

# The WIHS Woman



## The Connie Wofsy Women's HIV Study

### WIHS Oral Study Goes into a New Phase

By Nancy Hessol

Beginning in October 2004 the WIHS oral sub study, which took place on the main UCSF Parnassus campus in San Francisco, is going to stop collecting new data on study participants and instead focus on evaluating all the data previously gathered. This means the women who were enrolled in the oral study and seen by dentists at the clinic every 6 months will not need to continue with oral study visits.

We will continue to see all our study participants every 6 months for their main WIHS study visits at our clinics at Highland Hospital in Oakland, the East Bay AIDS Center (EBAC) in Berkeley, San Francisco General Hospital in SF, the Willow Clinic in San Mateo, and Mount Zion Hospital in SF. In addition, our other sub studies (like the Cardiovascular and Metabolic) will continue to enroll WIHS women so there are many opportunities to participate in these important research projects.

Because the WIHS oral sub study is not going to collect new data, we may add a little more oral data collection at your main WIHS visit. This will give women who were not enrolled in the oral sub study an opportunity to participate in the gathering of information about their teeth, gums, mouth, and saliva.

**To all our WIHS women who were a part of the oral sub study, we thank you very much for your contribution to our research project.**



### Getting into HIV Clinical Trials and Usefulness of the Trial Results

By Dr. Monica Gandhi

A lot of progress has been made on the treatment of HIV infection since the beginning of the epidemic. The usual way to figure out if a new HIV medicine is going to work in people is to test the medicine in a clinical trial where people are randomly assigned to a treatment or control (no treatment) group. If the treat-

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ment group does better than the control group, the new medicine is usually felt to be effective at treating the disease or infection and put on the market for general use.

Clinical trials let in certain patients (inclusion criteria) and keep out other patients (exclusion criteria) to make the results easier to understand. However, to effectively manage the health care of their HIV infected patients, HIV health care providers should know if the clinical trials for HIV treatment let in patients that 'look like' or are similar to their own patients. This way they can better understand if the trial results for a new drug might apply to their HIV positive patients if given this new drug.

We looked at all the reasons (exclusion criteria) why people were kept out of enrolling in 32 of the HIV clinical trials and asked how many WIHS women *would have been* excluded from those trials based on these criteria. We found that a lot of WIHS women would have been prevented from being in these trials based on these exclusion criteria (about 42% of WIHS women if we look at all the trials together).

We also found another interesting fact in our study. The way health care providers and patients find out about the results of HIV clinical trials is through looking at articles published in medical journals. We found that the journal articles for most of those 32 HIV clinical trials listed only *some* of the exclusion criteria that the trial actually used to keep people from being in the study. In fact only 60% of the reasons for exclusion made their way into the journal articles! We recommend that all the exclusion criteria be made public (in the journal articles or linked to a web site) so that patients and their doctors/providers can know how these trials were conducted. That way,

we can better decide if a trial's results makes sense for all groups of patients, including the diverse population of women that make up the WIHS.



## The Great Carbohydrate



Mr. Carbo

**Carbohydrates** are sometimes called carbs or carbo, and your body can make them. Carbohydrates exist in two different forms: sugars and starches. Sugars are called **simple carbohydrates**. They are called simple because your body digests them quickly and easily. Simple carbs are usually sweet tasting, like cookies, candy, soda, and other sugary foods. Food from nature (like many fruits) are sources of simple carbohydrates. Starchy carbohydrates are called **complex carbohydrates**. These take longer to be digested than simple carbohydrates. Complex carbs are found in foods like bread, noodles, and rice, and in lots of tasty vegetables.

Today there is a new system of classifying carbohydrates. Instead of simple and complex carbohydrates the new system measures how fast and how far blood sugar rises after you eat a food that contains carbohydrate. This new system is called the **glycemic index**.

### Why Do We Need Carbohydrates?

Carbohydrates have an important job giving all the cells in your body the energy they need. When you eat foods with carbohydrates, your body breaks them down into two different types of fuel.

For energy that you'll use right away, your body takes those carbs and turns them into **glucose**. Glucose is carried in your blood to

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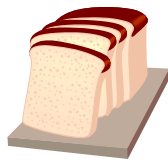
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all the cells in your body, and gives you energy. It powers every part of your body. Glucose lets you run, jump, think, blink, breathe, and more. Want to swim up and down the coast? Or just make a tiny piece of toast? Whatever you do, as long as you're using your body, you need the great power of glucose. Have you ever felt hungry and found it kind of hard to think? That's because you were running out of glucose, and your brain needed more fuel. But your cells can only use so much glucose at one time. So, when there is glucose left over that can't be used right away, your cells save it. There is no sticking it in the refrigerator like regular leftovers, instead, this leftover glucose is stored in your liver and muscles, and it's called **glycogen**. The glycogen that can't be stored in your liver and muscles is turned **to fat**.

Glycogen remains stored until it's needed, and is then released for quick energy when you're exercising. Your body decides to release the power from either glycogen or fat depending on the type of sport or activity you're doing, and how long you're doing it. If you're sprinting or doing another quick exercise, your body releases glycogen for energy, but if you are exercising for a long period of time, your body uses up its stored glycogen. When this happens your body turns to its "reserve tank" of fuel for energy, your fat.

### How Do We Get Carbohydrates?

Carbohydrates are in lots of foods, but carbs are very different from each other. White bread for example, is digested almost immediately to glucose in your system. This causes the blood sugar levels in your body to go up. White bread is classified as having a high glycemic index. Brown rice, in contrast, is digested more slowly, causing a



lower and more gentle change in blood sugar levels. It has a lower glycemic index.

Diets filled with high glycemic-index foods, which cause quick and strong increases in blood sugar levels have been linked to an increase risk for diabetes and heart disease. On the other hand, foods with a lower glycemic index have been shown to help control Type II diabetes.

Other factors that influence how quickly carbohydrates in food raise blood sugar include:

- **Fiber content.** Fiber shields starchy carbohydrates and slows the rapid attack by digestive enzymes. This slows the release of sugar molecules into the blood stream.
- **Ripeness.** Ripe fruits and vegetables tend to have more sugar than unripe ones, and so tend to have a higher glycemic index.
- **Type of starch.** Starch comes in many different configurations. Some are easier to break into sugar molecules than others. The starch in potatoes, for example, is digested and absorbed into the bloodstream relatively quickly.
- **Fat content and acid content.** The more fat or acid a food contains, the slower its carbohydrates are converted to sugar and absorbed into the bloodstream.
- **Physical form.** Finely ground grain is more rapidly digested, and so has a higher glycemic index, than more coarsely ground grain.

Some foods that contain complex carbohydrates, such as potatoes, quickly raise blood sugar levels, while some foods that contain simple carbohydrates, such as whole fruit, raise blood sugar levels more slowly.

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Although the fine points of the glycemic index may seem complicated, the basic message is simple. **Whenever possible, replace highly processed grains, cereals, and sugars with minimally processed whole-grain products.** Only eat potatoes occasionally because of its high glycemic index.

**Carbohydrates and the Glycemic Index**

| High-Glycemic             | Low-Glycemic                                      |
|---------------------------|---|
| Potatoes                  | Most legumes (peas, lentils)                      |
| Bananas                   | Whole fruits (apples, pears, peaches for example) |
| White bread               | Whole wheat                                       |
| White rice                | Brown rice  |
| French fries              | Bulgur wheat                                      |
| Refined breakfast cereals | Whole grain breakfast cereals                     |
| Soft Drinks               | Couscous  |
| White sugar               | Bran, Oats  |

**No Carbohydrates?**

There are popular diets that are well known, particularly the Atkins diet. This diet treats carbohydrates as if they are evil, the root of all body fat and excess weight. While there is some evidence that a low-carbohydrate diet may help people lose weight more quickly than a low-fat diet, no one knows the long-term effects of eating little or no carbohydrates. Equally worrisome is the inclusion of unhealthy fats in some of these diets.

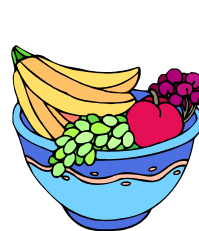
If you want to go the lower carb route, try to include some fruits, vegetables, and whole-grain carbohydrates every day. They contain a host of vitamins, minerals, and other nutrients that are essential for good health and that you can't get out of a supplement bottle.

**Adding Good Carbohydrates**

Carbohydrates from fruits, vegetables, and grains should give you the bulk of your calories. For optimal health, get your grains intact from foods such as whole wheat bread, brown rice, whole-grain pasta, and other possibly unfamiliar grains like quinoa, whole oats, and bulgur. Not only will these foods help protect you against a range of chronic diseases, they can also please your palate and your eyes.

Until recently, you could only get whole-grain products in organic or non-traditional stores. Today they are popping up in more and more mainstream grocery stores. Here are some suggestions for adding more whole grains to your diet:

- **Start the day with whole grains.** If you're partial to hot cereals, try old-fashioned or steel-cut oats. If you're a cold cereal person, look for one that lists whole wheat, oats, barley, or other grain first on the ingredient list.
- **Use whole-grain breads for lunch or snacks.** Check the label to make sure that whole wheat or other whole grain is the first ingredient listed.
- **Lose the potatoes.** Instead, try brown rice or even "newer" grains like bulgur, wheat berries, millet, or hulled barley with your dinner. Forget potato chips too.
- **Pick up some whole wheat pasta.** If the whole-grain products are too chewy for you, look for those that are made with half whole-wheat flour and half white flour.



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### Low carbohydrate/high protein (The Zone, Atkins, South Beach, and other diets)

For more than two decades Dr. Robert Atkins preached and sold the gospel of "protein is good, carbohydrates are evil. In theory, a high-protein/low carbohydrate diet could help increase satiety, that feeling of fullness that comes with eating. Fewer carbohydrates could also avoid fast and high rises, and falls, in blood sugar, which may also keep hunger at bay. Together, these could help you avoid overeating and make you satisfied with fewer calories. That's the theory. Some studies have shown people on these diets did indeed lose weight but they gained the weight right back in a few months.

Apart from the uncertainty about their ability to maintain weight loss, high-protein diets could cause long-term problems. Many of the high protein foods that people choose while on this type of diet (red and processed meats, cheese, and full-fat dairy products, for example) are high in saturated fat and low in vitamins and minerals. This may increase the risk for heart disease and colon cancer. Diets very high in protein (especially animal protein, like red meat) may also increase the risk for osteoporosis in women because the body takes calcium from the bone to neutralize the acids that build up in the blood as a result of digesting large amounts of protein.

Until more is known about the true risks and benefits of high-protein/low-carbohydrate diets, they should be viewed with caution. Keep protein intake at moderate amounts (about 8 grams a day for every 20 pounds of body weight). Vegetable protein is a better choice than animal protein. And don't skimp on the healthful carbohydrates such as whole grains, fruits, and vegetables. These should still make up a large part of the diet.

## Interviewer's Corner



By Janice Rothstein

This is the first of what might be a regular feature in the newsletter. We're the people who do your study interviews - Alana (Oakland/Berkeley), Alba and Janice (San Francisco). We want to use this space to give tips and information, and to share with you some of our own thoughts and experiences. Please let us know what you think of this column.

### Bringing Medications to Your Women's Study Visit

One very important part of the Women's Study is trying to figure out how the medications you take affect you, and how HIV affects medications. The Women's Study is one of only a few observational studies that investigate how medications, including HIV medications, affect women.

For that reason, it is very important for us to ask you at every visit, all the medications you have taken since your last study visit, and what medications you are taking now. These are the prescription medications prescribed by a doctor or nurse practitioner. We also have started asking your permission to have your pharmacy send your medication record to our research staff. Even so, at the study interview, we still need to write down as many of your medications as you can remember or bring them with you. The simplest thing is to bring your MediSet or your bottles with you: either in your purse or in a bag that you can hold in your hand, so you do not lose them. If you cannot bring your medicines with you, please bring a list of the names of your medi-

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cines. Your pharmacy or provider's office should be able to give you a list of medicines. For some of the medications, we also ask you how many times a day you take them, how long you have been taking them since your last study visit, and why you are taking them. If you have not thought about your medications in awhile, or if you do not know why you take your medicines, ask your health care provider to review these questions with you.

We know you have a lot going on in your life, and we are so grateful for your time and effort. We do our best to make the most of our time together with you, and we don't want to make the interview any longer than it needs to be. A little quick and easy preparation will make your interview move along more quickly, and will give you more time to catch up with us on how life has been going since that last visit.

Take good care of yourself, and keep in touch!



## CAB CORNER



### WIHS Holiday Luncheon Happening Soon!

By Michelle Barry

It's about that time again. We are in the process of planning for the annual WIHS Holiday Luncheon in San Francisco. Come out and enjoy a delicious meal with other WIHS women and your favorite WIHS staff! Like last year's celebration, we'll have fun door prizes and live music. Look for an invitation to arrive in your mail soon!

### The NEW Cardiovascular (CVD) Study at the VA Medical Center

The CVD Study is now in full swing at the VA Medical Center in San Francisco on Wednesdays and Fridays! We've already seen over 20 women so far. If you're interested in participating in an easy substudy, this is the one for you! There are no extra blood draws, you don't have to fast, and you're done in about an hour! Everyone is eligible as long as you've already had a fasting blood draw at your regular WIHS visit. Here's what the visit involves.

You will be given an ultrasound that will take pictures of the blood vessels (arteries) in your neck using sound waves. The ultrasound test is safe and uses the same procedure that is done on pregnant women to take pictures of their babies. Your blood pressure and heart rate will also be measured, and the test takes about 30 minutes to complete. Many of the women who have done the CVD visit have told me that the test is actually very relaxing. In fact, several of them have fallen asleep during the procedure! After the ultrasound, you will have a short interview with questions about your diet and exercise activities. You should be finished with your visit in about an hour and will be reimbursed \$30 for your time. I will be calling many of you soon to see if you're interested in participating!

## Happy Halloween



## Changes for Visit 21

By Claudia Ponath, Field Manager

This fall we begin WIHS visit 21 and that means the WIHS has now been going on for over ten years! WOW! A great big thanks to all of you for your dedication to the study and for making this possible! We truly appreciate the time each of you take away from your busy lives to come to the study visits, both the core study and all the sub-studies, answer our many questions, be poked and prodded, have blood drawn and other body fluids collected. Below is an update on changes you can expect for visit 21.

**What's new?** The main change this visit is the addition of the “neuro-cognitive” protocol. “Neuro” is Latin for nerve and “cognitive” can roughly be translated as “mental processes” including memory, attention, visual perception and problem solving. Problems with mental processes such as these can be due to aging or HIV or both, and the WIHS researchers would like to find out more about what role each plays, and how HIV medications figure into it. To do that, we will ask you to complete 3 short mental tasks at every WIHS visit from now on. For visit 21 only, we will ask you to complete a short reading task and a questionnaire about your educational experience.

**What's continuing?** The **new cardio-vascular study** will continue. We were able to start the ultrasound visits at the VA medical center in San Francisco in July and are now in full swing now. To participate, you need to have had your blood drawn when you were fasting (not eaten for 8 or more hours) at least once in the past 12 months, either at your regular WIHS visit or at a special fasting visit. Even if you don't want to participate in the cardio-vascular study, we will continue to ask you to try and

**fast (not eat or drink anything, except water, for at least 8 hours)** before your visit 21 study appointment. The reason for this is to get a more accurate measure of key laboratory tests for things like cholesterol, lipids, and glucose. These blood tests are important markers for diseases that affect women, including diabetes, heart disease, and hypertension (high blood pressure).

Many of our sub-studies are continuing through visit 21. If you are enrolled in the **Tu-shie** study, your clinician will ask you the questions from the anal questionnaire and collect an anal pap smear from you. For the following three studies, your interviewer will ask you a couple of questions at your WIHS visit to determine for which ones you are eligible and she will give you more information about each of these studies: The **PK study** (or Pharmacokinetic study) looks at HIV medication levels in the blood over a 12-24 hour period. The **Metabolic Study** involves testing for glucose and insulin and doing a bone density test (DEXA). The **Sex Steroid** study looks at hormone levels during menstruation.

**Abbreviated visits** for women who are unable to have a full core visit will continue.

For women undergoing colposcopy, we will continue to ask if you want to donate tissue to the AIDS and Cancer Specimen Resource (ACSR). Women do not need to have cancer or HIV to enroll in this sub-study. Women who are eligible and wish to donate tissue to the bank will have an extra biopsy and blood specimen collected for this study at the time of their colposcopy examination. We have had great response from you to this protocol and we thank you for your help!

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**What's gone?** The oral study has been discontinued and we want to thank those of you in this sub study for your participation. Your time and effort has been invaluable to this study. For more information, please see the article on page 1.

The VRS study has also completed data collection. Thank you to those of you who came in for the 3 month visits over the 3 years - you were a big help!

In conclusion, thank you all very much for being part of this really important study and for helping to make it so successful. We will continue to do our best to make study visits a pleasant experience for you and to offer you enrollment in these exciting sub-studies.

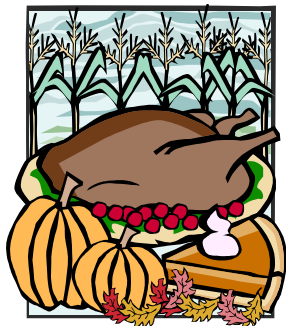
## Have a Great Thanksgiving



Family



Friends



Good Food

## A TRIBUTE TO GIGI NICKS, 1952-2004

By Mardge Cohen

Gigi was a dear friend and patient, colleague and WIHS participant, mother, sister, National Community Advisory Board member and community advocate. Gigi's contributions to the Women and Children's Program, to WIHS and to the HIV/AIDS community at the CORE Center, in the city of Chicago, and nationally through the AIDS Alliance are far-reaching.

I first met Gigi when she came for care to the Women and Children's Program in the radiation center hidden on the first floor of Fantus Clinic in the early 1990s. Like many others, she was unemployed, she had no health insurance, she didn't really understand her diagnosis, and she felt unsupported and dumped by the physician she'd seen already. She avidly sought information about HIV progression and treatment. She had no shame about having HIV. She looked HIV in the eye and was not afraid. I don't think she was afraid of much.

After Magic Johnson announced he was HIV infected, and the Chicago media sought responses to this news, I asked Gigi if she would be interviewed about having HIV infection. She barely let me ask the question before she said she had a lot to say and could say it a lot better than Magic Johnson.

After several appointments, she told me straight out that she could run the office of our program in a much better way than it was being run at that time, and I was ridiculous for waiting one more day to hire her. We

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hired her part time in December 1991, and things spiraled upward and outward from there. She was not the kind of person to stay behind a desk answering phones. She assumed an advocacy role almost immediately as she sought her own support in the weekly support groups, and then mentored other women with HIV as well as new staff.

With more resources, Gigi became the full time Title IV funded Women and Children's Consumer Advocate. She also helped train and mentor peers in the Maternal Child Health HIV Integration Project, a Special Project of National Significance (SPNS) in the late 1990s. She joined the Board of the AIDS Policy Center for Children, Youth and Families, formed by women and children's Title IV programs all over the country in 1994 as one of the first participating consumers. She was in the first graduating class of the AIDS Policy Center's National Leadership Training Corp in 1999. And I think this really was one of her most favorite activities. She would fly to Washington DC, meet with the Board, attend two national meetings a year, and bond with other activists around the country concerned with how HIV affected families. She loved the caring fathers, she doted on this kind of extended family.

She also participated in the first Title I Planning Council and many other Chicago and Illinois Department of Health projects and groups as well as the local Family Children AIDS Network (FCAN) Board. And as the CORE Center Consumer Advocate for the past 6 years, she was always in some one's face, juggling a very complicated role. She wanted to meet the patients who came to the CORE Center where they were at and she wanted to move those of us working at the CORE Center to someplace else.

Gigi was a passionate and outspoken advocate for people living with HIV. Most of the AIDS walks I participated in were along side Gigi. She was strong and loud and determined to live a healthy and productive life as she courageously fought her own HIV, and moved others to do the same. She noticed and complained about changes in her body very soon after taking antiretrovirals, spearheading research questions on this issue for women.

To have fought so hard for so many years, over lots of lows and then to suddenly succumb to heart disease seems really unfair. But the leading cause of death in women is heart disease, and that is what Gigi died from. I certainly wish she hadn't, but we all have to learn more and do more to prevent others with HIV and without HIV from succumbing to this disease as well. Gigi would want that.

Yesterday I picked up a video of an interview Channel 7's Cheryl Burton conducted in Gigi's home earlier this year. The tape is upstairs and will be running during the reception. It's a very powerful interview. When I thanked Cheryl Burton for copying the interview for us, she put her hands to her chest and said that the small amount of time she had spent with Gigi had made a tremendous impact on her and made a better person.

Gigi had a booming voice, an incredible speaking style and a fearless spirit. She was kind and then she was in your face. We argued over how to pursue internal CORE politics and national HIV politics regularly. She told me to calm down and I told her to keep going—with her gardening, her out of town meetings and speaking engagements, and making that mean pound cake. She was truly a mentor and a role model for many of us. It is hard to imagine continuing our work without her. We will miss her tremendously.



## Remembering Gigi — in her own words. . .

### Savoring the Day By Gigi Nicks

"I spell Aids in lowercase," says Gigi Nicks, "because I try to keep it from claiming too much power in my life, and I want to show that." Here are other reflections from Gigi, on pursuing joy no matter what.

It is possible to live a happy life with Aids despite the pain and chaos surrounding it, despite the things I want for me that elude me, despite the people around me whose lives seem to say I can't be happy. But though it may not be the perfect picture that I envision, I can live a life that is just enjoyable.

When I feel unhappy, it's because I disagree with what's taking place in my life. I have mental pictures of how my life should be - of the career I should have built, the perfect partner I should have. I have strong ideas about who my children and their mother should be and how they should behave. Even though the life I think I should be living may only be based on my delusions, I still feel unhappy when my reality falls short.

I can't wait for everything in my life to be as I wish it were before claiming my happiness. There are so few moments when I feel that everything is going well. And realistically, no one has all that she wants. That's life with or without Aids. I can't help but wonder, if I felt completely satisfied, what would my purpose be? What would I think about? What would I plan and strive for? I don't believe I will ever know the joy of living if I wait for others, reality to mirror all my dreams and goals.

I know that the threat of loss will always be present in my life. Crossing the street, flying in an airplane or debilitation of my health are risky. A natural disaster can leave me homeless and jobless all in the same day. No place or anyone in this world guarantees my safety. Nothing outside of my being will give me more than fleeting moments of security or joy.

Life with Aids is not easy, but it's a blessing. I am God's beloved child, and the spirit's favor is with me. I am an expression of God. The living dynamic spirit that created all life is alive as me. It is in this truth that my security lies. I am here with Aids because God called my spirit forth, and when my work is done, I will leave. Breath is the gift of life I try to experience the joy of living with Aids in each breath.

Being alive with Aids means dealing. As long as I am here, painful things will happen. To resist them is to resist life. Painful or unpleasant experiences aren't necessarily bad ones, so I shouldn't react as I've been taught, shouldn't let life push my buttons. No matter what is happening around me, I will strive to stay centered. I can handle any difficulty. If I stay strong in my spirit, I will always find my way.

Life is a perceptual experience. The ability to think and feel are gifts that can be both creative and destructive. My life is as good as I think it is. I make it a habit to being each day affirming that God is great and that life is a blessing even with AIDS. I choose each day to savor the precious, moment-to-moment joy of living with Aids.



## SAN FRANCISCO DENTAL CARE PROGRAM DIRECTORY

### SAN FRANCISCO

**1. Clinics delivering free or low-fee dental care to non-insured HIV-positive patients.**

**Ryan White Program eligibility requirements:**

- A. HIV seropositivity (letter of diagnosis required + bring most recent CD4 count at first appointment)
- B. San Francisco residency (bring picture ID)
- C. Yearly income less than \$30,000.

| PROVIDER   | ADDRESS  | PHONE          |
|--|--|----------------|
| University of the Pacific School of Dentistry<br><i>*Free basic dental care; co-pay for dentures</i> | 2155 Webster Street<br>San Francisco, CA 94115               | (415) 929-6448 |
| Community Dental Care  | 2460 Mission Street, Suite<br>102<br>San Francisco, CA 94110 | (415) 970-8696 |

**2. Clinics delivering low-fee dental care to non-insured patients with limited income (HIV – NEGATIVE AND HIV – POSITIVE):**

| PROVIDER                                     | ADDRESS  | PHONE          |
|--|--|----------------|
| University of California School of Dentistry | 707 Parnassus Ave., Box<br>0752<br>San Francisco, CA 94143 | (415) 476-1891 |
| South East Health Center                     | 2401 Keith Street<br>San Francisco, CA 94124               | (415) 715-4066 |
| Potrero Hill Health Center                   | 1050 Wisconsin Street<br>San Francisco, CA 94107           | (415) 648-7609 |

## ALAMEDA COUNTY DENTAL CARE PROGRAM DIRECTORY

| PROVIDER  | ADDRESS  | PHONE          |
|---|--|----------------|
| <b><i>Community Health Centers</i></b>  |  |                |
| La Clinica de la Raza<br><i>*Accepts Denti-Cal Patients</i>   | 3050 East 16th Street<br>Oakland, CA 94601           | (510) 535-4200 |
| LifeLong Dental Care<br><i>*Accepts Denti-Cal Patients</i>  | 1860 Alcatraz Avenue<br>Berkeley, CA 94703           | (510) 280-6080 |
| Native American Health Center<br><i>*Accepts Denti-Cal Patients</i>   | 3124 International Boulevard<br>Oakland, CA 94601    | (510) 535-4410 |
| <b><i>County Dental Clinics</i></b>   |  |                |
| Alameda County Medical Center<br>Eastmont Wellness Center<br><i>*Accepts Denti-Cal Patients</i>                           | 6955 Foothill Boulevard<br>Oakland, CA 94605         | (510) 383-5144 |
| <b><i>Private Practice Dentist</i></b>  |  |                |
| All American Smile – Serra Park<br><i>*Does Not Accept Denti-Cal Patients</i>   | 1624 Franklin Street, Suite 615<br>Oakland, CA 94612 | (510) 451-7881 |
| <b><i>Dental School</i></b>   |  |                |
| Dental Care Center Union City<br>University of the Pacific School of Dentistry<br><i>*Only Accepts Denti-Cal Patients</i> | 1203 "J" Street<br>Union City, CA 94587              | (510) 489-5200 |