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About the Cover:
The Golden Gate Bridge...major tourist attraction and known around the world it’s a symbol of our industry, our work ethic and our inclusiveness as we think of the multitudes whose first view of the United States has been this view. Photo courtesy of Michael Long, Instagram @lovingphotography415.
President’s Message

A Season of Growth and Strategic Planning

I hope this message finds you well as we embrace the vibrant colors of autumn and all the opportunities it brings. One of the things I enjoy as the weather turns cold and rainy is puzzles. There will usually be one in progress on the coffee table. Friends will come over and add a few pieces here and there, contributing to the overall picture. Likewise, each member is a vital piece of the puzzle, contributing to the overall success of CDHA. As we transition into this new season, I wanted to take a moment to reflect on our association and share some thoughts about where we are going.

Your Role in Membership Growth:

Our association’s growth isn’t just a number; it’s a chance for all of us to make a real difference in dental hygiene. Here’s how you can help us grow:

1. **Spread the Word:** Share your enthusiasm about CDHA with friends, colleagues, and peers. Your word of mouth is our best advertisement.

2. **Welcome Newcomers:** Extend a warm welcome to new members. Offer your mentorship and support. Inclusivity is our secret to success.

3. **Step Up:** Have you considered volunteering or taking a leadership role in the association? Your talents and ideas are invaluable to our growth and innovation.

4. **Refer New Members:** If you know someone who would thrive in our association, invite them to join. New members are the lifeblood of the association.

5. **Active Participation:** Attend our events and CE’s. Your engagement keeps CDHA dynamic and attractive to potential members.

Strategic Planning for a Thriving CDHA

To support our vision of a thriving and inclusive community, CDHA is in the midst of a strategic planning process, focused on the financial resiliency of the association and increasing our membership base. If you have thoughts or would like to contribute to the process, please reach out to your component or association leadership.

In this *CDHA Journal* edition, you’ll explore the key moments from the 2023 House of Delegates meeting, where important decisions were made for CDHA’s benefit. Our annual business meeting is the top event for members to discuss, connect and celebrate CDHA’s successes.

We extend our hearty congratulations to Dalia Lai, re-elected for her second term as the Vice President of Public Relations and Administration, and Linda Brookman, our newly elected Speaker of the House. These dedicated CDHA members will be a part of CDHA’s continued success.

Mark your calendars for an exciting event! Our Fall Scientific Symposium on October 21st promises a lineup of exceptional speakers from the American Academy of Oral Systemic Health. It’s an opportunity you won’t want to miss.

Furthermore, October shines as National Dental Hygiene Month—a time to celebrate our shared commitment to the dental hygiene profession. We invite you to join us in celebrating and sharing how you are embracing your role within the profession.

Thank you for your commitment to CDHA and I look forward to our shared successes as we continue to grow and build together.

Warm regards,

Kathy Kane, BSRDH, RDHAP
2022-2024 CDHA President
Leader, Advocate, Teacher to Retire

By: Michael Laflamme, RDH, BA

Dr. Cindy Lyons’ move to retirement marks a new phase of her career in dentistry and an indelible mark on the profession. She has been a leader, mentor, role model as well as an educator and innovator in the field of dental education. An integral part of the Arthur A. Dugoni School of Dentistry, she has been mentioned as one of the “leaders” in the feminization of dentistry. She has been pivotal to many of the programs in academia that continue to shape the future of dentistry.

After earning a bachelor’s degree in Dental Hygiene from USC in 1978, she pursued and earned her DDS degree from the University of the Pacific in 1986. She moved to a full career in dental education after earning a doctorate in education from Pacific’s Benerd School of Education.

Reaching out to her community, Dr. Lyon was the founding director of a grant-funded school care program, the Calaveras County Children’s Dental Program. She also served the California Dental Association as both Chair of the CDA Foundation and a member of its’ CDA Cares steering committee.

The dental community has noted and appreciated her contributions by making her a recipient of the Omicron Kappa Upsilon Charles Craig Teaching Award and a fellow of the American Dental Education Association Leadership Institute and the Drexel University’s Hedwig van Ameringen Executive Leadership in Academic Medicine Program.

Dr. Lyon has been an example and icon to Dental Hygienists throughout California and through the years. We thank her for her contributions to dental education and wish her well in her retirement.

Cindy Lyon, RDH, DDS
CDHA Journal team is growing
Welcome Michael Laflamme, RDH, BA

Michael began his career in dentistry as an Air Force dental assistant trained in all specialties, including as a military hygienist. He ended his ten year military career having served as the Non Commissioned Officer in Charge of base dental services and completing a BA degree in Broadcasting and Communication.

After a 7 year career at NBC, Michael returned to college to obtain his degree and RDH license. He currently works at the Native American Health Center in San Francisco, and is a clinical instructor at the University of the Pacific Dugoni School of Dentistry.

Michael is the President of the San Francisco Dental Hygiene Society, and has held CDHA positions as Public Relations Chair and Vice President of PR and Administration. Michael is sharing his talents and experience with the CDHA Journal Editorial Team and we feel very lucky to have the benefit of his experience and ideas.

Michael Laflamme, RDH, BA
SFDHS President, 2023-2024

Time to expand your scope of practice?
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- A web-based CE program led by Dr. Paul Glassman
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- Program is 4 months in length
- Includes radiographic decision-making
- The program is offered 2 times per year: Spring and Fall session
- Fee is $2,495

For more information and to register for any of the courses:
RDHAP https://dentalmedicine.cnsu.edu/programs/RDHAP/
ITR/RDM https://dentalmedicine.cnsu.edu/programs/Allied/

ITR Certification
- Training and certification for placement of Interim Therapeutic Restorations
- Customized program for groups of up to 6 hygienists. This training is for a team including one dentist and one RDH or RDHAP
- Consists of online modules and in-person clinical competency

Radiographic Decision-Making Certification
- Become certified to determine which radiographs to perform on a patient who has not received an initial examination
- Complete online modules at your own pace
- Fee is $300
One doesn’t have to look back too far back in our profession to see where the addition of technology has made our job more manageable. Digital x-rays, computer record keeping, voice interface to allow probing recording directly to the patient’s chart, and small and powerful lights mounted directly to our loupes or safety glasses to name just a few of the major changes. What if your instruments could communicate to you, and more importantly your employer, that their useful life had come to an end? What if a missing instrument could let you know exactly where to find it? Sound too futuristic? If so, you don’t know about LM Dental’s groundbreaking tracking system that provides detailed insights into the status and usage of dental instruments.

Their innovative system employs radio frequency identification, or RFID, via chips embedded in the LM instruments. The RFID chips themselves are contained inside the autoclavable silicone handles, allowing for seamless tracking of each instrument throughout its lifecycle. This setup enables dental professionals to monitor and manage their tools with unprecedented accuracy. For instance, The LM Dental Tracking System™ empowers dental practices with data-based information, which in turn facilitates informed decisions. In real world application, the dental hygienist no longer needs to rely on guesswork or a breakage when requesting new instruments. This system will record the number of times instruments are checked out, used and sterilized, enabling them to pinpoint when replacements are necessary. Imagine no longer needing to request replacements from your employer? Let the data from the instrument itself confirm your request.

Beyond instrument tracking, the system can also be used to monitor various items within the dental office. Users can scan their badges to check out items from sterilization areas, and these actions are recorded on an LM pad. This functionality provides real-time information on who has the item and how frequently it is used. It ensures that materials do not expire and helps with usage-based cost analysis. Additionally, notifications can be set up to prioritize the handling of items nearing expiration, reducing waste and enabling effective budget management.

For real world usage, one needs to look no further than Columbia University, College of Dental Medicine in NY. Columbia exclusively uses all LM instruments and their tracking system. They have further enhanced the data they monitor by also scanning badges from individual patients and students to track not only usage, but to whom the instruments were used and in which clinic.

By adopting this cutting-edge technology, dental practices can streamline instrument management, reduce costs, and enhance patient care. Discover the LM Dental Tracking System™ and its extensive range of dental and dental hygiene tools at lm-dental.com.

You can now do more!

Everything you need to know about Interim Therapeutic Restorations and Radiographic Decision-Making

Bhumika Patel, RDH MSDH, Elena Francisco, RDHAP MSDH

Telehealth is the term for using secure communication systems to allow patients and their health care providers to connect without being in the same physical location (Escontrías et al, 2021; Kopycka-Kedziewski et al, 2018). A patient can be in one location and consult with their physician who is in his or her office setting. The introduction of secure, cloud-based telecommunication has allowed medical information to be discussed while preserving the patient’s rights to privacy (Jampani et al, 2011).

Telemedicine and teledentistry are terms for the safe, secure telehealth communication and care used in medicine and dentistry respectively. While telemedicine has been used for some time now, the use of teledentistry and remote communication between dental patients and their dentists, is relatively new to the scene (Escontrías et al, 2021). The use of teledentistry is coming of age. The COVID-19 pandemic prompted dentists to increase the use of technology to evaluate patient oral health. The increased use of teledentistry has the potential to significantly increase access to care for patients unable to visit the dentist. Using a secure, Health Insurance Portability and Accountability Act (HIPAA) compliant system of communication, a dentist can communicate remotely with a patient to provide a teleconsultation, telediagnosis, teletriage, and telemonitoring (Escontrías et al, 2021).

History

In September 2014, former California governor Jerry Brown signed Assembly Bill (A.B.) 1174 into law (California Healthline, 2014). This marked a new era for preventative dentistry as it permitted teledentistry providers to expand their presence in community-based programs using virtual platforms while increasing access to care to underserved populations of all ages. This new law was the result of the Virtual Dental Home pilot project that proved allied dental health professionals could provide care in the community, increasing access to dental care and improving the oral health of the most vulnerable of Californians (Glassman et al., 2012).

The Virtual Dental Home program, which was one of the pilot initiatives under this new era to use the tele-health technology, was born at the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Glassman et al., 2012). The pilot project allowed for the training of registered dental hygienists (RDH), registered dental hygienists in alternative practice (RDHAP), registered dental hygienists in extended function (RDHEF), and registered dental assistants in extended functions (RDAEF) to keep people healthy in community settings by collecting diagnostic records, providing preventive procedures, interim therapeutic restorations education, and case management via teledentistry. Where more complex dental treatment is needed, the patient will visit the Dental Home and the supervising dentist (Glassman et al., 2012).

During this 6-year pilot project, the participating RDAs, RDHs and RDHAPs received didactic and clinical training in the rationale for preventive care via teledentistry, use of the remote equipment, Radiographic Decision-Making (RDM) and placement of Interim Therapeutic Restorations (ITR). The allied dental care provider learned...
to take appropriate radiographic and photographic images, and thoroughly document the existing dental conditions. The supervising dentist, using these data, planned the treatment from the dental home that could be completed in the remote setting.

As a result of the success of this pilot study, as of January 1, 2022, the addition of RDM and ITR functions have been added as allowed duties, after the completion of didactic and clinical training for the following dental auxiliaries: Registered Dental Hygienist, Registered Dental Hygienist in Alternative Practice, and Registered Dental Hygienists in Extended Functions in the California Code of Regulations (CCR (b), §1109) and Registered Dental Assistant in Extended Functions (CCR (a), §1071). These services are allowed in areas of need, public health settings, pre-schools, head start programs, community clinics, and dental offices.

**What you need to know about Radiograph Decision-Making**

This new duty allows the RDHs, RDHAPs, RDHEFs, and RDAEFs to determine and perform radiographs for the specific purpose of aiding a dentist in completing a comprehensive diagnosis and treatment plan for a patient using telehealth.

Under the current scope of practice, the dentist must be the first provider to see the patient and diagnose the radiographic images necessary to provide a comprehensive treatment plan. Receiving the RDM certification allows the allied dental provider and supervising dentist to better communicate, share information, and ensure the best care possible for the patient in the remote setting. RDHs, RDHEF, and RDAEFs cannot provide remote radiographic care without having this certification noted on their licenses. The RDHAP is able to take radiographs within the scope of their practice, but still needs the RDM certification on their license.

**What you need to know about Interim Therapeutic Restorations**

This new duty allows the same auxiliaries mentioned above to place glass ionomer material as an ITR following a strict, defined criteria. The sum of the criteria for placement of ITR includes, but is not limited to, a generally healthy patient who is cooperative in the dental chair and has means to consent for treatment. Qualifying tooth characteristics include an asymptomatic tooth or mild to moderate level of pain that does not linger with a good prognosis for a restoration. The clinician can remove decayed material using the scoop technique, but not a bur.

**Supervision**

Taking radiographs, photos, and placing ITRs is a general supervision task. Each of these allied health professionals must be part of a team that includes a dentist who has also been trained in the practices. Dentists, of course, know how to perform these skills, but as the RDH, RDHAP, RDHEF, and RDAEF are now an extension of their eyes, ears, and clinical expertise into the community, these professionals need to be confident in the knowledge and skills of the entire team.

The supervising dentist can view and plan treatment in one of two ways. The asynchronous method, also called store-and-forward, allows the allied dental professional to assess the patient, take appropriate radiographs, photos, and documentation. This information is stored on the computer on site and forwarded to the dentist, who may view it at a different time. The clinician may follow the same assessment protocol on multiple patients, all the information being viewed asynchronously by the dentist. The clinician will then plan a second visit to complete the care treatment planned (B&PC (c), 2290.5; Kopycka-Ledzierawski, et al, 2018).

The second method, synchronous planning, calls for the dental home dentist to have access to the computer in real time, viewing the images and charting and immediately treatment planning care (B&PC (c), 2290.5). The clinician can then perform the procedures at the same appointment.

**Legal Considerations**

Radiographic Decision Making is permitted to be performed by the above-mentioned dental auxiliary only in a dental office or public health setting. The same personnel can also determine its need for the specific purpose of completing a comprehensive diagnosis for patients using
telehealth. The protocol for determining which type of radiographs are necessary should follow the same guidelines taking into account the patient’s CAMBRA score, visual evaluation of the oral cavity, and minimum radiographs required for a periodic screening (CCR (b), 1109).

Interim Therapeutic Restorations are considered direct-provisional restorations, exclusively using hand instruments to remove soft tooth structure and the placement of appropriate restorative material. Rotary instruments and local anesthesia are not indicated under the provision of this procedure. Unlike RDM, where the dental auxiliary can determine the need, an ITR must be instructed by the dentist (B&PC (b), 1753.55). However, each provider involved can be considered the “provider of record” when billing and documenting the procedure (Ch. 662, Sec. 1. AB 1174, 2011).

Following the CA Department of Health Care Services guidelines on Medi-Cal Dental billing is advised for this procedure and all HIPAA laws apply the same for teledentistry as they do for in-person practice.

For both RDM and ITR, the patient must be provided a written notice that the procedures performed were done under the care of a supervising dentist, in either dental practice or public health setting. This notice should also include the dentist’s name and physical practice location with address and phone number included (A&B 1174, 2014).

**How to get this training**

Some dental hygiene educational programs have been teaching their students these skills for a few years now. As of January 2021, the statute was written that allows continuing education programs. There are currently only a few of these programs statewide.

The program involves taking the Radiograph Decision-Making course first, which can be done by completing a board-approved course online and providing evidence of completion. The ITR course is a hands-on course that must be attended by the allied dental provider and supervising dentist, after completing online modules. The lab portion consists of placing 10 ITRs on a typodont, having the supervising dentist as part of the evaluating and teaching team. These restorations have to be a combination of class I through V surface cavitations on various surfaces of different teeth. Live patients are needed to complete the final portion of the class, which is the successful placement of 5 ITRs. The evaluation criteria for successful placement of an ITR checks for occlusion, margins, and overall placement of the material.

Once successfully complete, the student will send their certificate of completion along with the appropriate BreEZe form for addition to their license.

**Conclusion**

In summary, the evolution of telehealth has ushered in a new era of accessibility and preventive care for underserved populations and significantly improve the access to dental care for patients who face barriers to in-person visits. This evolution can be traced back to the visionary legislation of California Assembly Bill 1174, which paved the way for the Virtual Dental Home program and its success in expansion of duties for RDHs, RDHAPs, RDHEFs, and RDAEFs.

With the ability to perform Radiographic Decision-Making and place Interim Therapeutic Restorations, these auxiliaries have become vital extension of the dental team, enhancing access to care in community settings, preschools, head-start programs, dental offices, and beyond. For those interested in acquiring the necessary training, the online and hands-on courses offer a structured pathway towards getting certified.

In summary, the journey of teledentistry in California from its inception to its current state showcases a remarkable transformation in dental care delivery. With the support of legislation, innovative programs, and specialized training, teledentistry has emerged as a promising solution to bridge the gap in dental access, ultimately improving the oral health of vulnerable populations. As it continues to evolve, it holds potential to revolutionize dental care on a broader scale, offering a model that other regions may seek to emulate in their pursuit of enhancing healthcare accessibility.
About the Authors

Bhumika Patel, RDH MSDH
is a professor at University of the Pacific, Arthur A. Dugoni School of Dentistry. She practices clinically in San Francisco and is the current president of the Delta Pacific Dental Hygienists’ Association. She also serves as the CDHA legislative liaison and alternative trustee for her component and was a delegate at the 2023 House of Delegates meeting. Bhumika is a member of the American Dental Hygienists’ Association and American Dental Education Association.

Elena Francisco, RDHAP, MS,
is the Director for the Registered Dental Hygienist in Alternative Practice (RDHAP) Program and an adjunct dental hygiene clinic instructor at the University of the Pacific, Arthur A. Dugoni School of Dentistry. She is active in the California Dental Hygienists’ Association as co-chair of the Alternative Practice Council and Trustee for the Delta Pacific component. Elena is a member of the American Dental Hygienists’ Association.

References


NEW BSDH Programs!

By: Vickie Kimbrough, PhD, MBA, RDH

Congratulations to the newest baccalaureate degree programs for dental hygiene. Both Fresno City and Cerritos College will offer the dental hygiene BS degree and Taft College will offer a BS in Dental Hygiene Administration. The Community College Baccalaureate Degree Program was created to make it easier and more affordable for community college students to earn their bachelor’s degree and be eligible for a broader array of career options.

In 2014, Governor Jerry Brown signed SB 850 (Block) authorizing Community Colleges to establish the statewide Baccalaureate degree program. Only 15 community colleges were selected at the time. Foothill and West Los Angeles Colleges began the dental hygiene degree completion programs. In 2021, Governor Newsom signed AB 927 (Medina) authorizing the Board of Governors to expand the operation of the statewide pilot program, indefinitely.1

With most dental hygiene programs in California offered at the Associate degree level, the opportunity to attain the bachelor’s degree has become even more attainable.

The process to add a baccalaureate degree to the community college line of certificates and degrees is quite a task. Approval of each program requires documentation that addresses criteria required by legislation. This includes financial aid, program/college accreditation, long-term fiscal planning, curriculum, faculty, enrollment projections, unmet workforce needs, along with support from the dental community, and consultation with the nearest CSU and UC programs. Overall, the application process can take nearly a year to complete.

So, “hats-off” to Taft College, Cerritos and Fresno City Dental Hygiene programs! All of these programs will be delivered through online platforms so you can maintain your working hours Look for the degree completion program that suits your career goals and get ready to enroll in 2024!

To learn more about baccalaureate degree programs, visit the Community College Chancellor’s website at www.cccco.edu.

References
CDHA Joins the International Federation of Dental Hygienists (IFDH)

The CDHA has been an independent association since 2016. With that, many opportunities to join and collaborate with member organizations across the globe, has presented itself, and we want to maximize the opportunities.

In Fall of 2022, CDHA became an allied supporter of the IFDH. The intent was to begin aligning with associations that focus on members, oral health, and a mission for overall excellence in the practice of dental hygiene.

The IFDH mission includes fostering leadership and collaboration, along with excellence in oral health, education, research and practice. CDHA’s mission also includes improving the public’s total health through advancing the art and science of dental hygiene by increasing awareness of the cost-effective benefits of prevention ensuring access to quality oral health care, promoting the highest standards of dental hygiene education, licensure, practice and research; and promoting the interests of dental hygienists. As both associations focus on similar visions and goals, CDHA members may not know they can also become members of IFDH and participate in the many events that occur in other countries, yet individual membership is not required.

One great opportunity for CDHA as an allied supporter of the IFDH, is looking to participating in the events listed on their website (www.ifdh.org). A Global Oral Health Summit takes place each year, and as many already know, the IFDH International Symposium on Dental Hygiene occurs every two years in a different host country. Several CDHA leaders and member either present or attend this major event…and they have fun too! The 2024 session is scheduled for Seoul, Korea, and in 2026 plan for Milan, Italy!! Wow, what a great adventure and learning opportunity these events can be.

Complimenting the numerous webinars CDHA offers its members, the IFDH also offers continuing education webinars. Many are free and sponsored by corporate vendors who are also CDHA sponsors. In addition, there are education courses offered by other countries and associations. Upon further exploration of the IFDH website you’ll find the Education Academy with many research and education videos presented by oral health professionals across the world. Please take advantage of these courses and webinars to expand your horizons and knowledge base. One never knows what may come of such opportunities—perhaps working in another country?

As CDHA looks to collaborate more with international associations to include sharing oral health data, scope of practice changes, education trends, and research data or articles, we encourage you to begin with the IFDH. Explore the similarities between the two organizations, the potential for collaborating with other countries, and the impact to enhance the mission and vision of CDHA leaders, practitioners, components and students.
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![Image of a person using a custom jet oral irrigator](image)

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2023 House of Delegates Journal Report

By: Glenda Flora, RDH, BA, MFT, Speaker of the House

Where were you the weekend of June 9-11? If not in Ontario, California, for the CDHA 2023 House of Delegates you missed an inspirational, informative and invigorating meeting addressing the Association’s business.

CDHA officers, Component Trustees and Component Delegates arrived prepared to discuss and vote on future directives. We were fortunate to be joined with CDHA and Component sponsored dental hygiene students. Of the 27 dental hygiene programs in California, 18 schools sent students. The student delegates elected Sophia Arenas of Fresno City College and Paige Nordland of Loma Linda University to be the two voting delegates.

The Friday opening ceremony began with an inspirational flag presentation and pledge of allegiance led by a local veterans group (complete with bugs) and President Kane’s greetings, association report, and announcement of committee members. Vicky Fershin controlled the entrance to the House floor as Sargeant of Arms and JoAnn Galiano chaired the Credentials Committee, insuring only credentialed delegates were allowed seated in the voting section. CDHA is grateful to the wonderful member volunteers who step forward and facilitate the business of the Association.

Saturday morning the two Reference Committees heard testimony from delegates and interested parties on the PBYs (Proposed ByLaws - rules for the Association) and PRs (Proposed Resolutions - policies of the Association). Susan McLearan chaired Reference Committee A, which dealt with the budget and a change in the fiscal year. Michelle Hurlbutt chaired Reference Committee B, addressed organizational issues. After invigorating discussions on the issues, all attendees enjoyed the program at the President’s Recognition Luncheon. Jennifer Tannehill, representing our lobbyist Aaron Read and Associates, reported on the current climate of legislative issues in Sacramento. Afterward, each Component’s “Outstanding Members” were recognized and President Kane announced her selection of the President’s Award honoring Susan McLearan! Congratulations to all our involved and tremendous members!!

The weekend was not all work as the delegates put on their dancing shoes, sparkly tops, and flashy jewelry to party in true 1970’s disco style. In addition to the dancing, visiting and generally good time, the attendees had the opportunity to bid on many silent auction items – pictures, jewelry, wine and self-care baskets. All proceeds of the auction supported CDHA’s political action committee, CalHyPac.

This year elections were held for VP of Administration and Public Relations and Speaker of the House. Election results: VP of Administration and Public Relations – Dalia Lai and Speaker of the House – Linda Brookman. Congratulations to the newly installed officers. The following officers will be completing one more year in their current positions: President- Kathy Kane, President-Elect- Vickie Kimbrough, VP Membership and Professional Development - Helen Smart, and Secretary/Treasurer- Mindy Duncan.

House actions included approval of a balanced budget and the change of the CDHA fiscal year to January 1 -December 31. This change takes effect January 1, 2025.
and will necessitate current officers retain their position for an additional 6 months. Also, the House of Delegates will probably change to the Fall (more information to follow). Small components now have the option to join with 1-2 neighboring components to create a Region which will have one Trustee representing them to the CDHA Board of Trustees. This creation is completely voluntary and specifics will be established and approved by the Board of Trustees. The House of Delegates will convene annually and use the services of a professional Parliamentarian. The President or 8 voting members of the Board of Trustees is able to call a special meeting with at least three business days’ notice. Any failed issues will be returned to the President for investigation or clarification.

The busy weekend ended with the installation of new officers and component Trustees. Our Association exists because of the dedicated members and volunteers who continue to come forward to help our profession and Association. Their efforts allow us to continue representing the dental hygienists in California. Want to join these committed professionals? CDHA and the local components want your energy and input. Raise your hand, put your dancing shoes on and join us next June for the 2024 CDHA House of Delegates (in the north).

Glenda Flora
Speaker of the House
2022-2023

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Outstanding Component members. Those chosen by their components for their “extra effort” in their components included: Tram Chau, Nicole Buratovich, Peggy Lelesi, Linda Brookman, Jill Basile-Watersohn, Afshwan Saylor, Carmelyn Paguio, Arlene Parker, Rachel Gonsalves, Melissa Calhoun, Erika Adams, Kimberly Swanson, Lauren Umetani, Jenna Allen-Coan, Lili Ducca and Linda Ann Yohe. For those not able to attend the HOD, their award was accepted by a member of their component. Congratulations and thanks to all.
Dental Sponsors recognized:
Left: Phillip’s representative, Cindy Sensabaugh, accepts CDHA’s thanks and recognition.
Right: Michael LaFlamme accepts the Sponsors award for Dental Post

Student Delegates:
Left: Sophia Arenas and Paige Nordland
Below: Susan McLeanan, talking with Students.

Council Chairs:
Standing left to right: Allison Wagstaff, Government Relations; Rachel Doherty, AP; Susan Lopez, Cal HyPac; Teri Heilborn, Professional Development
Sitting left to right: Michelle Hurlbutt, Administration; Arlene Parker, Membership; Tresa Irby, Finance; Kristina Mankins, Student Relations
Linda Anne Yohe — Sixty Years and Still Going Strong!

The Shasta Component celebrates and honors long time member and friend Linda Anne Yohe for her 60 years as a practicing Dental Hygienist. Linda has been an exemplary member of the Shasta Component throughout her many years of leadership and contributions. Her home has hosted meetings and planning sessions. As a founding member, Secretary, President, and Historian, Linda is the glue that holds our component together.

Linda graduated from New York City Community College in Brooklyn and has been in practice since 1963. The career paths of Linda and her husband led them through several states to finally land in Northern California. She received her California license in the Summer of 1969. In 1980, while living and practicing in the Bay Area, she to obtained her anesthesia certificate and took a ground school private pilot student ticket course at College of Marin.

The Yohe’s moved to Redding in 1995 and in 1996 Linda began a practice with Michael Dinius, DDS which has continued for over 27 years. Now working 2 days a week, she delights in treating the succeeding generation of patients. The office staff and many patients recently celebrated Linda’s 60-year milestone to honor her and show her their love and appreciation.

Linda truly loves her profession and the opportunity to enhance her patients’ health through education and preventive services. Most enjoyable is the patient contact and serving succeeding generations. As a constant supporter of dental hygiene, she states “you have to support your profession or you won’t have a profession to support”. And feels that CDHA membership keeps you aware and current with what is happening. It is great to meet interesting people and support each other.

The Shasta Component celebrates and honors our incredible friend Linda Anne Yohe’s 60 years as a dental hygienist and looks forward to seeing what comes next!
Cover Art Contest

Do you draw, paint or create a fabulous photograph? You may be a winner of our cover art contest.

We frequently use “stock” or member donated photos to grace the cover of the JOURNAL of the California Dental Hygienists’ Association. However, the beautiful photo submitted by the San Francisco Component - a photo of the SF City Hall lit in purple for Dental Hygiene gracing our Winter, 2023 CDHA JOURNAL is an example of what we would like to see in the future. Don’t send traditional picture of a clinic, volunteer event, etc. Be creative. There will be a $50 prize for the chosen entry.

Rules to Win

• Depict the theme
• Submit the image well before the Journal’s timeline
• Deliver the image electronically and with high dpi (quality)
• Images must be “portrait” (height is greater than width) at the highest resolution possible

Hints for Success

• Don’t crop, color correct or manipulate the photo, our Graphic Artist will handle all layout requirements
• If sending a cell phone photo, send it full size, as taken
• If people are in the pictures, be sure you have their written permission (we have a consent form for you available through CDHA) and all names/titles are included
• Submit with your name and two ways to reach you (phone, text, email, etc.)
• All decisions regarding usage will be determined by the Journal team and any accompanying article author
• By entering the contest, entrants agree the art submitted can be used the CDHA Journal Advisory Board for Advertising purposes.

Theme for the upcoming Journal
Students becoming professional

Send entries to: CDHA Journal
Liz Moore, editorcdha@gmail.com
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—Dr. Purnima Kumar, BDS, MS, PhD

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Impact of the Use of Therapy Dogs in the Dental Office: A Review of Interviews

Danielle Ellington, RDH, M.A.
So Ran Kwon, DDS, MS, PhD, MS
Shelly Withers, PhD, MS, RDH
Lauren Ziegele, B.S.; Sophie Dent Krick, B.S.; Christina Samaniego, B.S.; Blanca Martinez, B.S.; Vanessa Fox, B.S.

Introduction

Dental anxiety is a concern for a widespread number of patients, and is frequently noted as being a direct barrier to care. This anxiety makes dental treatment time-consuming, costly and demanding for the clinician, all of which have a strong negative impact on treatment outcomes. Research shows that dental anxiety in the general patient population varies from as low as 3% to as high as 58%, depending upon the level of severity being assessed. Current methodologies commonly utilized to remove this barrier to care include Cognitive Behavioral Therapy, nitrous oxide, conscious sedation, and general anesthesia. Alternatively, the use of therapy dogs is a novel technique that has demonstrated reduced anxiety in patients with dental phobia. However, the literature regarding implementation and utilization of therapy dogs in dental offices is still limited.

Therapy dogs were first introduced to society in the 1960s through Dr. Boris Levinson, an American psychologist. He discovered that his dog had a soothing effect on his mentally impaired patients. Over time, there has been growing momentum to utilize therapy dogs to their full potential, which has recently included the dental office more.

The goal of this research was to integrate existing information on the use of therapy animals in the dental workplace, while simultaneously encouraging the development of future research. The objective of this study was to encourage the expansion of further integration, utilization, and research into therapy dogs in the dental setting.

The study aimed to: 1) increase awareness of the benefits of utilizing therapy dogs in the dental office by reviewing current literature to encourage deeper exploration on this topic, and 2) interview of dental professionals who incorporate therapy dogs within their practice, in order to obtain their personal experience and perceived benefits/drawbacks.

This study is particularly timely and significant in provid-
LifeLong Learning

ing options to reduce dental anxiety, while simultaneously allowing the clinician to provide a higher level of dental care.

Materials and Methods

A human subject’s determination form was submitted to the Institutional Review Board at Loma Linda University to confirm the study met the requirements for an “informational” study. Institutional Review Board approved the study as a non-human subjects’ study (#5220281). The research incorporated a combination of professional interviews and a review of previous research.

The professional interviews were based upon a list of 15 questions which were developed to gain insight into the use of therapy dogs. Three dental professionals working with therapy dogs agreed to be interviewed. Of these three interviews, one was conducted via Zoom and two were completed via telephone. All interviews were recorded and ranged from 15-30 minutes in length. A small thank you gift was distributed to the dental professionals following completion of their interview. The questionnaire provided a personal account of the perceived benefits and positive/negative impact their animals have on patients. The following are the standardized questions that were utilized during all three interviews.

Additionally, the following articles were selected for review: seven original research (randomized controlled trials, clinical study, pilot study)7,9,10,11,12,14; four informative studies15,16,17,18. The databases used for accessing these articles were Pubmed and Loma Linda Library. Key words entered were dental anxiety, therapy animals, and dental office. Articles were read and summarized, and conclusions were drawn based on patterns that emerged during this process.

Results

Following assessment of all three interview responses, it was determined that all three practices utilized therapy dogs in an effort to decrease patient anxiety while increasing patient comfort. The dental professionals obtained each patients’ consent before the use of the therapy dog. Each office reported markedly less anxiety in these patients during treatment. Clinician experiences were overwhelmingly positive, while one interviewee raised concerns of possible liability with having a dog in the office.

Interview Questions

1. What is your profession and where do you practice?
2. How long have you worked with a therapy dog?
3. What was the reason for including a therapy dog in your practice?
4. How old was the therapy dog when starting in the dental office?
5. Is your therapy dog certified and vaccinated?
6. Are there any health and safety precautions you take when implementing a therapy animal into your practice?
7. Did your dog go through any training and, if so, what type?
8. How do you inform patients that there is a dog in the building?
9. Does your therapy dog interact with both children and adults?
10. How many patients per week does your therapy dog interact with?
11. If you have a patient who is allergic or afraid of dogs, what steps do you take to address these concerns?
12. How do you determine your patient wants to interact with a therapy dog?
13. What does the dog do during dental appointments to help patients?
14. What methods did you use to measure the levels of anxiety in patients before and after interacting with a therapy dog?
15. Why do you believe a therapy dog is beneficial in a dental practice?
Table I demonstrates a comparison of the three interviews, summarized to highlight the most critical information obtained from all interviews.

Additionally, 12 articles on therapy dogs were reviewed. Studies showed that the utilization of therapy dogs during dental treatment was highly significant in decreasing dental anxiety in the patient. Specifically, a significant correlation was reported between use of therapy dogs and reduced blood pressure and heart rate. Potential risks related to patient safety, including zoonotic pathogens, canine allergens and adverse animal behavior, were assessed and found to be present, but minimally impacted therapy dog utilization.11

**Summary of Interviews by Selected Questions.**

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<th>Interview 3</th>
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**Discussion**

The results of each interview were analyzed and then compared with one another. The reviewed articles were evaluated, and a summative response was developed. Combining the results of both the interviews and articles, it was determined that the use of therapy dogs in the dental office can reduce anxiety in patients presenting for dental treatment with self-identified dental phobia.

Utilizing a therapy dog offers a cost-effective alternative to other anxiety reducing methods currently used, such as nitrous oxide. As such, there is an emerging need to begin educating oral healthcare professionals on the benefits of introducing this novel method into their practice. Expanding the scope of treatment options for patients presenting with dental anxiety has the potential to reduce barriers to care and increase patient compliance.

The ability to ask a range of questions during the live interviews was a major strength of the study. Having a small number of participants allowed for more time to be spent in discussion with each dental professional, resulting in comprehensive data collection. However, the small sample size was a limitation of this study. Future studies would benefit from an increased number of interviews. It would also be informative to interview dental professionals in more diverse settings.

Further research is encouraged to obtain more detailed information on the perceived benefits of integrating therapy dogs into the dental office to reduce patient anxiety.

**Conclusion**

Based on the interviews and literature review, therapy dogs could be implemented in a dental office to effectively decrease dental anxiety. Potential benefits include removal of this barrier to care, increased patient compliance, and treatment acceptance.

Due to the contamination that occurs in a dental office, future studies should evaluate ways to reduce cross-contamination between animal and patient, particularly...
when considering aerosols. In addition, liability for animal misbehavior will have to be assessed and weighed against potential benefits of having therapy dogs. Consideration will need to be given for the well-being of the dog, specifically the risk for hearing damage caused by high frequency/ultrasonic devices.

This study is clinically relevant due to the perceived benefits therapy dogs provide to the dental team and patients. These results provide a foundation for future clinical trials that may assess the perception of patients exposed to therapy dogs during dental treatment. Since the use of therapy dogs in the office is still a relatively new phenomenon, further exploration of this topic is needed.

**About the Authors**

**Danielle Ellington, RDH, MA,** is an assistant professor in the Department of Dental Hygiene at the Loma Linda University School of Dentistry in Loma Linda, California. Experienced in clinical practice, has served as senior clinic advisor and course director in research, preclinical, dental health education, public health, and personal finance. In her free time, she enjoys spending time with her husband, energetic son, and delightful daughter exploring the great outdoors.

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**Blanca Martinez, RDH, B.S.** is an alumni of Loma Linda University.

**References**


Acknowledgement

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Anne O. Rice, BS, RDH, FAAOSH, CDP
Susan Maples, DDS

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May 17, 2024
Anahiem

2024

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