I first met Esther Wilkins quite by accident. It was early in the morning and I was en route to a Chicago conven-
tion. Marginally awake after 12 hours of convention
devouries, the previous day, I walked onto a hotel eleva-
tor. No badge, no makeup, and in search of strong coffee. I glanced at the person I
shared the lift with and did a double take. I tilted my head to one side and
said, “Aren’t you ...?” There she was, our
Florence Nightingale. I was all alone with
Dr. Wilkins for a whole glorious eight floors. The love we have for this hygien-
ist is palpable. You see it at every book
signing. We wish to hold her hand, feel her genuine war-
michi. Just being near her makes us feel like we
are somehow connected to the original intention and
and purity of our profes-
sion. One of the highlights of the American Dental
Hygienists Association an-
nual meeting was a morn-
ing speaker who opened
with an unofficial “benediction” taken
from “The Book of Esther.” About a thou-
sand dental professionals got the joke
immediately and burst into wild ap-
plause. When Dr. Wilkins spoke to us this
year, not onstage, but via the Jumbotron
screen, you could have heard a pin drop.
She is the “true north” on our profession-
al compass.

Technology sometimes leaves me
scrutinizing to keep up. I would be lost
without regular continuing education
courses even if they weren’t a licenser
requirement. This was not the case for
more recent years, there has been an ex-
losion of change in our profession. My
office was one of the first in the state to
go digital. Since then, the improvements
that have been made with panoramic clar-
ity and definition are amazing. Its capa-
cities astound me: a concise, full head-
shot with all the radiation of one set of
bite-wings.

A pan review course was at the top of
my list for the Boston meeting. In other
words, we’re seeing so much more detail
that it amounts to information overload.
A helpful website to assist in lesion
search professionals, and more.

In 1906, when Dr. Alfred
Fones came up with the idea
to train his assistant, Irene New-
man, to clean teeth and per-
form preventive oral services
on children, no one could have
predicted how our profession
could have evolved. Fones’
early vision of the role of the
dental hygienist was revolu-
tionary.

His goal was to employ dental hygien-
ists who were primarily from schools
and medical practices. He was quoted as
saying: “It is primarily to this important
work of public education that the dental
hygienist is called. She must regard her-
self as the channel through which den-
stistry’s knowledge of mouth hygiene is to
be disseminated, the greatest service she
has fought hard to carry out Fones’ mission. As I re-
flex on this anniversary, there are two major areas
where the dental hygiene profession has made leaps
and bounds — the career opportunities available be-
yond the clinic and the oral
health challenges facing our
patients.

Although most dental hygienists are
employed in the private practice setting, many of us have chosen to take our mis-
sion “to the streets” in a variety of ways
during the past 100 years. We can still be
seen as public health workers, teachers,
marketing and sales representatives, re-
search professionals, and more.

I personally have had a very rewarding
career that has spanned almost 30 years
in the oral health industry. Although most of those years were spent in clinical prac-
tice, twice during this time I left to
work in sales for different dental product
companies. In my current sales represen-
tative role, the commodity that I offer is
no longer the work of my hands, but the
collected knowledge of 30 years in the
dental profession. It is more about what I
know than what I do. I believe this
role allows me to continue de-
librating the mes-
sage of our original
dental hygienist mission on a much
larger scale and make room chairside
for new graduates. Sharing information
on new products and services gives other
dental professionals the tools they need
to do their work more efficiently, and in
turn, help them reach more people. No
matter where we practice, the cause of im-
proving oral health unites us all.

Dental hygienists have always strived
to educate the public on the value of oral
health and its role on one’s overall well-
being. Today that message is even more
powerful as many believe the mouth is an
indicator of a person’s whole-body health.
In the first 100 years, we have made gains
on the improvement of oral health, and the
incidence of dental caries and tooth
loss dropped dramatically. In addition,
there was a steady rise in the percentage
of the population that receives regular
dental care. However, since the mid 1990s,
we may be witnessing an alarming rever-
sal in that trend.

According to a recent National Health
and Nutrition Examination survey, the
incidence of caries among children is on
the rise.1 Additionally, research from
the American Dental Association indicates
the percentage of the population obtain-
ing regular care has dropped and the fre-
quency of dental visits has declined.2 No
matter what challenges lie ahead, I know
that we are more than capable to rise to
the occasion as we always have.

So, my fellow colleagues, I say we pause
to celebrate our profession and all that we
have done. Have a party. Enjoy a piece of
cake. But don’t rest for too long, because
if we want to honor the mission that Dr.
Fones set out for us 100 years ago, we still
have a lot of work to do.

Are you ready? Now, let’s get started on
another 100 Years of Dental Hygiene!”

References
1. www.nidcd.nih.gov/DataStatistics/Find
DataByTopic/DentalCaries/DentalCaries
Childhood/12100
2. www.ada.org/sections/advocacy/pdfs/7170_
Brokiding_Down_Barriem_Role_of_Finance-
Final4-26-12.pdf
identification is www.oxid.org. A clinician can be guided along by answering simple questions about the abnormality. You’ll be asked to enter age, gender, borders, localization and location. The website will give you a list of the most probable or typical lesions that match your entries. I hope I never see evidence of metastatic breast cancer show up on one of my pans, but it’s entirely possible. The radiographic improvements that have transpired increase our responsibilities as clinicians. Technology has furthered our role as holistic health care providers.

I have an old-school physician who was never much for vitamins other than Calcium and D when I turned 50. Now and then I’ve read something on a dental blog about an exciting new oil or a vitamin combo that has left me scratching my head. If so-and-so is this excited about it, then it must be great. One year I sat intrigued by a hygienist pushing “gingival” vitamin powder rubs — after her lecture on lasers. The more high-tech the subject, the more credible the educator? When I wrote to a top nutritionist — a professor emeritus at a prestigious dental school — his response was chilling. Not only was it a profound, “No. It doesn’t do anything,” but he followed it up with a scolding: “Patty, you’re a smart girl, stop reading the Blogs. Read PubMed.” His mantra seemed to be if they are selling their book after the lecture, take what they say with a grain of salt.

His words were resounding in my head when I went on a hunt for an antioxidant. My first hygiene textbook, “The Clinical Practice of the Dental Hygienist” (AKA, The Book of Esther) may be “old testament,” but it is the foundation of a vibrant and growing profession. Recently, California approved self regulation for hygienists, who will now dictate their own education and licenser requirements and control the profession’s ethical standards. Californians have always been trendsetters. If it is a left-of-center fashion statement, it probably got its start in California. (The jury is still out on wearing Uggs boots with short skirts.)

The hygiene blogs were all buzzing about it as well. The company did not have a booth at the convention, and I was disappointed. I was ready to put their reps’ feet to the fire and ask about clinical trials. As they said in Dragnet: “Just the facts ma’am, just the facts.” Perhaps the product will turn up in another year, at another big meeting.

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shorts, but my perpetually cold feet do appreciate the introduction of soft fur.) Our professional meetings allow us to collaborate and compare. I no longer discount the blogs. Sometimes a grass-roots effort or product takes a little longer to catch on. A rumor might just have you hold off on buying a loupe if you know it may go cordless soon. Clinical trials and documentation can take years. Dental corporations compete with one another; dental publications compete with one another. The information highway can sometimes be a one-way, one-lane street. We use our education to take what we need for the time being, and leave the rest.

I try to tell my patients not to believe everything they read or see on TV. Not only are hygienists bombarded with professional information on a daily basis, it’s that much worse for the patient. The patient never reads peer-reviewed dental journals. I heard one well-educated lecturer disparagingly use the phrase “bogus journals” at a dental meeting. I think there’s a place at the table for everyone. Only a small percentage of us are in research — and writing our doctoral thesis.

The vast majority of hygienists just want to know what works and what doesn’t. Not necessarily what is fast and easy — but what actually works. We learn so much from each other’s clinical experiences in “the trenches.” There is an understanding in the military that if you really want to know what’s going on, ask a master sergeant. Don’t ask an officer. They’re too busy with the paperwork. Your doctor isn’t going to be up to date on which sensitivity toothpaste is the least abrasive. (Hint: It’s not the one you think.) He’s too busy trying to get his state income tax software to work properly. We, the hygienists, are the prevention specialists of the office.

The Oscar-winning actor Geena Davis spoke to us at the end of our ADHA session about a woman’s worth — the value of our integrity, the beauty of our intellect. Davis reminded us that we still have a long way to go to change how women as a whole are perceived. To change the Hollywood misrepresentation of women, she started the foundation called SeeJANE.org. I walked away from the convention hall feeling empowered and as tall as Davis in heels. She is an actor, not an actress; just as I am a hygienist, not a hygienettes.

As a profession, we were slow off the mark when it comes to diversity. I wonder sometimes if our female-oriented profession is both our greatest strength and our greatest weakness. We have evolved and diversified. I hope our individual information-gathering processes continue to evolve and diversify.

Some of us are astute to changes in technology and research, while others have ears to the ground via local meetings and the Internet. We go forward together in this new information age — free from information prejudice — with an open mind and a common goal.