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 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

Highlights of Commission on Dental Accreditation (CODA) Summer Meeting

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
Professions Accreditors Collaborative (HPAC).

Directed the Standing Commission on Quality Assurance and Strategic Planning for further consideration with a report including financial implications to the Commission in Winter 2015 a request from the Dental Council of New Zealand to establish a reciprocal agreement with the Commission.

Directed submission of a resolution to the ADA Board of Trustees at its September 2014 meeting, requesting modification to the administrative process of the CODA Research and Development Fund to: 1) eliminate the requirement 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 provide final approval for all proposed expenditures from the Fund.

Reviewed the report of the Standing Committee on Nominations and approved nominees to fill vacancies for discipline specific positions and non-discipline specific positions on its Review Committees beginning October 2014 and two public Commissioner positions beginning October 2015.

CODA adopted a recommendation that a request for the Standing Committee on Documentation and Policy to review “advanced standing” and determine whether a definition of advanced standing and guidelines for reporting criteria should be developed with a report to the Commission in Winter 2015. This is of importance to ADHA since the draft dental therapy standards include language related to advanced standing for dental hygienists.

The Commission adopted the following new policies:

- Invoicing Process for Special Focused Site Visits, which requires programs to remit payment for the Commission’s Administrative Fee and 75% of all estimated site visit costs in advance of conducting a special focused site visit, for all focused visits directed Summer 2014 and beyond;
- Policy on Changes to the Composition of Review Committees and the Board of Commissioners, which provides circumstances under which requests for establishing new Review Committees or adding Commissioner positions will be considered and the associated procedure for requests; and
- Commission on Dental Accreditation White Paper: Transition to an Operational Structure for Independent Authority: report to be shared with the ADA board of trustees.

Approved the following appointments to review committees:

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 Wetmore
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 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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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 periodontal 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.
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:
  - Screenings
  - Fluoride treatments
  - Placements of sealants
  - Placement of temporary fillings (on the instruction of a dentist)
- 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:
directly to patients to pro-
mote 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 regu-
lations set forth by the ap-
propriate licensing agency.

As the national asso-
ciation representing the
interests of more than
185,000 dental hygienists
across the country, the
ADHA is often asked to
evaluate or provide guid-
ance 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, com-
position of the workforce and
demographics of that re-
spective state.

The ADHA supports work-
force models that culmi-
nate in:

• Graduation from an ac-
credited institution
• Professional licensure
• Direct access to patient
care

Direct access allows a den-
tal 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 relation-
ship.

**Minnesota:** Allows dental
therapists with direct su-
 pervision; and advanced
dental therapists (ADT)
with general supervision.
ADTs may be dually li-
censed as an ADT and reg-
istered dental hygienist
(RDH).

**Maine:** Allows dental hy-
giene 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 pro-
grams. Visit [http://
www.adha.org/workforce-
models-adhp](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 im-
prove 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_Increase
d_Access_to_Care_Use_of_
_Dental_Hygienists_and_Mid_l
evel_Providers.pdf](http://
www.adha.org/resources-
docs/ADHA_Supports_Increase
d_Access_to_Care_Use_of_
_Dental_Hygienists_and_Mid_l
evel_Providers.pdf)

Other press releases can be
found at: [http://
www.adha.org/adha-
press-releases](http://
www.adha.org/adha-
press-releases).

If you need further infor-
mation or have received a
media inquiry, please con-
tact ADHA Director of
Communications John
Iwanski at johni@adha.net
for assistance.
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 technologies 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.

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