California Dental Hygienists' Association

Journal

Summer 2026 • Volume 43 • Number 5

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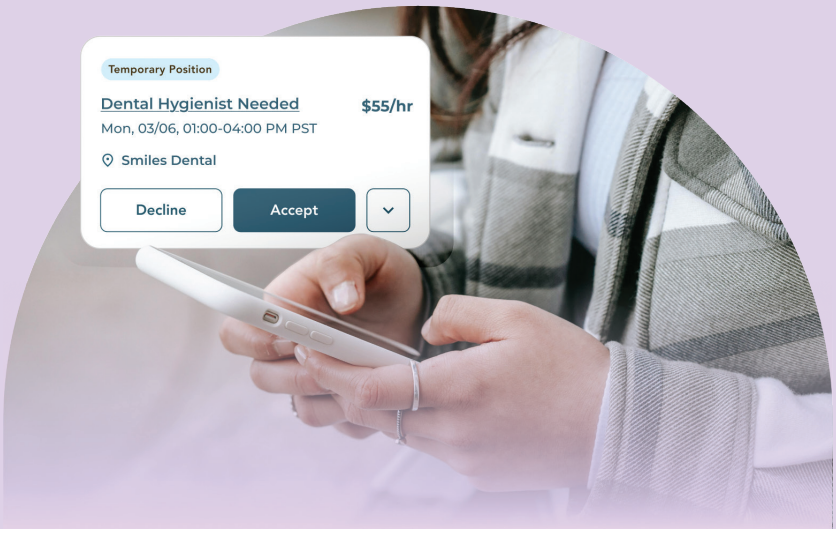

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California Dental Hygienists' Association
The Voice of Dental Hygiene

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 The Journal is published on a regular schedule by the California Dental Hygienists' Association. CDHA members receive the Journal as a member benefit. Dental hygiene students receive the Journal via mail as part of their CDHA fee. Non-member, out of state and foreign subscription inquiries should be directed to: admin@cdha.org

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Building a Stronger Future

By: Vickie Kimbrough, PhD, MBA, RDH
2024-2026 CDHA President

As we move through 2026, I continue to be inspired by the passion, resilience, and commitment of California's dental hygienists. Every day, our members demonstrate the professionalism and dedication that make our association stronger and our profession more influential.

One of CDHA's top priorities this year is growing membership. A strong association is built on engaged members who bring diverse perspectives, shared expertise, and advocate for the future. Whether you are a student, a new graduate, or a seasoned clinician, your voice matters. I encourage each of you to invite a colleague to become a CDHA member. Together, we can expand our reach and ensure that dental hygienists continue to have a powerful voice in shaping oral health care throughout California.

We're also excited about the increased engagement across our social media platforms. These channels have become valuable spaces to celebrate member accomplishments, share professional resources, promote continuing education opportunities, and connect with colleagues across the state. If you haven't already, I encourage you to follow CDHA and join the conversation. Every like, comment, and share helps amplify CDHA's voice and increase awareness the work members do every day.

Looking ahead, I hope you'll make plans to join us for our Local Lobby Day this October. Advocacy remains one of the most impactful benefits of membership, and Local Lobby Day provides an opportunity to meet with elected officials, educate policymakers about issues affecting oral health and the patients we serve. Whether this is your first advocacy event or you've participated for years, your presence makes a difference. Let's continue to demonstrate strength and unity of California's dental hygiene community.

Thank you for your continued commitment to CDHA and to advancing our profession. We are building a stronger future for dental hygiene—one voice, one member, and one conversation at a time.

I look forward to seeing you online, at our events, and at House of Delegates in November as we continue working together to make a lasting impact.

AI as the Next Diagnostic Partner: Why Dental Diagnosis May Become Artificial Intelligence's Greatest Contribution to Patient Care

By: Lori Laughter RDH, MS

Abstract:

Artificial intelligence should not be viewed as a replacement for the clinician, but rather as a highly capable diagnostic partner that improves consistency, identifies subtle disease earlier, strengthens preventive care, and enhances clinical decision making. Although concerns regarding ethics, bias, privacy, and diagnostic reliability deserve thoughtful attention, current evidence suggests these challenges are manageable and are outweighed by the potential benefits when AI is implemented responsibly.

Background:

Among all current applications of artificial intelligence (AI) in dentistry, diagnostic support may ultimately have the greatest impact on patient care outcomes. While digital technologies have transformed clinical workflows in areas such as fixed prosthodontics, AI offers the opportunity to fundamentally improve the identification, monitoring, and management of oral diseases. Accurate diagnosis is the foundation of every treatment decision, influencing preventive interventions, restorative planning, and long-term maintenance. Recent advances in machine learning and deep learning algorithms have demonstrated remarkable capabilities in interpreting radiographic images, intraoral scans, and clinical data, allowing clinicians to identify early disease with greater consistency and efficiency than traditional methods alone. Rather than replacing the clinician, AI serves as an evidence-based decision-support tool that enhances diagnostic accuracy while reducing human variability.
As dentistry continues to embrace minimally invasive and prevention-focused care, AI has the potential to strengthen risk assessment, promote earlier intervention, and ultimately improve oral health outcomes. For dental hygienists, whose professional role centers on disease prevention and risk management, AI represents an exciting opportunity to enhance clinical decision-making while reinforcing—not replacing—the expertise of the oral healthcare provider.

Methods:

A literature review was conducted using PubMed and Scopus to identify relevant articles. The author used ChatGPT (OpenAI, GPT-5.5) to assist with manuscript organization, outline development, and editorial refinement of sentence structure. The author independently developed the concepts, interpreted the literature, wrote and critically revised the manuscript, and assumes full responsibility for the content, accuracy, and conclusions presented.

Discussion:

The strength of artificial intelligence lies not in diagnosing a single condition, but in its ability to recognize complex patterns across multiple sources of clinical information. Modern AI systems can simultaneously evaluate radiographic images, intraoral photographs, digital scans, and patient health records, identifying subtle findings that may be overlooked during conventional assessment. By analyzing large, annotated datasets, machine learning and deep learning algorithms provide consistent interpretation of clinical findings while reducing the variability that naturally exists among clinicians. This capability has demonstrated promise in detecting early dental caries, assessing periapical pathology, and evaluating alveolar bone changes associated with periodontal disease, while also supporting comprehensive risk assessment and treatment planning. Rather than replacing the clinician's diagnostic expertise, AI serves as an intelligent decision-support system that synthesizes large amounts of information into clinically meaningful insights. As these technologies continue to evolve, their greatest contribution may be helping clinicians identify diseases earlier, intervene more conservatively, and provide care that is increasingly personalized, preventive, and evidence-based.

Artificial intelligence does not make better diagnoses because it thinks like a clinician—it assists with better diagnoses because it consistently recognizes patterns across far more data than any individual clinician can process at one time. Every diagnostic decision in dentistry requires integrating multiple sources of information, including radiographs, intraoral images, clinical examination findings, medical history, patient risk factors, and previous treatment records. Even the most experienced clinicians are limited by time, cognitive workload, and the natural variability that accompanies human interpretation. Artificial intelligence, however, can simultaneously evaluate thousands of learned imaging features and patient variables within seconds, identifying subtle relationships that may not be immediately apparent during routine clinical care. This capability is particularly valuable for detecting early disease, monitoring changes over time, and recognizing patterns of progression before they become clinically apparent. Importantly, AI does not replace clinical reasoning; it enhances it by providing clinicians with more comprehensive, consistent, and objective information to base diagnostic decisions. In this sense, the greatest contribution of AI may not be that it changes how clinicians think, but that it expands what clinicians are able to see.

The ability to consistently recognize complex diagnostic patterns has implications that extend well beyond identifying disease. As artificial intelligence integrates radiographic findings with clinical measurements, medical histories, behavioral factors, and previous treatment records, it strengthens one of the most important principles of modern dentistry—individualized risk assessment. Rather than applying the same preventive recommendations to every patient, clinicians can use AI-supported analyses to better identify those at greatest risk for disease progression and tailor preventive strategies accordingly. For dental hygienists, this may mean earlier recognition of patients at increased risk for dental caries or periodontal disease, more appropriate recall intervals, and preventive interventions that are individualized rather than standardized. Equally important, AI promotes greater diagnostic consistency by reducing the variability that naturally exists between clinicians and across multiple patient visits. More consistent interpretation of clinical findings provides a stronger foundation for monitoring disease over time, evaluating treatment outcomes, and communicating changes to patients. Ultimately, the value of AI lies not in replacing clinical expertise but in providing clinicians with

more comprehensive and objective information that supports evidence-based decision-making and allows preventive care to become increasingly precise and patient-centered.

As with any emerging healthcare technology, the successful integration of artificial intelligence requires thoughtful implementation and professional accountability. Concerns regarding algorithm bias, patient privacy, data security, and diagnostic accuracy deserve continued attention as AI systems evolve and are validated across increasingly diverse patient populations. Current evidence suggests these challenges are best viewed as implementation issues rather than barriers to adoption, provided that clinicians retain responsibility for interpreting AI-generated findings in the context of a comprehensive clinical examination. Transparency is equally important. When AI contributes to diagnostic decision-making or influences treatment recommendations, its use should be documented in the patient's record, just as other diagnostic technologies and adjunctive tests are documented. Clear documentation supports continuity of care, reinforces professional accountability, and promotes informed patient communication. Ultimately, ethical implementation depends not only on developing intelligent technology but also on using it responsibly to enhance—not replace—clinical judgment. As AI becomes an accepted component of diagnostic practice, professional standards, accreditation expectations, and documentation guidelines will likely evolve to ensure its use remains transparent, ethical, and centered on patient care.

Future Vision:

Artificial intelligence is unlikely to replace the diagnostic expertise of dentists and dental hygienists; instead, it has the potential to elevate that expertise by expanding the information available to support clinical decision making. As AI continues to evolve, its greatest contribution will not be simply improving the identification of disease, but strengthening the profession's ability to provide earlier intervention, individualized risk assessment, and more precise preventive care. These advances are particularly meaningful for dental hygienists, whose role increasingly emphasizes disease prevention, patient education, and long-term oral health management. The future success of AI in dentistry will depend not only on continued technological innovation but also on thoughtful implementation, ethical oversight, transparent documentation, and a steadfast commitment to professional judgment. When used responsibly, artificial intelligence has the potential to enhance—not diminish—the human connection that remains at the center of patient care. By identifying disease earlier, refining risk assessment, and supporting more personalized preventive strategies, AI may ultimately help clinicians spend less time searching for disease and more time partnering with patients to prevent it.

If the twentieth century transformed dentistry through improved restorative materials and technologies, the next decade may be defined by artificial intelligence's ability to improve one of the profession's most fundamental responsibilities—the timely and accurate diagnosis of disease.

About the Author

Lory Laughter graduated from Idaho State University with her BS in 1994 and from the University of California San Francisco with an MS in Dental Hygiene in 2015. Today she is an Associate Professor and Dental Hygiene Program Director at University of the Pacific., Arthur A. Dugoni School of Dentistry. She has presented continuing education and scientific sessions nationally and internationally since 2007.

References

Bajwa, J., Munir, U., Nori, A., & Williams, B. (2021). Artificial intelligence in healthcare: Transforming the practice of medicine. *Future Healthcare Journal*, 8(2), e188–e194. https://doi.org/10.7861/fhj.2021-0095

Marwaha, J., Singla, M., Nath, A., & Arya, A. (2025). Revolutionizing the diagnosis of dental caries using artificial intelligence-based methods. *Journal of Conservative Dentistry and Endodontics*, 28(5), 401–405. https://doi.org/10.4103/JCDE.JCDE_172_25

Naik, S., Vellappally, S., Alateek, M., Alrayyes, Y. F., Al Kheraif, A. A. A., Alnassar, T. M., Alsultan, Z. M., Thomas, N. G., & Chopra, A. (2025). Patients' acceptance and intentions on using artificial intelligence in dental diagnosis: Insights from Unified Theory of Acceptance and Use of Technology 2 model. *International Dental Journal*, 75, 103893. https://doi.org/10.1016/j.identj.2025.103893

Samaranayake, L., Tuygunov, N., Schwendicke, F., Osathanon, T., Khurshid, Z., Boymuradov, S. A., & Cahyanto, A. (2025). The transformative role of artificial intelligence in dentistry: A comprehensive overview. Part 1: Fundamentals of AI and its contemporary applications in dentistry. *International Dental Journal*, 75(2), 383–396. https://doi.org/10.1016/j.identj.2025.02.005

Schwendicke, F., Samek, W., & Krois, J. (2020). Artificial intelligence in dentistry: Chances and challenges. *Journal of Dental Research*, 99(7), 769–774. https://doi.org/10.1177/0022034520915714

Tuygunov, N., Samaranayake, L., Khurshid, Z., Rewthamrongsris, P., Schwendicke, F., Osathanon, T., & Yahya, N. A. (2025). The transformative role of artificial intelligence in dentistry: A comprehensive overview. Part 2: The promise and perils, and the International Dental Federation communiqué. *International Dental Journal*, 75(2), 397–404. https://doi.org/10.1016/j.identj.2025.02.006

Professional Pride: The Value of Membership in the California Dental Hygiene Association

Susan McLearan MS, RDH, RDHAP (ret)r

Government Relations Council (GRC) Co-Chai

In hygiene school we used Esther Wilkens' Clinical Practice of the Dental Hygienist, the first comprehensive text on dental hygiene. In Chapter One, Wilkens' wrote about the professional organization and suggested that one was not a professional unless they were a member.

Wanting to "be more than a tooth scraper," I believed with the matriarch that you are not a professional unless you join and contribute to your profession. I joined as a student and have been a continuous member. If one is not a contributing member, this loyalty is hard to understand because you don't know what you don't know.

My passion is about believing in dental hygienists when they are their best selves. My mission is to make sure their talents are known and appreciated. I am so happy to share this labor with the many members who care.

Elvira Cabelli, BA, RDH

(Trustee, Ventura County Dental Hygienists' Association)

My parents came to the United States from Greece in the early-mid 1950s. They as well as my other relatives were Holocaust survivors. I was the first child born on American soil my parents wanted be sure we had a better life and more opportunities than what they endured in the "old country". My father's philosophy was to have a great education and have a profession, so we could support ourselves. In high school, Career Days were offered and that's when I found the dental profession. Initially, I wanted to become a dentist and my "plan B" would be to become a dental hygienist. In college, I worked as a dental assistant for two years. I realized that being a dentist involved more education, money and responsibility (employer and clinician; that was before the Infection Control Regulations). That's when I realized that dental hygiene was a better choice for me. I've been practicing for over 43 years in both General Practice and Periodontics. Working with patients and team members has taught me that no one is perfect and we all have our problems, quirks, personalities, and abilities. I learned to be a team player and that the universe doesn't revolve around me.

In dental hygiene school, we were all members of our local student association. This was a great way to transition to our state association. When I graduated in 1982, California was separated into

the Northern and Southern Associations. I was a member of Southern California Dental Hygienists' Association and my component at the time was Bay/West Los Angeles.

Being a part of my professional association was a great way to network with experienced dental hygienists, gateway to employment, and continuing education. In 1984, I moved to Camarillo, and became a board member for the Ventura County Component. Ventura County (as did other components) had an Employment Referral Chairperson who helped members find temporary and permanent positions in the local area. Volunteering in my local component was paying it forward for all the support I was given when I had moved to a new location. In addition, involvement in our professional association opened my eyes to what goes on behind the scenes on organizing and helping at continuing education courses, membership, budget, legislation, etc. I've enjoyed volunteering in both the component and state levels and meeting wonderful and bright people.

Brittany Kasson- Central Coast Trustee

Professional Growth, Advocacy, and Pride: The Value of Membership in the California Dental Hygiene Association

Professional involvement is a cornerstone of growth, advocacy, and lifelong learning in dental hygiene. As a proud professional member of the California Dental Hygiene Association, I have experienced firsthand the profound impact that active engagement within our association has on both individual clinicians and the profession. CDHA provides a united voice for dental hygienists, ensuring our role in healthcare is recognized, protected, and advanced through education, legislation, and leadership.

Being involved in the association fosters a deeper understanding of the issues that shape daily practice—from scope of practice and licensure requirements to workforce development and patient access to care.

CDHA empowers its members to stay informed, engaged, and proactive rather than reactive. Through continuing education opportunities, professional networking, and legislative advocacy, members are equipped to elevate the standard of care while strengthening the future of dental hygiene in California.

My personal journey in dentistry makes this involvement especially meaningful. I began my career as a registered dental assistant, gaining invaluable insight into the clinical environment and the importance of teamwork in patient care. Motivated by a desire to grow professionally and serve patients at a higher level, I pursued my education in dental hygiene and proudly earned my bachelor's degree. Each step of this journey reinforced the value of education, mentorship, and professional engagement—values strongly supported by CDHA.

Today, as a registered dental hygienist, I am proud not only of my educational and professional growth, but also of my commitment to our association. Involvement in CDHA represents dedication to excellence, advocacy, and responsibility to future generations of dental hygienists. Together, through active membership, we strengthen the profession and ensure its continued progress and integrity.

TRESA IRBY-

East Bay Component Trustee

I have been a dental hygienist since 1995, and I have proudly been a member of the California Dental Hygienists' Association (CDHA) since the very beginning of my career. Joining CDHA was one of the first professional decisions I made, and it has supported and shaped my journey as a hygienist for over three decades.

Throughout the years, CDHA has provided invaluable continuing education, leadership opportunities, and advocacy that have allowed me to grow alongside our evolving profession. From changes in scope of practice to advances in evidence-based care, I have seen firsthand how strongly CDHA works to protect and elevate dental hygiene in California. Knowing that our association is actively representing us at the state level gives me confidence and pride in the work we do every day.

Beyond professional development, CDHA has given me a sense of community. The relationships I've built with fellow hygienists—through meetings, conferences, and component involvement—have been inspiring and deeply meaningful. Being surrounded by passionate professionals who care about patient health and the future of our field continues to motivate me even after all these years.

After practicing since 1995 and remaining a dedicated member throughout, I can confidently say that CDHA has played a vital role in my career. I am proud to support an organization that strengthens our profession and improves oral health for the communities we serve across California.

2026 CDHA Student Poster Session

Held annually at CDHA's Spring Scientific Session in Anaheim, the Student Poster Session offers dental hygiene students a premier opportunity to present original research and informational projects to peers, educators, and industry professionals. Sponsored by CDHA, the California Dental Association (CDA), the CDHA Foundation, and PDS Health, the event highlights emerging talent, fosters academic-to-clinical integration, and promotes professional growth.

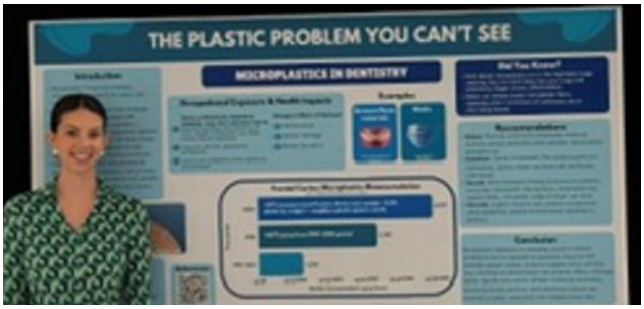
These students represent the next generation of clinicians who will carry prevention, research, and evidence-based care forward. Watching them present, defend their work, and connect with mentors is a reminder of why this session matters. A heartfelt thank you to our 2026 judges, whose time and expertise made this session possible: Zoe Milkie, RDH, Matthew Thornton, BA, MS, Melissa Massetti, RDHAP, Cindy Metzger, MSAH, RDH, and David Rothman, DDS. A special thank you to Kristy Menage Bernie, MS, RDH, RYT, CDHA Poster Session Chair, for her leadership in bringing this session together. Congratulations to every student who submitted a poster, and to our winners.

INFORMATIONAL POSTERS

1st "The Plastic Problem You Can't See"

Presented By: Annie Moore

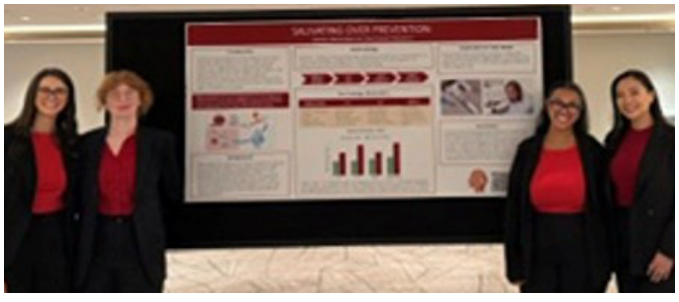
West Los Angeles College



2nd "Salivating Over Prevention: Salivary Biomarkers for Oral Cancer"

Presented By: Kerry Lyons, Jazmine Dunn, Elizabeth Davidson, and Joanne Duong

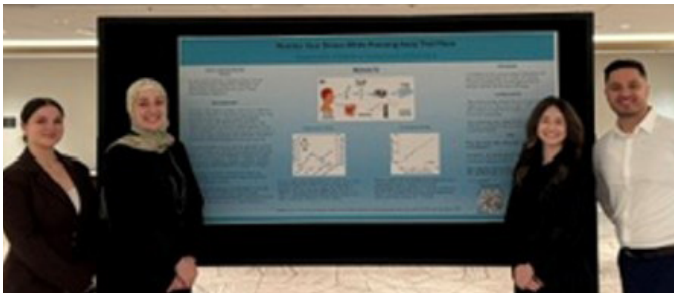
Sacramento City College



3rd "Monitor Your Stress While Flossing Away That Mess"

Presented By: Rana Nakhal, Ashleigh Burns, Alexandria Martin, and Elihu R Cazarez

Cypress College

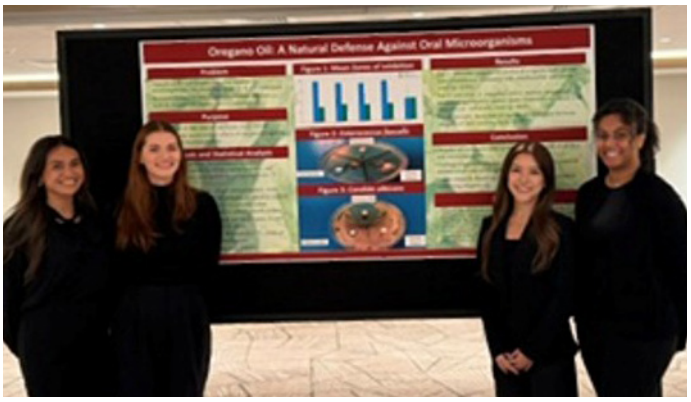


ORIGINAL RESEARCH POSTERS

1st

"Oregano Oil: A Natural Defense Against Oral Microorganisms"
Presented By: Alexis Dobis, Madysen Bagley, Isabel Covarrubias, Chelsea (Phuong) Nguyen, and David Phan

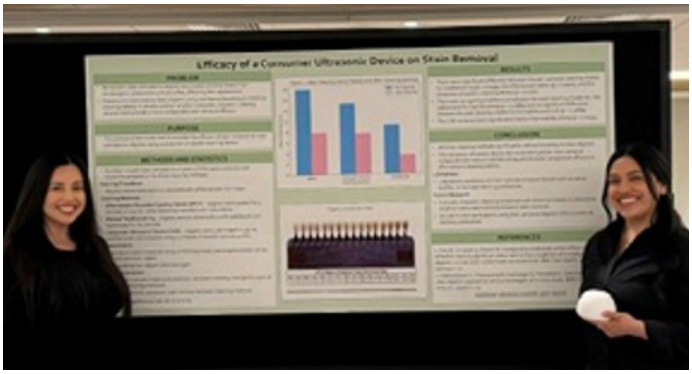
West Coast University



2nd

"Efficacy of a Consumer Ultrasonic Device on Stain Removal"
Presented By: Sandra Vivar and Sandra Carranza

West Coast University



3rd

"Interplay of Hand and Oral Hygiene in Oral Health-Related Quality-of-Life"
Presented By: Lauren Rogers, Perla Lopez Ramirez, Candace Ruvalcaba (Gilliland), and Magaly Azpeitia

Loma Linda University

From Milan to National Harbor: A Summer of Showing Up

By Lisa Huitron, BSDH, RDH, RDA

There is a particular kind of quiet that settles in the night before you leave for something big. Your bags are packed, your poster tube is standing by the door, and your mind is running through everything you might have forgotten. This summer I felt the same quietness three times over. Between the early weeks of the season and its close, I traveled to three conferences, and I came home each time changed in a way I did not fully expect. I want to share this experience with you, not because the travel was glamorous (jet lag and airport wfloors humble everyone equally), but because of what showing up made possible.

It began in Milan…

My summer opened at the International Symposium on Dental Hygiene. Standing in a room full of dental hygienists from 47 different countries, I was reminded how large our profession really is and how much we share across borders. I was presenting my poster, "Laser Focused: Shining a Light on Nicotine Cessation," as a sole author. This meant standing by my work and fielding questions in real time from clinicians whose daily practice may be entirely different from mine, and yet whose patients will wrestle with nicotine and vaping, as do mine. What struck me most was the conversations. For example, a dental hygienist from one country would describe a cessation barrier, and a colleague from another would offer a workaround I had never considered. We were, in that moment, one profession solving one problem together. You cannot download that kind of learning.

Next was RDH Evolution…

From Milan came RDH Evolution, which buzzed with an entirely different energy. Milan opened my eyes to the global picture, and Evolution grounded me to the future of our field. The education sessions pushed me into thinking about where dental hygiene is headed, how our roles will expand, and what it will take to keep pace. I left with pages and pages of notes along with a renewed conviction that our scope of practice is not a ceiling. It is a starting line.

Ending at RDH Under One Roof…

The summer closed at RDH Under One Roof in National Harbor. I will carry this conference with me for a long time, because it was there, I was recognized as a 2026 Waterpik RDH Clinical Recognition Award recipient. To be honest, I did not become a dental hygienist to collect recognition. Twenty-six years in dentistry has taught me that the real reward is the patient who finally quits smoking or vaping, the student who finds their footing, and the colleague who decides to stay in their chosen career. But standing on the floor at UOR hearing my name, I understood the award as something bigger. It was a signal for the work done in the dental hygiene community, the cessation counseling provided each day, the advocacy promoted all year, and the inclusion of all professionals, is being seen across the country and globe.

Why I am sharing…

I know how it feels to look at a conference registration fee, the price of a plane ticket plus all the hotel nights quietly only to close the tab on the screen. The cost and time away from the operatory and family is real. For years I told myself the timing to be away was never quite right.

Here is what this summer taught me. Conferences are not a luxury layered on top of our work; they are part of the career. Every room I sat in sharpened my clinical thinking. Every hallway conversation reminded me I am not alone in the questions I carry. Whether I was presenting or listening, this experience connected me to a profession that is far more ambitious than working in any operatory.

There is a throughline in all of this, and for me it runs straight from the clinic to the capitol. When we show up in these spaces, we are not only growing ourselves, but we are also building the profession. We are proving that dental hygienists belong in research, in leadership, in policy conversations, and on international stages. Every poster presented, every award accepted, every question asked becomes evidence that our voice matters. And the more of us who claim that space, the harder it becomes to leave hygienists out of the decisions that shape our patients' care.

I think of new grads and clinicians who might be reading this, and of the patients who are too often overlooked. The neurodivergent patient. The LGBTQ+ patient. The person who does not see themselves reflected in the clinician holding the instruments. When we invest in ourselves, we come home better equipped to advocate for patients. This is not indulgence; it is stewardship.

An invitation…

If you find yourself closing that conference registration tab, I invite you to leave it open. Start with one. A local course, a state meeting, a poster or research article you have been afraid to submit. No need to cross an ocean. You can decide that your growth, and your patients' care, is worth the investment.

My experience from this summer left me tired but grateful, more certain than ever of something I often remind myself: stay rooted in why you started this career and rise toward what you can become.

I hope to see you in a conference hallway soon. I will be the one talking about cessation, promoting advocacy and membership in our professional associations.

About the Author

Lisa Huitron, BSDH, RDH, RDA, is a California registered dental hygienist with 26 years in the dental profession, two years as a dental hygienist and a Master of Science candidate in Community Oral Health at the University of Southern California. She serves the California Dental Hygienists' Association as Student Relations Council Chair and Trustee for her local component, and her clinical focus centers on nicotine and vaping cessation, the oral-systemic connection, inclusive prevention, and advocacy for the profession.

When the Doctor Is the Patient: An RDH's Ethical Duty When a Dentist's Competence Is in Question

By Michael Laflamme

Dr. Smith has owned his practice for 35 years. Patients love him. Staff adore him. Recently, however, things have changed. He forgets treatment plans discussed minutes earlier. Radiographs are misread. Procedures take longer. Team members quietly cover mistakes. Everyone notices, but nobody wants to say anything. Many of the team members have been with him for his entire career. As a dental hygienist in the practice, what should you do?

Dental hygienists are often the first members of the clinical team to notice changes in a dentist's judgment, dexterity, cognition, behavior, or professionalism because they work alongside them every day. Yet many RDHs find themselves caught between competing obligations[12]:

- Loyalty to a colleague or employer
- Concern for their own employment
- Fear of retaliation
- Ethical obligations to patients
- Legal duties as licensed healthcare professionals

Age Is Not the Issue—Impairment Is

Growing Older Does Not Mean Practicing Unsafely

The most compassionate response to an impaired dentist is not silence. It is recognizing the problem early enough to protect patients, preserve the dentist's dignity, and help them obtain the support they need.[3] The RDH may need to intervene directly in the moment, if patient safety is a concern, or privately at a more convenient time.

As most of us age, physical and cognitive changes are a normal part of life.[4] However, these changes do not necessarily prevent us from continuing to practice effectively and safely. We may need a little more time to retrieve information from memory, recall a patient's name, remember a dental product, or think through a procedure. Likewise, many of us are already familiar with the physical demands our profession places on the body. As we grow older, those aches and pains may linger longer or make for a slower start to the day. While these changes are common and expected, they do not inherently place patients at risk.

Aging itself is not the issue; impairment associated with aging is the concern. As a fellow provider, are you noticing signs of cognitive decline that may be affecting job performance or patient safety? Could an underlying medical condition or medication be contributing to changes in the DDS's behavior or clinical performance? Rarely will someone disclose health conditions or medication use to coworkers, yet these factors can sometimes explain concerning changes in the workplace.

What deserves attention are significant departures from a person's established baseline. Sudden or progressive changes in judgment, memory, communication, clinical skills, decision-making, or professional behavior should not be dismissed.[5] These are the observations that warrant careful documentation and thoughtful consideration.

Recognizing Warning Signs

Clinical	Cognitive	Behavioral
Treatment errors	Forgetfulness	Irritability
Missed diagnoses	Confusion	Mood swings
Poor judgment	Repeated questions	Smell of alcohol
Incomplete treatment	Difficulty following discussions	Uncharacteristic conduct

**One incident may be explainable. A pattern deserves attention.*[6]

The RDH's Ethical Responsibility

A sudden change from normal behavior that begins to emerge as a pattern will likely create a sense of discomfort among staff. Resist the temptation to dismiss or rationalize these concerns. As healthcare providers, we care for patients who trust that they will be treated safely and competently. We have a duty to uphold that trust—not only for our own patients, but for every individual receiving care in our practice.

Dental hygienists serve as patient advocates, particularly when patients may be unaware of risks or unable to advocate for themselves. One of our fundamental ethical obligations is nonmaleficence: the duty to do no harm. Fulfilling that obligation requires us to take concerns about provider impairment seriously and to act when patient safety may be at risk.

While treatment decisions may originate with the dentist, hygienists remain individually accountable for their professional conduct and ethical responsibilities. As licensed healthcare professionals, we have an independent duty to protect and advocate for our patients, including taking appropriate action when an impaired provider may be placing patients in harm's way.

What Not to Do

When concerns arise about a colleague's impairment, avoid common mistakes that can undermine both patient safety and your credibility. Do not engage in gossip with staff members, attempt to diagnose the dentist, or make assumptions about the cause of observed behaviors. Avoid confronting the dentist in anger, discussing your concerns with patients, or posting allegations or suspicions on social media. Instead, focus on objective observations and documented facts rather than conclusions.[7] Your role is not to determine why the behavior is occurring, but to recognize when it may be affecting patient care and to follow the appropriate reporting and intervention process.

Common Fears RDHs Experience

- "I'll lose my job."
- "Nobody will believe me."
- "I've known this dentist for 20 years."
- "What if I'm wrong?"

These concerns are understandable. However, the greater risk is remaining silent while patients are at risk.

A Four-Step Response Model

Steps to follow that will aid you in protecting the dentist, the office, and most importantly the patients.

First, document your observations in an objective manner. For example:

These are appropriate observations:

- "Doctor prescribed extraction of #14 after discussing #15."
- "Doctor requested the same patient's medical history three times within 15 minutes."

Subjective statements to avoid:

- "Doctor has dementia."
- "Doctor is drunk."

Step 2: Confirm a Pattern Exists

Questions:

- Are others observing similar concerns?
- Is this new behavior?
- Is patient care being affected?

Step 3: Use Internal Reporting Channels

Depending on practice type:

- Practice owner
- Partner dentist
- Clinical director
- HR department
- Compliance officer

Step 4: Escalate When Patient Safety Is Threatened

If concerns are ignored and patients remain at risk, a complaint may be submitted to the Dental Board of California, which investigates allegations involving licensed dental professionals.[8]

Resources

Dental Board of California

The Dental Board accepts complaints involving licensed dental professionals and investigates allegations involving negligence, incompetence, and unprofessional conduct.

Information can be found at this link:
Dental Board of California Complaint Information

Diversion Program

If impairment appears related to alcohol or drug use, California's Dental Board maintains a confidential diversion program designed to identify, rehabilitate, and monitor impaired dental professionals. The program exists to protect the public while helping licensees obtain treatment.[9]

Find information at this link:
Dental Board of California Diversion Program

When Immediate Action Is Necessary

- Active intoxication
- Obvious impairment during treatment
- Medical emergency affecting the dentist
- Immediate threat to patient safety

Bottom line:

When a patient faces imminent risk, protecting the patient takes precedence over workplace hierarchy.

Recognizing an Immediate Threat to Patient Safety

Most concerns about an aging or impaired dentist develop gradually over time. Staff may notice increasing forgetfulness, poor clinical judgment, personality changes, declining technical skills, or questionable prescribing habits. While these situations require attention, they do not always constitute an immediate emergency.

Some situations, however, demand immediate action because a patient may be at risk of harm. In these circumstances, delaying intervention until a later conversation or staff meeting is not appropriate.

Active Intoxication

A dentist who arrives at work under the influence of alcohol, recreational drugs, or improperly used prescription medications presents a significant risk to patients. Signs may include slurred speech, impaired balance, the smell of alcohol, bloodshot eyes, confusion, slowed reactions, or unusually erratic behavior.

For example, the dentist may stumble while walking through the operatory, repeatedly lose track of procedures being performed, have difficulty focusing on patient conversations, or display impaired hand-eye coordination while administering local anesthesia.

An RDH should never attempt to diagnose intoxication. The concern is not whether the dentist is technically intoxicated, but whether their condition appears to impair their ability to provide safe care. If patient safety is at risk, treatment should not proceed until the situation has been addressed through appropriate office leadership, emergency protocols, or reporting mechanisms.[10]

Obvious Impairment During Treatment

Sometimes impairment becomes apparent while patient care is already underway. A dentist may appear disoriented, repeatedly forget what procedure is being performed, make unusual clinical decisions, confuse patient records, or struggle to perform routine tasks that would normally be second nature.

Consider a dentist who prepares the wrong tooth, repeatedly asks what procedure is scheduled despite having reviewed the chart moments earlier, or appears unable to follow a logical sequence of treatment steps. Other examples might include unexplained tremors that severely interfere with instrumentation, significant confusion regarding medications or allergies, or repeated mistakes that require correction by staff.

These situations can be particularly difficult because they occur in real time while a patient is in the chair. Staff members may feel pressure to remain silent out of respect for the dentist's authority. However, when impairment is affecting clinical performance, intervention may be necessary to prevent patient harm.

Medical Emergency Affecting the Dentist

Not every episode of impairment stems from substance use or cognitive decline. Acute medical conditions can also suddenly render a dentist unable to practice safely.

The dentist may experience a stroke, transient ischemic attack (TIA), diabetic emergency, cardiac event, seizure, severe medication reaction, or other medical crisis while treating patients. Warning signs may include sudden confusion, facial drooping, slurred speech, weakness on one side of the body, loss of coordination, altered consciousness, or unusual behavior that appears out of character.

For example, a dentist who suddenly cannot recall familiar information, develops difficulty speaking, or loses fine motor control may be experiencing a medical emergency rather than simple fatigue or distraction.

In these situations, staff should activate emergency protocols immediately and seek appropriate medical assistance. Protecting the dentist's health becomes just as important as protecting patients.[11]

Immediate Threat to Patient Safety

Some situations require intervention regardless of the underlying cause. The focus should always remain on the patient's welfare rather than determining why the behavior is occurring.

Examples may include:

- A dentist attempting to perform a procedure while clearly unable to maintain motor control.
- Administration of medications despite obvious confusion regarding dosage or patient allergies.
- Repeated attempts to perform treatment on the wrong tooth or wrong patient.
- Failure to recognize or respond appropriately to a patient's medical emergency.
- Significant cognitive confusion that prevents informed clinical decision-making.
- Behavior that creates an immediate risk of injury to patients, staff, or the dentist.

In these moments, the RDH's ethical obligation to the patient becomes paramount. While concerns about workplace relationships, employment consequences, or professional hierarchy are understandable, they cannot supersede patient safety.

Patient Safety Comes First!

Dental hygienists are licensed healthcare professionals with independent ethical responsibilities. When a patient faces imminent risk, protecting the patient takes precedence over workplace hierarchy, office politics, or fear of confrontation.

Intervening may be uncomfortable. It may require stopping treatment, seeking assistance from another dentist, activating emergency procedures, notifying appropriate supervisors, or documenting concerns according to office policy and state regulations. Yet failing to act when a patient is in danger can expose patients to preventable harm and may create professional and legal consequences for everyone involved.[12]

The question is not whether the dentist is your employer, colleague, mentor, or friend. The question is whether the patient in the chair is safe. When the answer is no, action is required.

Conclusion

Most impaired practitioners do not wake up intending to harm patients. Many are respected clinicians, mentors, and employers whose abilities have changed gradually over time. The RDH who recognizes those changes faces one of the most difficult professional situations in healthcare. Yet silence rarely protects patients. Ethical action—grounded in facts, compassion, and professionalism—can protect both the public and the colleague who may need help.

References

1. California Dental Hygienists' Association. (2024). *Code of Ethics for Dental Hygienists*. https://files.cdha.ca/Profession/Resources/Code_of_Ethics_EN_web.pdf
2. American Dental Association. (2023). *ADA Principles of Ethics and Code of Professional Conduct*. https://www.ada.org/about/principles/code-of-ethics
3. California Business and Professions Code. *Dental Practice Act* (Division 2, Chapter 4, §§1670–1684).
4. Harada, C. N., Natelson Love, M. C., & Triebel, K. (2013). *Normal Cognitive Aging. Clinics in Geriatric Medicine*, 29(4), 737–752.
5. Choudhry, N. K., Fletcher, R. H., & Soumerai, S. B. (2005). Systematic review: The relationship between clinical experience and quality of health care. *Annals of Internal Medicine*, 142(4), 260–273.
6. Baldisseri, M. R. (2007). Impaired healthcare professional. *Critical Care Medicine*, 35(2 Suppl.), S106–S116.
7. The Doctors Company. *Medical and Dental Documentation Best Practices*.
8. Dental Board of California. *Complaint Information*. https://dbc.ca.gov/consumers/complaints.shtml
9. Dental Board of California. *Diversion Program*. https://www.dbc.ca.gov/licensees/diversion_program.shtml
10. American Medical Association. *Code of Medical Ethics Opinion 9.4.2: Reporting Impaired, Incompetent, or Unethical Colleagues*.
11. Beauchamp, T. L., & Childress, J. F. (2019). *Principles of Biomedical Ethics* (8th ed.). Oxford University Press.
12. Institute of Medicine. (2000). *To Err Is Human: Building a Safer Health System*. National Academies Press.

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ETHICS CE – Impaired DDS Course

By Michael Laflamme

Circle the correct answer for questions 1-10

1. Which statement best reflects the article's message regarding aging and clinical practice?
   A. Most dentists become unsafe practitioners after age 65.
   B. Aging alone is not the concern; impairment that affects patient safety is.
   C. Older dentists should automatically reduce their clinical hours.
   D. Memory changes always indicate dementia.
2. Which of the following represents an objective observation that should be documented?
   A. "The doctor has dementia."
   B. "The doctor appeared intoxicated."
   C. "The doctor requested the patient's medical history three times within 15 minutes."
   D. "The doctor is mentally declining."
3. According to the article, which ethical principle most directly supports taking action when a provider's impairment may place patients at risk?
   A. Autonomy C. Beneficence
   B. Justice D. Nonmaleficence
4. Which of the following is NOT recommended when concerns arise about possible provider impairment?
   A. Document objective observations.
   B. Use established internal reporting channels.
   C. Discuss concerns with patients to warn them.
   D. Confirm whether a pattern of concerning behavior exists.
5. According to the Four-Step Response Model, what should occur immediately after documenting objective observations?
   A. Contact the Dental Board of California.
   B. Confirm whether a pattern of concerning behavior exists.
   C. Report concerns on social media.
   D. Confront the dentist in front of staff.
6. Which situation requires immediate intervention because of an imminent threat to patient safety?
   A. The dentist arrives five minutes late.
   B. The dentist asks for an instrument twice.
   C. The dentist repeatedly attempts treatment on the wrong tooth.
   D. The dentist appears tired after a long day.
7. If patient safety remains at risk after internal reporting channels have been used, what is the next appropriate action?
   A. Wait until additional incidents occur.
   B. Discuss concerns with patients.
   C. Submit a complaint to the Dental Board of California.
   D. Resign from the practice immediately.
8. A dental hygienist should attempt to diagnose whether a dentist has dementia or is intoxicated before taking action.
   A. True B. False
9. When a patient faces imminent risk, protecting the patient takes precedence over workplace hierarchy or fear of retaliation.
   A. True B. False
10. A single unusual incident always proves that a dentist is impaired and should immediately be reported to the Dental Board.
    A. True B. False

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Oral-Systemic Health in Practice: Advancing Whole-Person Care Through Dental Hygiene

By: Jenelle Paulo, RDH
Hygiene Program Manager, PDS Health®

Introduction

The role of the dental hygienist has evolved considerably over the past several decades. While the profession has long emphasized prevention, today's dental hygienists are increasingly recognized as essential contributors to whole-person care through comprehensive assessment, patient education, and collaboration with other healthcare professionals. As research continues to strengthen the relationship between oral health and systemic health, the dental hygiene appointment has become an important opportunity to identify risk factors, reinforce preventive strategies, and support earlier recognition of disease.

The relationship between oral health and overall health, often referred to as the Mouth-Body Connection, reflects the growing body of evidence demonstrating that periodontal disease is associated with numerous systemic conditions, including diabetes mellitus, cardiovascular disease, adverse pregnancy outcomes, and certain neurodegenerative conditions.[1-6] Although this relationship has been recognized for decades, ongoing research continues to expand our understanding of the biologic mechanisms connecting chronic periodontal inflammation with systemic disease.[2] While many questions remain regarding causality and disease pathways, there is broad consensus that oral health should be considered an integral component of overall health.[1,2]

For dental hygienists, these findings reinforce what has always been central to clinical practice: every patient encounter is an opportunity to improve health beyond the oral cavity. Routine assessments, periodontal evaluations, health history reviews, and patient education provide valuable opportunities to identify potential concerns, encourage appropriate medical follow-up, and help patients better understand how oral health influences their overall health. As healthcare continues to move toward greater collaboration across disciplines, dental hygienists are well positioned to serve as important partners in preventive, patient-centered care.

Understanding the Evidence: Oral Health and Systemic Disease

The relationship between oral health and systemic health is supported by a growing body of evidence demonstrating that periodontal disease is associated with numerous chronic inflammatory conditions.[1,2] While researchers continue to investigate the biologic pathways underlying these relationships, chronic periodontal inflammation is recognized as a potential contributor to systemic inflammatory burden, particularly in individuals with existing risk factors or chronic disease.[2]

Periodontitis is initiated by a dysbiotic biofilm that triggers a host inflammatory response.[7] As the disease progresses, ulceration of the pocket epithelium allows periodontal pathogens, bacterial byproducts, and inflammatory mediators to

enter the systemic circulation.[2,7] This persistent inflammatory challenge has been associated with effects beyond the oral cavity and reinforces the importance of maintaining periodontal health as part of overall health.[2]

Among the most well-established relationships is the bidirectional association between periodontitis and diabetes mellitus. Individuals with poorly controlled diabetes are more likely to develop severe periodontal disease, while chronic periodontal inflammation may negatively affect glycemic control. Evidence also suggests that effective periodontal therapy can contribute to modest improvements in glycemic control when provided as part of comprehensive diabetes management.[3]

Research has similarly identified associations between periodontal disease and cardiovascular disease. Although periodontal disease has not been established as a direct cause of cardiovascular events, chronic inflammation, endothelial dys function, and shared risk factors such as tobacco use, obesity and diabetes likely contribute to this relationship.[4] For dental hygienists, these findings reinforce the importance of identifying modifiable risk factors and encouraging patients to seek appropriate medical evaluation when indicated.

Additional research has explored relationships between periodontal disease and adverse pregnancy outcomes, respiratory disease, rheumatoid arthritis, chronic kidney disease, and cognitive decline.[1,2,5,6] While the strength of evidence varies among these conditions and causal relationships continue to be investigated, the collective research supports a broader understanding of oral health as an integral component of overall health rather than an isolated aspect of healthcare.[1,2]

For practicing dental hygienists, perhaps the most meaningful takeaway is not whether one disease causes another, but rather that chronic oral inflammation should be viewed as an important clinical finding with implications beyond the periodontal tissues. Every comprehensive periodontal assessment contributes valuable information about a patient's inflammatory status and provides an opportunity to educate patients, reinforce preventive behaviors, and collaborate with other healthcare professionals when appropriate.

The Dental Hygienist's Role in Whole-Person Care

As the understanding of oral-systemic health continues to evolve, so too does the role of the dental hygienist. Beyond providing preventive and therapeutic periodontal care, dental hygienists are uniquely positioned to identify risk factors, recognize clinical findings that may warrant further evaluation, and educate patients about the relationship between oral health and overall health. Because many patients receive routine dental care more frequently than medical care, the dental hygiene appointment may serve as an important point of contact for identifying changes in health status and encouraging timely medical follow-up.

Every appointment begins with a comprehensive assessment. Updating the medical history, reviewing medications, evaluating tobacco and alcohol use, assessing vital signs when appropriate, and completing a thorough periodontal examination provide valuable insight into a patient's current health status. Changes in periodontal condition, persistent inflammation, delayed healing, xerostomia, or other oral findings may reflect changes in systemic health or signal the need for additional discussion with the patient's primary care provider. While these findings are not diagnostic of systemic disease, they contribute to a more complete understanding of the patient's overall health and support informed clinical decision-making.

Patient education remains one of the dental hygienist's most influential responsibilities. Conversations about periodontal disease have

evolved beyond explaining bleeding or pocket depths to helping patients understand the biologic impact of chronic inflammation. When patients recognize that periodontal health may influence diabetes management, cardiovascular health, or other chronic conditions, they often develop a greater appreciation for the value of preventive care and periodontal therapy. Framing oral health within the context of overall health can improve treatment acceptance, strengthen patient engagement, and reinforce the importance of long-term maintenance.

The dental hygiene appointment also provides opportunities to incorporate evidence-based screening practices that support comprehensive care. Blood pressure measurement is an important screening vital sign during dental visits and may identify patients with previously undiagnosed or poorly controlled hypertension.8 Similarly, advances in saliva diagnostics continue to expand the ability to assess biomarkers associated with periodontal disease and other health conditions, although their use should complement, rather than replace, comprehensive clinical assessment and professional judgment.[9]

Equally important is collaboration with other healthcare professionals. As healthcare moves toward greater integration, communication between dental and medical providers is becoming increasingly valuable, particularly for patients managing chronic diseases such as diabetes or cardiovascular disease. Referrals, shared clinical information, and coordinated care help ensure that oral health findings are considered within the broader context of the patient's health. Dental hygienists play an essential role in facilitating these conversations by documenting clinical findings, educating patients, and communicating with other members of the healthcare team when appropriate.[10]

Ultimately, the dental hygienist's greatest contribution extends beyond identifying disease. It lies in helping patients understand the connection between oral health and overall health, motivating behavior change, and supporting preventive care throughout the lifespan. As oral-systemic science continues to evolve, dental hygienists remain at the forefront of translating research into meaningful improvements in patient care.

Advancing Oral-Systemic Health Through Integrated Care

While the evidence supporting the relationship between oral health and systemic health continues to grow, healthcare delivery has historically remained fragmented. Dental and medical professionals often work in separate settings, use different health record systems, and have limited opportunities to share clinical information. As a result, important findings identified during a dental visit may not always be communicated to a patient's broader healthcare team, potentially delaying intervention or limiting opportunities for coordinated care.[10]

Efforts to bridge this gap have led to the development of dental-medical integration (DMI) models that encourage greater collaboration among oral health and medical professionals. Although these models vary, they share a common goal: improving communication, enhancing care coordination, and supporting earlier identification of health concerns through a more comprehensive view of the patient.[10]

One example is PDS Health, which has implemented an integrated care model that brings together oral health and primary care through shared electronic health records and coordinated clinical workflows.[11] By integrating Epic's comprehensive electronic health records system across its dental practices, clinicians can access relevant medical and dental information within a unified patient record, supporting more informed clinical decision-making and facilitating communication among members of the healthcare team.[12]

For dental hygienists, integrated care is less about technology than it is about collaboration. Access

to relevant medical information, including current diagnoses, medications, laboratory values when available, and recent medical encounters, can strengthen clinical decision-making and support more meaningful conversations with patients. Likewise, communicating significant oral health findings to primary care providers helps ensure that periodontal health is considered within the context of overall health. As integrated care models continue to evolve, dental hygienists will remain central to connecting oral health with the broader healthcare continuum.

From Evidence to Everyday Practice

The science supporting the relationship between oral health and systemic health continues to evolve, but its value lies in how it informs patient care. For dental hygienists, translating evidence into practice does not require a dramatic change in clinical workflow. Rather, it reinforces the importance of the comprehensive assessments and patient-centered conversations that are already fundamental to the profession.

A thorough review of the patient's medical history, current medications, and risk factors provides essential context for clinical decision-making. Combined with a comprehensive periodontal assessment, these findings help identify patients who may benefit from additional evaluation or collaboration with their primary care provider. Monitoring changes over time also enables dental hygienists to recognize subtle shifts in health status that might otherwise go unnoticed.

Equally important is helping patients understand why oral health matters beyond the dentition. Discussing the relationship between periodontal inflammation and chronic disease in language that is clear, balanced, and evidence-based can strengthen patient understanding and encourage greater participation in preventive care. When patients recognize that managing periodontal disease may also support their overall health, they may become more engaged in treatment and more committed to long-term maintenance.

Interprofessional collaboration is another important component of contemporary dental hygiene practice. Communicating significant findings, recommending appropriate medical follow-up, and coordinating care with primary care providers and other healthcare professionals contribute to a more comprehensive approach to patient care. While the responsibilities of dental and medical clinicians remain distinct, collaboration allows each profession to contribute its expertise in support of healthier outcomes for the patient.

As research continues to clarify the complex relationships between oral and systemic health, dental hygienists will remain integral to translating emerging evidence into clinical practice. By combining comprehensive assessment, patient education, preventive care, and collaboration with other healthcare professionals, the profession is well positioned to advance whole-person care while continuing to improve oral health outcomes.

Conclusion

The relationship between oral health and overall health has reshaped the way dental professionals view prevention, disease management and patient care. While researchers continue to investigate the mechanisms underlying oral-systemic relationships, the evidence supports recognizing oral health as an essential component of overall health.[1,2]

For dental hygienists, this expanding body of knowledge reinforces the profession's longstanding commitment to prevention while creating new opportunities to contribute to interdisciplinary healthcare. Every comprehensive assessment, periodontal evaluation, and patient education conversation represents an opportunity to identify risk factors, encourage healthy behaviors, and support earlier recognition of disease. Through collaboration with primary care providers and

other healthcare professionals, dental hygienists help ensure that oral health is recognized as an integral part of whole-person care.

As healthcare continues to evolve toward more collaborative, patient-centered models, the role of the dental hygienist will continue to expand. By combining clinical expertise with evidence-based practice and interprofessional collaboration, dental hygienists are helping shape a future in which oral health is fully integrated into the broader conversation about overall health.

References

1. National Institutes of Health. *Oral health in America: advances and challenges.* Bethesda (MD): US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research; 2021.
2. Genco RJ, Sanz M. Clinical and public health implications of periodontal and systemic diseases: an overview. *Periodontol 2000*. 2020;83(1):7-13. doi:10.1111/prd.12344.
3. Sanz M, Ceriello A, Buysschaert M, et al. Scientific evidence on the links between periodontal diseases and diabetes: consensus report and guidelines of the joint workshop on periodontal diseases and diabetes by the International Diabetes Federation and the European Federation of Periodontology. *J Clin Periodontol*. 2018;45(2):138-149. doi:10.1111/jcpe.12808.
4. Sanz M, Marco Del Castillo A, Jepsen S, et al. Periodontitis and cardiovascular diseases: consensus report. *J Clin Periodontol*. 2020;47(3):268-288. doi:10.1111/jcpe.13189.
5. Kinane D, Bouchard P; Group E of European Workshop on Periodontology. Periodontal diseases and health: consensus report of the Sixth European Workshop on Periodontology. *J Clin Periodontol*. 2008;35(8 Suppl):333-337. doi:10.1111/j.1600-051X.2008.01278.x.
6. Dominy SS, Lynch C, Ermini F, et al. *Porphyromonas gingivalis* in Alzheimer disease brains: evidence for disease causation and treatment with small-molecule inhibitors. Sci Adv. 2019;5(1):eaau3333. doi:10.1126/sciadv.aau3333.
7. Papapanou PN, Sanz M, Buduneli N, et al. Periodontitis: consensus report of Workgroup 2 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions. *J Periodontol*. 2018;89(Suppl 1):S173-S182. doi:10.1002/JPER.17-0721.
8. American Dental Association. Hypertension (high blood pressure) [Internet]. Chicago (IL): American Dental Association; 2022 Nov 1 [cited 2026 Jul 10]. Available from: https://www.ada.org/resources/ada-library/oral-health-topics/hypertension
9. Giannobile WV, McDevitt JT, Niedbala RS, Malamud D. Translational and clinical applications of salivary diagnostics. *Adv Dent Res*. 2011;23(4):375-380. doi:10.1177/0022034511420434.
10. World Health Organization. *Global strategy and action plan on oral health* 2023-2030 [Internet]. Geneva: World Health Organization; 2024 [cited 2026 Jul 10]. Available from: https://www.who.int/publications/i/item/9789240090538
11. PDS Health. Integrated health: bringing dental and medical care together [Internet]. Henderson (NV): PDS Health; [cited 2026 Jul 10]. Available from: https://www.pdshealth.com/our-vision/integrated-health/
12. Pacific Dental Services. Pacific Dental Services becomes world's first dental support organization to integrate Epic's comprehensive health records system into all supported dental practices [press release on the Internet]. Irvine (CA): Pacific Dental Services; 2022 Aug 24 [cited 2026 Jul 10]. Available from: https://www.pdshealth.com/news/press-releases/pds-epic-integration/\

"Mouth Body Connection" Course

By Jenelle Paulo, RDH

Circle the correct answer for questions 1-10

1. Which statement best describes the current understanding of the relationship between periodontal disease and systemic health?
   A. Periodontal disease directly causes cardiovascular disease.
   B. Periodontal disease has no measurable impact beyond the oral cavity.
   C. Chronic periodontal inflammation is associated with several systemic conditions, although causal relationships continue to be investigated.
   D. Periodontal disease only affects patients with diabetes.
2. Which systemic condition has the strongest evidence supporting a bidirectional relationship with periodontitis?
   A. Alzheimer's disease
   B. Diabetes mellitus
   C. Chronic kidney disease
   D. Osteoporosis
3. Why is chronic periodontal inflammation believed to influence systemic health?
   A. It permanently alters tooth structure.
   B. It allows periodontal pathogens, bacterial byproducts, and inflammatory mediators to enter the bloodstream.
   C. It reduces salivary flow.
   D. It prevents immune system activation.
4. Which of the following is an important responsibility of the dental hygienist in supporting whole-person care?
   A. Diagnosing cardiovascular disease
   B. Prescribing medications for systemic disease
   C. Identifying risk factors, educating patients, and facilitating appropriate medical referrals
   D. Performing laboratory blood testing
5. During a comprehensive assessment, which finding may suggest the need for additional medical evaluation?
   A. Healthy gingival tissues
   B. Delayed healing and persistent inflammation
   C. Recently completed orthodontic treatment
   D. Presence of dental sealants
6. Why is patient education regarding the oral-systemic connection important?
   A. It eliminates the need for periodontal therapy.
   B. It helps patients understand how periodontal health may influence chronic disease management and encourages preventive behaviors.
   C. It replaces medical care.
   D. It guarantees improved systemic health outcomes.
7. Which screening practice is identified as an evidence-based component of comprehensive dental hygiene care?
   A. Bone density testing
   B. Blood pressure measurement
   C. Blood glucose laboratory testing for every patient
   D. Electrocardiogram screening
8. What is the primary goal of dental-medical integration (DMI)?
   A. Replace medical care with dental care
   B. Reduce the need for periodontal assessments
   C. Improve communication, care coordination, and early identification of health concerns
   D. Increase the number of dental procedures performed
9. According to the article, effective interprofessional collaboration includes:
   A. Limiting communication between dental and medical providers
   B. Referring all patients to physicians regardless of findings
   C. Sharing significant clinical findings and coordinating care with other healthcare professionals when appropriate
   D. Providing medical diagnoses during dental appointments
10. What is the primary message regarding the evolving role of the dental hygienist?
    A. Dental hygienists should focus only on preventive cleanings.
    B. The role is expanding through comprehensive assessment, patient education, evidence-based practice, and collaboration to support whole-person care.
    C. Dental hygienists should independently manage systemic diseases.
    D. Oral health is separate from overall health.

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Phone: _____ Email: _____ Fax: _____

Signature: _____

Please mail the completed Post-test and information with your CE voucher or check payable to CDHA: 1415 L Street, Suite 1000, Sacramento, Ca 95814: Attn: Member Services

Keep a copy of your test for your records.

Save the Date

2026 Fall Scientific Symposium

Saturday, October 17, 2026
8 AM – 1:30 PM PT

Virtual via ZOOM
cdha.org/Events/Fall-Scientific-Symposium

2026 House of Delegates

Friday, November 6 thru
Sunday, November 8

Holiday Inn • San Jose, CA

2027 Spring Scientific Session

Friday, May 14, 2027

Sheraton Park Hotel in Anaheim, CA

For CE courses in your area, consult the CDHA calendar at CDHA.org

cdha