• Oral and Peri-oral Piercings and Dental Health

• ADAA Bylaws Revisions: A Member’s Guide

• Social Media and Patient Protection

• Leverage Technology for Member Recruitment
### Evacuation System Maintenance and Between Patient Flush

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- 2801405 32 oz. Liquid **NEW**

**Evac Cleaner Re-Order**

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- 2801003 48 oz. Powder (4 Ops, 9 mos.)
- 2801402 32 oz. Liquid (4 Ops, 2 mos.) **NEW**

**Between Patient Flush Starter Kit**

- 2801205 64 oz. + HVE-SE Dispenser

**Between Patient Flush Re-Order**

- 2801002   14 oz. Powder (4 Ops, 3 mos.)
- 2801003 48 oz. Powder (4 Ops, 9 mos.)
- 2801402 32 oz. Liquid (4 Ops, 2 mos.) **NEW**

**Use Evac 2x Weekly / Op**

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**Use BPF Daily / Op**

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The Dental Assistant (ISSN-1088-3886) is published bi-monthly (every other month). Non-member subscriptions are $30. Allow 6-8 weeks for subscription entry. Publisher is the American Dental Assistants Association, 140 N. Bloomingdale Rd.; Bloomingdale, IL 60108-1017.
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This issue of *The Dental Assistant* journal covers everything from oral piercings to creating videos. The diverse coverage you’ll find on the following pages should provide excellent food for thought as you seek to enhance your knowledge and grow your career.

Professor Mary R. Manning sheds light on a growing area of concern for dental professionals. Piercing the tongue, frenum, uvula, lip, or cheek carries risk of dental complications and other health problems—risks that few people have considered. Oral and perioral piercings can have immediate and long-term complications of varying severity, including nerve damage and infection. “The piercing site is a place of risk, both in the immediate aftermath of the piercing and over time,” Manning writes. “It is imperative that the dental community have a dialogue with patients about these risks.” In addition to detailing the problems associated with oral piercings, Manning shares several simple tips for instructing patients on how to care for piercings that you should find useful.

Also in this issue, you’ll find a discussion of the business of ADAA. The House of Delegates recently approved changes to the organization’s bylaws, the principal rulebook by which ADAA conducts corporate affairs. The Board of Trustees formed an ad hoc committee in April 2016 to review and revise the ADAA bylaws, which were eventually voted on and approved during the House of Delegates meetings. Familiarizing yourself with these changes should be worth your while. Highlights are included in the article, but you can check out the full details on the ADAA website, www.adaausa.org.

Alongside the bylaws changes, *The Dental Assistant* offers you a brief introduction to ADAA’s newest officers, including President-Elect Jan DeBell, CDA, EFDA, MS; Vice President Robynn Rixse, CDA, EFDA, FADAA; Secretary Cathy J. Roberts, EFDA, MDAA, CDA-Emeritus, COA-Emeritus, CDPMA-Emeritus, CPFDA-Emeritus; 1st District Trustee Mary LaChappelle, CDA, RDA, RYT; 3rd District Trustee Fatima Oglesby-Morris, DA, RDH; 4th District Trustee Kristy Eddleman, CDA; 8th District Trustee Darlene Mundt, CDA, BS; 11th District Trustee Pro Tem Linette Schmitt, LDA, CDA, MADAA; and Student Trustee Colleen Moonen, BA. I think you’ll be inspired by their passion for ADAA and the profession. As Secretary Roberts says, “It is time to bring the issues that face dental assistants every day to the forefront and look for innovative ways to interact with assistants.”

Two other articles in this issue look at protecting patient privacy, while also bringing attention to your practice. Sarah E. Sharpe RDA, marketing director for a dental practice in Washington, points out the danger of violating HIPAA rules when using social media. Considering that fines for violations under the HIPAA Privacy Rule can range from $750,000 to millions of dollars plus criminal penalties, ensuring your practice is in compliance is absolutely critical. “A social media policy and proper documentation of authorization from patients is now a standard of care. With platforms like Facebook, Instagram, Twitter, and blogs becoming more relevant in dental offices, it’s important to know that the majority of HIPAA violations occur from employees mishandling PHI,” Sharpe writes.

Jennifer Kindel, RDA, BA, FADAA, a dental assistant in Michigan, shares her ideas for using short videos to market membership in ADAA or your state association. “Most of the younger generation use their smartphones as computers, video recorders, and telephones,” she points out. “They receive all communications via email, texts, and short video clips. Our associations need to keep up with the times when attempting to recruit new members and educate the public on dental assisting. Video provides an excellent opportunity for member outreach.”

I hope you enjoy the issue and pick up some tips to use in your own work. Please drop me a line if you’re interested in contributing a manuscript to *The Dental Assistant*. I would love to hear from you.

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Interested in writing an article for the journal?
Email the Managing Editor at abrady@adaausa.org.
Fostering a Culture of Empowerment

“IT’S WHEN ORDINARY PEOPLE RISE ABOVE THE EXPECTATIONS AND SEIZE THE OPPORTUNITY THAT MILESTONES TRULY ARE REACHED.”

– MIKE HUCKABEE

Professional organizations and associations are significant for generating the energy, flow of ideas, and proactive work needed to maintain a healthy profession and organization that advocates for the needs of its members and the trust of society. Much of this work is done by the organization’s membership. Association milestone celebrations recognize the efforts of members and advancements of the organization. The celebrations also serve as a tool to promote the profession and motivate members to interact more with the association.

The ADAA Board of Trustees recently met by conference call for the post board meeting to review the directives of the various ADAA councils and committees. Also during this call, a new Student Trustee, Colleen Moonen, BA and a new 11th District Trustee Pro Tem, Linette Schmitt, LDA, CDA, MADAA were appointed to fill those positions. The adoption of the ADAA Bylaws at the 2017 ADAA House of Delegates meeting allows for a member outside a district to be appointed to serve pro temp until a member within the district steps forward. At a later date, Fatima Oglesby-Morris, DA, RDH was appointed as the new 3rd District Trustee. She was able to attend the conference call as a guest. I thank each of these women for their time and commitment, and also look forward to their ideas in collaboration with the rest of the Board of Trustees.

I was recently asked by several members if being president a second time was easier than the first. One would think the quick answer would be “yes,” having done it before. However, times are different with a new set of challenges, different administration to work with, different board members, and a change in members’ views and priorities. Yes, some things may seem a bit easier: Having learned what worked and what could have worked out better has enhanced my preparation this time around. One of the biggest changes in strategy is with co-leadership. Having the stage set by my recent predecessors, I work closely not only with the ADAA executive director and the president-elect, but with the immediate past president as well. In the past, the immediate past president acted as a reference or resource to the president and Board of Trustees. Recently, the immediate past president has had a more active role both as a resource and as a sounding board. The president-elect and vice president are working together more closely as a mentoring mechanism in leadership. So far, these relationships have proven to be beneficial to everyone.

Another question often asked of me is what is my theme or goals for ADAA. I have many goals for ADAA, but the theme this term is all about the member—focusing on member needs and member wants. I have taken an active role in getting to know many of the members who may not interact with ADAA actively on a national level through face-to-face meetings, social media, email, and phone calls. I feel that it is imperative that any member concerns be heard, as well as any suggestions for making ADAA more successful.

This leads me into the third question that often follows: What do I have planned for ADAA? Typically, an organization’s strategic plan is used to generate directives and goals for councils and committees. This is often started long before a president assumes office and often incorporates directives from the previous term that may not have been completed. Again, with the adoption of the new ADAA Bylaws, we are streamlined to four main councils (Education and Professional Development, Finance, Governance, and Membership), with previous councils merged as committees under the appropriate council. So how does one set goals for an association? The answer is by listening to member’s comments and incorporating those ideas into goal-driven directives. Before you set any association goals, you should know a few things about goals.

• First, decide what you want to accomplish for the
association in each area of the councils. Anything that does not fall under a regular council activity can have a special ad hoc committee created that is dissolved once the charge is complete.

- Secondly, split your larger goals into smaller and more achievable goals or targets that committees have to achieve, known as directives. This will make accomplishing our goals easier to manage and will help streamline the process of reaching ADAA’s ultimate goal: success.

- Finally, the members of the council or committee formulate and develop plans to reach the directives. This can be accomplished in many ways and often involves the input of members assigned to the council and/or committee. There are several ways to reach these directives and it is left up to the chairs and vice chairs, with committee members’ contributions, to determine the best method for achievement.

ADAA has achieved several organizational milestones as highlighted below:

- We held our first regional meeting in Irvine, California, on June 3. It was a success and many thanks go to staff for organizing and to Pacific Dental Services for allowing the use of their beautiful facilities. We look forward to the next regional meeting.

- We are maintaining financial stability after hitting a low point towards the end of 2014.

- Membership is increasing. We are planning to work with inactive state associations to restructure and reinvigorate them back to activity. A special ad hoc committee is working specifically on this endeavor.

- We have presented several new webinars, now on demand for our members at their leisure. We also have plans to extend the offerings in our continuing education library, as well as continue to review our existing courses.

- We will be offering a variety of town hall forums throughout the year to offer a venue for members to offer ideas and suggestions without requiring active participation on a committee or council.

- We are moving the ADAA Annual Session back to the fall with a special meeting of the House of Delegates in October this year and a full House of Delegates in 2018. These two meetings will be virtual in nature, but we are looking at the feasibility of being able to hold a face-to-face meeting in the very near future, whether in conjunction with a major dental meeting or at a smaller regional meeting.

- We are looking at methods to reimburse states on outstanding rebates expediently without jeopardizing the financial stability of the association. A big shout out goes to the Iowa Dental Assistants Association for forgiving the rebates still owed to them by ADAA for 2014 and 2015. Another big shout out to North Carolina Dental Assistants Association for following suit and also forgiving the debt owed to them in rebates for 2014 and 2015. Thank you to the members of these two states for your generosity.

- Collaboration continues with several dental organizations. We are continually looking for new opportunities to interact on new partnerships.

- The Contractual Review Committee is in the process of reviewing the contract with Solutions for Associations, our association management company, regarding goals attained and future needs.

- ADAA Vision on the Future ad hoc committee has been resurrected to plan the future of the association, as well as our centennial coming up in a few short years.

The list does go on, but the above gives you a sampling of what is going on with ADAA. With today’s societal, political, and generational concerns continually changing, it is critically important that ADAA maintain its position as a leader of our great profession. I would love to hear from our members anytime. Reach me via email nkaweckyj@adausa.org, on FaceBook, on Twitter @GoADAA or by phone/text 612.384.8509. If you are interested in getting involved, we would love to have you.

I thank each and every one of you for all you contribute to ADAA, our profession, and the patients we serve. Enjoy your summer.
Performing for cultural, religious, and tribal identification, body and tongue piercing dates back as early as 1500 BC.¹ Once considered an unacceptable symbol of youthful rebellion in the Western world, body piercings are increasingly popular in mainstream society as a form of body art and fashion.²

Piercing the tongue, frenum, or uvula constitute oral piercings, while lip or cheeks are considered peri-oral. While they lack the permanence of tattoos, oral and peri-oral piercings carry risk of dental complications and other health problems. Research shows that most people are not aware of these risks.³ Given this, it is imperative that the dental community have a dialogue with patients about these risks and how to mitigate risks through proper care for the piercing site.⁴ Such dialogue will give patients the necessary information to make an informed decision regarding oral piercings.

**Piercing Sites and Jewelry**

Piercing refers to “the perforation of the skin and its underlying layers aiming to insert an object, generally constructed with some type of metal.”³ Typically, nonprofessionals who have no training in the anatomy of the affected areas perform piercings without any anesthetic.⁵ The tongue is the most popular piercing site; the typical site is the median lingual sulcus, but piercings may also be performed on the dorsolateral lingual surface anterior to the lingual frenum.⁵ This piercing is generally adorned with a barbell, consisting of a bar with a ball screwed onto each end. The different sites commonly seen in lip piercing are the middle portion of the lower lip, the commissura, and on the lower lip near the canines.

Because lip piercings are likely to consistently interfere with the teeth, they are typically positioned at the flat end on the mucosal side of the lip. It is also common to see a ring or a barbell in a lip piercing.⁵ While many patients consider the distinctions between jewelry to be purely aesthetic, location and type of metal have a significant relationship to the oral complications they may cause. Jewelry selections can also have an impact on systemic risk.

**Oral and Dental Complications**

As with any purposeful or accidental puncturing of the skin, oral and peri-oral piercings can have immediate and long-term complications of varying severity. The piercing site is a place of risk, both in the immediate aftermath of the piercing and over time.⁷ A literature review conducted by Maspero, et al, emphasizes that “scarce awareness of the risk,” as well as “bad habits and inadequate oral care,” raise the risks of oral piercings.⁷,⁵

The initial placement of the piercing can cause local bleeding; nerve damage to the tongue, which is highly vascular; and infection, both from bacteria present in the oral cavity naturally and from touching the piercing site with hands, foods, or liquid.⁷

Dental complications associated with the prolonged placement of piercing jewelry include gingival recession,
bone loss, tooth wear, and tooth fracture.\textsuperscript{2,10} Impact from tongue and labial piercings as they knock against hard oral tissues can cause dental fractures.\textsuperscript{5,6,7} The longer piercing objects popular in tongue and lip piercings raises the risk of lingual and facial gingival recession on the mandibular anterior teeth.\textsuperscript{4,11}

**Systemic Complications**

Any wound site is a source of possible systemic infection. Oral and peri-oral piercings have been linked to bacteremia and endocarditis. They also carry the risk of HIV, hepatitis B and C, tetanus, and tuberculosis, although cases have not been documented.\textsuperscript{7} A study published in the *Journal of Adolescent Health* (July 2011) found that piercing jewelry made of metal accumulates more bacteria than jewelry made from plastic. Overall health plays an important role in avoiding more serious consequences from bacterial exposure.

**Needed Education**

Dental health professionals should inform patients considering oral and peri-oral piercings of the risk these decisions pose. They should also instruct patients in proper procedures following a piercing, such as rinsing three to four times daily; avoiding alcohol and smoking, which also raises risk of infection; and removal of the jewelry to remove hard and soft deposits once sufficient time has passed to ensure hole closure will not occur.

Patients, especially young ones, are likely to continue to obtain oral and peri-oral piercings. It is imperative that dental healthcare professionals provide proper education to adolescents so that they know the risks and the procedures to manage those risks.\textsuperscript{7}

Mary R. Manning is assistant professor, senior clinical coordinator, Hostos Community College Dental Hygiene, in Bronx, New York. Reach her at mmanning@hostos.cuny.edu. Images courtesy of the author.

**REFERENCES**


**Oral Care for Piercing**

- Rinse the mouth three to four times daily with an antibacterial mouthwash.
- Avoid hard and/or spicy foods for the first five to seven days. Adequate fluid intake (excluding alcoholic beverages) is advised.
- Suck on ice for the first three to five days to help reduce swelling.
- Tighten threaded piercings once or twice daily.
- Always wash hands before handling mouth jewelry. Rinse with mouthwash after handling oral jewelry.
- Downsize the jewelry as soon as the swelling has subsided (two to four weeks).
- Avoid oral contact of any kind (e.g., kissing) for four weeks after piercing.

An organization’s bylaws should be the principal guide or rulebook by which the organization conducts corporate affairs. Arguably the most important document for an association, it is essential that members understand and appreciate the intricacies the bylaws contain.

An ad hoc committee was formed in April 2016 to review and revise the ADAA bylaws. The committee met frequently over a year to create a first draft of recommendations with input from the ADAA Board of Trustees. The recommendations were then brought to the general membership during three town hall discussions. After hearing the membership’s concerns, the proposed amended bylaws were revised again by the ad hoc committee based on the discussions during the town hall meetings. The proposed amended bylaws were then discussed and voted upon by your elected officials, the Board of Trustees, who voted to recommend that they be approved. The bylaw revisions were published on the ADAA website and brought to the annual session House of Delegates where additional amendments were proposed to amend the proposed amended bylaws. At the end of the third House of Delegates of the 2017 Annual Session, the House of Delegates voted to approve the proposed amended bylaws.

During the overall process, several versions of the bylaws were discussed. The purpose of the following summary is to discuss the final version and the larger concepts that were amended in each article of the ADAA bylaws. All members are encouraged to read the final version of the bylaws found on the ADAA website under About ADAA and then ADAA Bylaws.

Article I – Name and Location
The only amendment to this section was the removal of Chicago as the principal office of the association. The principal office is now located in Bloomingdale, Illinois, a suburb of Chicago.

Article II – Objectives
The objectives of the association were amended to be a brief, succinct version of its previous self. This provides the association the freedom to ebb and flow with the currents of the industry while allowing the supporting Manual of Procedures and Policies and Resolutions documents to truly dictate the policies of the association.

Article III – Organization Structure
Originally, there were several changes to this section of the bylaws, but most amendments were revised before the final version of the bylaws were voted upon. The amendments that were included in the final version of the bylaws include an option for state organizations to form Member Study Clubs within their boundaries. These clubs would not need bylaws or officers, and could potentially be a more fluid and less stressful way for dental assistants to socialize. One of the directives of the Subcommittee on Manual of Procedures is to draft potential guidelines for study clubs, but the intent is for state organizations to have the final say on how study clubs within their boundaries are formed and governed, and if they will even be allowed.

Another amendment to this article took place in Section 4: Student chapters. Part A: Organization was amended to allow all post-secondary dental assisting programs of at least 700 hours in length to form a student Chapter instead of just post-secondary of at least 800 hours. This amendment was based on a previous decision made by the board and is more inclusive for programs that were under 800 hours but were still in the threshold for the definition of a “dental assisting program.”

Part D of Section 4: Student Chapters was also amended to clarify that professional and life members are eligible to become advisors for student chapters.

Article IV – Membership
Section 1 of Article IV was amended to be congruent with current social terms. ADAA is inclusive of all diversities. The categories of membership were condensed during the amendment process. The types of membership are now:
- Professional Membership (Previously known as Active Membership). This was changed due to the confusing nomenclature. Previously, Active Membership referred to a type of membership as well as the status of a membership. Now Active Membership only refers to the status of a membership.
- Student Membership. This type of membership did not change.
Life Membership. This type of membership is more closely aligned to what was Life 35 Membership. The requirements for Life Membership are 35 continuous years of membership. Life members receive the 25 percent discount on national dues that Life 35 members once received. Life members receive all the benefits and privileges of the Professional Membership category. Two provisos have been added/edited to address those members who have earned various life categories over the past 30 years. Any members who retain a membership type that does not require dues to be paid will still have to renew their membership every year to provide updated information.

- **Proviso 1:** This does not affect the members who have achieved life membership before October 23, 1979, and pay no dues or members who have achieved life membership before October 8, 1988, and pay 50 percent of professional member dues, and members who have achieved special member status and pay 50 percent of professional member dues or life retired status prior to May 13, 2017, and pay no dues.

- **Proviso 2:** Members who have previously achieved the status Active Life Member after 25 years of continuous membership prior to May 13, 2017, may continue to display their life member pin and certificate and use the designation ADAA Life Member. These members shall remain listed in the professional member category on the official roster and pay full dues until they achieve life member status with 35 continuous years of membership. This proviso shall be removed from the ADAA bylaws on May 13, 2027.

Federal Services Membership. These members receive benefits as outlined by the contractual relationship with ADAA.

International Membership. This type of membership did not change.

Honorary Membership. A running list of honorary members shall be maintained moving forward. That is the only change to this type of membership.

Emeritus Membership. This shall be granted to any professional or life member who has maintained continuous membership for at least 25 years and has retired from the field of dentistry at the age of 60 or older, or has become totally and permanently disabled and would like to refrain from the privileges of ADAA Professional Membership on both national and state levels. Emeritus Members will not pay dues. These members will still have access to all digital content published by the ADAA on the ADAA website, including continuing education. Website privileges shall be dependent on an annual renewal via the ADAA membership renewal process to confirm that ADAA has up-to-date information.

Section 4 of Article IV now also includes rules for members who belong to multiple state associations. The previous bylaws did not prohibit this from occurring and was therefore allowed. Members who belong to multiple state associations may only serve one state as a delegate or alternate to ADAA house of delegates and may only represent one district as a district trustee.

Article V – Dues
The amendment to this section is that any changes to state dues should be submitted by the state to central office by September 1 of any given year. The central office does not reprint materials that state those dues amounts until after September 1, implementing the change faster and more efficiently.

Article VI – House of Delegates
Section 2: Number and Apportionment of Delegates is the most impactful change in this Article. The ADAA House of Delegates voted to add to the number of delegates that smaller states are allowed. Each state association shall be entitled to appoint or elect one delegate plus one additional delegate for every 50 voting members, which did not change. States with a membership total less than 150 shall be entitled to four delegates. States that are inactive or non-compliant will be eligible for up to four qualified delegates who will be appointed by the ADAA Board of Trustees. Each federal branch is also able to have up to four delegates.

Article VII – Officers
Eligibility requirements for the various positions were amended in this section. The president and president-elect must have served at least two years as an ADAA state district trustee or ADAA elected officer, or at least three of the past five years as a member of an
ADAA council or committee and one full-term year as president of a state association. The vice president and secretary must have served as a member of an ADAA committee or council and as an officer of a state association.

The term of office was amended slightly to allow the Board of Trustees to determine the duration of the election year in case there is a time when an annual session, and therefore elections, cannot be held for an extenuating circumstance. The statement “or until a successor is duly elected and assumes office” was also removed. If a successor is not elected, then the office will be declared vacant and vacancy procedures will be followed.

Article VIII – Trustee District and Trustees
The Federal Services District Trustee position may be rotated around different branches of the military each election year. This was a clarification. The state district trustee term limits were clarified as well, noting that “No State District Trustee shall be elected to serve more than two consecutive three-year terms,” which would allow for the same district trustee to be appointed for a third term if a successor could not be found. The Trustee would also not be forced to stay in their position until a successor was found, which was stated previously.

The vacancy policy was also updated to combat a lack of volunteers or qualified members within districts. The policy in the former bylaws still holds true and is the first step with the process:

“In the event of a vacancy in the office of State District Trustee, the President, after consultation with the Executive Committee and the State Presidents of the district, shall appoint a qualified member within the district to serve as a trustee for the unexpired portion of the three (3) year term. The appointment shall be made within thirty (30) days of the declared vacancy.”

But if a qualified member from within the district is not found then “the Board of Trustees can appoint a qualified member from another district to serve as “Trustee Pro tem” until that State District Trustee can be appointed/elected.” A trustee pro tem has the same responsibilities and privileges as a state district trustee.

Article IX – Board of Trustees
In the Meetings section of this article, it was recognized that many meetings are now electronic so oftentimes more meetings can be held. Quorum and the number of board members needed to participate in an emergency ballot was also increased. The Illinois Nonprofit Code requiring a unanimous vote to pass an emergency electronic ballot was also recognized in the amended version of the bylaws.

Article X – Executive Committee
The only amendment to this section is to add two trustees who are selected by plurality ballot of the Board of Trustees during the post-election Board of Trustees meeting. The total number of members of the executive committee is now seven.

Article XI – Councils
The councils have been condensed to four. The former councils are either one of these four or have been made a committee under one of these councils. The names, purpose, composition, and term of office for these councils are as follows:

- Council on Membership. It shall be the purpose of this council to promote membership and review and enhance all aspects of the services provided to the membership on a continual basis. This council shall also be the liaison to all students and student chapters of the ADAA. This council shall be composed of no fewer than 10 members, each to serve a rotating three-year term.

- Council on Education and Professional Development. It shall be the purpose of this council to enhance the education and professional development of dental assistants and to oversee and administer all aspects of the ADAA Fellowship and Mastership Programs. This Council shall be composed of no fewer than 10 members, each to serve a rotating three-year term.

- Council on Governance. It shall be the purpose of this council to review, revise, and establish policies and procedures of this association; oversee delegate credentialing; solicit and receive nominations for officers and trustees; oversee elections of officers and trustees; and to monitor and assist states in their legislative efforts affecting the dental assisting profession. This council shall be composed of no fewer than 10 members, each to serve a rotating three-year term.
Council on Finance. It shall be the purpose of this council to oversee and monitor all areas pertaining to the financial implications of this association. This council shall be composed of no fewer than 10 members, including the president-elect, vice-president, secretary, and two district trustees selected by plurality ballot of the Board of Trustees during the post-election Board of Trustees meeting. The five remaining committee members should be volunteers from ADAA membership interested in serving on this council. The president and the executive director shall be ex-officio members. The chair shall be appointed by the president. Each member of the council shall serve a term of one year.

**Article XII – Contractual Employees**
There were no amendments to this section.

**Article XIII – Finance**
Section 4: Audit was amended to remove the deadline of a finished audit. A definite reporting time cannot always be within control of the Board of Trustees. Placing a mandated deadline on audit reports may cause the association to incur unnecessary and exorbitant auditing fees.

**Article XIV – Indemnification of Officers, Directors, Employees, and Agents**
There were no changes to this section.

**Article XV – Dissolution**
Section 1 of this article was amended to allow any funds remaining to be distributed as determined by a two-thirds vote of a special meeting of the Board of Trustees. While a specific organization is not listed as a beneficiary, the bylaws do state that “The Association shall distribute any remaining funds to a 501(c)(3) or 501(c)(6) organization providing activities or services that benefit the dental assisting profession or dental patients.”

As for the dissolution of state associations, the bylaws were amended so that dissolution may only occur if the state association remains without ADAA recognized state officers for a period of 7 years or there are no members within the state.

The local organizations portion was amended to simply follow the guidelines in the Manual of Procedures.

**Article XVI – Parliamentary Authority**
There were no amendments to this section.

**Article XVII – Amendments**
The only notable amendment to this article is the inclusion of the reference committee process, which is currently being followed.

**Article XVIII – Discipline**
There were no amendments to this section.
Are you wondering how your state or local dental assistant organization can reach out to future members, other dental professionals, or the general public? With technology at our fingertips, it is easier than ever to keep up to date with what is going on in the world. Most of the younger generation use their smartphones as computers, video recorders, and telephones. They receive all communications via email, texts, and short video clips. Our associations need to keep up with the times when attempting to recruit new members and educate the public on dental assisting.

Video provides an excellent opportunity for member outreach. First, you will need some kind of video and sound recorder. While most smartphones are equipped with a video/sound recorder, the quality varies from phone to phone. The video quality is usually very good, but the sound quality is not. You may have to use a separate sound recorder and then combine the sound and video later. Many types of video recorders are available on the market and they usually have very good video quality. However, again, the sound quality varies. Make sure the video recorder that you choose is easy to use. It’s very frustrating if the buttons are hard to operate or some features just don’t work. Read all the reviews when purchasing electronic equipment online to make sure that others found the item easy to operate and were satisfied with the quality of the video and the sound.

Second, you will need some computer software designed for video editing. Most computers come with a basic video editing program. Microsoft’s video editing software is called Movie Maker. Movie Maker has been discontinued, but it is easily available online. Movie Maker allows the user to put separate video and sound clips together and create a finished product you can easily save or upload to the Internet. Apple’s version is called iMovie and is also available to download to your Mac computer. It offers the same editing features as Movie Maker. Both programs require the user to import their video from the video recording device. (Make sure that the video editing software you choose will accept the file type your video recorder uses).

Once you have the video and sound imported from your video recorder to your computer, edited using the video editing software, and the final finished product ready to go, it’s best to save it in a format you can upload to any website or send by email or text to your intended recipients. Some of the most common file types for Internet videos are MP4, FLV, MOV and AVI.

The Michigan Dental Assistants Association posted this video last year: [http://tinyurl.com/yd67v26u](http://tinyurl.com/yd67v26u). The video was created using a Nikon Coolpix camera as the recording device and Windows Movie Maker version 2012 as movie editor. The camera records and saves the videos in AVI format, which is easily downloaded to a desktop or laptop computer and transferred to Movie Maker. The movie was edited to include a title and credits, enhanced sound quality, and background music. It was saved as an MP4 file to upload to the Internet or send by text or email.

Ensure your videos short and to the point, while also including all the necessary information. Be creative and entertaining, and have fun.

Jennifer Kindel, RDA, BA, FADAA, is a Michigan State Board of Dentistry representative, president-elect of the Michigan Dental Assistants Association, and dental assistant in the office of Kevin Bone DDS in Saginaw, MI. Reach her at jmkindel@gmail.com.
The American Dental Assistants Association recently elected the following trustees and officers

**President-Elect Jan DeBell, CDA, EFDA, MS**

Jan DeBell is co-program director/faculty at Front Range Community College in Fort Collins, Colorado, and has served as 11th District Trustee since 2011, having previously served in the same role earlier. A 40-year veteran of dental assisting, DeBell says she has changed and grown as an individual. “I am a better individual, a better teacher, and a better dental assistant because of ADAA,” she says. “I know what our association looks like now; I don’t know what it will look like in the future. What I do know is if we don’t change to meet the needs of the 21st century, our association will not be here in 5 years. That fear is what is motivating me to serve our association.”

**Vice President Robynn Rixse, CDA, EFDA, FADAA**

Rixse will graduate with a bachelor’s degree in healthcare administration from Elizabethtown College in 2019. “I am constantly amazed at the number of dental assistants from the student level up who have never heard of our organization,” Rixse asserts. “If we truly want to reach out to the over 320,000 dental assistants across the United States, we need to find new ways to enhance our name recognition. Our next step should be determining the best way to tailor the benefits to meet the needs of particular groups of dental assistants.

**Secretary Cathy J. Roberts, EFDA, MADAA, CDA Emeritus, COA-Emeritus, CDPMA-Emeritus, CPFDA-Emeritus**

A 43-year veteran of dental assisting and an ADAA Life Member, Roberts is a past ADAA president. “Our members are the heart and soul of the ADAA,” says Roberts. “As we move forward, we need to focus on our members and adding value to their membership. Our future depends on it. ADAA will need to collaborate with other dental organizations to reach dental assistants. It is time to bring the issues that face dental assistants every day to the forefront and look for innovative ways to interact with assistants.”

**1st District Trustee Mary LaChappelle, CDA, RDA, RYT**

Technology advisor for Patterson Dental in Rocky Hill, Connecticut, LaChappelle is also pursuing her associate degree in business management at PennFoster College. “Dentistry has been my ultimate passion and will continue for many years to come,” she says. “We are a forever growing community—a profession that continues to serve as the cement that holds the practice and team together. The continued service of dental assistants and the support of professional organizations, such as the ADAA, has continued to shine a spotlight on the power of our abilities and will forever forge a smile on all those we come in contact with.”
3rd District Trustee Fatima Oglesby-Morris, DA, RDH

Oglesby-Morris is founder of Hands On Dental Assistant Training in Potomac, Maryland. She also serves as a dental hygienist in a dental office in Maryland. “It’s important to become a member of ADAA so that students, dental assistants, and the staff on the dental team have a strong foundation and are involved in their community,” says Oglesby-Morris. “I am a firm believer in teamwork and the ADAA is a strong foundation to start your success in the dental profession.”

4th District Trustee Kristy Eddleman, CDA

Eddleman has worked in dental assisting since 1972 and currently participates in workshop presentations to dental students, dental residency programs, and new dentists. She owns ProConnect Resources in Charlotte, North Carolina. Her work in private practice ranges from chairside assistant to main office administration. “Dentistry is my passion,” she says. “I will do my best to bring my experience and integrity to the ADAA Board of Trustees.”

8th District Trustee Darlene Mundt, CDA, BS

Mundt is a chairside dental assistant for multiple offices in Nebraska and is a registered lobbyist for the Nebraska Dental Assistants Association. She has served as 8th District Trustee since 2013. “I believe it is vital for ADAA to step up and do more face-to-face projects and promote the profession not only to outsiders but to the dental assistants themselves,” says Mundt. “There must be an increase in members with direct connection to the ADAA home office, the ADAA executive board, the ADAA trustees, and state and local associations. If we do not allow individuals to become involved, they will leave.”

11st District Trustee Pro Tem Linette Schmitt, LDA, CDA, MADAA

Schmitt currently serves as a chairside dental assistant at Bassett Creek Dental in Golden Valley, Minnesota. “We need to continue to keep up with changes in the dental community and changes in procedures and duties dental assistants do every day. Our biggest challenge today is how to communicate with the new generation of dental assistants. With new talents, we can make an association that our new generation of dental assistants can be proud of.”

Student Trustee Colleen Moonen , BA

A student in the CODA certified program at Manatee Technical College in Bradenton, Florida, Moonen has entered dental assisting as a second career. “I am a mature student who has worked in both business and education settings,” she says. “I strongly believe all dental assistants should be certified because of the critical role we play in patient safety and care. I enrolled as a student member in the ADAA with two goals: professional growth and support of the profession through my membership and activities.”
Social Media and Patient Protection
Don’t ignore the HIPAA implications for your social media efforts

By Sarah E. Sharpe, RDA

Since 1966, the Health Insurance Portability and Accountability Act (HIPAA) has helped protect sensitive patient data. As employees who handle protected health information (PHI), dental assistants and their colleagues play a role in ensuring that all the required physical, network, and security measures are in place and followed. Social media is a critical element that bears consideration.

Protected health information includes any information that would identify a patient outside of your office, such as names, addresses, treatment, dates of service, birthdates, social security numbers, or medical conditions. To ensure HIPAA compliance, employers must educate staff members on policies, encrypt shared data, securely shred documents, lock or deadbolt any cabinets or rooms that house PHI, and more.

Fines for violations under the HIPAA Privacy Rule can range from $750,000 to millions of dollars and criminal penalties that can result in the loss of a medical license and leave you out of a job. If a breach happens on social media platforms or blog, you must report to your compliance officer a brief description of what occurred and the date of the breach discovery. A notification must be provided to the individual(s) affected “without reasonable delay” and no later than 60 days following the discovery. Any employee involved should also be re-trained on HIPAA privacy and security.

A social media policy and proper documentation of authorization from patients is now a standard of care. With platforms like Facebook, Instagram, Twitter, and blogs becoming more relevant in dental offices, it's important to know that the majority of HIPAA violations occur from employees mishandling PHI. Examples of social media violations include posting verbal gossip about a patient (even if the name is not disclosed), sharing photographs or any form of PHI without written consent from the patient or guardian, mistakenly believing posts that are deleted can’t exist in cyberspace and sharing seemingly innocent pictures that have health-care information visible.

To get the kind of attention you want on social media, your posts need to be engaging and interesting. The employee you choose to manage your social media presence should be personable, have a knowledge of social media and enjoy it, be a master spell checker, and have the best of intentions when representing your brand. Include training for responding to negative reviews in a timely and polite manner, but stay away from details. Be sure they are aware of what is deemed inappropriate or offensive. Social media can be a huge aspect of marketing for dentists but only if policies are followed to prevent liabilities.

Consent and Authorization
Consent forms are designed to make the patient aware that their photographs may be used for a variety of purposes, including treatment planning, research, professional education, and social media. It is necessary for the patient’s protection and also for the practice to ensure proper handling of such photos or videos. It's also important to have a disclaimer stating your intentions with their information is pure, but your practice cannot be liable for what happens with the picture once it is published online. Sometimes this does make patients opt out, but most want to be a part of your online presence.

With more than a billion people using Facebook, it's an important tool to give your practice an outlet for patients to see staff members’ personalities and how you interact with others. Not everyone is going to click on the awesome video you posted about recession, but post a picture of the doctor and children who are cavity free and you will certainly be flooded with likes and shares. It's all about knowing your audience and the image you want to portray into your community. Remember to have fun while being compliant with
HIPAA regulations. Always obtain written permission to take the photo including the intention of its use, the date, and signatures from both patient and provider.

Cell Phone Policies
Are cell phones in drawers of operatories or scattered and buzzing in your break room constantly throughout the day? It can be distracting and take away from patient care when we have access to personal phones throughout the day. Staff members should not use their personal phones near treatment or exam rooms with patients.

Patients should also respect office privacy laws and keep phones off and away while they are being treated. Suppose a patient is in the treatment room with their phone and you do something as mindless as forgetting to log off the computer prior to leaving the patient unattended. That patient now can snap a photo and provide proof that your office isn't following HIPAA safeguards. For the privacy and security of all of your patient health care information, cell phone use must be restricted.

Setting social media policies is critical to protecting patient privacy and ensuring your practice minimizes its risk while appropriately promoting its work. You can find more information about your rights under HIPAA at www.hhs.gov/hipaa.

Sarah Sharpe, RDA, is marketing director for Midtown Dental Clinic in Richland, Washington. Reach her at sarahs@midtowndentalclinic.com.

REFERENCES AND MORE READING

Q&A

Vicki McCormick is a HIPAA/OSHA Expert with Physicians Compliance Connection. Consider her tips for ensuring your practice is HIPAA compliant when it comes to social media.

What is the biggest mistake practices make when utilizing social media?

Vicki McCormick: Most employees and even employers don't understand the rules and regulations. Some have been violating HIPAA and have no clue. You need to take the necessary precautions when placing an employee in charge of your social media accounts. Make sure they understand what is appropriate and give examples of what not to post. Put someone in charge who is trustworthy, has a fun personality, and is a good writer. Make sure they are familiar with your internal policy and copyright laws. I suggest doing a background check on all employees before hiring.

What are the first steps in developing a social media policy?

McCormick: First start with who is going to help you manage your social media presence. Then decide which social media platforms you want to be a part of and what your message to the community will be. Be engaging, informative, and have some light-hearted humor that wouldn't be offensive to someone older than your parents. As an employer, you should give examples of what not to post, such as names, personal identifiers, etc. Be sure employees also know the consequences of not following your guidelines.

What must be included on a patient photo/video authorization?

McCormick: The age of the patient matters. If the patient is a minor (under 18), he or she must have a parent or guardian sign for them. Verbal consent for photographs and videos wouldn't do you any good in a court of law if you were prosecuted for sharing someone's protected health care information. A patient also has the right to revoke their authorization in written form anytime. You must state the intended purpose of the photo or video.
Bringing Dental Care to Children Around the Globe
Denver-based organizations Confadent Oral Technology and Global Dental Relief recently announced a new three-year commitment to provide preventive fluoride treatments to children around the globe. Caring for teeth during childhood is the cornerstone to good oral health as an adult. Global Dental Relief provides first-time and ongoing dental care to children who otherwise lack the access or resources for care. The partnership will allow Global Dental Relief to provide 1,000 fluoride treatments to children each year, continuing to grow and expand services to the communities in which the organization is active, including Nepal, India, Guatemala, Kenya, and Cambodia.

Confadent Oral Technology offers an oral care product in the form of chewing gum that is formulated to help reduce the bacteria that causes plaque and gingivitis, whiten one’s teeth, and maintain a fresh peppermint flavor for a substantial time period. Global Dental Relief is a 501(c)3 charitable organization established in 2001 to provide free dental care and oral health education to impoverished children and families. The organization hosts volunteers in 20 clinics each year.

Young Entrepreneurs Invent Next-Gen Toothbrush
Seventeen-year-olds Aryadna Ricardez and Ashley Marin invented the Click ‘N’ Brush, a next-generation toothbrush using innovative materials and ultraviolet light technology. The two recently were honored with the EY Youth Scholarship in partnership with the Network for Teaching Entrepreneurship. Ricardez and Marin come from families with generations of experience in dentistry. Ricardez’s grandmother is a retired dentist and her mother is a dental assistant. Also, Marin’s mother and aunts are all dental assistants. The pair drew on their own experiences, having been told repeatedly about the importance of oral hygiene during their childhoods, to create a better toothbrush. Motivated to make the process simpler and more efficient, they developed a business plan. After high school, Ricardez and Marin both plan to attend medical school.

Sharing Smiles around the United States
More than 500 children received needed dental treatments at no cost during Sharing Smiles Day, a national day of free dental care hosted by Kool Smiles earlier this summer.

“We began Sharing Smiles Day in 2015 as a way to bridge the access gap for children without dental insurance coverage,” says Dr. Dale Mayfield, chief dental officer for Kool Smiles. “We recognize there are many children in our communities who do not have adequate dental insurance coverage and whose families cannot afford regular trips to the dentist.”

This year’s Sharing Smiles Day event involved the
volunteer efforts of more than 700 Kool Smiles dentists and team members who hosted free dental care days at 43 dental offices in 12 states.

Free dental treatments included dental exams, emergency care, extractions, and necessary restorative care. Treatments were provided on a first-come, first-served basis and treatments were determined by the dentists after consultation with the child’s parent.

Fewer Lost Work Days Due to Dental Issues
Toothaches, pain, and unplanned trips to dentists keeping American adults away from the office are on the decline, according to survey data of working Americans collected by Delta Dental. In 2015, 28 percent of adults in the workforce cited missing work due to oral health issues. That number dropped to 21 percent in 2016. Even millennials, the group who typically reports the highest amount of missed work due to oral health issues, have seen a decline from 40 percent reporting missed days in 2015 to 33 percent in 2016.

“This decline continues to be positive. It indicates people in the workforce are having fewer oral health issues and taking better care of their teeth,” says Bill Kohn, DDS, Delta Dental Plans Association’s vice president of dental science and policy.

In Memoriam
Ann Ehrlich, CDA, MA
ADAA was saddened to learn of the passing of dear friend and colleague Ann Ehrlich, CDA, MA, on June 3. Ehrlich was a renowned author in the field of dental assisting and dental practice management for more than 40 years. In 1966, she became a Certified Dental Assistant and in 1972 began teaching dental assisting at the University of North Carolina. In the 1970s, she earned an MA degree in Education from Goddard College.

Ehrlich and Hazel Torres shared a vision for improving dental assisting education. Together, they wrote *Modern Dental Assisting*, the textbook that became the gold standard for dental assisting programs and a reliable reference for all dental assistants. The book was first published in 1976, and we were invited to join as co-authors for the 5th Edition in 1995. *Modern Dental Assisting* continues in the original authors’ legacy with the 12th edition published recently.

Because of Ann’s unselfish way of collaborating with educators, she opened doors for many to develop their professional skills as authors and educators. We are proud to be able to continue her good works.

—Contributed by Debbie Robinson and Doni Bird

Got News?
Share your news to be included in an article for the journal.
Email the Managing Editor at abrady@adaausa.org.
Summer is upon us. It is the time of year we all look forward to, when we think we are going to slow down. In fact, we do more. In the Northeast, we try to get in as much outdoor activity as we can before the weather changes that it borders on ridiculous.

One thing never changes: Dental assistants are still in demand. If I had 30 assistants, I could find them jobs in my area. Among the other things that don't change is the camaraderie built through belonging to our professional organization. I have friends from all over the country. I have been to Connecticut and touched base with friends there. Several weeks ago, I got a message from a friend from Tennessee who is coming my way to see Niagara Falls. Of course, we made time to meet for breakfast. All of us discussed our organization and how we can better it, exchanging ideas. I could go to almost any state and call a member friend.

Newly educated dental assistants are graduating in my area. How can we keep them active? The Buffalo Dental Assistants Society will hold a potluck dinner and meeting and I will be calling this year’s and the last two years’ graduates to see if I can entice them to join us. We want to hear what they have to say.

An ADAA virtual town hall meeting (date to be determined), hosted by the Council on Membership, will offer members an opportunity to discuss recruiting and retaining members. Another town hall will be held in January 2018 where you can talk about your member experiences and share your ideas on what we can do better. I’d like to challenge you to come up with some great ideas.

New Jersey, New York, and Pennsylvania are strategically planning a meeting for next year, hopefully at a location that is convenient for all. We are also hoping to be invited to the Greater New York Dental Meeting.

Enjoy your summer, and don’t forget your professional friends and organization.
TRUSTEE NEWS

The July 4 holiday weekend was so beautiful. I hope all your families enjoyed fireworks, picnics, camping, bonfires, marshmallows, and just being outside. ADAA has been very busy. Our post board meeting was very productive. We have our assignments and are ready to work. President Natalie Kaweckyj was very encouraged by the number of members who have volunteered to serve on a committee or council. This speaks volumes about our membership. Our members want to see ADAA succeed.

Again, I want to encourage you to take advantage of the free continuing education ADAA offers online. I have taken several courses. ADAA makes it very convenient to obtain your much-needed continuing education. The topics are current and relevant with requirements to renew certifications and licensure.

Congratulations to Meagan Morton, the new president of the Indiana Dental Assistants Association. The state association’s Mission of Mercy event was held in May and its House of Delegates was held in June.

The Michigan Dental Assistants Association (MDAA) president is Deborah Jaruzel and Gretchen Bogner is president of the Illinois association. In Michigan, Flint School and Flint Boxing Club held its first Mouth Guard Clinic recently. The Genesee District Dental Assistants and MDAA officers volunteered to take and pour the impressions. The finished product will be delivered at the second Flint Oral Health Fair on August 12. We are hoping for a visit from professional boxer and Olympic gold medalist Clarissa Shields and the Flintstones basketball team. 😊

Ready to Get to Work

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

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The summer months are flying by way too fast and we have so much to accomplish. As summer gives way to fall, dental assisting programs will be starting up again with new students. This is a great time to get out and meet the students and introduce them to ADAA. Contact the instructors at the colleges in your area that have a dental assisting program. Invite them to a meeting for a treat and a chat about the profession and our association. Send a copy of your newsletter to the schools, and if you have a website, include a “student corner” for them. We need to mentor students and new members, encouraging them to take on committee and/or officer positions in the future.

Spread the word about ADAA with coworkers who are not members, and even those who are members but not active members. Let’s get them active and motivated to be part of the action.

State News:

- **Minnesota Dental Assistants Association**—President Kelli Olson
  MnDAA is pursuing new expanded functions. MnDAA officers met with the executive director of the Minnesota Dental Association (MDA) in June to discuss the Administration of Local Anesthesia and supragingival scaling for Minnesota Licensed Dental Assistants. The MDA will discuss this issue at its planned July meeting. MnDAA also will be actively involved with the Minnesota Mission of Mercy scheduled for 2018. MnDAA held its summer board meeting on July 15. MnDAA has a new and updated website at www.mndaausa.org.

- **North Dakota Dental Assistants Association**—President Sasha Ducek
  NDDAA will hold its annual meeting September 15 in Fargo. Visit the website at www.nddaa.org.

- **South Dakota Dental Assistants Association**—President Jennie Aasand
  Jennie Aasand has stepped up to keep the state association from disbanding. ADAA President Natalie Kaweckyj, Jennie Aasand, and Kelli Olson will work together to host a continuing education seminar for South Dakota members and non-members. Volunteers are encouraged to become officers.

- **Wisconsin Dental Assistants Association**—President Malea Flynn
  No current activity to report.
WE ARE THE ADAA

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Power and camaraderie happens when you are engaged and participate in your state annual meeting face-to-face. This year, the Texas Dental Assistants Association (TDAA) met in early May in San Antonio and experienced that unity of members and non-members. The Texas Dental Practice Act was undergoing major legislative changes that involved dental assistants. Dental industry leaders were invited to a special presentation by our Texas State Board of Dental Examiners (TSBDE) at our opening session. Dentists, dental hygienists, dental assistants and dental assistant educators attended and filled the room to capacity. Everyone had a common interest to understand the proposed legislation that would impact our profession, our jobs, and our livelihood. The following timeline outlines the events that led up to this still evolving issue:

- March 2016, Sunset Commission recommends discontinuation of RDA credential in Texas
- April 2016, Several dental assistants and TDAA respond by opposing this recommendation for public safety
- June 2016, TDAA Testifies at hearing in support of RDA credential continuation
- January 2017, Senate Bill 313 introduced recommending combining all four certificates for dental assistants (X-ray, Nitrous Oxide, Pit & Fissure, Coronal Polishing)
- February 2017, TDAA mails letters to legislators in opposition to combine all certificates, because many assistants would not utilize all certificates (which are costly) and requests dental assistants be placed on Board
- March 2017, TDAA Testifies at hearing in opposition to combine all certificates
- March 2017, State agency changes application certificate verbiage to “Permit”
- March 2017, TDAA writes TSBDE in opposition of verbiage change and recommends using verbiage in law (Texas Occupations Code)
- May 2017, TSBDE executive director and licensing director brings greetings to TDAA and outlines proposed bill that will change regulation of dental assistants, but bill has not passed yet
- May 2017, Final Substitution Senate Bill 313 is
signed into law by Governor. Pit & Fissure and Coronal Polishing certificates will be discontinued on September 1, 2017

- June 2017, TSBDE releases newsletter stating X-ray certificate and Nitrous Oxide certificate will be combined
- June 2017, TDAA writes TSBDE and asks for clarification on RDA requirements, costs, renewal period, and how this will impact CDAs moving to Texas.

Clearly, this is an ongoing issue and many unanswered questions remain. Staying in touch with changes within our profession is imperative and one of the greatest benefits of membership in a professional association (e.g., ADAA, TDAA). It is only through participation with a group of professionals that dental assistants will ever have a voice in their future.

It was gratifying to see so many come together at our annual meeting with questions and concerns about our profession. TDAA also held board meetings and house of delegates meetings, maintained a lively booth in the exhibit hall, and networked with many peers within our industry. It was a very busy weekend for all and a great meeting to meet face-to-face with all dental professionals on multiple levels. The importance of being active in your profession can bring positive changes, or in this case, just keeping our state credential alive.

The California Dental Assistants Association (CDAA) held its most recent board meeting on April 23, immediately following its general assembly. Preparations for the year are well underway. All Board members have been provided an information packet from CDAA President Shari Becker. These packets will make the board's completion of duties easier. The next board of directors meeting is scheduled for August 11-13 in Fresno, California (location change).

CDAA will have a booth in the exhibit area at the California Dental Association Scientific Session August 24-26 in San Francisco. Member volunteers will assist the CDAA Membership Committee in working the booth. Again this year, CDAA plans to offer something fun for those who stop by the booth, plus information on the value of joining our professional organization.

Influencing legislation remains an ongoing project in California. Claudia Pohl, chair of CDAA's legislative committee, diligently works to represent dental assisting by attending the California Dental Board meetings and keeping CDAA informed.

CDAA continues to have a presence on social media and has hired an employee for this role, who also handles website maintenance, board meeting packet coordination, and other tasks.

Strong Presence in California

12th District
Representing: CA, GU, HI, NV
Ruby Roach
MEMBER SPOTLIGHT
Get to know current ADAA members and welcome the newest members

OFFICER: Robynn Rixse, CDA, EFDA, FADAA, ADAA Vice President (Pennsylvania)

ADAA: How long have you been a member? Why is ADAA important to you?
Rixse: I became a member in 2005 while I was the dental clinic administrator for a nonprofit organization serving the dental needs of the uninsured through the use of volunteer dental professionals. Because we had students doing externships in the clinic, I felt it was important to represent the profession by becoming a member of the professional association that represented dental assistants. I agreed with the idea of “being united in a common goal to promote dental assisting as a profession.” That has been my mantra from the beginning. I passionately believe in helping dental assistants achieve their goals within the profession, whatever they may be.

ADAA: What motivated you to become actively involved in ADAA?
Rixse: Unfortunately, I was not aware that there was an active state association and local society until 2008. At that time, I received a letter from a member of the Lancaster County Dental Assistant Society (LCDAS) explaining that she had been keeping the local association going for the last 8 years, but unless she was able to get other members actively involved, she was going to deactivate it. I went to a meeting and my interest was piqued, but I was not sure how to help. The same member introduced me to officers at the state level who told me to just jump in. At the next meeting of the local association, elections were held. No one was nominated for president, so I offered my services. In March 2009, I found myself the new president of LCDAS and have been ever since. In November of 2009, the Pennsylvania Dental Assistants Association president was finishing up her last term, and no one had come forward to accept the nomination, so I again offered to do so and was elected president. I served for four years, from 2009-2013.

ADAA: What inspires or motivates you about dentistry?
Rixse: Dentistry inspires and motivates me because of the ability that a healthy smile has to increase a person’s self-confidence. In addition, dental assistants understand the role that good oral health plays in whole body health. We see people at their worst but have the opportunity to give them our best and make their experience less stressful.

ADAA: What would you tell an ADAA member who is contemplating running for office on the local, state, or national level?
Rixse: Networking is a key factor in continued growth as a dental professional. The opportunities that have been made available to me through networking as an officer at each level of the ADAA have allowed me to serve better the dental assistants I represent.

ADAA: Do you feel that as an officer you were able to achieve the changes you envisioned when you first took office?
Rixse: It was difficult at first, and I butted heads with the other officers in my desire to fix everything, but during my terms in office, we developed respect for one another’s passions for the dental assisting profession and, more specifically, the individuals who make up this profession. I learned to listen more and talk less. Change is an evolution, a work in progress. As long as we are all working together to make the change a positive one for the dental assistants we represent, then I believe the change I have envisioned for the local, state, and national levels of ADAA will be achieved.

ADAA: How do you promote ADAA when representing the organization?
Rixse: I promote ADAA in everything I do by talking about it. Name or brand recognition is crucial to the success of an association of any kind. If people do not know who you are or what you stand for then how can one expect them to become involved?
STUDENT MEMBER: Colleen Moonen, BA (Florida)

ADAA: As a student, what motivated you to become a member of ADAA?
Moonen: I was motivated to join ADAA because I was new to the field and I wanted a broader understanding of the profession.

ADAA: How did you find out about the association?
Moonen: My instructor, Kim Bland at Manatee Technical College, told us about the association in our orientation. I visited the ADAA website and had a good feeling that the organization was professional and there to help us grow in our career, as well as support our image in the public/dental community.

ADAA: What benefits will you take advantage of as a member of the ADAA?
Moonen: The Dental Assistant journal has relevant and well-constructed articles. The continuing education classes are easy to access and well thought out. I want to be an active member of the organization and help educate the public about the value we bring to their dental health and experience. I also plan to take full advantage of all the courses because I am still learning and growing as a CDA even though my formal instruction is complete.

ADAA: What inspires or motivates you about dentistry?
Moonen: Patient care—interaction with the patient throughout all phases of treatment and experience is probably one of the most important, and fun, aspects of being a CDA. People bring myriad factors to their dental visit—anxiety, health, financial, time. If we can welcome them with respect and compassion, we can help them meet all their needs.

MEMBER: Meagan Morton, CDA, EFDA, OMSA (Indiana)

ADAA: As a member of ADAA, what changes have you seen over the span of your career as a dental assistant?
Morton: I have seen many changes throughout my career. Being just three years out of college, there are going to be a lot of changes for me as I’m just starting out. The ADAA has helped me to speed up that process. I am able to move up quicker in my field of oral surgery because I participate in the continuing education that we offer locally. I am constantly learning new techniques in not only oral surgery, but in every aspect of dentistry, and that is what makes a good dental assistant. My employers at the Oral Surgery Group take pride in the fact that I am so involved, which helps me to be able to move up more quickly.

ADAA: What can you tell a new member to encourage them to become a member of ADAA? Why is ADAA membership important to you?
Morton: First and foremost, I would tell them that membership will help your career in so many ways. When you are able to come into work the next day after a continuing education experience and say “this is what someone else is doing and I think it’s a good idea,” that does not go unnoticed by your employers. Not only will you be learning and earning your continuing education as required to keep your CDA, but you will also be teaching others what you have learned. Being a member helps you to have continued pride and passion in your field of study. When you are able to have pride and passion about your job, it’s longer a job. It becomes a career in which you want to work to better yourself on a daily basis. ADAA is perfect for helping to develop those key traits. ADAA membership is so important to me because I want to be the best dental assistant that I can be. Without the ADAA I feel like I would not be at the level that I should be as a dental assistant.

There are many doctors out there that say their dental assistants don't need to be members of the ADAA. The best thing to do in that case is to convince your doctor otherwise. Go to a few meetings. Get
MEMBER SPOTLIGHT

some continuing education credits and come back with information that would help your practice. The doctor will take notice. And when they ask where you learned the new skills, tell them it was ADAA. Never stop giving up on getting your doctors to encourage your involvement. They will see the benefits from it, but you, as an assistant have to be the one to take initiative in persuading your doctor about it.

ADAA: When did you choose to become a member of ADAA? What inspires or motivates you about dentistry?
Morton: When I was in college studying dental assisting, one of the requirements for our class was to be a member of ADAA. They greatly encouraged student involvement. We were even given extra credit points for going to some of the meetings. There were several people that influenced me to continue my membership in the ADAA. I have a very good friend, Jacob Rexing, who is in the same boat as me. We were both influenced by Cora Lee Kelley, Barbara Cosgrove, and Mollie Meadows. We went to a few meetings and you could just tell they were all very happy to see us there. They welcomed us and stayed in contact with us. They helped us out so much in our first term as officers, and still guide us and encourage us every day.

Each day, I go into work wondering what new things I will learn that day. That’s what inspires me about dentistry. I am constantly learning something new. I am always asking questions and trying to figure out the whys behind every aspect of my job. The technology, not only in dentistry but in the health care field itself, is always updating. There is always something new to learn and that is what motivates me about dentistry.

ADAA: Did you find another dental family when you chose to become a member?
Morton: When I became a member of ADAA, I never expected to meet so many wonderful people. Not only am I meeting people from all around the state of Indiana, but I am now able to meet people from all over the country. I know that I can go to any of them about anything—whether it’s about ADAA or even something personal. I would consider everyone I have met so far to be lifelong friends. I’m not originally from Evansville, Indiana. There weren’t many people I knew when I moved here. But, because of ADAA, I have a whole group of people that I know will always be there for me.

ADAA: What aspect of patient care do you enjoy and why?
Morton: Patient care is very important to me. In surgery, people are scared about what we will be doing to them. I enjoy being able to encourage patients that everything is going to be okay—that we will be taking care of them and that we won’t be doing anything we can’t stop. There are some days where a patient is so mad that they have to be there that they are not the most pleasant. My goal for those patients is to make them feel comfortable enough that being in a dental chair eases their anger and frustration. Making patients comfortable is very important to me. I know that they won’t remember what procedure you did to them, but they will remember how you made them feel about their procedure.

Each day, I go into work wondering what new things I will learn that day. That’s what inspires me about dentistry.
NEW MEMBER: Gunjeeta Diwaker, CDA, BDS, MPH  
(California)

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

**Diwaker:** I am an international dental graduate. I recently relocated to the United States and started working as a dental assistant in California. I came across the ADAA website while searching for study material for my CDA exam. The initial motivation to become a member was to be able to use the detailed and comprehensive courses offered by ADAA. I worked as a dental assistant for about two months before I came to know about ADAA and joined soon after.

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

**Diwaker:** The excellent study material was very useful for the CDA exam, while also improving my performance at work. Additionally, membership opened pathways for me that didn’t exist earlier. The liability insurance enabled me to start volunteering hands-on at a community clinic, whereas previously I was only an observer. The fellowship program provided me with a seasoned and accomplished mentor to guide me in my future endeavors. Volunteering in different leadership roles, I will get opportunities to interact and learn from the leaders in the field. In a nutshell, the membership has provided me ample resources for growth, both as an allied dental professional and as an individual.

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

**Diwaker:** Dentistry as a profession lets me combine my values, strengths, and enterprising nature to achieve my greatest potential. I get to solve new challenging problems hands-on every day, while serving the people I care for. I can be an engineer, a surgeon, a health educator, a kindergarten teacher, a student, a beautician, and an altruist—all in a day’s work.