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‘Tis the Season

It’s here! The season of holidays is upon us. It starts with Thanksgiving – colorful leaves, smells of roasting turkey and pies and…endless football. Then Hannukkah – gifts, thankfulness, family…then Christmas – trees, family, children squealing over new toys. Next is Kwanzaa – family, community and culture. And all of a sudden, it’s a New Year!!!

What do we do with that New Year? I believe in paying back and paying forward. My profession has given me so much and my way of saying “thanks” is to be a member of CDHA.

Looking back over 2018 I think of all that has happened, all we’ve seen and all we’ve done. There were successes for us professionally – the Dental Hygiene Board of California! The years of effort by CDHA members who have served on our Government Relations Council, given months of their lives to expanding and enhancing our profession and, without fanfare, worked through frustrations, heartbreaking defeats and now have a formidable list of successes and achievements. To all those members over the years – there is simply no way to thank you enough for the hours of your life you’ve given and your dedication to our profession and CDHA.

And to Aaron Read & Associates – thanks for being our advocates over the years. Having known Aaron for many years, I know he talks about the care given his mother by one of our dedicated CDHA members. He gets misty-eyed every time he tells the story, and he keeps telling that story to us and about us to legislators. So, to Aaron, Terry McHale and Jennifer Tannehill I thank you from all of us and wish you Mazel Tov, health and happiness.

I look forward to more successes in 2019 and the years to come. In 2019, Michael Laflamme wants us to reach out to other professions in our community to explore ways we can collaborate to deliver patient care. Michael challenges us to find new ways and organizations with which we can help more patients get the care they need, whoever and wherever they are – to use all the words on our cover for our patients.

In 2019, I hope you’ll all reach out to friends, classmates, and colleagues to join us as we work across the state to improve ourselves and the ways in which we help patients. I know that student life is hectic, being a recent grad is stressful, and raising a family demands all we have. I know, I’ve been there. Life is rarely a straight path, there are bumps in the road – I’ve had some of those, too. But the life I’ve been able to lead as a result of my profession, makes me grateful every day. I’ve been able to live comfortably, to raise my child, take my knowledge into the corporate arena and even travel to some incredible places in the world for my work. Along the way I’ve made friends I’ve known longer than any of us want to admit… and they all belong to CDHA.

I try my best to reduce the number of days when I have to admit “I wish I had…” I wish I had thanked someone for a kindness, praised someone for a job well done, applauded another person for helping someone in need. I wish I had been able to pay back to my profession for all I have and all I’ve been able to do. I’m still working on it.

Thanks for your membership and I hope you’ll invite your dental hygiene friends and colleagues to join us. Let’s see where this New Year will lead us all together. I wish you health, happiness and fellowship in your profession. Have a wonderful, successful, collaborative and daring New Year.

With thanks….

We send our thoughts and prayers to all who have lost so much in the fires throughout California.

Liz Moore, RDH, MSEd
Editor
Webster’s Dictionary defines collaboration as: “working jointly with others or together especially in an intellectual endeavor.” CDHA's ongoing goal is to follow the spirit of this definition and collaborate with other medical professions to provide complete care to the patients we treat.

Too often dental care is not considered or included in the treatment care plan for those under the care of medical specialists. Geriatric, autistic, cancer patients, to name a few, have unique health needs that require enhanced care. Although we know RDHAP’s were created to treat underserved patients, do our professional colleagues know we’re a resource? As a large segment of our population ages, we must ensure that the RDH/RDHAP is part of the patient treatment plan. While the importance of oral care is well documented, many medical professionals still aren’t aware how it can affect the patient’s overall health and recovery, or where to look for…collaboration.

CDHA is reaching out to specialties in our state to begin collaborating in a manner that makes them aware of the need for oral care, and the existence of the RDH/RDHAP professional. An example of such an inter-disciplinary collaboration could be with a geriatric physician (geriatrician), a medical doctor who specializes in the diagnosis, treatment, and prevention of disease and disability in older adults and are specially trained in the aging process. In reaching out to their professional organization, relaying the need for including oral care and, in turn, their organization reaching their providers with this information, CDHA will be supporting our goal of collaboration.

Similarly, outreach to Registered Nurses could provide multiple collaborative options. Working locally, perhaps collaborating with nursing education programs, we can show the nursing student how to recognize the need for oral care, treatment, and referral. On the state level, we can reach out to the California Nurses Association to work with practicing RNs.

The California Advocates for Nursing Home Reform (CANHR), a non-profit organization dedicated to improving the choices, care and quality of life for California’s long-term care consumers, is yet another organization with whom CDHA could collaborate. While not directly involved in the oversight and regulation of California nursing homes, they could educate the management and staff of the long-term care facilities of the patient’s needs. By reaching out to both the care provider and those managing the facilities, CDHA will have a greater opportunity to collaborate with those who interact daily with patients living and being treated in California Nursing Homes.

The RDHAP can treat patients in schools, institutions, nursing homes, and the homebound. They treat all those whose medical condition prohibits them from receiving traditional dental care. Reaching out to the groups that organize and champion those patients is how CDHA communicates and collaborates to ensure that oral healthcare is offered and received by these underserved populations.

The more healthcare specialties with whom CDHA can collaborate, the more awareness there will be of the need for oral care and the skills of the RDH/RDHAP professional. Each component may wish to survey their area to identify groups which may be interested in collaborative efforts. CDHA is doing this at a state level but needs feet on the ground throughout the state to identify and work with local agencies and groups. Seeing our profession through different eyes and learning about other healthcare supporters can be beneficial for both teams and especially for our patients.

If you, as a clinician, or your CDHA component have a working collaboration or a contact with interested professional organizations, please let us know (email me at mslaflamme@gmail.com)—we want to move forward.

Michael Laflamme, RDH, BA
VP Administration &
Public Relations
Helping students transition into an RDH professional

Speakers at the New Professionals Meeting held by the San Francisco Dental Hygiene Society in September interacted with new colleagues for an informal discussion to assist the transition from student to working RDH. Panelists represented private practice RDHs, alternative practice hygienists, the “lifetime temp,” Master’s degree students and public health hygienists.

Of those attending, 100% urged SFDHS to repeat the program next year with one attendee remarking “I’m very grateful for the experience because I did learn more about the fields I’m interested in.” The planning for the 2019 session of this program is already underway.

South Bay members work for local children

Cheryl Akagi, RDH, (right) participated in “Give Kids A Smile,” a free dental event at the South Bay Children’s Health Center.

Cheryl reports: “Every year I get the opportunity to volunteer and work with the amazing team at South Bay Children’s Health Center. Their dental team, led by Dr. Megha Sata, provides quality dental care for low income children and young adults, and free dental screenings for children without insurance in the South Bay including: Hawthorne, Lawndale, Redondo Beach and Torrance. Every February they hold “Give Kids a Smile,” a special event which provides free dental care for those in need. This two day event takes the efforts of many volunteers and donations to serve as many children as possible. The beauty of the whole event is that SBCHC and Dr. Sata run the clinic like a private office giving the best of care. The kids we care for are so kind, grateful and a joy to treat. There is no greater gift than putting a smile on a child’s face! I can’t wait till next year’s event.”
Community Action

Dental Hygiene students join CDHA members in service at Care Harbor Los Angeles

The annual Care Harbor event is well known as a provider of Medical, Vision and Dental care to underserved community members. In the past nine years volunteers have given time and talents to serve 25,000 people in need. Last year dental patients were surveyed at registration with 56% saying they had not seen a dentist in the previous year and 26% had not seen a dentist in the previous five years.

This year’s October Los Angeles event served 1,720 children and adults with the dental section seeing 780 patients under the direction of Megha Sata, DDS, and Mary Delehanty, RDHAP. They were assisted by hygiene clinic floor wranglers PJ Attebery, RDH, BSDH, and Laurel Bleak, RDH, BSDH. Dental Hygiene students from West Los Angeles College, West Coast University and Cerritos College dove into the spirit of the event, providing exceptional care in the clinic environment.

We salute all the CDHA members and these enthusiastic students for bringing their compassionate skills helping all those in need at the event. Special thanks to Mary Delehanty, RDHAP, and Laurel Bleak, CDHA Public Health Council Chair for sharing their experiences with us.

Students of Cerritos, West Coast and West Los Angeles dental hygiene schools donated their time for a full weekend to give care to underserved Los Angeles area residents.
2018 Southern California Oral Health Summit

On August 30th the LA County Department of Public Health, Oral Health Program, in conjunction with the Center for Oral Health and the Valley Care Community Consortium, held the 2018 Southern California Oral Health Summit in Los Angeles. The Summit was called to gather California stakeholders from multiple sectors and disciplines to launch the California Oral Health Plan 2018 – 2028. The purpose was to engage partners to collaborate, coordinate, and implement the plan’s action steps.

Dr. Steven Silverstein, UCSF-Technical Assistance and Training for California Counties, shared a proposal for Local Oral Health Program Guidance for Goal #6; Professionally Delivered Direct Preventive Dental Services that supports utilization of RDHAP’s. The RDHAP can directly bill DentiCal for their services while the local health departments may provide equipment and supplies to facilitate the start-up of the program until such a program becomes self-sustainable.

Attendees and presenters included Dr. Jay Kumar, State Dental Director; Dr. Maritza Cabezas, Dental Director, LA County Department of Public Health, Oral Health Program; Dr. Steven Silverstein, UCSF; Alani Jackson, Dept. of Health Care Services; Kathy Phipps, LA Oral Health Program; and local stakeholders including Federally Qualified Health Center (FQHC) directors, community coalitions, dental program educators, and local Dental Transformation Initiative representatives.

Continued CDHA representation and involvement in oral health coalition efforts across the state and in local jurisdictions helps to maintain awareness and visibility of the RDH and RDHAP as an integral part of the California Oral Health Plan.

CDHA representatives participated in networking opportunities with partners and oral health colleagues. Topics addressed in smaller break-out sessions included, FQHC Medical/Dental Integration and Capacity and Coalition Building: The Nuts and Bolts of Putting an Oral Health Coalition Together.

Dr. Silverstein requested access to RDHAP alumni information from West Los Angeles College and University of the Pacific to gauge RDHAP interest in providing direct dental services in school based programs supported by local oral health programs. Discussion between Dr. Kumar and Dr. Cabezas focused on the proposal of a combined statewide meeting next year, 2019, to monitor progress of the oral health plan’s implementation.

Laurel Bleak, RDH, CDHA
Public Health Council Chair

Send us your Photos

To our dedicated and active members: we love to have your photos and want to share them with our members. So they look their best, we do ask that when you want to share an event you:

- Include your credentials and component
- Include photo captions
- When sending from your phone or ipad be sure photos are in “largest format” (typically actual size setting). Do not place them in a word document to send.
- Include a contact phone or email.
- Email to editorcdha@gmail.com
A Legislative Year to Remember - One Giant Leap for Dental Hygiene...

By: Lisa Okamoto, Government Relations Council Co-Chair

Victory for the profession of dental hygiene!

On New Year’s Day 2019, the Dental Hygiene Committee of California (DHCC) will be known as the Dental Hygiene Board of California. The Governor has signed SB 1482 (Hill), removing any doubts that, in California, dental hygiene is self-regulating and has control over its educational programs. These were two important hallmarks of a true “profession” that previously eluded us, but no longer!

This is huge – a bright light on a long journey for dental hygiene and the result of decades of work by CDHA to gain representation, a voice, and acknowledgment as a profession.

For those of you too young to remember, there was a time when we had zero representation; when our scope of practice was controlled, regulated and limited by our employer dentists; when we had no voice in regards to dental hygiene educational programs affecting our profession. What’s in a name, you ask? As the “Committee,” the DHCC’s autonomy and independence came under question. Not so as a Board. The Legislature and the Governor recognize this distinction. Sweet success indeed! To learn more, see page 10.

CDHA sponsors several legislative bills

CDHA, with the help of advocates Aaron Read & Associates, tracked a number of bills in 2018, including SB 1482 which was co-sponsored by CDHA. Approximately 3,000 bills were introduced to the Legislature in 2018. While many bills died in committee or on the Floor of either house, Governor Brown received and acted on a total of 1,217 bills. The Governor signed 1,016 bills and vetoed 201. A bill may become law unsigned if not vetoed but, as is standard with this Governor, zero bills became law without his signature. The veto rate was 16.5%.

Disappointingly, the Governor did veto other bills supported by CDHA, citing concern for “significant, ongoing general fund commitments” which should instead be part of the annual budget process. The good news is that many of those bills enjoyed bipartisan support in the Legislature. Bills that had little or no opposition, such as SB 1125 which would allow reimbursement for two Federally Qualified Health Center (FQHC) visits in the same day, and 1148 providing Silver Diamine Fluoride code for Denti-Cal billing, may see their goals successfully implemented as part of the budget process each year.

Final disposition of 2018 priority bills tracked for CDHA by Aaron Read & Associates:

- **SB 1482** (Hill) – SIGNED: DHCC Sunset extension and name change to Dental Hygiene Board of California
- **AB 2138** (Chiu) – SIGNED: Limits licensing boards’ authority to deny licenses to convicted felons
- **SB 707** (Cannella) – Vetoed: Denti-Cal Advisory group that included dental hygienists
- **SB 1125** (Atkins) – Vetoed: FQHCs and RHCs reimbursement for 2 visits in one day
- **SB 1148** (Pan) – Vetoed: Silver Diamine Fluoride code for Denti-Cal
- **SB 1406** (Hill) – SIGNED: extends Community College bachelors’ degree pilot program
- **SB 1464** (Weiner) – Died in Assembly Appropriations: Dental Special Needs codes for Denti-Cal
Milk or Water? SB 1192 (Monning) also passed the Legislature and was signed by the Governor in September. Effective January 1, 2019, milk or water will be the only two options California restaurants can offer as part of standard “kid’s meals.” Parents can still opt for other beverages, but they must ask! This is an important step towards addressing childhood obesity, educating parents and prioritizing healthful beverages in the marketplace aimed at children.

2020 Soda Tax Initiative – Stay tuned. A ballot measure, the California Sugar-Sweetened Beverages Tax Act of 2020, was filed in July by the California Dental Association (CDA) and the California Medical Association (CMA). The nonpartisan Legislative Analyst’s Office has concluded this initiative will generate an estimated $2-3 billion annually from a statewide sales tax of 2 cents ($0.02) per ounce on sugar-sweetened beverages, if passed in 2020. Between $1.6 billion and $2.5 billion of that revenue would be dedicated exclusively to health care.

The 2020 ballot measure is in response to the Keep Groceries Affordable Act of 2018 (AB 1838), which was signed by the Governor in June as part of the 2018 budget package. The Affordable Groceries Act was a compromise with the soda industry which had threatened a more stringent anti-tax ballot measure. Under this 2018 Act, local taxes are banned on certain groceries (including soda) until 2031; taxes imposed by cities prior to January 1, 2018 are exempt.

Although SB 1464 was vetoed, the Dept. of Health Care Services has announced that distribution of 2018-2019 Tobacco Tax funding will include supplemental payments for services provided to special needs patients. CDHA will continue to advocate for a DHCS Advisory Group as well as these other “budget” matters.

Dental Hygienists have been reclassified by SOC

On the national front, the US Office of Management and Budget updated the Standard Occupational Classification (SOC) in 2018 and Dental Hygienists have been reclassified as “Healthcare Diagnosing or Treating Practitioners.” As dental hygienists had previously been classified as healthcare technologists or technicians, the new classification reflects the growth of the dental hygiene profession, expansion of our scope of practice nationwide, and our role as primary preventive care providers.

SAVE the DATE!
Tuesday, March 26, 2019
CDHA Legislative Day

Attend the 2019 Legislative Day at the California State Capitol and continue to help advocate on behalf of your profession

Who Should Attend?
This important event will provide hygienists the knowledge and skills necessary to effectively advocate for legislative issues impacting dental hygienists. Any member interested in learning more about the legislative process, or who would like to lobby directly with their Legislator, this is the event for you!
As reported in this Journal (page 8), creation of the Dental Hygiene Board has been the result of a long journey. Because it was neither a smooth road nor easy undertaking, it is worth looking back at this achievement to understand what it took for CDHA to achieve this milestone for our profession.

The formation of the DHCC was the culmination of more than a decade of work by CDHA, spearheaded by former CDHA President and GRC Chair JoAnn Galliano. She worked closely with Senator Don Perata and legislative advocates Terry McHale and Aaron Read to first achieve a preliminary success.

Former CDHA President Katie Dawson shares that for a period of six years, CDHA sponsored three bills to create the Dental Hygiene Committee of California. The first two bills were vetoed by Governor Schwarzenegger. Persistence, determination and passion paid off! The final bill was a victory, and the DHCC became a reality when the bill was signed into law on Friday, June 13, 2008.

According to Dawson, “Although there are a number of dental hygiene committees throughout the nation, California’s committee was the first that was not a subcommittee of a dental board. In other words, like nurses and other professions, we would not be regulated by our employers.”

The DHCC was unique in that this committee had a more equitable representation of dental hygienists, consisting of four dental hygiene members, 4 public members and only 1 dentist. Rhona Lee and Michelle Hurlbut, both CDHA members, were the DHCC’s first President and Vice President respectively. While the DHCC reported directly to the Department of Consumer Affairs, California dental hygienists possessed more control over their profession, and were better able to both advocate for their profession and serve the consumers.

Since its creation, the DHCC has had full and sole authority to license and regulate three categories of primary care dental professionals: RDH, RDHAP, and RDHEF. However, confusion persisted due to the “Committee” name and “jurisdiction” language. With the passage of SB 1482, on January 1, 2019, the DHCC will become the Dental Hygiene Board of California. It is now the first and the only self-regulating dental hygiene board in the nation!

CDHA will continue to work closely with the California State Legislature and Aaron Read and Associates to elevate the status of the dental hygiene profession in California.

Lisa Okamoto
Government Relations Council Co-Chair
California Dental Hygienists’ Association has partnered with California Casualty to provide members a better option for their auto and home/renters insurance. In business for more than 100 years, California Casualty offers association members discounted rates, unique benefits, and exceptional service.

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CDHA Membership

Valuable membership services, educational programs and ...

By: Jenifer McDonald

The California Dental Hygienists’ Association – just two years independent – has taken great strides to provide its members with valuable membership services, educational programs and BENEFITS.

CDHA membership costs just 66 cents a day!

Our programs and benefits are designed to assist when your dental employer does not provide insurance programs that you need.

- Short-term disability coverage – an 85% benefit percentage when combined with California state disability coverage.
- Long-term disability – dental hygienists often need this coverage since their mobility is vital to their profession and if you are disabled for a longer period of time this insurance replaces your paycheck.
- Life/Accident, Death or Dismemberment – rates are competitive for these important coverages
- Property, rental insurance, pet insurance, so many more choices – the California Casualty insurance programs are getting outstanding reviews with our members indicating they are saving hundreds of dollars on premiums, with coverage that protects them.

We continually hear “What about health insurance?” Changes to mandated health coverage at the Federal level gave us some hope we could provide a healthcare plan for members and we were in discussion with several insurance brokers to get this important coverage for CDHA members.

Unfortunately, the California Legislature passed a bill that was signed by Governor Brown in September that would NOT allow Association Healthcare Plans in California, so we won’t be adding that benefit this year.

CDHA is so much more than its benefit programs. Educational programs, leadership opportunities, networking and mentoring. Student programs – our future leaders and your professional partners in the making. All of CDHAs members working together at the state and component level – hard-working, tireless volunteers with countless hours expended on behalf of every hygienist – non-members benefit even though they don’t pay dues as CDHA works for every hygienist.

Legislative advocacy for the dental hygiene profession – some of the best work done by the most talented team of volunteer advocates and our contract lobbyist! The Dental Hygiene “Committee” of California during this year’s legislative session and during its sunset review is now the Dental Hygiene “BOARD” of California. California recognized the importance of the healthcare provided by dental hygienists with the passage of this SB1482 (Hill).

Isn’t all this worth just 66 cents a day?

We hope you will take advantage of these benefits of your membership in CDHA. See the following pages for details.

Jenifer McDonald
CDHA Executive Administrator
President, McDonald Association Management Company
Group Insurance Overview – and Savings!

Quality insurance coverage is vital to the hygienist profession. Unfortunately, many dental offices are not able to provide the quality insurance coverages that most employees receive from their employer. CDHA is here to provide the Fortune 500 level employee benefits packages to CDHA members that aren’t offered through their dental office(s). By using the power of CDHA membership numbers, CDHA has partnered with several insurance providers to get these highly sought coverages at the group discounted prices. The average savings on the insurance coverages greatly outweighs the price of CDHA membership alone!

California Casualty Home & Auto Coverage
www.calcas.com/cdha

California Casualty partnered with CDHA in 2017 to provide discounted home & auto insurance to CDHA members. Not only does California Casualty have the best rates in California (average $495 savings), but they also consistently rank high in customer service with a 99% customer satisfaction. On top of discount home & auto coverage, special coverage additions to CDHA members include:

- Reduced deductible for vandalism
- $1,000 Pet Injury Protection included at no charge
- Free ID Theft Resolution
- 12-month rate lock guarantee
- $500 Personal Property Coverage
- And so much more!

Member Testimonial:

“California Casualty is like the USAA for hygienists. I saved over $900 a year on home and auto insurance for my family by switching to California Casualty!”
Deteriorating eyesight can be a hygienist’s worst enemy. Protect your vision with VSP! CDHA has partnered with VSP to provide the best vision care services at group discounted rates. VSP has been awarded best in vision care by Top Ten Reviews for four consecutive years.

Plans start as low as $13/month with a typical savings of over $200 on your exam and glasses!

CDHA has partnered with R.E. Chaix and Associates Insurance Brokers, Inc to bring you an insurance program for Liability, Errors, and Omissions coverage.

The program is written on CNA Insurance Company paper and is administered by AON Affinity Insurance Services. R.E. Chaix and Associates Insurance Brokers, Inc is an insurance broker licensed in the state of California to offer insurance products to consumers. R.E. Chaix and Associates, Inc has been in business for over 30 years with four offices in the state of California to serve your insurance needs.

Group Disability Insurance

Short Term Disability Coverage

If you’re sick or injured, you can keep income coming with group short-term disability income insurance with CDHA. Short-term disability insurance replaces part of your paycheck for a limited period—usually a few weeks to a year—so you can focus on recovery with less concern for your finances. CDHA offers the most competitive short term benefits offering up to 85% of your annual income for up to a year when combined with CA State disability.

Long Term Disability Coverage

Long-term disability income insurance protects your income if an on- or off-the job incident prevents you from working for an extended period. If you’re injured or
become disabled—whether from a sudden accident or chronic condition—long-term disability income insurance with CDHA replaces part of your paycheck until you reach normal Social Security retirement age.

**How affordable is group coverage compared to individual coverage?**

Because CDHA is a self-administered association group policy, the rates are much more affordable than the individual market.

Example of Long Term Disability Coverage Rates:

- 34 year old hygienist with a $74,000/year annual income.
- Benefit amount: 60% of annual income ($3,900/month)
- Benefit duration: until Social Security retirement age
- Own occupation coverage
- Waiting period: 365 days

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<th>Individual Market</th>
<th>CDHA Group Plan - Savings of 75% - 82%!</th>
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<td>On the individual market, the hygienist would pay an estimate of $215 - $291/month premium (PolicyGenium.com estimate). The premium also assumes a fully healthy hygienist. The application process would include a medical questionnaire and background check on the individual market.</td>
<td>Under the CDHA Group Coverage, the hygienist would only pay a $52.42/month premium. The CDHA Group application does not have a medical questionnaire or background check during your open enrollment period.</td>
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**Health Insurance**

A common question to CDHA is “when will group healthcare plans become available?” The California Senate recently passed SB 1375 (and was signed by the Governor) which does not allow association healthcare plans in California. So while association healthcare plans are allowed in other states, they are not available in California at this time. CDHA is closely watching this legislation and will keep members up to date of any changes.
Membership with CDHA: Saving You Big Bucks!

Long time CDHA member, Helen Smart, wanted to see if the CDHA Member Benefit Programs were really going to save her money. This is what she found….

“If you take advantage of the CDHA Member Benefit Programs, it pays for way more than your membership!” – Helen Smart

California Casualty
Bundled home owners insurance with coverage for her family automobiles
**Helen’s Savings = $2,800/year**
(Savings with California Casualty will vary. Helen saved more because she bundled her home with all of her family’s automobiles. The average savings for an individual with one car is $495/year).

VSP Vision Care - Savings vary with plan
**Helen’s Savings = $160**

Financial Wellness with Ameriprise
**Helen’s Savings = Invaluable FREE consultation**

Short Term & Long Term Disability Insurance
Six months after purchasing Short Term Disability Insurance, Helen broke her foot and collected her maximum benefit which exceeded $3,000 (not included in the calculation below).

Continuing Education for License Renewal
Saved a minimum of $10 for each CE Unit given by CDHA.
**Helen’s Savings for required 25 units = $250**
(Savings can be anywhere from $10-$30/unit. CDHA also offers several complimentary courses and Home Study CE’s per year)

Helen’s Total Savings/year = **$3,210**
Helen’s CDHA Membership Dues/year = **$240**
(New Professional Dues and Senior Dues = $135)

Helen’s Yearly Savings by Joining CDHA and using the Member Benefit Programs: **$2,970/year**!

*Typical savings vary from member to member depending on the member benefit programs and usage, but one thing is for sure – it pays to be a CDHA Member!*
California Dental Hygienists' Association is proud to partner with VSP® Individual Vision Plans to offer high-quality, affordable vision insurance for those who currently do not have access to an employer-sponsored vision benefit. With multiple plans to choose from, you can pick the coverage that's right for you from the nation's largest network of doctors with a wide selection of eyewear to fit your style.

Contact us at cdha.org/vsp-vision-care

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Learning Outcomes:

- Define MSD and explain why dental hygienists are susceptible.
- Discuss common risk factors and anatomical areas associated with the occurrence of MSD.
- Describe strategies for preventing and managing MSD.

Abstract

“Although I am not totally sure my pain is clearly linked to dental hygiene practice, I have severe narrowing of the foramen at L4, L5 and S1 and a subluxation on L4, L5,” says Susan McLearan, a hygienist who practiced for more than 40 years. McLearan’s painful story is one that is all too common among experienced hygienists. Younger hygienists often take to Facebook groups querying why they are experiencing these symptoms and how to avoid them. “Musculoskeletal disorder” (MSD) is debilitating neck, shoulder, back, hip and carpal tunnel pain that results from static, awkward working positions and repetitive motions. Prevalent in dental hygiene practitioners, MSD has far-reaching physical, emotional, and economic consequences, including disability leave or career abandonment. MSD often manifests as a confluence of risk factors. Because studies indicate that protecting one’s body is the best way to avoid developing MSD, this continuing education course explores MSD prevention for dental hygienists. Prevention techniques include early intervention, movement, self-care, ergonomic equipment, and collaborating as a dental office.

Keywords: musculoskeletal disorder, MSD, ergonomics, prevention, dental hygiene

Introduction

Musculoskeletal disorder (MSD) is injury to the musculoskeletal system (muscles, tendons, ligaments, nerves, discs, vessels, etc.) affecting human movement and causing pain. These traumatic or chronic injuries are often the result of repetitive motions in non-ergonomic postures. As nerves, ligaments, and muscles deviate from neutral position and are held, certain musculoskeletal groups become stronger and shorter while others become weaker and elongated, leading to imbalances and undue strain in specific areas.1 These muscular, neural, and skeletal imbalances eventually lead to ischemia, muscle necrosis, chronic pain, and fatigue. Dental hygienists frequently experience stress on the carpal tunnels, neck, shoulders, back, and hips, and the nature of their work makes them more prone to developing MSD than dentists and dental assistants.2 The prevalence and implications of MSD in dental hygiene practitioners are alarming. Studies indicate up to 96% of hygienists report occupational-associated pain, and MSD pain is a leading cause of leaving the profession or reducing clinical hours worked.1,3 This literature review briefly examines the most commonly affected anatomy and risk factors for dental hygienists developing MSD, followed by a consummate examination of prevention approaches.

Risk Factors

Positioning: In a systematic review of 58 articles on MSD in dental practitioners, De Sio et al (2018) found that static, non-ergonomic postures are the primary risk factors.
factor for developing problems. The awkward postures more frequently identified among dental professionals are: extreme forward-head and neck flexion; trunk inclination and rotation towards one side; lifting one or both shoulders; increased curvature of the thoracic vertebral column; incorrect positioning of the lower limbs with thigh-leg angle of less than 90 degrees. McLearan agrees. “I feel that the twisting that I performed while trying to work on someone in a wheel chair and having to hold myself up as I extended over a hospital bed to work on my supine patient could be contributory to my bulging disk and vertebral degeneration,” she says.

**Exercise, Weight Control, and Gender:** In addition to static, awkward positions, lack of exercise and weight control can significantly increase a hygienist’s MSD risk. A cross-sectional study of 124 Thai dental professionals found that those who do not exercise experience statistically significant higher incidences of pain in the shoulders (72.3%), neck (69.2%), lower back (43.0%), knees (43.1%), upper back (32.3%), and ankles/feet (7.7%). Like many other research articles, this study examines the confluent, multifactorial nature of MSD. The researchers also found that clock position, more years in practice, longer working hours, greater frequency working, and the male gender all correlated to greater incidences of MSD. Regarding gender, another study indicated women in dentistry are at higher risk for developing MSD, even when adjusting for the disproportionate ratio of women to men in dental hygiene. Although this study also identified the existing presence of chronic disease as a risk factor for MSD, similar to the Thai study, it cited older age, long working hours, and number of patients treated as prominent causes of MSD pain.

**Age and Time Worked:** Working more (whether hours per day, days per week, or years in hygiene) is correlated with MSD. A survey of 95 hygienists found that age, Body Mass Index (BMI), and number of patients treated per day were significant risk factors in developing carpal tunnel syndrome (CTS). Another survey of 2,142 Ontario dental hygienists found that the number of heavy calculus patients per day, clock position, and years in practice were significant predictors of carpal tunnel syndrome. For shoulder pain, risk factors included days worked per week (but not heavy calculus patients), time with the trunk rotated, and years of practice. CDHA Speaker of the House Susan Lopez sees the research findings in her personal experience: “I graduated a long time ago – almost 47 years. I did have back surgery 13 years ago and proceeded well.” She added, “I am always surprised with our young hygienists who are already complaining of pain in necks, backs, and wrists so early in their careers.”

**Ergonomics and Dental Students:** Numerous studies note the role of early posture habits affecting a dental professional’s chances of developing MSD. In a survey of 336 Spanish dental students, it was found that “only 28.6% of the students were found to sit correctly in the dentist chair. Furthermore, in the opinion of the students, very few classes during their career afforded adequate teaching in relation to ergonomics and working posture.” Another study of 479 Egyptian dental students found 84.8% had positive attitudes toward studying ergonomics, 48.9% had fair knowledge of ergonomics, but only 4.6% of students practiced proper ergonomics. Ng et al noted that the pressure to complete clinical school requirements seemed to correlate with deteriorating ergonomics, therefore setting up young clinicians for increased likelihood of MSD development: “The final year dental students had the highest percentage with poor posture (68%).” The old adage, “an ounce of prevention is worth a pound of cure” seems to bear true for developing healthy ergonomics in one’s dental hygiene career, which is why early intervention while in dental hygiene school is a crucial component of MSD prevention.

**Prevention Techniques**

**Good Early Ergonomics – Photography:** In 2017, Partido conducted two studies on MSD prevention in dental hygiene school that brought attention to early intervention. One study used a convenience sample of 32 dental hygiene students and used photography to

*Continued on Page 20*
bring awareness to poor ergonomics and model proper positioning. The students conducted self-assessments using the photographs, and the experiment resulted in improvements in their ergonomic scores and increased accuracy of their ergonomic self-assessments. The other study Partido conducted was to address the ever-present problem of faculty calibration. Partido again used photography, but this time he used it to calibrate the faculty members’ evaluations of student ergonomics. Over the course of a seven-week study, inter-rater reliability of evaluations on student ergonomics became more fair, accurate, and reconciled with one another. The aim of this study was to demonstrate to faculty how reliable ergonomic instruction can be achieved while other studies concerning early ergonomic intervention recognize how important faculty is for reinforcing ergonomics while students are in school in order to increase the health and career longevity of dental hygienists.

**Movement as a Preventive:** Subsequent to correction of static and awkward postures during dental hygiene school, research shows that movement both inside and outside the operatory is essential to avoiding MSD. “I work out three or four times per week minimum in order to do my job and stay pain-free,” says RDH Liz Grillo, who regularly does core-focused Pilates reformer exercises. One survey of 356 Serbian dentists found that massage and physical activity are the most effective methods of preventing musculoskeletal pain. The study listed ergonomically designed equipment, correct and dynamic working positions, and an adequate workflow organization as other helpful MSD prevention techniques. “Correct and dynamic working positions” include alternating between standing and sitting dental work, changing clock position, and not falling into the same routine for every patient and every appointment. Physical Therapist Dr. Howard Tapley recommends stretching between patients.

As previously mentioned, physical fitness outside of the operatory has a positive effect on MSD prevention. In particular, yoga appears to protect the body from musculoskeletal pain. One 13-week study of 77 dental hygiene students found that bi-weekly, 60-minute yoga sessions decreased musculoskeletal pain in the treatment group, while the control group had no such decrease in musculoskeletal pain. The study also found that yoga had no effect on BMI, which other research points to as a factor worth controlling to reduce MSD. Relatedly, a questionnaire of 220 dentists found that yoga was superior to other forms of exercise in preventing MSD symptoms. Overall, studies indicate taking care of one’s health through movement is an important piece of preventing MSD. Next, the literature review explores two other forms of movement-related pain management: massage and chiropractic care.

**Massage Therapy and Chiropractics:** In a Journal of Physiotherapy systematic review, Bervoets et al, wrote, “Massage therapy, as a stand-alone treatment, reduces pain and improves function compared to no treatment in some musculoskeletal conditions. When massage is compared to another active treatment, no clear benefit was evident.” Other “active treatment” includes acupuncture, joint mobilization, manipulation (such as chiropractic) or relaxation therapy.

Gross et al conducted a 2015 Cochrane Data Review on chiropractic manipulation, which warned heavily of publication bias. It also noted that the evidence supports thoracic manipulation for neck pain, function, and quality of life, but the results for cervical manipulation and mobilization efficacy are few and diverse. “Multiple cervical manipulation sessions may provide better pain relief and functional improvement than certain medications at immediate/intermediate/long-term follow-up,” write the authors. This review also acknowledged the rare but serious risks of chiropractic care like stroke, disc herniation, and neurological effects.

**Saddle Chairs, Loupes, and Instruments:** While some hygienists state they are unable to perform their job duties without certain workstation designs or setups, the research indicates that instruments and equipment have some impact on musculoskeletal health, but not as much so as a hygienist’s own posture and movement. Plessas et al conducted a systematic review of eight studies on dental loupe magnification and ergonomic saddle seats. Though the
LifeLong Learning

Evidence is limited, it suggests that this equipment improves working postures. Loupes appear to relieve shoulder, arm, and hand pain. However, more longitudinal research is needed to determine if loupes reduce neck pain. None of the studies reported on the effect of the saddle seats on musculoskeletal pain, therefore more research is needed.18

In 2010, Simmer-Beck et al compiled a literature review on instrument design and musculoskeletal impact. While they found no optimal length for dental instruments and mirrors, they did discover that an instrument with a larger diameter (10mm or more), lighter weight (15.0g or less), and more padding and patterning, decreases muscle activity.19

“Susan McLearan and I were both extremely fortunate way back then that UCSF utilized fat-handled instruments,” recounts Susan Lopez. “Many of our peers were learning on the thin-handled instruments, which led to pinching and pressures causing carpal tunnel issues.” It has also been found that cordless handpieces reduce muscle fatigue.13

**Smart Scheduling:** Gupta authored a 2011 review article that summarizes 20 strategies to prevent work-related musculoskeletal disorder in the dental field. While many techniques touch on topics explored above, other suggestions from the research are novel and logical approaches to working with the front desk to decrease repetitive bodily strain. For example, the hygienist can request that the front desk alternate scheduling heavy and light calculus patients, or alternate new patient exams that do not involve scaling with root debridement therapy.20 The article also suggests allowing more time for difficult cases and a shorter recall frequency to reduce MSD risk. Such a strategy allows hygienists leeway if calculus is left behind (which is inevitable) while appeasing dentists who may be inclined to make shorter appointments for higher yield.20

**Conclusion**

MSD is a prevalent problem in dental hygiene, and its importance is only underscored by its impact on many hygienists’ decisions to retire early. The greatest risk factor for developing chronic pain is static, awkward postures, and even when following ergonomics, MSD risk increases with amount of time and intensity of hygiene. Research indicates prevention is the most effective means of protecting one’s body. Beginning with correct posture during dental hygiene school and ergonomic awareness using photography, hygienists can also prevent MSD by alternating their working positions. Movement, specifically yoga, is correlated with less MSD pain. Staying fit outside of the operatory and stretching between patients has been shown to increase flexibility and blood flow, both associated with musculoskeletal health.

Hygienists should also consider that loupes and lighter, larger diameter instruments have research that supports their ergonomic functionality, but more research is needed on saddle chairs. Finally, there is a benefit to having a collaborative dental office environment that works together to reduce occupational health hazards. If hygienists are able to work with the front desk to schedule patients in a manner that reduces MSD, the whole dental team benefits. Hygienists can have long, healthful careers if they adopt the self-care approaches outlined above and have the support of a like-minded dental team.

**About the Author**

Allison Yochim, RDH, is a recent graduate from the University of Pacific’s Bachelor’s degree program. She serves on CDHA Journal’s Editorial Board, CDHA’s Government Relations Council, and is a proud member of the San Francisco Dental Hygiene Society, where she acts as Student Liaison.

Allison is passionate about empowering and educating hygienists to protect their bodies so they can have healthy, sustainable careers. She works in a general practice and in a periodontal practice in San Francisco.
References


1. Dental hygienists are more prone to develop MSD than dentists and dental assistants.
   a. True  
   b. False

2. The most likely areas for dental hygienists to develop MSD are:
   a. Carpal tunnel, neck, shoulders, back and hips
   b. Neck, shoulders, back, knees and ankles
   c. Shoulders, elbows, neck, back and knees

3. A review of 58 articles on MSD found primary risk factors for developing MSD are:
   a. Gender  
   b. Age  
   c. Static, non-ergonomic postures  
   d. Weight

4. Lack of exercise and weight control can significantly increase hygienists’ MSD risk.
   a. True  
   b. False

5. Studies correlating gender as a factor in increased MSD:
   a. Are very definitive for males  
   b. Found no correlation for females  
   c. Are inconclusive: studies for each gender have been noted

6. Several studies confirm that age and working more (hours, days, years) correlate with MSD.
   a. True  
   b. False

7. A survey of over 2,000 Ontario dental hygienists indicated the following were predictors of carpel tunnel syndrome:
   a. Number of heavy calculus cases treated per day
   b. Clock position
   c. Years of practice
   d. All of the above

8. Early awareness and intervention while in dental hygiene school is a critical component of MSD prevention.
   a. True  
   b. False

9. Which of the following strategies has been shown to be effective in preventing MSD pain?
   a. Photography, massage and physical activity
   b. Team sports, massage and karaoke
   c. Massage, music and physical activity

10. In several studies, which of the following physical activities has been a positive factor in managing MSD pain?
    a. Swimming
    b. Tennis
    c. Running
    d. Yoga

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CE Course: Labor Legislation Review and Analysis
By: Kristen Stephens, RDH, MSDH

Introduction

An increase in labor violations effecting dental hygienists has led to the need for an improved awareness and knowledge of labor laws directly related to their practice. While employers are required to abide by the laws that regulate their practice and the employment of staff, it is ultimately the responsibility of the employee to advocate for their rights in regard to labor laws. Failure to advocate for fair and legal labor practice can lead to an increase in illegal labor practices among employers.

A common issue in dental practices that affects the dental hygienist is the classification of dental hygienists as independent contractors.1 To be considered an independent contractor one must perform services that are outside of the usual business proceedings in the given establishment.2 Since a dental hygienist provides patients with dental services within the dental office, he or she may not legally be considered an independent contractor, exempt from employee protection laws. Additionally, the dental hygienist is required by the Dental Practice Act to maintain direct supervision by the dentist when administering local anesthesia, nitrous oxide sedation, and performing soft tissue curettage.3 The dental hygienist is unable to perform these duties free from the control and direction of the performance of his or her work by the employer which is another requirement needed to be considered an exempt, independent contractor.2 As with all labor laws, there are exceptions and labor code sections are not all “black and white,” for instance the ability of the RDHAP to be an independent contractor.

Classifying the dental hygienist as an independent contractor can affect wages including, but not limited to, benefits required by law, fluctuation of hourly rate, overtime rates, breaks, and pay for all hours worked. The classification of the dental hygienist as a non-exempt employee entitles the hygienist to the basic rights of an employee as stated in the California Labor Laws and the Wage Theft Protection Act of 2011 which aims to protect the rights of non-exempt employees.

History of the Law

To safeguard the rights of employees from the loss of needed income, the states of New York, New Mexico, Maryland and Illinois passed legislation to solidify laws and regulations related to wage.4 In a similar fashion, California instated the Wage Theft Protection Act of 2011, Assembly Bill 469. The Wage Theft Protection Act both amended and added to existing labor code sections.

Purpose of the Law

In an effort to estimate the magnitude of labor law violations in Los Angeles, Milkman et al. conducted a study involving 1,815 Los Angeles County workers.5 This survey uncovered numerous labor law violations that ultimately led to a $2,070 decrease in the yearly salary of each low-wage employee recruited in this study.5 Based on the results of this survey, researchers estimated the total loss for low-wage workers reached $26.2 million dollars per week.5 Although numerous violations were noted, the most common included minimum wage violations (54.8%), rest break violations (21.7%), overtime violations (15.3%), and off-the-clock violations (7.2%).5 Two recommendations emerged, based on this study, which included updating legal standards and strengthening government reinforcement of existing and future laws.5
The purpose of the Wage Theft Protection Act of 2011 is to protect employees from the loss of wages as described in the study above. This act requires that employers provide their employees with a written notice detailing wages and payroll at the time of hire. This helps the employers and employees come to an agreement on a specific employment contract that will protect the rights of the employee and employer as well as adding transparency and clarity to terms of hire for both parties.

**Impact of the Law**

An employment contract, under the stipulations of the Wage Theft Protection Act of 2011 must include the “rates of pay, designated pay day, the employer’s intent to claim allowances as part of the minimum wage, and the basis of wage payment (whether paying by hour, shift, day, week, piece, etc.), including any applicable rates for overtime.” If changes are to be made, the employer must give the employee seven calendar days’ notice. Under the provisions of this act, a dental hygienist with a contract stating that he or she will work Monday through Thursday from 8:00 a.m. to 5:00 p.m. cannot be asked to leave or clock out to forfeit pay if a patient cancels their appointment, as the contract states you are entitled to the wage designated by that contract for that time period.

Additionally, an employer who chooses to pay the dental hygienist a different rate for mandatory attendance at staff meetings or other events, must specify this in the employment contract. Other daily activities performed by the dental hygienist, such as cleaning up or setting up the operatory, morning huddles, working into the designated lunch hour or end of day due to patient care or satisfying job requirements, etc., all require compensation regardless of the basis of wage payment designated in the employment contract. Under the provisions of the Wage Theft Protection Act of 2011, employers who are in violation of the laws provided are responsible for “restitution to the employee in addition to a civil penalty for failure to pay minimum wages.”

According to the California Employment Development Department, dental hygienists in California were compensated with a median wage of $97,527 annually, or $46.89 hourly in 2017. Considering the findings in the previously discussed study conducted by Milkman et al., the financial impact of money loss due to overtime violations, and off-the-clock violations can be significant. A full-time dental hygienist who is shorted pay for thirty minutes a day while setting up their operatory in the morning and/or cleaning up at the end of day would result in an approximate annual loss of $5,626.80 based on the median dental hygiene salary in California. This could mean a potential loss of $28,134 over a five-year period of time.

The Wage Theft Protection Act of 2011 entitles the dental hygienist to an employment contract binding both the employer and employee to a specific wage agreement. This agreement will offer clarity for the dental hygienist regarding wages and present a time for negotiation, if necessary, preventing the financial loss described above. Based on their negotiations, the dental hygienist and the employer will have to decide if they should come to an agreement with the terms of the contract before establishing a working relationship. If the dental hygienist works under conditions with which they are not in agreement or continues to work after the employer makes changes to the contract (with the required notice), the courts may view this as the dental hygienist agreeing to the terms provided. Therefore, the dental hygienist should refrain from working until agreement is reached. Although this can make the hiring and negotiating process slightly tedious, the dental hygienist can assure his/her protection should a violation occur. In light of recent events and publications informing dental hygienists of their rights as employees, some dental hygienists have become advocates for fair labor practices effecting their profession and are proactive in securing a contract as stated in the Wage Theft Protection Act of 2011.

**Probable Union Opinion and Impact Regarding the Law**

Although there is no union for dental hygienists, membership in the California Dental Hygienists Association (CDHA) is rising. CDHA’s mission includes advocating for the profession of dental hygiene, quality care for patients, prevention, dental hygiene education, licensure...
Probable Employer Opinion and Impact Regarding the Law

Most employers of dental hygienists are dentists, and many have and still try to classify the dental hygienist incorrectly as an independent contractor, an effort to skirt the protections of the Wage Theft Protection Act of 2011. Refusal of the dental hygienist to work as an independent contractor and insistence on being employed as a non-exempt employee, as the law requires, has financial implications for the dentist. Per the example listed above, a dentist who neglects to pay the dental hygienist for thirty minutes of work per day is subject to a $28,134 loss over a five-year period of time on top of civil penalties if the dental hygienist files a claim. Additionally, a contract stating the dental hygienist’s wages and hours of practice, prohibits the dentist from telling the dental hygienist to clock out upon the cancellation of a patient ensuring that he or she be paid for the hours of work set forth in the initial agreement.

Similar to dental hygienists, dentists do not have a union, but many are members of the California Dental Assocoiation (CDA). The CDA has issued news bulletins regarding labor laws and offers continuing education courses in this subject in an effort to better inform dentists of the labor laws to which they are bound. Members also have access to employee manual samples that can be used to assist the dentist in developing employment contracts for all of their employees.

Impact and Effectiveness of the Law

Although there is no data specifically measuring the effectiveness of the Wage Theft Protection Act of 2011, many dental hygienists are now advocating for their rights as stated in this act. While instituted January 1, 2012, it took many years

AUTHOR’S PERSPECTIVE AND RECOMMENDATIONS

“As an educator, I always look forward to talking to my former students about their experiences as new RDHs. While it’s encouraging to hear their successes and excitement as they obtain positions in offices throughout California, unfortunately, with the good, sometimes comes the bad and the ugly truth about some of the offices in which they are seeking employment. A few students have reported labor, OSHA, and infection control violations that have caused them to walk out in the middle of a shift in order to maintain the work ethic they were taught to embrace. While my colleagues and I are proud of the hard decisions some of them have had to make, we are also disappointed that these dental environments still exist, even if they are few and far between. We are often contacted by students with questions regarding labor laws, such as working as an independent contractor. As an educator, and a dental hygienist who has experienced working in conditions in which labor laws were violated, I wanted to address these violations in order to give new graduates and seasoned professionals the information they need in order to address illegal labor practices.

Moving forward, the California Dental Hygiene Political Action Committee (CalHyPAC) and the CDHA Government Relations Council (GRC) coordinate advocating for the advancement of the profession. Their involvement in legislative efforts effecting the practice of the dental hygienist is essential in securing a future of fair labor conditions. CDHA has provided excellent resources regarding labor laws for their members.”

Kristen Stephens, RDH, MSDH
for the stipulations of this bill to reach the dental hygiene community. Those that have embraced their rights as stipulated by this act and basic labor laws have made great strides in educating their employers and securing fair employment conditions.

**Conclusion**

Since more dental hygienists have become activists for fair employment rights, it might be timely for the profession to conduct research assessing the knowledge, attitudes, and practices of dental professionals related to the labor laws discussed in previous sections. Assessing the magnitude of compliance versus noncompliance might be useful in developing interventions to help noncompliant dental professionals work better within the law. Additionally, the assessment of knowledge and attitudes might help identify gaps in educational materials available related to labor laws and uncover the barriers which exist related to compliance and advocacy.

Although there are many labor laws important to the practice of dental hygiene, the Wage Theft Protection Act of 2011 is able to address many of the issues dental hygienists face in private practice. An increased knowledge base of labor laws and the courage to advocate for fair labor conditions is the first step in securing future standards of employment. The employment contract required by the Wage Theft Protection Act of 2011 offers a way for dental hygienists and their employers to enter into a working relationship based on state compliance, fairness, and transparency.

**About the Author**

Kristen Stephens, RDH, MSDH is a full-time educator at West Coast University in Anaheim, California where she teaches Oral Pathology and Basic and Applied Pharmacology. She obtained her Master of Science degree in Dental Hygiene from Idaho State University and is currently a doctoral degree student in Educational Leadership at Concordia University, Irvine. Kristen is Past President of the Long Beach Dental Hygienists’ Society and current Trustee. This year, she is also serving on the Student Relations Council for CDHA.

**References**

1. The ultimate responsibility to advocate for labor rights in dental office situations rests with:
   a. The Department of Consumer Affairs
   b. The employer
   c. The employee
   d. The professional associations

2. Failure to advocate for legal labor practices can lead to an increase in illegal labor practices among employers.
   a. True  b. False

3. Classification of dental hygienists as independent contractors versus the traditional non-exempt employees can affect both wages and benefits.
   a. True  b. False

4. The purpose of the 2011-2012 California Wage Theft Protection Act is:
   a. To strengthen existing labor laws
   b. To enhance professional associations and unions
   c. To protect basic rights of employees
   d. Both a and c

5. A study of over 1,500 Los Angeles employees revealed minimum wage violations to be the most common. The next largest labor law violation is:
   a. Rest break violations
   b. Overtime violations
   c. Equipment violations
   d. Employee education violations

6. The California Wage Theft Protection Act requires employers to provide a detailed notice of wage and payroll related information at the time of hire.
   a. True  b. False

7. If changes are to be made in wage and payroll information, an employer must give an employee advance notice of:
   a. Seven days
   b. Ten days
   c. Twenty days
   d. Thirty days

8. Employment contracts must specify if a different rate of pay will be given for “off the clock” activities such as staff meetings, set-up and clean-up.
   a. True  b. False

9. According to the California Employment Development Department in 2017, the median hourly wage for dental hygienists was:
   a. $33
   b. $40
   c. $47
   d. $57

10. An employment contract that covers more specific details offers clarity and transparency for both employer and employee and the opportunity for mutual agreement before starting a working relationship.
    a. True  b. False

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