James or Jimmy at the Royal College of Art for help in implementing them. Ask for extension #3, it's their maxillary outside line. And try reversing the charges -- see if they notice.