



**OREGON  
DENTAL ASSISTANTS  
ASSOCIATION**

**NEWS  
BULLETIN**

Winter Issue 2015

**DELEGATES  
*Annual  
Conference*  
REPORT**

**90<sup>th</sup>  
ANNUAL  
SESSION  
*San Antonio, Texas***



The 90th Annual Session of the American Dental Assistants Association was held Friday-Saturday October 10th and 11th, 2014 at the Westin Riverwalk, San Antonio, Texas. Representing Oregon were delegates Linda Kihs, Kym Goodell, Bonnie Marshall, and Mary Harrison.

ADAA was honored to welcome the Keynote Speaker, US Army Master Sgt. Jennifer Loredo, who shared her inspirational story of strength and belief. (Her story is shared on-line under her name.)

The First House also featured a Leadership Forum of an impressive panel of military leaders, who all have firm roots

in dentistry. They shared their leadership experiences and told the roll of the follower in an organizations success and what leaders can do to empower them.

Seven new Fellows and two Masters reached a milestone in their career during the Convocation Ceremony.

The passing of a budget was waived due to a lack of information available at that time. It was agreed that the Board of Trustees would make that decision at a later date. (As reported by our Trustee that has been done.) The House was unanimous in showing it's trust in the Board and officers to establish a correct operating budget.



*Left to right: Kym Goodell, Bonnie Marshall, Mary Harrison and Linda Kihs.*

An Infection Control Policy was passed with a combination of both old and new verbiage:

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## ODAA EXECUTIVE OFFICERS

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### Treasurer –

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### Committee Chairs

**Budget and Finance:** Bonnie Marshall  
**Bylaws and Manual of Procedures:** Linda Kihs  
**Community Involvement:** Kandra Luna  
**Education:** Sheri Billetter  
**Historian:** Kym Goodell  
**Legislative:** Mary Harrison  
**Membership:** Linda Kihs  
**Newsbulletin:** Linda Kihs  
**Nominating:** Bonnie Marshall  
**Student Involvement:** Bonnie Marshall,  
Sheri Billetter, and Kandra Luna  
**Ways and Means:** Kym Goodell

### Sub-Committee Chairs

**Board of Dentistry:** Mary Harrison,  
Bonnie Marshall, and Linda Kihs  
**VanNatta Public Relations:** Linda Kihs  
**Student Scholarship:** Sheri Billetter,  
Bonnie Marshall, and Kandra Luna

## ODAA BOARD MEETINGS 2015

MARCH 21st

APRIL 10th

MAY 16th

SEPTEMBER 26th

OCTOBER 17th

NOVEMBER - TBA

## DELEGATES *Annual Conference* REPORT

... continued from page 1

*Whereas, Dental Assistants perform procedures which put them at risk for occupational exposure to bloodborne pathogens; and*

*Whereas, Dental Assistants are the dental team member who most often implement infection control protocols regarding, but not limited to personal protective equipment, heat sterilization, handpiece sterilization, biological monitoring, surface disinfection, instrument protection, and handling and disposal of infectious waste; and*

*Whereas, The American Dental Assistants Association supports mandatory education, training and credentialing in all aspects of dental assisting, including infection control and asepsis; and*

*Whereas, Dental Assistants are the dental professionals who most often implement infection control procedures; and*

*Whereas, There are minimal federal and state mandated standards for education for dental assistants; therefore be it*

*Resolved, That the ADAA advocates all Dental Assistants adhere to current Center for Disease Control recommendations,*

*and the Occupational Safety and Health Administration and state regulations with documented proficiency in infection control protocols, and be it further*

*Resolved, That the American Dental Assistants Association encourages the development of mandatory federal and state requirements for infection control training and credentialing of dental health care workers; and*

*Resolved, That the American Dental Assistants Association advocates all dental assistants document proficiency in infection control protocols by passing the Dental Assistants National Board's Infection Control Examination.*

Kimberly Bland, CDA, EFDA, M.Ed. is the first person in the 90 year history of the association to have been elected to a 2nd term as president. Her first term as president was in 2007-08. Other newly elected officers: Virginia Cairrao of Rhoades Island, President Elect; Carolyn Regan of Texas, Vice President; Carol Walsh of Illinois, Secretary.

It was a pleasure and an honor to have served Oregon members in this capacity.

### ODAA E-mail

office@oregondentalassistants.com

### ADAA

(312) 541-1550

### Oregon Board of Dentistry

(971) 673-3200

### Dental Assisting National Board (DANB)

1 - 800 - 367 - 3262

*When leaving a message, please leave day as well as evening phone number.*

**WEBSITE:** <http://oregondentalassistants.com>

# President's MESSAGE



As we say goodbye to 2014 and hello to 2015 it is with some sadness as well as anticipation to see what the future holds. Let me give you a summary of what is and/or will be happening:

- After 25 years of service to the ADAA, Executive Director Lawrence Sepin has retired effective December 31, 2014. Under his leadership we developed strong professional relationships with many other dental organizations, dental corporations, and the Federal Services.
- After 82 years as a printed publication, beginning with the January/February issue, the ADAA Journal will be published as a digital magazine only. The ADAA website is [www.dentalassistant.org](http://www.dentalassistant.org).

ADAA Central Office as we know it now will be no more. The ADAA Board of Trustees came to the decision to contract with the firm of Solutions for Associations, Inc. effective January 2015. President Bland encourages the membership saying that this firm has an outstanding track record of helping similarly situated associations improve their overall performance, assistance to their members and service to the profession. (Please read the full article from President Bland within this publication.)

Your ODAA Executive Board remains strong and supportive. We have had 6 Board meetings this past year. Our Annual Fall Education and meeting in November was a big success. Educational "round tables" were

conducted on various topics which everyone enjoyed. Our thanks to the vendors who volunteered their time and expertise.

My thanks to the entire ODAA Executive Board for their tireless efforts in supporting and dedication towards our association and profession.

So, as we look back over the past year, let's be proud of what we have done, in and for, our association and look forward to a new and exciting phase.

*Linda Kihl*  
CDA, EFDA, OMSA, MADAA

## AMERICAN DENTAL ASSISTANTS ASSOCIATION *Installs 2014-2015 Officers*

New officers of the American Dental Assistants Association were installed at the recent annual conference of the ADAA held in San Antonio, TX, in conjunction with the American Dental Association. The ADAA is America's oldest and largest dental assisting organization, speaking for over 300,000 dental assistants since 1924.

*Heading the list of officers are:*

**PRESIDENT:**

**Kimberly G. Bland**, CDA, EFDA, M.Ed., Bradenton, FL

**PRESIDENT-ELECT:**

**Virginia Cairrao**, CDA, FADAA, Bristol, RI

**VICE PRESIDENT:**

**Carolyn Regan**, CMSgt, USAF (ret), San Antonio, TX

**SECRETARY:**

**Carol Walsh**, CDA, Skokie, IL

**IMMEDIATE PAST PRESIDENT:**

**Lori Paschall**, CDA, CPFDA, CRFDA, FADAA, Irmo, SC

During 2015, ADAA officers will preside over Dental Assistants Recognition Week in March and the annual, national conference to be held in Washington, DC with the American Dental Association.



**DO YOU  
THINK  
*Gloves*  
ARE  
ENOUGH?**



*“I washed my hands after the last patient.”*

*“It only takes a minute to do this procedure.”*

*“This soap causes my hands to crack.”*

or *“Oops, I forgot!”* are some of the excuses used to decline a hand scrub.

***Are you guilty of that?***

The goal of this article is to provide guidance for clinicians regarding strategies to improve hand-hygiene practices and reduce the transmission of microorganisms in a dental setting. After reading this article, the reader should be able to:

- Describe the indications for proper hand hygiene in a dental environment
- Describe the indications of alcohol-based hand rubs versus soap and water
- Describe the barriers and ramifications to hand hygiene

Wearing gloves does not eliminate the need for hand washing. Hand hygiene reduces potential pathogens on the hands and is considered a primary measure for reducing the risk of transmitting organisms to patients and dental care personnel. It is important for every clinician to wash their hands before and after every patient and anytime there is debris on the

hands. Gloves reduce hand contamination by 70 to 80 percent, however gloves can have small, unapparent defects or can be torn during use, and hands can become contaminated during glove removal. These circumstances increase the risk of operative wound contamination and exposure of the dental health care personnel’s hands to microorganisms from patients. In addition, bacteria can multiply rapidly in the moist environments under gloves. Hands should be dried thoroughly before donning gloves and washed again immediately after glove removal.

Fingernails should be short enough (tip less than 1/4 inch long) to allow the dental health care personnel to thoroughly clean under them to prevent glove tears. Sharp nail edges or broken nails are also likely to increase glove failure. Artificial fingernails or extenders have been epidemiologically implicated in multiple outbreaks involving fungal and bacterial infections. Chipped nail polish can harbor added bacteria.

As reported by the Centers for Disease Control and Prevention, indications for hand hygiene include the following:

- Before and after treating each patient (before glove placement and after glove removal)
- After barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions
- Before leaving and upon returning to the dental operator
- When hands are visibly soiled. Before re-gloving and after removing gloves that are torn, cut, or punctured
- For oral surgical procedures, perform surgical hand antisepsis before donning sterile surgical gloves

Methods	Agent	Purpose	Area	Duration
Routine handwash	Water and non-antimicrobial soap	Remove soil and transient microorganisms	All surfaces of hands and fingers	15 seconds
Antiseptic handwash	Water and antimicrobial soap	Remove or destroy transient microorganisms and reduce resident flora	All surfaces of the hands and fingers	15 seconds
Antiseptic handrub	Alcohol-based handrub	Remove or destroy transient microorganisms and reduce resident flora	All surfaces of the hands and fingers	Until the hands are dry
Surgical antisepsis	Water and antimicrobial soap followed by an alcohol-based surgical hand scrub product with persistent activity	Remove or destroy transient microorganisms and reduce resident flora	Hands and forearms	2-6 minutes (Follow manufacturers instructions for surgical hand scrub product with persistent activity)

Medical gloves, both patient examination and surgeon's gloves, are manufactured as single-use disposable items that should be used for only one patient, then discarded. Gloves are to be changed between patients and when torn or punctured. Washing of gloves prior to a procedure should be avoided. Washing of gloves with plain soap, chlorhexidine, or alcohol can cause micropunctures. This condition, known as "wicking" may allow penetration of liquids through undetected pores in the gloves.

Exposure to glutaraldehyde, hydrogen peroxide, composite resins, bonding agents and alcohol preparations may weaken latex, vinyl, nitrile, and other synthetic glove materials. Other chemicals associated with dental materials that may weaken gloves include acrylic monomer, chloroform, orange solvent, eugenol, cavity varnish, acid etch, and dimethacrylates. In addition, latex gloves can interfere with the setting of vinyl polysiloxane impression materials, although the setting is apparently not adversely affected by synthetic vinyl gloves. Because of the diverse selection of dental materials on the market, the glove manufacturer should be consulted for chemical compatibility of glove material.

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## DEFINITION of TERMS

**Alcohol-based hand rub.** An alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands. In the United States, such preparations usually contain 60%–95% ethanol or isopropanol.

**Antimicrobial soap.** Soap (i.e., detergent) containing an antiseptic agent.

**Antiseptic agent.** Antimicrobial substances that are applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol (PCMX), quaternary ammonium compounds, and triclosan.

**Antiseptic handwash.** Washing hands with water and soap or other detergents containing an antiseptic agent.

**Antiseptic hand rub.** Applying an antiseptic hand-rub product to all surfaces of the hands to reduce the number of microorganisms present.

**Cumulative effect.** A progressive decrease in the numbers of microorganisms recovered after repeated applications of a test material.

**Decontaminate hands.** To Reduce bacterial counts on hands by performing antiseptic hand rub or antiseptic handwash.

**Detergent.** Detergents (i.e., surfactants) are compounds that possess a cleaning action. They are composed of both hydrophilic and lipophilic parts and can be divided into four groups: anionic, cationic, amphoteric, and nonionic detergents. Although products used for handwashing or antiseptic handwash in health-care settings represent various types of detergents, the term "soap" is used to refer to such detergents in this guideline.

**Hand antisepsis.** Refers to either antiseptic handwash or antiseptic hand rub.

**Hand hygiene.** A general term that applies to either handwashing, antiseptic handwash, antiseptic hand rub, or surgical hand antisepsis.

**Handwashing.** Washing hands with plain (i.e., non-antimicrobial) soap and water.

## DO YOU THINK *Gloves* ARE ENOUGH? . . . *continued from page 5*

Gloves are task specific; therefore, the selection of gloves must be based upon the type of procedure to be performed (surgical vs. non-surgical, housekeeping procedures). Appropriate gloves in the correct size should be readily accessible.

### *Proper Storing:*

Hand care products, including plain (non-antimicrobial) soap and antiseptic products, can become contaminated or support the growth of microorganisms. Liquid products should be stored in closed containers and dispensed from either disposable containers or containers that are washed and dried thoroughly before refilling. Soap should not be added to a partially empty dispenser because this practice of “topping off” might lead to bacterial contamination of soap and negate the beneficial effect of hand cleaning and disinfection. Store and dispense products according to manufacturer’s instructions.



### *Lotions and Glove Integrity:*

Petroleum-based lotion formulations can weaken latex gloves and increase permeability. However, lotions are often recommended to ease the dryness resulting from frequent hand washing and more recently to prevent dermatitis resulting from glove use. The primary defense against infection and transmission of pathogens is healthy unbroken skin. Frequent hand washing with soaps and antiseptic agents can cause chronic irritant contact dermatitis among dental health care personnel. Damage to the skin changes skin flora, resulting in more frequent colonization by staphylococci and gram-negative bacteria. The potential of detergents to cause skin irritation can vary considerably, but can be reduced by adding emollients. Lotions that contain petroleum or other oil emollients should only be used at the end of the workday. If using lotions during the workday, select a water-based product. At the time of product selection, information should be obtained from the manufacturer regarding interaction between gloves, lotions, dental materials, and antimicrobial products.

### **SUMMARY:**

- Pathogenic organisms have been found on or around bar soap during and after use. Using liquid soap with hands-free controls for dispensing is preferable.
- Time reported as effective in removing most transient flora from the skin. For most procedures, a vigorous brief (at least 15 seconds) rubbing together of all surfaces of pre-moistened lathered hands and fingers followed by rinsing under a stream of cool or tepid water is recommended. Hands should always be dried thoroughly before donning gloves.
- Waterless products (alcohol-based hand rub) are especially useful when water facilities are unavailable or during boil-water advisories. Alcohol-based hand rubs should not be used in the presence of visible soil or organic material.
- Before beginning surgical hand scrub, remove all arm jewelry and any hand jewelry that may make donning gloves more difficult, cause gloves to tear more readily or interfere with glove usage.

### **REFERENCES:**

- World Health Organization (WHO)
- Center for Disease Control (CDC)
- Occupational Safety and Health Administration (OSHA)
- Morbidity and Mortality Weekly Report (MMWR)
- Noel Brandon-Kelsch, RDHAP

# POST-TEST

*Choose the one best answer*

**1. Hand antiseptics refer to \_\_\_\_\_**

- A. either antiseptic handrub or antiseptic handwash.
- B. an alternative to hand washing
- C. donning of gloves
- D. a brush or sponge being used to applying the antiseptic agent

**2. Routine handwash is \_\_\_\_\_**

- A. with water and non-antimicrobial soap
- B. a removal of soil and transient microorganisms
- C. rubbing of all surfaces of hand and fingers for 15 seconds
- D. all of the above

**3. Gloves reduce hand contamination by \_\_\_\_\_**

- A. 50 - 60 percent
- B. 70 - 80 percent
- C. 100 percent
- D. none of the above

**4. The following statements regarding hand hygiene in a dental setting are true except \_\_\_\_\_**

- A. before and after treating a patient
- B. after barehanded touching of inanimate objects likely to be contaminated
- C. before leaving and returning to the treatment operatory
- D. hand hygiene is not necessary if gloves are worn

**5. Medical gloves are manufactured as \_\_\_\_\_**

- A. a multiple patient item
- B. a single use disposable item
- C. durable to withstand several washings
- D. durable to withstand bonding agents, resins, and glutaraldehyde

**6. Care of hand products \_\_\_\_\_**

- A. should be stored in open containers
- B. should be topped off
- C. should be stored in closed containers
- D. specific care is not important

**7. The following is true in regards to lotions and glove integrity \_\_\_\_\_**

- A. petroleum based lotions can weaken gloves and increase permeability
- B. lotions that contain petroleum should be used at the end of the work day
- C. A and B are true
- D. petroleum products have no ill effect on gloves

**8. The following is true regarding bar soap \_\_\_\_\_**

- A. pathogenic organisms have been found on or near
- B. just as affective as any antimicrobial soap
- C. has an excellent antimicrobial activity ingredient
- D. removes and destroys all transient microorganisms

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NAME

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E-MAIL ADDRESS

---

DAY TIME PHONE NUMBER

**MAIL TO:**

ODAA | 3340 Commercial Street Southeast, Suite 210 | Salem, OR 97302



**G**reetings, I hope you all are having a wonderful holiday season.

For those who do not know me, I am your 10th District Trustee. I have been a dental assistant since 1989. I love my profession and have never wanted to do anything else since I was 16.

I currently live in Mountain Home, Idaho with my husband of 15 almost 16 years and our wonderful daughter who is 12. My husband is in the Air Force and we lived in Minot, ND prior to moving to Idaho where I served on the NDDAA for 10 years as State Representative, Secretary, President Elect, President and Immediate Past President. Though I have spent most of my career working chairside in general dentistry, I have taken on the challenge to work in a fabulous orthodontic office for the past 3 years.

I recently had the pleasure to attend the 2014 ADAA Annual Session in San Antonio and was able to meet up with your wonderful delegates. I think as they will tell you, there are some exciting things planned to improve our association. As we all know our association has been struggling with membership and we are trying to see what we need to do to make our organization relevant to our profession. I love the enthusiasm that is shared at annual sessions and someone at one of our dinners said that if only there was a way we could bottle up that feeling and offer that to our members, we would be set. Let's work on bottling up that enthusiasm and share it with our fellow assistants and encourage them to join our association.

Thursday December 18th, 2014, the ADAA board of Trustees and Officers met via conference call and passed an operating budget. Once I receive a final copy I will send it to your state president.

The ADAA Board also voted to accept the contract with Solutions for Associations (SFA). Our leadership feels this is a great opportunity for our association. We have been assured that while we can expect some minor bumps in the road, that by the end of 2015 we will be as President Kimberly Bland has said, "be serving our members in ways we never thought possible."

The contract time frame with SFA is 3 years, however there will be a review after the end of twelve months. This is very important that we keep an open line of communication as far as our states and local's opinions – be it negative or positive. Concerns may be addressed to me and they will be communicated to our board. President Bland has always said that if we as board members did not know the answers we could always direct our members to her.

The lease of the office space in Chicago does not expire until the year end of 2020 and with SFA managing ADAA, we will no longer need this office space. SFA is in Bloomingdale, IL After recommendation from the Ad-hoc Committee on Association Transition, the ADAA Board agreed to hire a brokerage company to help us decide and negotiate finding a tenant who could sub-lease or negotiate a but-out or to stop rent payments and enter into a sub-lease.

It was also discussed that annual billing is back for all new members and those who wish to change their anniversary date of renewing their membership. We need to make sure we are all sending in our renewals and I am going to keep up on reminding our district to send in their renewals. We are depending on their dues along with new membership recruitment.

Another issue that was brought up was regarding publications, though the Journal is going digital, we have been assured that we will still receive some type of quality newsletter publications via USPS periodically during the year.

I want to assure you that these decisions were not easy but I do believe that we need to change what has been going on with our Association. As President Bland expressed in one of her e-mails "We are dental assistants and we are resilient." I truly believe this.

We have been assured that when you call SFA you will always speak to a "human" and not be sent to a phone tree. You can still use our current number and address through January 31, 2015 and I will let you know as soon as we hear differently.

I wish you the Happiest of New Years!! We are going to all get through this and I only see great things to come.

*Laurie Simpson*  
10th District Trustee





**OREGON** *Dental* **CONFERENCE**  
*April 9, 10, 11, 2015*  
**PORTLAND CONVENTION CENTER**

**VISIT** *beautiful*  
*Portland*  
**IN THE SPRING**

Oregon Dental Assistant's Association Courses  
Open to All Registrants

- 4/9** What Can You Do to Reduce Stress with Digital X-rays
- 4/10** Essential Ergonomics for Dental Professionals – and OSHA & Bloodborne Pathogen Updates
- 4/11** Five Keys to Practice Success with Digital Marketing and Patient Communications

*Please stop by the Oregon Dental Assistant's Association table in the main lobby to spin the wheel for a snack or prize.*

## FROM THE *Archives*

To The Editor:

A few comments? I hardly know where to begin. I've been a dental assistant for almost twelve years. I was on the job trained. I've just recently completed the expanded duties program; I'm a certified assistant since '82. I enjoy the continuing ed courses offered by ODAA. I always learn something.

I guess I feel like I speak for the assistant who is really just an aid and the expanded duties assistant. Assistants at all levels are valuable to the profession. But all levels are not equal in skills, knowledge, understanding, or devotion. This should be understood within our profession – we need to grow as assistants and people. How can we

assure the public of an available, ever improving dental health care program? We all expect growth from the dentist. Of course the dentist is ultimately responsible, but aren't four eyes and two minds better than two eyes and one mind? Skilled and informed assistants need to be recognized and hopefully compensated. We may be more expensive but the overall care to the patient will be less costly. We must be more cost efficient when we assume the duties of an expanded assistant. And we are more time efficient than an aid.

Our profession loses skilled assistants every year. Too bad for the dentist (so few really value

the skilled assistant, it's been so long since they've had one), too bad for the public (amalgams go unpolished, home care neglected, really skilled assisting is not provided), and really too bad for us – the assistants. Nobody but another assistant knows the giving of mind and heart and self that really is necessary to be top class. So unless we're really self-motivating we say, "why bother"? Why indeed? Someone must and should care...the profession, the dentists, hygienists, and lab techs; the public, and we assistants who must encourage each assistant to become all she/he can be! Let's all expand to our potential!!

- *Name Withheld*

# New Mexico Community College

## TO OFFER CDHC PROGRAM

Central New Mexico Community College in Albuquerque opened the first Community Dental Health Coordinator (CDHC) certificate program since the ADA pilot ended last year. The first entering class will accept only registered dental hygienists and certified dental assistants.

The college became interested in the CDHC model when CDHC Lori Wood was on temporary assignment at the Hidalgo Medical Center in Silver City, NM, last year. Other New Mexico colleges are considering programs, as are educational institutions nationwide, with the support of many state dental societies.

CDHCs play a vital role in improving access to dental care in underserved communities by providing dental health

education and basic preventive services, and by helping patients navigate the public health system to receive care from dentists. They help people bridge such barriers as poverty, geography, language, culture, and a lack of understanding of oral hygiene.

The CDHC model is one of eight initiatives that comprise the Action for Dental Health movement which aims to end the dental crisis in America through a comprehensive set of solutions by providing care now to those who need it, strengthen the public and private safety net, and bring disease prevention and education into communities.

*Robert Raible*

ADA Manager of Public Affairs

## METRO News

My name is Kandra Luna and I currently am the President of the Portland Metro Dental Assistant Society. We focus on continuing education courses, networking, scholarships, and providing local dental assistants the support needed to achieve all their ultimate goals. We are always looking for dental assistants involved in their professional organization of the ADAA/ODAA and interested in growing professionally. Please contact me if any dental assistants would like to join us for a future meeting. [kandra.luna@yahoo.com](mailto:kandra.luna@yahoo.com) or 503-250-0208.



## Saliva Ejectors WITH ONE-WAY VALVES

The CDC guidelines state: “Do not advise patients to close their lips tightly around the tip of the saliva ejector to evacuate oral fluids” yet many clinical personnel do not follow this regulation. Allowing a patient to seal their lips around the saliva ejector may be more effective to suctioning fluids from the patient’s mouth; however, it may cause a backflow of microorganisms from the suction tubing into the oral cavity. A technological advancement in saliva ejectors incorporates a one-way valve allows fluids to flow from the mouth into the suction unit, yet prevents backflow. These devices may be clinically beneficial for children, special needs patients, or any other patient who insists on sealing their lips around the saliva ejector during dental procedures.

(View the complete article in dentalAEGIS)



# IMAGE GENTLY® CAMPAIGN URGES DENTAL PROFESSIONALS TO "Child Size" Radiation Dose

The American Dental Assistants Association is joining the Alliance for Radiation Safety in Pediatric Imaging to help protect children from adult size radiation doses through the Image Gently Campaign.

The Image Gently campaign has developed online educational and scientific materials to help dental professionals optimize radiation dose used in imaging exams performed on children. Image Gently has also produced downloadable materials to help parents ask more informed questions of their dental providers whenever scans are recommended for their children.

Dental assistants are responsible for obtaining a vast majority of the diagnostic data required by dentists and are the primary dental radiographers for the dental practice," said Kimberly G. Bland, CDA, EFDA, M.Ed., President of the American Dental Assistants Association. "To assure the highest level of patient care, it is especially important for all dental assistants, as well as all other members of the clinical dental team, to assure competency in pediatric radiation dosing by following established patient selection criteria and all ALARA principles\* The American Dental Assistants Association is proud share in the responsibility for quality oral health care delivery to all by supporting the Image Gently Campaign of the Alliance in Radiation Safety for Pediatric Imaging."

*\*ALARA is the acronym used by the U.S. Nuclear Regulatory Commission meaning "As Low As (is) Reasonably Achievable"*

*Doug McDonough*



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## WINNERS SELECTED FOR *Liz Koch Scholarship*

The winners have been selected for the Dale Foundation's Liz Koch Memorial Scholarship. The scholarship was open to all dental assistants, DANB certificants and other oral healthcare professionals, and is intended to help individuals reach their professional development goals and support their membership activities.

In total, the scholarship committee received over 100 applicants from dental auxiliaries across the country. Selecting the top candidates was a difficult task but after much deliberation, the scholarship committee named

**Rebecca Horne, CDA** and **Kandra Luna, CDA**, as the 2014 winners.

Kandra, of Oregon, has always believed in dreaming big, and with the encouragement of her mentors, she completed a dental assisting program. She now works at a general dental practice while pursuing her bachelor's degree. Luna's scholarship award will go toward the cost of her DANB Certified Dental Assistant certification, which she earned earlier in 2014. She says her next goal is to work in dental assisting education and help others accomplish their goals and strive to do their best.

# ASSOCIATION *Transition*

**W**ith the impending retirement of Larry Sepin, Executive Director of the American Dental Assistants Association and with the ever increasing complexity of the association marketplace, the ADAA Board of Trustees has been discussing various management models that the Association might pursue into 2015. Options included hiring a new chief staff executive or moving towards the retention of an association management company (AMC), which would allow the association to apply some new thinking to the way it serves the profession and its members.

To that end, the Association conducted an operational and governance review starting in August of 2014. It identified a variety of issues with which the ADAA should be dealing to improve its operations and structure.

After the completion of the review and many additional discussions involving legal counsel, financial advisors, and an Ad-hoc Committee on Association Transition, the ADAA Board of Trustees came to the decision to contract with the firm of Solutions for Associations, Inc. (SFA) to manage the Association in the coming years. This firm has an outstanding track record of helping similarly situated associations improve their overall performance, assistance to their members, and service to the profession. The Association will transition in January of 2015 from its current management model to the AMC model.

ADAA is pleased to introduce the association professionals who will be working with it starting in January of this year.

**John E. Kasper, PhD, CAE** will act in the capacity of Executive Director for ADAA. He has 35 years of association management experience in a wide range of areas, including leader and member interaction; policy development; membership recruitment and retention; government relations; public speaking; meeting management; staff and office management; budgeting; and statistical analysis.

Dr. Kasper is a published author on topics such as budget preparation and financial concepts for associations, evaluating candidates for political contributions, performance appraisals, job descriptions, job evaluation techniques for association management positions, and organizational change. He has spoken on such concepts as labor relations law for health care professionals, the

legislative process, and politics. He also has acted as a facilitator for medical organizations in long range/strategic planning sessions.

John E. Kasper has baccalaureate and master's degrees in business administration (BBA and MBA) from Loyola University in Chicago. He has a doctoral degree (PhD) in Public Policy Analysis within the Political Science Department from the University of Illinois at Chicago. Since 1988 Dr. Kasper has been a Certified Association Executive (CAE) as designated by the American Society of Association Executives.

**Catherine B. Kasper** will act as the Finance Director for ADAA. She has 19 years of association management experience in certification and accreditation procedures for professional health care providers. Her experience includes administrative management; meeting management; financial management; volunteer support and committee management; staff and office management; budgeting; and statistical analysis.

Catherine B. Kasper has a baccalaureate degree in business administration (BBA) from St. Norbert College in DePere, Wisconsin.

**Sidonia L. Peto** will act in the capacity of Director of Education for the Association. She has 15 years of experience in association professional education and meetings. She has managed the day-to-day operations of continuing education programs for the dental community. She has ensured compliance with the American Dental Association Continuing Education Recognition Program (CERP) Standards and obtained recognition/accreditation from the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE). She has worked with volunteer leaders to facilitate educational planning processes for educational activities; developed, evaluated and improved the metrics and methods used to evaluate educational programming; and acted as a staff liaison to numerous Education Committees.

Ms. Peto has an MA in Education Administration/ Curriculum Design from Purdue University. She also has a BA in education from Purdue University. She has completed postgraduate work at Purdue University and the Keller Graduate School of Management, MBA program.

**Jennifer Porter** will serve as the Director of Membership for the Association. She has 28 years of experience in membership management, information technology, and customer service. She has served as a Membership Manager for nonprofit organizations, conducted membership development and retention activities, maintained association websites, and conducted social media programs.

Ms. Porter has a BS in Management Information Systems from Elmhurst College.

**Jay Kasper** will serve as the Assistant Director of Membership. He has 6 years of association administrative experience in the areas of membership and certification. He has served as a Membership and Certification Manager, and he has two years of customer service experience in for-profit companies.

Mr. Kasper has a BS in Music Business from Illinois State University.

**Emma Leighton** will serve as the Director of Meetings for the Association. She has 12 years of progressive management experience. She has served as a Director of Conference Planning and Continuing Education for associations, in which position she was responsible for budgets, pre-event planning, marketing, event planning/logistics, travel coordination, housing, working with presenters, on-site meeting coordination, and post-event follow-up. She has also maintained continuing education provider approvals for nine accreditation groups, ensured that all the continuing education programs offered by her associations adhered to provider guidelines, conducted needs assessments to identify hot topics, and coordinated a feasibility study for the addition of an on-line format for the associations' continuing education offerings.

Ms. Leighton has an MA in Journalism from the University of Missouri in Columbia, Missouri. Her baccalaureate degree is in Interdisciplinary Studies from the same university.

**Mike White** will serve as the Director of Legislation for the Association. He has 8 years of experience in the association management industry with an association management company. Prior to his career in association management, he served as a staff member for the Illinois House of Representatives Minority Leader. Mr. White successfully managed the government relations department for a fast growing medical specialty society, and he provided direct support to three separate associations. He has garnered experience in a wide array of issues which include scope of practice concerns,

insurance reimbursement policies, facility accreditation standards, and legislative/regulatory analysis.

Mr. White attended Northern Illinois University where he received a Bachelor of Arts degree in Political Science with an emphasis in political structure and American law.

**Pat Nutter** will act in the capacity of Customer Service Manager for ADAA. He has over 35 years of experience in management and administration with the U.S. Department of Labor, including six years as the Director of the Chicago District Office with 28 investigators. He also worked seven years as the Director of the Regional Planning and Management where his experience included the development and monitoring of the annual budget and program plans, training, and personnel actions for the ten district offices in the nine state mid-west region.

Mr. Nutter has a baccalaureate degree (BA) and a master's degree (MA) in Economics from Western Michigan University in Kalamazoo, MI where he was also a graduate teaching assistant.

There are other administrative staff who will work with the above staff to provide important services to the society, including Accounts Payable services, data entry, and clerical services.

The ADAA Central Office will be moving its physical location by the end of January 2015. The new address for the ADAA will be:

140 N. Bloomingdale Road  
Bloomingdale, IL 60108-1017.

The ADAA toll free number will remain the same: 1-877-874-3785. A new local number and fax number will be announced at a later date.

The ADAA has also begun the process of developing a new online management system which includes a new, responsive web site complete with an E-learning system and E-commerce system. Members will have the ability to login to a personalized membership dashboard page that will permit them to maintain an up-to-date membership profile; upload, manage and track all continuing education credits; engage in ADAA courses through the ADAA E-learning system; access all ADAA Members-only content, and more. The site is expected to make its debut in late February or early March 2015.

While there will be a lot of transformation within the ADAA during the next several months, we want to assure the members that their membership needs are always first and foremost. We truly want to maintain a "business as

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usual” attitude during the transition so if there are some needs that are not being met in a timely fashion, please contact your trustee and we will do everything in our power to assist you in resolving the situation.

Decisions for change are always hard as we always tend to feel contented in old, familiar settings. However, sometimes opportunities are missed when we choose to remain comfortable. We know that the changes we make today serve to assure that ADAA remains America’s oldest and largest dental assisting association serving over 310,000 dental assistants in the United States.

As ADAA remains dedicated to the development and recognition of professionalism through education, membership services and public awareness programs, we continuously seek opportunities to strengthen our stance as we advocate for legislation mandating credentialing for clinical dental assistants and greater recognition of the assistant’s role in the professional dental team. The

ADAA Board of Trustees realizes that as our Association evolves, everything we do and all decisions we make must point back to our mission: to advance the careers of dental assistants and to promote the dental assisting profession in matters of education, legislation, credentialing and professional activities which enhance the delivery of quality dental health care to the public.” Knowing this, we have embraced new and truly promising opportunities for our association’s future.

Thank you all for your dedication to dental assisting and to the ADAA. This is truly a wonderful time to be a dental assistant and a member of the American Dental Assistants Association. Best wishes to all for a very happy and successful New Year!

*Kimberly Bland*  
CDA, EFDA, M.Ed.  
ADAA President

## *Lawrence H. Sepin Retires*

### AS EXECUTIVE DIRECTOR OF THE AMERICAN DENTAL ASSISTANTS ASSOCIATION

**T**he American Dental Assistants Association announces that Executive Director Lawrence H. Sepin has decided to retire, effective December 31, 2014.

ADAA President Kimberly Bland said, “After 25 years of service to the ADAA, Larry has decided that now is the right time to step down. The Association was fortunate to have his guidance for such an extended time in our history. During Larry’s tenure with the ADAA, we were able to establish a successful educational foundation dedicated to supporting the Association’s work in producing quality educational products for dental assistants. Under his leadership we developed strong professional relationships with many other dental organizations, dental corporations, the United

States Federal Services, and many of our dental assisting counterparts in foreign countries. We sincerely thank Larry for his guidance to our Association and wish him a happy and healthy retirement.”

Mr. Sepin, a marketing/management graduate of Roosevelt University, began his role as ADAA Executive Director in 1990 after serving as the Assistant Executive Director of the Illinois CPA Society. He served as a dental assistant while in the United States Army in 1961-1965. In 2005 he was inducted as an honorary Fellow of the Academy of Dentistry International (ADI) for his work with dental auxiliaries. Mr. Sepin resides in Chicago with his wife, Veronica.

“I have had the privilege of working with many extraordinary and

dedicated leaders from the dental assisting profession,” said Sepin, “all whom have shared the same passion and commitment to the profession of dental assisting. Together, it was our ultimate goal to bring the entire workforce of over 300,000 dental assistants to the Association. I attribute my longevity with the ADAA to my belief in its mission: ‘to advance the practice of dental assisting toward the highest standards of performance obtainable,’ and it is my sincere hope that I have left the Association in a better state than I found it.”

The American Dental Assistants Association will be naming its new Executive Director prior to January 1, 2015.

# A LIFETIME OF *Riding*



**B**orn and raised in Salt Lake City, **Ray Youngberg** first encountered a racing bike at age 14. He was helping his brother with a job hauling sand and gravel to people's houses when he spotted two skinny-tired bikes in a customer's garage. He asked the man whether he'd be willing to sell one, a Schwinn Superior, and he worked odd jobs to earn the \$40 to purchase it. That summer, he worked for another brother who ran a used car lot. He rode his new bike to work and parked it outside.

Wendell Rollins, 1948 Summer Olympian, stopped by the car lot one day and asked Youngberg's brother, "Who owns that bicycle?"

"It turned out that he was the only member in Utah who had ever been on a bicycle Olympic team," Youngberg recalls. "He'd recently come back from the Olympics in London. He said, 'Where do you live?' and I told him, and he said, 'You only live about a mile from me. Do you want to go for a ride?'"

Before long, Rollins became Youngberg's coach. Youngberg

trained hard, and that same year, he took second place in the Utah state junior championships. He finished second the next two years as well, and at age 16, he won a 112-mile qualifying road race to compete in the national Olympic trials, although he didn't make the team.

The following year, he moved into the senior rider category and took third in the state, then second, and finally first place in 1954.

"It took me a lot of years to make my way up, but I had a lot of fun," he says. "Around Utah, there was a lot of mountains. My best races were the long-distance races and hill-climbing races. I could go up hills pretty good."

In 1954, Youngberg enlisted in the U.S. Air Force and was stationed at Portland Air Base in Oregon. He put aside his racing until 1956, when he learned about a special services program that allowed military athletes to train on the bases where they were stationed.

He wrote a letter to the president of the Amateur Bicycle League

of America — the forerunner to today's USA Cycling — asking to join the program, and soon he had orders to go to Oakland, Calif., where he trained with cyclists from all the military branches.

He decided to try out for the Olympic cycling team a second time, and he even bought a special bike for the occasion: an Italian Cinelli road-racer. Again, he narrowly missed making the team.

Along the way, he met and fell in love with Pat, who at that time was a nursing student at Good Samaritan Hospital. Their romance developed quickly and they soon married. Pat dropped out of nursing school because at the time, students there were not allowed to be married.

Shortly after returning to Portland from the Olympic trials, he got an idea for a different type of challenge: riding his Cinelli bike 785 miles to his home in Salt Lake City.

Riding east from Portland out to Pendleton, then on through Idaho, down into Utah and finally into Salt Lake City. He traveled

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nearly 800 miles in just four and a quarter days, garnering coverage on Portland television stations, on the radio and in several major state newspapers.

Back in Utah, Youngberg returned to racing, winning the state championship four years in a row. The Amateur Bicycle League of America appointed him its Utah state representative, and he organized cycling programs for people of all ages. He later joined the ABLA's national board.

But as he considered what career to pursue, he met a dentist while he was in the Air Force that was from Salt Lake, who knew a lot of his cousins Youngberg says. "He said, 'What're you gonna do when you get out?' I hadn't thought that far ahead. I was just a dumb kid in the service. He said, 'Well, what do you think about dentistry?'"

None of Youngberg's six siblings had studied beyond high school. But he took a chance and enrolled at the University of Utah. For a while, he juggled bicycle promoting, racing and competing with his studies, a full-time job and his life with Pat — which at that point included a baby boy.

When he finished his bachelor's degree and decided to enroll in dental school back in Portland, he knew he had to drop something.

"Towards the end, I recognized what my priorities were," he says. "There was no sense in blowing everything up because I was bull-headed enough to want to do everything. So I decided to retire from competing."

Before moving back to the West Coast, Youngberg sold most of his

cycling gear, with the exception of his Cinelli. As he continued his schooling and developed his new career — he eventually became certified as a dental specialist in periodontics — the family went from Oregon up to Alaska and down to southern California before settling in Salem in 1972. They'd fallen in love with Salem's beauty while visiting friends in town.

Youngberg opened an office, Liberty Dental, on Liberty Street near Bush's Pasture Park. He led his practice for more than 25 years, then sold it in 1998 and went to work for a friend in another office. He continues working several days a month, and also has contracts with Marion and Linn counties to do emergency dental work for jail inmates.

As his dental business started to pick up, Youngberg looked for ways to continue with his cycling passion. At age 40, he entered the competitive scene again in the veterans age group. He took third in the Oregon state championship one year, second the next, and first place the following year.

He enjoyed racing, but decided he couldn't devote as much time to it as he'd like, so he quit the competitive scene.

He also "got the bug," as he describes it, to ride from Portland to Salt Lake City again. He made the trip three more times: in 1976, 1985 and 1987. The last time, at age 52, he decided to see how fast he could do it, so he joined the UltraMarathon Cycling Association to help him train.

He started out from Portland City Hall at midnight with a small caravan of vehicles following him.

He rode night and day, taking half-hour breaks for sleep every so often. He pulled in to the city hall in Salt Lake City just 64 hours and 40 minutes after he started the route — an official city-to-city record that still stands.

Back in Salem, Youngberg became one of the early members and supporters of the Salem Bicycle Club. He's not involved with the club today, but he's caught the eye of some of Salem's younger riders for another reason: his bicycle collection. It comprises 23 bikes, including his Cinelli, a 1910 women's bicycle, and an array of bikes from the 1950s through the 1970s.

Youngberg has one bike he got for Pat, but she never rode much — she preferred racquetball. In September, she passed away after failing to recover from thoracic surgery. Youngberg's 6-year-old miniature schnauzer, Greta, keeps him company between visits with his four children. He's had his own health issues in the past, including a near-fatal aneurysm.

It'd be easy to assume that his riding days are over. But then you see the weights and cycling trainer he uses daily in his basement to keep in shape during the winter. And he mentions that he might have another Portland to Salt Lake ride in him.

"I've still got a thought in my mind that I could do it one more time," he says. "That's kind of my Walter Mitty pipe dream for the future."

But while Mitty loses himself in unrealized daydreams, you take a look at Youngberg and another thought emerges. He just might do it.





# Dental Assisting: Embracing the Changes of the Profession

March 1-7, 2015



Contributing to quality dental care, today's dental assistants are role models of professional development. Strengthening the entire dental team, they enhance patient satisfaction throughout the world.

**March 1-7, 2015**, has been designated by the American Dental Assistants Association, along with the American Dental Association, the Canadian Dental Association and the Canadian Dental Assistants' Association, as the perfect time to acknowledge and recognize the versatile, multitalented member of your dental team — your Dental Assistant.

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