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Jill Rethman, RDH, BS
President’s Annual Report: 2015-2016

Proud past, unlimited future. ADHA’s 100th anniversary theme typifies what our national organization considers to be the cornerstones of our profession – that we honor the past to achieve the future. The bridge to the past and the future is, of course, the present. What we do now determines how successful we will be in achieving that unlimited future. This is why I’ve used the word “Upward!” to describe the initiatives during my presidential term. The word forward is often used to describe progress, yet it’s not an accurate term for our profession’s transformation. Time handles moving forward, whether we take action or remain idle. In fact, it’s possible to be pushed forward by others who may move us in a direction that’s different from our own goals. We climb upward by propelling ourselves through our own ideas and actions. Upward is a more powerful word than forward since it connotes soaring to new heights.

This year, ADHA has moved upward and broken new ground in several ways. With a continued focus on our Strategic Plan, our education, alliances and advocacy goals are being met. The “Transforming Dental Hygiene Education and Practice for the 21st Century” white paper was released in the fall of 2015. It outlines how dental hygiene education is transforming to meet the needs of practitioners and patients. ADHA’s alliances continue to grow and include powerful key stakeholders and like-minded groups with national presence and influence. Our advocacy efforts across the country have impacted legislation to introduce new workforce models, thus increasing access to care and opening up additional opportunities for dental hygiene professionals.

This annual report is meant to highlight the role the president played in helping to achieve our Strategic Plan goals. It complements the reports of the chief executive officer and the chief operating officer, and together they present a complete overview of ADHA’s activities for the year.

We all have specific strengths, and when I became ADHA president, I knew that I could help propel ADHA upward with my communication and networking skills. My goal was to leverage these assets to help us achieve progress. Our board members also have many and varied strengths, and together we worked to move our profession upward.
Outlined below are ways I used my communication and networking strengths to advance our profession.

**Communication**

ADHA broke new ground in communications during the 2015-2016 year. In November, I had the opportunity to do an interview with the online job site Monster.com. This was an ideal occasion to educate the public about the training and the roles of the dental hygiene professional. The piece was one of the highlighted features on the Monster.com home page. Comments from District VII Trustee Matt Crespin, RDH, MPH, and Jessica Suedbeck, RDH, BSDH, MSDH(c), a member of ADHA’s New Professionals Advisory Group, were also part of the interview. The article can be accessed here: 5 Surprising Things You May Not Know About Dental Hygienists

Throughout the year, I recorded numerous videos with our Strategic Communications team. Several of the videos were intended for specific member audiences, such as new members or those who renewed their membership. Others were focused on monthly health themes and were meant to demonstrate the dental hygienist’s role in oral and overall health. This allowed us to show that dental hygienists are essential primary care providers. The videos can be accessed HERE as well as on ADHA’s Facebook page and Twitter feed.

An important area of communication occurs on the ADHA Board of Trustees level. With that in mind, our board coaches, Kelli Swanson Jaecks, MA, RDH, and Michele Braerman, RDH, BSDH, held an orientation WebEx for new board members. This was a different and innovative method of doing the orientation, since it had typically taken place on site after the post annual session board meeting. In addition, it was important to have a mid-year “touch point” with all new board members, and the coaches conducted this via one-on-one calls in February. This provided the opportunity for the new trustees to share thoughts, ideas, challenges and successes as they navigated the first six months of their terms. Along with ongoing communications with all the trustees, this was an additional way to stay aware of how our new board members were faring.

Since the past presidents are valuable and important allies to help us achieve the goals of our Strategic Plan, I recognized the need to reach
out to them on a regular basis. On December 11, we conducted our first past presidents conference call/WebEx in an effort to keep them informed of new initiatives at ADHA. Topics such as The Governance of Tomorrow project, the Truly Radiant New Professional group, membership and staffing updates were discussed. A second WebEx for the past presidents took place on May 18. Some of the topics on the second WebEx included an update on the charter agreements and the new CDT code. Both presentations were archived so those who could not attend were able to view them afterward.

Students are the key to our future, and I had the occasion to speak and interact with them at several schools this past year. In the fall, I spoke at my alma mater, The Ohio State University, and at the New York University School of Dental Hygiene. In April, I was honored to bring ADHA’s message to attendees at the 20th Annual UNC Dental Hygiene Lecture that took place at the University of North Carolina. During this visit, I presented a program to all the UNC dental hygiene students as well. UNC is one of only two schools in the country that integrates a dental hygiene and dental assisting program, so it was an honor to be the keynote speaker at the pinning ceremony for both programs. I also met with the leaders of the North Carolina Dental Hygienists’ Association during that visit.

As the charter agreements were being implemented, I had numerous communications with several state leaders. The circumstance arose to attend the Minnesota Dental Hygienists’ Association House of Delegates meeting in late April. Several ADHA senior staff and District VII Trustee Matt Crespin attended as well. We were able to communicate face-to-face with MnDHA leaders as they made important decisions about the future of their organization. As a result, a multi-state workgroup to provide input on the policy and procedure guidelines for the charter agreements will be developed. This enhanced communication helps ensure successful implementation of the agreements all across the country. As of this writing, CEO Ann Battrell, MSDH, and I are planning to attend the California Dental Hygienists’ Association House of Delegates meeting in early June – just five days prior to our annual meeting in Pittsburgh. CDHA has been invited to participate in the multi-state workgroup, along with MnDHA and the Florida Dental Hygiene Association, in an effort to maintain open and ongoing discussions. Input from all is welcome as we develop the policy and
procedure guidelines for the charter agreements. In addition, ADHA held its first-ever online Town Hall meetings to address questions and misconceptions about the charter agreements. Approximately 200 attended the two events, and while most were from California, there were others from across the country. The two Town Halls can be accessed here: Noon and 6:00pm. Mark Hartley, editor of RDH magazine, interviewed CEO Ann Battrell and me about the charter agreements for a Google hangout event. It can be accessed HERE.

Every year, ADHA is invited to present an update on our activities to the American Dental Association’s Council on Dental Practice. This year, the presentation and discussion centered on new initiatives that began this year. CEO Ann Battrell and Director of Education and Research Pam Steinbach, MS, RN, presented along with me, and we received numerous favorable comments and feedback from the members of the CDP.

A discussion of communication efforts would not be complete without an overview of my social media presence on behalf of ADHA. This year, I remained very active on Facebook and shared ADHA’s messages and posts on a regular – if not daily – basis. Using #Upward! as a signature for all posts created awareness of ADHA’s goals and the innovative efforts during the year. It reminded followers that our organization is truly leading the transformation of the dental hygiene profession to improve the public’s oral and overall health.

**Networking**

In July, I traveled to Washington, District of Columbia, on ADHA’s behalf. The trip had a dual purpose: to interact with students and faculty from West Los Angeles College and to network with key members of the House and Senate. The students and instructors at WLAC had been invited to visit the White House by ice President Joe Biden. During a visit to the school, the vice president extended an invitation to several faculty members and 40 WLAC students. District XII Trustee Lin Sarfaraz, RDH, AS; CEO Ann Battrell; Director of Governmental Affairs Ann Lynch and I made the trip. Our DC counsel, Karen Sealander, graciously hosted the students and faculty at the offices of McDermott, Will & Emery where we interacted with them and provided brief presentations about ADHA and the future of the dental hygiene profession. While Lin and the WLAC group visited the White House, I traveled with Karen Sealander and Ann Lynch to numerous important
meetings. It was an honor to represent our profession on Capitol Hill as I met with several lawmakers and their staff. My own congressman, Rep. Paul Gosar, R-Ariz., met with me for nearly an hour, and afterward a staff member gave me a private tour of the Capitol. Ann Lynch, Karen Sealander and I also had a very important meeting with several senior staff members of the Health Resources and Services Administration (HRSA).

In 2014, then-President Kelli Swanson Jaecks established The President’s Advisory Committee on the Future (PACoF). It’s a group of individuals in various disciplines who are living the vision of our Strategic Plan: that dental hygienists are integrated into the health care delivery system as essential primary care providers. PACoF members are dental hygienists, physicians, dentists, nurses and administrators who work alongside dental hygienists to improve the public’s oral and overall health. In order to make it easier for PACoF members to communicate ideas in real time, I established a closed LinkedIn group for them. The premise in setting up the private group was to offer a place where the PACoF members could freely share their thoughts and ideas and offer up new perspectives. The ADHA President, President Elect, Vice President and Immediate Past President are also members. This approach gives the group some independence, yet still has direction and involvement from the ADHA leadership. Members shared their initiatives and related articles via the LinkedIn group throughout the year. PACoF currently has 22 members. As we look at ways to restructure ADHA’s governance, PACoF could play an important and more visible role in the future.

I was privileged to attend several dental meetings during 2015-2016. In October, CEO Ann Battrell and I attended the Canadian Dental Hygienists’ Association annual meeting. We were invited to observe their board of directors’ meeting and found it interesting, as their system of conducting association business is quite different from ours. In November, I attended the American Dental Association’s annual meeting in Washington, District of Columbia, with several members of ADHA’s staff. While at the ADA meeting, Ann Lynch and I met with the staff of several legislators and also visited the office of the National Republican Congressional Committee. During my time in DC, I was a guest of the American Association of Dental Boards at their meeting. The main topics of discussion centered around the recent Federal Trade
Commission restraint of trade ruling in North Carolina and the future of state dental boards. Another important meeting during the fall was the American Academy of Periodontology’s annual meeting in Orlando. Continuing and enhancing the relationship between our two organizations is a mutual goal of our organizations, since there is much synergy. It was a great networking opportunity as we continued discussions on how we can work together to improve the health of the public.

Immediately after Thanksgiving I headed to New York as a guest of the Greater New York Dental Meeting. Their hospitality was outstanding, and I had the occasion to meet and network with other association leaders during the course of the event.

The 2016 convention season started for me with the Chicago Dental Society meeting in February. This is a key meeting for ADHA since we always hold our exhibitors’ appreciation breakfast during this time. The breakfast is very popular and well attended, and gives us the chance to thank the many corporate entities that support our core ideology and our vision. Another significant event during the CDS meeting is the annual Oral Health America gala and benefit. ADHA attends this event and uses the occasion to establish relationships and build upon those we already have.

In March, CEO Ann Battrell, Director of Education and Research Pam Steinbach and I attended the American Dental Education Association annual meeting in Denver. I provided greetings and ADHA updates at the following dental hygiene related meetings: The Council on Allied Dental Program Directors, the Section on Dental Hygiene Education Members Forum, and the Section on Graduate Dental Hygiene Education Members Forum. The ADHA hosts a reception at this meeting, and it was a great success with over 100 attendees. We also had the chance to celebrate several ADHA members who received awards recognizing their tireless efforts on behalf of dental hygiene education:

- Susan Kass, EdD, RDH, program director at Miami Dade College and member of the ADHA Council on Education, received an ADEA Board Chair Citation.
- Rebecca Stolberg, RDH, MSDH, professor at Eastern Washington University and chair of the ADHA Council on Education was
awarded the ADEA/Colgate Palmolive Allied Dental Educators Fellowship.

- The William J. Gies Award for Outstanding Vision by a Public or Private Partner was awarded to the University of Minnesota School of Dentistry, Minnesota State Colleges and Universities System, including Normandale Community College and the Minnesota Board of Dentistry. Colleen Brickle, EdD, RDH, RF, dean of Health Sciences at Normandale Community College, was part of the group winning this award.

On April 4 and 5, I represented ADHA at the first-ever thought leader summit between the American Association of Diabetes Educators and several oral health care associations. The participants included six diabetes educators along with representatives from ADHA, the American Academy of Periodontology, the American Dental Association and the Academy of General Dentistry. ADHA COO, Bob Moore, CAE, attended as an observer. The event was sponsored by Colgate, and Fotinos Panagakos, DMD, PhD, global director of scientific affairs, represented the company. We discussed ways that all our organizations can collaborate to improve the health of individuals with diabetes. Future meetings are planned to continue the networking and discussions.

The National Oral Health Conference took place in Cincinnati April 18-20. CEO Ann Battrell, Director of Governmental Affairs Ann Lynch and I networked and met with many key stakeholders and partners. The NOHC is a joint meeting held by the American Association of Public Health Dentistry (AAPHD) and the Association of State and Territorial Dental Directors (ASTDD). Because the focus is on public health, many attendees support our efforts to improve access to care. While there, I hosted a roundtable discussion that focused on the white paper, Transforming Dental Hygiene Education and Clinical Practice for the 21st Century. Ann Battrell and I met with the board of AAPHD to discuss our ongoing efforts to expand dental hygiene education in public health.

I took the opportunity that my Ohio visit presented to join the Ohio Dental Hygienists' Association for its April 27 Lobby Day.

It was a great event – they had over 100 hygienists attend, many of them students. With mid-level provider legislation being introduced, things
are definitely moving upward in the Buckeye state. I had the opportunity to meet Sen. Peggy Lehner (R), vice chair of the Senate Health Committee, who introduced the dental therapy bill in Ohio. I also met David Maywhoor of the Universal Health Care Action Network Ohio/Dental Access Now and ODHA lobbyists Matthew Whitehead. Mid-level provider legislation is being introduced in numerous states across the country – there were 12 this past year, with legislation passed in Vermont. In addition, the number of direct access states for dental hygienists has increased to 39 with the addition of Illinois and Utah.

On May 2, I headed to Piscataway, New Jersey, to visit the Colgate Technology Center. The facility has state-of-the-art conference rooms and an in-house operatory for research purposes and interesting displays of Colgate products from around the world. Our hosts were Dr. Foti Panagakos and other members of Colgate’s professional relations team. Along with touring the facility, we had a productive brainstorming session to help determine how we can partner on future initiatives. Joining me to represent ADHA were President-Elect Betty Kabel, RDH, BS; Vice President Tammy Filipiak, RDH, MS; CEO Ann Battrell; COO Bob Moore; and Director of Corporate Development Maddie Hilpert.

New Initiatives

2015-2016 was a year that ushered in new initiatives to help our professional association remain relevant into the future. In particular, the Truly Radiant New Professional Advisory Group and the Governance of Tomorrow project were launched. Following are descriptions of both.

New Professional Advisory Group

The mission of the Truly Radiant New Professional Advisory Group is to “empower, support and engage each other and the new professional community of ADHA … in improving the professional standards of new graduates and helping them transition effectively into the dental hygiene workforce. We value teamwork and innovative ideas. We will approach this work with our passion for the profession and its work, and operate in an open and positive fashion.” Tim Seitter, Vice President for Oral Care at Church and Dwight, offered corporate support
for this important and innovative project. The group consists of six millennial dental hygienists appointed by the president:

- Valeria Garlock, New York
- Alyssa Klenke, RDH, New Mexico
- Michelle Markiewicz, Illinois
- Katie Melko, RDH, MSDH, Connecticut
- Jessica Suedbeck, RDH, BSDH, Virginia
- Trisha Hoke Thomas, RDH, California

The group has determined that the key areas of interest for new professionals center on three topics:

- leadership development,
- career advancement, and
- “must know” new-to-industry issues.

With innovative and energetic ideas, they have outlined specific areas to address through 2016, including updating the career reference guide, developing career-mapping and leadership webinars, establishing a Facebook group, developing a new grad survival kit, and attending the ADHA annual session in Pittsburgh as ambassadors.

The entire ADHA Board of Trustees was able to interact with the Truly Radiant New Professional Advisory Group at its winter meeting. The meetings of both groups occurred over the same weekend in Chicago in March, where a reception was held with all in attendance.

**Governance of Tomorrow Project**

With the understanding that ADHA’s membership demographic has changed dramatically over the 103-year history of the profession, the ADHA Board of Trustees authorized a project to remodel our system of governance. This is a significant effort, since ADHA’s governance structure has not changed since the beginning of the organization. Essential elements of the project are to determine a governance structure that would engage more members, while being mindful of the time constraints professionals face today and in the future. In addition, the structure needs to allow more nimble decision-making and to take into account modern ways to communicate and meet (e.g., electronically).
An initial design session, led by Glenn Tecker of Tecker and Associates, was held in September with a workgroup of 11 individuals. They represented various geographic regions, years in practice, roles in dental hygiene, corporate interests and more. A remodeling summit followed in February, at which 22 individuals reviewed a new member survey on governance and drafted five new governance models for future consideration. In March, the steering committee refined and built upon three working models developed at the summit. Three new governance models are being presented at the 2016 annual session in Pittsburgh, where attendees can express their thoughts and further enhance the concepts. Moving upward, a new governance structure will be under consideration by our members, house of delegates and board of trustees. This will help secure the future of our professional organization and ensure ADHA's relevance. In this way, we can continue to work toward transforming the dental hygiene profession.

Concluding Thoughts

Proud past...future. The sky truly is the limit for the profession of dental hygiene. Doors are opening for dental hygienists, we merely need to walk through them! I’m often asked how I got my start as a speaker and writer. It may sounds simplistic, but I stepped out of my comfort zone and took a chance. Every day, more and more opportunities are opening up for dental hygiene professionals. And with ADHA’s vision of leading the transformation of the profession, those opportunities will continue to grow by leaps and bounds.

No leader in our organization works alone. And in my case, I’ve had the privilege of working with some of the finest individuals I’ve ever known. Our board of trustees has been phenomenal this year. As a unified voice, we have forged a bond based on our clear focus to lead our profession. This board has served with grace, professionalism, dedication and a caring attitude. We functioned as a cohesive unit and set a high standard for treating each other with respect. To my board, I leave this thought: “Unity is strength ... when there is teamwork and collaboration, wonderful things can be achieved.”

ADHA’s staff has proven to be exceptional, in every circumstance and in every interaction. I can assure you that no one can know the diligence of ADHA’s staff until one becomes an officer of the association. No matter what day or time, staff is always there to offer assistance and
answer questions, with enthusiasm and competence. Leading our staff are CEO Ann Battrell and COO Bob Moore. It’s often said that the attitude of an organization starts at the top, and with ADHA, this is definitely the case. Ann has shown her value to our organization in many ways. She is known in the industry as a top-notch executive and is respected in all circles. Bob joined us this year, and in the short time he has been with us, he has shown his worth. His fresh perspective and zeal for our work are welcome additions to our team. To my ADHA staff team, I leave this thought: “You gave me your time, the most thoughtful gift of all.”

An organization gains strength from the members it serves. I thank ADHA’s members for the commitment and resolve they show every day. Whether in clinical practice, education, research, the corporate world or as entrepreneurs, I am always amazed at the accomplishments of my colleagues. YOU are breaking down barriers and leading us to a new future. YOU are why we can see progress. It’s been a pleasure to meet so many of you this past year, and I look forward to further interactions with you. To my fellow ADHA members, I leave this thought: “If you have a strong commitment to your goals and dreams, if you wake up every day with a passion to do your job, everything is possible.”

I’d like to thank my husband, Mike. He’s been my rock and biggest fan. Without him, my serving this year would not have been possible. My co-workers at Belmont Publications were also instrumental in making this year possible by helping me give priority to ADHA business. And I’d like to thank President-Elect Betty Kabel. She was always there throughout the year for support and advice. ADHA is in excellent hands with Betty as president. She has the resolve and the experience to help us accomplish great things.

As this year draws to a close, know that I was humbled and honored to serve as your president. And I leave you one final thought: “Don’t be afraid of change. It’s leading you to a new beginning.”

UPWARD!!
**Presidential Visits, 2015-2016**

**July**

US Congressional Visits, including offices of Representative Paul Gosar (R), & Cathy McMorris Rogers (R) and Senators Al Franken (D) & John McCain (R), Washington, DC

West Los Angeles College Presentation, Washington, DC

Health Resources and Services Administration Meeting, Rockville, MD

**August**

ADHA Executive Committee and Institute for Oral Health Board Meetings, Chicago, IL

Arizona Dental Hygienists’ Association Scientific Conference, Phoenix, AZ

**September**

ADHA Board of Trustees Meeting

Governance of Tomorrow Design Session, Chicago, IL

**October**

Canadian Dental Hygienists’ Association National Conference, Victoria, BC

**November**

American Association of Dental Boards Meeting, Washington, DC

American Dental Association Annual Meeting, Washington, DC

US Congressional Visits, including the office of the Chair of the Republican Congressional Committee

American Academy of Periodontology, Orlando FL

Unleashing Your Potential Workshop, Chicago IL

Greater New York Dental Meeting, New York, NY
February
Governance of Tomorrow Remodeling Summit, Chicago, IL
ADHA Finance Committee Meeting, Chicago, IL
Chicago Dental Society, Chicago, IL

March
ADHA Executive Committee & Board of Trustees Meetings, Chicago, IL
New Professional Advisory Group Reception, Chicago, IL
Governance of Tomorrow Steering Committee, Chicago, IL
American Dental Education Association Annual Meeting, Denver, CO

April
American Association of Diabetes Educators Thought Leader Summit, Chicago, IL
University of North Carolina 20th Dental Hygiene Symposium, Chapel Hill, NC
National Oral Health Conference, Cincinnati, OH
Ohio Dental Hygienists’ Association Lobby Day, Columbus, OH
Minnesota Dental Hygienists’ Association House of Delegates, St Paul, MN

May
Colgate Technology Center, Piscataway, NJ
ADA Council on Dental Practice Spring Meeting, Chicago, IL
Annual Report of the Chief Executive Officer & Chief Operating Officer

2015-2016

Ann Battrell, MSDH
Bob Moore, MA, CAE

THE TRANSFORMATION CONTINUES
Introduction

The very nature of our profession and ADHA is experiencing transformation, and opportunities are unfolding right in front of our eyes. What we will look like in the future depends largely dependent upon how each of us views this particular time in our history with respect to our profession and our organization. Some will view this time period as exciting and challenging, while others will view this time as arduous and frustrating.

For the past several years, the ADHA Boards of Trustees have authorized important studies from association industry experts to guide their decision making and expand their views of dental hygiene’s place in the evolving health care delivery system. For example, recall the Andrew Lang study to examine our membership structure and funding capabilities, along with an in-person presentation by Andrew Lang to our ADHA House of Delegates. Think back to our environmental scan, commissioned by our board through the engagement of a health care futurist and fueled by the input from countless dental hygienists and others in the health care industry. When the ADHA Strategic Plan dramatically changed direction in 2013 to focus on transformation of the profession, the board of trustees authorized a staffing and compensation analysis to ensure that we had the right staff team in place to work in partnership with the board of trustees to accomplish the goals in our strategic plan. Now the results of those key studies are coming to life.

One of the recommendations from the staffing analysis was to add a chief operating officer (COO) position. In July, Bob Moore, CAE, joined the ADHA staff team as COO. Bob has had an impressive association career with a strong background in health care associations and technology. As Bob joined our team, the staff structure was revised using our ADHA Strategic Plan as our guide. The COO position focuses on education, strategic communications, member services and infrastructure. The role of chief executive officer is to focus on strategic alliances (corporate, health care and related organizations), advocacy (educational, governmental) and finance. The current staff structure appears in the chart on the following page.
This document combines the CEO and COO annual reports in a comprehensive overview of this transformative year. Within this annual report is information on new initiatives, such as the Governance of Tomorrow (GOT) project and the New Professionals Program, which will give us access to ideas and perspectives that will keep ADHA relevant and exciting for current and future members.

With fiscal year 2015-2016 coming to a close and the fall ADHA strategic planning session before us, leaders from all levels of membership – local, state and national – will be called to make strategic and sometimes difficult choices on behalf of our organization. Resources, both human and financial, are limited, and they must be used strategically. A myriad of professional issues and challenges are before us, and we must focus our resources for optimal results. Leaders must lead; the road before us is challenging. Your staff team is strategically positioned to support the direction of the ADHA Board of Trustees, provide the operational support to the ADHA Strategic Plan and advocate for the association policies adopted by the ADHA House of Delegates.

To apprise members of ADHA and the community of interest about our collective efforts toward achieving the Strategic Plan this past year, this report is organized by the Plan’s four goals: Strategic Alliances, Advocacy, Education and Infrastructure.

**STRATEGIC ALLIANCES**

Following is a representative sampling of some of the many stakeholders with which ADHA worked in the last year to advance our Strategic Plan and position dental hygiene as an integrated part of the health care system.

**American Academy of Pediatrics**

In March, ADHA Chief Executive Officer Ann Battrell, MSDH, and ADHA Chief Operating Officer Bob Moore, MA, CAE, met with American Academy of Pediatrics (AAP) Manager, Oral Health Lauren Barone, MPH, and AAP Program Manager, Campaign for Dental Health (CDH) Hollis Russinof. Among other collaborations between ADHA and AAP, we signed on as a partner on the AAP CDH. The CDH is a network of local children’s and oral health advocates, health professionals and scientists who work together to raise public awareness about oral health, emphasize prevention and provide accurate science-based information about why community water fluoridation is a safe and essential component of any community’s prevention efforts. The CDH website can be found at [www.ILikeMyTeeth.org](http://www.ILikeMyTeeth.org).
During the National Oral Health Conference in April, the ADHA CEO attended a recognition dinner hosted by AAP to recognize and thank their CDH partners. The partner groups expressed several times how much they appreciate ADHA joining the partnership.

**Academy Health**

In February, the CEO participated on a panel at the Academy Health’s National Health Policy Conference (NHPC) in Washington, District of Columbia. NHPC provides an in-depth perspective on the nation’s health policy agenda. Now in its 16th year, the meeting is designed to provide clarity on the most critical health care issues and immediate policy priorities, with expert analysis from health policy insiders.

This year’s theme, Election 2016: Implications for Health Policy, was reflected throughout the meeting. Plenary and breakout sessions outlined opportunities and challenges for health policy given the impending leadership changes at the federal, state and local levels. Speakers evaluated and discussed timely health policy issues including new and changing payment and delivery models, coverage and access, and population health. Below is information on the panel presentation on which the ADHA CEO participated regarding state scope of practice laws.

**State Scope of Practice Laws: Alternative Care Providers in Primary Care**

**Moderator:** Luis Padilla, Health Resources and Services Administration

**Speakers:**
- Ann Battrell, American Dental Hygienists' Association.
- Taynin Kopanos, American Association of Nurse Practitioners.
- Jean Moore, University at Albany-SUNY.
- Carl Rush, University of Texas Institute for Health Policy.

**Description:** State scope of practice laws are continuing to evolve to allow providers, including nurses practitioners, physician assistants, and community health workers, to redefine their profession and practice to the top of their license. These providers are shifting and expanding their roles to include more comprehensive care management and collaboration across professions in primary care. Speakers in this session will discuss what is being learned about the impact of changing scope of practice laws on access, quality and costs.
American Dental Education Association Symposium on the Future of Clinical Licensure Examination

The American Dental Education Association (ADEA) Task Force on Clinical Licensure Examinations hosted an invitational symposium on the future of clinical licensure examinations on October 1 at ADEA offices in Washington, District of Columbia. ADHA President Jill Rethman, RDH, BA, appointed Melissa Efurd, EdD, RDH, ADHA’s commissioner to the Joint Commission on National Dental Examination (JCNDE) and ADHA Director of Education and Research Pam Steinbach, RN, MS, to represent ADHA at this meeting, which gathered stakeholders from the dental education, licensure and practice communities to exchange perspectives and work toward the shared goal of ensuring the competency of future dental practitioners. The goals of the symposium were to increase understanding of the various approaches for assessing readiness for practice and to identify opportunities for collaboration between the dental education and dental licensure communities to expand acceptance and utilization of these multiple pathways to clinical licensure.

It is important that ADHA participated in this symposium to represent the interests of future dental hygiene graduates and the profession. ADHA policy supports research to identify and implement a valid, reliable alternative to the use of human subjects in clinical licensure examinations for candidates who are graduates of accredited dental hygiene programs and who are eligible to take the National Dental Hygiene Board Examination. ADHA will continue to monitor and participate in further discussions based on the outcomes of this symposium.

American College of Prosthodontists Task Force

At the request of the American College of Prosthodontists (ACP), ADHA appointed two subject-matter experts to the ACP Task Force on Clinical Practice Guidelines for Implant Dental Restorations. Diane Daubert, RDH, MS, is currently enrolled in the PhD program in oral biology at the University of Washington (UW) and is conducting her thesis on peri-implantitis. Diane is a faculty member in the UW Department of Periodontics and teaches courses to the periodontist residents and the dental students.

ADHA’s other appointee, Susan Wingrove, RDH, BS, is an international speaker, published author and clinical dental hygienist who also conducts regeneration research and is involved in instrument design. Susan is a member of the Academy of Osseointegration/Educational Committee, American Dental Hygienist’s Association and the International Federation of Dental Hygiene.

Diane and Susan attended a task force meeting in August 2015. A scientific panel comprising representatives from ACP, the American Dental Association (ADA) and the Academy of General Dentistry (AGD) critically evaluated the published evidence
from two systematic reviews on implant restorations. The major outcomes and consequences considered during creation of the clinical practice guidelines were risk for failure of tooth-borne and implant-borne restorations. The panel conducted a roundtable discussion of the proposed guidelines to obtain feedback used to supplement and refine the proposed guidelines prior to consensus. The task force developed a draft set of four detailed clinical practice guidelines for: 1) patient recall; 2) professional maintenance of tooth-borne removable and fixed restorations; 3) professional maintenance of implant-borne removable and fixed restorations and 4) at-home maintenance of tooth-borne and implant-borne removable and fixed restorations. The final documents were published in ACP’s Journal of Prosthodontics in January 2016.

**National Interprofessional Initiative on Oral Health**

At the invitation of the National Interprofessional Initiative on Oral Health (NIIOH), ADHA Director of Governmental Affairs Ann Lynch attended the 2015 Symposium on Oral Health and Primary Care in Sausalito, California. CEO Ann Battrell was invited to the NIIOH Strategic Planning Session on November 17, in Washington, District of Columbia. Marcia Brand, PhD, is the new executive director of NIIOH. Dr. Brand has a BS in dental hygiene from Old Dominion University.

NIIOH is committed to strengthening the primary care delivery system by incorporating oral health into routine medical care. Its efforts complement the ADHA’s efforts to position dental hygienists as an integrated part of the health care system and our interest in interprofessional education (IPE) and practice, as noted in the recent ADHA white paper. To date, the NIIOH strategic plan and other key documents have primarily focused on only the dentist, with little to no mention of dental hygienists. ADHA’s intention was to share our strategic plan — with emphasis on our vision statement — as compelling evidence of our organizations’ mutual alignment regarding interdisciplinary care.

**National Oral Health Connection Team**

The National Oral Health Connection Team (NOHCT) is a group of oral health leaders that represent networks in a variety of sectors and at all levels (grasstops, grassmiddles, grassroots). As practitioners, public health workers, community advocates, educators and representatives of professional organizations, they bring diverse knowledge and experience with the potential to impact oral health. ADHA CEO Ann Battrell serves on NOHCT as ADHA’s representative.

NOHCT has been tasked with affirming and supporting the needs of the growing network of stakeholders dedicated to system changes that will improve oral health across the lifespan. This team addresses network resource and capacity building needs. With focus on working towards health equity and efforts to reduce disparities, NOHCT is committed to supporting the Oral Health 2020 goals.
Following last year’s NOHCT kickoff meeting, various workgroups were established. Ann Battrell is currently a member of the health equity workgroup. The group’s goal is to develop accountability guidance to ensure implementation of health equity and social justice within oral health.

Specific action steps include:
- Defining health equity and social justice.
- Sharing examples of health equity applied to oral health work.
- Producing a “how-to” for applying a health equity and social justice lens to the Oral Health 2020 goals and all of the work of the NOHCT.

**Dental Hygiene Liaisons**

The dental hygiene liaison (DHL) role was initiated in response to the Office of Head Start's request that a volunteer oral health professional in each state be assigned to serve as the communication link between state Head Start programs and the National Center on Health.

The goal of putting a DHL in every state was achieved through a partnership between ADHA and the Association of State and Territorial Dental Directors (ASTDD), on behalf of the National Center on Health, in 2012. In 2015, ADHA renewed its commitment to the expanded National Center on Early Childhood Health and Wellness (NCECHW), which continues to serve children and pregnant women enrolled in Head Start. In addition, it now serves state, territorial and tribal child care agencies.

Promoting good oral health has been a priority for the Office of Head Start, and DHLs have played an integral role in its success at the state and local levels. The DHL role is voluntary with a small stipend to support some activities. The primary functions of a DHL include:

- Serving as a communication link between NCECHW and early childhood education systems on topics related to improving the oral health of children and pregnant women.
- Collaborating with state organizations and networks, including the state oral health program, Head Start state collaboration office and child care agencies.
- Working with local organizations to address inadequate access to oral health care for children and pregnant women.
- Sharing information about promoting oral health and preventing oral disease with program staff and families.
- Sharing oral health resources with Head Start staff and families.

Owing to the success of the DHLs program, the model was expanded in 2015 to include five regional DHL coordinators, each of whom serves as the point of contact for DHLs in his or her region. Regional DHL coordinators and state DHLs are early childhood oral health leaders and advocates in their state, and ADHA applauds their efforts and thanks them for their contributions.
Robert Wood Johnson Foundation

ADHA was asked to participate as an equal partner in a grant awarded to the Robert Wood Johnson Foundation (RWJF) to engage oral health professionals in childhood obesity prevention. The aim of the project is to identify and promote awareness and use of evidence-based strategies that oral health professionals, oral-health-related organizations and others can employ. The project aligns with RWJF priorities focusing on eliminating young children’s consumption of sugar-sweetened beverages, with the ultimate goal of ensuring that young children are able to achieve or maintain a healthy weight.

The other partners are the American Academy of Pediatric Dentistry, the American Dental Association, the Santa Fe Group and the National Maternal and Child Oral Health Resource Center (NMCOHRC). The NMCOHRC is the lead organization on the grant, whereas ADHA provides strategic leadership and program direction to accomplish the project’s objectives and activities. In addition, we have been asked to convene the national conference, given our “wealth of experience in convening successful conferences.” The symposium, entitled, Healthy Futures: Preventing Childhood Obesity, will be held November 3-4, 2016, in Washington, District of Columbia.

Henry J. Kaiser Family Foundation

At the invitation of the Kaiser Commission on Medicaid and the Uninsured, ADHA participated in a policy roundtable on improving adult access to oral health care in Medicaid on March 8. The discussion focused on state successes and challenges in improving coverage and access to oral health services. The Kaiser Family Foundation hosted the meeting. As a follow-up to the roundtable discussion, the Kaiser Family Foundation issued a brief, Access to Dental Care in Medicaid: Spotlight on Nonelderly Adults.

Institute for Medicaid Innovation

ADHA engaged in conversation with Jennifer Moore, PhD, RN, executive director, Institute of Medicaid Innovation. This organization is affiliated with the Medicaid Health Plans of America, the trade association focused on representing Medicaid health plans. We continue to increase strategic partnerships and understanding of the dental hygiene profession.

Oral Health Delivery Systems Evolve: Supported Practice Models

Over the past several months, the ADHA CEO has dedicated time toward building a knowledge base of the various supported practice business models. The employment of dental hygienists within supported practice business models
continues to grow. It is important for ADHA to understand the environments in which our members work every day and the opportunities they have to grow their careers. The number of supported business models in existence is evidence for wide variance within the health care marketplace. Below is an account of the ADHA CEO’s liaisons with individuals and organizations involved in shaping the future marketplace.

Pacific Dental Services (PDS) was the first organization I met with in early January. The goal of the meeting was to learn of their dental support business model and the role dental hygienists play within their system.

During the Chicago Midwinter Dental Convention I had the opportunity to meet with the team from Midwest Dental and learn more about their business model and the opportunities for dental hygienists for career advancement. Those opportunities include becoming part of a training team, payor relations, operations teams and senior leadership positions.

In March I attended the American Dental Partners (ADP) Best Practices meeting. The Best Practices meeting is an annual event where leaders have the opportunity to come together and learn, share ideas, motivate as well as to encourage each other as we strive to care for our patients with the highest quality of clinical excellence remembering we are “people working with people caring for people.” While at the ADP Best Practices meeting, I had the opportunity to attend a variety of breakout sessions and meet with dental hygienists who are in a dental hygiene mentor role and a clinician role within the organization.

In April, at the invitation of Pacific Dental Service (PDS), I attended the Association of Dental Support Organizations (ADSO) Summit. The ADSO summit was a perfect opportunity to further my learning of the supported practice model environment. While at the ADSO Summit I attended breakout sessions on governmental advocacy and integrated health care models and talked with many of our corporate partners and related dental organizations who were also in attendance. Following the ADSO Summit I returned to the PDS corporate offices to meet with their lead dental hygienist and meet with additional corporate representatives and dental hygienists who were attending their laser training course.

Many thanks go to the dental hygienists, corporate representatives and staff of the various organizations I met with this year for their generosity of sharing information with me and engaging in dialogue about the future of oral health and the evolution of new delivery systems. I look forward to working with more support organizations in the coming year.

**Corporate Partnerships**
A key aspect of our Strategic Plan is corporate alliances. Over the last few years, we have engaged our corporate partners to identify areas for collaborative partnership, based on mutual strategic priorities. To highlight a few:

**New Professional Program and Arm & Hammer, Truly Radiant:**
Arm & Hammer shares our desire to embrace the new dental hygiene professional. As a result, we have jointly developed our New Professional Program, which focuses on newly licensed dental hygienists in the first three years of their career. We have created a New Professional Advisory Group, which has been essential in helping define relevant resources and materials appropriate for the needs of a new professional.

**Championing the dental hygienist and Procter & Gamble:**
For several years, ADHA and P&G have been discussing ways we can create a more meaningful partnership. #HygienistProud speaks to our shared belief that dental hygienists, with all their value and connection to their patients/clients, are and should be very proud of their chosen profession and the difference they make every day. Our partnership highlights this belief as we strive to shine a bright light on dental hygienists and how ADHA membership is an essential component of their professional career.

**National Dental Hygiene Month and Wrigley Oral Healthcare Program:**
In the fall of 2016, we will celebrate our six-year partnership together. We have built this program to insures that dental hygienists are recognized and empowered to be the patient/client advocate in starting the conversation about oral health. This program continues to offer resources for the professional but also includes messaging for the consumer that the dental hygienist is their oral health partner. A key component of this partnership is the Wrigley Community Service Grant program, provided through ADHA's Institute for Oral Health (IOH). The IOH awards $60,000 in grants to our members to support their community oral health programs. See the Strategic Communications section of this report for additional information.
Student Program and Sunstar:
This year marks our fifth year of providing our ADHA student members with custom messaging and resources specifically tailored to student needs. The Sunstar Student Experience program is in its second-to-last year, before the contract expires in 2017. This year, the program was revamped in order to produce a series of career path webinars, which are an added benefit in addition to the first- and second-year mailers and polish e-newsletter. The four webinars are facilitated by dental hygiene professionals who have held a variety of positions in the field, to give students an idea of what types of opportunities are available to them. The speakers also typically provide tips and advice on starting your career in the field, which is advice students close to graduation are often seeking.

Also this year, the mailers went through a minor redesign. The first-year mailer, which once included samples and a set of chairside patient cards, was redesigned into a postcard with a QR code linking to the online cards, and the second-year mailer became a product sample mailing. These changes were made to more effectively target both groups of students — working to build awareness of the program among first-year students, and allowing second-year students, who are about to graduate and become professionals, to sample Sunstar products.

Polish continues to serve as ADHA’s student e-newsletter and a way to reach all students with information from Sunstar and their products, plus an opportunity for ADHA to highlight events, resources and industry news. The e-newsletter template was updated this year to align with other ADHA newsletters and make it easier to read.

Leadership Institute and Colgate:
Leadership skills are essential for dental hygienists to excel in an evolving professional landscape.

ADHA will be formalizing a corporate partnership with Colgate to develop a two-tiered leadership program, the ADHA Leadership Institute, over the next two years. In 2016, market research and analysis will be conducted to guide the development process. Also, it will be the last year of the Unleashing Your Potential program as we currently know it. The initial two-step program will build on leadership skills from a foundational to an advanced level and create a community for these leaders to remain connected and continue their learning. These programs will launch in October 2017. ADHA staff, our corporate partner and our consultant at the Academy of Academic Leadership will be working together to develop the educational and interpersonal components of the program.
ADHA and ACTEON North America share a commitment to empowering dental hygienists and owning their role in dental hygiene diagnosis. With the new scaling code for the treatment of moderate to severe gingivitis being released in January 2017, together, our organizations will help educate dental hygienists about the new code and empower them to use the Standards for Clinical Dental Hygiene Practice to guide their practice.

**ADVOCACY**

Below are some highlights of how we have advocated for the dental hygiene profession at both the federal and state levels.

**Transforming Dental Hygiene Education and the Profession for the 21st Century**

ADHA released a seminal white paper, Transforming Dental Hygiene Education and the Profession for the 21st Century (TDHE white paper). With the support of Johnson & Johnson Consumer Inc. for the distribution, the paper was mailed in conjunction with the September/October issue of Access magazine.

The white paper reviews the changes taking place in dental hygiene education, from the discussions and recommendations that came from the Transforming Dental Hygiene Education Symposium, through the current structure and state of dental hygiene education, to reasons for greater change and an outline of ways to improve dental hygiene education for future dental hygienists.

The TDHE white paper is the cornerstone for nearly every ADHA advocacy effort and professional presentation throughout the year. Together, the ADHA’s strategic plan and the white paper describe the vision and direction of the association. ADHA has received very positive feedback from our strategic partners on the direction of our association, along with a willingness to explore partnerships to advance oral health across the country.

In addition to the print version that was mailed to all ADHA members, a digital version of the white paper is available via the Education page of www.adha.org.
39 Direct Access States

ADHA is committed to advancing the profession of dental hygiene at the state and national levels. The states of Illinois and Utah were added to the list of direct access states in 2016, bringing the total to 39!

ADHA policy defines direct access as follows:

The ability of a dental hygienist to initiate treatment based on their assessment of a patient’s needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship.

In Illinois, a public health dental hygienist is a licensed dental hygienist who works in a public health setting such as a federally qualified health center; a federal, state or local public health facility; Head Start; a special supplemental nutrition program for Women, Infants, and Children (WIC) facility; or a certified school-based health center or school-based oral health program. This provider also works collaboratively with a licensed dentist pursuant to a written public health supervision agreement that would allow the public health dental hygienist to treat patients without a dentist first examining the patient and being present in the facility during treatment.

In Utah, dental hygienists are allowed to practice in a public health setting under a collaborative agreement with a dentist. The law now allows them to perform services remotely in a homebound patient’s residence, a school, a nursing home, an assisted living facility, a community health center, a federally qualified health center and a mobile dental health program that employs a dentist.

17 States Provide Direct Medicaid Reimbursement for Dental Hygienists

Rhode Island Governor Gina Raimondo signed a bill that authorizes direct Medicaid reimbursement for public health dental hygienists. Other states that have direct Medicaid reimbursement for dental hygienists include: Arizona, California, Colorado, Connecticut, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, Oregon, Washington and Wisconsin.

ADHA Joins the Illinois Dental Hygienists’ Association (IDHA) at the Statehouse

ADHA and the Illinois Dental Hygienists’ Association (IDHA) collaborated to amend House Bill (HB) 500 the Regulatory Sunset Act, providing changes to the Illinois Dental Practice Act. This legislation was signed into law and includes the authorization for dental hygiene collaborative practice.
This allows the public to directly access the oral health care services of a dental hygienist in specified public health settings as discussed earlier in this report.

ADHA worked in tandem with the IDHA for several months on this issue. The following is a summary of actions ADHA expended to support the IDHA in their efforts:

- Provided a list of dental hygienists in targeted legislative districts to encourage grassroots involvement from constituents.
- Assisted the IDHA with ongoing strategy and technical assistance, including accompanying the IDHA lobbying team to two meetings with the key Senators, in Springfield, Illinois, and providing assistance in preparing testimony.
- ADHA President Jill Rethman wrote a letter to all members of the Illinois legislature.
- ADHA Chief Executive Officer Ann Battrell wrote a letter to all dental hygienists in Illinois and traveled to Springfield to give expert testimony at a committee hearing.
- ADHA Director of Education and Research Pam Steinbach submitted a letter to Illinois dental hygiene program directors and student advisors explaining the issue and asking that they reach out to their legislators.
- Provided analysis of ADHA policy relative to the proposed legislative language and guidance on communication strategies including offers to draft communications materials for IDHA use.
- Drafted a comprehensive memoranda and follow up correspondence to the Governor’s office.
- ADHA staff and IDHA president met with the Governor’s office.
- ADHA staff has traveled to Springfield, Illinois twice to engage in lobbying efforts and strategic meetings.

These efforts provide a good example of state advocacy efforts strengthened by the collaborative efforts of the state and national association.

**Mid-level Oral Health Practitioner**

ADHA once again targeted and supported state efforts to increase oral health care access and create new opportunities for dental hygienists. ADHA policy defines mid-level oral health practitioner as follows:

A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral health care 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 practice, and practices under regulations set forth by the appropriate licensing agency.
On June 20, 2016, Vermont Governor Peter Shumlin will hold a bill-signing ceremony at Vermont Tech School of Dental Hygiene to authorize the creation of dental therapists in Vermont! Vermont joins Maine and Minnesota in recognizing similar oral health workforce models, along with tribal lands in Alaska. To be licensed as a dental therapist in Vermont, among other requirements, you must be a licensed dental hygienist and complete a dental therapy graduate program from an institution accredited by the Commission on Dental Accreditation (CODA).

Several states continue to work on mid-level legislation, including Connecticut, Georgia, Hawaii, Kansas, Massachusetts, New Mexico, North Dakota, Ohio, South Carolina, Texas, Vermont and Washington. We anticipate that Michigan will soon be introducing a workforce bill as well.

**ADHA Request to Government Accountability Office**

The ADHA Strategic Plan calls for building stakeholder knowledge of the profession, increasing organized dental hygiene involvement in the development of new workforce models and expanding efforts to fund research to support dental hygiene integration within the health care system. To that end, ADHA was pleased to work with Sen. Al Franken, D-Minn., about the need for additional data and analysis of the impact that dental therapists are making in Minnesota. Today there are approximately 55 dental therapists in Minnesota, and many of them are dually licensed as registered dental hygienists.

Sen. Franken sent a formal request to the Government Accountability Office requesting that they study this matter. Early reports from Minnesota have been quite promising, and additional data is needed as other states seek to improve access to oral health care utilizing innovative workforce models.

**ADHA and State Regulatory Boards**

In April 2016, CEO Ann Battrell was invited to present at the American Association of Dental Boards Mid-Year Meeting. Her presentation, Dental Hygienists and the Oral Health Care Team, focused on utilization of dental hygienists as a part of the oral health team. Many dental hygienists who serve on dental boards were in attendance at the meeting and Ann had the opportunity to talk with them at their group meeting. Dental hygienists are often in a challenging and unique position on dental boards, especially if they are the only dental hygienist serving. Ann’s presentation included data from ADHA’s practitioner survey that highlighted the services dental hygienists provide today as well as the trends in the dental hygiene industry. Topics of concern discussed at this meeting included dental therapist legislation, Federal Trade Commission activities in the states, and the evolution of non-patient-based licensure examinations.
In an effort to advance innovative workforce models and be best prepared for the evolving scopes of practice in the dental hygiene profession, ADHA developed and presented a webinar on recent workforce developments and strategies for working effectively with state dental boards. The webinar, Strategies and Best Practices for Dental Hygienists on State Dental Boards, is available on the members-only website under the Advocacy section.

**U.S. Federal Trade Commission Issues Guidance to State Regulatory Boards**

In October 2015, the U.S. Federal Trade Commission (FTC) issued a document, FTC Staff Guidance on Active Supervision of States Regulatory Boards Controlled by Market Participants. The report contains 17 pages of guidance, including examples for ease of understanding. This is an excellent resource for state dental boards and state dental hygiene boards. The full report is available at [http://1.usa.gov/1NDnoeP](http://1.usa.gov/1NDnoeP).

**U.S. Federal Trade Commission Provides Letter of Comment in Georgia**

ADHA policy states:

> ADHA advocates that dental hygiene and/or dental practice acts be amended so that the services of dental hygienists can be fully utilized in all settings.

FTC sent a letter of comment to Democratic Sen. Valencia Seay of Georgia. The letter provided comment on HB 684, legislation that would expand the safety-net settings where Georgia dental hygienists may work without the direct supervision of a dentist. The Georgia Dental Hygienists’ Association supported HB 684. The conclusion from the FTC comment letter included:

> By eliminating the direct supervision requirement for dental hygienists’ services delivered in expanded safety-net settings, and for dental screenings delivered in any setting, HB 684 will likely promote greater competition in the provision of preventive dental care services, leading to increased access and more cost-effective care, especially for Georgia’s most vulnerable populations. Retaining the direct supervision requirement in the settings covered by HB 684 would likely preclude these benefits of competition. Finally, authoritative sources have found no countervailing health or safety benefits to health care consumers from such requirements. Accordingly, HB 684 appears to be a procompetitive improvement in the law that would benefit Georgia health care consumers.
HB 684 died in committee. The Georgia letter may be helpful in establishing precedent with other states that are deliberating similar legislation that unnecessarily restricts practice settings for dental hygienists.

In May, along with Karen Sealander, ADHA Washington, D.C. counsel, Ann Battrell and Ann Lynch met with Tara Koslov, deputy director, Office of Policy Planning, FTC. Koslov presented at our legislative workshop in 2014 in Las Vegas. ADHA continues to be a ready resource for FTC and other national stakeholders.

ADHA and Code Maintenance Committee

In April 2015, CEO Battrell was invited to participate in an ad hoc working group formed by ADA’s Code Maintenance Committee (CMC) to address what is seen as a gap in the codes for those patients who exhibit moderate to severe gingivitis. The ad hoc group consisted of insurance industry representatives along with representatives from the oral health professions.

The new Current Dental Terminology (CDT) code for scaling in the presence of generalized moderate or severe gingival inflammation was adopted by the CMC in March 2016. Below is the descriptor and title of the new code that will reside within the 4000 periodontal therapy code section:

**D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation**

The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

ADA has announced the posting of educational material concerning the nature and use of a new dental procedure code to be published in CDT 2017, and available for use as of January 1, 2017. The “Guide to Reporting D4346” is available for download in PDF format at no cost, with the goal of widespread dissemination and use. Please see the following link for further information:


Pursuant to the meeting of the ad hoc committee, a follow-up call to the CMC staff established that there is no process in place to request a formal seat on the CMC. To that end, ADHA has written a letter to the ADA Council on Dental Benefits Programs (CDBP) expressing our interest in joining the CMC, stating our rationale and requesting that a process be developed. The next CDB meeting at which our request could be considered will be in November 2016.

ADHA Hosts Focus Groups for Dental Hygiene Professional Practice Index
In 2001, the New York Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany, SUNY developed a numerically scaled scope of practice index, the Dental Hygiene Professional Practice Index (DHPPI). The DHPPI analyzed variables that best represented the practice environment for dental hygienists in 2001. Ann Battrell was an author of the research publication of the DHPPI and the assigned ADHA senior staff member to oversee the project in 2001. Researchers conducted an extensive review of state law and regulation governing dental hygienists in 2001 and rated each state.

This year, SUNY contacted ADHA, requesting our assistance in updating the DHPPI to reflect dental hygiene practice today. In November 2015, ADHA hosted two of the SUNY researchers in Chicago, conducting a series of focus groups at the ADHA offices. The focus groups comprised ADHA members from across the country who were in Chicago that day for ADHA’s Unleashing Your Potential leadership conference. This was a terrific opportunity for ADHA to serve as a resource as the profession of dental hygiene continues to transform.

**Human Subjects in Clinical Licensure Examination**

ADHA policy states:

The ADHA supports research to identify and implement a valid, reliable alternative to the use of human subjects in clinical licensure examinations for candidates who are graduates of accredited dental hygiene programs and who are eligible to take the National Dental Hygiene Board Examination.

ADHA attended the American Public Health Association’s Annual Meeting and Exposition in November 2015. ADHA presented oral testimony at a policy hearing regarding the use of human subjects in dental hygiene licensing examinations.


ADHA policy states:

The ADHA supports the upgrading of the civil service classification for dental hygienists.

Civil service classification utilizes information from the Occupational Outlook Handbook (OOH) as a guideline for any reclassification. In December 2015, the Bureau of Labor Statistics released a revised profile within the OOH for dental hygienists. The 2015-2016 dental hygienists profile reflects substantial input from ADHA and is a vastly improved portrayal of the education, expanding scope of practice and direct access capacity of dental hygienists compared to the previous
2013-2014 dental hygienist profile. The 2015-2016 profile of dental hygienists appears under the Advocacy section of the members-only website.

**National Governors Association Provides State Strategies to Improve Oral Health**

The National Governors Association (NGA) released a document, Health Investments that Pay Off: Strategies to Improve Oral Health. The report looks at prevention options that show evidence of improving oral health care. Examples of such strategies include:

- Dental sealant programs, particularly those administered in schools.
- Routine application of fluoride varnish by primary care providers.
- Community water fluoridation programs.

The report also highlights the use of dental hygienists in new and emerging oral health workforce models, which will provide opportunities for dental hygienists to practice to the fullest extent of their education and experience. With guidance from the Strategic Plan, we have developed a good relationship with NGA and continue to work with them to improve the public’s oral and overall health.

**EDUCATION**

In order to prepare dental hygiene professionals for the evolving scope of professional practice and settings, we supported the following educational initiatives, programs and partnerships.

**Transforming Dental Hygiene Education: Phase 2**

ADHA has continued our partnership with the Academy for Academic Leadership (AAL), a collaborative of scholars, educational experts and academic leaders, in completing phase two of the Transforming Dental Hygiene Education pilot program, with nine dental hygiene education programs working to integrate new learning domains and competencies within their respective dental hygiene program curriculum. The programs in the second cohort include Fones School of Dental Hygiene-University of Bridgeport (Connecticut), Foothill College (California), Ivy Tech Community College (Indiana), Midlands Technical College (South Carolina), Old Dominion University (Virginia), Southern Illinois University, Texas Women’s University, University of Minnesota and Normandale Community College (Minnesota). The pilot groups have developed their respective domains and curricular models that also reflect some key commonalities. In order to survive and thrive in the evolving health care environment, dental hygienists need to know more about the health care system and public health, including economics, policy, health behavior and organizational change. Many dental hygiene education programs are evaluating areas for future changes in their curricular models to
integrate these desired competencies. ADHA plans to recruit additional dental hygiene programs and launch Phase 3 of the transformation pilot projects later this fall.

**ADHA-ADEA Commission on Change and Innovation (CCI) Joint Work Group on Dental Hygiene Education: Leadership Initiative**

Following the Transforming Dental Hygiene Education Symposium in 2013, a joint workgroup was formed with members from ADHA and ADEA. The workgroup has been engaged in examining the leadership needs of our constituencies to determine how best to prepare for future dental hygiene education requirements. After a review of leadership development opportunities available currently to dental hygienists, it was determined that the subset of adjunct faculty and graduate students did not have access to the same opportunities. Adjunct faculty are integral components of dental hygiene curricula since they most often bring the real-world perspective to clinical instruction, while graduate students represent the future generation of leaders and educators.

The charge of the ADEA Commission on Change and Innovation (CCI) Workgroup with ADHA is “to increase and enhance professional development and leadership opportunities for dental hygiene professionals to prepare them for the future transformation of the dental profession.” The goal is to enhance dental hygiene leadership. To accomplish this, the workgroup has developed a pilot education program, titled “Leadership Essentials for Adjunct Faculty (LEAF).” The LEAF program will be presented through a 12-week online course. Workgroup members are designing the courses, which will be facilitated by Rebecca Stolberg, RDH, BS, MSDH, and hosted on the Eastern Washington University learning management system platform. Topic areas include leadership assessment, management versus leadership, interpersonal skill enhancement, social and emotional intelligence, and development of a leadership philosophy. The planned launched of the pilot project is August 2016. The ADEA CCI Workgroup with ADHA submitted a request for grant funding from the ADEAGies Foundation to financially support the implementation of this pilot program for leadership development for adjunct dental hygiene faculty. An initial $5,000 grant has been awarded for the pilot program. Future funding opportunities may be requested to transition the pilot program to a nationally recognized workshop.

**CODA Updates**

**CODA Defines Implementation of Accreditation Process for Dental Therapy Education Programs**

At its February 5, 2016 meeting, the Commission on Dental Accreditation (CODA) considered and accepted the report of the Ad Hoc Committee on Dental Therapy Implementation. Consequently, the following actions related to the implementation of the accreditation process for dental therapy education programs were approved:

- Adoption of criteria for selection of dental therapy site visitors.
- Definition of the composition of the Dental Therapy Site Visit Team.
- Assignment of dental therapy education program review to the commission’s Review Committee on Predoctoral Dental Education (PREDOC RC).
- Revision of its Evaluation and Operational Policies and Procedures (EOPP) manual Policy on Review Committees and Review Committee Meetings and the Policy on Changes to the Composition of Review Committees and the Board of Commissioners to reflect the new membership on the PREDOC RC.
- Announcement of a formal call for a dental therapist educator to fill the new position on the PREDOC RC, with an appointment start date of October 2016.
- Adoption of the initial accreditation application and related accreditation documents for dental therapy education programs.

The Accreditation Standards for Dental Therapy Education Programs and details of the newly defined process can be found on CODA’s Accreditation News webpage: http://www.ada.org/en/coda/accreditation/accreditation-news/.

ADHA is committed to continue to partner with its members, state associations, the dental hygiene CODA commissioner, and the dental hygiene education community and its supporters to transform the profession. This is an example of the continuing advocacy work that your ADHA membership support helps drive forward as the association works to expand opportunities for dental hygienists to practice to their full scope and improve the public’s access to better care.

Dental Hygiene Education Accreditation Standards Update
The CODA commission also voted to circulate proposed revisions to Dental Hygiene Standard 3-6 to the communities of interest for review and comment until June 1, 2016. This standard references the requirements for faculty-to-student ratios in preclinical, clinical, radiographic and laboratory sessions, and was revised last year based on recommendations from the Dental Hygiene Review Committee (DHRC). Subsequently, the DHRC received numerous calls and comments from dental hygiene program faculty members expressing concern about the new ratios. The DHRC noted that the previous ratios may have been adequate to meet the needs of educational programs. To add clarity to the standard and enhance understanding of the required minimum faculty-to-student ratios, the DHRC proposed revisions to Dental Hygiene Standard 3-6.

The intent of the standard revision is that the adequacy of numbers of faculty should be determined by faculty-to-student ratios during laboratory, radiography and clinical practice sessions rather than by the number of full-time equivalent positions for the program. The faculty-to-student ratios in clinical and radiographic practice should allow for individualized instruction and evaluation of the process as well as the outcomes. Faculty are responsible for both ensuring that the clinical and radiographic services delivered by students meet current standards for dental hygiene care and for the instruction and evaluation of students during their performance of those services.

A CODA hearing is scheduled on Saturday, June 11, 2016, 3:00 - 4:00 p.m., in Ballroom C of the Convention Center. CODA hearing materials can be accessed on

**State Educator Network (SEN) Updates**

This is the third year of the renewed State Educator Network (SEN). The SEN's primary goal is to serve as the communication link between ADHA and the dental hygiene community and the constituent dental hygiene associations. SEN representatives are appointed by their constituent president and/or president-elect and serve a two-year term. The SEN representative may serve consecutive terms if desired. All SEN representatives are responsible for the following:

- Monitoring the status of dental hygiene education in their respective states and keeping ADHA informed of potential education changes.
- Informing the ADHA Education and Research Division of changes in dental hygiene education programs. These changes have included the development of new programs, closure of programs or the development of alternative dental hygiene education programs.
- Maintaining open communication with their state legislative chair to keep abreast of issues that will affect dental hygiene education and practice, including changes to state practice acts that may affect scope of practice for dental hygienists within their state.
- Contacting the state dental hygiene educators’ association, if applicable, to maintain communication between the practice and education communities. ADHA can assist states in the development of a state dental hygiene educators’ association in those states where one does not exist.
- Disseminating information provided by ADHA to their respective constituent organization and academic colleagues.

**National Dental Hygiene Research Agenda (NDHRA)**

The revised National Dental Hygiene Research Agenda (NDHRA) reflects the culmination of the Council on Research's two-year collaborative effort among ADHA, key stakeholders in the U.S. and international dental hygiene research community and graduate-level dental hygiene program directors. The revised NDHRA will help ADHA gather the data necessary to continue the transformation of the dental hygiene profession as well provide a framework that can be easily used by novice researchers. The Council on Research will be presenting a session during the Educator’s Workshop at ADHA’s Center for Lifelong Learning, on Wednesday, June 8, from 1:00 – 3:00pm in CC 320 - 321. This workshop will focus on how the revised research agenda will be easy to use for all levels of dental hygiene education and will be able to support educators and researchers alike. After CLL, the focus will turn to identifying and developing methods to disseminate the revised NDHRA to targeted audiences.

**Revision of Standards for Clinical Dental Hygiene Practice Task Force**
One hallmark of a true profession is its willingness to assume responsibility for the quality of care that its members provide. In 1985, ADHA took a major step toward fulfillment of that responsibility with the development of Applied Standards of Clinical Dental Hygiene Practice. This year, a task force appointed by President Jill Rethman was charged with reviewing and updating the current Standards for Clinical Dental Hygiene Practice.

Task force members included Christine Nathe, RDH, MS, New Mexico, chair; Carol Jahn, RDH, MS, Illinois; Deborah Lyle, RDH, BS, MS, New Jersey; JoAnn Gurenlian, RDH, MS, PhD, New Jersey; and Jane Forrest, RDH, EdD, California.

This is the third revision to the Standards and reflects dental hygiene practice based on current and relevant scientific evidence. The latest update to the standards includes current definitions of dental hygiene diagnosis and risk assessment, and for the first time introduces interprofessional teams. The task force also recommended that the standards be reviewed and updated on a regular basis as the profession is in the midst of major transformation that must be reflected in its professional practice standards.

The revised Standards were approved by the Executive Committee of the ADHA Board of Trustees and as of this writing are pending posting on the ADHA web site prior to CLL in Pittsburgh, Pennsylvania.

**Dental Hygiene Diagnosis White Paper Task Force**

It is ADHA’s position that the dental hygiene diagnosis is a necessary and intrinsic element of dental hygiene education and scope of practice. ADHA supports dental hygiene curricula that lead to competency in the dental hygiene process of care: assessment, dental hygiene diagnosis, planning, implementation, evaluation and documentation.

The Dental Hygiene Diagnosis White Paper Task Force was charged with drafting a white paper based on the existing ADHA dental hygiene diagnosis policies and position statement. This new ADHA white paper will be helpful for a variety of audiences. For example, it will assist dental hygiene educators with educating dental hygiene students on developing a dental hygiene diagnosis based on the ADHA definition of dental hygiene diagnosis, differentiating between dental diagnosis and dental hygiene diagnosis, describing the current state of dental hygiene diagnosis in practice, explaining the importance of dental hygiene diagnosis, and outlining future recommendations for dental hygiene educators. The white paper is also intended to provide understanding, clarity and guidance to policymakers during legislative and regulatory deliberations on the issue of diagnosis and scope of practice.

The task force members includes Rachel Kearney, RDH, MS, chair, Ohio; Susan Barnard, DHSc, RDH, New Jersey; Marilynn Rothen, RDH, MS, Washington; Ann Spolarich, RDH, PhD, Arizona; and Darlene Swigart, RDH, BS, California.
It is anticipated that the final Dental Hygiene Diagnosis White Paper will be completed in fall 2016.

**INFRASTRUCTURE**

ADHA’s Strategic Plan requires significant human and financial resources to support our core ideology and vision. Learn about our organizational finances, membership revenue, strategic communications and new initiatives intended to help us become more efficient and effective with our finite resources.

**Finance**

**Fiscal Year 2014-2015**

ADHA auditors, Plante Moran, finished their audit of ADHA and the Institute for Oral Health on September 15, 2015, for the year ending June 30, 2015. The auditors issued an unqualified opinion (an unqualified opinion indicates that the auditors had no reservations or concerns with the state of ADHA and the Institute for Oral Health records). The third quarter report for fiscal year 2014-2015 projected a need to use $313,863 from reserves for the year ending June 30, 2015. With cost reductions, ADHA was able to lower the amount used from reserves to $249,237, a reduction of $64,626. ADHA has a healthy financial position, with $2,255,366 in unrestricted reserves as of June 30, 2015.

**Fiscal Year 2015-2016**

With the close of the third quarter of this fiscal year, ADHA had a reduction in revenue in membership, corporate sponsorship, advertising and investment income. The Finance Committee, Board of Trustees and staff reduced expenses to stay in line with the reduction in revenue. We are on track to use of $729,650 from reserves for the year ending June 30, 2016.

**Fiscal Year 2016-17**

The Board of Trustees approved the budget for fiscal year 2016-17. We are projecting revenue of $7,600,000 and expenses of $7,900,000 and we will utilize approximately $300,000 from reserves. Similar to recent years, 61% of revenue will come from Membership dues (See chart below for other sources)
Growth in non-membership revenue sources is important to reduce reliance on dues revenue. ADHA’s support to the constituent organizations is expected to exceed $1,200,000 in 2016-2017. Beginning January 1, 2017, ADHA will institute a $4.50 per member assessment fee to offset growing expenses to support our constituent organizations.
ADHA’s Institute for Oral Health (IOH) has enjoyed another successful year as we provided $126,000 in scholarships, research grants and community service grants, with financial resources provided to 50 ADHA members representing 18 states across the country. Specifically, IOH has provided:

- Community Service Grants: 13 Wrigley Community Service Grant recipients, two Rosie Wall Community Spirit Awards and one Healthy Start for Texas Teeth.
- Scholarships: 38 recipients representing 33 dental hygiene programs across the country.

This year’s Center for Lifelong Learning was our inaugural year to launch the In Motion 5k: Run Walk, Fun event. It is an important strategic shift for IOH to move towards a 5k run, as it provides alignment with our oral health and overall health message while broadening our potential donor base. Our corporate community is also involved as we partner to raise money for the Institute’s scholarships, research grants and community service grants. At the time of this writing, we are thrilled to report we have achieved our fundraising goal of $30,000 with over $40,000 in donations, as well as having over 330 participants in the fun run.

Governance of Tomorrow Project

As the name suggests, the Governance of Tomorrow (GOT) project was initiated to help ensure that our structure is responsive and ready to meet the needs of new and mid-career members — and an association and profession in transformation. ADHA member needs assessment data indicate that ADHA best provides value and member satisfaction to our longer-term leaders. Students, new professionals and even mid-career dental hygienists do not rate member value and satisfaction as high. It raises the question, “How do we need to design our governance (governing structure, decision making, leadership development and processes used to accomplish the strategic plan) so that we can best support all of our members?”

Building on the work at past ADHA House of Delegates, and ADHA Board of and Executive Committee meetings, Tecker International has been retained to facilitate this project. To help guide the efforts of the GOT initiative, President Rethman appointed an eight-person steering committee. Four of its 10 steps have been completed, but it’s important to note that nothing has been decided or finalized through this process thus far.

Step 1: Design Workshop
On August 8, 2015, the executive committee provided recommendations for the kick-off planning meeting being held in Chicago on September 8. President Rethman sent out letters of invitation to eight individuals who represent new, emerging and tenured leaders from a variety of professional backgrounds. They joined the five ADHA officers to discuss project objectives, attributes, barriers to change, stakeholder analysis and the level at which the group should be involved. An overall project plan was created to guide the GOT project moving forward.

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**Step 2: Member Survey**
The first step involved surveying ADHA members. Respondents provided key insights into:

- Issues facing the profession.
- Needed accomplishments for ADHA in 5-10 years.
- Top three governance attributes.
- Important characteristics of national and state leaders
- What ADHA needs to change.
- Barriers to effective decision making.

A total 2,124 responses were received and included in a report sent to GOT workgroup members participating in the upcoming GOT Remodeling Summit.

**Step 3: Remodeling Summit**
The next step in the process involved hosting a two-day governance remodeling summit that included 22 professionals representing a diverse array of dental hygiene professionals including students, new professionals and more experienced...
professionals; clinical, public health, educators, corporate and others with entrepreneurial careers; and officers, trustees, and current and past state leaders and delegates. The goals of this workshop involved:

- Future scenario planning.
- Evaluating existing governance structure based upon the future of the association and profession.
- Identifying ways to remodel the governance structure for future growth and success.

On February 8-9, 2016, the GOT Remodeling Summit was held in Chicago and led by Glenn Tecker. With the ability to build a governance structure from scratch, participants were divided into five teams and asked to design new models. Over the course of this exercise and collecting input from other tables, there was a lot of synergy among participants. The perspectives below are just some of the observations of the five draft models.

Making the Case for Change

During the summit, the workshop participants also deliberated why ADHA should consider new ways of governing and engaging members. A lot of synergy was also observed during these discussions. Below are some of the top reasons for ADHA to investigate new governance models:

- ADHA needs to be relevant to our membership.
- The strategic plan calls for transformation, and our structure has been the same for 100 years.
- We need to fulfill the mission/vision statement and address the needs of the strategic plan.
- The diversity of the voices needs to be heard.
- We need a diverse, competent leadership.
- The needs of the profession and association are changing.
- We want to have flexibility in decision making and response time.
- We want to be seen as the authority and resource for a changing membership.
- We recognize the value in hearing the voices of those with unique perspectives.
- It’s important to better engage stakeholders.
- We have been too self-serving as an association and change is needed to grow us and our ability to meet the needs of the public.
- Our current system is too time-consuming and cumbersome to enact necessary change efficiently.
- We are focused on maximizing opportunities for dental hygienists and the public we serve.
- We want our profession to remain relevant to a changing health care environment.

Step 4: Synthesis Workshop
On March 8, the GOT steering committee reconvened to further develop two to three models that will be shared with the HOD and members-at-large for additional feedback and deliberation. In addition to providing additional insights on the remodeling summit outcomes, time was allocated to further discuss our governance needs, gain reactions to the efforts thus far and identify potential challenges to changing ADHA’s governance.

**Next Steps**

Through 2016, additional meetings, town hall forums, surveys and other engagement strategies will be implemented to ensure we hear from our multi-faceted membership and other professionals who play a vital role in our ability to advance the profession and increase access to oral health care. As part of our work, we will examine our decision making, inclusivity and work processes in an effort to increase our relevancy and value.

**Technology Assessment**

As part of ADHA’s strategic plan, a third-party consultant was hired this fiscal year to help assess ADHA’s current technology infrastructure and identify opportunities for increased efficiency, financial savings and non-dues revenue. Recommendations and an affordable 18-month strategic technology road map were key outcomes of this process to help position ADHA for ongoing and expanded capacity to effectively support our strategic plan, members, constituents and staff.

After assessing 13 technology consultants, DelCor Technologies was ultimately selected, in large part due to their deep expertise supporting other associations.

The technology assessment involved DelCor Technologies visiting central office on November 11-12 for two days of staff interviews, as well as assessing our technology infrastructure both virtually and while on-site. All staff participated, providing insights on organizational priorities, opportunities to increase efficiency and save money, and ways to leverage technology to enhance member and staff satisfaction. To follow up, an all-staff survey was conducted to collect additional insights informing this process. DelCor presented its recommendations in January. Overall, ADHA’s technology was rated fair. As is the case with many associations, there is room for improvement, and some catch-up is required to meet quickly evolving technology standards and increase organizational efficiency. DelCor’s recommendations have been prioritized in a timeline, including budgetary implications, through fiscal year 2016-2017.

The first implemented recommendation involved moving our software and email to the cloud via Office 365. With this technology, all staff now use the same version of Microsoft products and can access these remotely, and all of our leader and staff email is backed up in the cloud. Office 365 also includes a different spam software service to help protect our accounts. Efforts are currently underway to provide upgrades to RISE (members-only site), iMIS (member database) and our servers to increase functionality, security and performance.
Charter Agreements

Charter agreements were sent to constituent presidents on October 30, 2015, with signed agreements to be returned to ADHA by February 1, 2016. We are very pleased to report that 47 states have signed the charter agreement!

To date, Florida and Minnesota have requested additional extensions through October 15, 2016, which have been approved by the ADHA Executive Committee. Alabama’s status regarding the charter agreement remains undetermined due to a lack of leadership at the constituent level.

In March, the California Dental Hygienists' Association (CDHA) Board of Trustees voted to separate from ADHA. Although it is up to the CDHA House of Delegates to make the final decision at its June 4-5, 2016 meeting, such action will have a significant impact on California dental hygienists’ ability to advance the profession. To help clarify the issue at hand, ADHA has developed an extensive FAQ document regarding the implementation of charter agreements, benefits of incorporation and the history of discussions between CDHA and ADHA. Also, ADHA hosted two town hall meetings via WebEx on May 24, 2016, which provided answers to the key topics and questions received prior and Q&A for new questions. The recordings can be found here: 12:00 PM (PT) and 6:00 PM (PT). President Jill Rethman and CEO Ann Battrell will attend the CDHA HOD meeting on June 3 to help answer questions and convey ADHA’s interest in maintaining a chartered relationship with all existing...
constituents. Our goal is to be a united and uniform tripartite structure — offering the best in service to our members and ensuring all of our volunteer leaders are protected. We want all constituents to remain a part of ADHA.

Although all legal charter agreement documents must be uniform across the country, there is flexibility in developing the policy and procedures guidelines document that will accompany the charter agreements. This document will establish reasonable processes for bylaws review, insurance limits, dues, reporting requirements, etc. In the coming months, ADHA will be forming a multi-state workgroup comprising constituent leaders to provide input and suggestions in developing this document. Leadership from Minnesota, Florida and California have already been invited to participate.

**Member Recruitment and Retention**

**Professional Membership**

In this fiscal year, we projected an ambitious growth of 2 percent totaling 19,700 professional members. Unfortunately, we fell short of meeting our budgeted goal by 1,300 members. In comparison to last fiscal year, we had a net loss of 422 members.

*These numbers are pulled from the close of each cycle.*
In terms of recruiting new members, we were on par with the last three years, as is illustrated in the chart below.
Although we did not meet our budgeted goal, we are optimistic based on the number of new members we have been recruiting each year. We are also very committed to conducting research, refining member value and supporting membership initiatives in an effort to grow membership, such as:

- Conducting new market research (Targeted State Initiative).
- Launching and updating the members only website.
- Enhanced membership marketing.
- Supporting national recruitment initiatives, including students and new professionals.

**Targeted State Initiative**

During this past year, staff and the Council on Member Services began working on this strategic action plan of the targeted state initiative. As the project evolved, we partnered with Vennli, a consulting firm specializing in market research. Although ADHA has done a lot of surveys, we have not conducted true market research. The goal of this project was to:

- Gain new strategic insights that will help us better market membership and enhance organizational offerings.
- Increase membership by 2 percent
- Provide specific messaging for use in renewal and recruitment campaigns on both the national and state levels.

The council chose five states to participate: California, Florida, Massachusetts, Texas and Washington. A survey was then developed with input from Vennli, ADHA staff and representatives from each of the five states. Once created, it was
distributed to members and nonmembers in those states. In total, 566 responses were received – exceeding Vennli’s targeted response rate.

Eighteen choice factors (e.g., access to free continuing education, career advice and insurance) were developed, and respondents rated the importance of each according to the way they manage their career in dental hygiene.

Top-rated choice factors are now being incorporated into national retention and recruitment campaigns. The targeted state initiative also gave ADHA the opportunity to gauge how the association is doing compared to its competitors in offering benefits and programs related to the 18 choice factors. Identified competitors included dental hygiene focused social media, publications, corporate community programs, specialty associations, and conferences and events. Data showed that ADHA was either doing better or the same as its competitors for each of the choice factors. Below is the Vlens chart comparison of ADHA versus dental hygiene focused social media. All of the choice factor pins are either in the green area (why customers choose ADHA) or the black area (point of parity).

Since the research was not completed until halfway through the winter cycle, the summer cycle will be the first time the new messaging will be used start to finish. Results will be shared with the states that participated and then all constituent leaders will receive the general recommendations and communication strategies from this project. These recommendations will highlight specific choice factors that can be incorporated into state and local recruitment and retention campaigns.

The ADHA staff team is also in the process of reviewing the detailed results to determine how resources can be created or enhanced based on the Vennli results.
Work has begun on the second case, which will focus on CLL and how it compares to competitive meetings and events.

**Members-only Website**
We are pleased to report that the new members-only website and online enrollment launched in August 2015 to great reviews and positive feedback. We listened to our members and state leaders, and as a result invested significant time and resources to improve this important member benefit. First, the online enrollment process for new members was completely overhauled and now features a streamlined application, which has sped up the process and provided new payment options. The second part, and biggest change, was the members-only part of the site. This now includes an easy and streamlined online renewal with the same payment options as joining: automatic payments (quarterly or annual) or a one-time payment. Having the option to enroll online has eliminated the cumbersome process of having to call in to complete this. The site also features a new profile page where members can upload a photo and “about me” section, as well as view previous payments, access members-only content, network with other members through the membership directory, print their membership card, contact their state president and much more! We have seen a major reduction in calls regarding login problems and accessing accounts and have received positive feedback regarding the new features. We continue to promote using the site through all of our renewal and recruitment messaging.

**Enhanced Membership Marketing**
This year we conducted an extensive and comprehensive renewal campaign for the winter cycle. This increased the number of communications and featured new incentives, such as:

- A new scannable coupon for invoicing that made internal processing more efficient and increased availability of staff for customer service.
- An increased focus in all communications to:
  - renew online. Incentives were offered for members who renewed early and online, including a VISA gift card giveaway in December and ADHA swag bags in January.
  - showcase what ADHA can do for you.
- Promoting the new members-only site, which makes it easier to renew, enroll in automatic payments and quarterly, update your profile, view exclusive content and update your credit card. The ability to update credit card numbers online eliminated wait times on the phone. This allowed for earlier renewals, since members could update their information on their own without the wait time of contacting central office.
- Staff contacting all declined and expired credit card holders by phone and email.
- An online scavenger hunt to get members more engaged with the site; updating profiles, enrolling in quarterly, etc. This received a positive response from members.
- Email reminders sent weekly starting in January.
- Message from ADHA president.
• Adding more calling campaigns starting earlier. Calls were made by a third-party service, state and local leaders and ADHA staff.
• Education staff reaching out to nonmember program directors with email and phone calls, highlighting the importance of their membership.
• Council on Member Services reaching out to all state membership chairs.
• New charts sent to state leaders and district trustees with specific goals.

To kick off the 2015-2016 winter cycle renewal campaign, we created a new way to improve state leaders’ understanding of how they fit into the overall ADHA budgetary projections for membership and provide a means of tracking their progress to grow membership revenue for the state. The new chart shows where each state finished last year, where they currently stood and how many renewals and new/reinstated members they needed to reach their targeted goal. Also new was that it was sent by district, so that each constituent could see how they were pacing compared to others in their district.

Below is an example of a district chart for the winter cycle. We will continue sending these out for each membership dues cycle.

<table>
<thead>
<tr>
<th>District</th>
<th>State</th>
<th>Closed Winter 2015</th>
<th>Winter 2016 Goal</th>
<th>Renewed</th>
<th>New/Reinstated</th>
<th>Winter 2016 to date</th>
<th>Members needed to reach goal</th>
<th>Renewals Available</th>
<th>% of goal Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>MA</td>
<td>387</td>
<td>399</td>
<td>299</td>
<td>51</td>
<td>350</td>
<td>49</td>
<td>88</td>
<td>88%</td>
</tr>
<tr>
<td>I</td>
<td>ME</td>
<td>73</td>
<td>76</td>
<td>59</td>
<td>13</td>
<td>72</td>
<td>4</td>
<td>14</td>
<td>95%</td>
</tr>
<tr>
<td>I</td>
<td>NH</td>
<td>112</td>
<td>116</td>
<td>83</td>
<td>15</td>
<td>98</td>
<td>18</td>
<td>29</td>
<td>84%</td>
</tr>
<tr>
<td>I</td>
<td>RI</td>
<td>78</td>
<td>81</td>
<td>63</td>
<td>10</td>
<td>73</td>
<td>8</td>
<td>15</td>
<td>90%</td>
</tr>
<tr>
<td>I</td>
<td>VT</td>
<td>61</td>
<td>63</td>
<td>51</td>
<td>12</td>
<td>63</td>
<td>-</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Dist - I Total</td>
<td>711</td>
<td>735</td>
<td>555</td>
<td>101</td>
<td>656</td>
<td>79</td>
<td>156</td>
<td>89%</td>
<td></td>
</tr>
</tbody>
</table>

Any constituent that reached or surpassed 100 percent of its goal would be recognized in this report, and by CEO Ann Battrell, and at the House of Delegates meeting in Pittsburgh. The following state map shows final goal numbers.
Congratulations to the following states that met or surpassed 100 percent of their membership goal for the 2015-2016 winter cycle: Georgia, Hawaii, Idaho, Missouri, Montana, Nevada, North Dakota, South Carolina, Utah, Vermont and Wisconsin. We would like to acknowledge and thank all of the volunteer leaders from these states who worked so hard to meet their goal. Membership is a top priority for our entire organization, and if we work together we can achieve our goals!

We would like to give special recognition to Annette Lincicome, RDH, BS, membership chair in Nevada, which was the first state to reach and surpass 100 percent of its membership goal — early on in our renewal efforts! After discussing membership strategy with ADHA staff in Nashville, Annette worked hard on personal outreach. “I have made a commitment as the membership chair to make personal one-on-one contact with nonmembers,” Annette said. “After our events, I call each non-member, thanking them for their support and inviting them to join. I address any misgivings or concerns they have. I then follow up with an email recapping what we’ve discussed with the link to benefits.” Great job, Annette!

Congratulations again to all of the states who reached their goal!
National Recruitment Campaign
As reported in last year’s annual report, ADHA had conducted a national recruitment campaign that began in November 2014. For the last half of this past fiscal year, this specific campaign continued, ending in December 2015. The goals of the campaign were to:

• Take a collaborative recruitment approach to partnership with our state organizations.
• Reach a group of prospective members with six to eight touch points.
• Reach nonmembers who haven’t regularly received ADHA communications, as well as former members.
• Increase membership with both new members and reinstates.
• Increase web traffic to membership pages and to online enrollment.
• Enhance general awareness of our brand and website and that we have three levels of membership.
• Co-promote membership and CLL/Annual Session.

All of these goals were met during the campaign, which combined direct mail (postcards) and email. It was split into two phases, each with a specific theme. Each phase/theme featured one postcard, two emails from national and an email from the state organization. There were eight overall touches at the end of the campaign. It was the first time ADHA worked directly and collaboratively with our state organizations to execute a campaign with the same branding and messaging. Thirty-five states participated, and their lists, combined with ours and including former members, totaled 43,000.

As a result, 401 total members from the original list either joined completely brand new (171) or reinstated (230) their membership after having lapsed two or more years. Although we were slightly down in new professional members for the year, this campaign helped to close that gap and put us just 34 new professional members under where we closed last year. (See new professional member chart above).

Recruitment continues to be a strong focus for ADHA and has not stopped with the completion of the campaign. All 43,000 prospects have been uploaded to our database for ongoing communications. Using the results from the targeted state initiative, new messaging is being developed and sent out to prospective members, focusing on the top-rated choice factors in the Vennli results.

Student Membership
Student membership was again a focus for ADHA, and this year, there was more outreach done to promote student member renewals in an effort to support long-term membership retention and growth. Weekly emails were sent to students due for renewal, reminding them of the benefits of membership and renewing. Paper student membership applications were removed from the website this year, and online registration and renewals were encouraged. This also allowed us to better promote the member resources and benefits available online, and remind student members to update their contact information, which is critical for further outreach.
There are currently 336 entry-level programs, 53 degree completion programs and 21 master’s degree programs. Six programs have closed between 2014 and 2016, thus far, and six programs opened. Again this year, we compared a list of 2013-2014 dental hygiene education program enrollments to ADHA’s current student member program enrollment, to increase outreach to those programs. This outreach proved to be helpful in better understanding why some programs were exhibiting lower enrollments. Some of those reasons included staffing changes/understaffed, program structure changes (quarters to semesters, closings), general lower student enrollments in dental hygiene programs and financial strain on students.

Student numbers are tracked through fiscal year close, but at the close of winter cycle, we were already above last year’s fiscal close. As of May 27, 2016, we are 168 from meeting budget.

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget Totals</th>
<th>Winter Close</th>
<th>Fiscal Year Close</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>12,000</td>
<td>11,500</td>
<td>11,800</td>
</tr>
<tr>
<td>2012</td>
<td>12,500</td>
<td>11,784</td>
<td>12,102</td>
</tr>
<tr>
<td>2013</td>
<td>12,200</td>
<td>11,917</td>
<td>12,251</td>
</tr>
<tr>
<td>2014</td>
<td>12,200</td>
<td>11,968</td>
<td>12,298</td>
</tr>
<tr>
<td>2015</td>
<td>12,500</td>
<td>11,813</td>
<td>11,990</td>
</tr>
<tr>
<td>2016</td>
<td>12,300</td>
<td>11,959</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Student Transition
Upgrades to the members-only site changed the transition process this year. Upon passing their board exams, students were requested to add their license number to their profile so the system could transition them to professional membership automatically. While fewer student graduates went through the process of transitioning their membership this year, the number who transitioned and paid remained the same as it has been for the past five years. Recently, we created a new benefits handout aimed at recent graduates to fill this gap. This document will serve as a reminder to students to transition their memberships, and also help them better understand the benefits of doing so. Lastly, we are investigating means to automatically transition students, populate their license numbers on the back end and eliminate the transition process all together.

As the chart below illustrates, the percentage of students transitioning their membership to active status upon graduation remains steady.
New Professional Initiative
The ADHA new professional program advisory group, which hails from across the country, gathered in Chicago in March.
The ADHA new professional program, sponsored by Truly Radiant™ - an Arm & Hammer product, launched this year and is already off to a great start. The advisory group, selected by Jill Rethman, met in person twice in 2015-2016, and via teleconference three additional times in between. The group, made up of both soon-to-be-graduates and those new to the profession, are a highly resourceful and engaged mixed of individuals that bring a refreshing take on ADHA and the needs of new professionals.

Following is the advisory group’s mission statement:

The New Professionals Advisory Group works together to empower, support and engage each other and the new professionals community of ADHA and Arm & Hammer’s Truly Radiant brand. Through our efforts, we will improve the professional standards of new graduates and help them successfully transition into the dental hygiene workforce. Our passion for the profession and its work and value of teamwork, innovation and working openly and positively drives our efforts forward.

The group has been working along with Debra Zabloudil, CAE, who is a consultant supporting associations and new professional communities. Debra serves in a consultant role with the program, assisting in the development of meeting content and resource development. So far, the group has launched an updated Career Reference Guide and a Career Mapping webinar targeted to new professionals. Free CE was offered to new professionals with a promo code to access the “Dental Hygiene in a Changing World” online seminar. The program also consists of an e-
newsletter, co-developed by staff and the advisory group, and a series of product sample mailers, developed and sent by the sponsor.

Upcoming program initiatives include the growth and maintenance of a Facebook group, a leadership skills webinar series and a New Grad Survival Kit. Members of the advisory group will also be attending CLL to serve as program and community ambassadors tasked with the responsibility of promoting the program and connecting with other new professionals.

**Strategic Communications**

ADHA’s communications efforts continue to grow. In an effort to advocate for all dental hygienists, we are continuing to implement integrated marketing and communication strategies that will utilize all of our channels. We aim to support dental hygienists by providing resources and educating our members and the public in order to advance the profession. Below is a summary of ADHA’s communications channels and some examples that illustrate how we are integrating several strategies for maximum impact.

**Social Media**
ADHA has recently developed and implemented a social media plan that incorporates a detailed weekly content calendar to ensure that our outreach strategy is diverse and that our messaging efforts remain valuable and relevant to our members and the dental hygiene community.

**Facebook**
Since July 1, 2015, our Facebook following has grown by 32 percent. We are currently at 61,803 page likes and counting, with 100-plus new likes each week.

![Facebook Likes Chart]

We have also implemented the use of sponsored Facebook ads and have promoted CLL 2016 to specific target groups in the cities surrounding Pittsburgh. We have reached a total of 7,924 new individuals through those efforts.

**Twitter**
Twitter has proven to be a useful platform in connecting ADHA with many other public health organizations and allowing us to join national movements.
using hashtag campaigns. This year we have participated in two separate Twitter storms, one for Health Literacy Month and one for National Children’s Dental Health Month. Strategic communications staff have also been coordinating with CEO Ann Battrell’s Twitter account to promote the work she has been doing directly to advance the dental hygiene profession.

Additionally, since July 2015, we have gained more than 2,500 new Twitter followers.

*Instagram*

With social media leaning more towards the visual side, our increased use of Instagram has been successful in bringing awareness to ADHA and promoting our initiatives, especially with the younger population. Over the course of the year, we have increased our Instagram following to 1,504.

![Instagram Image](https://via.placeholder.com/150)

**Access**

Throughout fiscal year 2015-2016, the Access Editorial Advisory Board and editorial staff collaborated to develop a diverse lineup of content relevant for readers. Topics selected with advancement of the ADHA strategic plan in mind included the dental hygiene process of care, a focus on new professionals, community outreach, advocacy, workplace issues, dental hygiene curriculum changes, lifelong learning, oral and systemic health, risk management and roles for dental hygienists in addition to private dental practice.

This year, the magazine contracted with the Walchli Tauber Group, an established advertising sales agency that specializes in working with health care associations to maximize advertising sales and business-to-business revenue. Also new this year, the popular digital edition of Access became an exclusive benefit for ADHA members.

**Journal of Dental Hygiene**

The Journal of Dental Hygiene (JDH) continues to serve as the leading peer-reviewed research publication for the profession. The implementation of BenchPress, which automates numerous aspects of the review process, was a...
success, and has reduced acceptance times and allowed more critical research to be published in a timely, efficient manner. This update was crucial, as JDH saw 100 submissions in 2015, the most in any year. From July 2015 through April 2016, a total of 73 manuscripts were submitted — a slight increase compared to the same timeframe in the previous fiscal year.

Exposure of JDH is also growing. From July 2015 to March 2016:
- JDH home page has been accessed 64,171 times (36 percent increase)
- 27,291 searches have been conducted (55 percent increase)
- 87,915 articles have been accessed (47 percent increase)
- 109,794 abstracts have been viewed (3 percent increase)

In an effort to increase revenue to allow for more research to be published, JDH has begun running advertisements on the homepage and will restructure the price for nonmember, institutional subscriptions to move it in line with comparable journals.

An ongoing project for JDH is to expand the list of reviewers for new manuscripts. Potential reviewers will need to submit their CV for consideration. Previous experience publishing original manuscripts is required. CVs should be submitted by email to JoshS@adha.net.

Electronic Newsletter Communications
ADHA has a robust collection of targeted electronic newsletters that deliver important association information to our many target audiences. These e-newsletters include ADHA Update for members, Polish for student members, Education Communicator for dental hygiene educators and Spotlight for state and local volunteer leaders.

We currently have a total of 145,589 active subscribers, and our e-newsletters are performing higher than the industry standards. The average open rates for association emails is 19.57 percent, and the average click-through rate is 8.92 percent. The bi-monthly ADHA Update compares, with a 27.9 percent open rate and an 8.2 percent click-through rate; and the biannual e-newsletter Education Communicator far exceeds the average at a 35.8 percent open rate and a 37.4 percent click-through rate.
We will continue to use our electronic communications to strengthen our messaging to our members and other oral health care professionals.

Direct Media Outreach
ADHA began using the media press release distribution tool Newswise in September 2015. Since then, we have used the platform to inform national media outlets about ADHA initiatives and events (National Dental Hygiene Month and details for CLL 2016).

Our most notable press release, with 22,529 hits, was our response to the derogatory meme about dental hygienists posted by ABC’s The Bachelor.

In an effort maximize the use of all of our communication channels to support our members and all dental hygienists, we implemented a robust strategic
communications plan. A letter was drafted and sent to the president of ABC Television studios, posted across all social media channels and the ADHA website, and distributed to news outlets via Newswise. Within days, a successful outcome was reached and ABC removed the offensive dental hygienist from the Bachelor website.

The statement went “viral,” and was featured in the Newswise "Top 10 News Releases of 2015" list in May.

National Dental Hygiene Month (NDHM) October 2015
Another great example of integrated communications is National Dental Hygiene Month (NDHM). ADHA and the Wrigley Oral Health Care Program partnered for the sixth consecutive year on NDHM 2015. The focus of the 2015 NDHM message was starting a conversation with patients about “Doing the Daily 4” oral health care regimen. ADHA also celebrated dental hygienists and the important role they play in improving the oral and overall health of the communities they serve.

This year’s program saw a number of new elements, including e-blasts distributed to members to promote programs and events, as well as highlight community outreach events and other resources. A thank-you mailing was also incorporated directly into the distribution of the September/October issue of Access, which included a unique members-only gift and an NDHM poster. There was a special edition of ADHA Update that featured unique community service stories from dental hygienists giving back to improve oral health for those who are limited in their access to care.
We also conducted a robust social media campaign around the 2015 NDHM, utilizing Facebook, Twitter, Instagram and LinkedIn to engage dental hygienists and promote the “Do the Daily 4” message. NDHM’s social media campaign garnered 2 million impressions.

WITH APPRECIATION

Gratitude and Appreciation to Our Colleagues:
The work of ADHA to help lead the transformation of the dental hygiene profession to improve the public’s oral and overall health would not be possible without the collective efforts of countless individuals. We would like to especially thank the following individuals and groups.

ADHA Councils, Committees, Task Forces and Advisory Boards:
Member involvement and participation in our councils, committees, task forces and advisory boards are fundamental to accomplishing our strategic plan. The knowledge, experience and expertise of our members in volunteering their time to ADHA is greatly appreciated. We look forward to expanding opportunities for our members to become even more involved and engaged in the work of ADHA through our Governance of Tomorrow (GOT) project.

Dental Hygienist Input from Around the Country:
ADHA implemented a total of 12 national surveys that were sent to both member and non-member dental hygienists. In addition, several surveys and assessments were conducted at the constituent level. In all, over 38,000 responses were received.

- Social Media Survey
- Member, Non-Member and Student Needs Assessments
- Governance of the Future Survey (members/student members)
- Survey of new proposed CDT code
- CLL Attendee Survey/course evaluations (CLL attendees, CLL/business meeting attendees, student attendees)
- Program Directors Survey (all levels of program directors)
- Member and Non-Member Demographic Survey
- Member and Non-member CE Learning Needs Assessment
- CE Certificate Market Research
- Sunstar Student Survey
- Non-Member Non-Renewal Survey
- Student Non-Transition Survey

Constituent Level
- Constituent Assessment of District Trustee
- Constituent President and Legislative Chair Legislative Survey
- Constituent Self-Assessment
Constituent Annual Report
Graduated Dues Survey

Data from these surveys has been leveraged to help guide the work of the association and enable its leadership to make data-based decisions. By surveying both members and non-member dental hygienists, ADHA will continue to be recognized as a primary resource for dental hygiene related data.

Jill Rethman, ADHA President and the ADHA Board of Trustees:

“Upward” and “opportunity” were two words used consistently throughout Jill Rethman’s year as ADHA president. Her visionary words kept everyone focused on the upward momentum of the transformation of the dental hygiene profession and the opportunities that are emerging. We thank Jill for her never-ending positivity and passion for dental hygiene and her strong belief in the board and staff partnership and direct support of the staff team in central office. On behalf of our staff in central office, I thank the ADHA Board of Trustees for their stewardship of ADHA during this time of transformation. Your partnership with our staff is greatly appreciated.

Crossing, Building, and Enhancing Bridges:

Congratulations to Betty Kabel on her upcoming installation as ADHA president. We look forward to continuing our work with Betty and the new ADHA Board of Trustees as we build bridges to our future.

ADHA Staff Team:

Transformation and change are the words to best describe our work in central office throughout this past year. We bid farewell to Isaac Carpenter, CFO, and welcomed Bob Moore, COO, Dan Alpe, Director of Finance, and Kimberly Campbell, Director of Strategic Communications to our senior staff team. Other valuable new staff have joined our team, and others have gone on to new and exciting chapters in their respective careers. In the end, ADHA benefits from the knowledge, skills and expertise of our staff. We cannot thank the staff team enough for navigating the strategic changes in central office as we strengthen our association infrastructure for the betterment of the association.

We look forward to the year ahead and our continued efforts working on behalf of the profession.
The ADHA Finance Committee met in Chicago February 9, 2016 to propose a proposed budget to submit to the ADHA Board of Trustees. Please review the annual report of the committee for more information regarding the actions taken during the meeting.

The budget synopsis provides the membership and delegates with general information regarding the ADHA 2016-17 budget adopted by the board of trustees.

The ADHA budget is divided into the following components:

I. Operations:

   a) Non-Division Identifiable: Includes overall association expenses that are not directly attributed to a specific division. These expenses (personnel recruitment, audit, legal, rent, liability insurance, telephone, office supplies, postage, photocopy, equipment rental, bank charges, contingency, etc.) are necessary for normal business operation of the association.

   b) Division Identifiable: Includes association expenses that are directly attributed to the association divisions (salaries, benefits, taxes, staff training and development, dues and subscription, etc.)

   c) Administrative: Expenses related to ADHA work groups (councils, committees and board of trustees) which enhance the progress of the strategic plan; and, revenue and expenses related to association financial resources.

   d) Services: Includes on-going membership related services and those services and those activities that strengthen the financial viability of the association.

II. Programs:

   a) Programs: Budget programs developed by the ADHA councils and committees specifically identified within the ADHA Strategic Plan.

The development of the strategic plan and the commitment and financial resources to accomplish ADHA goals is a major responsibility of the board of trustees. The many challenges that occur are addressed and every attempt is made to position ADHA to pursue all opportunities to strengthen the association. The proposed budget presented by the finance committee and the final budget adopted by the ADHA Board of Trustees reflects many hours and days of study and analysis to ensure commitment of meeting the goals of ADHA.
# Budget Summary

<table>
<thead>
<tr>
<th></th>
<th>2014-15 Actual</th>
<th>2015-16 Adjusted Budget</th>
<th>2016-17 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES:</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>OPERATIONS:</strong></td>
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<td>Service Area</td>
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<td><strong>PROGRAMS:</strong></td>
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<td>Programs</td>
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<td><strong>TOTAL REVENUES:</strong></td>
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<td>7,162,235</td>
<td>7,587,025</td>
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<tr>
<td><strong>EXPENSES:</strong></td>
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<tr>
<td><strong>OPERATIONS:</strong></td>
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<td>Non-Division Identifiable</td>
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<td><strong>NET PROFIT(LOSS):</strong></td>
<td>(249,237)</td>
<td>(729,650)</td>
<td>(343,057)</td>
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<td>Withdrawal from General Fund</td>
<td>249,237</td>
<td>729,650</td>
<td>343,057</td>
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</tbody>
</table>
Budget Summary

Projected revenue will increase from $7.2 million in 2015-16 to $7.6 million in 2016-17
61% coming from Membership Dues ($4.7 million – 4% increase over 2015-16)
14% coming from Corporate Sponsorships ($1.0 million – 24% increase over 2015-16)
25% coming from other sources (CLL Registration, Education, and Affinity Program)

Total Expenses will be in line with 2015-16 at $7.9 million
57% going to Operations ($4.6 million)
29% going to Service Area ($2.3 million)
8% going to Programs ($700,000)
6% going to Board of Trustees and Governance ($400,000)

Use of reserve funds will decrease from $730,000 in 2015-16 to $343,000 in 2016-17
The reserve balance is projected to be $1,183,000 (30% of overhead expenses) and is within the BOT reserve policy.
Financial Overview

In September 2015, the ADHA Board of Trustees met with the accounting firm Plante Moran to discuss the annual audit results for fiscal year 2014–15. As in previous years, ADHA received an unmodified opinion, which is the highest opinion given by auditing firms.

### The American Dental Hygienists’ Association

#### Statement of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
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<tr>
<td><strong>Assets</strong></td>
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<td>Cash</td>
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<td>Investments</td>
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<td>Due from the Institute</td>
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<td>Prepaid expenses and other assets</td>
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<td>538,937</td>
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<tr>
<td><strong>Total assets</strong></td>
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<td>$6,371,614</td>
</tr>
</tbody>
</table>

| **Liabilities and Net Assets** | 2015      | 2014      |
|**Liabilities**               |           |           |
| Accounts payable             | $57,659   | $602,764  |
| Accrued vacation             | 302,106   | 265,150   |
| Accrued expenses             | 208,597   | 165,832   |
| Deferred revenue             | 1,776,731 | 1,818,429 |
| Deferred rent                | 410,289   | 448,892   |
| Due to state and local organizations | 186,511  | 200,036   |
| **Total liabilities**        | 2,941,893 | 3,501,103 |

| **Net Assets**               |           |           |
| Unrestricted:                |           |           |
| General                      | 906,038   | 512,170   |
| Board-designated             | 1,349,328 | 1,992,433 |
| **Total unrestricted**       | 2,255,366 | 2,504,603 |
| Temporarily restricted       | 182,658   | 365,908   |
| **Total net assets**         | 2,438,024 | 2,870,511 |
| **Total liabilities and net assets** | $5,379,917| $6,371,614|