

Market Forces:

the Power
and Influence

of Dental Hygienists

By Kristen Romanowski

They came in the middle of winter, boasting arsenals of toothbrushes and pastes, floss and picks, gloves and scrubs, scalers and curettes, rinses and washes. Nine thousand strong, they descended on Chicago to promote the new and improved, the clinically proven, the patented technology favored by four out of five.

And the crowds followed. Snaking around one 3,000 square-foot exhibit, dental hygienists, assistants, and dentists lined up to receive free toothbrushes—but not just any old toothbrush. Philips Sonicare was giving away its long-hyped IntelliClean System, the sonic toothbrush unit with Crest liquid toothpaste dispensed right from the brush, the one that normally costs consumers about \$140 and dental professionals \$40.

“We understand that before recommending the IntelliClean System to your patients, you need to experience it for yourself,” Philips Sonicare explains on its Web site. Knowing the link between what a dental professional recommends and what a patient buys, Sonicare representatives came to the Chicago Dental Society Midwinter Meeting intent on getting the product into the influential hands of dental professionals.

Just over 3,000 units were given out over the three-day trade show, and about a third of those went to dental hygienists. “We always keep the hygienists in mind because we know that hygienists are extremely important in recommendations to patients,” Miranda Beeson, RDH, MS, manager of professional relations for Philips Oral Healthcare, says. “They’re giving oral health instructions on a daily basis.”

But the Sonicare crew didn’t just toss out boxes, wave goodbye, and hope for the best. After waiting in line and registering with the company, dental professionals sat through presentations to learn the science behind the system, hear testimonials, and receive instructions before try-outs at the brushing station. Many of them will also receive follow-up calls from the company to see whether or not they are, in fact, recommending the product.

It’s this kind of engagement that the company hopes will encourage dental hygienists to start or continue recommending its product. Because, as the oral health products industry knows, dental hygienists have

heavy influence when it comes to purchasing decisions—both for their offices and for their patients.

“It’s been announced that roughly over 60% of all retail purchases are influenced by a dental professional one way or the other,” Brian Ganey, Philips Oral Health Care dental program development manager, says, referring to market research data purchased by the company. “We’re still trying to pinpoint whether the main focus or emphasis of that recommendation comes directly from the hygienist or the doctor.”

Tonya Ray, RDH, MA, director of professional affairs at Oral-B, says that dental hygienists have always been the primary contact for Oral-B’s preventive products. “We know the interaction between patient and hygienist is very important,” she says. “We



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know that the hygienist is often the person in the office who makes the recommendation regarding preventive products, and we know that the hygienist is the person who has time to spend with the patient.”

Carol Jahn, RDH, MS, Waterpik Technologies educational programs manager, thinks dental hygienists hold the most clout in recommending home care products. “Hygienists have more influence, I think, all the time, the longer they’ve been practicing,” she says. “When it comes to something like a power toothbrush, or an oral irrigator or a power flosser, the hygienist is the one who has a relationship with the patient on home care. And so, I think what they’re going to recommend is going to be very powerful to that patient.”

Zulma De Jesus, RDH, who practices clinically in two Chicago offices, tried the IntelliClean after waiting about an hour in line. “The toothbrush in itself is pretty interesting, you know—the concept of it,” De Jesus said. “It saves a couple seconds of your oral hygiene experience, and you can reapply toothpaste as you are brushing a particular area.” Although the model may not be suitable for everyone, she says, “If it makes

patients want to brush two times a day, well, then great." De Jesus echoes other dental hygienists in her conviction that it's patient motivation that matters, not her personal product preferences. "Every patient has particular needs," she says. "Each and every single recommendation or treatment that a patient receives should be tailored to them. There is not one cookie-cutter patient."

Rebecca Wilder, RDH, MS, associate professor and director of graduate dental hygiene education at the University of North Carolina in Chapel Hill, agrees. "What I tell hygienists is, don't get locked into one particular thing, because each patient is different. You may not particularly like automated flossing devices yourself, but you may have a patient who could be very motivated by an automated device. Don't close your mind off to recommending different products for the patient."

On the day before the Midwinter exhibits opened, Wilder spoke to a full house of dental hygienists, many of whom had stood in line, hoping to get into her three-hour lecture. De Jesus says

she had wanted to attend "Products and Promises: Making Informed Recommendations to Patients" more than any other course, but could not get a seat.

After Wilder ran through all the different brands and models of power toothbrushes that dental hygienists can recommend these days, an audience member asked Wilder for her opinion of a certain brand. "The brush is important, but the instruction and follow-up you give your patients is what's going to make it or break it," she replied.

And, it seems, there's no shortage of options to cater to that unique patient sitting in your chair. The only problem is, how are busy dental hygienists supposed to keep up with what's out there? "You have to be cautious about advertising," Wilder says, "because your patients depend on you to scrutinize these claims." With her presentation, Wilder aimed to give her audience the tools they needed to approach the exhibits the next day with discriminating minds.

"I spend a good deal of my time in front of a computer, and it's hard for me to keep up. And I'm at a dental school where corporations are sending us new products. It's difficult to keep up with products, but it's even more difficult to ascertain which ones are really advantageous, based on evidence. And that's what they don't have time to do, dental hygienists or dentists. That's why they really rely on continuing education courses to find out about new products," she says. Wilder encouraged the dental hygienists in the audience to research the science behind a product. Anyone can do this, she says, by looking for clinical studies on PubMed, the U.S. National Library of Medicine's database of biomedical citations and abstracts, searchable on the Web at <http://pubmed.gov>.

"And of course, I think one of the best ways for dental hygienists to find out about products is for hygienists to go to big trade shows like the Chicago

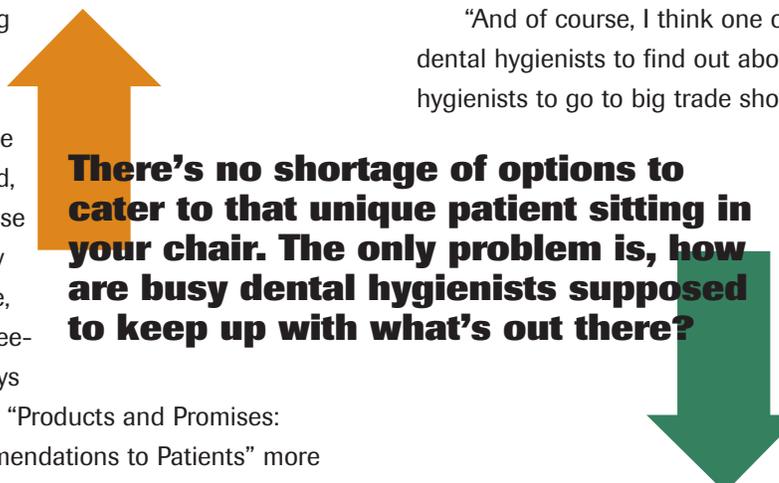
Midwinter," Wilder says. "Spend a half a day or a day in the exhibit hall and go through and look at the various product options. Most of the

time, these companies have samples they can give to hygien-

ists to take and use. That's an excellent way to keep abreast of new things on the market."

Manufacturers know that dental hygienists are drawn to trade shows like Chicago's Midwinter Meeting, says Fred Freedman, marketing director for the Dental Trade Alliance. "If you go to any of the large dental shows, they're trying to attract and talk to dental hygienists," he says. "Without question, the [dental hygiene] profile is being raised in the trade. And you don't need any market research for that. That is unequivocally what's going on."

Of the more than 32,000 registrants at February's Chicago Midwinter, 3,951 dental hygienists attended, as well as 1,010 dental hygiene or dental assisting students. They clustered around booths, listening to company representatives, examining scalers, trying on



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loupes, and dropping free loot into their bags like Halloween candy.

"One of the things I've been very impressed by in this industry, in going to the various dental hygiene shows, is the real passion that the dental hygienist has for the business and the patient, and the passion that they have for making sure that they use the right technology and that the patients get the right preventive tools and procedures when they're in the operator," Dennis Roy, Sunstar Butler director of professional marketing, says.

"A large percentage of marketing dollars are aimed specifically at the hygienists," Freedman says. "And a lot of the dental trade sales reps that go to the dental offices, more and more, are seeking face time with the hygienist, not just with the dentist. A lot of this is just anecdotal information, but this is what we're hearing across the board."

Roy says that when his sales representatives make office calls, they typically ask first to speak with the dentists. "It's got to be the office's call," he says. "You don't want to be in the position of ignoring the practice owner. But, in actuality, the majority of our discussions are with the dental hygienist because the dental hygienist either has the final say in the preventive care product purchase decisions or, even if they don't have the final say, typically the dentist relies on them to recommend the most appropriate home oral care products."

Donna Grzegorek, RDH, who is both a clinical hygienist in the Chicago area and a hygiene educator for OraPharma, says sales representatives are "pivotal" in bringing news to dental hygienists. "I think the reps recognize the proactive hygienists," she says, "and they tend to make sure they get their information to those offices first because we talk about it." Grzegorek speaks at dinner meetings and lectures for dental hygienists about OraPharma's periodontal treatment, Arestin. "I'm responsible for education," she says, "but as a result of the information I provide at the seminars, many hygienists decide to incorporate Arestin into their soft tissue management protocol and place an order."

OraPharma is not alone in harnessing the expertise of dental hygienists. Oral health care product companies routinely employ dental hygienists on staff, as



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consultants, and as advisory board members. Oral-B is one of the few companies that has a long-standing advisory board made up exclusively of dental hygienists, Ray says. "And it's not something that's new, it's not something where we've hopped on the bandwagon and decided to do it because other people have done it," she says. "It's a long-standing commitment."

Wilder says that, more and more, she's seeing other companies follow suit. "I'm seeing companies that never had dental hygiene advisory boards that are formulating those boards because they see the significance and the impact that the dental hygienists can have. Not only in helping the company come up with new ideas for product development, for marketing ideas, but also the power that hygienists have in the marketplace for influencing change, not only with patients but with their employers."

U.S. total demand for dental products, both consumer and professional, is expected to rise 5% every year, reaching \$7.9 billion in 2008, according to a May 2004 report published by the research firm Freedonia Group. In 2003, consumer demand accounted for 44% of all dental product demand, and professional product demand made up 56%.

In 2002, the Dental Manufacturers of America (which has since merged with the Dental Trade Alliance) published the fourth edition of its survey, "The Purchasing Trends of American Dentists." Freedman acknowledges that the role of dental hygienists in shaping those trends was not adequately examined in the survey. "We are planning on doing a survey like that again in the future," he says, "and we need to incorporate more information about the decision-making and purchasing power of dental hygienists in the offices."

In a 2004 survey of 711 *Access* recipients, 76% of dental hygiene respondents said they were involved in purchasing decisions in some way. Ten percent of clinicians said they approved or authorized purchases, while 35% of educators said they had these responsibilities. Most clinicians said they were involved in identifying products on the market and making recommendations.

To be sure, dental hygienists' purchasing power varies from office to office. But Jenny Reichert, RDH, who has worked with Preventech at trade shows for the past three years, said she also sees a difference from state to state. As she travels across the country with the company, Reichert says, she notices that dental hygienists seem to have progressively more purchasing power from east to west.

Wendy Negron, RDH, MS, manager of clinical and professional relations at OMNII Oral Pharmaceuticals, has a similar view. "I'm from Georgia," she says. "I think people in the Southeast have less control on what they can or cannot do as a hygienist because the laws and regulations governing these states are so much stricter than those on the west coast. In

California and many states in the Midwest, [dental hygienists] can give local anesthesia and have indirect or general supervision; their dental laws give the hygienists the freedom to have expanded functions. Sadly, that can't be said for every state."

Whether or not there are state-by-state trends, the main factor in dental hygiene purchasing power is the dentist for whom a hygienist works. De Jesus, who works in two Chicago offices, says she has more purchasing influence in one office than in the other, "where I am still waiting for my own Cavijet so that I would not have to share with the doctors," she says.

"I do not want to make it seem like dentists are inconsiderate to dental hygienists' needs," De Jesus says, "but I do feel like there are different kinds of dentists. There are dentists that value dental hygienists and recognize that they are valuable assets to the

dental practice. And then there are dentists that think of a dental hygienist as just "the gal" and want us to run the practice as an assembly line. If a dental hygienist finds that dentist who values all that they can do—not just scale, but educate, motivate, and provide therapeutic interventions, and actually have the dentist understand that sometimes you have to upgrade your tools or supplies—and who allows the dental hygienist to have purchasing power, well, then, that dentist is a keeper."

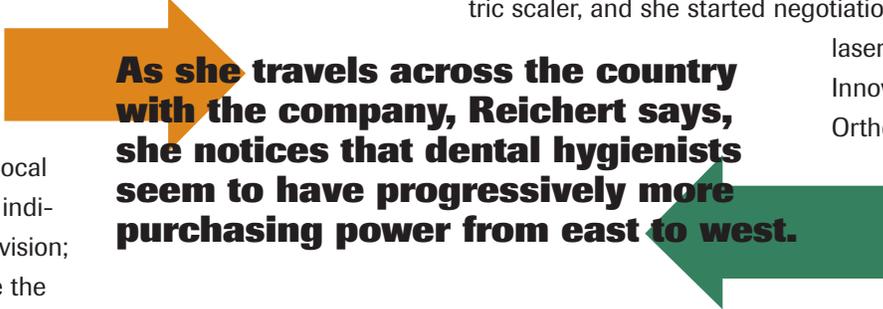
Grzegorek is among the dental hygienists fortunate enough to work with such dentists. "I complete the research, bring evidence-based data to my doctor, and then we sit down and talk about it," she says. "I can't remember the last time my doctor did not accept one of my recommendations for the hygiene department. He believes that hygienists are the specialists of their niche and embraces my desire to manage the hygiene department."

When Grzegorek goes to shows like the Midwinter Meeting, she stops at every booth to see what's new. This year, she purchased basic supplies, a headlight for her loupes, two digital x-ray units, and a piezoelectric scaler, and she started negotiations for a diode

laser. In her work with Innovative Orthodontics, a traveling dental team that treats orthodontic patients in general offices, Grzegorek is the

one who makes large equipment and supply purchases. "I have been told that I am 'wicked' in the negotiating process," she says. "I always have my homework done before I go to the meeting, but I know that I can negotiate a better price at the show, especially on larger ticket items."

Colleen Rutledge, RDH, was also at the Midwinter Meeting, working at the Satelec booth. Rutledge, who lives in Philadelphia, also owns a consulting and speaking business, Perio-Therapeutics and Beyond, and practices dental hygiene at the periodontal therapy level twice a week. An advocate for dental hygienists to purchase their own equipment, Rutledge bought her



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own piezoelectric ultrasonic scaler from Satelec. "I've owned the piezo for only 10 months," she says. "And I don't know how I ever practiced without it!"

While at a continuing education course, Rutledge made the decision to buy the piezo after talking with a Satelec representative. "I told him I wanted to buy it, and I wasn't sure if he took me seriously because I was a hygienist. And I said, 'I'm not your run-of-the-mill hygienist. I'm going to buy it.'" Seeing her passion, the representative referred Rutledge to his boss "to get her in here to help us attack the hygiene market," she says.

Rutledge was asked to present a one-hour lecture to the company's sales representatives last July. For increased sales, she suggested that representatives arrange lunch meetings with dental hygienists, read dental hygiene journals, visit Web sites and listserv groups, offer CE courses, and "do not underestimate the purchasing power of an RDH!"

"A lot of reps don't realize that hygienists now are starting to buy their own equipment," Rutledge says. "Although we are still a minority, hygienists are moving in this direction and would entertain collaborative relationships with company representatives."

"We're starting to see where hygienists are in tune to these things—they're at our conferences now, the exhibit booths are much more geared to things for hygienists, and the products that are now out are much more geared to what will enhance the hygienists' quality of care for the patients," she says.

It wasn't always this way, Rutledge acknowledges. "For a lot of us that have been in the business for a long time, we're used to just standing behind a dentist at an exhibit table and hoping and praying that they'll buy us something that we want," she says. "It took me nearly two decades, but I stopped waiting and decided to take control of my career and my health by selecting and buying equipment that helps me practice more effectively and more safely. And I think that there's going to be a turnaround now in the next decade, with hygienists buying their own equipment." She thinks progressive dental hygiene speakers and the circulation of dental hygiene magazines and journals have helped move this trend, both with advertis-

ing and articles written by cutting-edge dental hygienists.

De Jesus says the Midwinter Meeting helped her focus on what she might purchase for herself. "Working in two offices with a couple different hygienists and also doing some temp work, it gets kind of frustrating to think, 'Wow, if I had such-and-

"If a number of us start to do this, it does trickle down, and that's how things start to change," Rutledge says.

The following companies will offer product presentations at ADHA's annual session in Las Vegas.

**Premier Dental Products Co.
Procter & Gamble/Crest
Hu-Friedy Manufacturing Co.
Sunstar Butler
Pro-Dentec
Oral-B Laboratories
Ultradent Products, Inc.
Tom's of Maine
Church & Dwight Co Inc
GlaxoSmithKline, makers of sonicare®
Brasseler USA
Philips Oral Healthcare
Essential Dental Systems
Perio Protect LLC
CollaGenex Pharmaceuticals, Inc.**

such instrument, I bet I could have gotten this piece of calculus off by now," she says. "So I would probably have to say I would purchase about two to three sets of periodontal set-ups for scaling and root-planing appointments, as well

as three new syringes that came out that are half the size of the traditional ones, which are great for clinicians with not-so-big hands. These things I would take with me from office to office, wherever my career leads me."

Rutledge encourages dental hygienists to buy their own equipment, especially loupes, both for their own health and that of their patients. "It's excellent to have your own equipment if you work in different offices because you can keep your quality of care consistent," she says. "It also yields respect. It sends the message that you are committed to your profession."

In buying equipment or products, Rutledge believes, dental hygienists are empowered on many levels. "Whether or not all hygienists embrace this philoso-

phy to begin with is a subject for debate, but the fact is that if a number of us start to do this, it does trickle down, and that's how things start to change," she says. "If hygienists would stop looking at the dollars and understand the freedom and the respect that comes with it, there would be no turning back."

For those with minimal influence in purchasing office equipment and supplies, like the 12% of dental hygienists who responded to the 2004 *Access* study, there is hope.

"What I tell those hygienists is," Wilder says, "I know it's frustrating, but if they can keep abreast of the various products on the market, they can still recommend the different types of products for their patients."

As Cindy Sensabaugh, RDH, BS, Procter & Gamble's associate director of professional and scientific relations, says, "You always have control over what you recommend, but you don't always have control over what you buy for the office. If you've had good luck with a certain product and you think it works well for yourself, then that's going to be something that you might give to your patients too."

When a new whitening product hit the market, Sensabaugh says, Procter & Gamble sent dental hygiene students free samples for them to try or to give to a family member or friend. "And then they have some experience with the product, either personally or through feedback," she says. "Other companies, I'm sure, do the same thing. We also send free toothpaste to dental hygiene clinics throughout the country, and I know other companies do the same thing."

Does free toothpaste build brand loyalty? "We believe that hygienists recommend what they use—that's why we give them free samples," Sensabaugh says. "Hygienists are very important to our business because they make the preventive recommendations to their patients."

At the Midwinter Meeting, Oral-B also gave theater presentations to dental professionals, including many hygienists, who came to receive free Oral-B Sonic Complete toothbrushes. At other trade shows, Oral-B gives out samples of its automatic flosser or other products. "We know it has a direct correlation to sales and recommendations," Ray says. Still, she says, she

feels that the most important factor that dental hygienists consider when making recommendations is "whether or not they feel it's effective for their patients. Does it actually do what it says it's going to do?"

Grzegorek, who says she's always been a big supporter of Procter & Gamble, has been using Listerine with her patients for 13 years. When a Crest representative brought her the news that Crest Pro Health Rinse was soon to be launched, Grzegorek did some market research of her own. "I asked 15 of my Listerine users: 'If a product came out that tasted better than Listerine and killed the same bacteria, but had no alcohol in it, would you switch?' All 15 patients said 'no' because they felt that Listerine was so medicinal that it had to be doing something good. They were already in the habit of doing it," she says.

"A lot of people don't like change. They don't want to take the Listerine bottle away and put a Crest bottle there, even though it might taste better. And honestly,



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I was surprised at the response because so many people complain about the taste of Listerine. When I recommend that they do it, it's a difficult thing for me to convince them and show them statistics and tell them about all my positive results. I go through a lot of effort to do that. It would be so much easier to say, here, use this product that tastes like Scope; it's going to kill the same things. Now if I came to them and gave them evidence-based reasons for why the Crest product is better, I think I could get them to change," she says.

"I took that data back to my Crest representative, even though it may not have been what she wanted to hear. And I think that's why they value my input—because they can take information from the grassroots, from the hygienist in the trenches, back to their corporate teams, and their marketing teams, to try to get past some of the hurdles that I can present to

them from a patient perspective,” Grzegorek says.

It's conventional wisdom that dental hygienists influence what their patients buy at the drugstore. But how much are consumers actually influenced by those recommendations? “It's a hard thing to measure,” Sensabaugh says. “Yes, we know that x percentage of hygienists surveyed recommend Crest toothpaste, but how does that translate into what is actually purchased in the store? There's a lot of argument about how to get that data. It's difficult. We know that professional recommendation does affect purchase. Some people think it's a stronger influence—I think it's stronger than some people would agree to—but we know that it does make a difference.”

In its own study, Philips gave 900 dental hygienists and 1,700 patients the Sonicare Elite model and found that, after 90 days, 98% of dental hygienists said they would recommend the brand to patients. The company surely hopes to get such positive results from giving away 1,000 IntelliClean Systems to dental hygienists at the Midwinter Meeting.

Although she wasn't in the audience when Wilder emphasized careful judgment of product trials and advertising claims, De Jesus sounds like she could have been. “If I start recommending a particular product because I was given a free sample or because they had the best ‘purchasing deal’ at the Midwinter Meeting,” she says, “I would not be the hygienist I was taught to be through my dental hygiene education.”

Exhibitors at ADHA's 24th National Dental Hygiene Show June 24 & 25, 2005 (listing current as of April 29, 2005)

3M ESPE	Milestone Scientific
ADMT Dental Instruments	Miltex, Inc.
AIT Dental, Inc.	Mosby-Elsevier
Align Technology, Inc. (Invisalign)	Motivations by Mouth, Inc.
American Eagle Instruments, Inc.	National Health Service Corps.
Ansell Healthcare Products LLC	National Institute of Dental and Craniofacial Research
Arm & Hammer/Mentadent, Division of Church & Dwight Co. Inc.	NOVA Southeastern University
Beutlich, LP Pharmaceuticals	NTI-TSS Inc.
Biotene/Laclede Inc	OMNII Oral Pharmaceuticals™
Blackwell Munksgaard	Oral-B Laboratories
Bosworth Company	OraPharma, Inc.
Brasseler USA	Orascope (a division of Kerr Corp.)
Cadbury Adams USA LLC	PDT Inc./Paradise Dental
Cinahl Information Systems	Pascal Company Inc.
Colgate	Perioptix, Inc.
CollaGenex Pharmaceuticals, Inc.	Perio Protect LLC
Columbia Dentoform Corp.	Pfizer Consumer Healthcare
Del Pharmaceuticals, Inc.-Orajel	Pharmanex-Independent Distributor
Dental Boot Kamp	Practicon, Inc.
Dental Learning Systems	Premier Dental Products Company
Dental Resources, Inc.	Prentice Hall Health
DentalView, Inc.	Preventech
Dentrix Dental Systems	Pro-Dentec
Dentsply Pharmaceutical	Procter & Gamble/Crest
DENTSPLY Professional	Prophy Perfect
Dentsply Rinn	Pulpdent Corporation
Designs For Vision, Inc.	Q optics/Quality Aspirators
Dimensions of Dental Hygiene	<i>RDH</i> Magazine
Discus Dental, Inc.	Septodont, Inc.
DNTLworks Equipment Corp.	Sheervision, Inc.
EPIEN Medical, Inc.	Sonicare (Philips Oral Healthcare)
Essential Dental Systems	Staino, LLC (Dedeco International Inc)
Exan	Standard Malaysian Glove (SMG)
First Choice Professional Wear	Sullivan-Schein Dental
GC America, Inc.	Sultan Dental Products
Germ Terminator Corporation	Sunstar Butler
GlaxoSmithKline	Surgitel
Hartzell & Son, G.	Tepe
Heraeus Kulzer	Tom's of Maine
Hygienist Choice - a division of Diatech	TotalCare
Hu-Friedy Mfg.	Ultradent Products, Inc.
Johnson & Johnson Oral Health Products	Vista Dental Products
KaVo America Corporation	Waterpik Technologies
Kilgore International Inc.	Wm. Wrigley Jr. Company
Lippincott Williams & Wilkins	Xlear, Inc.
Marsh Affinity Group Services, a service of Seabury & Smith	Young Dental
Microflex	Zeiss (Carl Zeiss Surgical, Inc.)
	Zila Pharmaceuticals