

SEPTEMBER/OCTOBER 2019

Access

COMMUNITY SERVICE

NDHM

Mars Wrigley
Foundation
Healthier
Smiles
Grants

ADHA 2019



American
Dental
Hygienists'
Association

Management of Wisdom Teeth



When should you consult an oral
and maxillofacial surgeon (OMS)
about third molars?

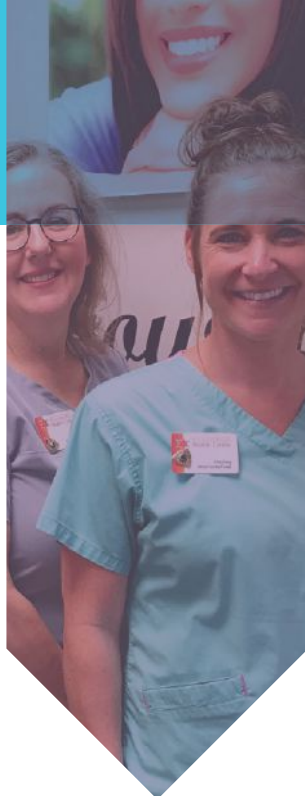
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- *Dental Infection Control Awareness Month*
- *Q&A with Sarah Crow, RDH*
- *Research Roundup*
- *ADHA 2019 - Conference Bonus*



National Dental Hygiene Month

In October, dental hygienists across the nation celebrate our value to society as health care providers and highlight our roles in community outreach. Although we volunteer in our communities all year long, National Dental Hygiene Month is an ideal time to recognize our role in the health of the public. A survey we conducted last year found that 70% of dental hygienist respondents participate in at least one and as many as five community service events in a year. Our reach is impressive and our impact profound.

Our role in the community is reflected in our Code of Ethics. Community is one of the code's fundamental principles, expressing our concern for the bond between individuals, the community and society in general. It is reflected in the code's core values of justice and fairness:

“We value justice and support the fair and equitable distribution of health care resources. We believe all people should have access to high-quality, affordable oral health care.

And the code includes a standard of professional responsibility to the community and society:

“Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of health care resources.

Examples abound of our presence and the impact in our communities. This issue of Access alone includes 14! These are the stories of just some of the projects funded by the Mars Wrigley Foundation Healthier Smiles Grant Program this year.

As I write this, one of these projects is just about to start. Another is 24 years old. Many benefit children, some with special needs, others without homes, all deserving optimal, personalized oral health care and knowledge. We asked the dental hygienists who administer these efforts what makes them proudest of their work. Again and again, we heard that it's the impact on the people that makes a sustainable community oral health program something to be proud of.

We also look back on Community Service Day in Louisville along with our continued coverage of ADHA 2019. This year, we went to the Shawnee Christian Healthcare Center and presented a health fair for the people of the community. Be sure to check out the photo of the event, and also all the education-focused awards and events at this year's conference.

Finally, if you are an ADHA member reading this in print, you will have a booklet of coupons from our corporate partner, Johnson & Johnson, to distribute to your patients. This is just one small aspect of a major partnership ADHA has joined with Johnson & Johnson and Walgreens that began at Annual Conference in Louisville and will advance in multiple venues starting in October, all with the aim of creating healthier smiles by leveraging the expertise of dental hygienists. You'll be seeing the partnership displayed in 6,000 Walgreens stores nationwide and posted to social media and online, and you'll be hearing it promoted on Pandora Radio, as just a few examples of how we'll be working together. Keep an eye on adha.org for more information, and happy NDHM! ■



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The only foundation for the important work of dental hygienists

THE ADHA INSTITUTE FOR ORAL HEALTH

The ADHA Institute for Oral Health provides thousands of dollars each year to advance the profession of dental hygiene through scholarship, research and service. Our grant programs are described in detail at adha.org/institute-for-oral-health.

Thinking about applying? Put these dates on your calendar:

SCHOLARSHIPS

Applications for the 2020-2021 academic year
Available: October 1, 2019
Deadline: February 1, 2020

COMMUNITY SERVICE GRANTS

***Mars Wrigley Foundation's
Healthier Smiles Grant Program***

Applications Available: Now
Deadline: October 1, 2019

Healthy Start for Texas Teeth

Applications Available: November 2019

Deadline: February 28, 2020

***Rosie Wall Community
Spirit Grant***

Applications Available: November 2019

Deadline: February 28, 2020

RESEARCH GRANTS

Applications Available: November 2019

Deadline: February 28, 2020

The ADHA Institute for Oral Health scholarships and grants are only available to ADHA members,

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Association

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- become more involved in the ADHA?
- connect with other members?
- be a collaborative leader?
- make a difference in our profession?



IF SO, CONSIDER ONE OF THE FOLLOWING ELECTED LEADERSHIP POSITIONS:

- ADHA President-Elect
- ADHA Vice President
- Speaker of the House
- Nominating Committee Member
- District Trustee

All professional members are eligible to apply for consideration as a candidate for elected office or district trustee. Applicants are asked to review the ADHA skillsets, connect with the Leadership Development Committee and fill out a bio-data

form that will be reviewed by the ADHA Nominating Committee. Skillsets and Bio-data forms are located on adha.org, in the About ADHA tab under leadership and governance and must be submitted by the first Monday of February.

ADHA leaders often say the volunteer experience more than repays the investment. Step up and help the association develop, empower and support your fellow dental hygiene professionals.

2019 Mars Wrigley Foundation Healthier Smiles Grant Program

ORAL HEALTH EDUCATION & SCREENINGS FOR CHILDREN IN AN EMERGENCY SHELTER

MICAH House is an emergency family shelter in southwest Iowa. “MICAH House believes that shelter should be re-imagined and provide more than just a roof over someone’s head,” explained Liz Addison, RDH, whose program provides preventive oral health screenings and education to homeless children there.

“They collaborate with many agencies to provide holistic services such as financial literacy classes, motivational speakers and the BUDDY Program for children. The BUDDY — Build Upon Dreams and Develop our Youngsters — Program uses play and trauma-informed methods to serve the children in the shelter.”

According to Addison, with the introduction of the BUDDY Program in 2017, MICAH House engaged local collaborators to determine how to best serve the needs of children in their care. The agency where Addison works — Family, Inc. — was one of them, having provided screenings once a year prior to the BUDDY Program.

“We have collaborated on a number of projects,” she said. “Adding the preventive oral health screening program seemed like a no-brainer to serve children in our area.”

Prior to funding from the Mars Wrigley Foundation Healthier Smiles Grant Program, Addison’s program was funded primarily through Medicaid income from those children for whom she was able to bill preventive services.

“Truthfully, the program was underfunded,” she said, “but we thought it was such an important partnership that we prioritized

making it happen without a dedicated funding stream.

“One of the things we realized early on was that people experiencing housing crisis do not prioritize oral health, particularly not preventive care. By providing these screenings to children, at the most basic level, we are assisting parents in the midst of crisis towards better health outcomes for their children.”

Addison’s program also connects children to long-term dental homes. “We have also increased their knowledge and awareness about the importance of oral health,” she said. “And finally, we hope to connect children to dental insurance, although the need has not yet arisen where that has come to fruition.

“We plan to keep serving the highest-need children in all of our oral health programs, the BUDDY Program partnership included. These children need services at a critical time in their lives, and we are lucky to be able to provide those services.”

Addison said that Family, Inc. prides itself on being patient-centered and an excellent collaborator in the community. “When we got the call from MICAH House, we knew that we were uniquely qualified to fulfill this particular need in the community,” she said. ■

The ADHA Institute for Oral Health and the Mars Wrigley Foundation are pleased to offer the members of the American Dental Hygienists’ Association (ADHA) the opportunity to apply for community service grants leading up to National Dental Hygiene Month. The Mars Wrigley Foundation’s Healthier Smiles Grant Program grants are awarded to applicants who are involved in a specific community health project that improves the public’s oral health and provides oral health education. Recipients receive \$2,500-\$5,000 per grantee.

MILES OF SMILES & COMMUNITY MENTAL HEALTH COLLABORATIVE

Now in its 24th year, the Miles of Smiles Program of the Ottawa County Department of Public Health is a dental home for many of the Michigan county's residents.

"Miles of Smiles provides on-site, diagnostic, preventive, restorative and surgical dental services for Medicaid-insured and financially qualifying uninsured Ottawa County residents," explained Oral Health Team Supervisor Debra Bassett, RDH, BHS.

"In the 2017/2018 fiscal year, 77% of the encounters/appointments were children and 23% were adults. Miles of Smiles visits approximately 37 sites annually, the majority of them being Ottawa County schools. The program's mobile dental unit is 40 feet long, has two dental operatories, a reception area, a sterilization room, a digital x-ray system and a cloud-based dental software system."

Bassett describes her venerable mobile dental program as a pioneer approach that brings dental services to patients who don't have access to dental care.

"Since the Miles of Smiles implementation in 1995, many other dental facilities around Michigan have followed," she said. "We continue to not only meet access to care issues but also address the transportation barriers of so many Ottawa County residents."

A quarter of a century ago, a community needs assessment revealed children were in need of access to affordable oral health care.

"The program design was intended to address the social determinants of health," Bassett said. "It focused on eliminating the need for



transportation and streamlining health and human service delivery by addressing language, cultural and economic barriers and eliminating barriers to optimal learning, including oral pain. We achieved this by partnering with local school districts."

Miles of Smiles was initially funded through a federal grant that allowed the health department to purchase its first mobile unit and equipment and to compensate its startup personnel. "We are working on our third mobile unit, and it will be completed in spring/summer of 2020," Bassett said. "The Mars Wrigley Foundation Healthier Smiles Grant Program funds a new sterilizer for the mobile unit."

Bassett is rightfully proud of the Miles of Smiles Program. "It has proven successful and sustainable so we can continue to help the population in need who do not have access to dental care," she said. ■

HEALTHY SMILES

In Kansas, dental hygienists with expanded care permit III can provide some restorative services. Kylie Austin, RDH, MSDH, ECP-III, leverages this permission in her program, Healthy Smiles.

"Healthy Smiles is a school-based program that provides preventive services in local schools to children who do not have a dental home," Austin said. "Many are uninsured, while others have state insurance but cannot find a provider that accepts it. Some might have other barriers to care including transportation to a clinic or a parent able/willing to take them to their appointments."

Healthy Smiles offers dental screenings, fluoride treatments, prophylaxes, sealants, radiographs and other ECP-III services such as temporary restorations and extraction of mobile primary teeth. Austin said she recognized the need for her program when she worked for a dentist who accepted state insurance program KanCare.

"We were so busy because we were one of the few providers that accepted it in our area," Austin said. But then, in an effort to improve the financial standing of the practice, her dentist-employer decided to no longer accept KanCare.

"It was painful to have to tell those children and their parents that we would no longer be able to see them," Austin said. "They shared with us their struggles finding a provider that accepted their insurance."

"I took it upon myself to do research to find area offices and clinics in our region that accept KanCare, and it was far too many for the population of children served by state insurance. I knew I wanted to develop a more robust school-based program to meet that need."

Two ECP-III dental hygienists and a local community health center collaborated to develop Healthy Smiles. "The health center provided equipment, supplies and manpower in assisting with the paperwork, while the hygienists provided the services," Austin said. "Funding came from the Mars Wrigley Foundation Healthier Smiles Grant Program and a grant that the community health center had received."

At the time of this writing, Healthy Smiles has established relationships with the schools where the program is ready to begin helping children in the community, combining provision of preventive treatment with reduction in overhead to keep the work sustainable.

"When school resumes in August, we will start providing preventive services to children in area schools," said Austin. "We've designed it to be self-sustainable, so we're hoping the program will continue for years to come!" ■

HIS HEART (A COMMUNITY BASED DENTAL HYGIENE PROGRAM)

Angela Meadow Cameron, RDH, started His Heart last year after touring Eddy House Homeless Youth Day Center in downtown Reno, Nevada.

"The youth they serve struck a chord with me," said Cameron. "I am raising teenagers myself, but the issues they face and the resources they have are different. I couldn't bear the thought of my young neighbors in transition feeling invisible and lacking services I could help provide."

His Heart is a non-profit organization providing free, mobile, dental hygiene services to at-risk populations in Northern Nevada. Services include dental screenings, oral hygiene instruction, problem prevention education, prophylaxis, fluoride varnish application, sealants and referrals for continued care by a dentist.

"As time, volunteers and equipment permit, we hope to come alongside other programs that help neighbors get on their feet," Cameron said. "I am a full-time dental hygienist and mom with a heart to help. I did not see a free, mobile dental hygiene program in Northern Nevada that already provided the services I hoped to offer, so I asked questions about how to start one. I incorporated, wrote a program that I would present to the Nevada State Board of Dental Examiners for approval, sought non-profit status from the IRS and started His Heart so I could volunteer my free time using the skill set I already have to help my neighbors."

"It reminded me of a sign I once saw at High Sierra Music Festival that said, 'Anyone who thinks they are too small to make a difference has not fallen asleep with a mosquito in the tent!'"

Cameron said that the Mars Wrigley Foundation Healthier Smiles Grant Program provided the first major funding His Heart ever received.

"I will always be grateful that ADHA and Mars Wrigley Foundation believed in the vision to help others and gave me the resources to get going," she said. "Junior League of Reno recently contributed to His Heart's mission, and we received a small amount of private donations at this point, too — some monetary and some donated services."

Although His Heart is in its infancy, Cameron said she taught a classroom of 5-year-olds in April how to care for their teeth, make good food choices and learn why oral health is important.

"After receiving my tax-exempt status, I was able to order supplies and start my mobile dental hygiene program that includes prophylaxis, fluoride varnish and dental referrals for two homeless young women in July," Cameron added. "They received referrals to a partnering dentist for continued care outside of my scope of practice." To date, His Heart has served seven homeless youth clients.



Cameron plans to continue her outreach at Eddy House every other Friday when she has a day off. "I believe that in addition to dental services these youth received, they know that another person exists who sees them where they are and wants to be a positive part of their journey to health," she said.

The next step for His Heart? "A website to show the heart of our program," Cameron said. "It's my hope to eventually have the funding to buy another dental unit setup so my interested colleagues can serve alongside me to reach more neighbors in need!"

"I am most proud of the positive experiences my patients have had with His Heart. I started a feedback journal last month, and the comments have made me feel like my at-risk neighbors see value in our interactions. I know they do not feel invisible, and that feels good!" ■



SMILES ON WHEELS

In 2006, three dental hygienists had a vision to bring oral health care to those in underserved populations. One of them was Kim Crabtree, RDH, RDA, executive director of what would become Smiles on Wheels, a non-profit mobile hygiene program focused on providing preventive oral health care services in schools and other set-

tings where dental hygienists are permitted to work under Michigan Public Act 161.

"That first year, Smiles on Wheels served 334 children," said Crabtree. "To date, we have surpassed the 34,000 mark. Currently, Smiles on Wheels serves 120 schools across the state of Michigan, with 47 of them in the Upper Peninsula."

The Mars Wrigley Foundation Healthier Smiles Grant Program helps Smiles on Wheels provide elementary and middle school students with education, oral health assessments, prophylaxes, fluoride varnish treatments,



KONNECT DENTAL KARE

Konnect Dental Kare (KDK) is a certified school sealant program founded in August 2017.

“Our mission is to bridge the gap between the community and dental providers,” said KDK founder and leader Brenna Chavarin, BS, EPDH. “This is accomplished by serving the community where they are. With funding from the Mars Wrigley Foundation Healthier Smiles Grant Program, we’re specifically addressing the need in the schools. We offer free caries preventive dental services to all K-12th grade students who opt in at the schools we serve.”

The caries preventive services include a dental assessment, fluoride varnish, silver diamine fluoride and sealants. “Our visual dental assessment is designed to determine caries risk, and treatment is offered based on that caries risk,” Chavarin explained.

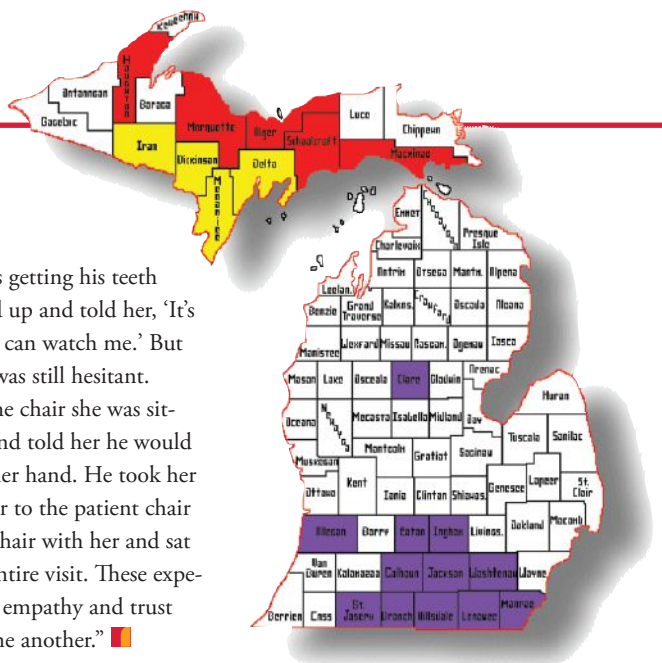
Chavarin’s program is contracted with the local Coordinated Care Organization in Klamath Falls, Oregon. “That gives us access to the dental home information for any patient with state Medicaid insurance,” she said. “A form is sent home with the child informing the parent or guardian of services provided, with a recommended time frame for the child to be seen at their dental home. A similar form goes out to the child’s dental

home. All patients are referred back to their home dentist at a minimum of a yearly basis.”

Chavarin explained that there are Oregon Health Authority certified school sealant programs across all of Oregon. “At the time of KDK’s founding, Klamath Falls did not have a sealant program serving the schools,” she said. According to Oregon Health Authority’s website, approximately 90% of carious lesions occur in the molars. This caries rate can be reduced by 50% with a school-based sealant program. According to the 2012 Smile Survey, 52% of children in Oregon and 55% of children in the Klamath region between the ages of 6 and 9 have had a cavity, with 20% presenting with untreated caries. The Smile Survey is completed every five years.

“At this point in the grant cycle, we have served the county schools, and have yet to serve the city schools,” Chavarin said. “Bringing free dental care to the children makes access easier for parents, eliminating barriers to care such as finances, transportation, work schedules, et cetera.

“In the last two years that KDK has been active, we have treated over 300 children with the state Medicaid insurance who otherwise received no dental care in a year or longer.” ■



dental kits and referrals to local dental offices. As part of the educational component, teachers receive materials to continue the education once we have completed our visit.”

Crabtree said she finds it especially rewarding to work with children. “It continues to encourage us daily when we see the support they provide each other,” she said.

“In the spring, we saw a little girl who had never had her teeth cleaned. She was visibly upset and scared, so we encouraged her to sit and watch some of her friends so she could see there was nothing to be afraid

of. One of the little boys getting his teeth cleaned popped his head up and told her, ‘It’s ok! Don’t be scared, you can watch me.’ But when he was done, she was still hesitant.

“He walked over to the chair she was sitting at, gave her a hug and told her he would stay with her and hold her hand. He took her by the hand, walked over to the patient chair with her, got up in the chair with her and sat and held her hand the entire visit. These experiences show us the true empathy and trust that children have for one another.” ■

LIFESMILES DENTAL HEALTH PROGRAM

“In our area, there are many barriers to receiving oral care,” said Roxanne Denny-Mickey, RDH, PHRDH, clinical services coordinator and dental program manager of the LifeSmiles Dental Health Program. The program operates within the Two Rivers Public Health Department (TRPHD), serving a rural area in southern Nebraska where residents include people of minority status, are uninsured or underinsured, and who have transportation limitations. Many are of poverty status.

“Much of our district has been designated as a provider shortage area, and providers who accept Medicaid are limited,” Denny-Mickey said.

“LifeSmiles began in 2008 as Young Children/Priority One. Initially, services focused on children and their families, with a goal of eventually reaching out to our older adult population. We changed the name to LifeSmiles to reflect the aspiration of serving people throughout their lifetime. The LifeSmiles Program focuses on good oral health as a lifestyle.”

All the services LifeSmiles provides are preventive, evidence-based and directed towards high-needs priority populations. The program collaborates with WIC, schools, preschools and long-term care facilities to access the participants.

“Our program helps fulfill National Healthy People 2020 and answer the Surgeon General’s call to address the leading health indicators in reducing disease and disparities, especially for the most vulnerable populations,” Denny-Mickey said. “The existing dental care delivery system in Nebraska does not need to be changed. But we do need to increase the delivery of underutilized community preventive services. The approach to dental disease has directed resources into surgical treatment and restoration.”

LifeSmiles was originally funded with a HRSA grant and Kiwanis partnership. “Several years ago, TRPHD developed the infrastructure to bill public insurance for reimbursement for services,” Denny-Mickey explained. “However, this reimbursement covers only about 25% of actual costs, so program funding is braided with reimbursement from insurance, donations, grants such as the Mars Wrigley Foundation Healthier Smiles Grant Program and TRPHD internal funds.”



The LifeSmiles program provided about 3,500 prevention dental service encounters to children last year, including screenings, risk assessments, fluoride varnish, sealants, health education, referral assistance and homecare supplies with a value of over \$805,000. Outreach to long-term care provided nearly 4,000 service encounters including oral hygiene therapy, prophylaxes, denture/partial inspections and cleanings, fluoride varnish, screenings, risk assessments, health education, referral and liaison assistance and silver diamine fluoride treatments valuing an estimated at \$936,000. LifeSmiles also organizes the LifeSmiles Care Project, a once-a-year event providing free restorative and dental hygiene services for people without access to care. Last year’s event delivered 212 procedures valued at \$18,500.

“We have held strong since 2008, but as time progresses, program growth from community need is demanding a better model that allows better sustainability,” Denny-Mickey said. “Through hard work directed at policy change focused on current insurance reimbursement and collaborating service reimbursement with medical services, we hope to see more appropriate compensation for prevention services. We are also intensifying promotion of oral health importance in our communities to inspire potential funders and enhance opportunities for support.”

Denny-Mickey is proud of many aspects of LifeSmiles. “Many of my colleagues work excessive hours with compassion and passion and inspire me every day,” she said. “We operate from an innovative, culturally competent approach, applying best practices and constantly looking for ways to evolve and improve how we serve. And I’m proud of our partnerships that allow us to reach those who need us.

“I am also proud of those we serve, because they engage with us and trust us to help them.” ■

IMPLEMENTATION OF A TOOTHBRUSHING STATION FOR CHILDREN WITH SPECIAL NEEDS

For children with special health care needs, oral health is not always the first priority, but if these children are not introduced to oral health procedures and tools early in life, it can be a challenge to introduce them later.

Dorrie Gagnon, RDH, volunteer and board member with the nonprofit KinderSmile Foundation, developed a project to address this issue by locating a toothbrushing station right in the classroom. Based in New Jersey, the foundation strives to provide underserved children with access to comprehensive dental care and educate them and their families on the importance of dental hygiene. Since 2007, the charity has provided in-school dental care to more than 10,000 schoolchildren.

In 2012, KinderSmile Foundation piloted the toothbrush station project at The Arc Kohler School for students with developmental delays and disabilities in Mountainside, New Jersey. Each classroom has a station, and each student receives a toothbrush, toothpaste and caddy to carry them. With hands-on instruction in dental hygiene skills every few months, the students built the confidence and dexterity to brush their own teeth (in school and at home), and their in-school therapists/aides learned new techniques from the volunteer hygienists. Parents reported a significant change in their children's willingness to brush or be brushed each morning and night, and the pilot improved caries risk assessment scores over five years of implementation.

Gagnon started volunteering at a new site with KinderSmile Foundation last year. "We are in Horizon High School for children with cerebral palsy in Livingston, New Jersey," Gagnon said. "We set up a recall program to see the children twice a year and perform cleanings, exams and oral health education."

One of the challenges to Gagnon's program is that parents can be skeptical on several fronts. Some already have private dentists and don't consider the classroom care necessary. Others believe that their child will resist care, or that fluoride may harm their child. Many simply do not believe that the free care actually comes at no cost; KinderSmile Foundation does not charge families for the dental treatment received inside the schools.

"Most special needs children already have Medicaid," Gagnon said. "As a nonprofit, we'll submit the insurance and receive pennies to the dollar, but the parents are never billed. We rely heavily on volunteers — getting funding through grants including the Mars Wrigley Foundation Healthier Smiles Grant Program will allow us to continue and broaden what we are doing."

Gagnon said success depends on integrating the daily routine of toothbrushing into the school's curriculum and individualized education program (IEP). Anyone involved with students learns how to properly brush the children's teeth and get them used to the feeling of a toothbrush in their mouth.

Gagnon finds the biggest reward in helping children who can't speak for themselves. "Most of the children have serious gingivitis from lack of proper toothbrushing and dental care," Gagnon explained. "Most are nonverbal, use wheelchairs and have sensory issues. It's very diffi-



cult for a child who is nonverbal to communicate about pain in their mouth. A lot of them communicate via apps on their iPads. It's a goal of mine to have more dental-related apps to help them explain where their teeth are hurting and what's causing the pain."

Gagnon's twice-a-year recall allows her to collect data over time. "Since we started with Arc Kohler years ago, the decay rate has gone drastically down. We expect to see the same results at Horizon High School and other schools that partner with the toothbrush station project.

"Whatever it takes to help somebody is worth it. The Mars Wrigley grant was what really made it possible."

Gagnon said she believes more dental hygienists need to get involved with this type of work. "It doesn't take much, and it's more rewarding than writing a check." She invites fellow New Jersey-licensed dental hygienists to join her by volunteering with KinderSmile Foundation. Applications are available at www.kindersmile.org/give-back. ■

ORAL HEALTH SELF-MANAGEMENT THROUGH TECHNOLOGY



Mars Wrigley Foundation Healthier Smiles Grant Program award-ee Alicia Harrison, RDH, BS, ECP-III works at PrairieStar Health Center in Hutchinson, Kansas. The non-profit federally qualified health center offers comprehensive health services to patients at any age, insured or not. Harrison applied her grant funds to address a specific challenge in her workplace: making time for oral health education for school-aged patients.

“The challenge in outreach is consistently the time crunch — trying to accomplish education, care and follow-up in a timely manner,” Harrison explained. “The Mars Wrigley Foundation grant helped us acquire technology to assist in oral health education.

“We have been able to incorporate the Caesy iCloud education tool for our students waiting for their appointments. This opens

the dialogue and helps us identify self-management goals quickly. It provides a visual explaining sealant application so that the child knows what to expect. It quizzes them on nutrition facts so we have an idea of their dietary IQ. And those are just two things — there’s so much more!”

In 2007, the Kansas Association for the Medically Underserved (KAMU), awarded over \$6 million in grants through the Dental Hub Program to 10 safety net clinics over four years. “The Dental Hub Program increased access to care by increasing the number of geographic access points for safety-net health services from eight counties to 59 counties,” Harrison said. “And this increased awareness about the need for expanded dental hygiene duties.”

This led to creation of the expanded care permit (ECP). ECP licensure allows Kansas

dental hygienists to work under the umbrella of a supervising dentist to perform preventive services as well as expanded services without the general supervision of a dentist, Harrison said.

“Over the last seven years, our program has continued to receive grant money to expand services and acquire equipment,” Harrison continued. “Each grant permitted the next step to improve oral health care for our patients. Next, we hope to establish an outreach program to provide dental education and preventive services within the Medical Pediatric Department.” This, Harrison said, will allow the health center to reach parents and children earlier to identify dental disease earlier as well as promote oral health and thus improve systemic health.

“Our predecessors laid the foundation within our community, and we have continued their legacy,” Harrison said. “We have created friendships and bonds with our outreach locations, and that has promoted our program to other sites.

“We are continuing our program to communities that have not had the opportunity to receive preventive services due to lack of access in their region. Since 2012, the program has grown from two school districts with 15 schools performing sealants only. Now we provide prophylaxes, fluoride treatments and sealants to 15 school districts with 56 schools.

“Our program has also grown to include Head Start programs, nursing homes and facilities supporting individuals with disabilities.” ■



ALL ABOARD! THE CAVITY FREE EXPRESS

All Aboard! the Cavity Free Express® is a large, evidence-based interactive oral health workshop. This train-themed event takes families on a journey to Cavity Free, Kansas. They stop at seven interactive stations along the way to gain the knowledge, skills and confidence to adopt healthy behaviors that keep children cavity-free. In addition, every participant receives a customized caries risk assessment, oral health screening and fluoride varnish application. At the conclusion of their “trip,” families visit with specially trained counselors who assist them in selecting healthy behavior changes they wish to adopt. Community early childhood organizations provide follow-up support to families at subsequent home visits to achieve their personal oral health goals. The All Aboard! the Cavity Free Express® event is designed specifically for children ages birth to 5 along with their families and caregivers.

“As the director for the Kansas Cavity Free Kids oral health program through the Kansas Head Start Association, I have developed and presented over 100 oral health workshops to early childhood professionals across the state,” said Kathy Hunt, RDH. “Pre/post tests and evaluations revealed that participants learned a lot about oral health and increased their confidence in talking about oral health.”

Despite that finding, though, Hunt said that the most common desire of an early childhood program is direct oral health education provided to their families.

“The programs experienced difficulty getting parents to participate in typical parent night meetings, especially when it involved health issues,” she said. “Even with the best communication styles, many times parents feel they are lectured about being poor parents.”

“I decided to design a fun event that was big enough to attract attention and involved both parents and children. In fact, younger children’s older siblings, grandparents and any other caregivers are encouraged to participate as a group. This allows for everyone surrounding the child to hear the same information.”

As the children learn about oral health by participating in each activity, the parents also learn indirectly, which is less intimidating.

Each station builds on the one before, so by the time families arrive in Cavity Free, Kansas, they have the skills and confidence to adopt behaviors that will improve the oral health of the entire family.

“Involving the whole community in the preparation, promotion and implementation of the event not only increases the families’ excitement and involvement, it also increases overall awareness in the community regarding the importance of oral health to overall health, wellness and academic success,” Hunt said.

Funding for the project originally came from the Delta Dental of Kansas Foundation in 2014. Hunt used her Mars Wrigley Foundation Healthier Smiles Grant Program funds to upgrade a digital quiz featured at one of the station stops. It’s online at <http://cavityquiz.org/>.

“We also used the funds to host the All Aboard! the Cavity Free Express® event in April,” Hunt said. “Eighteen families — 50 people — completed their journey to Cavity Free, Kansas.” Evaluations following the event were 100% positive, with participants saying they would strongly recommend other families attend future All Aboard events.

“Now that the Mighty Molar Cavity Quiz is online, we are eager to continue to find ways to bring the All Aboard! the Cavity Free Express® experience to communities around the state and who knows... perhaps the nation?” Hunt said.

“I love hearing all the side conversations that happen; parents and volunteers exclaiming about facts they did not know and ideas they are eager to try,” Hunt said.

“My favorite comment that I overhear at almost every event is a parent watching their child drinking water from a colorful cup and straw then exclaiming, ‘I didn’t know they liked water!’” ■

INTEGRATED PEDIATRIC DENTAL AND MEDICAL CARE AT SAN JOSÉ CLINIC

Amy A. Manrique, RDH, BSDH, attended last year's Texas Oral Health Care Conference in Austin, and she came back to work with an idea.

"There was a presentation on the integration of pediatric and dental programs in other states, and I thought this would be a good idea to implement in our clinic," Manrique is the dental practice manager at San Jose Clinic in Houston, which serves anyone who does not have Medicare, Medicaid or insurance.

"The way our integration program works is, whenever a medical pediatric physician volunteers at our practice, the hygienist — me — will also go to the medical department and see the patients," Manrique explained. "The goal is to capture the patients who have not been seen in dental yet and perform a visual examination, provide oral health instruction and apply fluoride varnish. We hope that after we educate the pediatric patients, they will become our dental patients and get the help they need. We are very blessed that we have medical and dental in one place."

The Mars Wrigley Foundation Healthier Smiles Grant Program provided the initial funding for the integration. "The grant allowed us kick off the program and purchase toothbrushes, toothpaste, floss, varnish, dental mirrors, toys for patients, fluoride rinse, disclosing tablets, gloves and masks," Manrique said. "So far, 33 patients who were seen in the pediatric department have now become dental patients."

"Our next step is to be able to continue offering these services to our population. Maybe one day in the near future, patients can actually have a dental exam performed by a dentist on the same day as their pediatric visit. I know, as a parent myself, that is hard to take off from work for children's appointments. But, as of now, they are getting education and guidance."

Manrique said she is proud to be able to educate the patients and the parents about their oral health. "Also, giving them the option of being seen here in our clinic if they would like," she added. "Most of these kids have never seen the dentist, or any oral health care provider." ■

CHANDLER CHILDREN'S DENTAL CLINIC — OROFACIAL MYOFUNCTIONAL THERAPY

The Orofacial Myofunctional Therapy Program at the Dignity Health Children's Dental Clinic provides an opportunity for low-income, uninsured children ages 5-21 to receive treatment for orofacial myofunctional disorders at an already established dental public health clinic. Orofacial myofunctional disorders are marked by dysfunctional oral-facial muscle patterns that can cause a number of disturbances. OMDs can affect oral hygiene, facial growth and development, breathing patterns, chewing and bolus collection, swallowing, speech, occlusion and more.

After Audrey McFarland, RDH, an affiliated practice dental hygienist at the Dignity Health clinic received training in myofunctional therapy, she quickly began to recognize and identify patients at the clinic presenting with orofacial myofunctional disorders.

"I had a great desire to offer treatment for these patients, but had no established process within the dental clinic to do so," McFarland explained. She presented the idea of developing a myofunctional therapy program at the clinic to her manager, Michelle Gross-Panico,

RDH, MA, DHSc. Gross-Panico and other management leaders were very enthusiastic and supportive. This program would provide treatment for patients who, due to low socio-economic status, would not otherwise have access to this type of care.

Generous funding from the Mars Wrigley Foundation Healthier Smiles Grant Program as well as support from Delta Dental and The John F. Long Foundation has allowed an idea to help low-income children become a reality. "Currently, myofunctional therapy services have been initiated with nine patients, with a growing wait-list of patients needing evaluation and treatment," McFarland said. "Although treatment outcomes won't be assessed until months of therapy are completed, I have been encouraged by the patient/parent involvement and commitment that are so necessary for success. With a patient wait-list and the opening of a second dental clinic, Dignity Health is looking to expand the program in the future."

Following development of the Orofacial Myofunctional Therapy program, the entire Oral Health Department at Dignity Health,

including nine affiliated practice dental hygienists, one dentist, four promotoras or community health liaisons, and other support staff have been receiving education about orofacial myofunctional disorders and the negative impact they can have on oral and general health. One of the greatest aspects of the program thus far has been the increased knowledge base among the providers and support team about orofacial myofunctional disorders. Team members are able to recognize signs and symptoms of these disorders and can discuss health impacts with patients and parents. And now, they have a myofunctional therapy program to refer patients to for treatment. ■

BENGAL SMILES

Through the Bengal Smiles program, Idaho State University (ISU) dental hygiene students provided oral health screenings, education, plaque removal, denture cleanings and fluoride varnish applications for residents at a Pocatello, Idaho nursing facility. Silver diamine fluoride applications were offered for residents with dental caries whose physical or financial limitations made restorative care impossible. Interprofessional collaboration between the oral health care team and other health care providers in the facility (nurses, aides, physical and occupational therapists, etc.) was emphasized to promote total wellness for residents.

Previous experiences at a similar facility revealed the need for the program, said Colleen Stephenson, RDH-ER, MS, community outreach coordinator for the ISU Department of Dental Hygiene. “The students were providing only oral health screenings. This highlighted a lack of follow-up for identified oral health conditions and a need to do more. What was the point of going in and identifying problems but not doing anything to help address them? It became clear that more could be done from a preventive aspect, and that helping to educate and collaborate with other health care providers would improve their commitment to oral health for their residents.”

Stephenson developed the program in collaboration with the facility director and other health care providers in the facility. This involved providing supportive materials, including state and federal guidelines regarding oral health care in nursing facilities, to the facility and any additional partners. The facility director and the activities director met to identify goals for each of the involved parties, with the overarching goal being better oral health for the residents.

An oral health screening form helped ensure all aspects of the screening process were performed and specific issues could be identified and entered into residents’ charts at the facility. The student dental hygiene providers were trained to ensure preparedness and comprehension of the process to follow, including the use of forms, referrals and mobile equipment.

The dental hygiene students created and presented an educational program and training

for staff with pre- and post-tests to measure knowledge levels for educational programs. Participants mentioned an increased commitment to their own oral health as well as that of their residents. According to Stephenson, one participant said, “I know we have a lot to do, so a lot of time their [residents’] oral hygiene gets pushed to the back burner, but we can definitely take more time to be better about making sure it gets completed.”

The program was primarily funded through donations and samples requested from oral health companies, in addition to expendable materials provided through the ISU Department of Dental Hygiene. Funds from the Mars Wrigley Foundation Healthier Smiles Grant Program were used primarily to purchase large items such as mobile equipment.

While not all residents consented to receive screenings and services, the majority were eager to participate, and some were seen multiple times for follow-up. A total of 65 residents received screenings, and many were scheduled for follow-up care at their own dental office(s) based on needs identified by the screenings.

“We are seeking to expand the dental hygiene services that we are able to provide on-site utilizing mobile equipment and teledentistry, and emphasizing more inter-professional collaboration,” said Stephenson. “We also hope to expand the number of times we are able to be on site at the facility and potentially include it as a regular clinical rotation throughout the year instead of limiting it to one semester.”

Stephenson said that one of the most rewarding parts of this program was the increased commitment from the facility, other health care providers and the residents themselves to follow through with daily oral hygiene for the residents in addition to seeking further care as needed.

“By our second visit, all of the residents screened the previous week with additional oral health care needs had already been scheduled for further treatment,” she said. “This was a huge change from previous experiences in these types of facilities, where time, effort and financial limitations were often cited as reasons for not following through on care.” ■



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HEALTHY MINDS, HEALTHY MOUTHS

The Healthy Minds, Healthy Mouths project will provide oral health education to a wide range of people including low-income families and individuals through libraries in Muskegon County, Michigan. Registered dental hygienists will train librarians from 10 local libraries to use oral health education kits. Oral health presentations, books and displays will be in the library and advertised for one chosen month at each library.

The co-chairs of the Muskegon County Oral Health Coalition developed the program. Suzanne S. Tanis, RDH, BS, is the program coordinator for the non-profit Volunteer For Dental, and Jessica Lambert, DDS, is a general dentist at Great Lakes Dental Excellence, both in Muskegon, Michigan. The library system was chosen to be part of the program since the coalition already had successfully partnered with the libraries in the past two years during children's dental health month.

"This success is now being expanded upon," said Tanis.

"The main focus of the project is the 'Rethink Your Drink' display encouraging residents to reduce their frequency of sugary, acidic drinks that are causing tooth decay," she explained. Dental hygienists, dental hygiene students and library staff will partner to give presentations. Residents will be asked to complete a survey after an oral health activity to evaluate effectiveness of project. Residents will receive oral health goodie bags for completing the survey and entered into a drawing for a power toothbrush or water flosser.

"The Muskegon County Oral Health Coalition is working to reduce caries among all of our residents," Tanis said. "Sugary drinks are often the culprit of tooth decay. Coalition members have used the 'Rethink Your Drink' display at multiple community events. The response from residents is always surprise and shock at the information they can see for themselves. This response showed us that the displays need to be more numerous and regularly available in our community."

Funding for the project largely came from the Mars Wrigley Foundation Healthier

Smiles Grant Program. "However, we've also received in-kind donations from Mark Lounsbury of Benco Dental, Delta Dental Foundation, America's Tooth Fairy, and Dr. John's Candies," Tanis said.

"We are working hard to make this a community project," she continued. "So besides partnering with the libraries, we reached out to other community members as well. We partnered with Wesley School Transition classroom of Ms. Jody Callender in Muskegon. Those students prepared over 1,000 oral health goodie bags to be used for the project. During the implementation phase this fall, dental hygiene students from Grand Rapids Community College will be participating with us to present the oral health information at the libraries to the patrons for their community outreach project.

"If this program is successful, we plan to continue to partner with the libraries each year. We will focus on another aspect of oral health, providing the most recent and up-to-date information for our residents." ■

Annual Conference Photos 2019



2019 ADHA Sigma Phi Alpha Journalism Award sponsored by Johnson & Johnson Consumer Inc. In the photo on the left is master's/doctoral category winner Toni McLeroy, CRDH, MSDH. In the photo on the right is undergraduate category winner Sarah Liebkemann. ADHA 2018-2019 President Michele Braerman, RDH, BSDH, is on the left in either photo.



2019 Educator of the Year Cristina Casa-Levine, RDH, EdD, of Farmingdale State College with President Braerman. This award is sponsored by Crest Oral-B.



2019 Student Member Community Service Award winner SUNY Broome Community College, Binghamton, New York, represented by Maureen Mullins Hankin, RDH, MPH. On the left is President Braerman. This award is sponsored by Colgate.

The 2019 Undergraduate Student Research Competition was sponsored by GlaxoSmithKline.



2019 Undergraduate Research Poster Competition first place winner Michael Korleski from the University of Michigan for Oral Health Knowledge and Oral Behaviors in Michigan's Deaf and Hard of Hearing (DHoH) Community. President Braerman is on the left.



2019 Undergraduate Research Poster Competition second place winner Sara Scott from University of Nebraska Medical Center for The effect of CPP-ACP Compared to 5% Sodium Fluoride on Remineralization of White Spot Lesions Measured by the Canary System: An In-vitro Study. President Braerman is on the left.



2019 Undergraduate Research Poster Competition third place winners are Kelsey Tomjack (center) and Andrea Sheets (right) from University of Nebraska Medical Center for A Comparison of Sharpening Efficiency with New Commercial Sharpening Device versus Manual Sharpening Alone. President Braerman is on the left.



2019 Undergraduate Research Poster Competition honorable mention recipients Aline Soumountha, Kevin Lopez, Desiree Lavarrias and Daneyra Ortega from West Coast University for Under the Mistletoe: Kiss Oral Diseases Goodbye. President Braerman is on the left.

Annual Conference AWARDS 2019



2019 Undergraduate Informative Poster Competition first place winners are Christina Tulloch (left) and Denise Thieleman (right) from Virginia Commonwealth University for Electronic Nicotine Delivery Systems: vaping away gum tissue. President Braerman is in the center.



2019 Undergraduate Informative Poster Competition second place winners are (left to right) Kayla Burchfield, Andrea Layne and Han Vo from Roane State Community College for Dentistry and Stem Cells. President Braerman is on the left.



2019 Undergraduate Informative Poster Competition third place winners are Quinetta Murphy, Rose Stockton and Ayana Feliciano from West Liberty University for Voids of Voices. President Braerman is on the left.



2019 Undergraduate Informative Poster Competition honorable mention recipients are Samantha Barkis (center) and Tina Tabrizi (right) from Texas A&M College of Dentistry/Caruth School of Dental Hygiene for Chemo-mechanical Caries Removal: A Conservative Approach to Treating Dental Caries. President Braerman is on the left.

Annual Conference AWARDS 2019

Back row, left to right: Toni McLeroy, CRDH, MSDH; Cheri Barton, RDH, MSDH; Nicole Malcolm, RDH, MSDH; Tammy Fisher, RDH (third place recipient); Christine Clowe, RDH, MSDH (second place recipient); Janelle Cobb, RDH; Debin Warren, RDH. Front row, left to right: Carolina Montoya, RDH, MS; Karen Davis, RDH (first place recipient); Journal of Dental Hygiene Managing Editor Cathy Draper, RDH, MS; Gail Malone, RDH, BS, Dentsply Sirona; Andrea Ferencz, Dentsply Sirona; Denise Guadiana, RDH, MS.



Annual Conference Events 2019

COMMUNITY SERVICE DAY: ADHA and The ADHA Institute for Oral Health partnered with Shawnee Christian Healthcare Center for Community Service Day. ADHA members provided dental hygiene treatment and presented a health fair to the people of the community in Louisville with sponsorship from VOCO.



Judging the undergraduate student research competition sponsored by GlaxoSmithKline



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OSAP Commits to Support Dental Infection Control Awareness Month in September 2019

The Organization for Safety, Asepsis and Prevention (OSAP) is ramping up its efforts to support Dental Infection Control Awareness Month (DICAM) in September. DICAM is an annual observance of The Safest Dental Visit™ to help clinicians and infection control coordinators promote a safe and professional environment, encourage patient dialogue, attract new patients, and enhance the overall image of their practice.



“The goal of DICAM is to truly Take Safety Viral,” said Michelle Lee, CPC, executive director of OSAP and member of the Access Industry Advisory Board. “During DICAM 2019, we are giving participants access to free resources, most of which are usually reserved as a member-only benefit.” These resources include checklists, frequently asked questions and answers, scripts and whitepapers.

“While the materials are available throughout the month of September, the information OSAP is providing can be used year-round to ensure that every dental visit is a safe one,” Lee said.

Support materials and resources for DICAM will be available on the OSAP website at OSAP.org/DICAM starting September 1 for members and nonmembers. Each week will have a different infection control focus:

- Week One: Hand Hygiene
- Week Two: Dental Unit Waterlines
- Week Three: Personal Protective Equipment (PPE)
- Week Four: Instrument Sterilization

“We are encouraging everyone in the dental industry to participate,” Lee continued. “Our hope is to see dental practices, educators, consultants and those in the dental trade posting infection control best practices, success stories, or selfies on social media and joining the conversation using the hashtag #DICAM19. There are so many in the industry that are doing great things and keeping their patients safe. We want to hear about them all so we can come together, as a community, and continue to build up the importance of dental infection control.”

To encourage social media posts, OSAP will provide suggested messaging and images that can be used throughout the month.

Dental practitioners, including infection control coordinators, the dental trade, educators, consultants and other interested parties are encouraged to visit www.osap.org to join OSAP and to stay up-to-date on the latest resources and educational opportunities to help ensure The Safest Dental Visit™ all year long.

The Organization for Safety, Asepsis and Prevention (OSAP) is a growing community of clinicians, educators, consultants, researchers, and industry representatives who advocate for safe and infection-free delivery of oral health care. OSAP focuses on strategies to improve compliance with safe practices and on building a strong network of recognized infection control experts. OSAP offers an extensive online collection of resources, publications, FAQs, checklists, and toolkits that help dental professionals deliver the Safest Dental Visit for their patients. Plus, online and live courses help advance the level of knowledge and skill for every member of the dental team. For additional information, visit osap.org. ■

“What Makes a Good Dental Hygienist Comes from Within” — Q&A with Sarah Crow, RDH

At Annual Conference in Louisville, ADHA staff met a member with a great story. We asked her to share it with her fellow members in our digital edition.

What attracted you to dental hygiene as a profession?

I knew I wanted to be a dental hygienist around the age of 18. I was curious about dentistry and thought it would be a professional and rewarding career. Boy, was I right! At 19, I started taking prerequisite classes while working at a local restaurant. I became pregnant shortly thereafter and my dreams of becoming a dental hygienist quickly took the back seat to becoming a young new mother.

A few years later, I returned to college part-time and still worked as a bartender while I raised my daughter. One day, an older gentleman who would frequent the restaurant where I worked noticed my attention to detail and organization skills. He asked me what I was going to school for and proceeded to tell me about his friend — an orthodontist looking for an assistant. “You would be a great fit in his practice,” he told me. The next thing I knew, I was interviewing, then hired and buying my first pair of scrubs at the age of 23.

I spent seven years as an orthodontic assistant with Joseph Cardarelli, Jr., DMD, in Haverhill, Massachusetts. He taught me so much! I’m not sure if I could ever repay him for all of the knowledge he gave me during my time with him. Over the course of those seven years, I had also gotten married to my husband and inherited his five children —which made six, including my young daughter. We then decided to have one more: Callie, our youngest daughter, to total seven kids.

In 2009, my husband’s business took a hard hit with the economic decline, so I decided to jump in with both feet and wrap up the rest of my prerequisites and finally apply to dental hygiene school. I was accepted right away. I was elated to know that my dreams were finally about to come true.

When I told my mother my exciting news, she said, “You know, Sarah, your grandmother was a dental hygienist back in her day.”

“No, Mom,” I said. “She was probably a dental assistant. There’s a difference. I’m going to be a dental hygienist — you know, the one that cleans your teeth?” I was sure my mother was unaware of the difference and proceeded to explain.

But she stopped me. “I know Sarah, but she was a dental hygienist. She attended Forsyth School for Dental Hygienists in Boston and graduated in 1927.”



Sarah’s grandmother, Evelyn Durkee Doucette

I couldn’t believe it! In 1927?? The grand goal of any woman in 1927 was to be married and have children. A professional career for a woman in that time was extremely rare. You see, I never knew my grandmother the way some people do. She was elderly when I was born and died when I was 12. We had lived in different states during my childhood. This news gave me a whole new perspective on why I knew I wanted to be a dental hygienist. It was in my blood!

Today, I have a copy of my grandmother’s dental hygiene license, framed and proudly hanging in my operator. I know each day she’s watching over me making sure I’m always doing the right thing for my patients. I am so proud of her, and I know in my heart that she would be proud of me too. I keep thoughts of her close as I continue my journey in this wonderful profession of dental hygiene.

What are your career goals?

Anyone who knows me knows that I am a goal-setter. Long-term goals, short-term goals, daily goals, you name it. In high school,

my girlfriends would make fun of me and my daily lists. It had things like, “paint nails, make bed, take a shower ...” you know, the things that most people don’t feel the need to write down in order to achieve them? But I liked it. There was something about crossing things off a list that made me feel like I had accomplished something.

Today, my lists are filled with much more important things. I keep my top goals written in lipstick on my bathroom mirror. Things like, “family first,” “school is high-priority” and “be consistent with who you say you are.” I am currently working on wrapping up my BS in Dental Hygiene Education. I would love to teach at the dental hygiene school I attended so that I can influence lives of others the way my instructors once did for me.

What external forces do you see shaping the profession?

The oral systemic link for sure. This awareness will help to facilitate collaborations in health care, allowing dental hygienists to venture into new roles outside of the dental office. Our national leaders are working diligently on this as they look to expand access to oral health.

Another external force shaping our profession is the aging workforce. The baby boomers are retiring and have a wealth of experience and leadership skills. It’s going to be up to them to mentor the next generation of dental hygienists to keep our profession moving forward and prevent decline.

Why are you an ADHA member?

Oh, this one’s easy. Let’s ponder this question for a minute. Where would we be as a profession without our organization? I envision a very antiquated vocation without the opportunity for growth. Limitations would hinder us as mere gum gardeners, or worse, nonexistent! A thing of the past!

I am a member because I love my profession and value the education I was given. Every dental hygienist must be a member. This is why I co-founded the Mentor Liaison team in my state of Massachusetts. We have eight dental hygiene schools in our state. The Mentor Liaison team is a group of 20 recent graduates whom we’ve put back into their respective schools as a means of communication between the students and the state organization.

The Mentor Liaisons visit the schools twice a year. We bring lunch for the students and introduce them to the organization. We offer awards including a monetary award and a fully funded trip to Annual Conference. The second visit is reserved for the graduating students. This visit takes place near graduation and is solely focused on how to transition their memberships from a student member to a professional member. We follow up over the summer with a new graduate letter congratulating them on their achievements, updating them with current events and encouraging them to get involved.

I believe this team, which was put together only a few short years ago, is one of the main reasons Massachusetts was highlighted for our membership increase this past year at Annual Conference. I am so proud of this team and envision big things for the Massachusetts organization. I am, and forever will be, a proud member of ADHA.



Sarah has a framed copy of her grandmother’s license hanging in her operatory.

Tell us a little about your experience at Annual Conference

One of my favorite annual blessings. It started as a graduation gift to myself when I completed my studies in 2014. That year, Annual Conference was in Las Vegas. I went with a group of friends from dental hygiene school and was hooked. I loved everything about it: the classes, the exhibits, the people, all of it! It made me feel like I was not alone in my love for dental hygiene. It put what I learned in school into something tangible that I could look forward to every year.

As president of my class and master of ceremonies at Boston’s Yankee Dental Congress, I was recognized by my state leaders. They called me on the phone and asked if I’d be interested in serving as chairperson for the Council on Public Relations for Massachusetts. I bet you can guess what I said. Ever since then, I have attended meetings, been an integral part of planning our annual conference and served as a delegate at ADHA’s business meeting.

Is there anything you would like to add?

I like to believe that what makes a good dental hygienist comes from within. It’s knowing that you’re always doing the best you can for your patients and our profession, even when nobody is watching. A good dental hygienist is just a good person, who happens to have an education in dental hygiene. It’s someone who wants to help others naturally, in all aspects of their life.

As for me, I feel there is something inside, driving my impulse to help others, whether it’s my grandmother guiding me along, or my motherly instincts that were created in me at such a young age. Working clinically with patients one-on-one and serving my organization allows me to fulfill this life purpose. ■



RESEARCH ROUND-UP

NEW RESEARCH INTO CHRONOLOGICAL AGE AND MATURATION

Children's teeth do not develop according to the timeline once commonly used, finds a new study from the University of Missouri School of Medicine. The study sets new norms for the timing of the stages of permanent tooth development and new ranges of variation from normal.

For example, molar crowns occur earlier than previously believed and canine and premolar crowns develop later, said Richard Sherwood, PhD, vice chair of research at the University of Missouri School of Medicine. Sherwood led the craniofacial research team, which reviewed more than 6,000 radiographs of 590 children between 1940 and 1982. The team evaluated radiographs of the canine and post-canine teeth to determine the precise timing of the beginning and ending of each tooth's growth process.

The traditional, commonly used system, published in 1963, consists of 14 stages. This new study expands on this system and uses a sophisticated statistical method to analyze the wide range of variability in tooth maturation. The result was a clinically usable reference guide with more accurate results.

"These findings directly impact the timing of the clinical care in several fields including dentistry," said Sherwood. "This means that a dentist can assess whether a child's dental development is progressing along a normal time frame according to these new standards." This permits the clinician who suspects delayed dental development in a child's teeth to test for the reasons, which might include nutrition deficiency, hormone issues and genetic problems.

This new research can also be applied by forensic pathologists to estimate the age of immature individuals.

Source: University of Missouri School of Medicine

REGROWING TEETH?

While humans clean their teeth in an attempt to keep them for a lifetime, crocodiles shed them and replace them with new teeth. With one of the most powerful bites in the animal kingdom, crocodiles must be able to bite hard to eat such food as turtles, wildebeest and other large prey.

Now, researchers at the University of Missouri have found that crocodiles — and even their plant-eating ancestors — had thin tooth enamel, unlike humans and other hard-biting species. These findings could suggest new approaches for caring for human dentition.

"Once we unlock genetically how crocodiles and other non-mammals do this, maybe new teeth can be bioengineered for people," said Brianne Schmiegelow, a former undergraduate student at MU and current dental student at University of Missouri-Kansas City. "Instead of using fillers such as crowns, people could instead 'grow' new teeth when they need to replace their worn out chompers."

The team used a three-dimensional x-ray scanner to measure the thickness of tooth enamel in crocodiles. They found regardless of tooth position — incisor, canine, molar — age or diet, crocodiles do not have thick tooth enamel. With this new information, the team also studied published data on dinosaur teeth and found that the data nearly matched what they were seeing in crocodiles. For instance, a *Tyrannosaurus rex* had the same enamel thickness as a crocodile and could also bite extremely hard.

"Crocodiles bite really hard, so we were curious if they have teeth that correspondingly withstand those forces — tough teeth to match a tough bite," said Kaleb Sellers, a postdoctoral fellow in the School of Medicine at the University of Missouri and lead researcher on the study. "We found that they don't have tough teeth, and we think it's because they replace their teeth like most other non-mammal animals. That made us wonder if other animals — even prehistoric — had similar issues."

Researchers said the next step is to study tooth replacement and the timing of teeth growth in crocodiles and other animals such as dinosaurs — even looking into the possibility of genetic causes.

"Enamel takes a long time to build, so it's not something animals will do 'off-the-cuff,' so to speak," said Casey Holliday, an associate professor of anatomy in the MU School of Medicine. "It presents us with an interesting puzzle. If ancient crocodiles were chewing plants, did their new teeth already have the correct architecture — dimples and facets — to allow for this chewing? The findings here have paved the way for exploring this mystery with future research."

Source: University of Missouri News Bureau



COMPANY HELPS TEXAS INMATES WITH PRINTED DENTURES

Dental materials manufacturer Kulzer announced that its equipment is making it possible for the Texas Department of Criminal Justice to provide dentures to edentulous inmates in an affordable and timely manner.

Until 2003, the Texas prison system routinely provided dentures for edentulous inmates through an in-house vocational program that fabricated them on site. But as the state's prisons came out from under federal oversight, that program ended. A policy took effect whereby dentures were being approved only in situations of "medical necessity," and being unable to chew was not considered sufficient reason. As a result, by 2016, only 71 dentures were approved for the Texas prison population of more than 149,000 inmates.

However, in late 2018, Texas prison officials announced plans to change policies: their goal was to hire a denture specialist, start a denture clinic, train unit dentists to better identify when dentures are necessary, and review all denture-related grievances from the past year to re-evaluate any prisoners who filed complaints. Officials subsequently decided to purchase equipment from Kulzer's line including the cara Scan 4.0 scanner and cara Print 4.0 3D printer for the Huntsville prison's clinic.

"The process is quite remarkable," said prison prosthodontist Chad Taylor, DMD. "We're talking about the difference between an old flip phone and today's Android or iPhone. It's a pretty far leap between how we fabricated dentures in the past and how we're doing it now."

According to Taylor, 3D dentures offer two significant advantages over conventional dentures: they are considerably less expensive, and they can be printed and delivered to the dentist in only days — versus weeks for conventional dentures. He adds that by making it possible for inmates to eat solid food again, 3D dentures may help improve their nutrition and health, which therefore reduces the cost of their medical care down the road.

According to inmate Enrique Gutierrez, it is impossible to fully appreciate the benefits of teeth until you no longer have them. Suddenly, eating solid food is no longer something you look forward to; instead, it becomes something you dread. In his case, he eventually had to switch to an all-liquid blended diet, and his health began to suffer. In addition, he became so ashamed of his toothless smile that he let his mustache grow down to his chin.

Today, Mr. Gutierrez is the proud wearer of one of the first dentures produced by the prison system's digital printer. He is starting to eat solid food again, and perhaps even more importantly, he is starting to smile again. And he has trimmed his mustache.

Bezaley Jackson has been edentulous for all of the 14 years he has spent in prison, but he never tried getting dentures until last year. Now, he is wearing a set of state-of-the-art 3D dentures, and it is enough to change his outlook on life.

"It means that I'm happy," Jackson said. "Even in prison."

Source: Kulzer North America

SURVEY OF PARENTS SHOWS KIDS' ORAL HEALTH NEEDS IMPROVEMENT

Parents recently assigned grades to the status of their kids' oral health as a part of the Children's Oral Health Survey. Few parents (21%) nationwide would give their kids an excellent bill of oral health.

Views of their young ones' oral health tend to diminish over time as parents relinquish control of kids' brushing and flossing habits. For example, while 30% of parents score children under 3 years old with having excellent oral health, that number declines to 21% for 3-5 years old, 17% for 6-9 years old and 14% for 10-12 years old.

So what contributes to kids' oral health being less than it could be? Not brushing enough. At 50%, this is the most common response from parents, according to the Delta Dental national survey.

Other top responses include not flossing enough (46%), eating too many sweets (37%) and a family history of poor oral health (21%).

"While most parents do not view their children's mouths as pictures of model health, there is an opportunity to inspire healthy oral care habits at an early age," said Joe Dill, DDS, MBA, Delta Dental Plans Association's vice president of dental science and network strategy.

Summer can be especially difficult for maintaining proper oral hygiene, Dill said, because the break from school means that normal daily routines may be disrupted. Kids need to be reminded regularly that summer vacation is not an excuse not to skip brushing, which should happen twice a day, for two minutes each time.

Parents can help keep their children's oral health on track with the free Delta Dental mobile app featuring a toothbrush timer. Delta Dental Mobile is optimized for iOS and Android devices (smartphones and tablets) and is available for download in the Apple App Store or the Google Play Store for Android devices. To learn more, search for Delta Dental in the app store.

Source: Delta Dental Plans Association/IPR Newswire

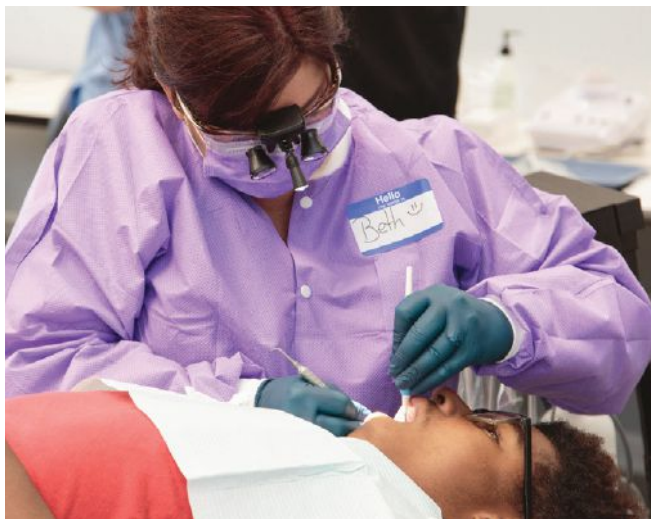
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Sunday's Brunch and Learn was sponsored by Sunstar.



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Midwest Dental Party



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