Mega Issues

Evaluating Information

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What is an Association?

- A voluntary
Vision Statements

- ADHA
  - Dental hygienists are integrated into the healthcare delivery system as essential primary care providers to expand access to oral health care.

- IDHA
ADHA Tripartite Structure

ADHA

- National level: all dental hygienists in the US and DoC

IDHA

- Constituent level: Indiana dental hygienists

Elkhart/Goshen

- Component level: area dental hygienists
Let’s break it down one step further ...
Tripartite Structure: as it relates to students

- **ADHA**: National level: all dental hygienists in the US and DoC
- **IDHA**: Constituent level: all Indiana dental hygienists
- **Dental Hygiene Programs**: Student level: all dental hygiene students
- **Elkhart/Goshen**: Component level: area dental hygienists
What are the implications of ADHA’s new future vision on the constituents (state) and component (local) associations?

This is the main question being used to facilitate discussion.
Good to great.

- Good: doing only what is expected
- GREAT: doing only what is expected and having it influence something
  - We can no longer continue to repeat what has been repeated just for the sake of repetition.
“The problem is not ‘how do we get new innovative ideas into our mind’, but how to get old ideas out.”
You are part of a movement in the country to get things done.
Constituent Implications
State of Indiana
What unique roles do state associations play in ensuring that dental hygienists are *integrated* into the healthcare delivery system?

- Legislative movements that help break down barriers
  - LAP (Limited Access Providers)
  - NPI for billing
- Implementing research and training for non-traditional dental hygiene duties
  - Diabetes counselor
  - Nutritionists
  - Vaccinations, etc.
- Creating alliances with other health care professionals: recognition of the oral-systemic link
What unique roles do state associations play in ensuring that dental hygienists are considered as essential primary care providers to expand access to oral health care?

- Self-recognition of not being “just” a dental hygienist
- Disseminate information state-state to progress ALL states/mvmts
- Educating the public
  - PSAs on job duties, laws, etc.
  - Letters to the editors
- Getting involved with other organizations at their events
  - Letting them know what we offer
  - Educating the educators
- Interdisciplinary collaboration
- Utilizing resources already available: do not recreate the wheel
  - Vocus
  - ADHA State/Component resources
  - State-state programs that are working
What should state associations be doing *differently* in response to the vision?

- Break down barriers from a TEAM approach
- Make the BRAND available
  - Be proud of your dental hygiene!
- Streamline the leadership process
  - “Survival Guides”
- Reach out to coalitions
What three things should the state associations focus on to contribute to ADHA’s vision?

1. Be oral care advocates: additional training for non-traditional DH duties (state AS CEs should be geared this direction - almost “themed”)
2. Assisting schools on DH opportunities beyond clinical practice
3. Motivation

Other responses included:

- Working to the FULL scope of practice
- Uniting other health care providers
- Educational collaboration both direction:
  - What we can do for each other not what I can do for you
- Removing the term “allied” as it relates to DH and replacing it with primary
Component Implications

Local counties of Indiana
What unique roles do local components play in ensuring that dental hygienists are *integrated* into the healthcare delivery system?

- Community health fairs: dental professionals should be available for oral screenings (possibly fluoride application)
- Chamber/City meeting attendance: makes you easily recognizable when necessary (BRANDING opportunity)
- Becoming speakers at HC facilities
- Advance current community programs that are stagnant
  - Sealant clinics with repeated success - add additional services
- Adopt schools and utilize students
  - “Tooth Fairies”
- Revisit the community health care delivery system and work with providers to make it better - think outside the box by becoming integrated partners
What unique roles do local components play in ensuring that dental hygienists are considered as essential *primary* care providers to expand access to oral health care?

- CREATE OPPORTUNITY by asking:
  - Am I aware of all the health services my component provides?
  - Are they aware of all the services I provide?

- Nourish leadership - this is not a competition

- Make members/potential members feel wanted/welcome

- Send INVITATIONS to events
  - Some things are being lost in the age of technology

- Utilize *free* resources (social media) for promotion
What should components be doing differently in response to the vision?

- Promoting value
- Promoting the brand
- Promoting*: 
  - Access to information
  - Continuing education
  - Networking
- Start looking at the Association as a business with a potential base of 168,000 possibilities
  - Your component is one small piece of the business
- Personal contact

*The top three reasons for maintaining/joining the Association.
What three things should the local components focus on to contribute to ADHA’s vision?

1. Disseminating information to both members/potential members
2. Acknowledge members to help facilitate PRIDE in MEMBERSHIP
3. “Bringing it to you.”

- Potential members are a strong base of untapped potential and resources
- ADOPT dental hygiene programs in your area
  - Students need to see you SEVEN times to feel value
We want your voice to drive us forward.
What can students do to advance the vision of dental hygiene into the health care profession?
Questions?