

Dental Association Diversity

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Diversity within the dental profession is not new. Much, some might argue too much, is written, debated, and legislated to ensure our dental association represents all of the profession regardless of who they are. This allows for inclusiveness — a core value of our association — for all without regard to age, race, gender, ethnicity, or any other personal attribute. This works well for our association; we are richer, better balanced, and can be proud of our efforts in this area.

Diversity has broader implications if one considers the definition to mean variety within an organization. For example, many of our members, and a surprisingly large proportion of our leadership in the House of Delegates and on the Board of Trustees, are specialists. This is a positive attribute that allows for variety in debate and conversation relative to the issues that confront the association.

The California Dental Association, once again, is a bellwether state in dentistry by becoming one of a handful, and certainly the largest, of states to expand its membership to include allied dental health professional members. The implementation of this category allows dental hygienists, assistants, administrative staff, and laboratory technicians to become full members of the association. Inherent in that membership is the right to participate in all of the activities as are afforded dentist members.

This was not an easy step for our organization. The Council on Membership was charged by the 2004 House of Delegates to develop a plan to include nondentist members. A task force was formed and a plan was brought to the 2005 house, but there were numerous questions and issues that did not sit comfortably with the



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delegates. It was returned for additional study. The areas of concern focused on representation on association committees, in the House of Delegates, and on the Board of Trustees; privacy of issues relative to apparent conflict of interests with our related professional organizations; and the pecuniary issues surrounding the dues structure for these members.

The concern for representation in the house is one that is of significance especially to our small society members. To seat any delegates from allied staff might disproportionately allow that group of members a voice in the house that dentist members do not have. As the program exists, the Allied Dental Health Professionals will have a committee to deal with issues that directly affect their membership. No voting representation is afforded at the house or the Board of Trustees, but there will be ADHP members present as guests with speaking privileges at each body and on committees. As the ADHP membership grows, there is a provision for additional guest positions for these members in the House of Delegates. This is an equitable solution to a significant problem.

Conflict of interest is a real issue in that, on occasion, the California Dental Association takes a disparate political position from related dental organizations. This is likely to be a continuing issue and several of our members expressed concern for the lack of privacy

in our discussions if allied dental health professionals are allowed to participate in those debates. Considering the number of specialists within our organizational leadership, any issue that might conflict with the specialty groups, and there have been several in the past, would be looked at in a similar manner. For the general dentists, dual membership in the Academy of General Dentistry could pose similar political problems. If the house or board goes into a “closed session” then all the information in that session is privileged and members have an ethical responsibility to not share that information. All of our members need to be trusted to follow that rule and represent the best interests of the California Dental Association.

The question of who pays the dues for the allied professional members who join the CDA is one that must be left to the interrelationship of office staff with the employer dentist. The dues represent a small amount of money with a portion going to component dental societies that have similar membership provisions. For the small dental practice that might have one or two individuals who are interested in membership, this might not pose a problem. For the large dental practice with many allied dental health professionals, and perhaps a large demand for membership, the financial implications might be significant. Some of our members will see this as a benefit to the office staff and

pay the fees. Others might see this as an additional expense and not do so with the ADHP member responsible for their own dues. The CDA is wise to allow this issue to be settled in each practice.

The ADHP Task Force developed spreadsheets and pro forma analyses to project the costs to the organization for implementation of the plan and growth of membership. The ultimate goal of these projections would be that the allied dental health professional category would produce dues revenue to the organization as well as to the component societies, not unlike the dentist members.

After the category was approved this

fall, there was a flurry of membership applications mostly from team members related to dentist members. At this time there is a list of potential members, albeit small, who want to belong. Whether or not this group becomes a significant portion of our membership or even reaches the financial breakeven point remains to be seen. Within the allied dental professional organizations in California membership varies but represents, at best, a small proportion of eligible individuals. It is unknown if CDA will attract a larger market share.

At issue is that we are the California Dental, not California Dentists, Association, and we should and do represent all

aspects of dentistry in California. To understand this, all our members need to do is look at the programs and legislation that CDA sponsors that impact the dental profession as a whole and dental care in this state and not just dentists. Some of our members are uncomfortable with this membership category but for many of us, change is not always an easy thing. Dentists do not work in isolation. In order to deliver quality dental care, we need our team members. This is the right thing to do and this is the right time to do it. ■■■■

Address comments, letters, and questions to the editor at alanfelsenfeld@cda.org.