Margaret Fisher, RDHAP, BS, is a self-proclaimed “science geek;” she loves learning biological or medical information and always has to know why something works the way it does, or what a better solution might be. She is also an experienced teacher. Before starting her dental hygiene career, she worked as a health inspector and before that an elementary school teacher. But caring for her ailing mother, and later a young son, inspired Fisher to pursue a career in dental hygiene.

“I was taking care of my mom, who had a terminal illness. During her last few months, I was the one who helped her with her oral care, among other things. I saw how important that was for her, being able to have healthy teeth, taking care of the basics, [how it] gave her a sense of control in an otherwise out-of-control situation,” Fisher explained. “Then when I had my son, I once again was brushing his teeth every day. It was something I enjoyed—helping people take care of their oral health. I likened it to being a monkey who liked to groom the other monkeys. It was a concrete action I knew helped people.”

Fisher works as oral health consultant in the Child Health & Disability Prevention (CHDP) Program, San Francisco Department of Public Health. She earned a bachelor's degree from the University of California San Francisco (UCSF) in 1999. She worked for four years as a clinical hygienist in a private office in Marin County.

“We had some of our elderly patients present with oral health conditions that could have, with proper care, been prevented, reduced or eliminated. But the nursing staff at their retirement center was not following up with the necessary home care needed,” Fisher said. “One lady returned to our office after breaking a hip and recovering in the health center there, with a broken off abutment tooth, due to decay. She couldn’t use her partial anymore, so was having difficulty eating. After that, I was motivated to contact the nursing staff to give a presentation. I bought some electric toothbrushes and brought them with toothpaste to show the nursing staff (mostly assistants) how to care for senior oral health. After that class, I was hooked.”

In 2006, Fisher got her registered dental hygienist in alternative practice (RDHAP) state of California license, allowing her to work in public health settings.

“I eventually found a position at the Marin County Health & Human Services Department and worked as project coordinator for their First Five Oral Health Project. This was an amazing little project that used mobile equipment to provide dental X-rays, cleanings and fluoride varnish to preschoolers at the preschool sites. We also taught parents, teachers and medical providers.”

In her role as a consultant to the CDHP program, Fisher develops and presents oral health assessment and referral trainings for local medical providers and nursing staff. She also seeks donations and grants to support medical clinics’ efforts to promote dental disease prevention with the parents of their pediatric patients.

“We have a great program with UCSF School of Dentistry where I and a dedicated public health dentist, Lisa Chung, DDS, MPH, train dental students how to screen and work in a preschool setting and apply fluoride varnish, as well as the importance of accepting the very young child into their future practices, by age one,” Fisher said. She also helps state CHDP hygienists and nurses develop oral health educational materials for local CHDP staff across the state. Fisher also works part-time for another First Five project, the San Francisco Child Care Health Project, where she screens children in preschools for dental decay and provides fluoride varnish applications. Much of her day is coordinating volunteer staff and resources and planning educational efforts.

Fisher is also involved with the San Francisco Dental Hygiene Society, which she says has given her the opportunity to coordinate a variety of opportunities for local hygienists to do volunteer work for the community. One example was a program in which she and colleagues Michael Long, RDH, and Susan Lopez, RDH, arranged for volunteer dental hygienists to staff a monthly pediatric medical clinic to educate new parents on the importance of oral health, screen their babies/toddlers and apply fluoride varnish. The clinic provides the patients, and a CHDP-funded AmeriCorps intern then follows up with telephone calls to help the families get linked to a ‘dental home’ for their child.

“Many of the people we serve do not know that protecting their child’s teeth from dental decay is important. Because we serve many immigrant and low-income families, oral health often is not a high priority compared to the other challenges they face in any given day. We spend a good amount of time working with parents to educate them about the importance of good oral health for themselves and their young children,” Fisher explained. “Unfortunately, it has been an uphill struggle to promote the importance of preventing dental disease. With the shrinking economy, many people—including medical providers—are struggling with less staff and less time. If our government and medical community, especially the health insurance companies and large GMOs, would have the vision to see how preventing dental disease saves billions of dollars in the long run over time, they would put more money behind reimbursing both dental and medical providers for their prevention efforts.

“Dental hygienists have always promoted prevention to our patients. Now more than ever, we are needed to serve our community in spreading that message and sharing the importance of prevention of dental disease. The challenge is developing the conduit for these available skilled and tal-
ent dentists,” she said. Fisher added that she is strongly in support of Senate Bill 694, which she described as “multipronged” in that it would require the state of California to establish an office of oral health with a dental director, among other strategies to address the issue of oral disease in the vulnerable and underserved populations. “I support the bill, with the caveat that hygienists would be funneled into the workforce development plan with consideration for the two years plus of training they already have under their belts. It would be a huge mistake to by-pass an already highly skilled group of professionals who could be utilized quickly to fight this epidemic.”

Fisher believes that professional involvement and volunteer work create opportunities for growth. “Join your local component. Find out what community service projects your chapter is working on and help them make it happen. Bring your own ideas to share. It is much more fun when I work with my fellow hygienists rather than by myself,” she said. “By gaining volunteer experience, you can grow your skills, build your resume, and find opportunities that may lead you to unexpected experiences and connection with other people.”

Fisher encourages her fellow hygienists to become involved in public health. “See a need in your community—use your skills to help. There was a recent study that I heard about, which studied what gave people the most job satisfaction, and it turned out that people who were happiest at work were the ones who felt they were helping other people. I find this to make me the happiest, and it seems like it might be true for many of us. We have been given skills that not many people have, and we can make a huge positive impact in the world.”

For more information on Fisher or her career, please email her at fishermrn@aol.com.

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They also reported the prevalence rate of general musculoskeletal pain in dentists and hygienists to be between 64 percent and 93 percent, with the occurrence of MSDs more prevalent in hygienists than dentists.

While some data for dental hygiene professionals point to risk factors and associations with MSDs, there is clearly a paucity of literature establishing MSDs in dental hygiene students, where career preparation and formation of habits begin. Only two studies were identified that examined MSDs in dental hygiene students.14,15 They found risk factors (working with a bent neck, static posture, precise motions and repetition) to have a stepwise progression from the students with no prior clinical experience, to student/assistant, to the experienced dental hygienist. Results also demonstrated significant associations between shoulder pain and working above shoulder height, and neck symptoms when working with a bent neck. While both studies identified the neck and shoulder regions to be vulnerable to MSDs in students, only one study identified the low back as an area of complaint. Overall, risk factors and symptoms all increased in frequency with professional progression.

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Solutions to these problems must be linked to our understanding of anatomy, the movement-related sciences, and risk factors that contribute to MSDs. To assist in educating the profession and those who may be experiencing work-related pain, we highly recommend Practice in Motion,16 a multimedia, free four-credit hour online continuing education course in physical preservation and fitness for dental professionals. It can be found on the Procter & Gamble website, www.dentalcare.com/en-US/home.aspx (course #366 under Self Improvement). In addition to content material, it ends with video demonstrations of associated exercises that can help prepare us to become fit to sit. Many of these can be incorporated into daily practice to minimize postural stress, and for those in education, this course can be integrated into the curriculum to prepare students for a long and healthy career.

References


Jane L. Forrest, RDH, EdD is professor of Clinical Dentistry; section chair, Behavioral Science, Ostrow School of Dentistry, University of Southern California; and director, National Center for Dental Hygiene Research & Practice.

Jacquelyn M. Dylla, DPT, PT is director, USC PT Associates – UPC; assistant professor of Clinical Physical Therapy, Division of Biokinesiology & Physical Therapy, Ostrow School of Dentistry, University of Southern California.