



## PRESIDENT'S MESSAGE

### Why Unsupervised Practice?

As summer comes to an end and the children are all returning to school I began to ponder the fact that today's dental health care does not currently target intense services to children. 84% of Medicaid eligible children ages 1-5 years do not receive preventive dental services. ("Closing the Gap" newsletter of the Office of Minority Health, USD of Health & Human Services.) Maine needs to maximize existing resources by developing a system to ensure that all children receive the preventive oral health care they need to prevent future dental disease. A survey done in Washington County showed that over half of HeadStart children screened had experienced tooth decay. *Untreated decay is evident in 47% of the HeadStart children surveyed.* This preventable health problem begins early: 17% of children aged 2-4 already have caries. By the age of 8 approximately 52% of the children have experienced caries; by the age of 17, dental decay affects 78% of children. Among low-income children, almost 50% of tooth decay remains untreated, resulting in pain, dysfunction, underweight, and poor appearance—problems that greatly reduce a child's capacity to succeed. (Improving Oral Health: US Dept. of Health & Human Services.)

With current knowledge and technology, it is possible to prevent tooth decay in children. A proper preventive program must begin in infancy and the efforts need to be consistent and continuous to be effective. Dental experts recognize the great benefit and importance of early evaluation and caries prevention in infants along with the need to provide important preventive information to parents. Unfortunately some children never see a dentist until there is an emergency. Instead of treating symp-

toms as they occur, practitioners need to be focusing on early detection of high-risk patients, early therapy and prevention.

What can we as registered licensed dental hygienists do about this? *Let us do something for the children.*

It is essential that a significant increase in preventive services occur in places that services are not already available such as in schools, head start centers, well child clinics, nursing homes, the WIC program, etc.... However, the legal authority to provide and be reimbursed for oral health care services is tied to state statutes generally referred to as practice acts, which establish professional "scopes of practice". These practice acts, often different from state to state, are the source of considerable tension among the professions; resulting in "turf battles" clog legislative agendas across the country.

Licensure restrictions by the difficulty (politics) of clinical boards and state dental practice acts (limiting certain procedures only to dentist or supervision by dentist) are both restrictions. It is our hope and intent that by allowing dental hygienists to bring our preventive services to the unserved and underserved and to better educate the public on oral health care, that the demand for more dental services would occur.

*(continued on page 3)*

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newsletter of  
the maine  
dental  
hygienists'  
association

• fall 1999

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### CHANGE OF ADDRESS?

Please keep your address current with the Maine Board of Dental Examiners Office or you will not receive important information from the state and may be subject to a fine. Call Irene Boucher today at 287-3333. If you are a member of ADHA/MDHA then you should also call 1-800-243-ADHA and let them know your new address and phone number. ADHA will forward your new address to all publications on the state and national levels (including SCOOP).

## MAINE DENTAL HYGIENISTS' COMPONENT OFFICER ROSTER

1999-2000

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# NATIONAL

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NORTHERN MAINE · MID MAINE  
CENTRAL VALLEY · SOUTH COAST



## YOU HAVE THREE LEVELS OF SUPPORT.

## PRESIDENT'S MESSAGE, CONTINUED

Mandated supervision greatly limits access to the elderly, poor and those in rural populations. By being allowed to work unsupervised we would be able to provide an effective method of integrating the population that does not seek regular dental care into the dental care delivery system. More of the underserved population would receive dental hygiene care and be referred for restorative dental care. Registered dental hygienists have the ability to provide quality oral health care without the supervision of dentists. This is being done in most private offices when the dentist is not in the office.

If one thinks of all the different types of access to medical practitioners including "alternative healthcare" you begin to realize what little access the public has to oral health care if access must always begin with a dentist-owned entity. Ownership is an issue that very clearly is restrictive and is a clear bottleneck for the low income population.

There is a manpower shortage of dentists in the state of Maine (see fact sheet on Maine dentists). In particular, the population utilizing Medicaid insurance is not receiving adequate dental care. As licensed prevention specialists we are in a position to make an impact on dental care dilemmas facing society. By removing the restrictive supervision requirements, it would allow other entities to hire a restrictive dental hygienist. There are a lot of interdisciplinary areas that we should be providing our preventive services. However we can only be hired by these other entities if we are unsupervised. This restriction must be changed! It will open up employment opportunities and allow us to bring our preventive services to the underserved population. It will allow us to focus on early detection of high-risk patients, allowing us to provide early intervention and prevention and making the proper referrals as needed to the dentists for restorative work, that is what they are the experts on. Hopefully then, all children will be screened by age one, as recommended by: the Academy of

Pediatric Dentistry, the American Dental Association, the American Hygienists Association, and the American Academy of Pediatrics. *Let us do something for the children.*

Having worked in a pediatric dental office for close to twenty years, it saddens me to have seen the situation with regards to children's dentistry in this state worsen. Fewer and fewer dentists are accepting Medicaid, fewer and fewer dentists are willing to treat children between the ages of one to three. The situation is multifactorial, as I stated earlier there is a shortage of dentists in the state, especially with regards to children's dentistry, this is an area where registered dental hygienists should be helping out more. We are the prevention experts; we can make a difference, if allowed to become interdisciplinary. Let's remove those restrictive supervision requirements! *Let us do this for the children.*

I urge you all to attend the professional issue forum being held Friday evening, November 5, during our Fall Connection. This will be a great opportunity to further discuss these issues. Hope to see you all there!

Sincerely,

Bev Litchfield, RDH, BS  
President, MDHA

### Calendar

Do you have an event you would like to add to our calendar? Please let us know! Send us a postcard with date, time, location and speaker.

Mail to SCOOP, c/o Ruth Collard,  
Westbrook College, Dental Hygiene Dept., Univ. of New  
England, 716 Stevens Avenue, Portland, ME 04103.

**Friday, November 5-6**

Fall Connection, The Senator Inn, Augusta, ME

**Attention:**

**Contributors to SCOOP please forward typed articles  
and announcements to:**

**Ruth Collard, c/o Westbrook College,  
Dental Hygiene Dept.,  
Stevens Avenue, Portland, ME 04103.**

**Sales Editor:**

**We are looking for a volunteer.**

**MDHA Ex. Board Coordinator:  
Christine Corbin-Price**

**SCOOP Deadline for 2000 - February 10**

We are the experts on dental hygiene and practice. The timing is right for us to pass this bill. Your help and support is creating appreciated by all the underserved people of the state of Maine. I trust that we will individually and collectively resolve to make choices that secure the future of our profession.

*Please complete the following:*

**YES, I want you to keep me up to date! And I will help the Maine Dental Hygienists' Association organize support for our legislative work in the current session of the Maine Legislature. Here's what I can do:**

- Enclose my check (payable to MDHA):  
 \$100  \$75  \$50  \$25  Other: \_\_\_\_\_
- Contact my own legislatures about our bill. They are:  
State Rep: \_\_\_\_\_  
State Senator: \_\_\_\_\_
- I'm not sure who they are. Will you let me know?
- Provide written  or verbal  testimony to support the bill.
- Help in any other way I can. Call me and let me know.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ (pm/weekend): \_\_\_\_\_

E-mail: \_\_\_\_\_

Please mail to:

Bev Litchfield, RDH, 5 Old Neck Road, Scarborough, ME 04074

## LEAVE OUR RDH REQUIREMENTS ALONE!

Since the explosion of personal computers, we have become saturated, if not overwhelmed, by all of the information available. Modern technology connects countries, companies, and medical professions from all around the globe, and the world seemingly becomes a smaller place. The result is an increasing awareness of the diversity that is changing the way we live, do business, and practice dentistry. We no longer wait months to be educated by our professional journals; instead, we receive research results almost immediately. For those of us privileged to hold dental hygiene licenses, it is our professional duty and obligation to disseminate this information to our clients, those we have the honor of treating clinically, as well as the opportunity to educate our communities and dental hygiene students.

Dentists are the managers of full-mouth restoring, and dental hygienists have evolved to become managers of soft tissues (see the article accompanying this one), as well as spokespersons to the public regarding current therapies, philosophies, and technology modalities. It is because of this tremendous responsibility, and informational trends, that we need to redefine the criteria for dental hygiene licensing in Maine.

As baby boomers progress through mid-life, our geriatric population is ever growing. We will need not only people power, but the expanding knowledge to treat these people with the highest stan-

dards of care possible. This, not only with regards to oral clinical symptoms, but gathering data about the patients as a whole, and arriving at conclusions. Unfortunately, this also has become the age of legal entanglements. Each year the number of lawsuits involving health care professionals appears to increase. Without question, expert facilitation and communication skills are needed. These can't be achieved overnight, and need to be practiced diligently by attending frequent CED courses. Currently there are twenty-six states in the U.S. that have more stringent requirements than Maine for RDH licensing. While certified Maine dental assistants must complete 12 credits of CED per year, dental hygienists need only 10. The Maine Dental Hygiene Association seeks to be proactive in raising this requirement to a minimum of 15 credits per year. CPR certification is required for RDH licensing in 34 states. Maine is currently not one of these. We are currently surveying approximately 1000 dental hygienists within our state for feedback on these issues.

In conclusion, the Maine dental consumer deserves a deep commitment from Maine hygienists to pursue excellence in dentistry. Hygienists (soft tissue periodontal therapists) need to continuously grasp the most current technologies, as we try to co-discover with our patients the highest standard of care available; thus delivering oral health care as it relates to total health care.

## MAINE DENTAL HYGIENISTS' 1999 PRACTICE AND PROCEDURES SURVEY RESULTS

By Marji Harmer-Beem, RDH, MS

The following is an executive summary of the 1999 Practice and Procedures Survey. The response rate to the Maine Dental Hygienists' Practice and Procedure Survey was 54.5%. The researcher sent 918 surveys to registered dental hygienists, 500 (N=500) surveys were returned completed and two were returned due to undeliverable addresses. The survey was designed around 14 key research questions.

The purpose of the Maine survey was to obtain valid and reliable demographic data, to document current practice, identify practice trends, manpower issues, and educational and training needs related to practice, and document actual clinical functions in practice in the state of Maine.

The majority of the current workforce of dental hygienists in Maine is under the age of 50. The workforce is distributed somewhat evenly in urban (31.4%), suburban (32.4%), and rural (29.4%) settings. Further analysis of the workforce reveals that there is no shortage of dental hygienists in the state of Maine (ADHA Man Power Needs Assessment 1998).

The study also indicates some inappropriately delegated functions. The results revealed support of dental hygiene autonomy and increased representation on the licensing board. As well as revealing information on the importance of CPR certification for a registered dental hygienist. Results on blood pressure screening by the dental hygienist indicate that the frequency on average is 3.7 times per week and the pulse and respiration measurements are 1.38 times per week. Support for increasing CEUs is divided with 24.4% not favoring an increase in CEUs, 30.1% being neutral and 26.4% being in favor of an increase.

The perception of training needs for the dental hygienist to provide quality care to the people of Maine revealed that additional training to be a school hygienist was noted more frequently than any other choice (n=118) with hospital or long-term care settings being noted second at (n=79).

The researcher, Marji Harmer-Beem, RDH, MS, Assistant Professor at the University of New England, will present a poster at the Fall Connection, Annual Meeting of the Maine Dental Hygienists' Association on November 6, 1999. The researcher acknowledges ADHA's gracious and generous support of this research project.

**DO YOU EXPECT YOUR  
PHYSICIAN, PLUMBER,  
CARPENTER AND  
ELECTRICIAN TO BE ON THE  
CUTTING EDGE OF  
TECHNOLOGY?**

**If so, then why not dental hygienists? Attending the easiest, closest and least expensive continuing education programs "just to get your credits" is not the cutting edge of technology. The public should DEMAND quality of care from all health care providers. Our clients should be getting "on the cutting edge of technology" care. As registered professionals, this should be OUR ethical and professional obligation—to make sure that WE are on the "cutting edge of technology" for the best interest of the public!**

## **SPECIAL OLYMPICS – SPECIAL SMILES!**

A very nice event took place on Saturday, June 12th. Over 20 dental health professionals took part in the Special Olympics Special Smiles at the University of Maine in Orono. This was the first year that a dental component was added to the Maine Special Olympics event.

We all met under sunny skies at 9:00 a.m. on the Orono campus on the new Harold Alfond football field. We calibrated and reviewed the day's activities as a long line developed at the registration table. The special athletes were anxiously looking forward to having a chance to show off their teeth. After we gained consent from the athletes, 12 dentists from all over the state participated in the screening process of over 400 people ranging in ages from 8 to 80. Hygienists volunteered by talking with all the athletes and by giving them much

appreciated oral hygiene instructions and encouragement. They used large puppets with teeth and typodonts as well as electric toothbrushes to address the athletes various needs.

Volunteers from the Maine Dietetic Association then addressed their nutritional needs and gave them helpful dietary tips.

Then all the athletes received a "goodie bag" with a special smiles t-shirt, toothbrush, toothpaste and floss and stickers or a dental pencil.

Five hours later, we all left feeling that we had just experienced a very successful and rewarding experience. If this happens again next year, same time and same place, we hope more of you will be able to experience it with us.



## **POOF!**

Haze-filled restaurants are a thing of the past! On September 18, 1999, Maine's smoke-free restaurant law went into effect. Restaurant workers and customers are now protected from the dangers of secondhand smoke. In addition, eating in a smoke-free restaurant makes it easier for former smokers to stay quit, because they will no longer be influenced by others smoking in the restaurant.

Smoke-free restaurants will now be the norm rather than the exception. Perhaps this change in policy will eventually result in Maine people making healthier choices, i.e. not smoking. In the meantime, this law indirectly supports our efforts to help our patients stop using tobacco. As health care providers and dental health professionals, we can be excited by the positive change smoke-free restaurants will bring to our patients and ourselves.

### **Who's affected?**

All eating establishments will be smoke-free. The law defines a restaurant as "any enclosed indoor restaurant or other enclosed establishment that invites the public to be served food for consumption on the premises." Exceptions to the law are Class A lounges, hotel lounges and taverns, whose primary business is liquor sales and whose licensing requirements do not allow minors under 21 years of age without a parent, custodian, or guardian. Other exemptions include: private function rooms, outdoor eating areas or decks at restaurants, fairground concessions unless they are enclosed, beano or bingo halls, and private clubs except when they are open to the public.

### **Secondhand smoke is a health hazard**

It increases the risk of heart disease and lung cancer and kills 300 nonsmokers in Maine every year. It also causes breathing problems in adults and children with asthma and other respiratory diseases. Smoke from the burning end of a cigarette contains over 4,000 chemicals and 50 carcinogens, including formaldehyde, cyanide, arsenic, carbon monoxide, methane, and benzene. Secondhand smoke is a Class C carcinogen for which there is no acceptable level of exposure. Smoke-filled rooms have 6 times the air pollution as a busy highway.

### **Will the law hurt tourism or other business?**

No. Many studies, including one reported in a May 1999 issue of JAMA (Journal of the American Medical Association) reported that smoke-free ordinances do not hurt tourism, and may increase tourist business.

For more information about the law or tobacco issues, call the Maine Bureau of Health, 287-4627, or me at 874-0125, ext. 3016.

*Debbie Andrews, RDH, BS  
Tobacco-Free Project Director  
Center for Community Dental Health  
Portland*

# SEE YOU AT



# fall

# CONNECTION 1999

## NOVEMBER 5 & 6, 1999 - SENATOR INN, AUGUSTA, ME

- Register by October 29th, the \$25.00 late fee will be waived

- Register on-site and pay only the \$25.00 late fee

### FRIDAY, NOVEMBER 5, 1999

8:00 - 8:30 a.m.

**REGISTRATION**

8:30 - 11:30 a.m.

**"CHANGES AND CHALLENGES AHEAD FOR THE DENTAL HYGIENE PROFESSION"**

*Ann Battrell Stilwell, RDH, BS*

This course will provide the attendees with a greater understanding of changes occurring within the dental hygiene profession and the impact of these changes on clinical dental hygiene. Topics will include recent research identifying periodontal disease as a risk factor for heart disease, diabetes, and pre-term low birth weight babies. More than ever before, the public is being informed on the relationship between oral health and total health. Throughout the health care professions there is a movement to ensure that the care we provide to the public is evidence-based and patient-centered. Discussions will be held regarding what the term "evidence-based, patient-centered care" truly means to the provision of dental hygiene therapy.

*Sponsor: Astra Pharmaceuticals*

11:45 a.m. - 2:45 p.m.

**"FRESH BREATH ASSURANCE: A PATIENT-CENTERED APPROACH" (Lunch & Learn)**

*Kristine Hodson, RDH*

Back by popular demand, Kristine brings her enthusiasm and experience with an exciting program. Centered on the patient's well-being, we look towards the stigma of malodor. With this means both mentally and physically to our patients. Research is discovering that volatile sulfur compounds (VSC) play an enormous role and we must become familiar with the research to help guide and offer options in treating and diagnosing hideous disease process.

*Sponsor: Discus Dental*

3:00 - 6:00 p.m.

***Dr. David Roshkind, DMD, Executive Board Director, Dental Laser Academy, Soft Tissue Application.***

Technology is changing both our approach and techniques in periodontal active and supportive therapies. Come find out what is at your back door and why you will never want to practice twentieth century dental hygiene again. Let's look ahead to the excitement of the twenty-first century in our profession!

6:00 p.m.

**SIGMA PHI ALPHA PAPER PRESENTATION**

To be announced.

**MAINE DENTAL HYGIENE ASSOCIATION WINE & CHEESE RECEPTION & SUNSET REVIEW!**

### SATURDAY, NOVEMBER 6, 1999

7:30 - 8:00 a.m.

**REGISTRATION**

8:00 - 8:30 a.m.

**KEYNOTE SPEAKER - To be announced**

8:30 - 10:30 a.m.

**MAINE DENTAL HYGIENE ASSOCIATION ANNUAL BUSINESS MEETING**

- A) President's Welcome
- B) Report of Officers
- C) General Announcements
- D) Kim Rowe, RDH - Research Study Report
- E) Current Legislative Activity
- F) Professional Issues Review
- G) President Litchfield's year in review
- H) Election of 2000 Executive Board Officers; Passing the Gavel

10:30 a.m. – 12:30 p.m. ALTERNATIVE MODALITIES TO SUPPORTIVE AND ACTIVE PERIODONTAL THERAPY  
*Dr. Donna Morgaine-Hager, ND, RDH*

Dr. Hager is a practicing physician and a registered dental hygienist. Dr. Hager currently practices in Seattle, Washington.

12:30 – 1:30 p.m. OFFICER LUNCH INSTALLATION

1:30 – 4:30 p.m. *Dr. Donna Morgaine-Hager continues*

There will be periodic breaks with a continental breakfast and snacks served throughout both day's events. The room will be somewhat cool, so please dress accordingly.

There also will be exhibition tables available from massage therapists to dental companies who support the dental hygiene profession. Take the time to network and learn from the best!

We wish to thank all our sponsors without whose generosity and investment to the lifelong educational process of dental hygienists' this scientific session would not be possible. They are BLOCK DRUG Educational Grant... etc. PLEASE take the time to let our sponsors know their generosity is appreciated. All sponsors' addresses are located in the packet distributed to each attendee.

We highly encourage all the dental hygienists to encourage all the members of their respective dental teams to attend, i.e. dental assistants, front desk personnel, doctors. We wish to mentor networking amongst us all for the well-being and benefit of the public.

**Cost: \$110/day \$175/both days**

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for kids is here now.**

## DENTISTS SUPPORT DENTAL HYGIENE

By Mary Lynne Murray-Ryder, RDH, BS, President-Elect

These articles appeared in the July Access 1999 Dental Hygiene magazine. The issues remain unresolved and misunderstood by all parties involved. Keep the discussions going. Talk to your dental

hygiene representatives, speak with your esteemed colleagues, with your employers, with members of the Maine Dental Association. Keep the FIRE going and don't EVER give up—no matter how tough it gets!!!

### A DENTIST TAKES A STAND

It's hard to imagine how we got so "separated" from each other, hygienists and dentists. How do you fix dirty teeth? How do you clean broken or missing teeth? Obviously, you don't.

The organization which was chartered years ago to represent me as a dentist, the American Dental Association (ADA), has now apparently "declared war" on that group of professionals—in my office and nationally—whom I and every one of my fellow dentists depend on—professional dental hygienists. The ADA has apparently decided in its wisdom to lower the standards of training and create alternative paths to "certification" for hygiene care.

In my office, we have acknowledged our dental hygienists as occupying the same importance as the dentists! The laws of Michigan do not permit me to make my hygienists legal partners, but I wish they did.

I must admit that I didn't always see it this way. Prior to my studying the Galileo® Case Management/Technology of Selling® in Dentistry I had a substantially egocentric view of what I was doing, treating patients while running a dental office. I was frustrated and upset much of the time.

I won't get into the specifics of my misguided prior attitude, other than to tell you it was Cathy Marcin, RDH, a hygienist with 13 years experience in our office, who got me to look at the dentistry I was doing. My dentistry was excellent, it's just that there wasn't enough of it being completed. It was Cathy who helped me see this "lack of completeness" in the way I treated patients, and it was Cathy who got me started looking for what I eventually found in Galileo® Case Management Training™.

This letter isn't about Galileo® except that it was there that I began to recognize fully the critical value that our professional dental hygienists possess. It's about the essential role of the dental hygienist in the dental office. Galileo® focused my attention on our patients. Cathy and our other hygienists always had *their* attention focused on my patients.

The results of this reorientation have been incredible:

- Improved patient care
- Improved communication with patients
- Improved patient acceptance and cooperation
- Improved patient acceptance of treatment plans
- Increased office production (based on improved patient care)
- Increased pay for the dental hygienists
- Improved awareness by the hygienists of their essential role in patient care

As I said, I think Cathy and our other hygienists always had their attention focused on our patients. I don't mean any slight or slam to my dentist colleagues. I don't mean to patronize or butter up hygienists either. I just think it's time we dentists told the truth to each other first, to our colleagues in professional dental hygiene second, and to the world at large third. As we say in Galileo®: "The truth is better!" And the truth is that professional dental hygienists have held a standard of care in their zone of activity that we dentists departed from along the way in our own zone of dental treatment.

Frankly, despite 100% insurance coverage in most indemnity policies over the years, hygiene has if anything been underemphasized by dentists. I shudder to think what might have become of the subject of clean teeth without the constant positive pressure of the ranks of professional hygienists.

The fact is that we dentists have been distracted. Distracted by coverage restrictions and gimmicky management fads; by clever shifts to get around our consciences about how the less-than-the-care-we-give-our-own-families has provided the money we took home to our own families. We dentists looked the other way and it's come back to haunt us now. We're thought of in all too many places as "overpaid technicians." In my opinion, the mission of managed care and those who promote it is to remove that "overpaid" label. That "label-game" isn't just about the dental professionals (us dentists), but about "all us professionals" meaning professional dental hygienists too!

Where we have failed and where the hygienists have succeeded is in the area of completeness. They complete their care (when we dentists don't get in the way) and most of us dentists never do.

Now, you might argue that with most hygiene covered 100% under insurance, the hygienists have an easier time "completing" their duty to patients. Unfortunately, taking that view leads to no improvement, so it can't be "the right 'why'!" More insurance in dentistry is what we don't need!

No, I think hygienists have succeeded where we dentists have failed because they simply refused to be talked out of their professional viewpoint. They adhered to their own, self-set professional standards. And now, "mighty dentistry" wants to cut their knees out from under them!

I say "no way!" And what's more, I'm going to put my money where my mouth is! I have procured the permission of the founder and chairman of Galileo® International to devote one weekend per month for the next year, at Galileo®'s expense, to traveling to locations where groups of professional dental hygienists might want to hear me speak around the U.S.; speak out on behalf of the obvious and undeniable partnership of dental hygienists and independent dentists. I invite the leaders of ADHA to join me, or, minimally, to recommend where I can be of most help first. Those of you professional dental hygienists who want my/our support need only call or email and I'll be there!

I'm taking a stand here and now for one and all to read and see. I disagree with lowering the standards for professional dental hygiene care! If anything, I want them raised!

Today, we are placing the majority of our patients on three- and four-month recall schedules. And what I need, what all us dentists need, are professional dental hygienists to get this job done.

I look forward to meeting and fighting alongside of every one of you, if you'll have me.

Thomas J. Karas, DDS  
St. Clair Shores, Michigan

## ... ANOTHER MAKES AN APOLOGY...

As a practicing general dentist, I apologize on behalf of the dental profession for proposing to allow alternatively trained dental hygienists. Some political actions are thinly veiled; this is not. I see this as nothing more than pure greed. I'm sure you have and will continue to see rationalization for this position, and some who espouse this view will honestly believe it—I don't. I value the hygiene profession as one that I can believe has the hardest job in dentistry—helping people get healthy. Dentists fix teeth, which is technically demanding, but easier than helping people make the behavioral changes expected from the hygienists. It is also a sad day for the American Dental Association when it misreads the future so badly—caries is less prevalent; the staple of general dentistry, crown and bridge, will be required less. The future of dentistry is periodontal therapy and occlusal therapy. I encourage ADHA to make every effort to make your case known to the public, in every media available. The conservative, greedy view of almost every dentist I know cannot stand up to the value your profession gives each patient every day.

*Steven T. Bunn, DDS  
Alexandria, Virginia*

## THE TRUTH ABOUT PRECEPTORSHIP

### What is Preceptorship?

The word "preceptor" means teacher or instructor. Preceptorship as it applies to dental hygiene, refers to an alternative training program in which a practicing dentist acts as a teacher, providing on-the-job training for a dental assistant.

This would allow an individual to be licensed as a dental hygienist without completing an accredited dental hygiene program.

### What is One Difference Between Dental Hygiene Training Under a Preceptorship Model and an Education Through an Accredited Program?

Dental hygienists graduate from an accredited program and must complete nearly 2,000 hours of scientific and theoretical classroom study and supervised clinical instruction. They must also pass both a state clinical exam and a national written test before receiving a license.

### Professional Credibility

Preceptorship has an effect on both the professional recognition and the future development of dental hygiene. Preceptorship is an approach to dental hygiene "training" that undermines credibility.

Standardization of education is a requirement for all other professions, and it should be no different for the dental hygiene profession.

### Periodontal Disease is a Serious Threat to the Patient's Health Because of its Link to Life-Threatening Diseases Like Heart Disease, Low-Birth-Weight Babies and Diabetes

A growing number of studies indicate that gum disease is related to the development of many serious systemic diseases. Gum disease starts below the gum line and dental hygienists, because of their specialized accredited education, are the health care workers best qualified to prevent and detect gum disease.

### Registered Dental Hygienists are Advocates for Patient Care

An accredited education provides academic preparation to understand how health care policy affects the well being of the public. Dental hygienists work hard to ensure statewide policies and practices that are designed to safeguard affordable, accessible, high quality patient care.

## ... AN AN RDH STARTS A LAW CAREER.

I am an RDH in Jacksonville, Florida. I find the American Dental Association's (ADA's) relentless attempt at preceptorship abhorrent. In my opinion, it is a money issue. Lower education + decreased quality = lower salaries. If there were a shortage of DDSs, no one would agree to lower their educational standards so RDHs could do crown preparations, fillings, and extractions! I was a dental assistant for 10 years before going to hygiene school, and I thought I knew a lot, but the two years in school was an eye-opening experience. I have practiced hygiene for seven years now, and utilize an assisted hygiene practice. This system has given me a newfound love for my job! I work three to four days a week, and this year I will earn at least \$60,000—for northern Florida that is unheard of.

I am currently pursuing a career in law, and feel if these proposals become reality, in the next five years I may have an opportunity to fill in a niche created by the ADA. The malpractice and irresponsible treatment of patients in the dental office should open the door for a new lawyer, who just happened to be an RDH with 18+ years of dental hygiene experience!

I think the most viable answer to this so-called hygiene shortage is assisted hygiene. I will be presenting this system to other dentists in my area soon, and hope the trend will catch on. I feel it is a great opportunity for hygienists, while helping the practice to increase its hygiene production. I plan to also email the ADA on this subject, and would love any comment or feedback from the ADHA.

*Sarah Lynn, RDH  
Jacksonville, Florida*

Decreasing standards for dental hygiene education is a threat to jeopardize the health and safety of patients who deserve only the safest, most effective and highest oral health care.

### Registered Dental Hygienists Help Safeguard the Health of Patients

Patients should know who is working in their mouths. Patients deserve to have only those health care workers who are fully trained by an accredited school and licensed as a part of their professional oral health care team.

## WELCOME NEW MEMBERS

Roberta Andrews

Dawn Arbo

Audrey Carney

Deborah Cyr

Maryse Grenier

Kim Harjula

Louisa Hess

Deborah Housley

Kim Jacobs

Marcia Kelson

Ingrid Langley

Kelli Little

Celeste Lapointe

Ann Lord

Kathryn McCullough

Nicki Powell

Robin Ruhlin

Jessica Shipman

Erin Smead

Lynn Thomas

Nicole Verrier

Valerie Williams

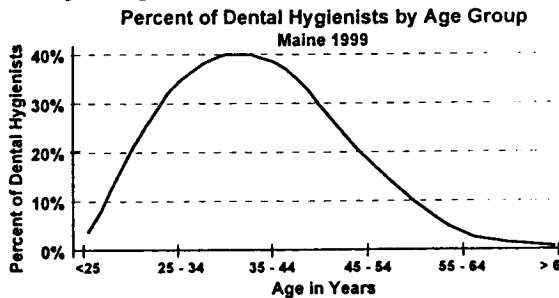
# DENTAL HYGIENISTS

Maine, January 1999

- ➔ In 1999, there were 715 dental hygienists practicing in Maine. This resulted in a statewide ratio of 1 hygienist for every 1,737 residents; 11 of Maine's 16 counties had ratios greater than the state average.

COUNTY	POPULATION* / DENTAL HYGIENIST	COUNTY	POPULATION* / DENTAL HYGIENIST
Cumberland	1,018	Lincoln	2,257
Penobscot	1,419	Franklin	2,418
Knox	1,632	York	2,444
Piscataquis	1,665	Aroostook	2,753
Kennebec	1,783	Oxford	2,830
Hancock	1,986	Washington	2,999
Androscoggin	2,062	Waldo	3,602
Sagadahoc	2,229	Somerset	4,352

- ➔ Three fourths of all hygienists were younger than 44 years old; this included 3% who were younger than 25. Less than 1% were 65 years old or older.
- ➔ Nearly ¼ of all dental hygienists worked less than 35 hours per week with ¼ of them (161) working 31 - 35 hours and another ¼ of them (161) working 21 - 30 hours. This resulted in a statewide average of 29 hours worked each week with 27 of those hours spent providing patient care services.
- ➔ Ninety percent of Maine's hygienists reported that they were "satisfied" with their employment situation. Most of these hygienists received free or reduced dental care for themselves (80%) and/or their families (76%).



Percent of Dental Hygienists by Employment Benefits Received  
Maine, 1999

Benefit	Yes	No
Continuing Education Assistance	86%	14%
Free/Reduced Dental Care for Self	80%	20%
Free/Reduced Dental Care for Family	76%	24%
Paid Sick Leave	62%	38%

Benefit	Yes	No
Retirement Benefits	57%	43%
Medical Health Insurance	43%	57%
Dental Health Insurance	8%	92%

- ➔ About 12% of Maine's dental hygienists were salaried employees; the rest worked for an hourly wage. More than half of those who reported working for an hourly rate earned between \$18.00 and \$20.99 per hour in 1999; another 28% earned \$21.00 or more per hour.

Notes: Population data are for July 1997 and are from the data files of the Office of Data, Research, and Vital Statistics. Percentages exclude professionals who were non-respondents to the variables being analyzed.

National data were obtained from the American Dental Hygienists' Association.

For further data on this topic, please contact:  
the Office of Data, Research, and Vital Statistics, BUREAU OF HEALTH  
at 35 Anthony Avenue, State House Station 11, Augusta, Maine 04333-0011  
The contact person is: Kim Haggan - (207) 624-5445 624-5512 (TTY)

For program information, please contact: Judith Feinstein at 287-2361

Angus S. King, Jr.  
Governor



Kevin W. Concannon  
Commissioner

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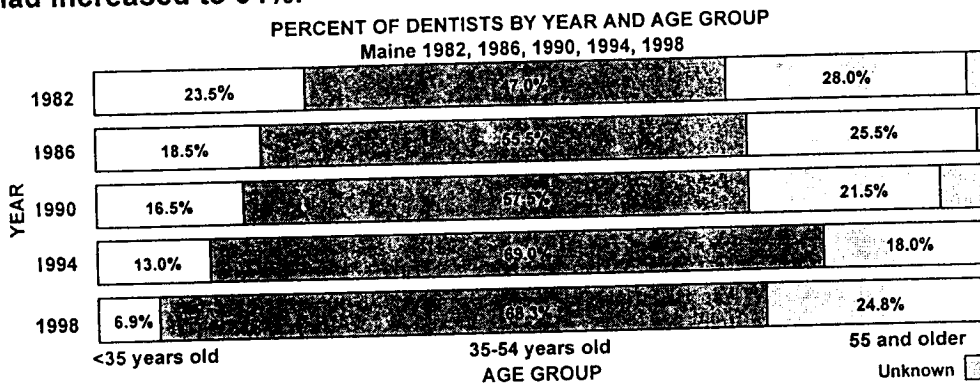
MAINE DEPARTMENT OF HUMAN SERVICES

Series 7

FACT SHEET - DENTAL HYGIENISTS  
MAINE 1999

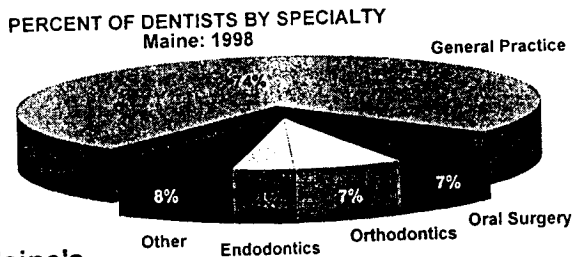
## MAINE DENTISTS - 1998 (preliminary data)

- ➔ In 1998, there were 584 dentists actively practicing in Maine; this resulted in a dentist to population ratio of 1 dentist for each 2,127 residents. This was significantly\* different from the US ratio of 1 dentist for each 1,743 residents<sup>1</sup>.
- ➔ In 1998, the number of dentists reporting that they were actively practicing dentistry in Maine increased by just 11 since 1994. This small increase is consistent with the fact that in 1998, the proportion of dentists who reported that they were 35 years of age or younger (6.9%) diminished by nearly half since 1994 (13.0%), and was less than a third of the size that it was in 1982. (23.5%)
- ➔ The age distribution of Maine dentists has changed markedly in the past few years. In 1994, 50% of all active dentists were 45 years old and older; by 1998, the proportion of Maine dentists in this age group had increased to 64%.



- ➔ Maine dentists reported working an average of 38 hours per week in 1998. The majority of those hours, 36 hours, were spent providing direct patient care.

- ➔ Nearly three quarters of all active dentists in Maine who reported a primary specialty (394) said that they were general practitioners.



- ➔ Approximately 60% (342) of Maine's dentists accepted Medicaid payment for the services they provided in 1998. Of that group, nearly 60% (199) limited the percent of Medicaid patients that they would accept in their practice.

\* Unless noted, differences in rates are not statistically significant, i.e., they could be accounted for by chance alone.  
Footnote 1: National data are for 1996, the most current available data. Dentist data were obtained from the American Dental Assoc.; population data were obtained from the Bureau of the Census. Full citations are available upon request.

For further data on this topic, please contact:  
the Office of Data, Research, and Vital Statistics, BUREAU OF HEALTH  
at 35 Anthony Avenue, State House Station 11, Augusta, Maine 04333-0011  
The contact person is: Kim Haggan - (207) 624-5445 624-5512 (TTY)

For program information, please contact: Judith Feinstein at 287-2361

Angus S. King, Jr.  
Governor



Kevin W. Concannon  
Commissioner

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Number 2

MAINE DEPARTMENT OF HUMAN SERVICES

Series 7

DENTISTS  
MAINE: 1998  
FACT SHEET

## **ACTION ALERT FOR DENTAL HYGIENISTS INTRODUCING OUR LOBBYIST: JON DOYLE**

### **What You Can Do To Help Fight Preceptorship (On-The-Job-Training)**

- ◆ **Display your credentials** – Hang a copy of your diploma or degree on the wall or list your credentials on a name badge.
- ◆ **Educate your patients** – Make sure they understand the importance of knowing the educational background of the health care workers who provide care to them. Explain what constitutes a complete oral health care visit.
- ◆ **If you are not an ADHA member, become one and join your affiliated state and local associations** – If you are not already a member of ADHA, call 1-800-243-ADHA (2342) for an application or download it from <http://www.adha.org/aboutadha/apply.htm>; for the cost of approximately one day's pay, you can combine your resources with your colleagues across the country and protect your profession.
- ◆ **Recruit other dental hygienists to join ADHA** – There is strength in numbers. The more dental hygienists we can claim as members the stronger our position will be as the representatives of the dental hygiene profession.
- ◆ **If you are an ADHA member, work with your constituent legislative chair and state education network liaison** – Establish relationships with your legislators now before a crisis arises in your state. Explain the importance of protecting consumers by preserving graduation from an accredited dental hygiene program as the only acceptable preparation for patient care. For example, one strategy your constituent may try is donating time to selected political campaigns.
- ◆ **Help spread the word to others** – Meeting the preceptorship challenge will require a well-informed profession and an empathetic public. Tell your co-workers, your colleagues, your patients—everyone you know—about the substandard care they may receive if on-the-job training programs are made legal in your state.
- ◆ **Keep your ears open** – On-the-job proposals are often disguised as concern over a “manpower crisis” or as calls for alternative educational programs. If you see or hear anything about a move to weaken or reduce the accredited programs currently preparing dental hygienists for practice, share the information with your state dental hygienist association and share it with us. Call us on our toll-free line 1-800-243-ADHA (2342) and select #3 on the menu options.

### **AMERICAN DENTAL HYGIENISTS' ASSOCIATION**

**444 N. Michigan Avenue  
Suite 3400  
Chicago, IL 60611**

**phone 312/440-8900**

**toll-free member line 800/243-2342**

**fax 312/440-6780**

**ADHA Online <http://www.adha.org>**

**email [ips@adha.net](mailto:ips@adha.net)**

Jon Doyle is a senior partner in the law firm of Doyle & Nelson. His practice is heavily involved in the administrative law, utilities, health care, banking, and legislative law fields. His practice consists of representations of varied clients before state regulatory bodies and the Maine Legislature. He maintains an active lobbying practice. In addition, he has a strong commitment to participation in the direction of a number of seminars in his various clients' fields. His lobbying/regulatory practice involves representing a broad range of business organizations before the Maine Legislature and the Executive Branch of State Government. His health care activities include the representation of hospitals; skilled nursing facilities; community health care facilities; home care and other organizations. His practice in the financial and banking fields involves a wide variety of practices ranging from legal administrative matters to conversion and merger of financial institutions.

Some of Jon's current civic activities are: President, Maine State Troopers Foundation (a statewide not for profit organization devoted to funding efforts to encourage positive behavior by children; combat spousal and drug abuse and deal with the homelessness); Chairman, United Way Campaign; President, Maine Children's Trust (a Maine organization charged with coordinating statewide child abuse prevention efforts); Advisory Committee Member, Maine Economic Research Institute.

We invite you all to come and meet Jon in person on Saturday, November 6, at our Annual Meeting "Fall Connection". Jon is being featured as our keynote speaker.

### **SOUTH COAST COMPONENT NEWS**

South Coast Component is busy getting organized under the new leadership of Mary Aube. Please look for announcements regarding continuing education and meetings dates in the south coast area or call Mary at 839-3358 for information.

### **SADHA - UNE**

*By Ellen Beaulieu, UNE Dental Hygiene Chair*

The Dental Hygiene Program at the University of New England on the Westbrook College Campus continues to serve the needs of the community as it has for over 30 years. Students are providing care for patients in the clinic on campus as usual, but they are expanding the reach of preventive dental hygiene services and education into the community. Working closely with the faculty dentists and hygienists, students care for the oral health of all of the children in the York County Head Start Program who do not have a dentist of their own. The York County Head Start Program recently brought all the Head Start centers under one organizational roof to work toward more coordinated services for the children. UNE graduate students from the School of Social Work provide play therapy in some sites. The Head Start Program enrolls approximately 300 children ages 3-5 in morning classes and activities to enhance school readiness and optimize health. There are 15 sites for Head Start in York County and all of them receive attention from the dental hygiene student/faculty teams. The fourth year bachelor degree students provide education to staff, parents, and the youngsters, along with preventive hygiene services at each center.

Working in community settings has always been a rewarding part of dental hygiene practice. Sometimes it is the full time responsibility of the public health hygienist, while often it has been a volunteer activity. More opportunities for community based care are evident as health professionals reach out to those who need our special attention for improved health and wellness. Dental hygiene students at all levels can learn to work as part of interdisciplinary health teams in community settings and enjoy the rewards of this special kind of service.

# MEMBERSHIP APPLICATION – AMERICAN DENTAL HYGIENISTS' ASSOCIATION

444 N. Michigan Avenue • Suite 3400 • Chicago, IL 60611-3999 • 312/440-8900

TYPE OR PRINT (abbreviate only when necessary)

Social Security Number \_\_\_\_\_ (Be sure to enter correctly. This will be your ADHA identification code.)

Name (Last, First, Middle Initial) \_\_\_\_\_

Maiden Name \_\_\_\_\_ Check your appropriate professional credential:  RDH  LDH  GDH  Other

Daytime Telephone (include area code) \_\_\_\_\_ Evening Telephone (include area code) \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment, School Building, etc. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country (only if foreign) \_\_\_\_\_

Current Dental Hygiene License Number \_\_\_\_\_ State \_\_\_\_\_

Highest Education Level:  Certificate  Associate  Baccalaureate  Masters  Doctorate

(To qualify for membership, you must have been granted a license to practice dental hygiene. Include information for one state only.)

Dental Hygiene School attended \_\_\_\_\_ State \_\_\_\_\_ Year of Graduation 19 \_\_\_\_\_

## TO BE COMPLETED BY CONSTITUENT/COMPONENT: (Complete the following before distributing to applicant.)

National Dues \_\_\_\_\_ \$ 155.00

Constituent Dues \_\_\_\_\_ (code) \$ 25.00

Component \_\_\_\_\_ (code) \$ 5.00

Assessment \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \_\_\_\_\_ \$ 185.00

\$6.00 and \$5.00 of ADHA yearly membership dues are allocated for subscriptions to JOURNAL OF DENTAL HYGIENE and ACCESS, respectively.

Applicant to return payment, with completed application to:  
**AMERICAN DENTAL HYGIENISTS' ASSOCIATION,**  
444 North Michigan Avenue • Suite 3400 • Chicago, IL 60611-3999

Dues are not tax deductible as charitable contributions for federal income tax purposes. They may be deductible as a business expense.  
**DUES ARE NON-REFUNDABLE.**

### Method of Payment:

Check payable to: American Dental Hygienists' Association or \_\_\_\_\_  
(Constituent or Component Name)

MASTERCARD

VISA

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

FOR ADHA USE ONLY: Code \_\_\_\_\_ DH Class

## CALL FOR NOMINATIONS FOR THE **RDH OF THE YEAR AWARD – 2000**

Candidates for the RDH of the Year Award must possess the following qualifications in order to be nominated:

- Must hold current MDHA/ADHA membership.
- The candidate must be active in promoting dental health.
- Dedicated to the profession of dental hygiene in the state of Maine.

The RDH of the Year Award will be presented during our annual business meeting during Fall Connection on Saturday, November 6, 1999 at the Holiday Inn in Augusta. The recipient will also be recognized at the District I meeting held in Boston, MA in January, 2000.

The nominators must submit a nomination form and outline of the candidate's eligibility and contributions to the profession of dental hygiene. The deadline for submitting applications is Friday, October 22, 1999. Please nominations to: Bev Litchfield, RDH, BS, 5 Old Neck Road, Scarborough, ME 04074.

### NOMINATION FORM • **RDH OF THE YEAR** • 2000

Candidate Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: home: \_\_\_\_\_ work: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: home: \_\_\_\_\_ work: \_\_\_\_\_

Please attach a brief outline of your nominee and mail to Bev Litchfield prior to 10/22/99.

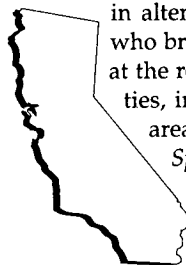
# STATES PERMITTING UNSUPERVISED PRACTICE/LESS RESTRICTIVE SUPERVISION

Unsupervised practice means that the dental hygienist can initiate treatment based on his or her assessment of patient needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and can maintain a provider-patient relationship without the participation of the patient's dentist of record.

## California – 1998

Sec. 1768, 1770

Dental hygienists endorsed as RDHAPs (registered dental hygienist in alternative practice) may provide services for patients who bring them a prescription from a dentist or physician at the residences of homebound, schools, residential facilities, institutions and dental health professional shortage areas.



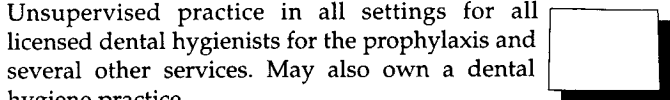
*Special Requirements* – Bachelors degree, 3 years clinical practice, completion of 150 clock hour special course and exam.

*Services* – those services permitted under general supervision (which include prophylaxis, root planing, pit and fissure sealants, charting and examination of soft tissue).

## Colorado – 1987

Sec. 12-35-122.5

Unsupervised practice in all settings for all licensed dental hygienists for the prophylaxis and several other services. May also own a dental hygiene practice.



*Services* – remove deposits, accretions, stains, curettage, apply fluorides and other recognized preventive agents, oral inspection and charting, topical anesthetic. However, x-rays require general supervision and local anesthesia requires direct supervision.

## Connecticut – 1997

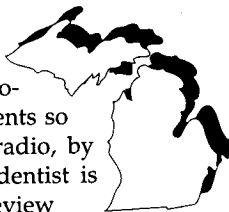


A pilot project created in 1997 allows dental hygienists with 2 years experience to practice without supervision in institutions (other than hospitals), group homes and schools. Although this program expires in September, 1999, senate bill 942, pending in the current legislature with two years experience a permanent position of the practice act.

## Michigan – 1991

Sec. 333.16625

Supervision under the dentally underserved program allows the dental hygienist to treat patients so long as a dentist is available in person, by radio, by radio, telephone or telecommunication or a dentist is available on a regularly scheduled basis for review and consultation.



*Special Requirements* – no special requirements for the dental hygienist, but the program must be a public or non-profit program approved by the department of public health.

## New Hampshire – 1993

Rule 101.11(d)



Under "public health supervision" dental hygienists may provide procedures authorized by a dentist in a public or private school, hospital or institution, provided the dentist reviews patient records once in a 12 month period.

## New Mexico – 1999

NM HB 265 has passed both houses and is awaiting the governor's signature. It provides that "a dental hygienist may be certified for collaborative dental hygiene practice in accordance with the educational and experience criteria established collaboratively by the committee and the board.... [Collaborative practice means] in a cooperative working relationship with a consulting dentist, but without general supervision...." (The committee is the dental hygiene committee which directly regulates the practice of dental hygiene.)



## Oregon – 1997

Sec. 680.200

rule 818-035-0065



Dental hygienists who have obtained a limited access permit may treat patients in nursing homes, adult foster homes, residential care facilities, adult congregate care facilities and mental health residential programs. RDH must refer the patient annually to a licensed dentist available to treat the patient.

*Special Requirements* – 5000 hours clinical practice for the five prior years, proof of completion of 40 clock hours of classes from list of subjects and professional liability insurance to obtain initial permit. 12 hours of CE ever two years in addition to the 24 hours required for all dental hygienists.

*Services* – all dental hygiene services, except local anesthesia, pit and fissure sealants, denture soft lines, temporary restorations, radiographs and nitrous oxide must be authorized by a dentist.

## Washington – 1974

Sec. 18.29.056

Unsupervised practice in hospitals, nursing homes, home health agencies, group homes (for the elderly, handicapped or youth), state institutions under department of health and human services, jails and public health facilities, provided the hygienists refers to a dentist for dental treatment and planning.

*Special Requirements* – two years clinical experience within the last five years.

*Services* – removal of deposits and stains, application of topical preventive or prophylactic agents, polishing and smoothing restorations, root planing and curettage. (The dental board has ruled that sealants are not included, but require general supervision.)

WA HB 5388, currently pending, would allow a licensed dental hygienist to be endorsed by the department of health as a school sealant dental hygienist upon completion of the Washington state sealant guidelines ad training as developed or approved by the department of health.

