• Featured Research: Team Meetings Support Dental Practice

• The Gum Health and Nutrition Connection

• Single-Use Plastics in Dentistry

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12 The Gum Health and Nutrition Connection
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   Prevention of gingivitis isn't as simple as flossing and brushing. Gum health is based on nutrition of the entire body, starting with every cell. Good nutrition and bad nutrition are not only correlated with the health of gum tissues; they are a direct cause.

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Helping Health Happen, Together!

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PART OF OUR CALENDAR OF CARING PROGRAMS
In this issue, you’ll find a wealth of information to inform your practice.

Our in-depth research study on dental practice team meetings delves into the literature, studying exactly how team meetings contribute to successful practices and happy and empowered staff. Researchers conducted a new study, polling a sample of ADAA members, and found that team meetings of any type are a great tool to promote team unity and ensure growth. Findings from the survey conducted by the authors are consistent with the existing literature regarding three broad concepts for successful team meetings and relationship satisfaction within the practice: the importance of having organized team meetings, initiating structure and rules of behavior to guide discussion, and creating accountability, responsibility, and engagement. Implications and tips for dental assistants are discussed.

This issue also takes a look at a major issue for patients: bad breath. Dr. Alvin Danenberg discusses how good nutrition causes healthy gum tissue and poor nutrition causes unhealthy gum tissue. “Prevention of gingivitis isn’t as simple as flossing and brushing. Gum health is based on nutrition of the entire body, starting with every cell,” says Danenberg. He cites two studies you may be interested in sharing with your patients.

Mother and daughter team Kay and Jan Sitterson take on the troubling issue of single-use plastics in the practice and offer valuable advice for cutting down on waste in dental practices. Plastic pollution is a significant problem in the medical field. Go look in your trash bins, they suggest. Are there any single use plastic items that could be replaced with a reusable version? Could you consider compostable/biodegradable bags? These are just a few questions to ask.

Again, this issue includes coverage of Dental Assistants Recognition Week activities. Maybe you’ll see your practice featured here. Additionally, ADAA trustees share the latest news from their regions and you’ll get to know several ADAA members in this issue’s Member Spotlight.

I hope you enjoy the issue. Please let me know if you’d like to contribute a manuscript to The Dental Assistant journal or if you have an idea for a topic you’d like us to cover (abricy@adaausa.org). I'd love to hear from you!
Fostering a Culture of Empowerment

Having just returned from a weekend out east celebrating the winding down of Virginia Cairrao’s term as ADAA President, I was reminded of how much we rely on one another to get through various events in our lives—the good, bad, and difficult. Many members from several states participated in the event of joy and celebration in a show of solidarity, praising the accomplishments attained during Cairrao’s tenure. Friendships were rekindled and others were created. For some, it had been several years since the last interaction. For others, it was the first time meeting face to face.

Anyone in a position of leadership can look back over his or her life and identify the individuals who have mentored him/her in one way or another. Thinking back to my various years of involvement within the ADAA, many members have contributed not only to my professional development, but to my personal growth as well. You will never forget the people who empower you. Here are a few things that are involved in empowering people individually for growth:

- Recognize their gifts and assets and strengthen any weaknesses with constructive criticism. Praise the small milestones and encourage stepping outside the comfort zone. Celebrate the larger successes as well as the not-so-great endeavors.
- Provide them with an opportunity to grow. Offer mentoring to anyone who needs to improve in their confidence, or to make stronger and wiser decisions. Mentoring does not have to take a lot of time, and with technology today, it’s easier than in the past to stay in contact with one another.
- Positive reinforcement goes a long way. Most people are not held back by what they can’t do; they are held back by what they think that can’t do. When you create an environment where people are capable of almost anything, they may believe it and rise to their hidden potential.

The following things can be used on a larger scale to empower fellow team members in the workplace or our membership on the local, state, and national levels at ADAA:

- Share information with team members to build trust; it gives employees important information that will allow them to make the best possible decisions in critical circumstances. Within the ADAA, the sharing of information allows for opportunities to further education and volunteerism, and strengthens the pathway to success. By informing everyone about the true issues, concerns, and obstacles, no one is left in the dark with a lack of knowledge on the issues at hand. Everyone can then make decisions on an equal playing field efficiently and effectively.
- Support a learning environment in an ongoing process by looking at various situations and discussing them together to determine how to handle things differently in the future. This is really what our lives are all about: learning new things as we go along, by analyzing the things we've done in the past. Within the ADAA, this can be done through various councils and committees, harnessing the gifts and
talents of willing members to divide and conquer the business at hand. Get involved and reap the benefits. We can all foster an environment of trust, helping one another learn from successes and evaluate disappointments.

- Create goals and objectives to reach your vision and encourage involvement. This will allow you to develop the framework essential to guide team members to make empowered decisions to keep harmony and keep the patients happy. Within the ADAA, each leader, from the local to the national level, develops a map of sorts to reach their goals and dreams. Be aware that there may be forks in the road to success. People flourish in environments where they feel they are part of something larger than themselves. Leaders who share their vision focus their teams to pursue a common direction and empower them to work toward a common goal and purpose. We have seen this through the course of ADAA history through various leaders. Encouraging others to assert themselves and share ideas is vital, so that all suggestions are offered and evaluated, rather than grumbling and pointing fingers when things may go off course. When individuals feel that what they have to say will not be considered or valued, critical opinions will be overlooked. The result of missing analyses can lead to an organization not voting on the best choice, or even a misguided choice.

- Prepare and build one another to develop self-confidence in making decisions with an open mind and creating direction. By helping others see their value and worth, leaders are developing future leaders, whom they will be able to rely on and collaborate with. Team members who possess positive self-images and confidence in the way they tackle challenges can add greatly to the performance of a team and overall success of the work environment. In a professional organizational setting, if you empower members to make decisions that will help keep the membership happy, then you have to be willing to allow them to make mistakes and learn from those mistakes.

- Celebrate both successes and failures. Don’t just celebrate the successes, celebrate the team members who took a risk but maybe didn’t obtain the results intended. Valuable lessons can be learned in these types of situations. Organizationally, working to create an environment that empowers members has been shown to not only increase member satisfaction, but also improve overall morale.

- The ultimate goal of empowerment is developing an environment of trust, where every individual is accountable for their own actions. When a leader is successful in creating a culture of empowerment, each member feels accountable to the organization and part of the decision-making process. Each empowered member senses a belonging to the mission and will continue to make valuable contributions. The concept of “We are all in this together” permeates and a trusting atmosphere evolves. In closing, I thank my predecessors for their encouragement and drive, raise my cup of coffee to Madame President Cairrao for invaluable insight, laughter, and camaraderie, and look forward to working with all members over the next term. Here’s to making memories. Together we will make a difference!
Team meetings are an integral, yet potentially underutilized management strategy in many dental practices throughout the country. Team meetings promote team unity, better efficiency and productivity, and stronger relationships, as well as enable better conflict resolution and create opportunity for growth and development of team members and the practice as a whole. Team members learn leadership skills that enable better collaboration between members and delegation of responsibilities, which can lead to better employee satisfaction and less turnover.

A review of the literature concerning team meetings reveals many articles with advice or suggestions but very few scientific and statistically relevant articles. The research project detailed here was based primarily on two previous studies on team members in dental offices. In the first study, published 20 years ago, Dunning, Lange, and Christrup researched team meetings as perceived by dental assistants. Their study was the first article to describe in statistical terms the number of offices to regularly hold team meetings, and the organization and content of team meetings. In the second study, Dunning, Anderson and Ellingson investigated dental hygienists' views of team meetings. Several key findings emerged. Only approximately 43 percent of offices appear to hold morning huddles in spite of recommendations that these be routinely conducted. Hygienists emphasized in written comments that team meetings should focus on team/practice issues rather than personal matters. Dentists' communication of respect was the highest ranked variable related to job satisfaction, dental hygienists rated their job satisfaction fairly high at 3.9 on a five-point scale, and, in general, they enjoyed positive relationships with other team and the dentist. The findings indicate relatively positive career experiences among dental hygienists. In addition, higher quality relationships with dentists and other team members were related to job satisfaction. Finally, ratings of the various purposes of these meetings (such as building cohesiveness/morale and developing practice goals/objectives) ranged from 3.5 to 3.9, consistent with ratings provided by dental assistants in 1995.

A study was conducted by Johns, et al. to discover the factors of career retention for hygienists in Texas. They discovered that, while salary and family responsibility were the biggest factors, increased and effective communication along with participation in decision-making were also very important factors to their retention. Conversely, they discovered that the lack of participation in decision-making, lack of collaboration with their employer, and lack of respect were major factors in their decision to leave their current office.

A review of the “advice” articles found deemed these attributes as most critical to the success of team meetings:

1. Having weekly or monthly sit-down team meetings (1-2 hours)
2. Having daily morning stand-up meetings (less than 15 min)
3. Establishing a clear vision through use of written agendas
4. Punctuality – start and end on time every time
5. Involving the entire team in the meeting
6. Providing a respectful “safe” atmosphere for everyone involved; all employees should feel free to express their opinions
7. Positive feedback and encouragement to team members
8. Designating and rotating the facilitators of the meetings
9. Setting goals for the practice and establishing accountability for them
10. No interruptions, titles, or privileges for anyone at the meeting
11. Take meeting notes and provide members the means to take their own notes

Some of the benefits of effective team meetings include:

1. Reduction in turnover
2. Improved overall efficiency and productivity
3. Building a team mentality
4. Positive handling of conflicts
5. Continuous learning and improvement

An entire generation of dentists and dental assistants has now entered their respective professions since the last research study examined in 1995 how dental assistants view team meetings. The dental management literature is clearly in need of updated information.
Methods
A survey was constructed and modeled on refinements from previous studies related to team meetings, including key input from staff members of the ADAA. The survey included mainly closed-ended questions and two open-ended questions for written responses. Skip-logic was utilized to take respondents to survey sections/questions appropriate to them based on answers to previous questions. The ADAA provided a sample of 1,000 current members focused on members in private practice settings. Four email invitations were sent in August and September 2016. A total of 15 emails bounced back and 310 were unopened. In total, 154 dental assistants (DAs) working in private practice settings completed the entire survey, with the remaining respondents working in hospital, government, or other clinics. Data from the 154 individuals in private practice were analyzed mostly through simple descriptive statistics such as averages and percentages.

Results
Background of Participants
For ease of reporting, percentages for all results have been rounded to the next whole number, and thus totals may not equal 100 percent. Fifty-one percent of the DAs worked in a practice with one dentist, with the remaining in practices with multiple dentists. Seventy-five percent of assistants reported that dentists had owned their practices for 10 years or longer and 13 percent, for 5-10 years. Following a similar pattern, 45 percent of DAs had worked for 10 years or longer in the current practice; 18 percent, 5-10 years; 16 percent, 3-5 years; and 19 percent, 1-5 years. Overall, then, the practices, dentists, and DAs had relatively long work histories. A majority, 63 percent, of DAs reported having written job descriptions.

Respondents reported the following job titles: dental assistant (56 percent), head or lead dental assistant (19 percent), office manager (19 percent), and other (14 percent). Estimating the amount of time devoted to various work activities, 73 percent of DAs reported spending 50 percent or more of their time on direct, chair-side patient care; 62 percent, computer applications 10-40 percent of the time; 49 percent, inventory control and ordering 10-20 percent of the time; 42 percent, infection control for 10-30 percent of the time; and 47 percent, front office customer service for 10-30 percent of the time.

Sixty-six percent reported being paid on an hourly basis; 11 percent on a wage; 19 percent, hourly wage plus incentive/bonus based on practice performance; and 5 percent on hourly wage plus incentive/bonus based on practice performance. The vast majority of participants (74%) worked in general practices with 5 or more staff members (76%), including an office manager (69%).

Morning Huddles: Forty-eight percent of offices held morning huddles, with most of these (93 percent) being daily. Extrapolating for this finding, approximately 38 percent of dental offices hold daily team meetings (48 percent x 93 percent). On a scale of one to five with one being very ineffective and five being very effective, DAs rated huddles at 3.9, with 73 percent rating morning huddles as effective or very effective.

Team Meetings: Seventy-seven percent of offices offered team meetings, a longer gathering of approximately 30 minutes up to 3 hours. Most team meetings were conducted either by dentists (44 percent) or office managers (26 percent), with 18 percent by team members taking turns with a monthly frequency (39 percent), every other month (8 percent), or three to four times a year (32 percent). Most DAs viewed the team meetings as organized and scheduled (79 percent) with written agendas (62 percent), organized, and spontaneous (15 percent) with open agendas (31 percent). Team meetings are typically held during otherwise regularly scheduled office hours (38 percent) or during lunch time (45 percent). Ninety-five percent of DAs are paid for attending/participating in team meetings. Table 1 summarizes additional findings about key features and characteristics of team meetings.

Retreats and Seminars – Special Meetings: With respect to special forms of meetings, retreats/seminars were defined as meetings requiring a whole afternoon or more, possibly taking place outside the office. A weekend retreat or seminar would be in this category. This did not include continuing education courses or trips that are bonuses or rewards. Twenty-seven percent
of DAs reported having retreats/seminars once (66 percent) or twice (24 percent) a year, with most being compensated for participation (74 percent). DAs rated these seminars a 3.6 on a 5-point scale with 5 being effective, with 63 percent assigning a rating of 4 or 5.

**Satisfaction with Relationships and Job:** On a scale of one to five, with five being very satisfactory, DAs rated their overall satisfaction with other staff/team members at 4.2, with 46 percent rating a four and 39 percent rating a five. Similarly, DAs rated their work relationship with the owners-dentists the same at 4.2, with 44 percent rating a four and 44 percent rating a five.

Follow-up comparisons were analyzed using SurveyMonkey.com and online tools to test for statistical significance of selected variables. DAs with (vs. without) job descriptions reported slightly higher levels of overall job satisfaction (4.0 vs 3.8), relationship satisfaction with other team members (4.2 vs. 4.0) and a significantly higher level of relationship satisfaction with dentists/owners (4.4 vs. 4.0, t-test probability level of .01). Those with job descriptions were also more likely to have team meetings (Chi-square probability of .0007).

DAs in practices with morning huddles were also significantly more likely to have team meetings (Chi-square probability level of .0001) and also had significantly higher levels of relationship satisfaction with other team members (4.3 vs. 4.0, t-test probability level of .03). Finally, DAs in practices with team meetings (vs. not) had slightly but not significantly higher levels of relationship satisfaction with other team members (4.2 vs. 4.0) and with dentists/owners (4.3 vs. 4.0). No significant relationships were found regarding practices with or without office managers in the areas of types of meetings and measures of satisfaction.

**Discussion**

Survey findings are consistent with the literature regarding three broad concepts for successful team meetings and relationship satisfaction within the practice: the importance of having organized team meetings, initiating structure and rules of behavior to guide discussion, and creating accountability, responsibility, and engagement. Survey results as to the positive attributes, factors, purpose and benefits of meetings are summarily reinforced by responses regarding items to be excluded from meetings and suggested improvements. As to meeting structure, format and attributes that contribute to successful meetings and ultimately relationships within the practice, the following guidelines emerge from the survey results.

**Organize the Meeting:** As to meeting organization, agendas and subsequent meeting times should be standardized. While agendas can be structured around a few standing agenda items (for example, practice operations/productivity, workflow efficiencies, introduction of new product or service lines, creating value), team members should have an opportunity or some mechanism by which they can add items to the agenda. It should be made clear to all team members what the appropriate topics for inclusion and discussion are. Finally, agendas should be developed and distributed ahead of time.

**Establish Boundaries:** It is clear from respondents that the airing of team member grievances, disciplinary items, or management of interpersonal conflicts of the office should not be addressed in a staff/team meeting setting. Respondents advised that such conflicts need to be managed directly and privately with the conflicting parties. Further, conversations that do not pertain to the practice and its well-being should be kept out of the meetings; late night escapades, the ups and downs of personal relationships, or family difficulties were mentioned as examples of such distractions.

Respondents also mentioned that wages and raises should be avoided in the group setting. Respondents likely interpret salary discussion to be more personal in nature, not for group consumption, and best managed during individual performance reviews.

**Create Accountability, Responsibility, and Engagement:** Accountability, responsibility, and engagement begin with clearly defined roles and responsibilities in the office as outlined in job descriptions. Those roles and responsibilities are reinforced by clearly communicated expectations, modeling of desired behaviors, and the formal and informal culture surrounding the team meeting.
Utilizing organized and distributed agendas comes with additional responsibilities for the participants. Given that the agenda is distributed ahead of time and meeting times are set, team members need to be prepared to present relevant information, ask key questions, and be engaged in the discussion. Further, a team meeting is a planned responsibility; everyone needs to attend. This is not a time to take leave or to run late, thereby missing part of the meeting. The practice is putting the time and effort into having this type of discussion and that investment needs to be respected. Ultimately, this process is designed to improve performance of the practice; a successful practice should benefit the employees. The meeting time needs to be sacred—respected, void of interruptions, and ending on time. The meeting time should be selected to minimize the potential for such distractions, while maximizing the application of the shared information into the life of the practice.

Every team member provides a unique perspective and adds value in the meeting environment through their presence and participation. Having the courage to speak up should be met with the courage to actively listen. Respondents want dialogue—not to be dictated to. An environment of open and honest communication must be created. This can be fostered by keeping comments specific to processes, not people, and providing potential solutions to the identified issues. Such conversation will prevent drifting into a complaint session and subsequent risks of going off topic. Subsequent discussion needs to be guided toward a shared solution, an implementation plan with a timeline, and ongoing assessment with appropriate modifications. Implementation and follow-up is important. It is disheartening to staff when good ideas, discussion, and solutions lead to inactivity by those who can move things forward.

Limitations of this study need to be emphasized. Results should be interpreted with caution due to: 1) the limited number of respondents—154 DAs in private practice, and 2) the relatively long-term working relationships enjoyed by the DAs.

**Conclusion**

These results find that even though a small sampling of dental assistants responded in this survey, combining these results with the results of previous surveys, team meetings of any type are a great tool to promote team unity and ensure growth. Team meetings also help to increase productivity in the dental office, and foster unity among team members. Team meetings are a necessary desired tool that revitalize and assure that the goals and mission of the office are being reached.
David G. Dunning, PhD, is Professor, Department of Oral Biology, College of Dentistry, University of Nebraska Medical Center, in Lincoln, NE. Reach him at ddunning@unmc.edu. Timothy M. Durham, DDS, MPA, is Professor, Vice-Dean, Creighton University School of Dentistry in Omaha, NE; Sidonia Peto, MA is Director of Education, American Dental Assistants Association; and Virginia Cairrao, CDA, FADAA, is Immediate Past President, American Dental Assistants Association.

<table>
<thead>
<tr>
<th>Top Meeting Attributes</th>
<th>Most Important Benefit</th>
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<tbody>
<tr>
<td>1. Involve the entire team</td>
<td>1. Improved over-all efficiency and productivity</td>
</tr>
<tr>
<td>2. Provided a “safe” environment for everyone</td>
<td>2. Continued learning and improvement</td>
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<tr>
<td>3. Provide positive feedback and encouragement</td>
<td>3. Team building</td>
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<tr>
<td>4. Set practice goals and accountability</td>
<td>4. Positive handling of conflict</td>
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<tr>
<td>5. Clear vision (for the meeting) through a written agenda</td>
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<tr>
<th>Most Important Factors in Team Meeting. Likert Scale 1 (low) to 10 (high)</th>
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<tbody>
<tr>
<td>1. Increased and effective communication</td>
<td>5.4</td>
</tr>
<tr>
<td>2. Respect shown by employer</td>
<td>5.2</td>
</tr>
<tr>
<td>3. Participation in decision making</td>
<td>4.01</td>
</tr>
<tr>
<td>4. Understanding variety of responsibilities of the team</td>
<td>3.9</td>
</tr>
<tr>
<td>5. Collaboration with the employer</td>
<td>3.9</td>
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<th>Move Valued Purpose Served</th>
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<tbody>
<tr>
<td>1. Developing ideas and procedures for efficiency/productivity</td>
<td>93 %</td>
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<tr>
<td>2. Building cohesiveness and team morale</td>
<td>82 %</td>
</tr>
<tr>
<td>3. Encouraging open discussion</td>
<td>81 %</td>
</tr>
<tr>
<td>4. Developing practice goals and objectives</td>
<td>79 %</td>
</tr>
<tr>
<td>5. Building interpersonal relationships</td>
<td>62 %</td>
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<tr>
<td>6. Discussing financial performance of the practice</td>
<td>53 %</td>
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<tr>
<th>Most Important Benefit</th>
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<tbody>
<tr>
<td>1. Improved over-all efficiency and productivity</td>
<td>88 %</td>
</tr>
<tr>
<td>2. Continued learning and improvement</td>
<td>84 %</td>
</tr>
<tr>
<td>3. Team building</td>
<td>84 %</td>
</tr>
<tr>
<td>4. Positive handling of conflict</td>
<td>67 %</td>
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<tr>
<th>Items not to be Included in Team Meetings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Human Resources (personnel conflicts, wages)</td>
<td>61.8 %</td>
</tr>
<tr>
<td>2. Personal conversations, stories, exploits that distract from the business of the practice</td>
<td>17.8 %</td>
</tr>
<tr>
<td>3. Operational items (third party payer items, compliance, risk management</td>
<td>9.5 %</td>
</tr>
<tr>
<td>4. Other</td>
<td>10.9 %</td>
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<th>Improvements to Team Meetings (60)</th>
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<tr>
<td>1. Meeting should be organized, respectful of time and opinion, solution oriented and lead to action</td>
<td>61.67 %</td>
</tr>
<tr>
<td>2. Meeting should be off-site, involve ice-breakers for team building, allow for suggestions as to educational programing and allow for specific roles during the meeting</td>
<td>38.2 %</td>
</tr>
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REFERENCES
15. http://vassarstats.net/newcs.html
Peer-reviewed medical research continues to prove a link between nutrition and gingivitis. The link is not just a correlation; it’s causation. Good nutrition equals gum health; poor nutrition equals gingivitis.

Naysayers need to read the science.

Prevention of gingivitis isn’t as simple as flossing and brushing. Gum health is based on nutrition of the entire body, starting with every cell. Good nutrition and bad nutrition are not only correlated with the health of gum tissues; they are a direct cause.

Correlation is a relationship between events. When researchers find a correlation between two variables in a medical study, they have found a relationship where one event occurs when another event occurs. This relationship can be positive or negative. However, there may be many more variables affecting this relationship that the researchers don’t know anything about. Unless all variables are controlled for, there only can be a correlation—not causation.

An example of correlation is the Super Bowl Indicator, which is highly correlated at 82 percent. The correlation: When an AFC team wins the Super Bowl, the U.S. Stock Market will end the year with a loss; when an NFC team wins the Super Bowl, the U.S. Stock Market will end the year with a gain. Obviously, the result of the football game does not cause anything to happen in the stock market. Causation, on the other hand, signifies that researchers have found a specific change in one variable that directly caused a change in the other variable—end of story. An example: Jumping off a cliff will cause physical harm.

For researchers to prove causation in a study, scientists need to split the participants in the project into different groups. Investigators would assign one random group the behavior they wanted to study and would maintain a control group that was exactly like the other group but not required to participate in the behavior to be studied. This is known as a randomized controlled trial (RCT).

The following two peer-reviewed papers are randomized controlled trials. They show good nutrition causes healthy gum tissue and poor nutrition causes unhealthy gum tissue.

**Dr. Woelber’s 2016 Research**

Dr. Woelber’s team chose 15 people at random for this study. Researchers only selected those who had signs of gum disease and were eating a diet heavily based on carbohydrates. Ten individuals made up the experimental group and five individuals made up the control group.

The experimental group had to change their diet. Their new diet consisted of foods low in carbohydrates, rich in omega-3 fatty acids, and abundant in vitamins C and D, antioxidants, and fiber. The control group did not change their eating habits.

As far as oral hygiene was concerned, researchers instructed all 15 participants not to clean between their teeth with dental floss or interdental brushes. However, the subjects did not have to change the way they brushed their teeth.

The study began after each group had two weeks to acclimate to these changes. Then, the four-week study began. Investigators recorded the signs of gum disease (bleeding-on-probing, pocket depths, degree of gingival inflammation) in all participants at the start of the four-week study and at the end. At the conclusion of the trial, all disease parameters decreased significantly in the experimental group by approximately 50 percent from the starting point. In contrast, all inflammatory markers increased from the starting point in the control group.

**Dr. Jockel-Schneider’s 2016 Research**

Dr. Jockel-Schneider’s researchers enrolled 44 patients with chronic gum disease. Patients were divided into two groups. At the start of the study, doctors recorded the health of the gum tissues and researchers measured the level of nitrates in the saliva of all 44 participants. The experimental group, drank a glass of lettuce juice daily for two weeks, while the control group drank a similar liquid that did not contain any natural nitrates.
At the end of two weeks, the group that drank the lettuce juice, which was high in natural nitrates, had significantly healthier gum tissues and significantly higher levels of nitrate in their saliva compared to the control group.

There will be those who claim that these studies don't prove a thing. Some will demand more studies with more subjects to prove that nutrient-dense foods cause healthy gum tissues and that innutritious foods cause unhealthy gum tissues. However, these two papers prove the science that has been reported in the past. Previous papers have demonstrated that our primal ancestors rarely had gum disease based on skeletal remains. And, researchers have reported that primal societies living in remote areas of the world today rarely have gum disease. Our primal ancestors didn't have toothbrushes or dental floss. Today, primitive societies don't have toothbrushes or dental floss. They all basically consumed (and are currently consuming) nutrient-dense foods. Enough said.

Every bit of the plastic manufactured since the early 1900s is still on the earth, and 33 percent of plastic items are used only once and then thrown away. There’s good reason for the plastic proliferation: Single-use plastic items are convenient and often necessary for patient care. However, proper infection control does not demand wasteful and polluting practices. What is your office doing to reduce or eliminate plastic?

Medical and dental waste is a big contributor to the single-use plastic problem, using staggering amounts of plastic barriers and single-use items to make dentistry easier. What can you do? Go take a look at your operatory trash can. What is in there? Are there any single-use plastic items that could be replaced with a reusable version?

Compostable/biodegradable bags have might be an option for barriers in your office. Compostable bags are made from corn, potato, and soy starches can break down in a natural environment in a matter of weeks. Other plastic bags are made with chemical additives that allow the bag to break down into smaller pieces faster with the use of UV light exposure and high temperatures. Autoclavable items instead of single-use disposables are another good choice. Focus on reducing the number of single-use items while still maintaining high standards of asepsis and patient care.

“Eco dentistry” or “green dentistry” is a high-tech approach that reduces the environmental impact of dental practices. Here are some tips for getting your office on board:

- Use metal or autoclavable plastic instead of single-use disposables (example: air/water or suction tips)
- Use aluminum foil as barriers instead of plastic. Aluminum foil is 100 percent recyclable. Recycling aluminum saves about 95 percent of the energy that would be needed to make new aluminum.
- Use biodegradable bags as barriers instead of plastic. These bags are made from natural materials like vegetable starches and break down in the environment easier than plastics.
- Use fluoride varnish rather than fluoride applied in single-use trays.
- Limit the use of multiple gloving during patient care
- Use OSHA-recommended (reusable) nitrile utility gloves to disinfect your operatory (not exam gloves).
- Autoclave cassettes in reusable cloth or reusable fabric bags rather than plastic-backed paper. Reusable cloth methods have been used in hospital operatory rooms for decades. It is cost-effective and protects practitioners and patients, while keeping millions of pounds of trash out of overburdened landfills.
- Use reusable/autoclavable stainless steel impression trays rather than single-use plastic trays.
- Switch your office over to digital films, which also keeps dangerous chemicals out of the water supply.
- Use single-use sterilization pouches for metal cassettes wrapped in cloth.
- Purchase items in bulk to reduce packaging material and cost. Tell your dental supplier to reduce its packaging and to combine your orders to reduce shipping waste.
- Consider autoclavable prophy angles.
- Consider bamboo toothbrushes and biodegradable floss picks as gifts to patients.
- Put a plastic recycling container in your office. Know your recycle numbers and put as much in recycling as possible. Make sure your garbage pickup will take it to a recycling center rather than adding it to a landfill.
- Educate your patients. Place a sign in the reception area or check out. Clip an information card on your dental equipment explaining that your business is committed to reduce single-use plastics.

Small daily choices can make a difference. The dental office of the future will use hospital-tested reusable methods, combined with effective, planet-safe surface disinfectants, generating about 90 percent less trash. Let’s start by eliminating and reducing single-use plastics.

Jan and Kay Sitterson are a mother and daughter team from North Carolina. Jan is a recent Environmental Science graduate from UNC-Chapel Hill who is currently working with the Environmental Protection Agency in Athens, Georgia. Kay is a DANB CDA, RDA, and dental assistant educator. Reach them at kaysitt@gmail.com and Jansitt44@gmail.com.

Check out these resources for more information:
- [http://www.plasticpollutioncoalition.org/](http://www.plasticpollutioncoalition.org/)
The Juliette A. Southard Scholarship Program is named for the founder of the American Dental Assistants Association. Established in 1929, the program awards scholarships to dental assisting students and dental assistants interested in furthering their education in the field of dental assisting. Applicants must be student members of ADAA. ADAA congratulates all of this year’s winners.

**2017 Juliette A. Southard Scholarship Recipients are:**

- Belinda Nkwantabisah, Charles Stewart Mott Community College, Flint, MI
- Christine Fernandez, Stony Brook University, Stony Brook, NY
- Donna Martin, American Public University, Charles Town, WV
- Erin Russell, Kaplan University Omaha, NE
- Romela Keshishian, Pasadena City College, Pasadena, CA
- Taryn Pierce, Porter and Chester Institute, Branford, CT
- Taylor Lopes, Community College of Rhode Island, Lincoln, RI

The ADAA Merit Scholar Award is to honor those dental assisting students who exhibit proficiency in four-handed dentistry and exemplify the critical contribution an educated dental assistant makes to the success of clinical outcomes, patient satisfaction and improved office efficiency. Recipients of this award also embody the qualities represented by Juliette A. Southard that include loyalty, courtesy and professionalism.

**The 2017 ADAA Merit Scholar Award Recipients are:**

- Heather Alvarez, Central Piedmont Community College, Locust Grove, VA
- Elizabeth Ledford, Rio Salado College, Tempe, AZ
- Elizabeth Moench, Metropolitan Community College, Omaha, NE
- Erin Russell, Kaplan University Omaha, Omaha, NE
- Holly Epperson, Hennepin Technical College, Eden Prairie, MN
- Jordan Dunn-Moore, Camden Community College, Tuckerton, NJ
- Jordan Lathrop, Center for Technology, Essex, Essex Junction, VT
- Kim Hobbs, Ozarks Technical Community College, Springfield, MO
- Kuuku Nyann, Quinsigamond Community College, Worcester, MA
- Marsha Earles, Midlands Technical College, West Columbia, SC
- Melissa Smith, Community College of Rhode Island - Middletown, RI
- Romela Keshishian, Pasadena City College, Pasadena, CA
- Syeda Fatima, Wake Technical Community College, Raleigh, NC

The Student Achievement Award is presented to a student who has demonstrated leadership ability through some activity related to dentistry through participation in class activities, student organization(s), and local/state dental assisting organization, where available.

**The 2017 Student Achievement Award recipient is:**

- Heather Alvarez, Central Piedmont Community College Harris Campus, Charlotte, NC
New Tools for Dental Practices

Brasseler USA has expanded its popular ImplantPro family of products with new ImplantPro Titanium Scalers and Curettes. The thin, durable tips and ergonomic design of ImplantPro Titanium Scalers and Curettes safely yet effectively remove calculus and biofilm around implants, both supra- and sub-gingivally as well as interproximally, ensuring gentle debridement. ImplantPro Titanium Scalers and Curettes and are made from 6Al-4V titanium, comparable to most implant abutments, are never heat-treated, allowing them to maintain the low Rockwell C hardness of 25-31 HRC. Additionally, Brasseler has introduced ImplantPro Titanium Probes, a reliable alternative to plastic probes, featuring precise, black color markings on a smooth surface for a more gentle diagnostic evaluation and improved patient comfort.

NexHealth has unveiled a new, API-level integration with Dentrix, the widely used dental practice management software. With this announcement, doctors who rely on both services will experience immediate improvements, as the technologies begin to exchange patient and appointment information securely and seamlessly. NexHealth is a patient relationship management suite used by healthcare practices to complement their EHR and practice management software. The integration with Dentrix is expected to simplify office work and improve business management for these practices.

DentalXChange, the creator of electronic claims software, ClaimConnect, has released a new attachment service to optimize the claims process for both payers and providers. The attachment service is fully integrated into the ClaimConnect application, offering enhancements and improved claims management previously unavailable to dental offices. These enhancements save providers’ time, as well as improve the efficiency and quality of documentation for the payers. The company's new attachment service allows dental providers to attach supporting documents such as x-rays, periodontal charts, EOBs, narratives or any other documentation that may be required by dental insurance companies to adjudicate a claim, without having to open a separate program or mail hard copy documents or films.

Natural Dental Implants AG (NDI) has announced the development of a 3D printed version of the Replicate Tooth. NDI began working on its first generation of...
customized tooth replacement products and filing patents in 2006. The 3D printed Replicate Tooth features a titanium root portion and a zirconia abutment portion, like the commercially available version of the Replicate Tooth currently made by 5-axis CNC milling. The Replicate Tooth is an anatomical copy of the patient’s natural tooth that fits into the space occupied by the tooth being removed. Each Replicate Tooth component is designed individually and can be modified to overcome anatomical limitations or to meet specific clinical requirements.

Dental equipment manufacturer Planmeca is expanding its CAD/CAM product range with a new light intraoral scanner, the 183 gram Planmeca Emerald. The new intraoral scanner is as mall, lightweight, and exceedingly fast scanner with superior accuracy, offering an ideal tool for smooth and efficient chairside workflow. The compact and extremely light Planmeca Emerald intraoral scanner makes intraoral imaging easy for the dentist and highly comfortable for the patient. The small size and seamless design of the scanner guarantee a great patient experience. The scanner features an autoclavable tip and seamless design. The dental unit integration enables hands-free operation with the foot control. Additionally, the company has introduced a new dental operating light, the Planmeca Solea. The light offers perfect visibility over the entire treatment area with adjustable brightness and color temperature.

Educate Parents about Kids’ Braces
For millions of families, braces and childhood tend to go hand-in-hand. Common questions range from when kids should first see the orthodontist to what foods are off limits. The more parents know what to expect, the less they will fear the process, and be able to help their children enjoy and get the most out of their treatment experience.

“Getting braces doesn’t have to be a scary process, but it can be if you haven’t had some of the more common questions answered ahead of time,” explains Dr. Karson Kupiec of Kupiec Orthodontics & Pediatric Dentistry, in Rancho Santa Fe, California. “The last thing you want is to go into the treatment process without feeling comfortable. When parents feel comfortable and confident about it, so will the kids. They often mimic their feelings.”

Consider these tips when educating parents:

- Age. Many people are unsure when a child should see an orthodontist. The American Association of Orthodontists recommends that children see an orthodontist no later than the age of seven.
- Straightness. Even children who have straight teeth should still be evaluated by an orthodontist. Early treatment helps to guide proper jaw growth, correct harmful habits, and help guide teeth, and even shape one’s face.
- Cost. With an average cost for metal braces being around $5,000- $7,500, many parents may feel they can’t afford the treatment. However, some orthodontist offices offer payment plans, making it worthwhile to check into what options are available.
- Clean Teeth. If your child’s teeth aren’t sufficiently clean before getting braces, the orthodontist will have to clean them with a polishing paste so that the braces can properly be cemented to teeth. Parents should schedule a regular professional cleaning appointment a few days before braces are applied to ensure teeth will be plaque-free. Then, brushing with a high fluoride toothpaste—along with flossing and gargling mouthwash before the appointment—can help make the child feel more confident and will speed things along with the orthodontist.
- Expect discomfort. Getting braces is going to create some discomfort, especially at first. Encourage...
parents to offer soft foods, such as soup, pasta, and bananas for the few days following getting braces. If there is still a high level of discomfort after a few days and it doesn't go away with ibuprofen or acetaminophen, parents should call the orthodontist.

- Regular care. Parents should talk to the orthodontist about proper care. Children will need to brush regularly and use a Waterpik to flush out the food particles that can get caught between braces and teeth. Sticky foods should be avoided.

- Foods. Some foods that should be avoided when having braces, because they tend to get caught. These include chewy foods, crunchy foods, sticky foods, and hard foods. Specific foods to avoid include sticky peanut butter, popcorn, caramel, taffy, and gum. Also, foods one has to bite into, such as an apple or corn on the cob, should be avoided.

“Getting braces can be a little nerve-wracking, but the fear of the unknown is usually the worst part,” adds Kupiec.

**Is Kids’ Mouthwash Safe?**

Consumers have become increasingly aware of the hidden toxins in foods and beverages as well as eating and drinking utensils. Yet when it comes to mouthwash, they will let their children take a product that contains harsh substances, some of which have been linked to serious health problems.

“There has been a surprising lack of attention to mouthwash and how it affects children,” says Dr. Harold Katz, a bacteriologist, dentist, and developer of TheraBreath for Kids Oral Rinse. “Effects of potentially unhealthy ingredients are multiplied in the smaller bodies of children.”

Many ingredients in some commercial mouthwashes are of questionable benefit and some are just plain bad for you. Consider some of the harmful substances that may be found in children's mouthwash products:

- **Sodium Lauryl Sulfate.** This harsh detergent leads to canker sores and causes microscopic damage and shedding of vital oral tissue. Because it dries out the mouth, it can also allow for the rapid reproduction of bad breath bacteria.

- **Saccharin.** This sweetener is found in drinks, candy, cookies, and medicines. It has also been shown to cause bladder cancer when tested on laboratory rats. In humans, it can cause allergy-related symptoms, skin disorders, nausea, and diarrhea.

- **Artificial Colors and Flavors.** Studies by leading health researchers have found a link between children’s use of artificial colors and flavors with learning disabilities and hyperkinesis (hyperactivity and inability to concentrate).

Katz suggests that all consumers, especially parents, take the time to read labels and understand what is going into their children's bodies. It could be a life-saving decision.
Dental Assistants Recognition Week

Although The Dental Assistant Journal highlighted a number of Dental Assistants Recognition Week celebrations in the last issue, even more practices have come forward to share their celebrations, held during the first week of March. The 2017 celebration theme, “Patient focused with passion and purpose,” acknowledges the growing importance of dentistry’s role in health care and the responsibilities of dental assistants.

Dental Assistant Instructor Jeannine Carreiro and her dental assisting students from Diman Regional Vocational Technical High School in Fall River, Massachusetts, put together plates of cookies baked by their culinary arts program and delivered them to the co-op offices that employ the students.

The Neighborhood Services Organization of Oklahoma City offers a low-cost dental clinic to the residents of Oklahoma City and surrounding areas. The NSO recognized four dental assistants, featuring them in social media and

In recognition of the dental assistants who mentor students during clinical rotation, the dental assisting students of San Diego Mesa College wrote notes of appreciation and presented gift baskets to the dental assistants of three offices, which were randomly selected.

The IntelliTec Colleges Dental Assistant program visited the local Head Start preschool to teach
NEWS BRIEFS

Dental Assistants Recognition Week

San Clemente Dental Group in San Clemente, California

Clairemont Smiles Dentistry and Orthodontics in San Diego

Acadian Modern Dentistry in Baton Rouge, Louisiana

Town Center Dental Group and Santee Town Center Dental Group and Orthodontics in Santee, California.

Pacific Dental Group and Orthodontics in Temecula, California

LaCosta Dentistry and Orthodontics in Carlsbad, California

Thanks a latte!
NEWS BRIEFS

Dental Assistants Recognition Week

Escondido Smiles Dentistry and Orthodontics in Escondido, California

Clovis Crossing Dental Group and Orthodontics in Clovis, California

Peach Tree Dental Group and Orthodontics in Queen Creek, Arizona

Cross Roads Smiles Dentistry in Cross Roads, Texas

Johnson Ferry Dentistry and Orthodontics in Marietta, Georgia, celebrated with mani/pedis.

We ♥ Our Dental Assistants
The Oklahoma County Dental Assistants Society made a special effort to recognize assistants during the March meeting, awarding dental hygiene supplies and dental assistant “survival bags.”

Dental Assistants Recognition Week

Oak Grove Dental Group in Lake Elsinore, California

Maple Valley Modern Dentistry in Maple Valley, Washington

The Dental Assistant
May/June 2017

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District 1 hosted a reception for retiring President Virginia Cairrao, CDA, FADAA on Sunday, April 30 at the Beechwood Inn in Worcester, Massachusetts. More than 60 people joined in to honor President Cairrao for her dedication, loyalty, and passion to our association and to the profession of dentistry. Immediate Past President Kimberly Bland presented Cairrao with a gift from the ADAA Board of Trustees: a necklace, which included a pearl, symbolized purity, generosity, integrity, and loyalty of its wearer. Dr. Samuel Zwetchkenbaum, director of the Rhode Island Department of Oral Health, presented Cairrao with a proclamation citing her leadership, vision, guidance, and commitment to both the ADAA members and the public she serves as a practicing dental assistant.

Cairrao was surrounded by family and friends from all over the United States and received gifts from many of the ADAA state associations. In her remarks to the gathering, Cairrao told us being ADAA president was a lifetime goal. She set her sights on becoming president the first time she sat in the House of Delegates. The 1st District is proud of her achievements and was honored to pay tribute to her.

At the adjournment of the 92nd ADAA House of Delegates on May 13, District 1 will have a new trustee. Mary LaChappelle, RDA, CDA, BS, is a resident of Connecticut and is a progressive, energetic woman. I look forward to working with her as we transition the district. It has been a privilege to serve as an ADAA trustee these last six years. I wish LaChappelle and the 2017-18 officers and board of trustees much success.
Pennsylvania
I had the pleasure of attending the PDAA semi-annual session in Harrisburg. Thank you to the generosity of PDAA for hosting me. This meeting was held in conjunction with Benco Dental and was well attended. I had the opportunity to meet with a representative from each of PDAA’s seven locals. These ladies are enthusiastic and have some really great ideas for me to take back to the board of trustees. Students did a wonderful job putting together gift bags for the many attendees. The fundraiser/basket raffle had many beautiful prizes. The CE course that I attended was on child abuse and I found the presenter to be a wonderful speaker. I hope to make it to the PDAA annual session in early November. The organization’s enthusiasm is contagious. PDAA’s own Robynn Rixse, who has since been elected to the ADAA office of vice president, has great ideas and enthusiasm. I am sure she will bring much to the ADAA board. I thank these ladies for their hospitality.

New York
The New York association held its annual session April 22 in Syracuse. The committee who planned the meeting did a very nice job. With the help of Nancy Chappel from the company Johnson and Lund, who promoted this meeting in her territory, NYDAA had a good turn out, and even better, many young, enthusiastic working dental assistants as well as several students attended. The morning session was a lecture on implants, placement, and restoration methods, and afternoon was hands-on with participants using a two-step PVS impression system. New York also held a fundraiser basket raffle to offset the cost of the meeting to try and keep the cost down for assistants. Johnson and Lund also sponsored a breakfast for NYDAA. There were a lot of new, enthusiastic faces in the crowd and I hope to see them back next year. We will be meeting in the same place, central to the active locals and off the NYS Thruway, easy to find for those who would like to join from around the state.

New Jersey
New Jersey held its annual session on April 29.
I was very fortunate to be able to attend the reception held in honor of President Virginia Cairrao in Worcester, Massachusetts. Many officers, trustees, and members made the effort to travel to honor her and the wonderful job she has done in this second year of our transition. Representatives from the 2nd District were Carmella Hanley, Sue Camizzi, and myself. The reception was wonderful and a great big thank you to the 1st District for hosting and Claudia Gauthier for being the driving force. It was nice seeing familiar faces and reacquainting with old friends.
I am so excited to take on a new endeavor as 3rd District trustee. I have always been passionate about the dental assisting profession and I am honored to be a part of such a remarkable organization as the ADAA. During the last few months, dental assistants in the 3rd District have been busy volunteering at community events and sharing their passion in dentistry:

**Tidewater Dental Assistants Society**
- GKAS: February 3. 951 children seen. Supplies donated by ADA/Sullivan Schein, which received 100 thank you letters from students.
- Participated in ADAA Town Hall Forum to discuss proposed bylaws amendments.
- Helped interested ADAA members start a new component on the Peninsula.

**Virginia Dental Assistant Association**
- Save The Date: VDAA Education is set for Saturday, October 14 at EPCI on Newport News, 9 am-3 pm. Hands-on activity: taking/pouring impressions and placement of x-rays in the mouth.
- As a dental professional and dental assistant educator, I am always looking for dental volunteer projects to help with. I served as the volunteer chairman for the Mission of Mercy project in our surrounding area for the past four years. We recently held the Peninsula MOM Project and I was thrilled to have 78 dental assistants volunteer for a one-day project. It reminded me how much we love giving and helping others. My goal is to bring all 78 and more to ADAA so that we can build and grow.

“No endeavor that is worthwhile is simple in prospect; if it is right, it will be simple in retrospect.”

*Edward Teller*
Mark Your Calendar

4th District
Representing: KY, NC, SC, TN
Kristy Eddleman

The 4th District is planning its second regional meeting July 22nd in the scenic state of Kentucky. We welcome all ADAA Members to attend and enjoy the education and fellowship with our district.

- 4th District Regional Education Meeting
  July 22, 2017
  St. Elizabeth Education and Training Center
  3861 Olympic Blvd. Erlanger, KY 41018
  Hotel: Residence Inn, Marriott, 2811 Circle Point Dr. Erlanger, KY, 41018 (within walking distance of the venue)

- North Carolina’s annual session was held May 18-20 at the Kingston Plantation, Myrtle Beach, South Carolina, in conjunction with the North Carolina Dental Society’s Meeting.

- Kentucky Dental Assistants Association Annual Session
  August 25, 7 pm
  French Lick, Indiana

- KDAA Business Meeting
  August 26
  Continuing Education for Dental Assistants
  Speaker: Libby Ritchie, CDA, EDDA, Educator
  Look for updates and details on our website, www.nkdas.org

For more information on the events, please contact keddleman@adausa.org.

Blue Skies Ahead

6th District
Representing: IN, IL, MI
Karen Minca, CDPMA

I saw it, I really saw it—a glimpse of blue skies and the sun today. Summer may actually show up.

Sixth District has been busy with ADAA House of Delegates business. Because of the recess of the second House of Delegates, I asked about substitute delegates because many could not attend the new date. Thanks to the efficient work of the ADAA headquarters office and the board of directors, answers were received and information went out to all states.

Michigan held an RDA Educator forum on March 31 in Frankenmuth, Michigan. Representatives from Mott C.C., Delta C.C., Washtenaw C.C., Grand Rapids C.C., and Wayne C.C. were in attendance. Topics under discussion included the upcoming proposed RDA rules, proposed by the Michigan Dental Association. Also discussed were the RDA shortage, how to promote the profession, and whether to consider another pathway to achieve the RDA. Comments during the forum included the need of colleges to promote the RDA program better. RDAs need to be paid a higher wage.
as some are going thru both the hygiene and assisting programs because of the lack of hygiene jobs. Educators feel that Michigan should mandate that all dental assisting programs be CODA-approved (proprietary schools are becoming a problem), link all RDA programs to MDAA web site, find more opportunities to speak to high school students, and encourage dental offices to recommend dental assisting as a career option to some of their own patients. Contact dental locals in the state to ask if there is a perceived demand. Encourage the Dental Auxiliary Utilization Program for dental students. A national standard of licensure like dentists and hygienists have is needed. Mandatory licensure elevates the perception of the profession. The MDAA needs to promote the benefits of the RDA more. We need a skilled workforce and to change public perception. This meeting was long overdue.

Michigan’s 70th Annual Session was held in Grand Rapids April 28-29. Student Day was a great success. Speaker Dr. Ona Erdt, in a session titled Make Success Your Intent, shared her journey on becoming a DDS after first becoming an RDA. She also taught at Washtenaw C.C., served on the MDAA board of directors, worked for the VA hospital in Ann Arbor, and was encouraged to enroll in dental school. She was diagnosed with MS while completing her education. Erdt persevered and obtained two master’s degrees (education was her second). Erdt now works in Mt. Pleasant, Michigan, with the tribal community. Students competed in Essay Presentations and Video Competitions and MDAA also presented two scholarships.

President Lori Barnhart’s theme for this year was “CAUTION: Cultivating Imagination may lead to groundbreaking transformation.” Our House of Delegates went very quickly as all information was sent electronically ahead of time and because of the information and updates we are given by ADAA headquarters, delegates had very few questions. Even my ADAA forum, which explained finances and the proposed bylaw changes, had very few remarks and those were for clarification. Students this year included, from Mott C.C., Emily Palm, Kelly Perrault, Madeline Shrontz, and Chauncey Thornton. Delta C.C. sent Jessica Sherwood and Heather Melville. Students are mentored through the process, help out, and ask questions. Incoming President Deb Jaruzel gave her address, introducing her annual theme of “ignite the Flame.” These meetings are among my favorites, because we get to reconnect with members, network with other professionals, share ideas, recruit new members, and reinforce relations with the MDA. I am looking forward to next year and to expanding our presence with continuing education during the MDA Annual Session in Lansing. I will be virtually speaking to Indiana’s House of Delegates in June in an effort to fulfill our fiduciary responsibility. ;)

Video winners

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OFFTHECUSP.COM/CHANGINGLIVES.
My first year as 7th District trustee has been an opportunity and an adventure that has given me new friends, new ideas, knowledge, and learning more about our association.

I had the opportunity to attend the ADAA outgoing president's reception in Boston on April 30. Congratulations to outgoing President Cairraro for an amazing and productive year. Meeting my fellow trustees and ADAA members who were in attendance at the reception was an honor. I now have a face to go with the name and voice during conference calls and webinars.

I am excited to begin my second year as Trustee with enthusiasm, a positive attitude, and a willingness to accept and embrace the change that may come our way.

State News:
- **Minnesota**, President Kelli Olson: MnDAA held its 95th General Assembly on April 29 in St. Paul in conjunction with the Star of the North Dental meeting. A productive meeting was held. MnDAA presented two awards: Anna Braun Loyalty Award was presented to Wendy S. for 28 years with the same employer and the Ruth Asp Martinson Achievement award was presented to Kelli Olson for outstanding service. In terms of legislative issues, MnDAA will be pursuing the administration of local anesthesia for licensed dental assistants as well as supra gingival scaling.
- **North Dakota**, President Sasha Dusek: NDDAA is preparing for its annual meeting on September 15 in Fargo. Natalie Kaweckyj, ADAA president, will give a CE presentation at this meeting. I plan on attending also.
- **South Dakota**, President Kay Lindgren: No activity to report.
- **Wisconsin**, President Malea Flynn: No activity to report.

"Change is hard at first, messy in the middle, and gorgeous in the end."

Robin Sharma
Wow what a whirlwind April has been. The Nebraska Dental Assistants Association finally had its LB18 passed so dental assistants in Nebraska will soon be “credentialed.” Many hours/days/months/years of hard work and dedication allowed this to happen. It has been almost 40 years since this wheel began to turn. It is wonderful to see it happen.

The ADAA Annual Session has lasted much longer than expected. I participated in the Nebraska Mission of Mercy, which saw about 1,500 patients in Grand Island. The 8th District was also busy with the Iowa Dental Assistant Association Annual Meeting in Iowa City, and the Nebraska Dental Assistant Association held its meeting in La Vista Nebraska (Omaha). In addition, I flew to Mexico for a church mission trip between those meetings.

The 8th District is an active and ambitious group of individuals. They love their profession of dental assisting and want to advance the profession to higher standards. Some excellent ideas were exchanged and committees formed to work together. The 8th District will be holding a regional meeting in Kansas City on November 4. Location and speakers are in the works so watch for the details. It is hoped that Kansas will be able to become more active and draw in some new members.

To see members from three states attend the meetings of other states was so moving. This group functions as a team! Not only do they work hard but they have fun. So much friendship and laughter is what needs to happen when dental assistants gather together.

Couple of great ideas to share: Donations for personal care items were collected at the meetings and prizes awarded to “lucky” ticket winners. These donations then went to a homeless shelter in the area. Students presented “Table Clinics” to the entire group and the top three were awarded cash prizes. As 8th District Trustee, I provided gift baskets to be given away. (They especially liked the wine and Starbucks coffee ones.)

Iowa presented me with a beautiful wind chime and Nebraska awarded me the “Achievement Trophy.” This is awarded each year to a member who devotes time and energy to the association. The mission trip awarded me a new rolling pin and all gifts were very appreciated.

Most local associations will take a break for the summer and begin meeting again in the fall. State board meetings continue to be held. I will be attending the Missouri Mission of Mercy and Board Meeting in June. I believe “personal” contact is the critical factor in getting people involved. If a trustee does not take time to meet the members and non members, why would they take the time to become involved?
The Oklahoma Dental Assistants Association held its 87th Annual Meeting April 27-29 in Tulsa, Oklahoma. Kudos to the association for its dedicated members who planned, prepared, and executed a superb program. Educational sessions were held on Friday morning and afternoon, as well as Saturday morning where I was delighted to present a presentation on infection control. Installation of officers followed the educational programs and a participant attending became the newest member of ODAA. She even offered to fill a vacant seat on their board.

In addition to these activities, the ODAA had a membership booth in the exhibit hall with a bit of fun thrown in: a dental assistant-made photo booth. These ladies are the best and continue to amaze me year after year. I am proud to represent them as 9th District trustee. Next up is the Texas Meeting in San Antonio, so stayed tuned for more exciting news!
CDAA had a very successful annual meeting in conjunction with the California Association of Dental Assisting Teachers (CADAT) April 21-23 at the Four Points Sheraton in San Jose, California. This was a first-time event for both organizations with teacher-focused education provided by CADAT on Friday and dental assistant-focused on Saturday provided by CDAA. If registered, you were welcomed at either or both educational programs. Each organization had separate business and governance meetings, which were scheduled outside of the education time. The reception and food events were together. Feedback was very positive and we hope to do this type of meeting again in the future.

California’s newly elected officers are Shari Becker, president; Kelly Lennier, first vice president; Linda Willyerd, second vice president; Jennifer Bierschbach, secretary; Shelly Sorensen, treasurer. The newly elected President recognized state directors from 11 local societies.

Plans are well underway for the upcoming year to continue the progress that has been made for the organization. CDAA is participating with social media communication, digital journal, website maintenance, legislative monitoring, membership promotion, student involvement, and so much more. The next board of directors meeting is scheduled for August 11-13 in Long Beach. Lastly, special thanks to the officers who served during the past year. Your efforts are noted and appreciated.

Good times with good education, good food, and good friends!
MEMBER SPOTLIGHT

Get to know current ADAA members and welcome the newest members

OFFICER: ADAA President Natalie Kaweckyj, LDARF, CDA, CDPMA, COA, COMSA, CPFDA, CRFDA, MADAA, BA (MINNESOTA)

ADAA: Why is ADAA important to you?
Kaweckyj: My life would have turned out entirely different had I NOT been an ADAA member. ADAA represents all dental assistants as the professional organization for dental assistants. The friendships I’ve made are made for a lifetime. We are all family.

ADAA: What motivated you to become actively involved in the American Dental Assistants Association as an Officer of the National, State, or Local Chapter?
Kaweckyj: I celebrate my 24th year this October. I joined as a student right before graduation, but it was 6 years before I became involved in any real way. I ended up attending an annual meeting alone to participate in continuing education for my Fellowship and at a CE course I ended up meeting members from my state. They extended their hands in friendship and got me involved with committee work on the state level. The following year, I ran for state office. I had served as state president for three years (2002, 2005-2007) and remained active on several state committees, namely legislative.

In 2001 I ran from the floor for national secretary against two well-known members and lost after balloting three times. I was encouraged to run again the following year and did so, in 2002, as ADAA secretary. The following year the trustee position in my district became vacant and I ran for that position. I was trustee for five years when one of my friends decided to run for national office as her term as trustee came to completion. We had a deal that when she ran, I would follow her up the chairs. Well, it came a year sooner than I had planned but the timing turned out to be great! I served as ADAA president the first time in 2010-2011 and enjoyed meeting so many members across the nation, and observing things that worked and didn’t work in different areas of the country. The members I interacted with on the various boards of trustees were phenomenal. A few years ago, the bug was put into my ear to run again. It should be easier the second time, right? Different times, different challenges, new administration, and different composition to the membership brings an opportunity to try new things with creativity.

ADAA: What inspires or motivates you about dentistry?
Kaweckyj: Dentistry is constantly changing and requires you to be on your toes at all times. I have worked in all areas of dental assisting and currently do so in an administration and clinical capacity for a non-profit public health clinic. The ability to make a change is what motivates me, whether it be for a patient, my state association, or dental assisting profession. I continually challenge myself personally by getting involved and out there in the community.

ADAA: What would you tell an ADAA member who is contemplating running for office on the local, state, or national level why it would be a good idea?
Kaweckyj: Getting involved is great and the hardest part is taking that first step. There are so many members willing to mentor out there, just for the asking. One of my goals this term is to establish a leadership growth series to inspire members to step up and grow not only professionally, but personally as well. I was inspired at the first annual session I attended as a delegate. I remember saying “I want to be just like her” after observing a member present from the House of Delegates floor. If running for an office is not in your current plan, perhaps getting involved with committee and council work is the place to start. New ideas and new blood is great, but let’s not forget to tap the wisdom of our past presidents on all levels.

ADAA: Do you feel as an officer you were able to achieve the changes you envisioned when you first assumed that role?
Kaweckyj: Times are different seven years later from my first term. Did I feel like I made significant changes? No, but they were there. On the state level, yes. I was part of a core group that was able to get dental assistant
licensure passed into law in 2009 after working 11 of the 13 years on the project. I do hope to achieve some of my goals as your current president, but it takes teamwork to make these changes. I believe in continuing the efforts of my predecessors.

**ADAA: How do you promote ADAA when representing the organization?**

**Kaweckyj:** My passion for ADAA comes out whenever I am out representing the membership. I believe all voices need to be heard; we can learn so much from one another. I believe in our association and look forward to contributing in some manner for many years to come.

**MEMBER: Yvonne Evans, RDA, BS, MADAA (TENNESSEE)**

**ADAA: What changes have you seen over the span of your career as a dental assistant?**

**Evans:** Attending my first ADAA National Conference was almost overwhelming. However, social media had prepared me for a family gathering. I was met by Tija Hunter in the New Member Forum, which was conducted by Angie Swatts. Attending as an Alternate Delegate gave me limited voting privileges but I witnessed the business side of an organization first hand. Since then, all meetings are now virtual, so I miss the hugs and human contact.

**ADAA: When did you choose to become a member of your professional dental assistants association?**

**Evans:** I have been in dentistry for more than 25 years, but when I relocated to Tennessee, I was told I could not work without becoming a Registered Dental Assistant. So I went back to school in 2012. As soon as I received my RDA number, I completed my ADAA membership online.

The ADAA sisters and brothers have one thing in mind for their members: excellence in dental assisting. Many members were mentors as I pursued my ADAA Fellowship and Mastership Awards. All encouraged me to keep going and I volunteer at events side by side with some of them to this day. We are in touch with each other on a regular basis.

**ADAA: What inspires or motivates you about dentistry?**

**Evans:** Constantly having the ability to help patients and doctors bring optimum dental health is my goal. Continuing education offered by ADAA as a benefit of membership keeps me on top of my game.

**ADAA: What aspect of patient care do you enjoy, and why?**

**Evans:** I love education so when I can explain to parents what will happen with a procedure for their children or explain the post-operative instructions to a patient and I see they understand, I feel good about what I do. Working with a team to make it a seamless family atmosphere is the best thing in the world.

**ADAA: What would you say to dental assistants who say “My doctor says I don’t need to belong to the ADAA?”**

**Evans:** I ask them to ask their dentists why they are members of their organization. If the response is because I am a professional and I need to belong to my national organization, I say to them that works for me, too. I am a dental healthcare professional. I will belong to my national organization and receive all the benefits offered.
**NEW MEMBER:** Bridgette Cannon (Oklahoma)

**ADAA:** Why did you choose to become a member of ADAA?

**Cannon:** In 2013, I was asked to be the instructor for the Moore Norman Technology Center Dental Assisting Program. I felt it was important to set an example for my students. I also feel to be the best instructor I can be, I need to be involved and know as much as I can about dental assisting at all levels.

**ADAA:** Is there anyone who influenced you to become a member?

**Cannon:** The ladies of the ODAA & OCDAS: Sherri Lewis, Becki Streeter, Collee Schmitt, Audrey Hosler, Carol Focht, Tonya Casey, and Grace Holden. They have worked so hard to keep our Oklahoma organization alive.

**ADAA:** How long were you a dental assistant before joining ADAA?

**Cannon:** 32 years.

**ADAA:** What has ADAA done for you professionally?

**Cannon:** It has taught me the importance of our organization. It has made me a better educator.

**ADAA:** What inspires or motivates you about dentistry? Where do you see yourself in five years?

**Cannon:** I have worn many hats during my 36 years in dentistry. I have been a chairside assistant, a lab tech, and an educator. The thing that motivates me chairside is to see a patient’s life change because we have given him/her a smile to be proud of. The thing that motivates me as a dental educator is to make positive change in the dental field. I can do this by producing well-educated, professional assistants who, in turn, create positive changes in dental offices.

**STUDENT MEMBER:** Donna Henke (Texas)

**ADAA:** What motivated you to become a member of ADAA as a student?

**Henke:** The director of the RDA program spoke about the benefits of ADAA. The director also made joining a requirement of the RDA program. I learned about the association from previous coworkers.

**ADAA:** What are your expectations of ADAA once you graduate?

**Henke:** To keep me informed of the latest news in dentistry and to find CEUs. I will probably use the majority of the benefits offered, including continuing education, discounts on educational materials, insurance, keeping in touch with state and local chapters, legislative information, the monthly update newsletter. ☺️

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**Got News?**

Send your press releases to Managing Editor Angela Hickman at abrady@adaausa.org.
**ADAA welcomes the following new members, who joined ADAA in March and April 2017**

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