



CDA Leader Handbook

2024

CDA Leader Handbook

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CDA Strategic Plan

As revised November 2023

Note: The strategic plan objectives are pending revisions based on feedback from the 2023 house, which will be considered by the board of directors in 2024. For the most current version of the strategic plan, click [here](#).

Mission: CDA is committed to the success of its members in service to their patients and the public.

Membership Model: Define and implement a membership model that prioritizes member engagement, experience and value, maximizes overall membership market share and strengthens the tripartite operations and sustainability to serve members.

Objective 1: Increase engagement in core member benefits by understanding member needs and adapting programs, services and communication strategies.

- 1.1 Beginning in 2023, increase frequency of member research to stay connected to member sentiments, needs and perceptions of value. Evaluate effective cadence by 2026.
- 1.2 Utilize member research to diversify education and events offerings to meet the needs of more members starting in 2024.
- 1.3 Execute the TDIC and TDIC Insurance Solutions strategic growth plan.
- 1.4 Expand member profile information captured to include data points that would allow for more customized communication and inform program/benefit decisions (e.g., practice modality, practice size) starting in 2024.
- 1.5 Consistently monitor, measure and adapt communication strategies to drive awareness and utilization of core benefits.

Objective 2: Foster strong, transparent, trust-based relationships with local dental societies to maximize member value and impact.

- 2.1 Increase data/research sharing between CDA and components to improve alignment on shared organizational strategies and serving members.
- 2.2 Fully leverage the Board of Component Representatives as both a conveyer of information between state and local organizations and a statewide sounding board for organizational strategies.
- 2.3 Create consistent staff team engagement with component executive directors to align on shared goals, discuss areas of duplication and ensure consistent/baseline member benefit delivery.

Objective 3: Implement pricing, member experience and operational strategies that align with member value and make it easy to be a member.

- 3.1 Evaluate and adjust early and late career discounting strategies through a value-based pricing lens and assess opportunities to align discounting strategies with components to maximize member impact.
- 3.2 Modernize member experience through system enhancements and operational protocols.
- 3.3 Explore membership structure changes responsive to member research.
- 3.4 Continuously evaluate pricing, positioning and packaging of products beyond membership (e.g., for fee education, career center and consulting offerings) and ensure each has sound protocol for measuring impact, effectiveness and future viability.

Early Career Dentists: Prioritize engagement, programs and investments that acknowledge the unique needs of early career dentists, including the career path chosen, to maximize the recruitment and retention efforts with this segment.

Objective 4: Enhance understanding of and ability to track dental student to practicing dentist journey.

- 4.1 Create efficient mechanisms for tracking 'what's next' for dental student market (e.g., residency, public health, DSO, associateship, private practice), including understanding migration patterns within and outside of the state and building appropriate communication vehicles.

Objective 5: Expand/strengthen relationships with influencers in dental schools.

- 5.1 Reinforce, and where needed, reimagine the role of the CDA student delegation and partnership with ASDA.
- 5.2 Continue to foster strong relationships with dental school deans and administrative staff and build strategy for faculty and alumni association engagement.
- 5.3 Evaluate opportunities to expand student programs beyond California in key feeder markets and TDIC growth states.

Objective 6: Ensure benefit portfolio for early career dentists is robust and responsive to research identified unique pain points/needs.

- 6.1 Diversify how resources and subject matter expertise are delivered to meet the demands/desires of this segment.
- 6.2 Create dedicated communication mechanisms and touchpoints for early career dentists.
- 6.3 Evaluate and enhance resources for employee dentists to showcase and support various career pathways.

Advocacy/Community/Profession: Pursue initiatives that strengthen the practice of dentistry, address challenges within the dental payer environment and improve the oral health of Californians.

Objective 7: Pursue comprehensive dental plan reforms.

- 7.1 Pursue legal avenues when needed to support significant dental benefit pain points.
- 7.2 Pursue legislation to increase dental plan accountability and develop quality, meaningful dental plan requirements that address member pain points and meet the oral health care needs of Californians.

Objective 8: Continue efforts to strengthen the dental workforce pipeline for key practice roles.

- 8.1 Continually evaluate legislative strategies and program approaches to support the most significant staffing pain points in the most effective ways.
- 8.2 Increase state and local partnership to maximize impact through complementary efforts.

Objective 9: Improve the oral health of the public and the practice interests of members through advocacy and programs.

- 9.1 Advocate for programs and services that improve access to oral health and eliminate barriers to care.
- 9.2 Maintain strong presence with legislators in collaboration with the state dental director to advance initiatives and secure critical budget funding for oral health programs.
- 9.3 Execute the strategic plan of the CDA Foundation.

Financial Sustainability: Diversify sources of and maximize non-dues revenue, prudently manage expenses and thoughtfully evaluate dues levels to maintain financial sustainability.

Objective 10: Execute sound, proactive financial modeling to guide expense management and dues setting.

- 10.1 Diligently evaluate expenses to ensure spend is managed and directed at the highest value member programs and services.
- 10.2 Utilize financial modeling to inform necessary dues adjustments.

Objective 11: Leverage relationships with business partners to enhance member benefit offerings and generate royalty revenue.

- 11.1 Continuously evaluate current endorsed services portfolio to ensure partners/programs are meeting expectations with respect to member value, utilization and revenue generation.
- 11.2 Utilize insights from member service, practice support and policy teams to identify opportunities for new endorsement categories to meet member needs.

Objective 12: Create and enhance opportunities that allow business partners to leverage CDA channels to reach potential customers.

- 12.1 Develop research plan to expand understanding of the evolving needs of business partners to inform product development opportunities.
- 12.2 Evaluate existing product offerings – exhibits, sponsorship, advertising – to ensure pricing, positioning and packaging are maximizing revenue potential.

CDA Profile

The California Dental Association (CDA) is a community of dentists committed to enhancing the professional lives of over 27,000 members. We champion better oral health care for all Californians.

Mission, Vision and Core Values

Mission: CDA is committed to the success of its members in service to their patients and the public.

Vision: CDA is the recognized leader for excellence in member services and advocacy promoting oral health and the profession of dentistry.

Core Values

Service

Inclusiveness

Respect

Education

Integrity

Tripartite Structure

Organized dentistry is a tripartite organization, meaning that members join the local, state and national organization. CDA is a constituent of the American Dental Association (ADA) and the 32 California local dental societies are components of CDA.

History

In 1870, the California Dental Association was formed in San Francisco, 11 years after the formation of the American Dental Association in 1859. In 1913, the association was separated into northern and southern entities, with the north retaining the CDA name and the south forming the Southern California Dental Association. After 60 years apart, the entities were reunited in 1973. CDA is the largest constituent in the ADA and a constant, trusted resource for California dentists and their patients.

Membership Benefits

CDA supports dentists throughout their career. We offer members and the dental community in California resources designed specifically for them including:

- **Advocacy:** Legislation, regulation and public policy representation from a team dedicated to advocating for dentistry and access to care initiatives.
- **CDA Foundation:** Supporting the community in efforts to improve the oral health of all Californians by supporting the dental profession in its efforts to meet community needs.
- **CDA Presents:** The nation's leading dental convention, offering hundreds of C.E. lectures and workshops and innovative exhibitors, with waived registration fees for members.
- **Classified Ads:** Free online postings for jobs and items for sale or lease.
- **Endorsed Programs:** Special money-saving offers from trusted vendors.
- **Practice Support:** Phone and email support from expert analysts and an online resource library for practice management, dental benefits and compliance and employment topics.
- **Publications and Education:** Convenient C.E. courses offered online, events throughout the year and subscriptions to CDA's clinical journal and news publications.

- **The Dentists Insurance Company (TDIC) and TDIC Insurance Solutions (TDIC IS):** Dentist-focused coverage for professional liability, commercial property, workers' compensation and more, plus risk management guidance.
- **Wellness Program:** Source of support and assistance for dental professionals who are battling physical and/or mental ailments, including anxiety, depression and substance dependence.

Membership Profile

CDA membership is open to all dentists in California, including faculty, active-duty military and dental students.

CDA also offers membership to dental office staff through the general membership category.

WHO OUR MEMBERS ARE



WHAT THEY'RE READING



The Journal attracts approximately **11,500 readers** from around the world each month, spanning the United States and all the way to India, Brazil and the U.K.

HOW THEY ENGAGE



The Inside California Dentistry e-newsletter is distributed to more than **20,500 members** each week, averaging approximately **13,000 views.**



On average, cda.org attracts **250,000 pageviews** monthly, and users view 3+ pages each visit.

Attendees who downloaded the **CDA Presents app** found it very or extremely helpful.



95% of convention attendees spent time in the exhibit hall, with 39% spending 3 or more hours.

Organizational and Governance Structure

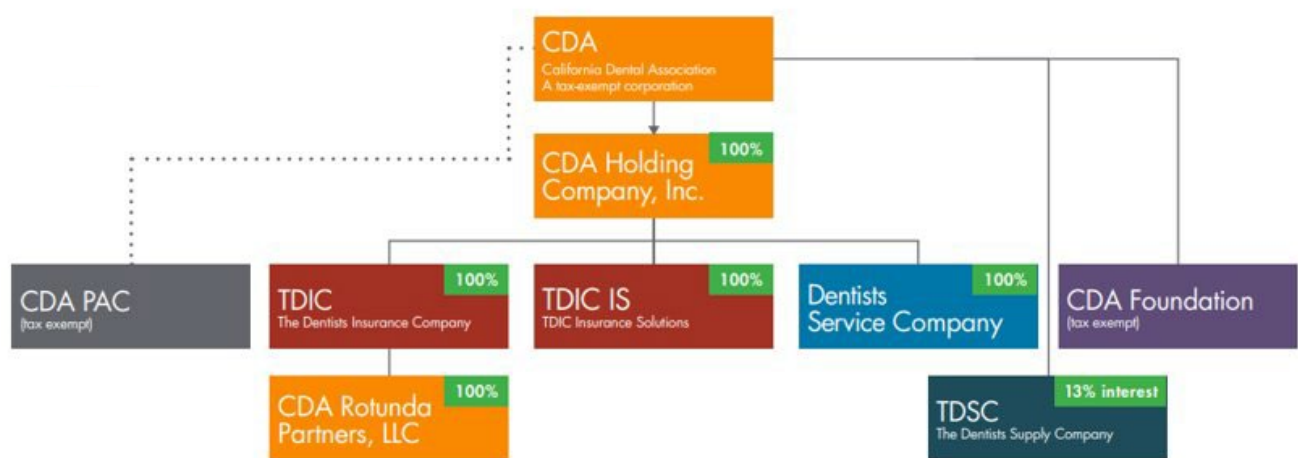
CDA is a non-profit corporation with a 501(c)(6) tax status, which requires following the California Corporations Code. In the section below, CDA is referred to as a corporation, reflecting its legal status.

CDA operates within the laws established by the state of California. The CDA bylaws create a legal roadmap to the organization by documenting the essential structures and decision-making processes.

CDA includes a family of subsidiary and affiliate companies in addition to the non-profit professional society, including TDIC/IS which is a for-profit subsidiary, the CDA Foundation which is a non-profit affiliate, the Dentists Service Company (DSC) which maintains the tax benefit of the TDSC sale, the CDA Political Action Committee (CDA PAC), CDA Rotunda Partners LLC (Rotunda Partners) and the CDA Holding Company Inc. (CDAHCI).

Decisions for these companies are made by governing bodies comprised of CDA members who are selected to lead and shape the organization. These leaders serve in governance positions throughout the organization, including the CDA, TDIC/IS, Foundation, CDA PAC and CDA Presents boards. In addition to these key leadership roles, there are a number of councils, committees and workgroups that have been created to oversee specific programs or accomplish projects throughout CDA.

The following chart illustrates the relationship between CDA and the organizations.



Governing Bodies

California Dental Association

The **CDA Board of Directors** (CDA board) is the fiduciary body of CDA and is comprised of 17 directors with three designated officers – the president, secretary and treasurer. The speaker of the house and CDA editor serve as participants on the board. The board sets direction for CDA, oversees financial affairs and elects/selects members of councils, committees, boards and workgroups. The CDA board is also responsible for approving the bylaws of TDIC/IS and Foundation and selects members to serve on the boards of those companies.

The **Board of Component Representatives (BCR)** is comprised of one representative from each of the 32 component dental societies and at least three component executive director guests. BCR represents component perspectives on issues of shared importance such as membership, component leadership development and governance. BCR also serves as an advisory committee to the house, to include reviewing component

resolutions and providing input to the author(s) to shape the final recommendation and enhance the effectiveness of house discussions.

The **Finance Committee** is a committee of the CDA board comprised of six members, including the president, secretary, treasurer and three CDA directors. The committee is responsible for overseeing investments and recommending an annual budget to the CDA board.

The **Audit Committee** is comprised of three at-large members and one CDA director elected by the board. The committee is responsible for reviewing legal and regulatory matters that may impact financial statements, overseeing the whistleblower policy, reviewing staff compensation policy and overseeing inquiries into significant organizational risk. The committee is also responsible for engaging an independent auditor, overseeing the audit process and recommending to the board the treatment of findings.

The **Government Affairs Council (GAC)** is comprised of 10 at-large members and 5 ex officio members (president, secretary, CDA executive director, CDA PAC chair, ADA GAC representative). GAC is responsible for supporting and advancing the interests of CDA by implementing policy through state legislation, regulation or administrative action.

The **Committee on Volunteer Placement (CVP)** is a standing committee of the association comprised of three at-large members, 3 BCR members and three CDA directors. CVP is responsible for making placement recommendations for positions on CDA's council, committees, boards and the thirteenth district delegation.

The **CDA Presents Board of Managers** (board of managers) is comprised of 13 manager members, one to two associate members, one new dentist and the CDA executive director. The board of managers produces CDA Presents educational offerings for the dental community and collaborates with other councils, committees and subject matter experts to develop additional offerings based on member research.

The **House of Delegates** meets once per year and is comprised of 200-210 delegates designated by the 32 component dental societies and California dental schools. Its duties include electing officers, amending the bylaws, adopting strategic plan goals and determining the strategic direction on matters of dental policy and practice.

The Dentists Insurance Company/TDIC Insurance Solutions

TDIC is a subsidiary of CDA that was formed in 1980. TDIC underwrites three core insurance products including professional liability, commercial property and workers' compensation coverages exclusively for dentists. Rated A (Excellent) by A.M. Best Company, TDIC insures more than 19,000 policyholders in multiple states and is endorsed by several state dental associations and societies. TDIC IS, a subsidiary of CDA founded in 1982, is the brokerage through which TDIC core insurance products and additional Affinity insurance products including life, long-term care, disability, hospital indemnity, group business overhead and other types of insurance are offered to CDA members.

In 2017, TDIC/IS purchased three insurance companies to further expand its service area for professional liability and related insurance products: Dentists Benefits Insurance Company (DBIC), Dental Benefits Corporation (DBC) and Northwest Dentists Insurance Company (NORDIC). Effective January 1, 2019, DBIC, DBC and NORDIC were merged with TDIC/IS.

TDIC/IS Mirror Boards of Directors (TDIC/IS board) includes 12 to 18 members, including six to eight at-large directors, three to four outside directors, one CDA director, the CDA treasurer and the CDA executive director. To ensure alignment between the two companies, TDIC and TDIC IS are governed by a mirror board of directors, which means that each company has its own board but is comprised of the same directors. The board utilizes committees of the board to conduct their work. The TDIC/IS board is the fiduciary and oversees the business of the corporations and elects TDIC/IS officers.

CDA Foundation

The Foundation, an affiliate of CDA, was formed as the philanthropic arm of CDA in 2001 with the mission to improve the oral health of all Californians by supporting the dental profession in its efforts to meet community needs. The Foundation provides grants and awards to dental students and professionals, promotes oral health education and holds CDA Cares events that provide dental care at no charge to Californians in need. Separateness of finances is maintained between CDA, a 501(c)(6) corporation, and the CDA Foundation, a 501(c)(3) corporation, in order to protect the tax-exempt status of each entity.

CDA Foundation Board of Directors (Foundation board) includes 12 to 18 members, including seven to nine at-large directors, two to four outside directors, one to two associate directors, one CDA director and the CDA executive director. The board may include two participants: the immediate past chair of the Foundation board and the CDA Foundation executive director. The board utilizes committees of the board to conduct its work. The Foundation board is the fiduciary and oversees the business of the corporation and elects Foundation officers.

CDA Political Action Committee

CDA PAC supports candidates for elected office on a bipartisan basis for the benefit of its members, their patients and the oral health of all Californians. To further this objective, the committee may raise funds for political purposes, may expend the funds in support of candidates for public office and may cooperate with other organizations having similar purposes.

CDA PAC Board of Advisors (CDA PAC board) is comprised of one representative from nine geographic regions, in addition to the CDA PAC chair, vice-chair, secretary/treasurer, the chair of the government affairs council, two members of the CDA board, the CDA executive director, the CDA PAC executive director, the California representative on the American Dental Political Action Committee (ADPAC) board and up to three at-large members.

CDA Rotunda Partners LLC

CDA Rotunda Partners is the entity that owns and manages the 1201 K Street building. Located in the busy downtown sector of Sacramento and adjacent to the state Capitol, the building is highly attractive to a wide variety of commercial tenants and offers Class A amenities. The board is comprised of the staff officers of the corporation.

CDA Holding Company Inc.

CDAHCI is a legal entity, wholly owned by CDA, and formed for the purpose of holding 100 percent of the shares in CDA's for-profit subsidiaries —TDIC and TDIC IS. The CDAHCI Board of Directors (HCI board) is comprised of the CDA president, treasurer and executive director, one CDA director and staff officers of CDA. The HCI board is responsible for ratifying the bylaws and elections of the directors for CDA subsidiaries.

Staff Structure

CDA staff is organized to deliver high-quality programs and services to its members. Regardless of the specific company that staff supports, all are part of the CDA family. Staff report to the executive director and CDA utilizes shared services, such as finance, legal, marketing and information technology to realize operational efficiencies among the companies.

Roles and Responsibilities of CDA Leaders

Duties of CDA councils and committees are described in the CDA bylaws. Councils and committees have been delegated authority by the CDA board and house to oversee a CDA program or area of work and make decisions within that subject matter. CDA leaders provide value to the organization by participating in discussions and making decisions, which gives direction to staff who implement the decisions. Although leaders in smaller organizations, such as component dental societies, often support the organization by doing administrative tasks, leaders at CDA delegate these tasks entirely to staff. This means:

Volunteer Leaders	Staff
Set strategic direction.	Implement strategic plan.
Recommend and approve budgets.	Propose budgets. Manage resources.
Oversee programs. Approve or recommend modifications.	Implement programs and manage operations. Propose modifications.
Provide expertise related to profession.	Provide subject-matter and operational expertise.
Recommend and approve policies.	Implement policies.

Expectations of CDA Leaders

In fulfillment of your roles and responsibilities, leaders are expected to:

- **Be an advocate for the values, mission and vision of CDA.** Leaders are expected to champion CDA's values and mission in discussions with colleagues and in explanation of decisions that are made.
- **Be a responsible steward of resources.** Leaders' primary responsibility is to ensure organizational health through stewardship of membership dues. Leaders are expected to put the interests of CDA above all other constituent, component or personal interests.
- **Stay informed about CDA.** Leaders should stay informed by reading CDA publications. The Executive Bulletin is a bi-weekly email from the CDA executive director and includes information important to CDA leaders.
- **Be a prepared and active participant.** Leaders are expected to read materials prior to the meeting, solicit input from constituents, such as component leadership or committees, and think about the material strategically while preparing for the discussion. Additionally, leaders are expected to create meaningful relationships with one another - trust and respect, foster honest discussion and constructive disagreement. All leaders are expected to participate in discussion, raise concerns and ask questions when they arise in order to make informed decisions and support decisions once they are made.
- **Make strategic decisions.** Leaders are expected to consider the future in discussions and decisions. Although experience with a component, outside organization or in a particular practice setting can add dimension to the discussion, leaders are expected to put the interests of all 27,000 statewide members above the interest of any constituency.
- **Show courage in interactions with colleagues for the advancement of CDA's mission.** Leaders are expected to foster open dialogue about risky, high-stakes and often-emotional issues. Leaders may also need to provide guidance or offer feedback to their colleagues.

- **Attend meetings.** Leaders are expected to attend all regularly scheduled meetings, whether in person or virtual. Leaders may be removed from their position for failure to attend more than 50 percent of regularly scheduled meetings in any 12-month period for reasons other than religious observances (see CDA bylaws). If a leader is unable to attend an in person meeting, they may arrange to participate remotely upon approval by the chair.
- **Respond to and communicate with CDA staff.** Leaders receive several communications from their staff liaison prior to and following each meeting. Leaders are expected to reply to emails sent by CDA staff within 24 to 48 hours and can expect communication in reply to leaders within this time frame as well.

Council, Committee and Board Operations

Meetings and Events

Governing bodies generally meet quarterly and are scheduled to allow same-day travel, with hotel accommodations provided in accordance with the CDA Travel Policy.

Meeting materials are posted one to two weeks prior to each meeting.

Should a special meeting be necessary, a meeting notice will be sent at least 48 hours in advance. Special meetings are typically held via conference call.

Dress Code

Business casual attire is recommended for meetings and social functions, such as dinners, unless otherwise specified.

Travel

CDA covers travel expenses incurred for in-person meetings as defined in the CDA Travel Policy. Following each meeting, leaders may submit a reimbursement form and corresponding receipts to their staff liaison for reimbursement. Direct deposit is also available by submitting a Direct Deposit Authorization form.

CDA Leader and Staff Interaction

Relationships between leaders and staff shall remain professional and good business judgment shall be used at all times. CDA staff will address all leaders using appropriate titles. CDA policies, such as policies regarding gifts, conflicts, confidentiality, professional conduct and prohibition against harassment, are written to support a professional workplace environment with appropriate leader-staff relationships. Leaders are asked not to provide gifts to staff.

Questions about relationships, problems with interactions with other leaders or staff or the applicability of these guidelines about interactions should be addressed to the CDA president or executive director.