Inspired by Family

Meet a few families that made dental hygiene a multigenerational profession.
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Welcome 2021 Dental Hygiene Graduates

The Colorado Dental Hygienists’ Association welcomes the newest dental hygienists in the profession of dental hygiene. Transitioning from school to practice can feel overwhelming and unknown. You are not alone, we have all been there and remember those first days, weeks, months, and years all too well.

As dental hygienists, we continue our education throughout our entire career and any seasoned hygienist will tell you the first year as a practicing dental hygienist is filled to the brim with learning opportunities. You will be amazed at how you take your education and clinical skills to the next level in the blink of an eye. While you are navigating the new aspects of practicing dental hygiene, CODHA is here to support you on a professional and personal level.

Of course, there are many committees and councils seeking new ideas and fresh concepts that help our profession and association stay relevant and successful.

Membership    Education    Legislation    Public Affairs

However, CODHA understands the importance of connecting with one another during continuing education classes, membership meet-ups (both virtual and in-person), and also a good old-fashioned text or phone call chat.

Being a member of CODHA can provide friendship and support. During your time in dental hygiene programs, you have a tight knit community to lean on, CODHA has been my personal support community after I graduated and we all welcome new members and friendships.

Come join us!
GETTING TO KNOW THE CODHA LEADERSHIP

Irina Nekhenzon, RDH, BSDH, MBA

Hello COHDA

My name is Irina Nekhenzon and I am the Chair of the CODHA Council on Regulation and Practice. I graduated from the University of Colorado – School of Dental Medicine with a dental hygiene degree in 2002. My choice of a dental hygiene career was unique indeed. I grew up in Belarus (Republic of the USSR), of which the profession of dental hygiene did not exist. My first visit to a dentist was when I was 20 years old after I moved to New York in 1993. It was that dentist who suggested I explore dental hygiene as a career. Although, before I could apply to a dental hygiene program, I first had to take English as a Second Language courses in addition to the required prerequisites. I was 26 years old when I started dental hygiene school. After graduation, I was a clinical dental hygienist in private practice for 14 years.

I have lived in Colorado since 1995. Prior to dental hygiene, I have had several other careers, including pharmacy technician and customer service. Although, dental hygiene is what I love the most! I had to leave private practice because of chronic back problems. However, I used my clinical skills to start my career at Delta Dental of Colorado (DDCO). I have worked at DDCO for five years, serving in a variety positions with increasing administrative responsibilities. Without question, my dental hygiene degree, experience, and knowledge has enabled me to grow with the company. One of the responsibilities I have is to provide dental health education to the DDCO staff and other stakeholders. It is one part of my job that I truly enjoy as I did in private practice.

Since some readers may not be aware of DDCO, allow me to share. DDCO is a non-profit organization with the mission “to improve the oral health of the communities we serve”. One of the ways DDCO is active in the community through the DDCO Foundation. The foundation works toward expanding access to quality dental care, advancing oral health of all Coloradans and reducing disparities across the state. DDCO Foundation also supports policy and systems change. This year DDCO Foundation was one of the sponsors of CODHA’s Sunset Bill. Megan Wilson, the Director of Programs with DDCO Foundation, was instrumental in providing testimony in support of the changes proposed in the bill.

Another great program of the DDCO Foundation is The Colorado Medical-Dental Integration Project (CO MDI). Launched in 2015, it integrates dental hygienists into health care teams. This helps to increase access to dental services for Coloradans with no dental insurance or with transportation barriers. For additional information about DDCO visit their website at https://www.deltadentalcofoundation.org/, DDCO is a great company to work for. It makes me feel good that I am filling a need for my community. DDCO has many outreach programs in which dental care is provide to those who do not have resources to pay for treatment. I would highly encourage recent RDH graduates or dental hygienists seeking another career path to consider working for a non-profit organization. The personal and professional rewards are immeasurable.

Although I was a member of ADHA as a student, I had let my membership lapse. I renewed my membership in 2016 realizing the importance of being an active member. I served as a member of the CODHA Council on Regulation and Practice
for three years and assumed the position of Chair this year. The legislative process is fascinating. Change in dental hygiene practice is possible through CODHA. Learning the methods to create change is easy. Deb Astroth was instrumental in serving as my mentor and I appreciate all her support and guidance. However, change does not occur without the effort and hard work of many. A simple first step for helping create change is to “keep informed” and then “to get involved”. During my term as Chair, I hope to educate our members on the legislative process, to inform the members of legislative activities and to help initiate positive changes for the profession of dental hygiene in the state of Colorado. When I am not working with CODHA or at DDCO, I enjoy ice skating, hiking in the mountains and enjoying the beauty of Colorado. I “rejuvenate” by traveling to the beaches of Mexico with my family. My husband, Yan is also from Belarus but we met in the United States and have been married since 1997. We have two daughters, Emily (age 18) who enjoys swimming and Nellie (age 9) who is an ice skater.

Please feel free to contact me if you have any questions at reg_practice@codha.org. I look forward to hearing from you.

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**LEGISLATIVE UPDATE**

Irina Nekhenzon, RDH, BSDH, MBA

Earlier this year our Silver Diamine Fluoride (SDF) and interim therapeutic restorations (ITR) Sunset Bill, Senate Bill 21-102, unanimously passed the Senate and The House. Changes included moving SDF to the section regarding unsupervised section, allowing on-demand SDF course, removing hours requirement for ITR, and allowing dentists to supervise 5 full time hygienists for the placement of ITR.

In April the Bill was signed by Governor, Jared Polis. Following the signing of the bill, the Colorado Dental Board opened a rule making process regarding Rule 1.25 and Rule 1.26. The rulemaking hearing was held on June 14th. Dental Board Rules and Regulations can be found on CODHA website at codha.org.

on May 25, the Colorado Dental Hygienists’ Association submitted the recommendations to the Colorado Dental Board for Rules 1.25 and 1.26. The rulemaking hearing was held on June 14th. Dental Board Rules and Regulations can be found on CODHA website at codha.org.
In this issue, we meet Carolyn Anello RDH, BS. She is the Founder and Clinical Program Director of the Worthmore Clinic in Aurora, Colorado. Carolyn saw a need for better access to oral healthcare in the refugee community and decided to improve that access. Kudos to Carolyn for recognizing a critical need and meeting it! She deserves our admiration and recognition.

In 2009, Carolyn served a refugee family through a program at her church. To address the oral health barriers she observed, she and her husband founded Project Worthmore in 2011, followed by the birth of the Worthmore Clinic in 2014. Carolyn provided a beautiful explanation for the name of the clinic; she explains it came from wanting to create a place to honor the skills and knowledge that refugees and immigrants bring. When planning for the clinic, she relied on prayers and the generosity of the owners of the private practice where she worked to donate the initial equipment.

The Worthmore clinic has expanded to seven chairs serving 350-350 patients a month who are refugees and immigrants mostly from Burma, Congo, Iraq, and Afghanistan. Language differences are handled with bilingual staff and a language line. Currently, there is one full-time and one part-time dentist, one dental hygienist, 3 dental assistants, a receptionist, treatment coordinator and Carolyn, who provides dental hygiene care and does administration.

Carolyn shares that she feels fulfilled in this endeavor, remarking that the clinic has been able to open avenues of access to healthcare, employment, learning and growth for patients, employees and students. Even so, she recognizes that there is much more work to do. Consequently, next month, this already very accomplished and busy dental hygienist is starting a Masters of Science degree in Global and Migration Health Policy from City University New York. Bravo!

Flexibility, innovation and perseverance comprise the skill set that Carolyn feels is most critical in her work. Her advice for others considering a change, “It IS scary to step into something unknown, but don’t let fear hold you back. Go for it”. Carolyn can be reached at carolyn@projectworthmore.org
Hello to all Colorado Dental Hygienists! It is great that CODHA can share the Explorer’s summer issue with all registered dental hygienists in the state. This summer I am struck by the return to some normalcy in our lives. Children are heading into summer with the opportunity to once again participate in camp, families are vacationing, the use of masks in different spaces is varied.

All too soon the summer will be here and gone. Just as activities are planned to seize the best of the season, I want to make sure I urge you all to not give in to complacency in our profession. While I am heartened by a low Covid-19 infection rate we need to be on guard to continue to keep ourselves and our patients safe. Check out the updated Return to Work Guidance that the ADHA Taskforce recently amended https://www.adha.org/adha-interim-guidance-on-returning-to-work. ADHA also has a great free member platform, CE Smart, to track CE requirements and many free online CE for members, or low cost to non-members. https://www.adha.org/continuing-education#cesmart. Did you know ADHA has a section that is devoted to funding dental hygiene research, education, and community projects? Donate to IOH here or apply for support for your research or project. https://www.adha.org/institute-for-oral-health. Didn’t know? Are you a member? This is your community.

What about CODHA at the state level? If you are not a member you may not have been aware of SDF.ITR legislation and Teledentistry legislation that passed in the legislature this year to strengthen and protect our practice act. What about hygienists being able to join forces with other healthcare workers and help administer vaccines? We have hosted a virtual CE on Ergonomics, and a full day virtual wine CE with the Dental Winegenist as host, in May. Your membership committee has hosted everything from Kim Laudenslager’s OSHA update in May 2020 to yoga, to mental health self-care, to book club, to student information session, “Ask Us Anything” from working professionals. Do you have an idea of something to improve our association? Did you know that CODHA has an Inclusion and Equity Committee aimed at helping address disparities in our profession and for our patients? Did you know CODHA has a Botox taskforce? We need your voices and perspectives. Become a member and be a part of making that happen. This is your community.

Where do you see yourself and your passion, what is your purpose and your why? CODHA can use your help and talent. We are only as strong as we can be when working together. Even if you don’t have time to give, being a member alone helps support legislation and efforts solely in the interest of dental hygienists and protecting our scope of practice, rather than taking it for granted. We are powerful if only we work together and not relinquish this responsibility to help strengthen, grow, and protect our profession for ourselves and others in the future. It is far too easy to be critical when we are unaware of what is happening and unwilling to help create possibility and action ourselves. Community involves participation. This is your community.

Come join us at our Annual Conference November 5-7th at Denver Marriott at Park Meadows. There are both virtual and in person options to attend. Please come talk to me and I will get you connected to what you need. We are your community!
Thank you to Tammy Fulton, BS, RDH (CODHA Colorado Springs Alternate Trustee and ADHA Delegate) for posting a question on Facebook “Dental Hygienist Talk” asking What are some UNIQUE tips you learned as an RDH that you never heard before being in this field and that worked? It is evident that we “love” to share our clinical tips when over fifty tips were posted. Many FB members followed the posts with several posting that “This is a great thread!”. Look for those clinical tips to be published here on an ongoing basis.

If you would like to share your “clinical practice tips” with your colleagues, please submit them via email at explorer@gmail.com. For each clinical tip you submit, your name will be entered to win a $10 Starbuck gift card to be drawn at random once a quarter. The more tips you submit, the more chances of winning. Winners will be notified by email and announced in the Explorer.

JL: When taking a periapical radiograph, put the tab with the sticker lower down on the sensor (instead of directly in the middle) when taking upper radiographs and put the tab higher up when taking the lower radiographs to get the root easier.

TS: Offers a clinical tip that she and her doctor use. Dyclonine (1%) (DYC) is a topical anesthetic in the form of a rinse that patients can swish around for one minute to anesthetize the gingival and palatal tissues. This oral anesthetic rinse is fantastic for those patients who need a small amount of anesthesia. It also works well for patients who are needle-phobic and who gag during impressions. For periodontal patients with inflammation, it is useful before probing or gross debridement. Almost any dental patient can be offered this mouth rinse to make their experience at your office more comfortable and your work easier.

KG: For patients with dry mouth, ask them to rinse more frequently. You will be amazed at the change in tissue quality by the end of the appointment.

VD: I ask pediatric patients to smile really wide when they have x-ray sensors in their mouth because this way, I know they are biting with their teeth.

LT: Tell a child to open when you want them to close and vice versa. Flip your 13/14 over and “back action” linguals of mandibular teeth. Flatten the tip of Arestin to make it thinner and more comfortable going in.

TDG: For stain removal, polish with a combination of prophylaxis paste and hydrogen peroxide. Works like a charm. I dip my cup in the hydrogen peroxide, each time I fill the cup.

JJC: When I take x-rays on gaggers I have them raise a leg in the air (without resting it on the other leg) and hold it there until I take the sensor out. Takes their mind off it and it works!

VD: If I only have one flavor of prophylaxis paste left and I have a child in my chair I ask them if they want mint or prune flavor? ☺ Even if they don’t like mint, they ain’t gonna go for prune!

JMG responded to this post with “I love it! My go to was Brussel Sprouts!”

AC: Using the right and left Cavitron® tips for cleaning under a lingual bar. It saves a lot of headaches trying to hand scale and the curve fits perfectly to reach the calculus that hides flush with the bar.
MH: Your patients are your best resource for which dental products works best, floss, rinse, toothpaste regular and natural, etc. Also, if patients lose weight or change their diet, I have noticed their calculus can become less tenacious. Protein powdered drinks people use to build muscle makes their calculus very tenacious.

SAH responded “Very Interesting”.

DISCLAIMER: All opinions expressed in “Clinical Tips” are solely the opinion of the contributing author. The Colorado Dental Hygienists’ Association does not reflect the opinions, endorsements of any products recommended, nor have verified the completeness or accuracy of the clinical techniques contributed by the author.

FOCUS ON COMMUNITY SERVICE

Howard M Notgarnie, RDH, EdD, ADHA

Dental hygienists have been an important part of community service since the inception of our profession. In 2004, Michelle Hurlbutt, RDH, now a member of the Dental Hygiene Committee of California pointed out that the public health sector was part of the original vision of the dental hygiene profession. ADHA Institute for Oral Health fosters dental hygienists’ import by offering grants to dental hygienists developing community-based service projects. This is part of ADHA’s Public Health advocacy: many at-risk groups have a high rate of unmet health needs that can be mitigated by a robust public health system that includes dental hygienists. The money to fund these grants comes from your donations to ADHA Institute for Oral Health. Colorado members have donated more than $1200 of our $1692 goal. We are hoping to reach that goal by the end of June.

Three community service grants were available in the latest cycle of the grant process through the ADHA Institute for Oral Health. The Mars Wrigley Foundation Healthier Smiles Grant Program awarded grants to dental hygienists who participate in community service in underserved areas succeeding in disease prevention and patient education. The Healthy Start for Texas Teeth Community Service Grant offered grants to dental hygienists or ADHA Components in Texas that use fluoride varnish and patient education as prominent parts of their preventive health program. The Rosie Wall Community Spirit Grant awarded dental hygienists who play prominent parts in community health projects that include patient education and that enhance oral, medical, or mental health of their patients.

ADHA Member Profile in Community Service

A recent recipient of the Mars Wrigley Foundation Healthier Smiles Grant Program is Lancette VanGuilder, RDH, BS. The program for which she earned this award is in Nevada, entitled Expand the Reach: Frontier, Tribal, Home and Community. She operates a mobile dental hygiene clinic serving home-bound clientele, nursing homes, assisted living facilities, special needs patients, school, and tribal programs. Ms VanGuilder has been practicing dental hygiene for over 25 years in clinical, corporate, and public health settings and provides continuing education to members of our profession. She has served the Nevada Dental Hygienists’ Association as President and as District 12 Trustee.
DENTAL HYGIENIST SUPER VACCINATORS

Terri Tilliss, RDH, PhD

Co-editor’s note:

Our profession has made a major contribution to getting Coloradans vaccinated! What a lovely way to let both the public and other healthcare providers see who we are and know how capable we are!

Thank you to the many individuals who volunteered their time, energy and expertise. This article will feature the views of 3 dental hygienists who responded to our questionnaire. They are Carol Rykiel, Laura Jacob, and Deb Astroth.

What our Super Vaccinators had to say:

Where did you volunteer?

Carol: Highline Medical and at my workplace at the Colorado Coalition for the Homeless

Laura: Tri-County, Highline Medical, 5th Street Garage (Auraria campus), Dick’s Sporting Goods parking lot (I worked the day they shut-down for vaccination reactions), Sky Ridge in Lone Tree

Deb: Summit County Public Health

What was your major motivation for becoming a vaccinator?

Carol: Being in public health, I had a front row seat to how COVID unfolded in the dental, medical, and policy worlds. I felt like I wanted to actively contribute to getting the vaccine to as many people as possible.

Laura: I wanted to be part of the pandemic solution. I was also thrilled that Governor Polis approved dentists and dental hygienists as vaccinators and I wanted to make sure we made a significant impact as a profession.

Deb: It was a way to help others and get us to herd immunity faster.

Explain whether the reality of providing vaccinations met your expectations.

Carol: I had no expectations going in, so I remained open-minded and flexible. Like with any new procedure, there was a learning curve. It was great to have hands-on experience outside our ‘norm’ and meet many grateful recipients. The reality is that it is hard work being on your feet for many, many hours.

Laura: YES! It’s been wonderful to connect with the public, reassure them, build trust, deliver the dose, use my medical history gathering and social/emotional skills to support them, as well as give and receive tremendous gratitude! My first day I got in my car, exhausted, but so fulfilled! I had touched 85 Denverites, looked them in the eye, delivered their dose and spoke confidently to them! I probably hadn’t touched that many people in the whole last year! That being said, it is very humbling. The shifts are long and the elements challenging! I’m significantly older that most participants by 20-30 years. Most say they are doing for the money. I think it may be costing me money (because I have to get more massages to survive the muscle aches from standing outside for 8-10 hours), but that’s not why I am participating.

Deb: I was a bit anxious the first time. The experience has surpassed my expectations. Everyone was so thrilled to be getting their vaccinations.

Share any interesting interprofessional exchanges with other volunteers:
Laura: Every shift I made sure the team knew I was a dental hygienist and participating by the Governor’s special order. Lots of laughs, especially with nurses about how much easier it is to inject in the deltoid vs the mouth!

Deb: An operating nurse was at the station next to me and gave me a few tips and an overview. She said she couldn’t imagine giving an injection in the mouth!

How does delivering a parenteral (in the arm) injection differ from providing an intraoral injection?

Carol: Mostly technique sensitive, larger gauge needle and with IM injections you feel more resistance. However, we are more than able to do this!

Laura: HA! So easy!! No tongue, saliva, lips, cheeks, clenching or swallowing to manage! No need for the patient to ever see the syringe if they so choose. I was comfortable after delivering the first dose. It’s also very fast! I think hygienists are more comfortable managing the armamentarium then other professionals. We are so used to wearing gloves and holding our instruments, gauze suction, prophy paste, varnish, etc. Holding a very light-weight disposable syringe, often self-sheathing, an alcohol wipe, a band-aid, a gauze (for bleeds) a vaccination card and a sticker seemed like second nature.

Deb: Much easier to give an injection in the deltoid muscle of the arm. People tend to want to tighten up the muscle but if you have them just hang their arm down straight it tends to loosen the muscle and it is easier to inject into the skin. People who have worked out in the sun and experienced a lot of tanning are sometimes more difficult to get the needle into the surface layer of the skin which we do not experience in the oral tissues.

Super Vaccinators Carol Rykiel (left) and Laura Jacob (right)
In the Winter 2021 Explorer issue (Part 1 of 4), we discussed general Dental Compliance. In the Spring 2021 issue (Part 2 of 4), we reviewed OSHA and Infection Control requirements. In this article I will attempt to demystify total HIPAA Compliance for dental and dental hygiene practices.

It’s hard to believe that HIPAA compliance has only been around for 25 years. For some, they may have never known life without it. For the veterans, 1996 brought significant change in the way we communicated with and around our patients. I worked my first 20 years in a practice where the dentist was my father’s age. We had many fourth-generation families in the practice. My final year, before he retired, I attended eight funerals from that first generation. I would often be driving to the service wondering why I felt compelled to participate. After all, I had only seen the patient twice a year. When I arrived, my reasons were evident! I knew the families, the neighbors, the co-workers, etc. And we all knew that we knew each other! That was a different time for sure. All that to say that a major part of my interactions with my patients were discussing all of the connections! With HIPAA, we had to zip it! It was hard!

When I provide annual HIPAA training in person, I always emphasize that this is HIPAA, not hippo! It helps to remember that there is only one “P” and two “A’s” in HIPAA! I love to ask the team members if they actually know what the acronym HIPAA represents? Test yourself now and see how many of the letters you can get right. HIPAA stands for Health Insurance Portability Accountability Act. The single reason that HIPAA was enacted was the internet. We had always gathered patient’s information, but now we were passing it via the internet. So, to throw out some terminology, one must comply with HIPAA if they are a Covered Entity – one where Protected Health Information (PHI) is gathered, maintained, and shared electronically, such as a Healthcare Provider, a Health Plan, or a Healthcare Clearinghouse.

Complete HIPAA Compliance for a dental/dental hygiene practice involves three steps: an annual risk assessment, customized policies and procedures, and annual workforce training. I use the ADA HIPAA Compliance Manual which includes a sample risk assessment. I can offer a 20% promo code for the practices I support.

The risk assessment is just that, an analysis of the practice’s vulnerabilities from physical and electronic securities to actual team behavior regarding privacy. HIPAA’s sole purpose is to protect the patient, not the dentist, hygienist, or team members.

In dentistry we tend to think of an Associate as a dentist who is not the owner or has limited ownership in the practice. With HIPAA, a Business Associate (BA) indicates to anyone that the Covered Entity shares the HIPAA protected information with outside the course of treatment/patient management. HIPAA authority, once acknowledged by the patient, allows for the practice to communicate their PHI with their insurance carrier and additional providers, required or referred. The Business Associates typically include the Dental Software Company, any communication programming (for text alerts, etc.), the practice accountant, The email provider and encryption service. For all Business Associates, a Business Associate Agreement (BAA) which holds that BA to the HIPAA laws beheld to the practice in the circumstances where they have visibility of PHI.

Some states have additional rules beyond the federal regulations. In Colorado, we follow the
Federal HIPAA guidelines. Health and Human Services (HHS) is the federal agency that governs HIPAA law. The Office of Civil Rights (OCR) has the federal authority to enforce the laws and often refer cases to the Department of Justice (DOJ) for prosecution. Civil penalties can range from fines to incarceration. In dentistry the most common violations are not conducting the annual risk assessment and not releasing the patient record in a timely manner. If you take nothing else away from this column, please make every effort to release the records when requested immediately! I also recommend asking the patient, exactly what they are desiring. Many times, they just want the billing records, and we waste time reproducing radiographs.

Additionally, be aware there are many very aggressive sales tactics used by for-profit compliance companies that will threaten front office staff into believing they have been audited and must pay immediately with a credit card to comply. The OCR would never request your credit card over the phone or email. If anyone ever approaches in person, be sure to check their credentials and verify with the phone number on the back of their governmental badge. Many criminals know that many dental offices typically have one young female at the desk and are vulnerable targets for theft, either physical charts or electronic data. All paper charts should be kept locked outside of business hours. On the reverse side, if a police or federal agent presents at the practice and requests patient records, you are able to release the information requested without the patient’s consent. Unfortunately, these are typically requested to identify remains.

From the privacy perspective of HIPAA, be sure to use a soft voice exposing a little detail as possible aloud, whether in person or on the phone. Remember to keep screens away from the flow of traffic and blacken when not in use. Simply put, respect the patient’s privacy! Patients are watching and listening to what, how and when we share their PHI. Finally, when patient’s take pictures in the operatories, and they will, make sure the schedule and computer monitor are not included in the background. I like to set up a wall away from the treatment room for photo opportunities, which can offer great marketing when patient’s post positively!

I have included resources below to support further research on HIPAA. When looking for accurate information regarding HIPAA, it is best to stick to the websites that end in “.gov”. I have included The Health Care Compliance Association (HCCA) homepage. I have received my Certificate in Healthcare Compliance (CHC) and highly recommend the membership and resources for anyone wishing to dive deeper into HIPAA compliance.

https://www.hhs.gov/hipaa/for-professionals.html
https://ebusiness.ada.org/productcatalog/596/HIPAA/J598BT
https://www.hcca-info.org
https://www.hipaajournal.com

Laura is a Past CODHA and MDDHS President and currently has her own Dental Compliance Consulting practice and supports dental teams all over the country. She can be reached at www.LauraJacob.com
You will likely be reading this edition of The Explorer around the time of the ADHA Conference in Phoenix. An essential part of that conference is the business session. Like CODHA, the session is a House of Delegates. Each State Constituent of ADHA has an allotment of delegates and alternate delegates to represent ADHA members in their state. Likewise, Colorado’s Annual Session is a House of Delegates who represent their Component members within the State. For that reason, becoming a delegate in Colorado’s Annual Session is good practice before seeking to be elected as an ADHA Delegate or Alternate Delegate.

If you become a delegate in CODHA Annual Session, you will receive a manual with instructions and the motions you will be voting on. Some of those motions are Proposed Bylaws Amendments. The Bylaws are the main document that defines who we are as a professional organization. The other motions are Proposed Resolutions, which become the rules by which our officers and committee members administer the organization and the policies we profess when we speak with legislators and other stakeholders on behalf of CODHA.

As a delegate, you will have ample opportunity to debate the merits of the motions and to propose changes in the verbiage to clarify or alter the intent of those motions. We want delegates to be a proportionate representation of the Components in the State, so that hopefully, the delegates will collectively make the same decision the entire membership of CODHA would make. This is analogous to researchers taking a stratified random sample with the intent that the sample represents the whole of what they are studying.

There are several alternatives to a House of Delegates. Some ADHA Constituents have a general assembly, instead. In a general assembly, every member who has voting rights in the organization is invited to attend the business meeting and vote on those motions. While the general assembly has the potential for grass roots democracy to take place, the distance between some Components and the meeting location may cause the representation of the more distant Components to be disproportionately low. Another alternative is to have motions drawn up as referendum issues and offer a ballot to every voting member of the Constituent. The verbiage of the motions could be debated in committees before the text is finalized for a vote, but at that point, voting members would only have a binary choice—in favor or against the motion.

Your Component Trustee is the first contact for inquiry into running for a Delegate position or if you have other questions about CODHA developments. Please reach out to your Trustee at one of the following email addresses:

- Rahim Bharwani RDH boulder@codha.org
- Tabitha Converse RDH BSDH metrodenver@codha.org
- Heather Schenkel RDH BSAH coloradosprings@codha.org
- Jindy Page RDH BSDH MPH northerncolorado@codha.org
- Justin Beagley RDH southerncolorado@codha.org
- Alyson Johnson RDH westernslope@codha.org
Dental hygienists are incredibly special professional people!

Dental hygienists have great instincts into what segments of the public are at high risk for disease and can see the ways that they can make a greater public health impact.

That is why several hundred of them are now Community Dental Health Coordinators or CDHCs.

What is a CDHC? A “dental version” of a Community Health Worker or CHW who is so essential to the medical community now but doesn’t know anything about the “dental world”.

So how do you become a CDHC? Here is some history.

About ten years ago, the American Dental Association noticed the value of community health workers (CHWs) or health navigators as the “point people” who facilitate health information, perform outreach to vulnerable patient communities and put appointment setting into action.

After developing a curriculum and designing a five-year pilot program, the CDHC program is now emerging as a key pathway to professional growth.

What’s the program like?

It can be a CE series 8 to 11 months in length and the tuition cost can be $180.00 or $2700.00 depending on which schools you consider attending (virtually). Learning takes place online in carefully constructed modules which are supplemented by ZOOM sessions with instructors and other classmates.

During the final two months of the program, there is a community demonstration project that each student does relating to an oral health issue that impacts a particular population. Some of these projects have turned into HRSA (Health Resources and Services Administration) grants or published articles in professional journals.

There are some dental hygiene education programs that offer the CDHC training “stacked” or placed within their existing Hygiene curriculum, so that every grad from that program is a dental hygienist and a CDHC.

The modules consist of topics on how to enroll patients into insurance programs, how to conduct community “mapping” to engage stakeholders, how to address the social determinants of health and there is also a “deep dive” into motivational interviewing.
With a CDHC Certificate of Completion, a hygienist has options to utilize in expanding the patient base, promoting oral health to key audiences (like a medical multispecialty group, a pediatrician office, assisted living facility or women’s health center) and connecting people to care.

Does this skill set apply to any practice arrangement like a public health clinic, FQHC or private practice? Absolutely.

Studies show that a little more than 50% of patients with private insurance use it. Many FQHCs have double digit broken appointment rates, and how many overwhelmed moms need help in locating a dental office which takes their insurance?

The safety net dental landscape – as well as the private dental service market -- can be confusing to patients, state agency program planners, as well as other healthcare providers. We think the time is right for Community Dental Health Coordinators to help everyone make sense of it all!

For more information, please contact Dr. Jane Grover at groverj@ada.org or Kelly Cantor at cantork@ada.org.
DENTAL HYGIENISTS WHO WERE INSPIRED BY DENTAL HYGIENIST FAMILY MEMBERS

Terri Tilliss, RDH, PhD

Have you ever thought about how and why people select a chosen career path? Sometimes they are influenced by important people in their lives who they look up to, and often this can be a family member. When The Explorer asked for examples of this, we heard from dental hygienists who expressed gratitude that a family member had impacted their decision to pursue dental hygiene. You can read their stories here. Remember the influence YOU may have on YOUR friends and family as they select a career path; encourage other talented individuals to join our wonderful profession.

Savannah Boone already had a bachelor’s degree in biology when she decided to become a dental hygienist. Her mother, LaShawn Torres, became a dental hygienist when Savannah was just a toddler. Savannah remembered how valuable it was that her mother was able to influence the community in a positive way and still be present as needed at home. She loves discussing science and technology with her mother and enjoys knowing that dental hygiene has evolved from the paper charts and ‘dip x-rays’ of her mother’s era. Savannah’s cousin is now interested in a career in dental hygiene and she has been influenced by both Savannah and her mother.

Kaylee Archuleta, a student at Pueblo Community College (PCC), expects to graduate in 2022, and shared an interesting story. Her older cousin (and best friend), Moriah Archulettta thought she wanted to be a nurse but was feeling disillusioned. After Kaylee shared her own goal to become a dental hygienist, Moriah decided to switch her major, and being older than Kaylee, Moriah became a dental hygienist first, graduating in 2020 from PCC. She mentioned a change between when Moriah was educated and now are the newer perio guidelines.

Both Kaylee and Moriah have now piqued the interest of the girlfriend of Moriah’s brother to become a dental hygienist. Good going ladies, and you have made your family proud! Note the family resemblance in this ‘cousins photo’ that Kaylee shared. She is on the left and Moriah is on the right.

Kari Brennan has an aunt, Kari Nielsen who graduated from Colorado Northwestern Community College (CNCC) in 1973 had a big influence on Kari, who graduated from CNCC in 2006. Kari’s aunt also taught for 5 years at CNCC. In addition, Kari has FOUR cousins who also graduated from CNCC, in 1997, 2008, 2009, and 2013. Further ‘keeping it in the family’, Kari’s dental assistant in her independent dental hygiene practice is also a cousin. Kari said the passion and love for dental hygiene that she observed in her aunt and one of her cousins was ‘inspiring and infectious’! Her aunt tells Kari stories about ‘wet-handed dentistry’ (before gloves) and about dental hygienists wearing ‘nurse-like’ dresses and caps.

Meet Marianne Stein Wancura. She has an associate degree from The Wichita State University School of Dental Hygiene. Even though she has a father and two brothers who are dentists, it was her sister-in-law that she wanted to emulate. That sister-in-law was a dental hygienist who helped her see the value of prevention rather than fixing problems. Marianne says she wanted to be just like her sister-in-law Jane Kneer Stein who was smart, efficient, kind and great at her job. Serving as Jane’s dental assistant at age 14 allowed Marianne to see how professional Jane was and remarked that even before mandated by HIPAA, Jane was exceptional at respecting patient privacy. Marianne describes Jane as her mentor, her sister, her first dental hygienist and her friend. What a lovely tribute and reminder about our importance
to one another. Marianne loves to visit the local school where several kindergarteners have told her that they want to emulate HER and become a dental hygienist. 

*Keep in mind, you are likely serving as a role model for other individuals in your life without even realizing it. Your enthusiasm, integrity, and passion for helping others may inspire others to emulate YOU and spark a fire in family or friends to enter dental hygiene or another service-based career. To the four dental hygienists who shared your story—thank you!*
Every Saturday night for one year of the pandemic, a cell phone alarm notified us that it was 4:45 pm. This reminder wasn’t necessary. Every Saturday night, every week, my husband and I knew we had an ‘event’ happening at 5 pm. This Saturday night event that occurred from April 2020 until April 2021 was literally our pandemic lifeline.

Prior to that, like everyone else, we were busy. We shared special times with friends, attended plays, concerts, movies, academic presentations, religious services, belonged to two friend groups with organized monthly events. It was rare for us to have a night at home. Being gone all day at work, we usually attended our evening activity directly from work. By the time we arrived home, it was often close to bedtime.

When the world stopped due to the pandemic, our world also ‘stopped.’ Like everyone else, we hunkered down at home to stay safely away from virus contagion. The only activity beyond our front door were daily walks, deemed essential for exercise, air and some stress relief from a world that felt contaminated and very scary.

Pre-pandemic we belonged to a couples group that gathered every six weeks on a Saturday night for dinner at one of our homes. We started with adult beverages and appetizers. Each couple provided one of the courses for dinner. We set a formal table with china and crystal. We ate delicious food. However, it wasn’t just about dinner. We talked, for three hours straight! Sometimes there was ‘ladies talk’ in the kitchen, but mostly it was ‘couples talk’. Communication between our six week dinners was rare, other than to coordinate calendars for the next time.

One month into the pandemic, we initiated a weekly zoom session. All 5 couples individually gathered around a home computer for what became a sacred ritual. We all began to feel that our time together was essential to our existence. It was not only a social outlet, but also a needed opportunity to be able to discuss the events of our very altered lives with 9 people who were not your spouse.

Fortuitously we were all in alignment politically, because politics and the contentious 45th President of the United States consumed a great deal of our airtime. We became comfortable baring our souls, our deepest fears and concerns and our feelings about this very unique, scary time in our lives. We shared our private fears of becoming sick or dying from the corona virus. Actually, there wasn’t a topic that was off limits. Our sessions lasted at least 90 minutes. Only severe hunger pangs brought the conversation to conclusion. Hearing what others were having for dinner, in some perverse way, provided needed variety in our lives.

We developed a dependence on these weekly discussion sessions. Sometimes dependence is deemed unhealthy—this form of dependence was anything but. It was as essential as oxygen. On the rare week that an individual had to miss the zoom, it felt like an eternity until the next.

Life events, that don’t stop during a pandemic, became shared experiences. Three months in, one couple traveled to New York for a pandemic surgery that had already been postponed too long. One day post-surgery it felt critical, maybe even more critical to connect by zoom at 5:00 on Saturday. An elderly parent who was sick, a daughter in the hospital for a procedure, and the death of a 96 year-old Mother of one of us felt emotional and personal for all of us. And together we lamented missing our...
grown children and not very grown grandchildren.

Interestingly, interactions began occurring by text, email or phone in addition to the weekly zoom sessions. With only one social outlet that included both talking with and seeing other people, seven days frequently felt too long to wait when there was a compelling Trump post or a Fauci initiative to share.

Around the first of the year, when the remarkable US scientific community developed the vaccines, we began to hope that our lives could maybe be restored to their past glory. We had a new US President and a new, calmer political scene. We often remarked that we were gradually feeling more comfortable not having cable news playing on our TV’s 24-7. Our conversations evolved into who was hoping to get the vaccine and when and sharing tips for ‘getting on a vaccination list’. We shared our thoughts about what we were looking forward to being different post-vaccination. We also shared how the pandemic had changed us in ways that would become our ‘new normal’.

After 52 weeks of Saturday night zooming, ten vaccinated adults gingerly gathered without a screen to share an evening. We socially distanced and wore masks as we took baby steps toward full togetherness. A month later, we were able to be together as in the past, but with a deeper bond than we ever would have had we not experienced our pandemic survival story together. Amazingly, now, every Saturday night around 5:00—it feels like ‘something is missing’!