

If You Can't Beat Them, Join Them?!

An interesting trend is emerging from coast to coast: State dental association delegates are being asked to establish membership categories targeting dental hygienists. In addition, the American Dental Association (ADA) 2005 House of Delegates adopted the following resolution¹:

Resolution 84

Resolved, that the Council on Membership explore the creation of new membership categories for assistants and hygienists, and be it further;

Resolved, that the Council address what benefits of membership will be available to these new members along with their ability to serve in volunteer positions within the ADA, and be it further

Resolved, that the Council report its findings to the 2006 House of Delegates.

Clearly the national organization has set the tone and goal for state organizations. Why are these organizations considering this new category and what will they offer? Are dentists willing to expand their organizations to include those who work for them? How would these membership categories affect the profession of dental hygiene? By joining dental hygienists, will dentistry beat us?

Proposed Membership: Why and What?

From California to Maryland, from Florida to Washington, and states in between, dental association delegations have been considering significant membership category changes to include dental team members. Reasons cited for pursuing these professionals is to foster the team concept and ultimately become the authoritative resource on all matters related to dentistry. Other resolutions state that the goal is to increase the organizations' influence on the dental community and to become the preeminent force guiding dentistry in their state. Also cited is the ADA's Grassroots Membership Initiative. (House of Delegates manual, unpublished data, 2005.)

The recent legislative successes of the dental hygiene profession have also spurred interest in bringing the dental team into 1 house: If they can't beat hygiene...have them join. The adoption and subsequent national activity of the Advanced Dental Hygiene Practitioner, expansion of scopes of practice in numerous states, increased dental hygiene representation on dental boards, and relaxation of



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supervision all play key and vital roles in the changing face of dental hygiene. While dentistry predominantly treats disease, dental hygiene's focus and cornerstone is prevention. As access to care concerns continue to escalate, prevention is the only solution that makes cost effective sense and will go far to achieve optimal oral health.

Why are these organizations considering this new category and what will they offer?

These dental organizations have approached this goal with dedicated focus and strategy. One state established a task force, which included surveys of dental team focus groups, to investigate the feasibility of including a team membership category. Using 2 focus groups, made up of 19 participants from dental hygiene, assisting, and dental laboratories, the task force reported findings that included a reluctance on the part of the dental hygienists to be members of their own organizations because of a "clubby" atmosphere, being at odds with the dental association over access to care/scope of practice issues, and an irrelevance of membership to their career progress. This same report identified lab technicians and dental hygienists as the most receptive to membership in the dental organizations.

As a result of investigations by the task force and organized dentistry's research provided to the delegates, state dental organizations are proposing consistent structure and benefits ranging from discounted continuing education and insurance to publication subscriptions. In addition, these resolutions have also included voting privileges and positions on councils and committees. One state pro-

California Dental Association Proposed Allied Dental Health Professional Membership

Below is a resolution considered by the California Dental Association (CDA) at their 2005 House of Delegates. This version differs significantly from the original, which included voting privileges; this resolution was defeated as was a motion to reconsider and to refer the resolution back to the CDA Council on Membership.⁵

CDA Resolution 3RC²

Resolved, that CDA implement an allied dental health professional (ADHP) category of membership consisting of dental hygienists, dental assistants, dental laboratory technicians, and dental administrative staff to include the proposed structure and implementation plan for membership eligibility, representation, benefits, dues, and ADHP code of ethics, and be it further

Resolved, that CDA establish active dues for ADHP membership as \$100 per member per year starting in the 2006 membership year, and be it further

Resolved, that ADHP house representatives, the ADHP board of trustee guest, and various committee and council ADHP appointments as described in the *CDA Bylaws* will have speaking privileges without the right to vote or make motions, and be it further

Resolved, that for 2006, the president appoint the four ADHP house representatives, the ADHP board of trustee guest, and various committee and council ADHP appointments as described in the *CDA Bylaws*, and be it further

Resolved, that in future years, the leadership development committee will recommend to the president candidates for appointment as the ADHP Board of Trustee guest

and various committee and council ADHP appointments as described in the *CDA Bylaws*, and be it further

Resolved, that in future years, the ADHP membership will elect the four ADHP representatives to the house, and be it further

Resolved, that CDA schedule meetings of the ADHP members at least twice a year, hosting the meeting rooms and refreshments in order to facilitate discussions within the ADHP membership, and be it further

Resolved, that funding in the amount of \$155,000 be approved for implementation of the allied dental health professional membership category, and be it further

Resolved, that the appropriate CDA entity evaluate the ADHP membership category and report semi-annually to the Board of Trustees and annually to the house, and be it further

Resolved, that CDA accept the revised changes to the *CDA Bylaws*, the *Rules of the Board of Trustees*, the *Standing Rules for Councils*, and the *Manual of the House of Delegates*, incorporating the allied dental health professional membership category.

posed establishing a dental hygiene component with a representative serving on the board, similar to their existing student membership model. Proposed dues have varied, with most being under \$100.

While these benefits sound, well, beneficial, they do not come close to matching what the American Dental Hygienists' Association (ADHA) has to offer. A recent review of insurance plans showed a significant savings over dental association plans and with the ADHA, all active members have the right to vote and run for leadership positions—to create and participate in their own future.

The Final Vote

Currently, 12 states offer a specific dental hygiene membership category, with only 1 offering limited voting representation. For an example of the complexity of this issue, see the resolution from the 2005 California Dental Association (CDA) on this page. Interestingly, the original proposed resolution included voting privileges, citing the need for something beyond a "token membership." The revised resolution is just that...a token membership, taxation without representation, and clearly not a method to bring all vested parties to the table. Even in the revised form,

the CDA House of Delegates rejected the concept and did not refer it back to their Council on Membership. Similar resolutions were also defeated at 2005 House of Delegates meetings in Maryland and Florida.

Dental hygiene association leadership from the California Dental Hygienists' Association (CDHA) who were in attendance reported that testimony included concern by the delegates over the potential of their employees being in a position to vote against them.² While CDA delegates failed to approve dental team membership, they did adopt the following³:

Resolution 38RC was substituted

for Resolution 38, as submitted by the Berkeley Dental Society, and was amended and subsequently adopted. **Resolved**, that the Policy Development Council study increasing the scope of practice of registered dental assistants to include the prophylaxis of type I and II periodontal cases under the direct supervision of a licensed dentist following specified years of experience and additional training and be it further **Resolved**, that the Policy Development Council provide its findings to the Board of Trustees for review in time for the 2006 House of Delegates.

In light of this resolution, one that will investigate the feasibility of establishing scaling by assistants, the question of membership by dental hygienists in this organization is seriously flawed.

Impact on the Profession

While unity of the dental team is a worthy and important aspect to the profession as a whole, professional associations for each distinct member of the team continues to be important and critical entities are needed to protect the interests of those team members as well as further their own goals based on the individual focus and purpose within the dental community. One only need look at other professions to appreciate this necessity as a means to avoid conflicts of interest, monopolies, or passage of policies—the scaling assistant—that are detrimental to the public we serve. Our voice is unique from organized dentistry and thus demands its own organization.

In the winter 2006 issue of the *Journal of the California Dental Hygienists' Association*, President Lin Sarfaraz, RDH, AS, provided insight into this issue and our opportunity⁴:

The theme of attitude is especially poignant given a comment I recently heard by a dentist who characterized CDHA members as “radicals” whose attitudes do not represent the true voice of dental hygiene. You may not be surprised to learn that this statement came from a delegate to the CDA House of Delegates supporting CDA’s efforts to offer membership in CDA to “allied dental health professionals,” including dental hygienists, dental assistants, front office staff, and dental lab technicians. The new (proposed) CDA membership category, she said, would seek the non-CDHA members and described that group as “more mainstream.”

The revised resolution is just that...a token membership, taxation without representation, and clearly not a method to bring all vested parties to the table.

Which brings us back to attitude.

We cannot expend our energy worrying about being called radicals, which is a red herring, intended to distract us from the real issue at hand. The dentist’s comment in this instance offers more heat than light.

I’m amused, yet flattered by her choice of words because it suggests that our organization has evolved to a point at which we simply know who we are and what we stand for. Kind of like our American forefa-

thers declaring independence from England.

President Sarfaraz finished with⁴:

It is also clear to me that now, more than ever, our profession needs each of us. Professionalism, commitment, and involvement are all attitudes. Whether we survive as an autonomous profession depends on the attitude of ALL dental hygienists. Should the CDA allied member category become a reality in the future, if you are not counted with us, you will be counted against us.

Along with the CDHA, the ADHA is acutely aware of these ploys to create division within the profession. As our national organization and associated state and local societies further the profession, it is paramount that every hygienist exhibit professionalism by being a member. So, if you can’t beat them...join us! The ADHA is the only true voice of dental hygiene.

Membership in the ADHA includes membership in your state and local component. Call 800-243-ADHA or access the online application at www.adha.org. **COH**

References

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3. California Dental Association. Notes from the house of delegates. December 2005. CDA Online. Available at: http://www.cda.org/cda_member/pubs/update1205/notes_from_the_hod.htm. Accessed Jan 4, 2006.
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