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About the Cover:
As we start gathering in person again, we're reminded we accomplish more when we work together. While catching up with each other's lives, sharing the highs, and sympathizing about the lows of this last year, we hopefully all rediscover the joy of laughter that comes with the camaraderie.

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California Dental Hygienists' Association
The Voice of Dental Hygiene

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Correspondence should be addressed directly to the Editor: **Liz Moore, MSEd, RDH**
E-mail : editorcdha@gmail.com
Mail: 86 Hancock Dr., Roseville, CA 95678

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Liz Moore, MSEd, RDH
California Dental Hygienists' Association

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With thanks and Praise!

By: Liz Moore, BS, MSEd, RDH

Congratulations to CDHA and all our members! Under unique pandemic circumstances, we held a very productive House of Delegates annual meeting, elected officers and passed resolutions for the good of CDHA and its' members.

For those of us who've spent hours in ZOOM meetings for over a year, we know how many ways virtual meetings can go wrong. With that in mind, special thanks to Speaker Vickie Kimbrough for the organization and productivity she brought to the House proceedings. I can't imagine the hours of planning she and her volunteer team put into planning the meeting.

As we start a "new" CDHA year (thank you science for the vaccine!), I wish you all great success in your local area as we get back to a more normal daily life.

I want to offer special thanks to the Journal Team (for this year and many previous years) and all those who have contributed to our CDHA Journal. We work very hard to bring you information of interest and value to your personal and professional life. I've been privileged to work with incredible volunteers and I can't thank them enough.

And… thanks to all those who've written and shared articles with us. We appreciate your time and effort. We couldn't do it without you!

Please let us hear from you…we want to know if we're meeting your needs and expectations. Have a great summer!!

Liz Moore, BS, MSEd, RDH
Editor

President's Message

Emerging Stronger Together!

Hello and welcome to the California Dental Hygienists' Association! I am excited to introduce myself as your current CDHA President. As we all become comfortable with the idea of returning to "normal" social activities, I can't help but think of how that will affect our professional organization. "Emerging Stronger Together" became my natural choice for this year's theme.

As previously mentioned in earlier articles, the Executive Committee, Board of Trustees, and Council Chairs all served an extra year due to the Covid-19 pandemic. I would like to take this opportunity to publicly thank all of these leaders who graciously donated their time, ideas, and commitment to make CDHA a success during this challenging period! On June 6, 2021, CDHA welcomed a fresh set of leaders to our team. As we combine the knowledge of our past leaders with the creative innovation of our future leaders, I am optimistic about our possibilities.

As the weight of this pandemic subsides, the need for a more integrated and inclusive healthcare model is more indisputable than ever. CDHA will continue to advocate for all dental hygienists by exploring the medical/dental integration model. CDHA will also persist in pushing the industry norms by constantly reinforcing that dental hygienists are an already educated, trained and available profession that can be utilized in many arenas. Just recently, CDHA offered a course on How to be a Superhero in the fight against Covid 19 by becoming a certified vaccinator. This was an exclusive offer to current members of CDHA. It has also opened up the conversation on whether this vaccine administration should be a permanent change in our scope of practice.

Another exciting development for CDHA is the new design of our website! I hope all of you have had a chance to look at it because - it is amazing! I encourage all of you to log in and update your contact information as this will become our primary platform of communication for the organization. It will include all CDHA and local component continuing education events, our digital versions of the CDHA Journal, and links for research as well as links to local public health organizations.

Like many other professional organizations, the lack of in-person meetings along with the long delayed transition to a new and progressive management company, CDHA was, of course, financially impacted. Our entire leadership team is working tirelessly to create compelling virtual and in-person opportunities to make up for the lost revenue. We are also investigating restructuring CDHA in order to enable more collaborative interaction among colleagues.

Although we have learned to utilize our technology to our advantage, I personally miss the human connection and inspiration that comes with in-person networking meetings. We are hoping to provide an in-person Member Recognition fundraiser before the end of the year. This would provide CDHA an opportunity to honor those who have worked so hard in the last unprecedented year, welcome the new graduates and members, and raise money. With this event, we will be supporting our vendors as well, as they too have suffered during the shut-down. All hygienists are welcome!

We all miss the encouragement and enthusiasm that each unique individual brings to this organization. If you have any suggestions, want to help or become more involved in anyway, or just want to say Hi, come to the event! I'll be there waiting! Thank you for all of your support and remember **"We are Emerging Stronger Together!"**

Heidi Coggan, BS, RDH, RDHAP
2021-2022
CDHA President

2021 House of Delegates Summary

Another historic landmark for CDHA. The two-day 2021 House of Delegates was held virtually via Zoom platform. After spending a pandemic year on Zoom meetings, webinars and such, CDHA leadership opted to move business forward doing the same. Planning this event was quite challenging. Despite being Zoom-users, we knew the behind-the scenes management of the meeting had so much more to it…yet, we could not foresee how many challenges.

CDHA opted to bring in Zoom meeting experts. From NeOle' (Canada), Tony Esteves and Perry Gasteiger were the true shining stars! With them, I believe CDHA delegates and leaders felt all went smoothly. Tony and Perry helped us through the planning to better understand what was required for them, and they pulled it off, brilliantly. Of course, we all have to thank our new manamgnent partners who helped make the event all possible - from SYASL, Erin Meyer, Kim Rothschild, Jessica Thompson. Getting information distributed, updating materials 'on the fly', and having a true sense of meeting management was invaluable to CDHA's main event.

Opening ceremonies included a memoriam for three iconic CDHA members, leaders and professionals: Colleen Beasley, RDH, Treasurer, and Delegate; Toby Segal, RDHAP (San Fernando DHS member); and Elizabeth Strecker Jones, RDHAP (Trustee, Sacramento Valley).

The 2021 delegates received a welcome message from one of CDHA's founding sponsors DentalPost.com, Kyle Zak. Kyle brought greetings and support for CDHA along with manyh well wishes for the next year. The Association Message brought by President Darla Dale focused on beating the challenges brought by the pandemic and perservering through to maintain membership benefits while moving forward. The President's Award for 2019-2020 went to JoAnn Galliano and Melissa Massetti for 2020-2021.

As usual, delegates were privileged to have 12 CDHA Past-Presidents in attendance and participating as delegates or HOD Committee Chairs – a true indicator of strength and longevity of membership and loyalty.

Assisted by Parliamentarian Esther Heller, the 2021 House of Delegates resulted in the following information and has been approved for use by Components in newsletters and member discussions.

Election Results

President Elect . . . . . Kathy Kane

Vice President Administration and Pubic Relations . . . . . Dalia Lai

Appointments

Reference Committee A
Chair: JoAnn Galliano, Mt. Diablo
Debbie Frolove-Stoddard, South Bay
Michelle Hurlbutt, Tri-County
Kimberly Freels, Kern County
Frances Soderling, Long Beach

Reference Committee B
Chair: Kristy Menage-Bernie, Mt. Diablo
Linda Brookman, Los Angeles
Atka Amin, Tri Counties
Sneha Patel, San Diego
Nicole Burtkovich, East Bay

Credentials Committee
Chair: Lisa Greenshields, Sacramento Valley
Zoe Milke, Tri-Counties
Reina Wong, Tri County

Minutes Review Committee
Chair: Maureen Titus, Central Coast
Charmaine Young, South Bay
Mary Jacobson, Shasta

Tellers Committee
Chair: Carol Ash, Napa Solano
Jeri Badour, San Diego
Jeri Stewart, Orange County
Tori Temmerman, Shasta

Sergeant-at-Arms: Tricia Osuna, Delta Pacific

Computer Support
Erin Meyer, SYASL
Kim Rothschild, SYASL

House of Delegates

Tony Esteves, NeOle', Canada
Perry Gasteiger, NeOle' Canada

Voting Student Delegates
Samantha Rivera, Southwestern College
Frankie Davis, Cerritos College

2021 House of Delegates Actions

PBY 1 – Terms of Office: Adopted as amended
BE IT RESOLVED THAT CDHA: Amend Bylaws SECTION 6.03: TERM OF OFFICE to read: All elected officers shall take office upon the conclusion of the House of Delegates meeting. All elected officers shall serve a term of two (2) years except the President-Elect, President, and Immediate Past-President, who shall serve one-year terms; with succession to office as provided for in Section 6.06 of these bylaws.

A. No elected officer shall serve more than two (2) consecutive terms
B. No elected officer shall serve in more than one office at a time.
C. No elected officer shall serve as a Council Chair.
D. No elected officer or Board of Trustees member shall serve as a Delegate or Alternate Delegate to the annual meeting of the House of Delegates.
E. In the event of a public emergency and/or association extenuating circumstances, officers may continue to serve upon three-fourths (3/4) approval of the Board of Trustees.

PBY 2 – Standing Councils: Adopted as written
BE IT RESOLVED THAT CDHA: Amend Bylaws SECTION 10.02: STANDING COUNCILS AND COMMITTEES by striking Information Technology Council, to read: The following Standing Councils and Committees shall be appointed annually. Administration Council, Alternative Practice Council, Finance Advisory Committee, Government Relations Council, Membership Council, Professional Development Council, Public Health Council, Public Relations Council, Student Relations Council

PBY 3 - Officers: Withdrawn by maker

PBY 4 - General: Adopted as Amended
BE IT RESOLVED THAT CDHA: Amend Bylaws SECTION 10:01: GENERAL by striking Secretary-Treasurer and inserting Executive Administrator, to read SECTION 10.01: GENERAL
The councils and committees of this Association shall be unlimited in number and shall be established by either the House of Delegates or the Board of Trustees. These, with the exception of Nominations Committee, shall be appointed from the membership by the President, with the approval of the Board. One member of each committee shall be appointed to serve as chairman. Each council and committee shall submit a written Annual Report to the Secretary-Treasurer and the Executive Administrator at least thirty (30) days prior to the annual meeting of this Association.

PBY 5 - Fiscal Year: Withdrawn by maker

PR 1 – Definition: Adopted as amended the Policy Manual Section to: Recognize the registered dental hygienists as an Essential Healthcare Providers (HCP)

PR 2 – Oral Myofunctional Disorder: Adopted as amended the Policy Manual Section to read CDHA acknowledges that the scope of dental hygiene practice includes the assessment and evaluation of orofacial myofunctional dysfunction; and further advocates that dental hygienists complete advanced clinical and didactic continuing education prior to providing treatment. CDHA supports hygienists treating orofacial myofunctional disorders without supervision, to patients of all ages, in collaboration with licensed healthcare professionals.

PR 3 – Expansion of RDHAP practice: Adopted to amend the Policy Manual Section to read BE IT RESOLVED THAT CDHA: CDHA advocates expansion of the scope of practice for the RDHAP to increase access to oral health care for the underserved.

PR 4 - Budget: Adopted as amended
Be it resolved that CDHA: Adopt the 2020-2021 Budget.

PR 5 - Vaping: Adopted as amended
BE IT RESOLVED THAT CDHA amend the CDHA Policy Manual, SECTION V. PUBLIC HEALTH (14-95) by substitution to read: CDHA advocates the involvement of dental hygienists in the prevention and cessation of tobacco use, tobacco devices, vaping and other potentially harmful products.

PR 6 – Definition of Optimal Oral Health: Ruled out of order. This is an administrative error pst HOD 1999 and will be corrected through administrative procedures

PR 7 – Vulnerable Populations: Referred

PR 8 – Council Public Insurance: Referred

PR 9 - Credentials: Referred

HOD Follow-up & Speaker Recommendations

Reference Committee A:

1. A taskforce be formed to bring back to the 2022 HOD a proposal for this expanded scope of RDHAP practice which can be used to create legislation.

Reference Committee B:

1. The reference committee managing the budget be issued the most up to date budget with the ability to input changes that automatically update the totals within said budget (i.e. Excel).

Full Teller Committee Report for the Minutes 2021 CDHA House of Delegates

First I would like to thank members of the teller's committee for participating in the election process this year: Jeri Badour, San Diego; Jeri Stewart, Orange County; Tori Temmerman, Shasta

I would also like to thank our Parliamentarian, Esther Heller for her guidance in the process of verifying ballots.

For the office of Vice President of Administration and Public Relations:
Number of votes cast – 109
Number of votes necessary for election – 55
Number of abstensions – 0
Number of invalid votes – 0
The candidate receiving the necessary votes for election – **Dalia Lai**

For the office of President Elect:
Number of votes cast – 118
Number of votes necessary for election – 60
Number of abstensions – 1
Number of invalid votes – 0
The candidate receiving the necessary votes for election – **Kathy Kane**

Thank you again to the Tellers Committee members
Respectfully submitted, Carol Ash, Chair Tellers Committee.

2020 President's Award Recipient

JoAnn Galliano MEd, RDH, currently serves as a legislative consultant to the Government Relations Council (GRC) for the California Dental Hygienist's Association (CDHA). She is a CDHA Past President and served over thirteen years as GRC chair. In addition to her work for CDHA, JoAnn is employed as a clinical dental hygienist in private practice. Being a retired dental hygiene program director and educator, she also works as an educational consultant for the Dental Hygiene Board of California.

Working in dental hygiene politics for over twenty five years, she has been involved in California legislative efforts which resulted in the licensure category for the Registered Dental Hygienist in Alternative Practice and the Dental Hygiene Board of California. With the creation of the Dental Hygiene Board, California became the only state in the United States to allow dental hygienists to independently regulate their scope of practice, licensure, examinations, education, and enforcement.

Outgoing CDHA President, Darla Dale, chose to honor JoAnn with the 2020 President's Award for her pivotal work on behalf of our profession and its' practitioners.

Joann Galliano with husband Tom Emig

CDCA-WREB combine into one organization to further serve the oral health professions.

The Commission on Dental Competency Assessment (CDCA) and the Western Regional Examining Board (WREB), the two leading dental competency assessment organizations in the United States, announced their intention to combine into one organization on June 15, 2021.

The new entity will be known as CDCA-WREB. Together, the merged entity will administer the ADEX exams which are accepted in 49 states, the District of Columbia, Jamaica, and Puerto Rico as the basis for initial licensure for dentists and dental hygienists. The existing Boards of Directors of CDCA and WREB will combine to provide governance oversight to the combined entity with equal representation from both Boards.

Together CDCA-WREB will become one of the largest organizations providing initial dental licensure testing and will have the most experienced staff in the industry. The combined organization intends to administer both the ADEX exam and the current WREB exam throughout 2022 and will begin to administer only the ADEX exam at all locations for the Class of 2023. CDCA-WREB will maintain two offices to best serve schools and candidates throughout North America. Exams will be administered in manikin, patient and computer based OSCE formats that satisfy state board requirements.

Serving our Community:

DH becomes "Pro-Vaxxer" to fight Covid-19

Colleague Elizabeth Xiu Wong, RDHAP, participated in the first Califoria Vaccinator Training, "Pharmacy-Based Immunization Administration by Pharmacy Technicians" and shared her enthusiasm. Partnering with Washington State University (WSU) and American Pharmacists Association (AphA), California Dental Hygienists' Association (CDHA) participated in training dental hygienists as "Pharmacy Technicians".

Certification was granted to 100 RDHs after completion of a 6-hour combined online/ in-person course. The final exam was the successful administration of saline solution into the Deltoid muscle and subcutaneous tisse of your hygienist partner!

Held at sites at both UC Irvine and the California Pharmacists Association in Sacramento this June, Elizabeth was clearly excited to become a vaccinator who can help bring increased access to "VAX for more Californians!"

Elizabeth Xiu Wong, RDHAP and her Hygienist Partner, flexing their Deltoid muscles!

In Memory of our CDHA Members 2019-2021

Colleen Beasley, RDH

Mentor to many CDHA Presidents and leaders. She leaves a legacy of years of excellent leadership and outstanding service. A calm and wise person and friend to many.

- CDHA President Elect, President, Immediate Past President 1987-1990
- CDHA Secretary/Treasurer
- Administration Council Chair
- CDHA Speaker of the House
- ADHA Delegate
- Napa-Solano Life Member, President, Delegate

Toby Segal, RDHAP Pioneer

"I can`t think of anything I would rather have done with my life," says Segal.
~ RDH Magazine, 1999

"The true originator of HMPP, that began in 1972, and ended with RDHAP in 1998."
~ San Fernando Dental Hygienists' Society member.

"The office, which opened last month, is the cornerstone of a novel statewide experiment to determine if dental hygienists can clean teeth safely and profitably without supervision. Hygienists, 90% of whom are women, have long labored as employees."
~ LA Times, 1987

Elizabeth Strecker Jones, AS, RDHAP Pioneer

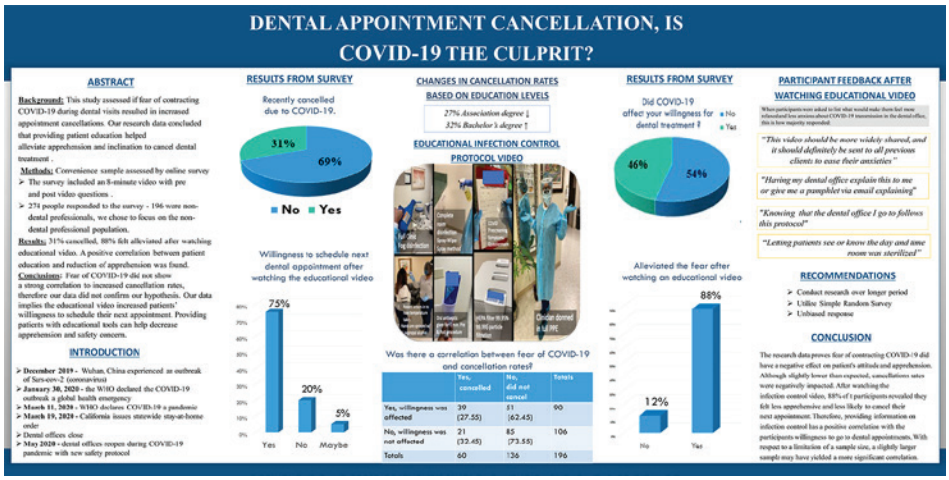
She became a single mother of four children at the age of 23. She worked more than 40 hours a week as a dental assistant and began attending night school to get her GED. Our mother had a vision to get out of poverty and she brought us with her.

My mother was an active member of 5 different California dental hygiene components: Mt. Diablo, Six Rivers, Santa Barbara, Santa Clara Valley and Sacramento Valley.
~ Diann Azevedo, RDHAP

Sharing and Winning Virtually – 2021 CDHA Student Research Winners

CDHA once again hosted the Annual Poster Competition virtually! Our Poster Session Chair, Kristy Menage Bernie, RDH, MS, RYT, SRC Member, facilitated the session along with the Student Relations Council Chair Kristina Mankin, RDHAP and CDHA member judges. This year was unique in that all posters were submitted via video. Judges were able to view them on their own time and the top scoring in each category (Informational and Original Research) moved forward to the LIVE Judges Question and Answer session. These poster videos were then featured at the 2021 CDHA Spring Scientific Session where attendees had the opportunity to ask presenters question and culminated with the announcement of the winners! CDHA and the Student Relations Council congratulate all student submissions and presenters! The topics were timely, relevant and important in moving our profession forward.

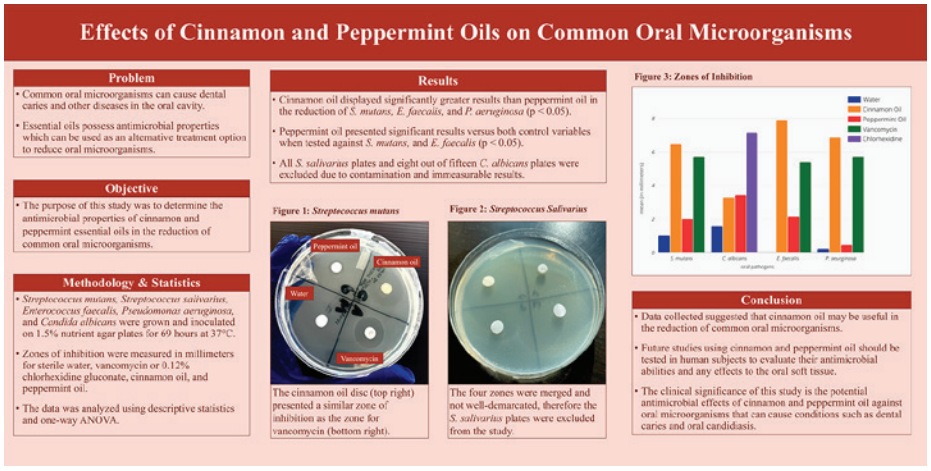
Original Research



1st

Dental Appointment Cancellation, is COVID the Culprit?

Ashlie Santistevan, Brandee Thomas, and Jasmine Whaley, West Los Angeles



2nd

Effects of Cinnamon and Peppermint Oils on Common Oral Microorganisms

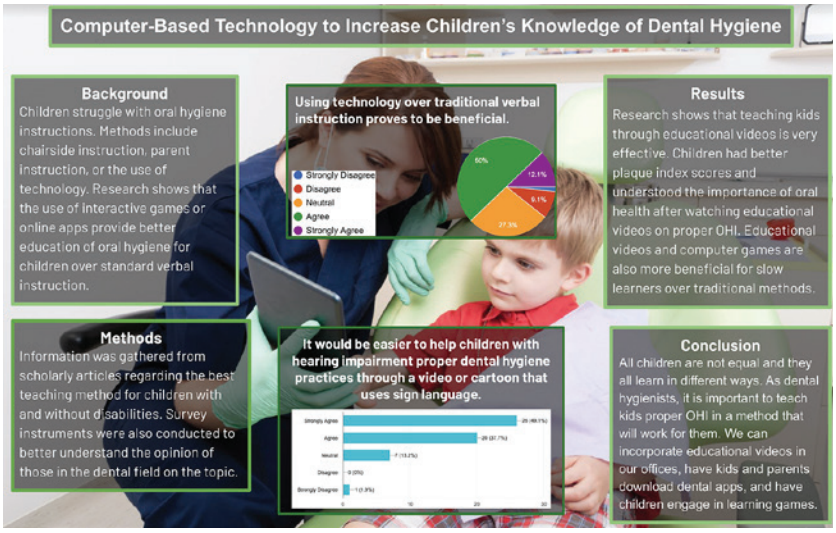
Bartholomew Bautista, Winnie Ho, Mari Ohara, and Christina Sarkarzadeh, West Coast University

Informational

1st

Computer-Based Technology to Increase Children's Knowledge of Dental Hygiene

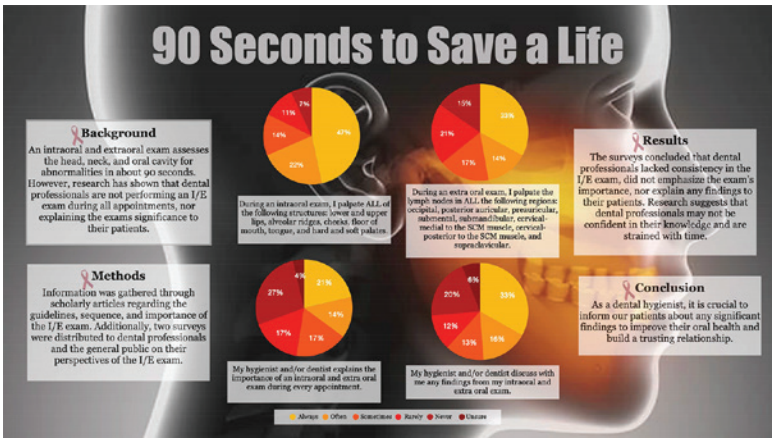
Kimberly Chirinos and Mari O'Brian,
Cerritos College



2nd

90 Seconds to Save a Life

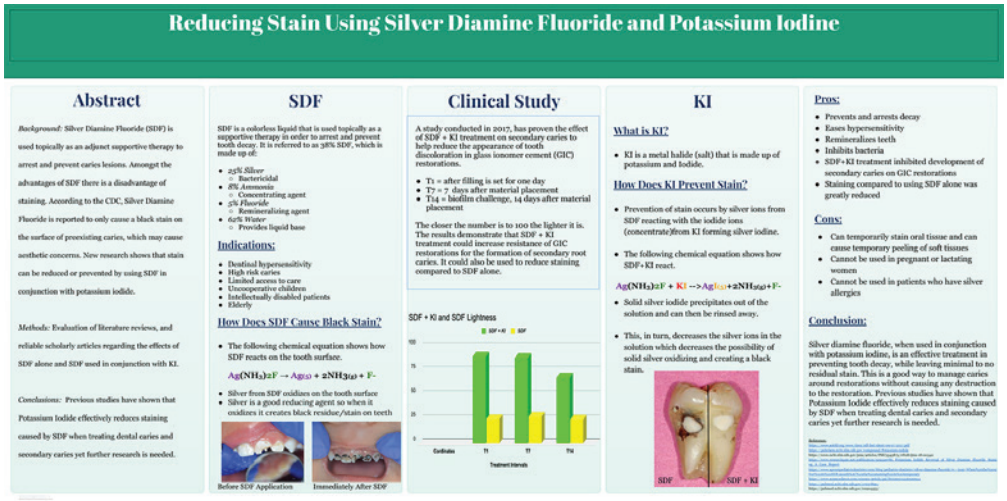
Alexandria Payan and Karely Sanchez,
Cerritos College



3rd

Reducing Stain Using Silver Diamine Fluoride and Potassium Iodine

Emily Odio, Karen Martinez
and Vanessa Gomez,
West Los Angeles



Cora Ueland Scholarship Recognizes Student Leaders

DHAI established this scholarship award program in the 1950's in the memory of Cora Ueland, founder and director of the dental hygiene program at the University of Southern California. Supported by individual and component donations, the funds were converted in 1998 from a loan program to a scholarship. Every year 4 scholarships are awarded to 2 first year and 2 second year dental hygiene students in the amount of $1,000 and $1,500. We congratulate these winners and predict successful futures for them all.

1st year winners:

Marie Guilia Grob
1st Place

Who else can say they trimmed squirrel incisors with nail clippers as a therapeutic intervention? As a child, I helped my mother with her volunteer work as a wildlife rehabilitator and by the time I was in high school, I got my own license and donated my time to care for critters ranging from rodents to ungulates. I learned about caring for beings that do not have a voice, and the repercussions of malocclusion, which is where incisor trimming comes in. Stringing through experiences, I ended up years later becoming a yoga teacher andcertified posture therapist. I volunteered to teach yoga at a school for disabled adults and loved every minute of it. I also helped dental professionals in pain so they could continue to practice for a long time despite the demands of the job.

During the pandemic, I took the opportunity to help and volunteered at a PPE donation site to help small medical and dental offices stay open when PPE became scarce and expensive. I have worked at three small dental practices in the past 5 years and knew the challenges they were facing to continue giving care. I was part of the team in a holistic dental office where I gained experience interacting with patients whose trust with traditional healthcare had been broken and who displayed a plethora of rare chronic diseases. I particularly love the elderly patients I have met throughout the years and enjoy giving them confidence in the next generation of providers. It is such an important part of the dental hygiene profession to know how to connect with patients, and thanks to the time with my four-legged patients, yoga students, holistic encounters and the elderly I feel I've gained invaluable experience to bring with me on my dental hygiene journey.

Christine Marie deBanate
2nd Place

"I will brush my teeth every night!" repeated the elementary class in unison after I finished my oral hygiene lesson at their school. I saw wide smiles as they ran into small groups to compare the different stickers they received in their goodie bag. Seeing the children's smiles reminded me of why I chose a career in dentistry: to help people smile more. I have participated in community events held at elementary schools to assist doctors with oral exams, teach kids about their teeth and the best types of food to eat as well as proper oral hygiene instructions.

Another equally rewarding volunteer opportunity that I participated in was drawing Get Well cards for children recovering from cleft palate treatment. I am honored to spend time with organizations that are dedicated to supporting safe and quality cleft palate care for children. I look forward to putting my public relations skills to good use by participating in their local fundraising and educational events in the future. Lastly, I signed up for an Oral Cancer walk last year at the beginning of the school semester, and I cannot think of a better way to have been introduced to the dental hygiene community. I met people from different schools during the walk and was able to chat with seniors who enthusiastically talked about the challenging yet rewarding journey ahead. I am eager to become active in the community again once schools and activities open back up!

2nd year winners:

Elizabeth Grace Marie McCarty
1st Place

My first real volunteer experience was 10 years ago working as a dental assistant in a free public health clinic while in dental assisting school. This clinic was held monthly and I was active in this group for approximately 9 months. I learned so much there! I was most impressed by how much everyone in this group really wanted to make a difference. I was shy and inexperienced but they taught me everything they could and helped me grow so much in such a short amount of time.

After becoming an RDA, I volunteered at more events. One of them was held specifically for children. I enjoyed serving them and their families, and appreciated the opportunity to take part in this event. There were dental hygiene students there as well as their dental hygiene director who inspired me to become a dental hygienist.

I volunteered for another very large event as an assistant. This was a very touching event to be a part of. There were so many dental professionals all gathered together, many working longer than the typical 8-hour day for both days that weekend, to give back to their community! Working with so many remarkable people who truly care for others was an amazing experience. I can't express how much being a part of that event means to me still. I volunteered in radiology and assisting multiple dentists.

Although unrelated to the dental field, I occasionally play flute for my church congregation as well. This is very fulfilling, and the congregation has been so grateful for each service. I enjoy working with such amazing musicians and being around great people. I have been involved with this group for about 9 years now and plan to continue this tradition for as long as I can.

Student Community

Kimberlee Sokcheta Kiep
2nd Place

Throughout my time in dental hygiene school, I have been actively involved in student government and have performed charitable work on many occasions. As a student leader, I organized volunteer events, engage with the local community, and worked closely with our class charity to help vulnerable populations. One example of the great work our charity has been able to do is a handmade mask fundraiser in which we sewed masks with tooth designs, then sold them in order to raise money for a charity that advocates on behalf of human trafficking survivors.

Though the COVID-19 pandemic has altered the landscape for community outreach and made it more challenging, I firmly believe community service is still of the utmost importance. I find it necessary to adapt to the circumstances and still do what I can to serve my community in any way possible. For example, I recently volunteered at a pediatric drive-thru clinic in the town I grew up in, where I provided fluoride treatment, counselling, and dental referrals to young children and their families. It was a memorable experience to give back to my community. Also, my classmates and I created virtual oral hygiene presentations for different elementary schools demonstrating the importance of good home care.

Oral hygiene is extremely important and educating and providing care to these children and their families was enriching. Not only were these experiences amazing opportunities to sharpen and develop my skills as a hygienist, but they also further convey my dedication to serving my community. I strongly believe that leaving a positive experience with dental care will have an impact on their lives and overall health. After graduating, I would like to continue working with underserved populations and be that passionate health care advocator, who brings positive changes to these affected communities.

Emerging with Stronger Legislation, Together

By: Allison Yochim, BA, BS, RDH

Our new CDHA President, Heidi Coggan, selected the theme "Emerging Stronger Together" for her tenure. This theme represents how, after a year and a half of COVID-19 turmoil, dentistry is coming back better than before. California dental hygienists are poised to reach exciting new milestones by uniting – and by collaborating beyond the four walls of clinical dental hygiene alone. Government Relations Council shares President Coggan's vision for renewal. The past year and a half have also provided opportunities for unprecedented teamwork on legislation.

CDHA is currently co-sponsoring two bills, one with the California Dental Association (CDA) and one with the Dental Hygiene Board of California (DHBC):

- AB 733 (Chiu) – Would allow RDHAPs to work in additional settings (e.g., ob-gyn or pediatric clinics) with pregnant women and children who are MediCal beneficiaries. Duties would include basic preventive services, oral health education, referrals and care coordination. CDHA and CDA continue to meet with interested stakeholders, California Society of Pediatric Dentists and Children Now. Stakeholders are considering including tracking metrics and standards in the bill so the legislature can review the outcomes and determine the effectiveness of having RDHAPs in these settings. Stakeholders continue to discuss how the bill would work in practice.
- AB 733 is a "two year bill" meaning, the bill is parked in a committee in the first house (the Assembly in this case). Because the bill is parked in the first house it is missing statutory deadlines to pass. By designating the bill as a two year bill, AB 733 will not die and the legislature has time to continue to work with stakeholders on the language of the bill and the bill will resume working its way through the legislative process again in January.
- Jennifer Tannehill, Legislative Advocate for CDHA with Read & Associates states, "CDHA is wise to take advantage of the two year bill opportunity. This ensures we get the time needed to negotiate with stakeholders and it results in a good bill at the end of the legislative process. I'm glad we are not rushed on an issue that is this important." https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB733
- SB 534 (Jones) – The Dental Practice Act provides for the licensure and regulation of the practice of dental hygienists by the Dental Hygiene Board of California (DHBC) within the Department of Consumer Affairs. SB 534 is considered a "clean up bill" in that it contains a variety of small items that, while not controversial or hugely significant, are changes to the statute necessary to ensure DHBC has the tools to carry out its public protection mandate and is able to serve the dental hygiene community effectively. CDHA is co-sponsoring this bill with the DHBC to ensure that not too many DHBC Board members are completing their terms at the same time, leaving many vacancies simultaneously and unable to get a quorum for meetings. Existing law requires the board to consist of 9 members and requires the Governor to appoint 7 members, as specified. Under current law, members are appointed for a term of 4 years, except as otherwise specified for the term commencing on January 1, 2012. Current law prohibits a person from serving as a member of the board for more than 2 consecutive terms and requires a vacancy to be filled by appointment to the unexpired term. This bill, for the term commencing on January 1, 2022, would require specified members appointed by the Governor to each serve a term of 3 years, expiring January 1, 2025. The bill would delete the provision relating to the term commencing on January 1, 2012.

- Other provisions of the bill include limited mobile dental hygiene unit and facility oversight, sets the special permit for out of state dental hygiene teachers at four years and adds remedial education to a list of options for probationary conditions, among other items.
- SB 534 has passed the Senate and is currently in the Assembly Business and Professions Committee. The bill has no opposition. The Dental Board of California and the California Dental Association have also voiced support for this bill. **https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB534**

Government Relations Council Welcomes New Council Members

President Coggan appointed two new members to the Government Relations Council: Sade Morel and Paula Ann Lee. Sade has more than 14 years of experience in the dental field, from front desk, to RDA, orthodontic RDA, RDH, and now RDHAP. On her appointment to GRC, Sade says, "I'm looking forward to what's to come in the following year, including advancements we are striving to make for our careers and for future hygienists. I'm very passionate about dental hygiene, and I'm here to help out any way I can." Paula is an RDHAP in Sacramento and has worked in a Federally Qualified Health Center (FQHC) for the past 11 years. She is the Dental Supervisor and works 2 days/week clinically. One of the most rewarding projects she is working on is medical and dental integration. She collaborates with health centers across the US to build a new health care infrastructure of integrated diabetes and oral health. She has a Master of Public Health in management and health policy. "I am very excited and look forward to serving California's registered dental hygienists and registered dental hygienists in alternative practice, and work on legislation that positively effect scope of practice and profession," says Paula.

Government Relations Council Co-Chairs Allison Yochim and Rhoda Gonzales continue in their third year as GRC Co-Chairs and would like to thank Susan McLearan, Susan Lopez, Darla Dale, and JoAnn Galliano for their continued dedication to GRC.

Two Year Bills?

A two-year bill means the bill literally takes two years to pass. It is an option for bills that are introduced in the first year of the two year Legislative Session (2021-22). This often occurs in a few possible situations: when facing a committee deadline, if there is significant opposition, concern from the committee, or stakeholder negotiations that have not resolved. Then the author of the bill (Assemblyman David Chiu in this case) and the bill sponsor (CDHA and CDA) together determine if they would like to designate the bill as a two year bill. The two-year bill status keeps the bill alive even though the bill will remain in the first house. Bills are required to pass a variety of committee and statutory deadlines in order to continue through the legislative process to become law, otherwise the bill dies. By designating AB 733 a two-year bill, CDHA and CDA have more time to iron out mutually agreeable language with interested stakeholders. This is neither "a good thing" nor "a bad thing" – any really substantive legislation invariably means greater discussion and collaboration with stakeholders are required.

By working together with stakeholders, CDHA gives dental hygienists a stronger voice in Sacramento, as it is the legislature who determines how, when, and where dental hygienists are allowed to practice. An organization capable of negotiation and compromise conveys maturity and professionalism to the legislature and increases CDHA's credibility as a statewide organization. CDHA Government Relations Council will always advocate for California dental hygienists first and foremost. Collaboration is an important part of progressing our profession and building relationships throughout the healthcare sector, benefitting dental hygienists for the long term.

You may now access relevant bills for the 2020-2021 session and CDHA's position on them on CDHA's site (sign-in required): https://cdha.org/Advocacy/Bill-Tracker

Allison Yochim,
BA, BS, RDH
Government Relations
Co-Chair

Confession of a Clueless Dental Hygienist

By: Susan McLearan, BSDH, MS, RDHAP

I thought I knew what had just happened and was about to celebrate. The truth is, I didn't realize something important. What am I saying? I am talking about our most recent, apparent, legislative victory – the ability of some dental hygienists to deliver anesthesia without supervision. So, if you thought with the passage of SB 653 last year it was a done deal, you were hardly alone. Many were surprised to learn there are many more steps before SB 653 goes into effect.

Confession. When I was in dental hygiene school, the administration of local anesthesia by dental hygienists was illegal. In fact, when I was licensed in New Jersey, it was illegal to scale below the gumline. [I will not confess further about that.]

Over time, dental hygiene education became more expansive. With subgingival scaling and root planing came the realization that it was very hard to reach the bottom of a 7mm+ periodontal pocket without the patient reaching for the light handles – assuming the patient stayed in the chair. The answer – anesthesia!

How did we, the dental hygienists, get the approval to deliver local anesthesia in the first place? It began way back in the 1970's when dental hygienists lobbied for this duty with the support of the California Dental Hygienists' Association (NCDHA and SCDHA) and especially the periodontists. At that time, it only took the decision of what was then the Board of Dental Examiners (Dental Board of California) to add local anesthesia to the dental hygiene scope of practice. Dental hygiene programs added local anesthesia instruction to the curriculum and it was a done deal.

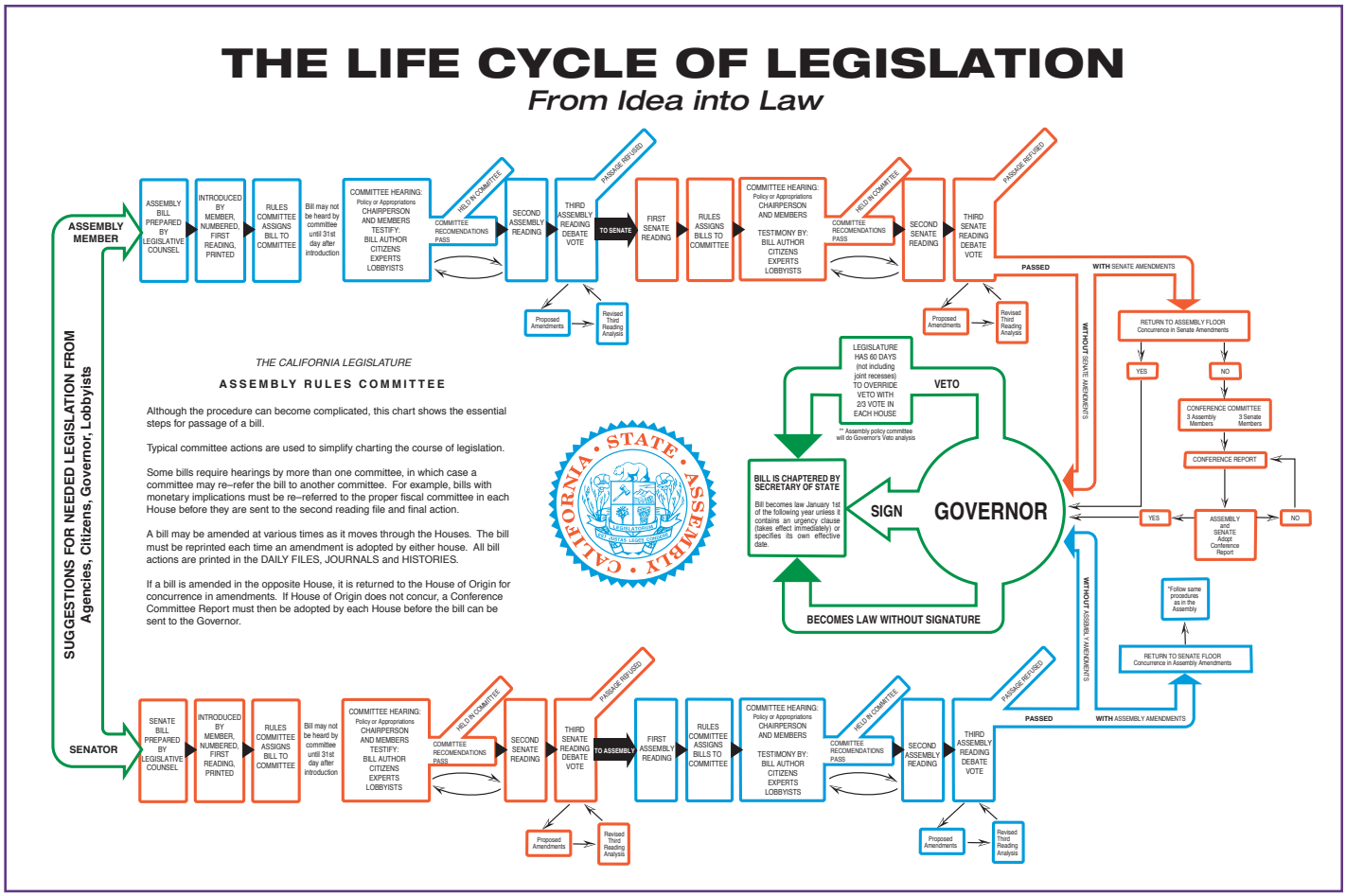
At some point the rules changed. Now the legislature approves scope of practice changes by passing a bill. This means a bill must be approved by committees in both houses of the legislature and signed by the Governor. In addition, the regulatory board must not oppose the changes and often adds caveats such as when the Dental Board in the 1970s added the provision that anesthesia be provided under direct supervision. Our regulatory board today is the Dental Hygiene Board of California. Ideally and importantly, there should also be no opposition from the powerful California Dental Association.

This is not me!
But how I felt!

Things DO CHANGE! Does anyone remember when the career projection for dental hygienists was 5-7 years, followed by domestic bliss? As far back as 50 years ago, some were wondering whether there would be enough employment for all dental hygienists given the low retirement rate of dentists and the growing number of dental hygiene students graduating each year. This is one reason why dental hygienists pushed for alternative practice (the RDHAP) – to provide increased career options. There was much opposition by organized dentistry. Dentists thought that RDHAPs would become the competition, taking patients from the dental practice– and besides, dentists were sure dental hygienists couldn't possibly be trained or trusted to work independently. So how did the alternative practice license happen? It's a matter of perseverance!

It's very difficult to make or change a law as an individual. Fortunately, dental hygienists have a professional organization. CDHA takes the idea, and then finds a person in the legislature willing to author a bill. The legislator sends the bill to Legislative Counsel where it is drafted into a legal document. Only then can that bill, begin the torturous process to become a law. See chart on next page.

The Peril of Presumption



This is a graphic of the complicated legislative process. And…we must remember that the regulatory process follows the passage of legislation. If you would like more information, please click on link: https://clerk.assembly.ca.gov/content/process

The legislative process includes passing the bill through the relevant committees in each house (Assembly and Senate) where the bill is voted on at each stop. If both houses agree, the bill is passed to the Governor to be signed or vetoed. Dental hygiene bills have gotten close to passing the legislature several times only to run into obstacles and bills even reached the Governor's desk and have received a veto.

Do you remember the *Schoolhouse Rock* video for how a bill becomes law? Well, they left out about a million steps and forgot to do the sequel! Getting to the Governor and becoming a law is just the first part. After a bill becomes law, come REGULATIONS established by the agency, department, board or bureau that has oversight over the sections of law changed by the recently passed bill.

Much to my surprise, while some laws don't require accompanying regulations, many do, especially those related to scope of practice. In laymen's terms, laws establish the "what" and regulations establish the "how" of a new policy. Laws containing minute detail as to how they will be implemented don't need regulations established. However, to make any change to those details requires passing a new bill, which takes a minimum of a year, often several years. Although it's logical I guess, I just never thought about how those regulations (fondly called regs) got there. It's even possible for regulations to be written first and then the law passed that authorizes them afterward. However, that is not how the system is designed to work. Under the Constitution the legislature is elected by the people to represent the

people and is the branch of government that passes the laws. The Governor's administration (agencies, departments, boards, bureaus) then implements the law that was passed by the people (legislature). Separation of Powers!

Confession. I didn't know that one of the latest dental hygiene related laws, SB 653, would require regulations. I thought since we are taught local anesthesia administration in school that it was a done deal, since only the setting and supervision were changed for those in alternative practice and already licensed. WRONG.

So what's my point?

The point is each of us, as licensed professionals must not only to be aware of legislative efforts, but be informed and on top of those efforts to avoid being held accountable for something we didn't know. Not an easy task, to be sure. But you have your professional organization, CDHA, to help.

Confession. Many, like myself, didn't understand the need for SB 653 regulations. HOWEVER, CDHA leadership put the word out as soon as they became aware that many of us misunderstood and now have a plan to keep everyone better informed on the process in the future.

Confession. I'm still wondering to what extent each of us should be accountable to our colleagues and the profession as a whole. How much should we understand about how things happen and to whom it happens? I think concern may run the gamut from I don't care at all, to caring a little, all the way to passionate. And, that's OK. But I'm a little worried that lack of concern may come back to bite us all.

Why should you care if any of the legislative issues cited above – employment opportunities, unnecessary restrictions, unsupervised administration of local anesthesia – didn't affect you?

Because change is certain. If we don't understand how things happen now, we might not be able to avoid the avoidable in the future.

Confession. My deepest admiration to the CDHA members, officers and associates who help introduce and shepherd legislative bills through the long, tortuous process with our lobby team at Aaron Read & Associates. Although some of us felt blind-sided by the need for regulations to implement SB 653, with our input, the Dental Hygiene Board California has committed to improving communications with dental hygienists about the legislative process.

But, where are we now that SB 653 has been signed into law and regulations are pending? The DHBC Meeting Materials for March 20, 2021 contain an interesting chart. On page 214 on can see that the Board is working on language. What does that mean for dental hygienists? Should we have input? Can we have input. If so, how?

According to DHBC Executive Officer, Anthony Lum, DHBC staff and the legal team are working on the language. When that is complete it will be put on the agenda of the DHBC. CDHA representatives will be listening in and possibly speak, along with others, during the Public Comment portion of the meeting. It is wise to check the DHBC meeting agendas to determine if they will be discussing anything of interest to you. The next meeting will be a webinar and is scheduled for Saturday, July 17, 2021. You can find the agenda and meeting materials by going to DHBC.ca.gov, selecting About Us and Board Meetings.

Currently, CDHA representatives are providing written comments to the DHBC on the regulation's language for the retired licensure category. Any interested persons should monitor the DHBC Website for any notice, read the proposed language and feel free to write comments during the open comment period on any matter at hand. You can sign up to be notified. At present one would go to DHBC.ca.gov and select About Us, then select Join our Email List.

About the Author

Susan McLearan, BSDH, MS, RDHAP is a career long member of CDHA and has been a CDHA President. Currently she serves as a Trustee and a member of both the Government Relations and Alternative Practice Councils.

As a liaison to several governmental groups and oral health organizations she advocates for the inclusion of oral health and dental hygiene providers in all areas of health policy.

The Field of Myofunctional Therapy Today: a Q&A with the Experts

By: Sarah Johnson, BS, RDH and Michael Long, BSDH, RDHAP

Editor's note: contact information for the experts quoted can be found at the end of the article and a link is provided for further information.

If you have questions about the field of Orofacial Myofunctional Therapy and Sciences (OMT), you are not alone. Many licensed dental hygienists are looking for answers to fundamental questions about this emerging field. Queries about the scope of practice, educational requirements, and if certification is required to treat patients continue to surface. Recently, there has been renewed interest in how exactly OMT fits into dental hygiene. By the end of this article, these questions and more will be answered.

To refresh your memory, the field of OMT focuses on the neurological re-education and training of the muscles of the lips, tongue, cheeks, and face and their related functions such as breathing, sucking, chewing, swallowing, and some aspects of speech. With additional training, dental hygienists throughout the country have been successfully treating orofacial myofunctional disorders (OMD) for decades. OMT is also utilized worldwide and by a variety of healthcare disciplines.

What does CDHA say about OMT?

During the 2021 House of Delegates, the CDHA's member delegates approved the amended 2014 policy on OMT to read: "Be it resolved that CDHA acknowledges that the scope of dental hygiene practice includes the assessment and evaluation of orofacial myofunctional dysfunction; and further advocates that dental hygienists complete advanced clinical and didactic continuing education prior to providing treatment. CDHA supports hygienists treating orofacial myofunctional disorders without supervision, to patients of all ages, in collaboration with licensed healthcare professionals."

The CDHA is the Voice of Dental Hygiene in California. It constantly advocates for legislative change in the scope of practice to better serve the public, but CDHA does not have the authority to change the scope of practice. That responsibility lies with legislators and governing boards. Much work would need to be done to add OMT to our scope of practice. Depending on how the law is written, a level of supervision may be required and patients may need to be a patient of record of a dentist for the RDH to treat their OMDs. This could end the therapist's current level of professional autonomy.

What does the DHBC say about OMT?

In November 2019, a member of the public inquired of the Dental Hygiene Board of California (DHBC) as to whether the treatment of OMDs is within the Dental Hygiene Scope of Practice [CCR 1088(c)(E)]. After consideration, the Board decided to table the discussion and continue to allow a properly trained RDH to treat patients with OMDs. The DHBC also decided that because the state regulatory language does not specifically identify OMT in the dental hygiene scope of practice, the RDH may advertise him or herself as a Myofunctional Therapist but cannot include 'RDH' in their advertising. The DHBC has fined individuals for this violation.

How do other states manage OMT?

Other state dental hygiene associations have similar policies to CDHA. But is OMT listed in their state's dental hygiene scope of practice? For clarification, Ann Lynch, Director of Advocacy & Education ADHA, was asked. She is unaware of any state practice acts that specify OMT is included in dental hygiene scope. She goes on to say, "The American Dental Hygienists' Association acknowledges

that the scope of dental hygiene practice includes the assessment and evaluation of orofacial myofunctional dysfunction; and further advocates that dental hygienists complete advanced clinical and didactic continuing education prior to providing treatment." With additional education and training, a dental hygienist may be certified in OMT.

Member questions:

To answer more CDHA member questions, nine experts in the field of OMT from across the United States were interviewed, including OMT educators, providers, and researchers. A big thank you to all who have contributed to this article. Here is what our experts have to say.

How does the knowledge and experience of the dental hygienist fit into the field of orofacial myofunctional therapy & sciences?

The dental hygienist is familiar with all aspects of the oral cavity including not only the dentition, musculature, innervations, etc., but additionally, many discreet details that make them especially astute at finding and addressing issues when performing a thorough assessment and evaluation on patients. ***~Holtzman***

The knowledge and experience of a dental hygienist are ideally suited for the practice of orofacial myology. The required educational background and training to become licensed as a dental hygienist is the fundamental foundation that serves to expand the knowledge base of the dental hygienist and supports the advanced education in orofacial myology. ***~Frey***

A dental hygienist knows the mouth and muscles very well. Myofunctional therapy is all of that and more with more in-depth work on the muscles, their functions, and dysfunctions. ***~Brinkman-Falter***

Dental hygienists are at the forefront of oral health and wellness. They see the patient on a frequent recall and already practice the art of intraoral and extraoral examinations. OMTs apply their current knowledge of oral development, function, and health in a new way. ***~Laguerre***

They are perfect because they know dentistry, anatomy & physiology, and generally have awareness of TMD dysfunction, sleep apnea, and the full range of dental problems. ***~Greene***

What initial steps can a dental hygienist take who is interested in learning more about orofacial myofunctional disorders and therapy?

Network, join Facebook groups. Join the International Association of Airway Hygienists. There are tons of free lectures out there and information waiting to be consumed! I promise you will not regret it. ***~Sciarra***

Cruise the internet to see what classes are available. PLEASE take more than one introductory class. Everyone has their spin on it and you can't possibly absorb it all the first time. ***~Brinkman-Falter***

Two companies/organizations; Northern Speech Services and Motivations Inc. have short courses. They are an inexpensive way to get a feel for orofacial myology to decide if the interest level is there and if they want to pursue the full introductory course. They are located at the following link: **https://orofacialmyology.com/seminars-shop/** ***~Holtzman***

There are great symposia and conferences with information on the topic; this is often how people find us. They heard one of us speak or someone else speak and they are inspired and curious to learn more. Different organizations have different courses. CE is the pathway to gain more knowledge, build relationships with like-minded clinicians, and ultimately belong to a group you feel you can grow with. ***~Weaver***

What are the biggest challenges facing the field of orofacial myofunctional therapy?

The current climate of division within the field of orofacial myology is a significant issue. To a dental hygienist who is interested in learning more, the existing division has created much confusion. Because orofacial myology is not a licensed profession on its own, there are courses offered with no licensure requirement for course attendance and

therefore provide an opportunity for unlicensed, non-healthcare individuals to offer OMT services. ***~Frey***

When it comes to orofacial myofunctional therapy education, we have no standardization across the organizations (and private individuals) who are teaching and training hygienists to become OMTs. There is also no board-style exam process that spans across these groups, where no matter where a hygienist receives their training, they are all required to pass the same test that is based on validated research and proven protocols. There are now many organizations offering their certifications; we do not have a third-party examining board that is not associated with the groups doing the training – just like we see in our dental hygiene education/licensing system. ***~Hornsby***

We don't have a medical/insurance system that supports appropriate treatment and follow-up needed. ***~Bahr***

The idea that one must be certified to practice. This is not currently the case. RDHs must further their education and take introductory and intermediate level courses to expand their roles outside of the operatory, but as it stands there is no current licensure board for myofunctional therapists. ***~Sciarra***

What work is being done to standardize education?

As a current lecturer and educator, I have not been approached as to any such efforts. As the sitting president of the board of the IAAH [International Association Airway Hygienists], I would say that the topic has been discussed of establishing an accrediting board. This will involve contacting the US department of education, establishing what standardized education should include, contacting all current educators and requesting their syllabuses and course materials, evaluating for approval or requesting changes, and granting and subsequently monitoring the programs for continual approval and accreditation. ***~Laguerre***

The field still needs professionalization and standards of care built on evidence-based research. Myofunctional therapy and sciences, as with any emerging field, is vulnerable: there exist inherent disparities in the quality, transparency, innovation, and improvements of training, credentialing, commercial products, and clinical care inside healthcare education and clinical marketplaces. Standardization and governance have not yet been established, and consequently, anyone or any institution who wishes to undergo treatment or training is obligated to proceed cautiously. The International Standards Organization (www.iso.org) has been very important for the AAMS [Academy of Applied Myofunctional Sciences] insofar as the goal to establish a separate, independent society whose mission will be to accredit educational institutions and groups. ***~Weaver***

What does the future work of orofacial myofunctional therapy look like for dental hygienists?

I believe that orofacial myofunctional therapy belongs in a dental practice setting where hygienists are practicing OMT while working alongside a dentist, as a team, to co-treat our patients. I do believe that many hygienists are capable and can be very successful at operating and running successful myofunctional therapy practices - that's what I do personally. However, for the big-picture, long-term outlook and progress of the field, and to better serve our patients, it worries me that without standardization across our training organizations, it may not be good to have thousands of dental hygienists running thousands of myofunctional therapy practices independently. ***~Hornsby***

In the short term, there will be ever-increasing awareness of myofunctional therapy, and growing demand, not only amongst clinical allied health professionals but from patient groups as well. Longer-term we [AOMT] imagine it will be essential to see continued professionalization of the field, with university departments adding curriculum requirements to existing allied health training programs that touch OMT (i.e. hygiene, speech, ENT, PT, OT, DDS, sleep, et al) and specialty programs will arise. We will begin to see more specialty-based guidelines

and standards, independent credentialing boards, independent credentialing of teaching institutions, and, eventually, state and national licensure. ***~Weaver***

For additional information all in one place, cdha.org has created a resource page for Orofacial Myofunctional Therapy and Sciences. This page includes the complete Q&A interviews with our experts, information on introductory classes, research material, mentor groups, and more. Check out **https://cdha.org/resources**

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With thanks to the experts who shared their experience and expertise with us:

Diane Bahr, MS, SLP-CCC, CIMI
Owner, Ages and Stages®, LLC.
Email: dibahr@cox.net

Patricia Brinkman-Falter, BSDH, MS, PHRDH, COM®
Owner, Nebraska Myofunctional Specialties, LLC.
Email: pat@nebraskamyo.com

Lorraine Frey, BAS, LDH, RDH, COM®, FAADH
Owner, MyoWorks Orofacial Myology Services, LLC.
Email: lfreyrdh@myoworks.net

Barbara Greene, Myofunctional Therapist
Email: barbara@tonguethrust.com

Sandra Holtzman, MS, SLP-CCC, COM®, QOM
Director, Neo-Health Services, Inc.
Email: Sholtzman@orofacialmyology.com

Sarah Hornsby, BS, RDH
Owner, Faceology
Email: sarah@myfaceology.com

Karese Laguerre, RDH
Owner, The MyoSpot
Email: hello@themyospot.com

Brittny Sciarra, BS, RDH, COM®, QOM
Owner, CT Orofacial Myology
Email: brittny@myctom.com

Samantha Weaver, MS
Director, Academy of Orofacial Myofunctional Therapy
Email: sam@aomtinfo.org

About the Authors

Sarah Johnson, BS, RDH is a myofunctional therapist and the owner of Myofunctional Partners in Los Angeles. She holds degrees in Human Biology from Michigan State University and in Dental Hygiene from Roane State in Tennessee. Building on her extensive anatomy and physiology education, she obtained training in myofunctional therapy from the AOMT and the IAOM. She is a founding board member of the IAAH, the International Association of Airway Hygienists, and serves on the CDHA Alternative Practice council. Sarah can be reached at sarah@myofunctionalpartners.com

Michael Long, BSDH, RDHAP has been an advocate of oral health, community service, and public outreach throughout his 16 year plus dental hygiene career. He is currently a clinical instructor for the University of Pacific's dental hygiene program. His work with CDHA over the years includes chairing and being a member of the Public Health Council. He is an active member of the Promotion Committee for CavityFree SF, which advocates optimal children's oral health behaviors in underserved communities in San Francisco. Michael is an RDHAP, received his BS in dental hygiene from Foothill College, and completed coursework in orofacial myofunctional therapy to provide more complete care for his patients. He can be reached at mlong1@pacific.edu.

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