

Message from the Council on Education Chair



As Chair of the Council of Education, I bring you greetings from the council. As you are well aware, there has never been a more exciting time in dental hygiene education! If you haven't read through the Santa Fe Symposium highlights (<http://www.hrsa.gov/publichealth/clinical/oralhealth/transformingdentalhygiene.pdf>), I encourage

you to do so. This monumental event will drive the future of what we do as educators. The thing I found most striking at this Symposium was the manner in which healthcare will be delivered in the future will be dramatically different than what we are accustomed to, so the future clinicians we are preparing will need to be ready and willing to embrace those delivery changes.

The Council of Education has much work ahead of it on your behalf this year. We are currently working with PEW Charitable Trusts contract on a combined dental hygiene/dental therapy educational model at PEW's request. If you were fortunate enough to hear the sam-

ple Santa Fe Task Force Program's presentation at Annual Session June 2014, you know that there are numerous ways to advance the profession from a two year community college perspective, all the way to a potential doctoral in dental hygiene. Proposed dental therapy accreditation standards from CODA are continually on our agenda.

In the meantime, please enjoy this newsletter and mark your calendars for annual session June 17-23 in Nashville, TN. Also watch for the upcoming White Paper on the Santa Fe Symposium.

Rebecca L. Stolberg,
RDH, MSDH
Chair, Council of
Education

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Highlights of Commission on Dental Accreditation (CODA) Summer Meeting

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The following is a brief summary of the major actions of the Commission during the recent August 1st summer meeting.

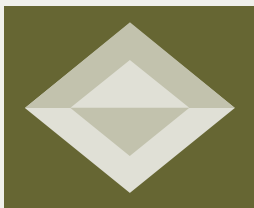
- Adopted revisions of the Accreditation

Standards 2-9 through 2-12, re-numbering as subsections of Standard 2-8, for Dental Hygiene Education Programs, with immediate implementation

- Approved extending the Commission's meeting from 1.5

days to 2 days beginning winter 2015.

- Approved the Commission's participation in the establishment and ongoing activities of the Health Professions Accreditors Collaborative (HPAC).
- Directed the Standing Commission on



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Communicator

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EDUCATION COMMUNICATOR

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Professions Accreditors
Collaborative
(HPAC).

Directed the Standing
Commission on
Quality Assurance
and Strategic Plan-
ning for further con-
sideration with a
report including
financial implica-
tions to the Com-
mission in Winter
2015 a request from
the Dental Council
of New Zealand to
establish a recip-
rocal agreement with
the Commission.

Directed submission of
a resolution to the
ADA Board of Trus-
tees at its September
2014 meeting, request-
ing modification to the
administrative process
of the CODA Research
and Development Fund
to: 1) eliminate the re-
quirement that if the
fund balance exceeds
\$100,000, any excess
will be contributed to
the ADA Foundation
and 2) eliminate the
requirement the ADA
Board of Trustees pro-
vide final approval for
all proposed expendi-
tures from the Fund.

Reviewed the report of
the Standing Com-
mittee on Nomina-
tions and approved
nominees to fill
vacancies for disci-
pline specific posi-
tions and non-
discipline specific

positions on its Re-
view Committees
beginning October
2014 and two public
Commissioner posi-
tions beginning Oc-
tober 2015.

CODA adopted a rec-
ommendation that a
request for the
Standing Commit-
tee on Documenta-
tion and Policy to
review "advanced
standing" and deter-
mine whether a
definition of ad-
vanced standing and
guidelines for re-
porting criteria
should be devel-
oped with a report
to the Commission
in Winter 2015.
This is of impor-
tance to ADHA
since the draft den-
tal therapy stan-
dards include lan-
guage related to
advanced standing
for dental hygien-
ists.

The Commission
adopted the following new
policies:

- Invoicing Process for
Special Focused Site Visits,
which requires programs to
remit payment for the Com-
mission's Administrative
Fee and 75% of all esti-
mated site visit costs in ad-
vance of conducting a spe-
cial focused site visit, for all
focused visits directed Sum-
mer 2014 and beyond;
Policy on Changes to the
Composition of Review
Committees and the Board
of Commissioners, which

provides circumstances un-
der which requests for estab-
lishing new Review Com-
mittees or adding Commis-
sioner positions will be con-
sidered and the associated
procedure for requests; and
Commission on Dental Ac-
creditation White Paper:
Transition to an Operational
Structure for Independent
Authority: report to be
shared with the ADA board
of trustees

Approved the following ap-
pointments to review com-
mittees:

Dental Hygiene Educator
(two (2) vacancies) for the
Dental Hygiene Review
Committee (DH RC)

- Ms. Michele Carr
- Ms. JoAnn Nyquist

Alternates:

1. Ms. Ann O'Kelley Wet-
more
2. Ms. Susan Ellis

Allied Educator (one (1)
vacancy) for the Predoctoral
Review Committee
(PREDOC RC).

- Dr. Liz Kaz
- Alternate: Dr. Ann McCann

Dental Hygiene Practitioner
(one (1) vacancy) for the
Dental Hygiene Review
Committee (DH RC)

- Ms. Carolyn Jackson
- Alternate: Ms. Vicki Brett



Service Learning – UC Blue Ash College Dental Hygiene Program

The Dental Hygiene Program at the University of Cincinnati Blue Ash College serves the public in a variety of ways. Through the clinic operated by the college, dental hygiene students provide affordable, preventive care to patients and promote the importance of oral health to overall health. The department also provides the UC Smiles Program as a great way to give back to the community, while benefiting the training and education for its students.

Building Community Partnerships

UC Blue Ash College partnered with local school districts to create the UC Smiles program in 2010 (with funding from Dental Care Plus). The goal is to provide access to free, quality dental care for kids in underserved areas – many of whom have never visited a dentist. The children also

get to take part in classroom activities with professors and learn more about how a college education can be attainable for everyone.

During the first two years of the program, the college partnered with one area school as a pilot project and then began to expand to serve additional schools. For the 2012-13 school year, UC Blue Ash partnered with Crest + Oral B through Procter & Gamble, to expand the reach of the program by offering it five times during the year. Today, with ongoing support from Crest + Oral B, the college now provides UC Smiles every month throughout the academic year (September – April). This fall, UC Smiles will **mark a milestone of providing free oral care to over 1,000 children** in the Cincinnati area.



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ADHA wants to highlight **YOUR** Dental Hygiene Program!

The American Dental Hygienists' Association is looking for dental hygiene programs utilizing innovative and creative curriculum or methodology. If you have a unique program that you'd like to share, please contact the editor at MichelleS@adha.net.

Hiwassee College Moves From Computers To iPads

The dental hygiene program at Hiwassee College in Madisonville, Tennessee strives to keep up with technology that will enhance student and patient learning. The dental hygiene program recently replaced all of their chair side computers with iPads. This move has increased the student's ability

to provide interactive and patient-specific education. The program has also moved from a computer-based patient management system to a cloud-based system accessed on the clinic iPads. This move has streamlined patient assessments as well as dental and perio charting giving the student more

time with instruments in their hand.

Hiwassee College, 2016 Graduate Will Willis provides chair side patient education using iPad apps and other cloud based programs.



Community Dental Health Coordinator-Memo

The CDHC model does not conform to ADHA policy on workforce models.

As directed by the ADHA Strategic Plan, we continue to work to advance the profession of dental hygiene at the state and federal level. This includes increasing organized dental hygiene's involvement in the development of new workforce models. One of the models being discussed is the ADA preferred model, Community Dental Health Coordinator.

The CDHC model does not conform to ADHA policy on workforce models.

State associations, educational institutions and/or dental hygiene program directors are encouraged to contact ADHA for further information and understanding if CDHC programs and/or legislation are being discussed in your state. Please consider ADHA a resource for you.

What about the Community Dental Health Coordinator (CDHC)?

The CDHC is a pilot program that the ADA launched in 2006 investing more than \$7M. As of fall 2013 the CDHC project had 34 graduates. Today, the ADA is marketing its program to colleges and universities across the

country.

The 18 months of CDHC training focuses on community outreach, coordination of care, educational and social interventions in the community, and prevention.

With more than 1,800 hours of instruction, CDHCs are trained to:

- Work under a dentist's supervision in clinics, schools, and other public health settings with people of similar ethnic and cultural backgrounds
- Collect information to assist dentists in triaging patients
- Provide dental health education and help people develop goals to enhance their oral health
- Coordinate care in accordance with a dentist's instructions
- Help patients navigate the complexities of the health care system
- Provide limited clinical services, including:
 - o Screenings
 - o Fluoride treatments
 - o Placements of sealants
 - o Placement of temporary fillings (on the I

instruction of a dentist)

- o Simple teeth cleanings

ADHA has prepared this memo to provide further clarity and guidance to states as new workforce models are discussed across the country. A quick review of ADHA policy is provided to guide you in your deliberations. This information has been prepared for your use. Please disseminate as you deem appropriate.

Why Dental Hygiene-based?

The ADHA is committed to advocating in support of new dental hygiene-based models for oral health care delivery. Dental hygienists are educated, prepared and an available asset to the workforce. The educational infrastructure is in place, with 335 dental hygiene programs presently educating students across the country. Dental hygienists are currently working in a variety of settings, and the public will benefit from a practitioner who can provide both preventive and restorative services.

Creating a New Provider

The ADHA has defined a Mid-level Oral Health Practitioner as follows:

**What does this
CDHC
curriculum
model have
that is not
currently in the
scope of dental
hygiene
education??**

directly to patients to promote and restore oral health through assessment, diagnosis, treatment, evaluation, and referral services.

The Mid-level Oral Health Practitioner has met the educational requirements to provide services within an expanded scope of care and practices under regulations set forth by the appropriate licensing agency.

As the national association representing the interests of more than 185,000 dental hygienists across the country, the ADHA is often asked to evaluate or provide guidance on proposed models and pending legislation. There is not one single definition for all mid-level dental providers, because each state that has pursued a mid-level practitioner has created its own variation based on the needs, composition of the workforce and demographics of that respective state.

The ADHA supports workforce models that culminate in:

- Graduation from an accredited institution
- Professional licensure
- Direct access to patient care

Direct access allows a dental hygienist the right to initiate treatment based on

his or her assessment of a patient's needs without the specific authorization of a dentist; to treat the patient without the presence of a dentist; and to maintain a provider-patient relationship.

Minnesota: Allows dental therapists with direct supervision; and advanced dental therapists (ADT) with general supervision. ADTs may be dually licensed as an ADT and registered dental hygienist (RDH).

Maine: Allows dental hygiene therapists (DHT) with direct supervision. Dental hygiene therapists will be dually licensed as a DHT and RDHs.

States with Workforce Legislation:

Kansas, Massachusetts, New Mexico, Vermont, Washington

States Studying the Oral Health Workforce Issue:
New Hampshire, North Dakota

Other Resources: The ADHA has a dedicated page on its website focused on workforce models and advanced practice programs. Visit <http://www.adha.org/workforce-models-adhp> to find out more information.

The ADHA issued a press release in support of dental

hygienists and mid-level providers as a way to improve the public's health and increase its access to quality oral health care. That press release can be found at: http://www.adha.org/resources-docs/ADHA_Supports_Increased_Access_to_Care_Use_of_Dental_Hygienists_and_Mid_Level_Providers.pdf

Other press releases can be found at: <http://www.adha.org/adha-press-releases>.

If you need further information or have received a media inquiry, please contact ADHA Director of Communications John Iwanski at johni@adha.net for assistance.

***Teledentistry-Assisted Affiliated Practice Dental Hygiene: More Service for Less Cost***

The 2010 Patient Protection and Affordable Care Act greatly expands oral healthcare to eligible individuals. States are now challenged to provide these federally-mandated oral healthcare services and are looking for cost-reducing practice models. Teledentistry-assisted affiliated practice dental hygiene is a proven practice model that provides comprehensive preventive oral healthcare and diagnostic services at reduced costs for the growing population of underserved in both urban and rural professionally isolated areas.

Arizona allows qualified dental hygienists to enter into an affiliated practice relationship with a dentist to provide oral healthcare services for underserved populations without supervision in public health settings. Northern Arizona University's Dental Hygiene Department has developed a teledentistry-assisted affiliated practice dental hygiene model that places dental hygienists as part of a digitally-linked oral healthcare team. Easy to implement digital tech-

nologies allow the affiliated practice dental hygienist to acquire and transmit diagnostic data to a distant dentist for triage, diagnosis, and referral while providing all of the preventive services permitted within the affiliated practice dental hygiene scope of practice.



With six hours of training, dental hygienists are taught to set up, manage remote patient service facilities, and transmit digital diagnostic data from remote locations. Patients benefit by receiving preventive services locally, having their overall oral health evaluated by several members of a professional oral healthcare team, and scheduling appropriate treatment with minimum travel and time out of work or school.

Ann K. Johnson Community Health Spirit Award Recipient, Colleen M. Brickle, Awarded



Delta Dental of Minnesota Foundation is proud to announce a leadership award to Colleen M. Brickle RDH, RF, EdD in special recognition of her contributions to improving health in Minnesota. This inaugural award is being made in honor of Ann K. Johnson, former Executive Director of Delta Dental of Minnesota Foundation, and Community Affairs Director of Delta Dental of Minnesota.

Save the date!!!**Educator Track Courses:**

Flipping the Classroom: Turning the Dental Hygiene Classroom Upside Down

Educating Health Care Professional Students to Work Interprofessionally

Interactive Technology in Learning: What Students Expect and What Faculty Should Know

Career Development for Dental Hygiene Educators

