Reflections on the ADHA meeting
By Patricia Walsh, RDH
Editor in Chief

I first met Esther Wilkins quite by accident. It was early in the morning, and I was at a Chicago conven-
tion. Marginally awake after 12 hours of convention festivities the previous day, I walked onto a hotel eleva-
tor. No badge, no makeup, and in search of strong coffee. I glanced at the person I shared the lift with and did a double take. I tilted my head to one side and said, “Aren’t you ...?” There she was, our Florence Nightingale. I was all alone with Dr. Wilkins for a whole glorious eight floors. The love we have for this hygienist is palpable. You see it at every book signing. We wish to hold her hand, feel her genuine warmth. Just being near her makes us feel like we are somehow connected to the original intention and purity of our profes-
sion. One of the highlights of the American Dental Hygienists Association an-
nual meeting was a morn-
ing speaker who opened with an unofficial “benediction” taken from “The Book of Esther.” About a thou-
sand dental professionals got the joke immediately and burst into wild ap-
plause. When Dr. Wilkins spoke to us this year, not onstage, but via the Jumbotron screen, you could have heard a pin drop. She is the “true north” on our profession-
al compass.

Technology sometimes leaves me scrambling to keep up. I would be lost without regular continuing education courses even if they weren’t a licenser requirement. This was not the case for the first 20 years of my career. But in more recent years, there has been an ex-
losion of change in our profession. My office was one of the first in the state to go digital. Since then, the improvements that have been made with panorex clar-
ity and definition are amazing. Its capa-
bilities astound me - a concise, full head shot with all the radiation of one set of bite-wings. A pan review course was at the top of my list for the Boston meeting. In other words, we’re seeing so much more detail that it amounts to information overload. A helpful website to assist in lesion detection is www.ada.org/sections/advocacy/pdfs/7170_DataByTopic/DentalCaries/DentalCaries_Childhood.pdf.

Meetings are a time to reflect on this anniversary, to consider our role, the commodity that I offer is in-
tangible. You see it at every book signing, at every talk and seminar, at every meeting. The opportunity to be a part of this, to see and hear our profession grow in stature, to feel the power of the group to change and improve what we do, is something I cherish.

So, my fellow colleagues, I say we pause for a moment and reflect our role allows me to continue de-
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sage of our original dental hygienist mission on a much larger scale and make room chairside for new graduates. Sharing information on new products and services gives other dental professionals the tools they need to do their work more efficiently, and in turn, help them reach more people. No matter where we practice, the cause of im-
proving oral health unites us all.

Dental hygienists have always strived to educate the public on the value of oral health and its role on one’s overall well-
being. Today that message is even more powerful as many believe the mouth is an indicator of a person’s whole body health. In the first 100 years, we have made gains in the improvement of oral health, and the incidence of dental caries and tooth loss dropped dramatically. In addition, there was a steady rise in the percentage of the population that receives regular dental care. However, since the mid 1990s, we may be witnessing an alarming reversal in that trend.

According to a recent National Health and Nutrition Examination survey, the incidence of caries among children is on the rise. 1 Additionally, research from the American Dental Association indicates the percentage of the population obtain-
ing regular care has dropped and the fre-
quency of dental visits has declined. 2 No matter what challenges lie ahead, I know that we are more than capable to rise to the occasion as we always have. My fellow colleagues, I say we pause and reflect our profession and all that we have done. Have a party. Enjoy a piece of cake. But don’t rest for too long, because if we want to honor the mission that Dr. Fones set out for us 100 years ago, we still have a lot of work to do.

Are you ready? Now, let’s get started on another 100 Years of Dental Hygiene! 3

References

Celebrating 100 years of dental hygiene
By Lori Bernardo, RDH

In 1906, when Dr. Alfred Fones came up with the idea to train his assistant, Irene New-
man, to clean teeth and per-
form preventive oral services on children, no one could have predicted how our profession could have evolved. Fones’ early vision of the role of the dental hygienist was revolu-
tionary.

His goal was to employ dental hygienists who were primarily from schools and medical practices. He was quoted as saying: “It is primarily to this important work of public education that the dental hygiene profession has made leaps and bounds — the career opportunities available be-
yond the clinic and the oral health challenges facing our patients.

Although most dental hygienists are employed in the private practice setting, many of us have chosen to take our mis-
tion “to the streets” in a variety of ways during the past 100 years. We can still be seen as public health workers, teachers, marketing and sales representatives, re-
search professionals, and more.

I personally have had a very rewarding career that has spanned almost 30 years in the oral health industry. Although most of those years were spent in clinical practice, twice during this time I left to work in sales for different dental product companies. In my current sales representa-
tive role, the commodity that I offer is no longer the work of my hands, but the collected knowledge of 30 years in the dental profession. It is more about what I know than what I do. I believe this role allows me to continue de-
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identification is www.iowad.org. A clinician can be guided along by answering simple questions about the abnormality. You’ll be asked to enter age, gender, borders, loculation and location. The website will give you a list of the most probable or typical lesions that match your entries. I hope I never see evidence of metastatic breast cancer show up on one of my pans, but it’s entirely possible. The radiographic improvements that have transpired increase our responsibilities as clinicians. Technology has furthered our role as holistic health care providers. I have an old-school physician who was never much for vitamins other than Cal - D when I turned 50. Now and never much for vitamins other than Cal, D when I turned 50. Now and never much for vitamins other than Cal - D when I turned 50. Now and never much for vitamins other than Cal - D when I turned 50. Now and never much for vitamins other than Cal - D when I turned 50. Now and never much for vitamins other than Cal - D when I turned 50. Now and never much for vitamins other than Cal. His mantra seemed to be if they are selling their book after the lecture, take what they say with a grain of salt. His words were resounding in my head and I was ready to put their reps’ feet to the fire and ask about clinical requirements and control the profession’s testimonial. (AKA, The Book of Esther) may be “old testament,” but it is the foundation of the profession, which will now dictate their own education and licenser requirements and control the profession’s ethical standards. Californians have always been trendsetters. If it is a left-of-center fashion statement, it probably got its start in California. (The jury is still out on wearing Ugg’s boots with short
shorts, but my perpetually cold feet do appreciate the introduction of soft fur.) Our professional meetings allow us to collaborate and compare. I no longer discount the blogs. Sometimes a grass-roots effort or product takes a little longer to catch on. A rumor might just have you hold off on buying a loupe if you know it may go cordless soon. Clinical trials and documentation can take years. Dental corporations compete with one another; dental publications compete with one another. The information highway can sometimes be a one-way, one-lane street. We use our education to take what we need for the time being, and leave the rest.

I try to tell my patients not to believe everything they read or see on TV. Not only are hygienists bombarded with professional information on a daily basis, it's that much worse for the patient. The patient never reads peer-reviewed dental journals. I heard one well-educated lecturer disparagingly use the phrase “bogus journals” at a dental meeting. I think there's a place at the table for everyone. Only a small percentage of us are in research — and writing our doctoral thesis. The vast majority of hygienists just want to know what works and what doesn't. Not necessarily what is fast and easy — but what actually works. We learn so much from each other's clinical experiences in “the trenches.”

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The vast majority of hygienists just want to know what works and what doesn't. Not necessarily what is fast and easy — but what actually works. We learn so much from each other's clinical experiences in “the trenches.” There is an understanding in the military that if you really want to know what's going on, ask a master sergeant. Don't ask an officer. They're too busy with the bureaucracy. Your doctor isn't going to be up to date on which sensitivity toothpaste is the least abrasive. (Hint: It's not the one you think.) He's too busy trying to get his state income tax software to work properly. We, the hygienists, are the prevention specialists of the office.

The Oscar-winning actor Geena Davis spoke to us at the end of our ADHA session about a woman's worth — the value of our integrity, the beauty of our intellect. Davis reminded us that we still have a long way to go to change how women as a whole are perceived. To change the Hollywood misrepresentation of women, she started the foundation called Seejane.org. I walked away from the convention hall feeling empowered and as tall as Davis in heels. She is an actor, not an actress; just as I am a hygienist, not a hygieniessus.

As a profession, we were slow off the mark when it comes to diversity. I wonder sometimes if our female-oriented profession is both our greatest strength and our greatest weakness. We have evolved and diversified. I hope our individual information-gathering processes continue to evolve and diversify.

Some of us are astute to changes in technology and research, while others have ears to the ground via local meetings and the Internet. We go forward together in this new information age — free from information prejudice — with an open mind and a common goal.

Corrections

Hygiene Tribune strives to maintain the utmost accuracy. If you find a factual error or content that requires clarification, please report details to Managing Editor Robert Stellick at r.stellick@dental-tribune.com.

The citizens’ memorial to Boston Marathon bombing victims is spread out across much of Boston’s Copley Square, five blocks from the convention center that hosted the June ADHA meeting. The still-growing memorial is adjacent to the marathon’s finish line, still painted on the pavement. Nearly a third of a block near the statue of painter John Singleton Copley is filled with running shoes, caps and other remembrances and gifts. Among the memorial’s most touching and recurring themes are the many references to the 8-year-old boy killed by one of the blasts. It’s reported that he made a poster in school at an earlier date that said “no more hurting people.” You see that written over and over again, along with “Boston Strong.” In juxtaposition with the square’s quiet area of reverence, life goes on. People are picnicking and children play on the grass. There are outdoor musicians entertaining and a farmers market is set up along the sidewalks.