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The Cart or The Horse: Which Comes First?

the Newsletter and Foundations

The April 2001 *ProsStars Newsletter* caused its readers to think and comment about foundations and foundation giving. The comments tell us to keep at it! There is so much competition for the philanthropic dollar that any focusing on the good and positives of giving becomes a necessary focusing.

Tom McGarry, the president of the American College of Prosthodontists wants to keep it on the front burner. He has some goals to meet during his year in office, and a major thrust as he goes to New Orleans for the College's 2001 Annual Session is to continue the building of a $500,000 base for the ACP Foundation. He asks us to play close attention to the summer issue of the *ACP Messenger*. Tom assures us that help from a consulting firm and an extensive survey of members and potential corporate partners will provide the answers to "where is the money going and for what?" If this happens it will go a long way toward helping the cart/horse relationship.

The Competition and Who Gives?

At last count there are over fifty dental foundations. It is documented that as the number of foundations increase, the dollars going into them decrease. In the early 90's it was stated that dentistry's share of the dollars given to health care philanthropies was in the neighborhood of .3 percent*, lower than any other health care segment. One begins to comprehend the competition when the dental organization foundations are added to the college, university and dental school foundations and campaigns also asking for support. But in the face of this we shouldn't give up and look for reasons not to give, but rather we should understand our philanthropy of choice and be sure it is doing what we want it to do. Tom McGarry wants "to build some credibility with the $500,000 base." Management guru Peter Drucker observes that only those non-profit organizations which produce results, while managing growth and change, will attract philanthropic funds. Another reader states that individuals give when there is a shared understanding of the importance of meeting a critical need. This same reader adds that the giver gives when they can be a vital part of a value based mission.

The College is managing its growth and change remarkably well. Now it needs to convince members and corporate donors alike that additional financial support is essential in maintaining its visible progress.

Established Goals of the ACP Foundation

In June of 1989 the board of directors of the ACP Education Foundation adopted 6 goals. Stated in the *Foundation News*** they were:

Goal 1. Educate the general public with regard to prosthodontic care, and the prevention and correction of prosthodontic problems.

Goal 2. Promote and support research which will improve patient care, and the prevention and correction of prosthodontic problems for the general public.

Goal 3. Improve the prosthodontic treatment of the general public by disseminating information and providing educational opportunities for general practitioners.

Goal 4. Sufficiently develop the financial resources of the ACP Education Foundation so that the Foundation will be able to totally fund its educational and research activities with interest income within ten years.

Goal 5. Improve the administration and operation of the ACP Education Foundation.

Goal 6. Ensure that the Goals and Objective of the American college of Prosthodontists Education Foundation are dynamic and responsive to changing conditions.

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*from figures cited in Giving USA, Annual Report of Philanthropy, 1992.

** ACP Foundation News, Volume 1, Number 1, June 1989

These goals, as stated, have become outdated. A new mission statement has been added. It was developed by the Education Foundation's Board of Directors in November 2000, and states:

> The mission of the ACP Education Foundation is to improve overall dental health in the United States through dissemination of educational information to the general public and support for prosthodontic education, research and patient care.

Both the goals and the mission statement are wordy and repetitious. Frankly, the new mission statement doesn't even make grammatical sense. Let's face it, the College is beginning a selling mission, and it should have something to sell that is interesting, understandable, invigorating and above all challenging!

Suggestions for a New Approach

A better way to present the American College of Prosthodontists Education Foundation, is to avoid talking about "*the Foundation.*" Rather, we should find action words that describe what it is that we want to accomplish and why; emphasizing the action required as the center point of the venture. In other words don't address the Foundation; address the need. Focusing on the need says we will direct our money (gifts) to:

The Endowment For Building a Better Specialty of Prosthodontics.

This emphasizes why money must be given. It sets the stage for a campaign, a campaign meant to build and reinforce an endowment fund. The endowment fund should become an integral and major part of the ACP Education Foundation. This endowment would be used to fully support the research, educational and the unique scientific projects directly related to prosthodontic specialty patient treatment. The donors should be told that their commitment will secure the future of the specialty; a dental specialty that will continue to be involved with the most complex of dental patient treatments.

The Goal and Looking at Endowments

Is Tom McGarry's $500,000 goal high enough? No! A detectable arbitrary goal is not what we need! The American Association of Endodontists, an organization much larger than the ACP, has over $8.15 million pledged from its members and $2.7 million pledged from industry. Princeton University's endowment started in 1745 with ten men pledging £185. That amount couldn't pay the university president's salary at that time. Now the same endowment holds $8.4 billion. The American College of Prosthodontists isn't the AAE or Princeton, and it isn't Harvard, Stanford or Duke, but the guiding principles for its endowment should be very similar.

An investment plan that considers risk factors and asset allocations; the policies established for the investment's outflow; and a reporting mechanism to the parent organization which is well prescribed are all imperative sensitive issues in any endowment's management.

A worthwhile endowment will be guided by a well chosen board of directors with extensive investment experience. It will always be an advantage to involve experienced professional financial managers, including investment bankers and those with corporate and brokerage firm experience.

The larger the endowment, the longer and wider the investment view the managers can take. Money flows from one investment opportunity to another at the speed of light in today's financial climate. Equities, bonds, money markets, annuity vehicles, and money pledged but not received are all today's investment opportunities. Even planned borrowing (debt) to be paid with pledges cannot be overlooked. That precludes the chosen investment managers meeting only periodically in order to *see where they are.* Today and in the future they will have to have a day by day finger on the endowment's pulse to *see where they are going.*

Is it a valid idea to ask for the money first, and then develop a plan on how to manage it? Is receiving money first and then deciding what disbursements will be made and to whom good planning? Have the workings of the Board of Directors clearly delineated in advance? Will the parent organization's Executive Director and Central Office staff be the endowment's on-site managers; if not, who? Will we have an endowment or an unregulated pool of gifts? Will there be investors or donors? Is this one man's dream or an organization's future life?

And Finally

All interested parties should know that the Foundation met with a professional campaign coordinator in the summer of 1987. After long discussions and a thorough investigation a sensible campaign was proposed. However the Foundation's Board of Directors decided to defer action in order to meet more pressing needs of the College at that time. The requirement for a campaign has now reappeared and ripened. The time to reengage these professionals is actually past, but again needed, and a late start will be better than no start at all.

Let's move on, but from now on let's put the horse before the cart. ❑

Back to the Future

It seems strange that we have to review the **past** to put some finality on the **future**. But article after article, group after group, and presentation upon presentation are looking at the future of the specialty. One last time, let's just look!

A Review of the Institute of Medicine Future of Dental Education Report
ProsStars Newsletter, Vol. 1, No. 2, July 1995

Dentistry in the 21st Century: What Can Congress Do?
Charlie Norwood, DDS, FACD, Journal of the American College of Dentists, Spring 1996

The Patient and the Shifting Health-Care Paradigm
Henrietta L. Logan, PhD, Journal of the American College of Dentists, Spring 1997

We have met the future, and it is "US"
The ProsStars Newsletter, Vol. 4, No. 4, October 1998

The Future is in the Present: The Impact of Generations
Carol A. Aschenbrener, MD,Journal of the American College of Dentists, Winter 1998

Learning for Dentistry's Tomorrow —Dental Education
Woods Hole Group Report, Journal of the American College of Dentists, Fall 1999

Beginnings 2000 Looking Ahead I & II
ProsStars Newsletter, Vol. 6, No. 1, January 2000

Looking Ahead III
ProsStars Newsletter, Vol. 6, No. 2, April 2000

Spread the news, the future looks bright for prosthodontics
Patrick M. Lloyd, DDS, MS, Editorial, Journal of Prosthodontics, September 2000

The Future of Prosthodontics,
Steven Eckert, DDS, MSD, Perspectives from the Editor, The AP Newsletter, Spring 2001

A Review of the Surgeon General's Report on Oral Health
ProsStars Newsletter, Vol. 7, No. 1, January 2001

Building the Future of Prosthodontics
Gary Goldstein, DDS and David A. Felton, BS, DDS, MSD Scientific Program, Academy of Prosthodontics, May 2001

Current Trends in Prosthodontics Education and the Future of the Specialty
Noel D. Wilkie, BS, DDS, Annual Program of The Pennsylvania Prosthodontic Association June 2001

The best and most succinct review of some of the problems and their recommended solutions is best seen in ***We Have Met the Future and It Is"US"*** (reference 4. above).

To close it up, *ProsStars* wants to go back to the future one last time and put its own first person perspective on the future – while attempting to do away with some of the continuing concern.

The Future As I See I

I wish I could meet with all prosthodontists (fully trained specialists) and ask them "what are your worries for the future? For you, treating patients, doing some teaching, showing some interest in research related to the specialty, and belonging to organizations focused on the specialty — for you, what are your primary personal concerns as you look ahead in your life?" It all seems quite serious as we try to find out what lies in our future! But I'm always reminded of a New Yorker cartoon that depicts two angels walking along through the clouds, and looking down one says "is that all there was to life?"

If every future thing we do, including teaching, researching, and politicking points toward patient treatment and improved patient treatment, then we as prosthodontists probably don't see the recruitment of good students, better research through evidence based programming, reorganizing the organizations, or gathering more money for solving all of our problems as our primary future concerns.

More likely, I think we see our primary future concerns as very personal concerns. These personal concerns would include being perfectly healthy including being able to maintain optimal eyesight, acute hearing, maximum dexterity and flexible, non-painful joint motion. The concerns would include the ability to keep up with the latest advancements and techniques in patient care , the use of new dental materials and the best ways to assess diagnostic information related to the patient — and we will want to feel that we have the time to comfortably do these things.

Sitting next to our patient we will want to feel that we can continue to hold their respect because of what we are doing for them. We want the patient to understand that we are providing a uniquely special treatment that only we with our special training can provide. We will want their respect to radiate throughout our offices and treatment facilities into those who work with us and for us, and we will want those ancillaries to be extremely proud of their special talents blending into ours.

Yes, we will want recognition, not nearly so much from our peers in the specialty, but from those others in dentistry and medicine who should know that we are trained and skilled in ways they are not. The recognition we want isn't to make us feel better or superior. Rather it relieves the frustrations that develop when we know we can do things others can't, but are not called upon to do them. It's not because those others in dentistry and medicine and those among our patients are confused by our specialty name; it's because they don't know us by our specialty talent.

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No matter what we call ourselves, our talents and training and skills are what is important to the patient. No matter what we call ourselves our abilities to do what we do on our patients remains the same! Clearly, we want recognition for our abilities, not recognition because of a specialty name!

We hope that when all of these objectives are met that a naturally comfortable life will ensue, meaning we want to be financially comfortable, mentally stable and able to fit as normally as possible into society.

We say to ourselves "we know all of the above!" These wants and desires are like breathing. We breath to stay alive, but we give it little thought or attention. These primary wants and personal concerns in our futures become reflex and mundane.

That leaves our group effort. Our dental schools, organizations, committees and governments, which for the most part seem to always be pointed toward the future. As I see the future, these are some predictions our collective effort must consider:

Research: • There will be genetic tissue engineering leading to tissue repair, microchip placement in tissues for tissue management and diagnostic information, oral fluid analysis giving exact systemic diagnoses, advance disease and genetic change detectors using geromics procedures, laser and radiation beam surgical aids, birth harvest of cells for later cloning in tissue replacements, use of robots for hard tissue preparation including implant sites, continued development of generation and replacement chemicals routinely used for bone supplementation and repair.

• How is research financed? Where is research carried out? How are dental researchers trained? How are routes from the research bench to clinical applications speeded? The answers will be found.

Dental Materials: • In the past 30 to 40 years great advancements in dental materials have created simpler and faster dental restoration. This has increased dental productivity. Many of these "dental-use materials" are spinoffs of materials developed for non-dental industries. Such development has been to dentistry's great advantage, both clinically and economically. Innovative use of future spinoff materials will continue to be the norm.

• Likewise, spinoffs from medical-use materials have revolutionized dentistry, the primary example being dental implants. Medical materials, techniques, and/or drug therapies will continue to change and improve dental restoration.

• We will see logarithmic expansion of information flow between medical, industrial, academic and dental sources. We must insure that researchers are able to use broad focus interests to rapidly direct new and available information to the cognizant discipline.

Dental Education: • Dental schools, as now structured, will disappear due to financial restrictions of state and private sponsors. Separate clinical (treatment) "sites" not restricted by state or church or government lines will be created. The clinical sites will be fewer, larger and geographically distributed to ease patient access. There will be degree giving didactic education centers which direct remote non-bordered computer teaching of all non-clinical material. Continuing education will be accomplished in the same manner.

• Means to compensate active faculties by matching industry/private practice levels will be developed in order to stop a rushing drain of faculty and to prevent a complete loss of all school's teaching capabilities.

Merge of Medicine and Dentistry: • I do not agree with some that say dentistry will become totally integrated within or with medicine. I do not think dentistry will fall under the umbrella of medicine as a specialty. I do not agree that future M.D. degrees will impart dental skills sufficient to carry out necessary patient treatments, and I do not agree that medically trained and directed ancillaries will be able to competently treat dentally related problems. I do not agree that any government official can or will effectively eliminate the existing profession of dentistry by simply naming it "oral health care". Neither by such statement will they make dentists, as trained, disappear into the morass of modern day medical management incompetence.

The Specialty of Prosthodontics: • The specialty of prosthodontics will survive and grow in the next 30 to 40 years. It will become increasingly important, not because of demographic changes or clear predictions of increases in the elderly population. It will become more important and vitally necessary because of continued poor treatment planning and failures in treatment on an enlarged population, and continued oral tissue breakdown due to patient negligence.

• The specialty of prosthodontics will find ways and means to recruit and train interested and capable persons into newly conceived consortium specialty training sites.

In summary: • The future of prosthodontics will be bright and challenging! It will survive! ❑ NDW