As President of the American Dental Hygienists’ Association, I have had the privilege of welcoming and embracing new opportunities for our association and profession. You will see throughout this annual report a new strategic plan that refines our focus and illustrates how we have been listening to our members and taking action. This strategic direction captures our core ideology to Unite, Empower and Support dental hygienists.

When I was installed as President, my message focused on working to build, repair or cross a new or existing bridge. By listening to and understanding our members’ concerns, we have strengthened our bridges to one another. Throughout this year I’ve met so many state leaders and colleagues—members and non-members, educators and students—who passionately strive to make a difference as dental hygienists in the lives of their patients and in our professional organization. This is the true connection we can make in our profession. Opportunities to work with states in order to increase membership, strengthen our tripartite structure, streamline our budget and operate more strategically and efficiently have been highlights of this year.

During my travels working with states in our 10-state membership initiative, the most substantial observation I had as to why prospective members said “yes” to membership came in the one-on-one conversations and connections they had with me and state and local members. I found it was important to listen to their stories and engage with them about them. It wasn’t about a list of membership benefits. It was about the personal connections that they made as professional colleagues.

I encourage all of us to make that connection and engage with potential members not only because we need their membership but because we need their ideas, their experiences and most importantly, their stories.

With the Strategic Plan as our foundation, we have established a more streamlined, grassroots-focused direction. Positive change and progress doesn’t happen by itself. It takes a committed “A” team at every level of the organization—and ADHA is fortunate to have that.

I want to thank our dedicated Board of Trustees, volunteers and committed staff for their support during my leadership journey, especially during my year as president. Most importantly, I’d like to thank my wonderful family. I could not have dedicated myself to ADHA the way I did this year without their support.

I’m excited about what the future of the dental hygiene profession has in store for us. ADHA will continue to be on the front lines, building the bridges that support dental hygienists in all stages of their career and improve access to care for the underserved. We will continue to make a difference to our members, to our organization and ultimately to the lives of patients. Thank you for all of your support. Serving as your president has truly been an honor and a privilege.
A NEW STRATEGIC PLAN FOR A NEW ADHA
CLEAR FOCUSED AMBITIOUS ACHIEVABLE
Every three years, the ADHA Board of Trustees engages in an in-depth review of the Association’s Strategic Plan to ensure the relevancy of the plan to the lives of our members, the healthcare environment and societal trends. Throughout 2016 this scheduled revision coincided with a comprehensive review of ADHA operational and organizational efficiencies by our staff and the finance committee.

In September, in response to our changing environment, a growing body of research, and feedback from members, the Board adopted a new Strategic Plan. Reflecting these new strategic priorities and organizational adjustments, the finance committee also recommended a new budget that right-sizes and realigns ADHA’s financial and staff resources to best support the plan’s goals.

“Every ADHA Strategic Plan supports advancement of the profession. That’s a given. But our new plan works to put individual dental hygienists first—in all employment settings and at every stage of their careers.”
—ADHA President Betty Kabel, RDH, BS

“Dental hygienists see a strategic plan, and depending upon what their lens is, they need to see themselves. If you’re a working hygienist, you can see yourself in this plan. If you’re a constituent leader, that’s where you fit in. And everybody can see where our profession is headed. So there are three ways to connect—and that’s a real strength of this plan.”
—ADHA CEO Ann Battrell, MSDH

“This plan combines an internal and an external focus. It’s about being efficient, staying relevant, and making sure every member at every level feels supported and valued.”
—ADHA COO Bob Moore, MA, CAE

GOAL 1 Support dental hygiene professionals throughout their careers
- Develop resources to support dental hygienists on their current and future career pathways.
- Provide access to professional resources.

GOAL 2 Strengthen the ADHA infrastructure
- Ensure ADHA has financial, operational and human resources to support the strategic plan.
- Ensure unity across ADHA’s tripartite governance structure.
- Develop and foster a robust leadership pipeline.

GOAL 3 Advocate for the profession
- Target and support state and federal advocacy efforts that advance direct access and the role of dental hygienists.
- Support advancement of education programs that best prepare dental hygiene professionals for current and evolving scope of practice and settings.
- Foster constituent and member usage of ADHA’s advocacy information.

Division Alignment to Goals
GOAL 1

Support
dental hygiene professionals throughout their careers
Listening and Responding to Dental Hygienists Nationwide
Throughout the year ADHA collected more than 27,000 responses from members and non-members across the U.S. who shared opinions on our membership, in-person events, publications and CE at the state level. Their insights have been built into ADHA’s plans, courses, events and marketing to make them more relevant and compelling.

“Love the webinars. Very convenient at night when you can’t attend the live courses during the week.”

New ACTEON-Sponsored CE Webinar: High Engagement and Growing Revenue
In January ADHA launched its first-ever live, free-for-members CE Webinar Series with Name it, Claim it, Treat it! A Gingivitis Code Finally!, featuring hygiene coding expert Patti DiGangi, RDH, BS. For the live event, 1,460 people registered and nearly 900 viewed the webinar live. To date a total of 1,255 have viewed the session and passed the CE test. Of those, 26% were non-members.

“Best CE course EVER! Very applicable.”

Webinar #2, Beat the Clock Strategies for Hygiene Time Management, with Rachel Wall, RDH, BS, went live May 4th. Registrations topped 2,348 and included invited members of the Canadian Dental Hygienists’ Association. There were 978 live viewers (up 10% from Webinar #1) with 140 non-members. Within a week of the live event,

“Please do more webinars. I have heard so much positive feedback about having a tangible member benefit.”

total session viewers had reached 1,528. With targeted promotion, compelling topics, and an engaging format, each webinar has reached an audience of current and potential members two to three times the size of our most popular online CE.
Sunstar Enhances ADHA’s Student Experience

Sunstar partners with ADHA to connect with our student members. In addition to sponsoring student mailers and our polish newsletter, and placing ads in Access, Sunstar added new and engaging elements:

**Student Instagram Takeovers:** Each month students take over ADHA’s Instagram account to show us a typical day at their dental hygiene program. Takeovers feature Sunstar products, and viewers who like the posts can win Sunstar prizes. In three months, 20 posts totaled 2,022 likes and 35,600 views—far more than average—bringing 50 new Instagram followers to ADHA (@yourADHA).

**IOH Fun Run at Annual Conference:** For our popular fundraiser’s second year, students can run live in Jacksonville or remotely with teams from their local dental hygiene program. Sunstar offers waived registration fees and special prizes for the first students who register. The virtual run features a social media contest and a chance for students to win money for their local programs.

**Record Registration for NBR Live Course**

Targeting both students and program directors for the four months prior to our live 2017 NBR course led to a record live attendance of 321 students. To date, including on-demand registrations, we are on track to break the record of 455 program attendees set in the 2013–2014 fiscal year.
New Professional Program—On the Road to Success

Arm & Hammer Truly Radiant continues to sponsor our New Professional Program, which provides career resources to dental hygienists who have graduated within the past two years:

Hygienist Happy Hour monthly webinar series is free for current and potential members and explores a range of career issues. Series topics alternate—one month focusing on issues targeting new professionals, the next on a broader subject that also appeals to established hygienists. The nine webinars to date have attracted over 250 participants, archived videos have had nearly 400 views, and post-webinar survey results are overwhelmingly positive.

The New Professional Advisory Group (NPAG) meets monthly to develop ways to attract, engage and support new professional members.

- A December calling campaign targeted new professional members who had recently dropped.
- A webinar for 26 state leaders covered how to recruit, retain, and engage new professionals locally.
- New professionals receive new and updated benefits to support career growth:
  - Ongoing updates of the ADHA Employment Reference Guide.
  - Monthly Hygienist Happy Hour webinars offered.
  - Ideas implemented for engaging new professionals at the Annual Conference, including a TED Talk-style session.

New Member Resource: Labor Law Fact Sheets

In response to growing interest in employment, labor and compensation issues, ADHA has developed a state-specific Employment Resource document as a service to members. The guide may be found [here](#). The Department of Labor is dedicated to “assure work-related benefits and rights.”

Publications: Solid Science and Up-to-Date Information

Journal of Dental Hygiene:

New managing editor Cathy Draper, RDH, MS joined JDH in January 2017. She has been working closely with editor-in-chief, Rebecca Wilder, BSDH, MS and the editorial advisory board to maintain the high-quality, peer-reviewed research dental hygienists need to guide their evidence-based treatment decisions.

- Manuscripts accepted for publication: 73
- Manuscripts submitted to JDH—a 7% increase
- Clicks on JDH website: 73,930
- Searches conducted: 25,339
- Abstracts downloaded: 106,337
- Acceptance rate: 29%
Access: This year featured in-depth articles showcasing The Standards of Clinical Dental Hygiene Practice, the National Dental Hygiene Research Agenda and the Dental Hygiene Diagnosis White Paper. An interview with ADHA leadership explained the refocused direction and rationale behind our new Strategic Plan. And a User’s Guide to ADHA provided an overview of the benefits of ADHA membership.

55,000 Print Circulation
26,100 Visits to Access digital editions
January 2017 Month this year with highest number of total issue visits
4,837

Top search terms by digital readers
Working (careers column)
Inter-professional collaboration
Teledentistry
Stateline (legislative column)
Dental practice management
Collaborative leadership

Vicky Newin, Rose State College, Oklahoma
2017–2018 Johnson & Johnson Scholarship for Academic Excellence
“This scholarship will help me to be the best dental hygienist I can be for my patients, employer, and our profession. I hope other students will look at me with two young children and know if I can do it, so can they.”

Ivy Zellmer, RDH, BS, MS
Candidate University of California at San Francisco
2017 IOH General Research Grant for Implant Assessment and Maintenance: Investigating the Knowledge, Attitudes and Practices of Dental Hygienists in the U.S.

Lindsey Argyle RDH, MS and Adjunct Instructor at SUNY Canton
2016 Wrigley Company Foundation Community Service Grant for Seal-A-Smile program, providing comprehensive dental services to underserved children as well as priceless clinical and patient experience to dental hygiene students.

Institute for Oral Health—Making a Difference for Dental Hygienists
In 2016–2017, ADHA’s IOH awarded $159,000 in scholarships and community service and research grants to 56 ADHA members.
• Wrigley Company Foundation doubled its support, with $120,000 for 26 community service grants.
• The Scholarship Review Committee awarded 28 scholarships totaling $35,000 for the coming year.
• The Community Service and Research Grant Review Committees each awarded single grants.
Congratulations to the 2017 Wrigley Company Foundation Grant Recipients

ADHA Members and Programs
Margaret Fisher RDHAP, BS—Promotion of Oral Health Access and Integration to Reduce Early Childhood Caries
Amelia Hazlewood BS, RDH—Dr. Angie’s Dental Health Exchange
Kasey Penoyer AAS, BS, MS—Improving Oral Health Outcomes for Students with Disabilities
Eileen Clark RDH, MS—Interprofessional Approach to Treating Patients with Diabetes
Karen Felty RDH, BS, AP—Fluoride Varnish for 6 through 18 years
Crystal Spring RDH, BS, LAP—Healthy Smiles
Shannon Kleckner RDH/PHDHP—Growing Smiles of Erie County
Deborah Jacobi RDH, MA—Children’s Outreach and Education Programming: Access to Care
Tricia Moore RDH, EdD—Project Zero: A School-based Prevention Program
Michelle Vacha RDH, BS—Integrating Medical & Dental for Chronic Disease Management
Karen Flety RDH, BS, AP—Fluoride Varnish for 6 through 18 years
Crystal Spring RDH, BS, LAP—Healthy Smiles
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Tricia Moore RDH, EdD—Project Zero: A School-based Prevention Program
Michelle Vacha RDH, BS—Integrating Medical & Dental for Chronic Disease Management
Shawn Oprisiu RDH, BS ECPI—Dental Hygiene Outreach Educational Program
Pearl Thordal-Stewart RDH—Serenity Project
Carrie Graves RDH, PRDH—People’s City Mission Dental Clinic
Staci Stout RDH, BSDH—Healthy Happy Smiles
Melissa Mende RDH, Associates in Applied Science—Medical and Dental Integration Program
Cynthia Bishop-Alex RDH—Seacoast Healthy Grins
Lancette VanGuilder RDH, BS—Future Smiles, Northern Nevada
Kristen Gallaway EPDH—Neighborhood Health Center Oral Health Program
Heidi Halverson RDH, BSDH, LAP—Dental Hygiene at Home-Portable X-ray Unit
Nancy Mann RDH, MSEd—Lift the Lip/Oral Exams for Nurses
Mary Kaye Scaramucci RDH, MS—Dental Hygiene for Cincinnati’s Urban Population
Caryn Tierney RDH, BS, MTL—Sealant Project
Tessa Simpson RDH—Virtual Dental Home in Public Schools
Heather Blair RDH, BSDH, MPH—Vermont Technical College/University of Vermont Medical Center
Children’s Hospital Dental Hygiene Collaboration
Linh My Tran Dental Hygienist (Bachelor of Science in Dental Hygiene)—Oral Health Integration
Sandra Plasner RDH, CDA, BA—Space Coast Volunteers in Medicine

Congratulations to the 2016–2017 Healthy Start for Texas Teeth Community Service Grant Recipient
Paula Harris, RDH, BS DDHS, Texas, Dallas Dental Hygienists’ Society & MTE School Oral Health Education and Fluoride Varnish Program

Congratulations to the 2016–2017 Rosie Wall Community Spirit Grant Recipients
Priscilla Flynn, RDH, MPH, Dr.PH, Minnesota, Community Dental Varnish Initiative
Diana Smith, RDH, BA, Hawaii, Full Life Teeth Team
2017 ADHA Annual Conference: We’ve Been Listening!

After last year, we reached out to more than 10,000 members and non-members for their perspectives on meetings and conferences. The response was impressive—more than 1,200 completed the survey! We listened, and acted on that feedback to make ADHA’s signature annual event even better, so general attendees and delegates alike can Learn, Engage and Advance!

- **Name changed** from CLL to ADHA’s Annual Conference—Clearer and more current.
- **New CE Format**: Shorter sessions—1, 1.5 and 2 hours—and 44 different speakers.
- **More affordable**: New All-inclusive Seminar Pass—up to 16 CE at less than $10 per credit.
- **56 hands-on workshops and seminars**—our most ever—with popular courses offered twice for more schedule flexibility.
- **More comprehensive**: Topics for clinicians, educators, new professionals, and researchers.
- **Focused on career development**, with sessions on Negotiation, Sales and Portfolio Development with Kristine Berry (Hodsdon), RDH, MS.
- **New President’s Dinner** event. Many respondents preferred a sit-down dinner to a reception. This festive event—with live music, dancing and networking opportunities—celebrates both the 30th Annual Excellence in Dental Hygiene Award and the achievements of ADHA President Betty Kabel.
- **Streamlined Schedule for Delegates**: In response to feedback about the length of the Business Meeting, we will be able to finish a day earlier than in past years.

**2017 In Motion: 5K Run—Walk—Fun**

ADHA’s premier fundraising event In Motion: 5K Run—Walk—Fun is back at Annual Conference—with a virtual component, so members can run a 5K in their local communities and still support ADHA and the IOH Foundation—the only Foundation by Dental Hygienists for Dental Hygienists!
2016 National Dental Hygiene Month—2,000,000 impressions!

ADHA marked its seventh year in partnership with The Wrigley Oral Healthcare Program for National Dental Hygiene Month (NDHM), which recognizes dental hygienists and empowers them to be advocates in starting the conversation about oral health.

ADHA’s robust NDHM social media campaign generated two million impressions—utilizing Facebook, Twitter, Instagram and LinkedIn to engage dental hygienists and promote the “Daily 4” messages.

2016 NDHM Highlights
• Video and e-mails sent to members promoted events, outreach and resources.
• Thank You mailing in Sep/Oct issue of Access, with a members-only gift and NDHM poster.
• Special ADHA Update with community service stories of dental hygienists giving back to improve oral health for those with limited access to care.
• Free CE: Chewing Gum, Eating Behaviors, Oral Ecology and Saliva as a Homeostatic Mechanism.

ADHA Social Media: Growing Channels, Meaningful Content, Engaged Community

In November ADHA partnered with Big Voice Communications (BVC), LLC, a company that’s worked with more than 25 associations and non-profit groups. BVC is now part of ADHA’s communications team, lending expertise to our press, social media, marketing and membership efforts.

With the involvement of BVC, ADHA’s 2016 social media strategy introduced new tools along with a detailed weekly content calendar to track social campaigns across all channels. This keeps our social coverage diverse and our messaging relevant to members and the broader community alike.
Facebook Live has become a key part of ADHA's promotion and engagement strategy.

- ADHA CEO Ann Battrell’s Facebook Live interview with Michele Penrose, Director Global Professional Relations, Henry Schein Dental during Chicago Midwinter Event had more than 19,000 views.

- ADHA President-elect Tammy Filipiak hosted two Facebook Live events: Wisconsin Dental Hygienists’ Student Conference (2,100 views) and Coding Ad Hoc group at ADA’s Code Maintenance Committee Meeting (5,700 views).

- Facebook Live events have promoted Annual Conference Speakers: Kristine Berry (Hodsdon), RDH, MS (5,700 views) and Corinne Jameson-Keuhl, RDH, BS, OM (4,900 views).

Boosted posts on Facebook amplified our promotion of Annual Conference. We boosted five Conference-related posts, with an average reach of 5,193.

ADHA participated in Twitter storms and chats hosted by other oral health organizations, connecting with their social media followers and oral health champions. In three events—#WellnessWednesday hosted by Moms Rising, #TinyTeethTalk by Delta Dental of Iowa, and #SealOutDecay for the Sealant Work Group’s report on school program—ADHA tweets reached some 43,300 users.

ADHA Squad Launches. We often hear people say, “We didn’t know ADHA had that resource.” This new initiative encourages highly-engaged members to use their favorite platforms to share ADHA messages with a broader online/social community. Squad members receive news from us 3-4 times per month to share with friends and followers, while collecting points toward cash and prizes. An invitation to join the Squad was made to UYP members in May, and extended to all ADHA members in June.

Media Relations
ADHA has addressed issues directly, and we responded quickly to misrepresentations of our profession in the press as in the cases of CNN and the event known as #Flossgate. The #Flossgate release supported the need for flossing or any interdental cleaning method that best meets
individual patient needs, and called for continued research on the benefits. The release had 1,958 online hits and was downloaded 723 times from ADHA.org.

In November, ADHA launched its campaign for the newly-released Dental Hygiene Diagnosis White Paper. The media release had 2,857 hits online and was downloaded 1,804 times from the website.

In December, our community suffered the loss of dental hygiene legend Esther Wilkins, BS, RDH, DMD. ADHA’s release commemorating Esther reached over 16,000 social media users. ADHA also shared a New York Times article celebrating Esther’s life—reaching 78,800 users.

Phase 1 Website Changes: More Resources, Easier Access
Enhancements to ADHA’s main website and membership pages now provide easier accessibility, new resources and insights on usage. Features include new information pages for Webinars, a new IOH Donation Portal, a new Volunteer Portal, a new Menu Structure for Members Only site and more detailed demographic data on site visitors. ADHA plans to continue improving its website to offer new resources to state and local chapter leaders and expand career information for members.
GOAL 2

Strengthen the ADHA infrastructure
Governance of Tomorrow (GOT) Project: Much Accomplished, Much to Do
Leveraging valuable insights collected during the “Mega Issue” governance session at 2016 CLL, the GOT Workgroup reconvened in Fall 2016. Working with our governance consultants at Tecker International, the group reviewed and responded to feedback on three governance models—and drafted one model that included the best features. Prior to having the House of Delegates vote on a proposed governance redesign this year, it was recommended to pilot test key features of a draft model first. Over the next few years, we will:

- Pilot test more project-focused workgroups and task forces in place of Councils.
- Identify new volunteer opportunities to expand the leadership pipeline.
- Assess and plan for leadership development.
- Implement a Constituent Advisory Committee (CAC) to aid communication between states and the Board of Trustees.
- Test new ways to collect member insights.
- Streamline key/overlapping functions of Leadership Development Committee and Nominating Committee for efficiency with UYP implementation.

Unleashing Your Potential—Expanding the Leadership Pipeline
In November, thirty-nine members from across the U.S. were selected to participate in Unleashing Your Potential, ADHA’s program to recognize and cultivate its future leaders. The three-day workshop, sponsored by Colgate since 2011, gave attendees a unique opportunity to develop leadership and collaboration skills, learn the importance of fiduciary responsibility, and create lifelong connections with their peers and ADHA senior leadership.

High Marks and Rave Reviews for UYP Weekend
Overall, how satisfied were you with your experience at the Unleashing Your Potential Weekend?

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>Very Satisfied</td>
<td>92%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>8%</td>
</tr>
</tbody>
</table>

“UYP solidified my desire to serve our profession and gave me the confidence to move forward. I feel better prepared to take on the challenges of reaching and achieving my goals within the association.”

“I know now that I can accomplish anything I set my mind to, given the fact that I continue to grow my leadership skills and build my tribe.”

Governance of Tomorrow Steering Committee
Charter Agreement Implementation and Constituent Policy and Procedures Workgroup

The constituent boards of the 47 states who signed Charter Agreements have been working to finalize their new component structures. Eight constituents have submitted their new structures prior to the August 2017 deadline and many more are close to completion. These changes will streamline and improve business activities, protect volunteer leaders from risk, and offer a uniform member experience at all levels.

Equally vital work in the Charter Agreement implementation process is being done by the Charter Agreement Policy and Procedures Workgroup. Created to address constituent feedback ADHA received during the Charter Agreement implementation process, this workgroup ensures constituent concerns are represented in the Guide to the Constituent Charter Agreement, a new resource that helps state officers navigate the agreement’s requirements, policies and procedures. The workgroup also helped cultivate win-win strategies to support the tripartite structure, including the development of a Constituent Advisory Committee (CAC) that will be a resource to states to ensure the Charters are successfully implemented.

With constituent officer representatives from each of our 12 districts, the group kicked off in February, accomplished their scope of work during six virtual meetings, and will send recommendations on the final Guide, Addendum and CAC structure to the ADHA Board of Trustees for final consideration.

Special thanks to all who contributed their energy and creativity to this important process, including these appointed workgroup representatives and alternate representatives:


Membership—Challenges and Strategies

ADHA experienced unique challenges this year in membership. While the loss of California as a constituent impacted our overall numbers, a significant number of its members chose to remain national members of ADHA. To date, California remains our largest member state.

Declining membership has had far greater impact nationwide. On average, membership is down 7% across all constituents. After holding steady for the last few years, new member numbers have decreased.

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall Membership</th>
<th>New Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>19,974</td>
<td>2,330</td>
</tr>
<tr>
<td>2012-13</td>
<td>19,957</td>
<td>2,105</td>
</tr>
<tr>
<td>2013-14</td>
<td>19,319</td>
<td>1,835</td>
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<tr>
<td>2014-15</td>
<td>18,673</td>
<td>1,965</td>
</tr>
<tr>
<td>2015-16</td>
<td>18,129</td>
<td>1,931</td>
</tr>
<tr>
<td>2016-17</td>
<td>15,868</td>
<td>1,544</td>
</tr>
</tbody>
</table>
And while the past year saw the number of graduating student members increase, the percentage of those who transitioned to and maintained an active professional membership declined from 20% to 15%.

Various factors have contributed to the membership decline. State leaders report that time and staff are limited and recruiting is difficult. Surveys with past members indicate that 1/3 wanted more communication from and contact with their components and constituents. They say they did not know enough about the resources, CE and networking opportunities available at the local, state and national levels. And they were not aware of the important ways ADHA collectively advocates on their behalf. Often times we hear they just weren’t asked.

Whether it’s a communication issue, an engagement issue or a value issue, reversing the decline must be a top priority at every level of ADHA. Working with Big Voice Communications over the past year, we have increased organizational, strategic and tactical steps to make that happen.

Throughout the fiscal year several pilot programs focused on recruitment. We targeted non-member Access readers with a special membership cover and free CE offer, tested a LinkedIn campaign featuring member testimonial videos, and let prospective members apply webinar registration payments towards new membership fees. For students, we are exploring ways of revamping our communications and the transition process itself, making it easier for graduates to maintain their relationship with ADHA.

As previously reported, we have also invested in new market research that can be, and is being, used at all levels of the tripartite structure. This work, which ramped up in 2015–16 led to a new strategic and annual operating plan with a focused goal of increasing benefits and value to members.

Ten-State Initiative: National Outreach, Grassroots Contact, Sponsor Incentives

ADHA’s most ambitious new membership program is designed to boost recruitment and retention by close of winter cycle 2017 and continue through summer cycle 2017, and is being implemented with generous support from Procter and Gamble’s, Crest/Oral-B.

Grounded in a thorough analysis of membership trends, the initiative initially targets ten states that represent about 50% of total ADHA members. Each of these states saw one to five components lose 10 or more members each last year. And all have a relatively low market share of potential members.
In November, representatives of eight of the ten states took part in a Ten-State focus group at the UYP leadership conference. Their enthusiasm and ideas have been factored into a pilot program that combines national outreach, grassroots communication and sponsor incentives and has secured 182 new memberships as of May 11, 2017. There are two main facets:

- **Targeted Component Renewal**, driven by key leaders in each state who complement national outreach with a personal connection.
  - Constituent Representative
  - Component Membership Ambassadors (Professional Member Outreach)
  - Component Membership Ambassadors (Student Outreach)

- **State-wide Recruitment of New Members**
  - State-wide recruitment emails to new prospect lists
  - 50% off membership dues offer for 50 new members per state who attend a designated state event that draws at least 100 non-members

The **P&G Offer**: To show their support of ADHA and dental hygienists, Procter & Gamble Crest/Oral B offers 50% off the first-year membership for potential members (or those lapsed for 6 months or more) who attend a select event in the given state. This makes ADHA membership affordable and gives states a great reason to reach out to once and future members.

To date, the P&G program has been activated in five states, securing 116 total new memberships: Texas (8), Maryland (17), Washington (45), Ohio (15) and Massachusetts (31). The Florida event will be incorporated into the Annual Conference in Jacksonville. Virginia, Pennsylvania, New York and Michigan will be staging events in FY 2017–18.

Special thanks go out to the participating state associations and staff for their work and support.

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ADHA: Growing Stronger With Corporate Partners

Overall, ADHA’s corporate relations remain strong. The partnerships highlighted throughout this report reflect corporate support for not only dental hygienists, but ADHA as a key partner for many companies. While ADHA has numerous sponsors at all levels, we would like to recognize our key partners as Honorary Corporate Members. Each of these 17 companies has invested a minimum of $15,000 in sponsorships for ADHA programs and activities during 2016–17:
Financial Overview

In August 2016, the ADHA Board of Trustees met with the accounting firm Plante Moran to discuss the annual audit results for fiscal year 2015–16. As in previous years, ADHA received an unmodified option, which is the highest option given by auditing firms.

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<thead>
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<th>Assets</th>
<th>As of 6/30/16</th>
<th>As of 6/30/15</th>
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<tbody>
<tr>
<td>Cash</td>
<td>$108,563</td>
<td>$200,181</td>
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<tr>
<td>Investments</td>
<td>$2,854,619</td>
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<td>Receivables—Net</td>
<td>$570,078</td>
<td>$586,309</td>
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<td>Due from the Institute</td>
<td>$50,897</td>
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<td>Prepaid expenses and other assets</td>
<td>$90,092</td>
<td>$38,622</td>
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<td>Property and equipment—Net</td>
<td>$533,403</td>
<td>$556,573</td>
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<tr>
<td><strong>Total assets</strong></td>
<td><strong>$4,207,652</strong></td>
<td><strong>$5,379,917</strong></td>
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<table>
<thead>
<tr>
<th>Liabilities</th>
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<tbody>
<tr>
<td>Accounts payable</td>
<td>$107,559</td>
<td>$57,659</td>
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<tr>
<td>Accrued vacation</td>
<td>$259,017</td>
<td>$302,106</td>
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<tr>
<td>Accrued expenses</td>
<td>$133,336</td>
<td>$208,597</td>
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<td>Deferred revenue</td>
<td>$1,706,258</td>
<td>$1,776,731</td>
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<tr>
<td>Deferred rent</td>
<td>$365,675</td>
<td>$410,289</td>
</tr>
<tr>
<td>Due to state and local organizations</td>
<td>$139,100</td>
<td>$186,511</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$2,710,945</strong></td>
<td><strong>$2,941,893</strong></td>
</tr>
</tbody>
</table>

| Net Assets                    |                |               |
| Unrestricted                  |               |               |
| General                       | $79,801        | $906,038      |
| Board-designated              | $1,349,328     | $1,349,328    |
| **Total unrestricted**        | **$1,429,129** | **$2,255,366**|
| Temporarily restricted         | $67,578        | $182,658      |
| **Total net assets**          | **$1,496,707** | **$2,438,024**|

| Total liabilities and net assets | $4,207,652 | $5,379,917 |

2016–17 has been a year of strategic and financial change. With the ADHA board approving a new strategic plan during the year, the finance committee recommended a new budget be created to reflect these strategic priorities and organizational adjustments. First and foremost, the new budget works to right-size and realign ADHA’s financial and staff resources to best support ADHA’s new strategic plan.
Staff Reorganization: Over the course of this fiscal year, staff have been realigned, streamlined, and in some cases, outsourced to best support the plan with available resources. In 2015–16, 38 staff positions were budgeted, and currently we are at 24 staff plus contract help. IT and most of ADHA’s marketing and communications functions have been outsourced. The reorganization has both saved money and improved our bench strength, giving us access to more individuals with the diverse and specialized skill sets required to accomplish the work outlined in our strategic and annual operating plans.

Operational Efficiencies: In 2016, we began a deep exploration of other ways to save money and operate more efficiently as an organization. We have been able to renegotiate or terminate some leases and contracts—all while implementing new and efficient technologies at reduced costs (i.e. Voice Over Internet Phones (VOIP), new high-speed internet carrier, switching from WebEx to Zoom). Since our office space had become larger than necessary for our staffing and organizational needs, we successfully renegotiated our office lease and cut our lease costs in half. The ADHA Central Office is now streamlined to accommodate our current 24 member staffing structure.

These and other financial and organizational adjustments reflected in the 2016–17 budget are intended to position ADHA with a budget in 2017–18 where additional expense savings will be realized. This year was an important first step in a multi-year undertaking to ensure budget expenses are offset by reduced revenue, with a goal of beginning to add back to reserves in 2018–19. Per the chart below, ADHA is making significant progress by reducing its reliance on reserves over a three-year period.
GOAL 3

Advocate for the profession
Coding Workgroup: A Community Effort

One of the first ad-hoc groups created this year was the coding workgroup, initially headed by Patti DiGangi, RDH, BS, with other members taking an active lead throughout the year.

Before the American Dental Association’s Code Maintenance Committee met in March, the workgroup reviewed 84 submissions related to dental hygiene for the committee, and ADHA President Elect Tammy Filipiak, RDH, MS, along with Kathy Forbes, RDH, BS and Patti DiGangi, provided testimony at the meeting.

The group is submitting the following proposed resolution to the 2017 ADHA House of Delegates: The American Dental Hygienists’ Association advocates for diagnostic codes, procedure codes, nomenclature and descriptors that are consistent with scientific evidence regarding best practices in dentistry and dental hygiene.

There’s still more work to do, so to find out more about joining the Coding Workgroup, visit adha.org/volunteeropportunities.

ADHA ADVOCACY

PRACTICE & LEGISLATIVE

1 Visit to U.S. Department of Labor to share RDHs’ concerns about employment, labor relations and compensation.

40 Direct Access States now allow dental hygienists to initiate treatment without specific authorization of a dentist, treat patients without the presence of a dentist, and maintain provider-patient relationships.

18 States provide direct reimbursement for dental hygienists within Medicaid.

1 PAC that represents the interests of dental hygienists at the federal level.

40 UYP Members took part in scope of practice focus groups for University at Albany, SUNY, School of Public Health.

51 ADHA Dental Hygienist Liaisons working in collaboration with National Center on Early Childhood Health & Wellness.

23 Alliance Partnerships giving dental hygienists a stronger voice.

DENTAL HYGIENE EDUCATION

PROGRAM OUTREACH

21 Schools and programs visited in NY, LA, CO, NE, WI, MA and FL.

May 8, 2017
Governor Nathan Deal signed Georgia Direct Access Bill into law
ADHA: Greater Presence with U.S. Department of Labor (DOL)

In February 2017, ADHA met with DOL officials in Washington, D.C., to introduce them to our profession and share employment, labor relations and compensation concerns that have been brought to our attention by dental hygienists throughout the U.S. In addition, a federal DOL representative will be attending Annual Conference in June.

Each state has a department of labor as well. Federal and individual state regulations vary as to the individual employee situations. At adha.org/advocacy, members can find contacts and information for submitting a complaint based on the state in which they are employed.

ADHA Provides Comment to the Standard Occupational Classification Policy Committee (SOCPC)

ADHA has long advocated for an upgraded civil service Standard Occupational Classification (SOC) for dental hygienists in the Occupational Outlook Handbook (OOH), which serves as a guideline for any such reclassification. The existing SOC does not reflect the current education levels, expanding scope of practice, and direct access capacity of today's dental hygienists. With solid input from the ADHA, the proposed SOC to be approved in 2017 has been much improved.

Oral Health and Medicare

Given the millions of Medicare beneficiaries who lack routine dental coverage, ADHA and a number of coalition partners are actively involved in initial conversations about creating a "medically necessary" oral health Medicare benefit. This not only addresses a key health care need for many vulnerable populations, it also has the potential to create new opportunities for dental hygienists across the U.S.
**ADHA Adopts Policy on Interprofessional Education**
ADHA adopted specific policy in 2016 to support the integration of interprofessional education into the dental hygiene curriculum. In addition, through the annual dental hygiene practitioner survey, ADHA tracks the practice settings of dental hygienists to assess the connection between interprofessional education and practice.

**Dental Hygiene Professional Practice Index (DHPPI)**
In November 2015, SUNY asked ADHA to help update the DHPPI. Researchers conducted a series of focus groups at ADHA’s Chicago office with UYP participants from across the country, to get their perspective on dental hygiene practice today. The revised DHPPI released in December has a one-page evaluation of each state, with new variables including teledentistry, advanced dental therapy, and supervisory requirements.

**FTC Submits Comment Letter**
The Federal Trade Commission (FTC) submitted a comment letter to the Ohio State Senate regarding Senate Bill (S.B.) 330, An Act to Establish Licensing Requirements for Dental Therapists. S.B. 330, would broaden a dental hygienist’s ability to work without a supervising dentist on-site. The FTC promotes consumer protection and the elimination and prevention of anticompetitive business practices.

**Healthy Futures—Childhood Obesity Symposium**
The National Maternal and Child Oral Health Resource Center (OHRC) at Georgetown University invited ADHA to present a 2-day symposium this past November in Washington, D.C. ADHA’s Survey on Childhood Obesity and Sugar-Sweetened Beverages (conducted with The American Academy of Pediatric Dentistry and Nationwide Children’s Hospital) explored RDH attitudes, interests and experiences in this area. One finding: 81 percent of respondents said they would provide patients with information or interventions related to childhood obesity if CE on the topic was available.

ADHA’s Professional Development division plans to offer a childhood obesity webinar in 2017/2018, and the House of Delegates is considering a resolution on Childhood Obesity at the June meeting. ADHA’s Co-Director of Professional Development and Member Engagement Sue Bessner presented a poster based on ADHA’s research study at the 2017 International Association for Dental Research (IADR), and the research article from the symposium has been accepted for publication into the Journal of the American Association of Public Health Dentistry.
**ADHA Advocacy: Stronger in Partnership**

ADHA advocacy is expressed through collaboration, influence and meaningful partnerships with health care associations that are aligned with ADHA’s health policies. At the federal level, much of our work is devoted to bringing dental hygiene concerns to the table through issue-specific coalitions rather than one-on-one lobbying. For example, ADHA is involved in the Campaign for Dental Health, lending our advocacy voice to its single focus—community water fluoridation. Our Alliance Partnerships include:

- Santa Fe Group
- National Interprofessional Initiative on Oral Health (NIIOH)
- Oral Health 2020
- DentaQuest Foundation
- American Academy of Pediatrics (AAP)
- Dental Trade Alliance (DTA)
- Yankee Dental Congress
- Association of Dental Support Organizations (ADSO)
- American Dental Education Association (ADEA)
- American Association of Public Health Dentistry (AAPHD)
- American Dental Association (ADA)
- American Association of Community Dental Programs (AACDP)
- American Academy of Periodontology (AAP)
- Oral Health America (OHA)
- Children’s Dental Health Project (CDHP)
- The Center for Medicare Advocacy
- Families USA
- Association of State and Territorial Dental Directors (ASTDD)
- Canadian Dental Hygienists’ Association
- National Maternal & Child Oral Health Resource Center (OHRC)
- International Federation of Dental Hygienists (IFDH)
- ADA Commission on Dental Accreditation (CODA)
- March of Dimes

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**Our Volunteers Make ADHA Great!**

ADHA is forever grateful for the time and leadership generously provided by our many dedicated committees, workgroups, task forces and chartered organizations. Across 31 groups, 49 constituents and 281 components, more than 800 volunteer positions gave back to the dental hygiene profession through their countless hours of support. Their collective efforts put ADHA and our tripartite structure in a better position to achieve our shared strategic goals in support of the profession. Thank you to the many ADHA committees, work groups, task forces and charter organizations listed below, with the total number of volunteers for each.

- Board of Trustees – 17
- Executive Committee – 8
- Finance Committee – 7
- House of Delegates (HOD) – 241
- Charter Agreement Workgroup – 33
- Leadership Development Committee (LDC) – 5
- Nominating Committee – 5
- Committee on Policy & Bylaws (CPBY) – 6
- Ethics Committee – 4
- GOT Workgroup Steering Committee – 8
- New Professional Advisory Group – 6
- Committee on Student Relations – 4
- Institute for Oral Health (IOH)
- * IOH Liaisons – 51
- * IOH Advisory Committee – 6
- * Community Service Grant Review Committee – 4
- * Research Grant Review Committee – 4
- * Scholarship Review Committee – 4
- Access Editorial Advisory Board – 20
- Access Industry Advisory Board – 18
- CE Peer Review Panel – 16

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* Santa Fe Group
* National Interprofessional Initiative on Oral Health (NIIOH)
* Oral Health 2020
* DentaQuest Foundation
* American Academy of Pediatrics (AAP)
* Dental Trade Alliance (DTA)
* Yankee Dental Congress
* Association of Dental Support Organizations (ADSO)
* American Dental Education Association (ADEA)
* American Association of Public Health Dentistry (AAPHD)
* American Dental Association (ADA)
* American Association of Community Dental Programs (AACDP)
### Board of Trustees

ADHA 2016-2017 Board of Trustees, with CEO Ann Batrell, MSDH; COO Bob Moore, MA, CAE; and Speaker of the House Carolyn Roberton, BSDH, RDH

<table>
<thead>
<tr>
<th>Name</th>
<th>RDH, BS/MS/BS, MPH</th>
<th>Position</th>
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<tbody>
<tr>
<td>Betty Kabel</td>
<td>RDH, BS</td>
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<tr>
<td>Tammy Filipiak</td>
<td>RDH, MS</td>
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<td>Michele Braerman</td>
<td>RDH, BSDH</td>
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<tr>
<td>Donnella Miller</td>
<td>RDH, BS, MPS</td>
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<td>Jill Rethman</td>
<td>RDH, BA</td>
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<td>Peter Gangi</td>
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<td>Vickie Nardello</td>
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<td>Dawn Ann Dean</td>
<td>RDH, MSDH</td>
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<tr>
<td>Sharlee Burch</td>
<td>RDH, MPH, EdD</td>
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<td>Jessica Kiser</td>
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<td>Diana G. Saylor</td>
<td>RDH</td>
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<tr>
<td>Matt Crespin</td>
<td>MPH, RDH</td>
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<tr>
<td>Lisa J. Moravec</td>
<td>RDH, MSDH</td>
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<tr>
<td>Barbara Leatherman Dixon</td>
<td>RDH, Med</td>
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<tr>
<td>Valoree Althoff</td>
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<tr>
<td>Lin Sarfaraz</td>
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<tr>
<td>Annette Lincicome</td>
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<td></td>
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<tr>
<td>Carolyn Roberton</td>
<td>BSDH, RDH</td>
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</tbody>
</table>

**Committees:**
- Research Advisory Group/Committee – 3
- Sigma Phi Alpha Award Review Committee – 3
- JDH Editorial Review Board – 77
- Award for Excellence Committee – 5
- Coding Work Group – 102
- Committee on ADHA Board Policy & Procedures – 4
- Committee on Minutes Review – 3
- Committee on Annual Session – 6
- HYPAC Advisory Group – 3
- Dental Hygienist Liaisons (DHL) – 51
- Committee on National Boards – 5
- Dental Hygiene Education Standards Ad-Hoc Group – 203
- Constituent Officers – 250
- Component Officers – 605
Albert Einstein once said that the thinking that got us to where we are is not the thinking that will get us to where we want to be. This could not be any truer than it is now, as we embark into 2017–18.

ADHA and the profession of dental hygiene continue to adapt to the changes in our environment, which is essential if we wish to achieve our mission and vision.

The need to unify our voice and build momentum around the importance of increasing our member market share will be at the forefront. ADHA must be viewed as the premier resource for all dental hygienists throughout the lifecycle of their career, and our strategic plan has placed this important objective front and center. The goal of having all dental hygienists feel connected and part of our community at ADHA is a tremendous opportunity, and WE must be up for the challenge of welcoming all new explorers into our “ADHA Tribe” while we also identify and mentor new leaders. United and strong, with each of us serving as an ambassador to other professional colleagues and collaborative partners, we will thrive and grow. I look forward to taking this journey with each member and the ADHA staff team. Thank you for providing me the privilege to serve you and our profession.
As busy members, leaders, and volunteers, we listened carefully to your request for ADHA information that is brief, compelling, and to the point. Building off our success last year to combine the annual reports of the CEO and COO we’re trying a new approach this year to create one streamlined annual report from the President, CEO and COO. The work of ADHA is done collaboratively, so, what better way to model our BOT–staff partnership and unified efforts to advance the strategic plan than one, streamlined report. We look forward to your feedback on this new approach.

As you read earlier, the BOT did an excellent job embracing change and exemplifying a nimble governing body when they developed and launched a new strategic plan at the start of the year. This plan helps refine the focus of ADHA, support our members, and tell our story. While the plan was approved in September, the input and rationale to develop a new plan began long before. During our CEO/COO presentation to the HOD last June, we noted a variety of new and ongoing ways we are listening as an organization. Surveys remain foundational to our work, but we have been increasingly leveraging market research, social media, and other qualitative methods to inform our strategic decision making processes. Being a knowledge-based and data driven organization is central to our governance, critical to being relevant to our members, and key to our growth.

To give context on what we have accomplished this year, it’s helpful to look back before we move forward. In last year’s annual report, we wrote about ADHA’s supporting the transforming dental hygiene profession. Just a short year later, ADHA as an organization has also undergone transformation in support of dental hygienists across the country. To deliver on the new focused strategic plan, we needed to thoroughly re-evaluate how we use our financial and human resources across the entire organization. To this end, 2016–17 included significant organizational change to become a more nimble, efficient, and value-based organization. Three examples of significant infrastructure changes this year include the implementation of the technology assessment that was conducted in December 2015. The recommendations from the technology assessment continue to provide worth as we identified a variety of ways to increase our technological capacity while saving money. We also successfully re-negotiated our lease to move to a new office space that will save up to 50% in lease expenses, and right-sized our staff to better align with the new strategic plan.

Thank you to our Board of Trustees, members, leaders, and volunteers. As you read, 800 volunteer roles were filled this year! The staff–volunteer partnership is critical for success and we couldn’t ask for better partners. Thank you for all that you do on top of your busy professional and personal lives.
We also want to send a heartfelt thanks to our staff for ALL of their support and commitment to ADHA. A year of change like this is not easy, but they rose to the challenge beautifully. For example, we moved just 7 weeks before the Annual Conference and now we are settled and you’d think we had occupied Suite 400 for a long time. It immediately felt like home. In addition to financial savings, the move afforded us a new way to connect and collaborate as a team. It’s given us a new start, with a new plan, and new budget.

Looking forward, we are very excited about the great things to come in 2017–18. In particular, we look forward to building upon the Governance of Tomorrow (GOT) project. Next year will continue to be another year of “GOT in action.” We have seen that ADHA has great capacity to embrace new governance models and leadership opportunities. Success will continue to be built leveraging ad hoc groups and pilot testing other aspects of the GOT project. Member benefits will continue to grow with more free CE and other relevant career and professional development resources for dental hygienists in a variety of career pathways. We will continue to strengthen our support of constituents and components through the implementation of charter agreements. And we will continue to be your advocate.

We look forward to continuing this journey of growth together...listening, collaborating, and progressing. We ARE stronger together.