

A story of passion ...

Part 4

THE JOURNEY OF TWO WOMEN

Authors recognize that, while helpful, a road map is not always mandatory when establishing a vision.

Our journey continues down the path of change. In our last installment, members of the Illinois Dental Hygienists' Association (IDHA) felt beaten down by the dental society after losing an exhaustive effort to prevent unlicensed individuals from performing dental hygiene duties. This article shares how and why affiliation between a dental hygiene group and a union occurred. The implementation of this phenomenon changed the history of dental hygiene forever. It piqued the interest of legislators and dental hygiene associations nationwide. This exciting chapter in our story is about how to find your way, even when there is no map.

The catalyst

When Deb was president and Patti was membership chair, we had many discussions about recruitment. We learned that the best way to recruit is through one-on-one interaction. We decided to use our background as educators and professional speakers to talk to hygienists statewide. We wanted to learn their needs and desires, and we wanted to share our vision and passion for the profession.

As volunteers, we took time off from work to travel, and we found it exhilarating. We thought the first group we visited, the Chicago component, would be the largest and strongest, but it had only 11 members. These hard-working, die-hard, dedicated hygienists kept their component alive, but not a single non-member attended. We talked with them about the current events at the state and national levels, and the work, accomplishments, and dedication of the IDHA and ADHA leaders. Our mission was to validate them as professionals, recruit, and let them know they can make a difference. At the end of our visit, this group was very excited and motivated.

When we traveled to Rockford, Yvette Walker, current IDHA president elect, set up a record attendance meeting. The energy in the room reminded us of a Tony Robbins seminar! To add to the excitement, we blasted the song, "Taking Care of Business." The beat of the music lifted moods and added to a fun evening.

The suburbanite hygienist groups seemed to be the most progressive. We believe this is because they had the most members. When you surround yourself with like-minded people and peers, you become like one another, and this is a great community builder. When you build community, you build numbers, and with numbers you gain strength and confidence.

As we traveled to the central and southern parts of the state, much to our surprise we encountered another mindset. One mid-state group held their meeting in a hotel due to



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the large turnout. They generally held their meetings in homes or offices. The participants were very quiet and reserved, unlike the two of us! We felt like we were in a funeral home.

Patti began with her enthusiastic “So What? Who Cares? What’s in it for me?” We were surprised when no one would answer any of the questions. They wanted us to tell them the answers. They were used to being told what to feel and how to behave. We knew we had our work cut out for us. These were not weak individuals. After work they turned into superhumans — picking up kids, cooking, cleaning, listening to their spouse, keeping up with the finances, the list goes on.

To get their attention, Deb bluntly asked, “How much does everyone make per hour?” The hygienists seemed dumbfounded with this bold question. No one answered and the air in the room got very thick. They didn’t even look at each other. We then realized that no one really knew each other except for a few acquaintances. Were we reliving the “clique-syndrome” that we had experienced in our earlier day? We didn’t think so. This went much deeper, and we even saw fear in their eyes regarding sharing anything about their jobs.

As any speaker knows, planning a direction for a speech doesn’t necessarily mean it will go that way. This group needed us, and we needed to hear them. We decided to create a community atmosphere by moving the chairs into circle. Amazing information began to be revealed. We learned that these hygienists truly believed they were not allowed by their dentists to speak to each other about compensation. They had been told if they talked about salaries, it was price fixing. They thought they would be blackballed and unable to find employment. Threats could be used because there are very few dentists in the area. The access to care issue was non-existent. The meeting continued for an hour over our allotted time. It was sad to realize that these brilliant women and men were controlled as if they lived in a house of ill repute!

The consensus

There were varying degrees of the same feelings throughout the state. We did not find this attitude unique to our state. We have both been delegates to ADHA and have found similar passions and grievances.

The concerns we heard repeatedly included:

- Dentists have too much control.
 - We don’t have enough power.
 - There’s not enough access to care.
 - There’s not enough public awareness of issues.
 - There is a lack of information and control over administrative/political issues.
 - We need a greater influence in Springfield, the state capital.
 - What do we get for our money with membership?
- We reported our findings to the IDHA Board of

Trustees and concluded that something needed to change.

How do you make a difference?

The legislation governing our practice act is called Sunset legislation. This means every 10 years, the practice act will sunset or no longer exist unless the legislature approves to continue it. This time can be open season on making changes in the practice act, and 2005 is Sunset year in Illinois.

Twenty years ago, during the Sunset year of 1985, IDHA had lost general supervision. Illinois hygienists had actually gone backwards in their ability to serve the public. This was due in part to the panic and ignorance of the understanding of “independent practice” that had been instituted in Colorado. The dental society used the words “independent practice” as propaganda to put fear into the Illinois grassroots dentists. Often, independent practice and general supervision are presented as the same thing, but they are actually quite different.

Unfortunately, perception often becomes reality. Illinois hygienists lost general supervision and fought to regain it for nearly 20 years. Along the way, we learned the truth about legislation and politics the hard way. In order to move legislation, you need the power of numbers and money, and IDHA had very little.

How do we get the power? Becky Grill, RDH, Governmental Relations Chair for IDHA, consulted with many people, including the ADHA Government Relations staff, and learned to network and affiliate with like-minded groups for support. With her brilliant and creative hard work, Becky made a difference which created a ripple effect.

While we encouraged our members to think out of the box, Becky thought in another stratosphere. She came to Deb with the simple question, “What do you think about joining with a teacher’s union?” We discussed the similarities between educators and hygienists. Becky contacted several groups, including the Illinois Federation of Teachers (IFT). IFT members recognized the oppression in dental hygiene as similar to that experienced in the teaching profession 50 years ago.

The early meetings

The first meeting between IDHA and IFT was held at IFT headquarters, and leaders from both groups attended. The discussion and concept continued for a year. By then Patti Beeson, RDH, was president of IDHA. Beeson and the IDHA Board of Trustees appointed Deb, Patti, and member Christine Schneider to serve as an investigative Ad Hoc committee. Christine had several union family members, which brought valued insight to the discussions. IFT leaders also appointed a three-person leadership team. Our committee regularly reported to IDHA executive leaders.

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Each team member took a different role. Deb found attorneys with labor background to work with our group, and Patti contacted other health groups that had unionized. We also investigated unions besides IFT to learn if they might be better matches. Though our preliminary contacts with IFT were positive, this momentous decision required thorough investigation.

Though we came well prepared with research, an IDHA strategic plan, and ideas from members statewide, these first meetings were brainstorming sessions. The visionary thinking they provided fit our personalities well.

Visionary thinking is something everyone needs to do regularly, even though it's challenging and may not seem to be in your nature. A vision is an idealized scenario of what the future can become.

A vision is:

- The best manifestation of creative imagination
- Primary motivation for human action
- The ability to see beyond our present reality to create and invent what does not yet exist
- To become what we not yet are
- The capacity to live out of our imaginations instead of our memory

How important is visionary thinking? Our minds can shape how a thing will be if we act according to our expectations. If we can't see it, we can't accomplish it. We

are today where our thoughts have brought us, and we will be tomorrow where our thoughts take us. Strategic plans are the steps of actualizing a vision.

After many months of travel and meeting regularly with the IFT, the Ad Hoc committee gave their report to the IDHA leaders. It was the committee's recommendation to take the next step toward affiliation. The IDHA Executive Council approved moving forward and appointed three people to act as the Professional Health Consultants — Deb, Patti, and Becky Grill. We were to develop plans, bring the information to members, and ask for their input and insight into a possible affiliation. We traveled the state for an entire summer to gather members' opinions. We needed to bring a decision to the House of Delegates at our annual fall session. Next month, you will hear about the adventures of Deb, Becky and Patti, a.k.a. Moe, Larry and Curly.

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