

## Katie L. Dawson, RDH, BSDH, RDHAP – a Career in Excellence



Katie L. Dawson was recently honored in Phoenix, Arizona as one of the recipients of the 2012 ADHA Award for Excellence in Dental Hygiene. This prestigious award recognizes dental hygienists whose accomplishments have had a significant impact on the practice and future of dental hygiene. Serving the public – making a significant difference in people’s lives – has always been at the heart of Katie’s passion. Her dedication

to professional excellence, education and increasing access to oral health care for the underserved, have guided her on a path of leadership and advocacy here in California and across the country.

Katie has influenced our profession at the highest levels of leadership as President of the California Dental Hygienists’ Association, the National Dental Hygienists’ Association, and the American Dental Hygienists’ Association. She was instrumental in launching the ADHA Tobacco Cessation Project (Ask, Advice, Refer) and contributed to the development of ADHA’s Advanced Dental Hygiene Practitioner template for a mid-level DH provider. But by far, her most significant impact to the overall practice of dental hygiene has been as a consumer advocate. Katie has worked tirelessly, speaking out at both the state and national levels on the need to increase access to oral health care and to advance the professional roles of the dental hygienist in providing that care. Without a doubt, dental hygiene here in California would not be what it is today without the help of Katie’s committed efforts. It was in recognition of her many accomplishments and her impact on the dental community that in 2009 Katie was awarded the UCSF School of Dentistry Alumni Medal, an honor bestowed upon only a handful of UCSF dental hygiene alumni.

I was able to catch up recently with Katie to ask her a few questions about her journey as a dental hygienist and her stellar career that is still going strong.

### **What inspired your career in oral healthcare?**

I grew up in Fairbanks, Alaska in the 1950s where there were few dentists. My family had no dental insurance and limited resources, leaving very little in the way of access to dental care. I learned to live with active dental disease. After receiving his dental degree in 1964, my brother volunteered in Native American communities in the State of Washington. Those were just a few of the many factors influencing my decision to pursue a career in dental hygiene, a career impacting oral health from a preventative approach.

### **You’ve worn many hats as a dental hygienist; one constant throughout your career has been as a grassroots clinical dental hygienist.**

I graduated with my B.S. in Dental Hygiene from the University of California in San Francisco over 35 years ago and immediately sought employment as a clinical dental hygienist in private practice. Initially for me, there was no desire to seek a position in education, public health, or the other roles of dental hygiene. My desire was to have a personal relationship with my clients and their families and make a positive impact on their total health. Some of my closest relationships today are with people I met in the dental chair. I’ve seen two generations of many families, and have followed the education and marriages of their children. My clients know the names of all my grandchildren and always ask to see their latest photos and get updates on their lives.

### **You recently broadened your reach by becoming an RDHAP.**

After 35 years of practicing dental hygiene as an employee in private dental offices, I have followed my dream to own my dental hygiene practice! Following completion of the University



Katie Dawson, BS, RDHAP delivering care to one of her homebound clients.



*Katie is honored at the ADHA Awards Luncheon on June 17, 2012 with son Tony Dawson and granddaughters Sierra (8) and Amaya (7).*

of the Pacific's Registered Dental Hygienist in Alternative Practice (RDHAP) educational program, I became the sole proprietor and owner of Dawson Dental Hygiene Practice and have become an in-the-home provider of dental hygiene care. This decision required a personal investment of time and resources, but I was committed to the concept of providing dental hygiene care to seniors in the comfort

of their personal environment - whether in the home, a residential care facility, the hospital or in a community center.

My passion for serving seniors stems from a personal experience that occurred in 1988. My 84 year old Uncle Henry was involved in a debilitating accident and required hospitalization for the last five weeks of his life. The injuries from the accident severely limited his ability to manage his personal dental hygiene. After the first two weeks he would complain that he had no appetite or desire to eat because his mouth felt unclean. Because I was restricted by the California Dental Practice Act's scope of practice for dental hygiene, I was limited to removing his dental appliances and brushing his teeth. I was not allowed by law to provide an oral prophylaxis. Every evening Uncle Henry would wait for my arrival to clean his mouth so he could enjoy his dinner meal. Though limited, that daily debridement made a significant improvement in the quality of life for his remaining days of hospitalization until he passed on.

Unfortunately, in 1988 the RDHAP was a concept whose time had not yet come; it would be another 22 years before a new career as an RDHAP would become a reality for me.

***It appears that you realized the limitations of access to care very early in your career and were able to capitalize on your interest in advocacy as a means to improve oral health.***

Yes, my role as an advocate has been very rewarding. I have served as the CDHA Government Relations Council (GRC) Chair for the past four years and as a council member for a number of years prior to

***“I remain committed to improving the quality of life of those who receive the oral health services that I and my colleagues provide by advocating the highest levels of education and utilization of our professional skills while protecting the consumers we serve.”***

that. The GRC represents CDHA's interests at the meetings of the Dental Board of California (DBC) and the Dental Hygiene Committee of California (DHCC). Working closely with our highly esteemed lobbyists at Aaron Read and Associates, the GRC implements the strategic government affairs action plans of CDHA, and develops and monitors the legislation impacting our profession. We have had some great legislative successes and have remained persistent when setbacks arise. For example, while advocating for the creation of the DHCC, the nation's first self-regulating dental hygiene body, our legislative proposal was vetoed twice before we were successful on the third attempt.

***The legislation that successfully established the RDH in Alternative Practice in California was introduced during your term as President of CDHA from 1995-96. Please share the instrumental role you later played in removing the final hurdle to establishing educational programs for RDHAPs.***

In 2001, I was appointed to the Dental Board of California (DBC) by then Governor Gray Davis, as the lone dental hygienist member of the board. I was persistent in vocalizing dental hygiene's concerns regarding the roadblocks to establishing a "classroom education" program for RDHAPs at all of the California dental schools. Repeated reminders to the legislature of our inability to implement the RDHAP educational programs within the dental school setting led to the successful passage of CDHA authored legislation allowing for the RDHAP coursework to be developed on community college campuses.

***I understand you were recently appointed to another California Consumer Board.***

In November, 2011, I was appointed to the Board of Barbering and Cosmetology by Governor Edmund "Jerry" Brown. My purpose in seeking this position was to continue my desire to serve and protect the consumers of California,

and to demonstrate to dental hygiene professionals that our participation in consumer protection should not be limited to dentistry.

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Barbering and cosmetology have some of the same “cosmetic” rewards as our dental hygiene care, however, as with our health profession, cosmetic improvement is only one of the benefits. Boards of Barbering and Cosmetology must also provide consumer protection in the area of education, licensure, scopes of practice, as well as disease and infection control.

### **What do you envision for the future of dental hygiene?**

I see a wide array of practice settings coming in the near future for dental hygiene. Consumers will have increasing options for selecting the location and providers of preventative, interim and therapeutic dental hygiene care. I see dental hygiene practices growing out as extensions or even satellites of dental practices for those professionals who don't choose to practice as sole providers. With the current studies and pilot projects utilizing tele-dentistry, and the new research focused on treating, intercepting and preventing dental diseases, I see a bright future for advancing our education into a variety of specialty areas that will be earned through masters and doctoral programs in dental hygiene.

### **About the author**

Lisa L. Okamoto, RDH is Immediate Past President of CDHA. Lisa has practiced as a clinical dental hygienist for over 30 years, and has been an adjunct clinical instructor at the Foothill College Dental Hygiene Program in Los Altos Hills, CA. As a member of ADHA throughout her entire career as a hygienist, Lisa has served as a leader at all three levels of our association.



## **Thank You Katie for Your Dedication to Our Profession**

*“Katie has been a lifesaver. She fills a much needed niche, coming to our home to treat my husband who is disabled and wheelchair bound. I wish I could find a dentist who could come and provide dental care for him as well.”*  
~ Mrs Green, patient

*“Katie was invaluable when I bought the practice. The patients love her. She is a great asset, and goes above and beyond while providing excellent clinical care and wonderful oral health instructions.”*  
~ Dr. Gaime, employer

*“Having worked with Katie for over 20 years, I have always been impressed by her tenacity of spirit. She will work tirelessly to achieve her goals and to promote the profession of dental hygiene. Katie is not afraid to speak her mind and take on challenges, an aspect of her character that served her well when she represented dental hygiene on the Dental Board of California.”*

~ JoAnn Galiano, RDH, MEd,  
Past CDHA President,  
GRC Legislative Consultant

*“Katie and I worked side by side in my first year as ADHA Executive Director. I was so proud to see her tremendous passion for the dental hygiene profession and ADHA. She is a true professional! I am fortunate to have shared a year of advocacy and leadership with Katie and to call her my friend.”*

~ Ann Battrell, MSDH,  
ADHA Executive Director

*“Katie is an inspiration to all and an accomplished professional. As a student, I had the pleasure of attending the ADHA annual session during Katie's presidency. We were all so proud of what she had achieved and looked up to her as a great leader and mentor. When I joined EBC, she continued to mentor us; she is the one we turn to with all our questions. Katie is the “brains of our component” with her in-depth knowledge and experience in all areas of dental hygiene. We are all forever grateful for the many ways she's touched our lives.”*

~ Naleni “Lolly” Tribble, RDH,  
CDHA East Bay Component Trustee