THE CANADIAN DENTAL HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES

Oh CANADA!

Oral Health Canada! Magazine

CDHA Members' Magazine

Summer Issue 2024

DH Focus:

Interprofessional Collaboration/ Medical–Dental Integration

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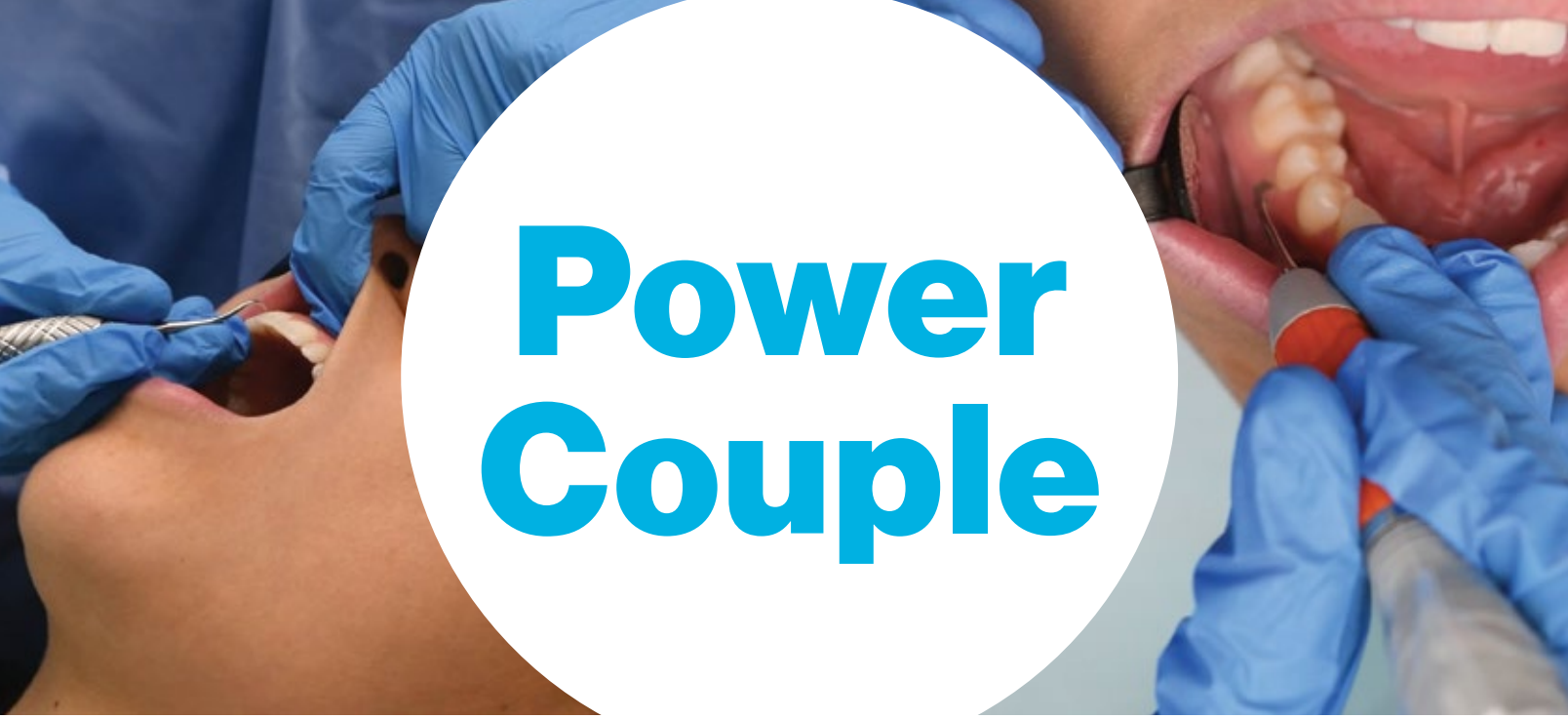
Mental Illness Doesn't Just Affect Our Patients

The Behavioural Influence on a Patient of a Clinician's Choice of Topic-Specific Words

Tips for Providing Oral Health Care for Children with Autism Spectrum Disorder



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CANADA'S NATIONAL ORAL HEALTH RESEARCH STRATEGY

Learn more at cihr-irsc.gc.ca/e/52773.html

The final version of the National Oral Health Research Strategy (NOHRS) was officially released at the Canadian Oral Health Summit on June 21.

This strategy, the first of its kind, will inform governments and decision makers, funding agencies, researchers and their organizations, health care practitioners, the public, and others to focus both on emerging, priority issues for Canadian society and on innovative methodological and technological approaches to address these issues.

CDHA is proud to be a collaborator on this project along with the Canadian Institutes of Health Research's Institute of Musculoskeletal Health and Arthritis, Canadian Association for Dental Research, Association of Canadian Faculties of Dentistry, Network for Canadian Oral Health Research, Canadian Dental Association, Denturist Association of Canada, and Canadian Dental Therapists Association.

The project was led by McGill University's Dr. Paul Allison and CDHA member, Dalhousie University's Director of the School of Dental Hygiene, Dr. Leigha Rock.

Message From The President

Positioning Dental Hygienists as Key Players in the Canadian Oral Health Care System

by Francine Trudeau, RDH, BSc, MA • president@cdha.ca

As I write these lines, the summer solstice, marking the beginning of summer, is only a few weeks away, making this the perfect time to reflect on the last few months. And I must say, these have been exceptionally busy yet genuinely exciting times for the dental hygiene profession.

With the momentous implementation of the Canadian Dental Care Plan (CDCP) in May, the dental hygiene profession has been increasingly acknowledged, enjoying a prominent position in the political and media landscapes, raising awareness of the importance of oral health.

Over the past few months, I have had the opportunity to advocate for the profession at various levels, engaging in lobbying efforts, media outreach, and public relations activities to raise awareness and promote our profession's contribution to oral health care.

While CDHA has engaged in continuous consultations with Health Canada to address concerns regarding the current iteration of the CDCP, I met and discussed our concerns regarding the CDCP with several members of Parliament. These ongoing meetings and discussions focused mainly on advocating on behalf of dental hygienists, educating notable decision makers on the essential role played by the dental hygiene profession in the prevention of oral disease, in improving access to oral health care, and consequently in improving the oral health outcomes of Canadians, by meeting the oral health needs of vulnerable and marginalized populations in a fair, equitable, and non-discriminatory way.

In addition, I had the privilege of meeting with the federal health minister, the Honourable Mark Holland, to reiterate our concerns about the pay disparity in fee reimbursement between dental hygienists working in a dental office and dental hygienists working independently. Coincidentally, our second meeting was held on March 8, International

FAIRE DES HYGIÉNISTES DENTAIRES DES INTERVENANTS CLÉS DU SYSTÈME CANADIEN DE SOINS DE SANTÉ BUCCODENTAIRE

Alors que j'écris ce texte, le solstice d'été, qui marque le début de la saison estivale, est dans quelques semaines seulement. Ceci en fait donc le moment idéal pour réfléchir aux derniers mois. En plus, je dois dire que cette période a été exceptionnellement occupée, tout en étant véritablement passionnante pour la profession d'hygiéniste dentaire.

Grâce à la très importante mise en œuvre du Régime canadien de soins dentaires (RCSD) en mai, la profession d'hygiéniste dentaire est de plus en plus reconnue et occupe une place prépondérante dans le paysage politique et médiatique, ce qui permet de souligner l'importance de la santé buccodentaire.

Au cours des derniers mois, j'ai eu l'occasion de défendre la profession à divers paliers, en participant à des efforts de lobbying et de sensibilisation auprès des médias, ainsi qu'à des activités de relations publiques pour mieux faire connaître et promouvoir la contribution de notre profession aux soins de santé buccodentaire.

Pendant que l'ACHD menait des consultations continues avec Santé Canada pour répondre aux préoccupations soulevées par l'itération actuelle du RCSD, je rencontrais plusieurs députés pour discuter de ces mêmes préoccupations. Ces rencontres et discussions continues étaient principalement axées sur la défense des intérêts des hygiénistes dentaires et la sensibilisation des principaux décideurs au rôle essentiel que joue la profession d'hygiéniste dentaire dans la prévention des maladies buccodentaires, l'amélioration de l'accès aux soins de santé buccodentaire et, par conséquent, l'amélioration des résultats en matière de santé buccodentaire des Canadiens, en répondant aux

The Honourable Seamus O'Regan, Minister of Labour and Seniors, with (left to right): Ondina Love, Francine Trudeau, and Juliana Jackson

Women's Day. Fittingly, on this day, the health minister committed to fixing the dental care double standards for dental hygienists by promising pay parity. Minister Holland commented on the inequity of CDCP reimbursement rates, and we were assured that this issue would be resolved favourably. Although no precise timeline was given for correcting the rates, CDHA is pressing hard to get an official date for when this correction will be made.

Minister Holland also cited dental hygienists as "integral to the success of the program, particularly in rural and remote areas of the country." This in itself is an incredible sign of recognition and a powerful endorsement of our profession.

Advocacy efforts are ongoing, with multipartisan meetings scheduled to ensure the sustainability of the CDCP, particularly for vulnerable populations, and the continued acknowledgement that oral health is an integral part of overall health. CDHA continues to work very hard with government officials to ensure the preventive dental hygiene perspective is heard and reflected as the plan evolves.

Taking a strong leadership role throughout this process, ensuring that the essential work of dental hygienists is valued and recognized in the CDCP has made a significant impact, namely in increasing our profession's visibility, not only among government officials but also within the population at large. Although the visibility of dental hygienists has been increasing steadily over the years, the conversations and dialogue surrounding the CDCP have been instrumental in the recognition of our expertise and skills, highlighting our crucial role in promoting oral health and enhancing our visibility within the health care system.

besoins de santé buccodentaire des populations vulnérables et marginalisées d'une manière juste, équitable et non discriminatoire.

De plus, j'ai eu le privilège de rencontrer le ministre fédéral de la Santé, l'honorable Mark Holland, pour réitérer nos préoccupations en matière de disparité de rémunération entre le remboursement des hygiénistes dentaires qui travaillent dans un cabinet dentaire et ceux et celles qui travaillent de manière autonome. Par coïncidence, notre deuxième rencontre a eu lieu le 8 mars, Journée internationale de la femme. De façon appropriée, le ministre de la Santé s'est engagé ce jour-là à corriger les inégalités à l'égard des hygiénistes dentaires lorsqu'il s'agit de soins dentaires, en promettant la parité salariale. Le ministre Holland a évoqué l'injustice relative aux taux de remboursement du RCSD et on nous a donné l'assurance que cette question serait résolue de façon favorable. Bien qu'un temps précis n'ait pas été précisé pour corriger les taux, l'ACHD presse pour obtenir une date officielle de correction.

Le ministre Holland a aussi cité que les hygiénistes dentaires contribuent de manière déterminante à la réussite du programme, particulièrement dans les régions rurales et éloignées du pays. Cela est en soi un incroyable signe de reconnaissance et une puissante validation de la profession.

La défense des intérêts se poursuit et des rencontres multipartisanes sont prévues pour veiller à la durabilité du RCSD, tout particulièrement pour les populations vulnérables, et assurer la reconnaissance continue que la santé buccodentaire est une composante à part entière de la santé globale. L'ACHD continue de travailler sans relâche avec les représentants du gouvernement pour s'assurer de faire entendre la perspective de l'hygiène dentaire préventive et de la faire valoir tout au long de l'évolution du plan.

En assumant un rôle de leader tout au long de ce processus et en veillant à ce que le travail essentiel des hygiénistes dentaires soit valorisé et reconnu dans le cadre du RCSD, nous avons contribué de manière significative à accroître la visibilité de notre profession, non seulement auprès des représentants gouvernementaux, mais aussi au sein de la population dans son ensemble. Bien que la visibilité des hygiénistes dentaires se soit améliorée de manière constante au cours des années, les conversations et le dialogue liés

Continued...

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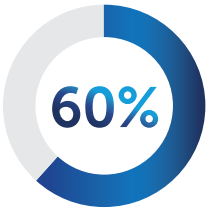
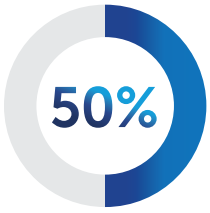


60% of Canadians **suffer from sensitivity**[2]



50% of sensitivity sufferers **may not mention it to you**[3,4]

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They compromise

They tolerate

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§Helps relieve tooth sensitivity.

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>>>> Message from the President

Positioning Dental Hygienists as Key Players…cont'd

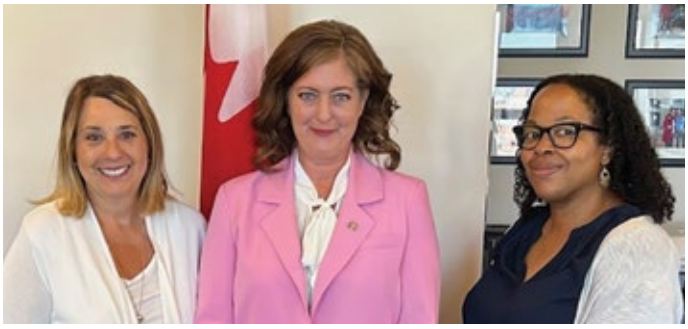
As August marks the three-month anniversary of the implementation of care under the CDCP, I would like to thank you for your participation and support in improving access to care for eligible clients and underserved populations. Let's be proud of our accomplishments!

I am looking forward to connecting with you at CDHA's first in-person national conference since 2019. Join me in Niagara Falls, Ontario, for exceptional learning and jovial camaraderie, from October 17 to 19! Until then, I wish you all a safe and fun-filled rest of the summer, enjoying time to rejuvenate and reconnect with friends and family.

Member of Parliament Sean Casey with Ondina Love (left) and Francine Trudeau (right)

The Honourable Mark Holland, Minister of Health

Senator Mohamed-Iqbal Ravalia



Member of Parliament Lisa Hepfner (centre) with Francine Trudeau (left) and Juliana Jackson (right)

au RCSD ont été déterminants à la reconnaissance de notre expertise et de nos compétences, mettant en évidence le rôle primordial que nous jouons dans la promotion de la santé buccodentaire et l'amélioration de notre visibilité au sein du système de soins de santé.

Alors que le mois d'août marque l'anniversaire de trois mois depuis la mise en œuvre des soins dans le cadre du Régime canadien de soins dentaires, j'aimerais vous remercier de votre participation et de votre soutien visant à améliorer l'accès aux soins des clients admissibles et des populations mal desservies. Soyons fiers de nos accomplissements!

J'ai hâte de vous rencontrer à la première conférence nationale en personne de l'ACHD depuis 2019. Joignez-vous à moi à Niagara Falls en Ontario, du 17 au 19 octobre, pour un apprentissage exceptionnel et une belle camaraderie. D'ici là, je vous souhaite à tous un été sécuritaire et rempli de plaisir, et de profiter du temps pour vous ressourcer et renouer avec vos amis et votre famille.

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Dental Hygiene Focus: Interprofessional Collaboration/ Medical–Dental Integration

From the Womb: Dental Hygienists' Role in Promoting Lifelong Health Through Integrated Oral Care

by Kyla Oshanek, DHP-C, BDSc(DH), MClSc • kylaoshanek@gmail.com
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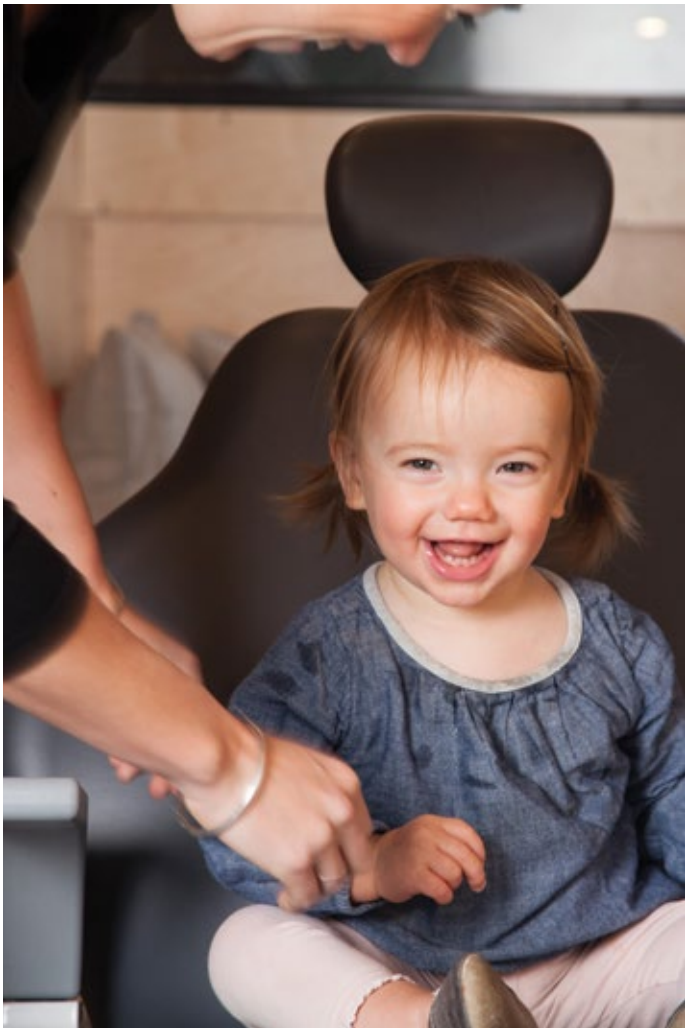


In health care, words matter. Shifting from "dental–medical" to "oral–medical" integration acknowledges the role of oral health professionals beyond dentists in preventive care and patient well-being. It also emphasizes the mouth's place in overall health and reinforces the need for a collaborative health care model.[1]

Oral–medical integration (OMI) bridges oral and systemic health by integrating oral care into primary medical care, emphasizing their interconnection and fostering team collaboration.[1] OMI enhances patient safety and outcomes, and reduces costs through comprehensive care.[2,3] Dental hygienists, with their expertise in prevention, are uniquely positioned to champion this model, particularly in perinatal care, where they can play a crucial role in improving maternal and child health outcomes.

Despite research highlighting the oral–systemic connection, barriers to OMI, such as lack of political will and interprofessional education, persist (Table 1).[4] Facilitators such as supportive policies and co-location could address these challenges (Table 1).[4] Establishing these facilitators would support partnerships in pediatric settings where the Government of Canada already monitors relevant performance indicators.[5] Integrating dental hygienists into pre- and perinatal care teams addresses unmet oral health care needs, while improving maternal and child well-being.[2,3] By providing essential expertise in oral health assessment, prevention, and education, dental hygienists can mitigate adverse pregnancy outcomes linked to oral health conditions.[2,3] This integration fosters a more equitable and cost-effective health care experience for expectant mothers[1,2]

Continued...

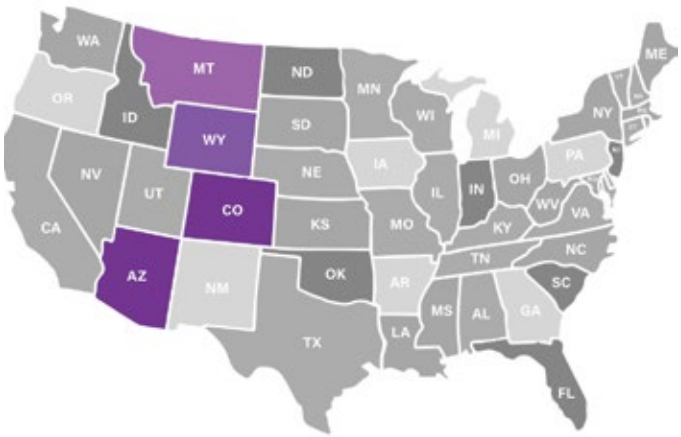
From the Womb…cont'd

Table 1. Barriers to and Facilitators of Oral–Medical Integration[4]

Barriers	Facilitators
Lack of Political Leadership and Health Care Policies	**Supportive Policies and Resource Allocation**
Poor understanding of oral health's importance, low prioritization on political agendas, and absence of appropriate policies hinder integration.	Financial support from governments, stakeholders, and non-profit organizations, along with strategic partnerships, facilitate integration.
Implementation Challenges	**Interprofessional Education**
High costs of integrated services, human resources issues, and deficient administrative infrastructure present significant obstacles.	Training non-dental professionals in oral health, promoting interprofessional education, and encouraging further training facilitate integration.
Discipline-Oriented Education and Lack of Competencies	**Collaborative Practices**
Focus on discipline-specific training and lack of interprofessional education lead to insufficient competencies in integrated care.	Understanding and assuming roles in providing oral health care, effective case management, and task-sharing strategies enhance collaborative practices.
Lack of Continuity of Care and Services	**Local Strategic Leaders**
Poor referral systems, deficient interfaces, and unstructured care coordination mechanisms disrupt continuity of care.	Local leaders play a strategic role in building teamwork and community capacity for integrating oral health into primary care.
Perception of Oral Health Care Needs	**Geographic Proximity**
Patients' acceptance or refusal of integrative care often depends on perceived needs rather than health care providers' assessments.	Co-location of oral health and medical practices promotes interprofessional collaboration and efficient care delivery.

and may help establish national prenatal oral health policies.[2] Several pathways have bridged maternal and infant oral health with prenatal care in Canada[2] and the United States, demonstrating that OMI in this setting is gaining traction.[6]

For example, the Rocky Mountain Network of Oral Health (RoMoNOH) project focuses on primary prevention of dental caries in infants and pregnant women across Arizona, Colorado, Montana, and Wyoming. This project embeds dental hygienists and other oral health care providers in community health centres, provides training and resources, and integrates oral health into primary care. The initiative has significantly improved preventive oral health services for infants and children, demonstrating the effectiveness of OMI in perinatal care.[6]



▲ *Rocky Mountain Network of Oral Health*

Focus: Interprofessional Collaboration/Medical–Dental Integration

Effective OMI hinges on interprofessional collaboration, requiring clearly defined roles and mutual understanding among team members.[1] Misconceptions about the roles and capabilities of dental hygienists, particularly in preventive care, can hinder collaboration.[1] Open communication and shared decision making are crucial for optimizing resources, improving patient outcomes, and supporting expectant families.[2]

A perinatal care model, prioritizing interprofessional collaboration and communication, can be a model for wider OMI adoption. It aligns with opportunities in cancer care,[7] long-term care,[8] diabetes management,[9] and pharmacy.[10] By fostering interprofessional competencies and emphasizing preventive care, this model can enhance patient safety, improve care quality,[3] and elevate oral health literacy. By focusing on the unique expertise of dental hygienists, OMI champions oral health as a cornerstone of overall well-being for mothers, children, and the broader population. This team-based approach, aligning with Value-Based Care, prioritizes quality and patient outcomes, promoting a healthier future for both patients and the profession.[2,3]

To advance this model and ensure equitable oral health care for all, dental hygienists have a crucial role to play in advocating for policy changes that integrate oral health into primary care, aligning with the *WHO Draft Global Oral Health Action Plan (2023–2030)*.[11]

Continued...

From the Womb…cont'd

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Dental Hygienists' Role within the Interprofessional Team

by Whitney Foster, RDH • whitneyfosterrdh@outlook.com

As registered dental hygienists, we are essential primary care providers who play a crucial role within the interprofessional team. It is well established that poor oral health is associated with many different health conditions such as diabetes, chronic obstructive pulmonary disease (COPD), and heart disease. As the prevalence of these chronic conditions increases, it is imperative that we understand the importance of working with an interprofessional collaborative team to promote oral health and to help implement treatment to manage these conditions.[1]

According to the World Health Organization (WHO), interprofessional collaborative practice (ICP) occurs when multiple health care workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers, and communities to deliver the highest quality of care.[2] In May 2011, the Interprofessional Education Collaborative (IPEC), a coalition of health professions education associations, released a set of competencies for interprofessional collaborative practice. The focus was to support curriculum development in health professions schools so that graduates would be able to deliver quality patient-centred care, while recognizing that team-based care is necessary in our evolving health care system. The IPEC expert panel identified four core competencies for interprofessional collaborative practice,[3] which are as follows:

1. **Values/Ethics for Interprofessional Practice:** Work with individuals of other professions to maintain mutual respect and values.
2. **Roles/Responsibilities:** Use the knowledge of one's own role and the roles of other professions to assess and address the health needs of the patients and to promote and advocate for the health populations that are served.
3. **Interprofessional Communication:** Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to care.
4. **Teams and Teamwork:** Apply relationship-building values and principles of team dynamics to perform effectively in different team roles. Plan, deliver, and evaluate patient-centred care that is safe, timely, efficient, and effective.

Continued...

Focus: Interprofessional Collaboration/Medical–Dental Integration

Dental Hygienists' Role within…cont'd

Dental hygienists should recognize that the four core competencies for interprofessional collaborative practice share many characteristics with our own professional competencies released by our regulatory bodies and associations. For example, in 1994 the College of Dental Hygienists of Ontario (CDHO) *Dental Hygiene Standards of Practice* was adapted from the *Clinical Practice Standards for Dental Hygienists in Canada* to conform to provincial regulations. Dental hygienists in Ontario must apply the *CDHO Dental Hygiene Standards of Practice, CDHO Code of Ethics*, and CDHO regulations to their dental hygiene practice as well as work effectively and collaboratively within interprofessional health care teams.[4]

It is important to remind ourselves that for decades, oral health professionals have played a crucial role within interprofessional collaborative teams. One example would be cleft lip and cleft palate where teams of oral health, health, and care providers work together to coordinate care for these patients with complex needs that only could be addressed interprofessionally. Likewise, more recently, registered dental hygienists help manage temporomandibular joint disorder (TMD), speech, and sleep medicine through assessments, screening, and myofunctional therapy.

As registered dental hygienists we play a significant role in screening patients for certain primary care metrics. For example, dental hygienists can easily monitor hypertension. One advantage of having routine patient visits is that we have the opportunity to monitor a patient's blood pressure over an extended period. Being able to observe and identify normal, low, and high blood pressures allows us to take appropriate measures and communicate with our patient and other members of the patient's team. Additionally, we provide oral health care to a very large population of patients with mental health conditions, chronic pain, diabetes, and COPD. These patients take medications that often cause xerostomia, which increases gingival inflammation and caries risk. These patients could be better managed when we collaborate as an interprofessional team viewing the disease process from a dental, medical, pharmaceutical, and mental health management standpoint.

Registered dental hygienists should always strive to inform and educate other health care professionals about the importance of oral health and its correlation to overall health. Our role within the interprofessional team is crucial, as more medical conditions are linked to oral health.

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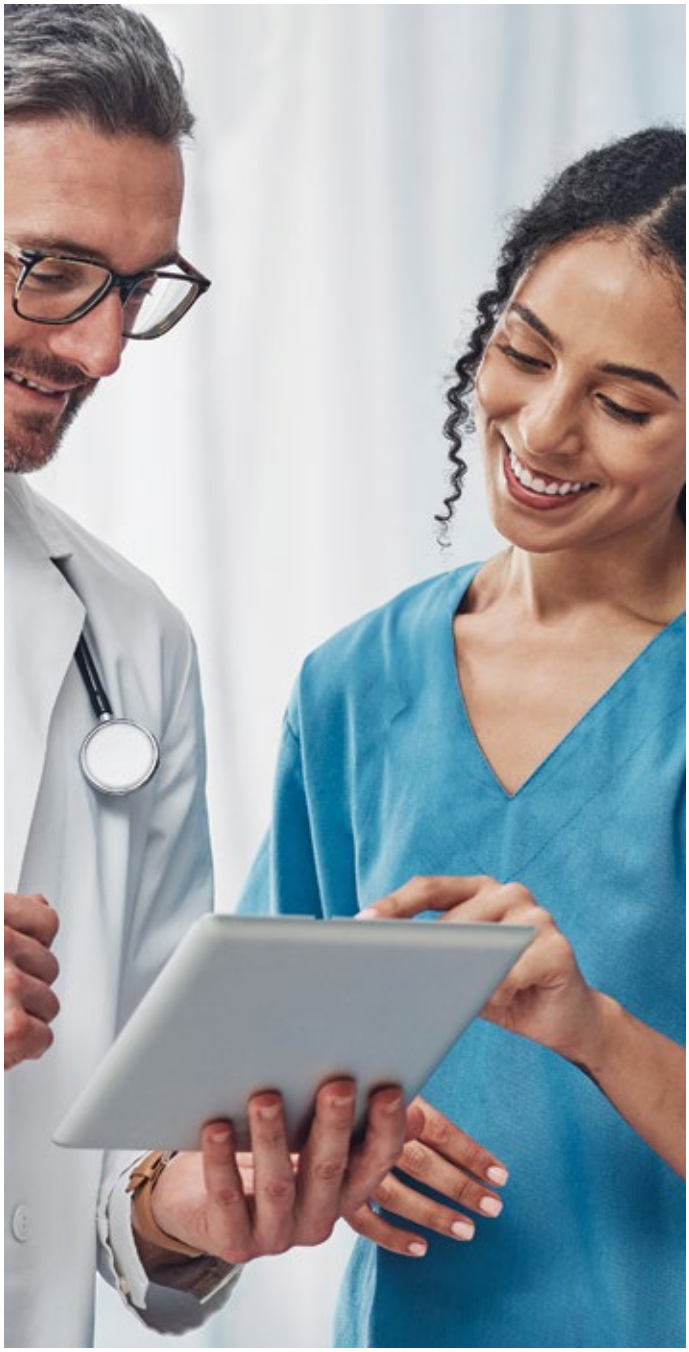
Advancing Health Care Through Canadian Dental Hygiene: Interprofessional Education and Collaborative Care

by Leslie Kenwell, RDH, MEd • leslie.kenwell@dal.ca

With two decades of experience as a dental hygiene educator, I have witnessed significant transformations within our profession, particularly in the realm of interprofessional education (IPE) and collaborative care. Oral health educators have long understood that improved patient outcomes stem from leveraging the expertise of all health care professionals and that this mindset needs to be introduced at the outset of health profession programs. In 2011, while teaching at a dental hygiene school, my colleagues and I embarked on a challenging journey of creating courses to help students value these ideas. We grappled with fundamental questions: How do we effectively communicate with other professions? How can we align or bridge gaps in our scopes of practice? What insights can we gain from one another?



Developing and delivering curriculum that included other professional programs was initially uncomfortable, yet essential to overcome the siloed approach of the past. As Dr. Paul Allison, a prominent advocate for integrating oral care into Canada's medical system aptly stated, "the body's systems do not segregate the mouth from the rest of the body."[1] This perspective drove our efforts forward.

It is known (in dental hygiene education as least) that dental hygienists can identify signs of conditions such as diabetes, cardiovascular diseases, and respiratory issues during routine dental hygiene appointments.[2] An early initiative, the collaboration between nursing and dental hygiene students at George Brown College, Ontario, underscored the overlapping roles in oral health and blood pressure monitoring.[3] The challenges faced and lessons learned—both anticipated and unexpected—highlighted the invaluable gains each profession realized. For instance, it is difficult to measure the substantial appreciation that the professions gained for one another. Such initiatives have since become foundational resources for educators aiming to advance IPE and collaborative care.

Continued...

Advancing Health Care Through Canadian Dental Hygiene…cont'd

Today, many educational institutions have embedded IPE into their curricula, providing students with opportunities to learn alongside their peers from diverse health care disciplines, such as nursing, medicine, and pharmacy. These activities foster essential competencies including interprofessional communication, patient/community centred care, team dynamics, collaborative leadership, and more.[4] At Dalhousie University, Nova Scotia, the annual First-Year Foundational IPE Event involving faculties of medicine, health, and dentistry[5] has become a hallmark, and has evolved to include focussed conversations on health equity. This exposure enhances students' abilities to work effectively within multidisciplinary teams, preparing them for collaborative care models in their future careers.

While progress in integrating IPE and collaborative care within Canadian dental hygiene is promising, challenges persist. These include differences in professional culture, varying scopes of practice, and communication barriers among health care disciplines. Overcoming these challenges demands ongoing commitment to professional development and a unified vision for patient-centred care. Continued growth hinges on expanding IPE initiatives, establishing robust communication channels, and developing collaborative care models[4] that incorporate dental hygienists into multidisciplinary teams.

Recently we have seen a major development in the Canadian health care system with the rollout of the Canadian Dental Care Plan.[6] This program serves as further reinforcement for us to embrace the fact that "oral care is health care."[1] While much work still needs to happen, there is no denying that the role of dental hygienists in interprofessional collaboration is crucial for the advancement of patient care outcomes. As Minister Holland emphasized at the recent Canadian Oral Health Summit, there is a collective imperative to "put the mouth back in the body."[7]

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Interprofessional Collaboration in Dental Hygiene

by Margaret Frey, RDH, BAHSc • margaretfrey03@gmail.com

Interprofessional collaboration (IPC) has been growing in many sectors for some time now. But what does this mean for health care professionals? Petri defines health care collaboration as "an interpersonal process characterized by health care professionals from multiple disciplines with shared objectives, decision-making together to solve patient care problems."[1]

INTERPROFESSIONAL COLLABORATION AND THE DENTAL HYGIENIST

How does this description of collaboration apply to dental hygiene practice? As oral health professionals, dental hygienists are responsible for collaborating on their client's care with others to achieve the best oral health outcomes. This is played out in clinical practice with the collaboration between the clinicians in the workplace as they each treat clients within their scope of practice. Dental hygienists also enjoy collaborating with other oral health professions, for example, as may be seen in the process of referring a client to a periodontist and the (often) subsequent shared care of the client.

INTERPROFESSIONAL COLLABORATION VS COLLABORATIVE PRACTICE

Current thinking around IPC in health care has moved towards an emphasis on collaborative practice. In contrast to IPC, collaborative practice is a more inclusive model that centres the client in discussions as an active participant in goal setting and decision making.[2] Longitudinal studies have indicated that a collaborative practice approach produces better health outcomes and addresses some social determinants of health (SDoH), while providing empowerment and advocacy for clients.[2] Collaborative practice is embedded in the Federation of Dental Hygiene Regulators of Canada's *Entry-to-Practice Canadian Competencies for Dental Hygienists* released in 2021.[3] Considering dental hygienists are regularly engaged with their clients, it is incumbent upon them in Canada to implement collaborative practice with clients, other oral health professionals, and community networks.

COLLABORATIVE PRACTICE IN ACTION

An exciting example of collaborative practice is a community health centre model in the Northumberland district of Ontario.[4] The Community Health Centres of Northumberland (CHCN) is a non-profit interprofessional primary health care team comprising family physicians, nurse practitioners, registered practical nurses, dietitians, social workers, pharmacists, occupational therapists, behavioural support nurses, geriatricians, dentists, dental hygienists, and dental assistants. This comprehensive team offers services from oral health care to geriatric assessment and intervention and includes many programs to meet the population's needs. Organizing an interprofessional team under one umbrella affords the various health professionals the ease of discourse and collaboration as they seek to partner with their clients to meet their health care needs.

Continued...

Interprofessional Collaboration…cont'd

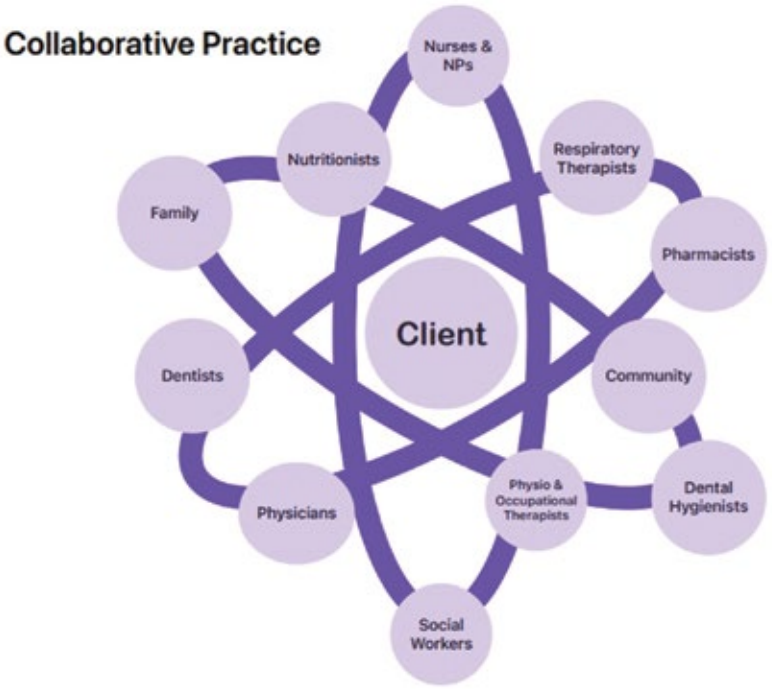
LIMITATIONS OF IPC

A major limiting factor to IPC is the power imbalances experienced by many health care professionals in the workplace, to which oral health care teams are not immune. While there continues to be growth in the number of dental hygienists who choose to work in independent practice, the majority remain in traditional dental practices. This employer/employee relationship complicates the interprofessional collaborative dynamic. According to Okpala, the factors that contribute to power imbalances include inadequate allocation of time, deferral to the medical/dental hierarchy (i.e., respect given for designation rather than expertise and experience), lack of confidence in others' competencies, and poor communication.[5] These issues can be mitigated by moving towards an environment that embraces shared decision making, effective communication, education, and mentoring in collaborative practice.

In addition, the collaboration that allied health professionals seek with the medical field is hampered mainly by systemic factors. Our health care system still situates the primary care provider (PCP), family physicians, and nurse practitioners as the "gatekeeper" and the only means of referral to a specialist. For instance, a physiotherapist who assesses that their client would benefit from a consultation with an orthopedic surgeon must first relay their findings to the client's PCP to have the referral initiated. This step wastes resources, not only in clinician hours and wait time for the client, but also in health care spending. Furthermore, who is better positioned to describe their findings and concerns than the practitioner who specializes in this area and has intimate knowledge of the client and this specific concern?

FUTURE OF COLLABORATIVE PRACTICE

While we see some shining examples of collaborative practice, there are still great strides to be made for all health professionals to embody the principles of IPC. One positive outcome of IPC is the dismantling of the silos in health care. The most effective way of achieving this is via the educational system. Queen's University's Master of Health Professions Education program has IPC as a core principle in its programming.[6] IPC is not only taught in the curriculum, but it is also realized through the recruitment of candidates ranging from physiotherapists, anesthesiologists, and midwives to trauma surgeons and dental hygienists. Through learning and conversations, these health care professionals build relationships and form partnerships that ultimately benefit their patients and clients.



These educators then take their understanding of IPC and implement changes within their various disciplines and institutions. What better way to realize IPC than by the movement of health professionals between disciplines? Many subjects such as ethics, research, Indigenous cultural competency, and SDoH can be taught by educators outside of that silo of health care. Through such visionary programming at the educational level, the silos in health care can be dismantled…or at least diminished.

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FEATURE

Artificial Intelligence Is Here. What Will It Mean for Dental Hygiene?

by Carol A Jahn, RDH, MS, Director, Professional Relations & Education, Water Pik, Inc, USA • cjahn@waterpik.com

On November 30, 2022, OpenAI debuted ChatGPT, a chatbot and virtual assistant, and as they say, the rest is history. Within five days, ChatGPT became the fastest growing application in history with one million users. In comparison, it took Instagram 2.5 months to get to that number. Today, worldwide, ChatGPT now has over 180 million users. In January 2024, the site had 1.6 billion visits, and the chief executive officer of OpenAI, Sam Altman, reports ChatGPT has 100 million weekly active users.[1]

Are you one of the 180+ million users?

While I would not consider myself a regular user, I have used ChatGPT and other similar chatbots although, rest assured, I did not use it to write any of this article. Initially, I was reluctant and opposed to using this new application. As a published author of many years, the realization that my work and my words were going to be readily available to others was disconcerting. And I still feel that way. But I have also learned that an artificial intelligence (AI) bot can be helpful.

My first positive experience with AI came when I was struggling to rewrite my bio, and a co-worker suggested AI. I plugged in my older version and was amazed with what AI generated. Since that time, I have used it to refresh course descriptions, craft important emails, and frame difficult conversations with employees.

In the everyday lives of dental hygienists, I see that AI could have many positive benefits especially when it comes to communication. Tired of having the same conversation with patients about interdental cleaning? Plug in your current verbiage to ChatGPT and ask for a refresh. Aligned with that, AI can help craft patient-friendly take-home educational information. On the personal side, if you want to talk with your employer about a raise, AI can help with that conversation too. It is also an easy and quick way to refresh and update your resume.

ChatGPT or any AI chatbot has limitations and watchouts. In my use, I have found grammatical errors, redundancy, and a tendency towards puffery. Because the chatbot cannot reason like a human, ethics, accuracy, bias, and truthfulness can also be a problem. As a result, it's especially important to always review any content or data generated by the bot prior to using the material.

Privacy is an issue that is often overlooked. While ChatGPT and Microsoft Copilot can be used for free, it is important to keep in mind that any proprietary, confidential or sensitive information should not be shared with the bots. This could include patient or employee needs or health information. OpenAI is set to introduce a new paid version, ChatGPT Business, which will be offered on a subscription basis but is designed to provide more control over data.[2] Microsoft Copilot has various levels that the company states can safeguard organizational data.[3]

As with other tech platforms, it is important to be aware of alleged and potential unethical applications of ChatGPT and other AI bots such as Microsoft Copilot. In April, eight major American newspapers, including the *New York Times*, the *Chicago Tribune*, and the *Denver Post*, sued OpenAI and Microsoft, accusing the companies of using millions of copyrighted articles without permission to train and feed their AI products.[4] Another concerning issue is AI-generated deepfake media, which can trigger political, social, and security issues.

In addition to chatbots, AI is playing a role in health care. Imaging software is assisting with diagnostics by helping doctors interpret CT scans, MRIs, and mammograms to name a few. In dentistry, emerging technology companies provide dental offices with AI tools for reading radiographic images, leading to the enhancement of caries detection, the identification of alveolar bone loss, root fracture, apical lesions, salivary gland diseases, and more.[5]

Despite the challenges, AI is here to stay. In fact, most of us have been using AI long before ChatGPT. If you have used Alexa, Siri, Waze or have smart home devices such as a robot vacuum or a connected thermostat, you have been using AI. On the dental hygiene side, tools that assist in caries, oral cancer or periodontal screenings can help calibrate and streamline treatment. Think of an AI-assisted periodontal probe that automatically calculates clinical attachment levels and determines the patient's periodontal stage and grade. Tools such as these can help those who practise teledentistry, giving dental hygienists the opportunity to help expand access to care. An AI tool could scan and make a diagnosis, and then all the partnering dentist would need to do is confirm. Reduces complexities and streamlines treatment.

If you have not tried ChatGPT or Microsoft Copilot, try it. Like me, hopefully you will be pleasantly surprised by its potential.

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Professional Practice

CDHA members are often interested in alternate career paths in dental hygiene. Our Professional Practice column features members who are employed in non-traditional settings and provides insight and information on what you might need if you are considering a similar path.

Profile

Name: Denise M Kokaram

Education: MA in Leadership (Health), RDH

Career path: Blended public health and private practice

Social Entrepreneurship: Independent Practice Meets Public Health

INTRODUCTION

Presently, I am the chief operating officer of Nation's Dental (ND), an organization that delivers oral health services for equity-deserving populations using a social entrepreneurial model. It is the first model of its kind in Canada. I am a University of Alberta dental hygiene graduate and received my Master of Arts in Leadership (Health) from Royal Roads University in British Columbia. As a strong believer in lifelong learning and holistic health and wellness, I am a certified Reiki master/teacher, hypnotherapist, neurolinguistic practitioner, and ongoing student of mindfulness-based stress reduction and meditation. I also teach workplace mindfulness and stress reduction strategies. These practices have been foundational elements throughout my lifework.

There have never been more opportunities for dental hygienists in Canada than NOW. Since beginning my career, I have witnessed and contributed to the evolution of the dental hygiene profession over the decades. I have had the good fortune of practising in Alberta, where, thanks to strong leadership early on, we have one of the broadest scopes of practice both nationally and internationally. This has afforded dental hygienists tremendous opportunities to be of service and innovate program delivery. Self-regulation, independent practice, administration of local anesthesia, and prescribing are a few examples of how far we have come.

My work is a harmonious blend of part-time clinical practice and public health. I often say, "I don't work a day in my life." If this feeling changes, I know it will be time to retire. I have contributed to our profession by volunteering on various boards, including regulatory, association, and philanthropic, and with a grassroots oral health society.

Continued...

>>>> Professional Practice

Social Entrepreneurship…cont'd

Q **What do you like best about your job?**

A I love making a difference in the lives of those who might otherwise not access preventive oral health care. Program innovation, advocating for systems changes, and continuing the quest to create sustainable services energize and challenge me. This work keeps every day fresh and is mentally invigorating.

Like many dental hygienists, I am a people person. Engaging, building, and stewarding relationships with patients, team members, and stakeholders are paramount to success and bring me immense joy.

Giving voice to those who deserve equitable and accessible care, and working towards increasing the health of our communities are passion projects.

Q **What does your typical workday look like?**

A The beauty of my workday is that every day is different, a step into the unknown. I can honestly say there is never a dull moment. My three primary focus areas are team management, stakeholder engagement and stewardship, and program development, implementation, and evaluation. Advocacy is another significant aspect of my work. Using our program data and qualitative experiences to support community health initiatives, such as the need for community water fluoridation, is extremely enriching. And there are many surprise tasks along the way!

Q **What would you tell someone considering a career in this area of dental hygiene?**

A Giving back to the community through public health programming is enormously gratifying. It changes both lives and the world in which we live. With the introduction of the Canadian Dental Care Plan, there are many more opportunities to innovate and deliver accessible, preventive care to Canadians. Look within your community and explore new possibilities. It is sometimes not the easiest road and requires perseverance, but the intrinsic reward is worth the effort.

Q **How are you making a difference?**

A Creating accessible and equitable preventive oral health services for those who might not otherwise access care makes a difference in their lives and their overall health and well-being. These efforts improve systemic health and can impact the costs to the health care system by reducing systemically related conditions. Raising awareness of the importance of oral health and increasing oral health literacy within agencies and equity-deserving populations support healthier communities. Creating new models of oral health care delivery may inspire others to adopt and adapt these models within their communities.

Q **If you're considering a career in this area, who should you contact to find out what qualities they look for in applicants?**

A ND is a unique organization. If you are interested in pursuing a career in public health, or if you are an independent dental hygienist interested in providing community services, explore what already exists within your community. Seek areas where you can collaborate with agencies or innovate new preventive oral health programming. Research and contact the agency leaders to discuss your ideas. Be courageous.

CONCLUSION

I continue to be humbled by my work and deeply touched and inspired by those we serve and the community organizations with whom we partner. I am immensely grateful and blessed to do this work with Dr. Emeka Nzekwu and the ND team. They are an incredible group of dedicated professionals who are making a difference and changing lives every day. Stepping into the unknown and exploring possibilities to create sustainable and scalable programming challenges me to think outside the box. I deeply appreciate the opportunities my profession as a dental hygienist has offered. My life has been enriched and enhanced on multiple levels throughout this journey and our work has had a butterfly effect within the communities we serve. As Mahatma Ghandi said, "Be the change you wish to see in the world."

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Talking Ethics

Professional Evolution Mandates Interprofessional Collaboration

by Kathleen Feres Patry, RDH, BEd • kfp@rogers.com

Our profession has earned the trust and respect of the "multicultural, multigendered public" (my phrase) and the allied health care professionals, due to our Process of Care, diligent oral and overall health education, and health promotion competence.

The well-documented link between oral health and overall health mandates that dental hygienists collaborate interprofessionally and be responsible for developing and maintaining professional relationships with other health care providers to ensure optimal client care outcomes, safe practices, mutual respect, and trust.[1] The *Entry-to-Practice Canadian Competencies for Dental Hygienists* states that graduates are integral members of the health care team who collaborate with oral health professionals and others to provide safe, effective, and ethical approaches to care.[2]

This issue of *Oh Canada!* examines interprofessional collaboration and medical–dental integration. The Alberta College of Dental Hygienists defines the verb collaborate as, "To work in partnership with the patient and or others while maintaining a focus on the needs and goals of the patient. Collaboration may include consultations, referrals or other relationships that benefit the patient."[3] The British Columbia College of Oral Health Professionals adds, "the dental hygienist works with the client, other members of the dental team and society in general, to achieve and maintain optimal oral health as an essential aspect of well-being."[4] The College of Dental Hygienists of Nova Scotia states, in the context of contraindications, "the member must work collaboratively with the client's health care provider/team to determine the optimal sequencing of dental hygiene care and to ensure that the client's oral health needs are met safely and appropriately."[5 p7]

PRACTICALLY SPEAKING

Interprofessional collaborative activities include consultations and clinically appropriate referrals for assessment, diagnosis or treatment by another health professional.[3] Obtaining consent or withdrawal of consent from the client or their substitute decision maker requires documentation in the client record. The College of Dental Hygienists of Ontario's expanded list of substitute decision makers includes, from the highest to the lowest: guardian of the person appointed by the courts; attorney for personal care conferred by a written document when the client was capable; consent and capacity board-appointed representative; spouse or partner; child or custodial parent; access parent; brother or sister; any other relative; or public guardian and trustee.[6]

Continued...

LEGALLY SPEAKING

A client's personal private health information must be safeguarded according to the federal *Personal Information Protection and Electronic Documents Act*[7] and specific provincial privacy legislation. Privacy legislation at the provincial and territorial levels interprets sharing personal health information in two distinct ways:

1. Those health care professionals who **need to know:** only those health care providers who have a legitimate reason to view someone's personal health information are able to see the information[7] (example in Newfoundland, Nova Scotia, Nunavut, PEI, Saskatchewan)

2. Those health care professionals within the client's **circle of care:** this term is commonly used to describe the ability of certain health information custodians to assume an individual's implied consent to collect, use or disclose personal health information for the purpose of providing health care[8] (example in Manitoba, New Brunswick, Ontario, Québec)

Clarity can be obtained by consulting the Office of the Privacy Commissioner of Canada's website[9] and viewing the "PIPEDA and your business: What you need to know about protecting your customers' privacy" four-minute video.[10]

ETHICALLY SPEAKING

The *Dental Hygienists' Code of Ethics* articulates the knowledge, skill, and judgement expected of dental hygienists in Canada; the public has access to this commitment our profession strives to keep. The ethical principle, **autonomy**, pertains to the right of the client to make their own choices. The dental hygienist communicates relevant information openly and truthfully to assist the client in making informed choices and participating actively in achieving and maintaining their optimal oral health.[11] The ethical principle, **confidentiality**, is the duty to hold secret any information acquired from the professional relationship and includes the responsibility to obtain a client's consent to use or share their information.[10] Members who find themselves facing an ethical dilemma or in need of support to make an ethical decision can consult "Appendix B: Guidelines for ethical decision making" in the code.[11]

PROFESSIONALLY SPEAKING

Our national organizations have analysed the needs of the public and the profession. The Federation of Dental Hygiene Regulators of Canada has created new expanding competencies for entry-to-practice graduates that will become the standards for the profession in the very near future.

The Canadian Dental Hygienists Association has created an ambitious educational itinerary for its Practice 360 national conference, taking place in October. The keynote address by Sarah McVanel, MSc, CHRL, from Greatness Magnified will help us become more decisive, confident, and action-oriented professionals. Specifically related to interprofessional collaboration, Dr. Tim Donley, prosthodontist and international lecturer, will present a session on collaborating with medical professionals in a busy dental practice.[12] Both sessions and the entire program will increase our knowledge and provide us with vision and confidence to embrace our evolving profession.

What's your next step towards the implementation of interprofessional collaboration and medical-dental integration in your practice? Are you looking for opportunities to discuss the options available to our profession? Consider registering for the Practice 360 national conference, October 17–19, 2024. If you do, I'll see you there!

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Foundation Feature

20 YEARS 2004–2024 | CANADIAN FOUNDATION FOR DENTAL HYGIENE RESEARCH AND EDUCATION

Join CFDHRE in Niagara Falls! 20th Anniversary Auction Fundraiser in October

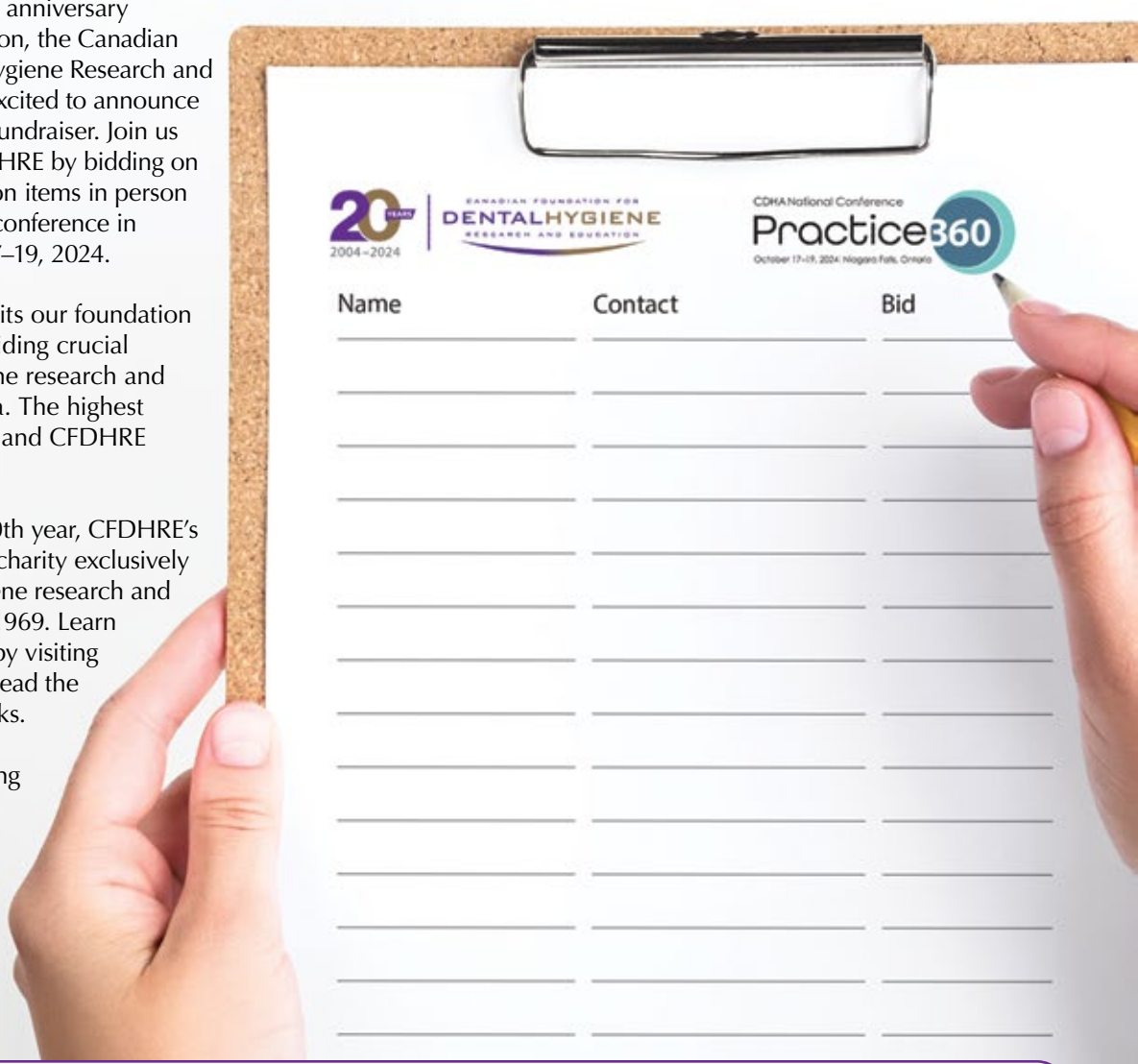
As we celebrate our 20th anniversary as a charitable organization, the Canadian Foundation for Dental Hygiene Research and Education (CFDHRE) is excited to announce our 2024 Silent Auction fundraiser. Join us this fall and support CFDHRE by bidding on a variety of unique auction items in person during CDHA's national conference in Niagara Falls, October 17–19, 2024.

This event directly benefits our foundation and grant program, providing crucial support for dental hygiene research and education across Canada. The highest bidder receives the item and CFDHRE receives the proceeds!

While 2024 marks our 20th year, CFDHRE's history as Canada's only charity exclusively dedicated to dental hygiene research and education dates back to 1969. Learn more about our mission by visiting cfdhre.ca and help us spread the word across your networks.

We look forward to seeing you in October!

Helen Symons
CFDHRE President



For more information about donating to the auction, contact Kristina Paddison at kpaddison@cdha.ca or call 613-224-5515, extension 124.

Provincial Post

THE CLASS OF 2024

CDHA board director Donna Lee from British Columbia had the privilege this spring to attend the UBC Faculty of Dentistry annual Dental Hygiene Purple Night event, connecting with alumni, students, and faculty as they prepared for graduation.

CDHA congratulates all 2024 graduating students from dental hygiene educational programs across the country on their personal and academic growth over the past few years. We are thrilled to welcome you to the profession. The future is bright!

SPECIAL OLYMPICS SMILES

In February 2024, a team of University of Alberta dental hygiene students volunteered with Special Olympics Canada's Special Smiles initiative in Calgary. Special Smiles, part of Healthy Athletes, aims to address potential health issues and promote healthy lifestyles among athletes. This group was composed of third- and fourth-year students, along with faculty member Alexandra Sheppard. The team also included registered dental hygienists and dentists from across the country.

From left to right: Erin Fedyna, Alicia Batyski, Alexandra Sheppard, Melissa Mcghee, Tynan Negraiff, and Lara Basson

The students gained valuable skills such as completing functional assessments, sleep apnea screening, assisting with sport mouthguard insertion, and practising effective communication with members of the Deaf and hard of hearing communities. Questions asked in the screening related to oral hygiene home care, such as how often the athlete is brushing and flossing, and if they regularly visit an oral health professional. Another valuable opportunity for learning was completing functional assessments for sleep apnea, including questions that related to the athletes' quality of sleep. In addition to learning new skills, students were able to apply existing knowledge when providing fluoride applications and oral health education.

Reflecting on the experience, one of the students recalled learning about using an interpreter while treating patients in school and was pleased to see it in action for the first time at the Special Olympics. Another student described how fulfilling it was to help place a boil and bite mouthguard and then watch the athlete use it in a game minutes later. These experiences were clinically beneficial, but also enhanced the understanding of patient care and diversity.

This experience was unlike any previous clinical experience, dental office or volunteer opportunity. Consider volunteering with the Special Olympics to enhance your expertise as a clinician and make a meaningful impact! For more information, visit resources.specialolympics.org/health/special-smiles.

CAMOSUN GRANTED BACHELOR OF SCIENCE DENTAL HYGIENE PROGRAM

Camosun College in Victoria, British Columbia, has been approved to offer a Bachelor of Science Dental Hygiene (BScDH) program and plans to welcome its first cohort in September 2025. It is anticipated that applications will be accepted beginning in late 2024.

The degree completion program at Camosun will require students to complete 10 courses to obtain the degree. Because BCCOHP regulations stipulate that dental hygienists must have a degree in order to own and operate their own business, Camosun's BScDH program will have a business focus. There are five core courses and five elective courses in the final year; two of the core courses are focussed on business.

The program was developed carefully and meets BCCOHP regulations, CDHA baccalaureate competencies, and BC Degree Quality Assurance Board and BC government requirements.

There will be information sessions about the program in fall 2024. To be added to the interest list for the information sessions and for updates on the program, please contact Karen Hood-Deshon at HoodK@camosun.ca.

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Mental Illness Doesn't Just Affect Our Patients…

by David Clark, DDS, MSc (Pathology), FRCD(C) • davidclark1461@gmail.com

"I hope to not only be the best dental hygiene student I can be and help individuals maintain or improve their oral health but (also) to simply just be there and be able to sense what an individual may be going through so that I can offer any kind of help that could make their day or life go better"[1]

Understanding a mental health diagnosis helps one to gain a better understanding of what that diagnosis might mean in terms of how it can affect an individual and their life.[2] For the oral health professional, this understanding also provides insight into a patient's attitudes towards oral health care. In turn, we may become better equipped and adept at managing and providing this often much-needed oral health care while indirectly—whether we know it or not—participating in some small way towards the patient's rehabilitation and/or recovery.

Mental health is a concept similar to physical health: it is a state of well-being. Mental health includes our emotions, thoughts, feelings, connection to others, and being able to manage life's ups and downs. Presence or absence of a mental illness is not a predictor of mental health. Someone without a mental illness could have poor mental health or a person with a mental illness could have excellent mental health. Everyone will experience challenges with their mental well-being but not everyone will experience a mental illness.

Psychiatric disorders or mental health problems are important to dentistry because they can affect the clinical course of various medical illnesses, increase the required duration of treatment, decrease a patient's functional level, and have a negative impact on overall prognosis and outcome. Of note, disorders related to drugs and alcohol (substance use disorders) account for a significant proportion of treatment-related mental health issues.[2]

As members of the oral health care profession, we strive to improve the oral health and, indirectly, the overall health of our patients and communities. We, therefore, need to demonstrate increased awareness of the prevalence of many of the mental health disorders, including the potential factors putting our patients at risk, and also the possible oral complications of both the diagnosis and potential psychopharmacotherapeutic interventions.

Ironically, however, the very traits that can make one excel as an oral health professional—perfectionism, self-giving nature, and dedication—can sometimes be one's Achilles' heel. Many health care providers are so dedicated to their patients' health and well-being that they quickly forget about their own well-being and state of mental health. Combine this with such daily stressors as financial pressures, staffing management issues, uncooperative patients within a hectic schedule, and the physical strain of daily practice itself and one can quickly morph into a state of chronic negative stress that potentially may lead to feelings of anxiety and chronic depression, which are often not mutually exclusive.[3] Depression may result in a number of signs and symptoms including impairment of social and occupational functioning, sleep disturbances, mood changes, fatigue, and loss of interest or enjoyment in life. There of course is very strong evidence implicating COVID-19 in the exacerbation of many mental health disorders. The forced isolation in a pandemic state created heightened concern and uncertainties, and this resulting impairment to both one's personal and professional responsibilities often led to feelings of burnout.[4,5]

Continued...

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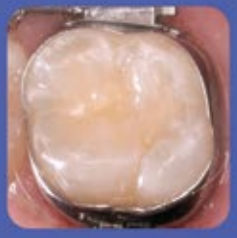

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Could we be ignoring our own wellness especially when it comes to mental health? Unfortunately, stigma remains a very powerful force in silencing those oral health practitioners who are also struggling with mental illness. Experiencing stress, anxiety, and depression can be isolating for the oral health professional and, in turn, lead to the pursuit of maladaptive behaviours that may have further negative effects not only on other body systems—cardiovascular, immune, digestive, etc.—but also on interpersonal relationships, attitude, and overall satisfaction with one's life. For some, the despair experienced leads to thoughts of suicide as the only viable option.

There are many steps that may be taken to mitigate mental health disorders within the dental office. As prevention is a key tenet of dental and dental hygiene practice, the earliest intervention can occur within dental schools by engaging students more in discussions about mental health. Stigma reduction and understanding of mental health disorders may help to reduce the perceived barriers preventing oral health professionals from taking the necessary time away from their practices to focus on recovery. Stress related to the financial aspects of a practice can similarly be mitigated within the dental curriculum or through more continuing education courses. Local, provincial, and national dental and dental hygiene organizations must provide more readily available resources through which oral health professionals may find prompt assistance from mental health care providers. Ensuring more open communication and discussion within the dental office is absolutely paramount in lessening any stigma surrounding mental illness. Ongoing continuing education on mental health topics with an emphasis on symptom recognition and self-care is also paramount in improving one's mental health.

At the end of the day, we must always remember that everyone is often fighting a battle that we know nothing about.

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Advocacy in Action

Top 5 Highlights

by Juliana Jackson, MHA, CDHA manager of policy, research, and government relations • jjackson@cdha.ca

CDHA's advocacy work continues to roll full steam ahead in the context of the phased implementation of the Canadian Dental Care Plan (CDCP) and other key issues. Here are our top 5 spring and summer highlights.

1 The federal government tabled its budget on April 16, promising to expand student loan forgiveness to more rural and remote health professionals, including dental hygienists (starting in 2025–2026). This is a major advocacy win for improving access to dental hygiene care in rural and remote communities across the country!

2 In May, CDHA returned to Parliament Hill for a "mini lobby day," which included meetings with the major federal parties, senators, and policy staff. These meetings gave us an opportunity to discuss our ongoing policy priorities:

- affordable, accessible, and preventive oral health care for Canadians under the CDCP
- implementation of the long-term care (LTC) services standard that includes oral health professionals
- formal inclusion of dental hygienists in the Canada Student Loan Forgiveness Program

3 On April 11, CDHA appeared before the House of Commons Standing Committee on Finance as part of their study of Bill C-59, *An Act to implement certain provisions of the fall economic statement tabled in Parliament on November 21, 2023, and certain provisions of the budget tabled in Parliament on March 28, 2023*.

In CDHA's remarks, Chief Executive Officer Ondina Love spoke about the importance of preventive oral health care. She also took the opportunity to express CDHA's concerns with the discrepancy in CDCP reimbursement rates for independent dental hygienists. To watch the April 11 recording of the FINA committee meeting, search online using keywords "FINA (44-1) Meeting No. 136" or visit parlvu.parl.gc.ca/Harmony/en/PowerBrowser/PowerBrowserV2/20240411/800/41315. CDHA's appearance begins at 11:02:15, with questions further on in the recording.

4 In our ongoing efforts to sustain productive relationships with the policy leads for the CDCP, CDHA meets regularly with Health Canada to identify and address key operational elements and implications related to the phased implementation of the plan.

Representatives from CDHA and provincial dental hygiene associations are also engaged with several CDCP working groups convened by Health Canada. These working groups, with members from national, provincial, and territorial oral health associations, are not decision-making bodies and no formal reports are produced. The groups address engagement and communications, fee setting, and preauthorization/administrative processes.

5 CDHA, like many other stakeholders, is following government reports of CDCP milestones, including the May 22 release that two million Canadian seniors have been approved to receive coverage under the CDCP. Some of these seniors will be seeing an oral health provider for the first time in decades. As of May 22, the government also reported that close to 10,000 oral health care providers were participating in the plan. Applications for children under 18 and people 18 to 64 years old with a valid Disability Tax Credit certificate opened June 27.

FEATURE

The Behavioural Influence on a Patient of a Clinician's Choice of Topic-Specific Words

by Hafeez Ahmed, BDS, FDS, MRD, MSc, MClinDent, DGDP
• binswoodhousedentalpractice@btinternet.com

Editor's note: This article is an abridged version of a longer original piece by the same author, first published in *Dental Health* 2024;63(2):34–37. doi.org/10.59489/bsdht141

INTRODUCTION

The aim of periodontal therapy is to keep the inflammatory response below the threshold of bone loss or further bone loss. This is entirely dependent upon us, as clinicians, persuading our patients to take our advice and follow it.[1] If patients don't comply care is undermined.[2] Thus, the holy grail of any periodontal care is the degree to which our patients comply with oral hygiene instructions because it is of more importance than the choice of any particular treatment method.[3] The key to compliance is effective communication.[4] Yet patients often complain about the inconsistency in the advice given between health care professionals.[5]

CONTEXT

This article and the study it reports were prompted by the fact that, as a periodontal specialist, I receive new patients on a daily basis for the treatment of advanced gum disease. And, although they have previously received multiple courses of periodontal therapy it's relatively common for them not to be able to demonstrate a good understanding of gum disease, the prevalence of which remains static.[6,7]

My experience suggests that, when patients find it difficult to make the necessary behavioural changes, it is generally for a variety of reasons, including: they do not fully understand periodontal diseases; they do not appreciate the long-term implications and legacy of the disease; they do not entirely recognize the pivotal role of home care; or they are individuals who understand all the advice but do not want to change.

In my practice I take a patient-centred approach and attempt to strike a balance between simply "being nice" and empathetic by engaging my patients in detailed topic-based discussions using topic-specific words.[8,9,10]

Around 2006, I carefully devised the following statements to explain gum disease to my patients in a way I thought would be most effective[11,12,13]:

1. Gum disease is an infection that irreversibly destroys the bone that holds your teeth in place.
2. When a significant amount of bone has been destroyed, your teeth will feel loose or wobbly.
3. When insufficient bone remains to support your teeth, they will start to drift or fall out.

However, there appear to be no studies reporting on topic-specific words and their influence on patient understanding, so I conducted one myself.

THE STUDY

I selected 20 of the most common words or phrases from my 30 years of listening to patients and oral health professionals and created a table (Table 1). On the right-hand side of the table I placed a Likert-type scale numbered from 1 to 5. I asked participants to rate each word or phrase by circling one number on the scale to indicate the degree of perceived motivation each offered.

Table 1. Topic-Specific Words/Phrases and the Number of Patients Who Circled Each Score. The words have been listed in descending order of motivation value.

Word/Phrase	Score Given					Mean Score
	1	**2**	**3**	**4**	**5**	
Will result in tooth loss	0	0	0	13	87	4.87
Causes bad breath	0	0	0	15	85	4.85
Irreversible	0	0	9	13	78	4.69
Infection	0	0	5	22	73	4.68
May result in tooth loss	0	7	3	25	65	4.48
Will cause bone loss	7	3	4	16	70	4.27
Causes swelling	0	4	16	38	42	4.18
Avoid dentures	0	4	8	55	33	4.17
Causes bleeding	0	8	32	21	39	3.91
May cause bone loss	0	11	18	49	22	3.82
Result in food packing	0	9	31	41	19	3.70
Results from food packing	22	16	22	19	21	3.01
Caused by bacteria	5	44	33	15	3	2.67
Halitosis	18	31	28	15	8	2.64
Irritated gums	18	69	1	10	2	2.09
Affects supporting structures of teeth	57	9	11	18	5	2.05
Periodontitis	53	23	4	11	9	2.00
Gingivitis	55	21	12	7	5	1.86
Inflammation	67	09	13	5	6	1.74
Reversible	69	24	7	0	0	1.38

Continued...

I recruited participants from new patients referred to my practice by telling them:

"I am conducting a study in an attempt to identify if some of the words we use when we discuss gum disease with our patients affect their enthusiasm more than other words. Essentially, I want to see if some words create more of a feeling of seriousness and also if some words create a greater feeling of motivation to act on the advice than other words."

Motivation was defined as: "It makes you feel like taking the matter seriously" and "It makes you want to do your part in resolving the matter." Participants were also advised: "What I really want to see is if any of the words makes you feel more like sitting down for 8 to 10 minutes each evening to use floss or interdental brushes or wood sticks to clean in-between your teeth and the margins of your gums."

FINDINGS

One hundred lists were rated between June 2022 and January 2023. The gender demographic of participants was split: 61 females and 39 males. The average age was 57 years; the youngest patient was 18 and the oldest was 77.

A mean score for each word was calculated. Although it was not the original intention, the mean score became known as the "motivation value." The highest score of 5 indicated the word was most likely to motivate the patient; the lowest score of 1 indicated the word was least likely to motivate the patient. Using "Will result in tooth loss" as an example, the mean score was calculated as follows: (13 x 4) + (87 x 5) divided by 100 = 4.87.

DISCUSSION

The findings revealed a trend: the more severe sounding words had higher mean scores. This agrees with the consensus that 1) the more immediate and severe the threat, the greater the chance of positive behaviour changes and 2) that patients with mildly threatening problems tend not to comply with their therapists' advice.[14] Worryingly, this trend suggests that some of our patients, irrespective of how we communicate with them, will fail to comply until a stage when tooth loss is inevitable.

The findings also suggest that, in the opinion of susceptible patients with experience of periodontal diseases, certain words used to describe the disease can change the way they think. This agrees with research carried out by Andrew Newberg and Mark Waldman, in their book *Words Can Change Your Brain*.[15]

CONCLUSION

In respect to increasing compliance, it appears that a possible solution could lie in the creation and use of universal statements as scripts, using the topic-specific words/phrases reported by patients as more encouraging. The scripts could also increase consistency in communication between professionals. I hope that this article stimulates wide-spread debate as to how we communicate with our patients.

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The Key Components of Financial Planning

by Sumaiya Bhula, Senior Manager, Women's Segment Strategy, TD Wealth • Sumaiya.bhula@td.com

Dental hygienists can earn a good income with their specialized skills and the demand for oral health care. However, like anyone else, they can benefit from understanding investment and tax planning strategies to help build and preserve wealth. Let's explore some key considerations:

BUILD NET WORTH AND TAX-EFFICIENT STRATEGIES

Developing effective strategies to help build your net worth is important throughout your career to prepare for retirement and ensure you can have the retirement lifestyle you want. Making use of a Registered Retirement Savings Plan (RRSP) and Tax-Free Savings Account (TFSA) can play a significant role in building your net worth and reducing your tax exposure. An advisor can provide guidance at every stage of life to help ensure that not only are you building wealth, but that you have funds available when you need them, whether you're saving for your retirement, a house, a wedding or a trip.

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Implementing insurance strategies can help you protect what matters most—your family and assets—as well as prepare them for the future. A financial advisor can help you create an estate plan that provides for your top priorities and optimize the transfer of your wealth, so you know your loved ones are looked after.

BUSINESS OWNERSHIP

Business owners require specific guidance when it comes to financial management and the transfer of wealth. Advisors provide guidance on insurance options and shareholder agreements to help protect your business and how to reduce debt load. They can provide direction on the benefits of incorporation with respect to tax implications and how to draw income from the business to help protect your growing wealth and ensure that you have an income stream for retirement.

Remember, personalized advice from a qualified advisor is essential. They can tailor strategies to your unique circumstances and help you achieve your long-term financial goals.

TD Wealth will be at CDHA's national conference this fall. We are excited to be participating this year and look forward to hearing from all of you. Be sure to attend and come find our exhibit booth when you are there!

Research & Resources

CJDH RESEARCH UNPLUGGED

The *Canadian Journal of Dental Hygiene* (CJDH) publishes plain language summaries of its research and review articles. The summaries reprinted here are taken from the June 2024 issue. To read the full articles, visit cjdh.ca.

Evaluation of plaque removal by a single-headed versus a triple-headed manual toothbrush using different plaque assessment tools, by N Vanstraelen, M Tarce, J de Almeida Mello, K Vandamme, and J Duyck (*Can J Dent Hyg.* 2024;58(2):81–87).

Dental plaque is a common problem that can be managed with good oral hygiene and regular dental care. This study aimed to compare the effectiveness of a triple-headed manual toothbrush versus a single-headed manual toothbrush in removing dental plaque. Twenty-one (21) participants were instructed to allow plaque to build up for 48 hours. The amount of plaque was measured before and after brushing using both toothbrushes. Plaque was assessed both visually (clinically) and with digital tools. Both the triple-headed and single-headed manual toothbrushes were equally effective at removing plaque. However, brushing time was shorter with the triple-headed toothbrush. The triple-headed manual toothbrush could be a good alternative for some patients with limited dexterity.

WHY THIS RESEARCH IS IMPORTANT FOR DENTAL HYGIENISTS

- Using advanced digital methods of plaque scoring, a conventional single-headed manual toothbrush and a triple-headed manual toothbrush were found to be equally effective in removing dental plaque.
- The use of a triple-headed manual toothbrush can be recommended for care-dependent individuals as a good alternative for daily oral care, as it provides a shorter brushing time, which is useful and efficient in health care settings.

Interactive H5P content for increased student engagement in a dental hygiene program, by N Sharmin, J Pandya, TR Stevenson, and AK Chow (*Can J Dent Hyg.* 2024;58(2):88–97).

Dental hygiene education usually includes classroom lectures, lab simulations, and hands-on clinical practice. Despite efforts to make learning more engaging, classroom teaching still often involves students listening passively to the teacher. This study looked at how interactive, online H5P content incorporated into a third-year oral biology course in a Canadian dental hygiene program affected the students' learning experiences. Researchers analysed anonymous data from the course's final exam and surveyed students about their experiences with the H5P materials. They found that the 43 students scored higher on exam questions related to topics covered by the H5P supplements. The survey, completed by 19 students, showed that students were satisfied with the H5P content, as it allowed them to actively engage with and understand the material better. Based on these findings, educators may wish to consider using H5P to enhance self-directed and personalized learning.

WHY THIS RESEARCH IS IMPORTANT FOR DENTAL HYGIENISTS

- Classroom teaching in dental hygiene programs is usually teacher-focused, involving students as passive learners only.
- H5P is a platform for creating and sharing interactive HTML5 learning content to foster active learning and student engagement in didactic teaching.
- The findings of this study identify H5P as a potential tool for enhancing student engagement.

Controversies regarding oral lichen planus and lichenoid-dysplastic lesions, by IS Yim, L Zhang, I Lin, and DM Laronde (*Can J Dent Hyg.* 2024;58(2):98–105).

WHY THIS RESEARCH IS IMPORTANT FOR DENTAL HYGIENISTS

- Greater familiarity with the literature and controversies surrounding the malignant potential of oral lichen planus and lesions with both lichenoid and dysplastic features can help raise awareness of such lesions.
- Understanding the malignant potential of oral lichen planus and lesions with both lichenoid and dysplastic features highlights the importance of monitoring and following-up such lesions for prevention and early detection of oral malignancy.

The World Health Organization considers oral lichen planus (OLP)—a chronic inflammatory condition—potentially cancerous, but it is believed that cancer risk is higher in lesions that show both lichenoid and dysplastic features (LD). This literature review analysed 36 publications, including research articles, reviews, meta-analyses, books, reports, letters, and editorials, to explore issues related to OLP and LD, including their cancer risk, classification, and whether lichenoid inflammation leads to dysplasia or the other way around. Studies suggest that OLP has a small risk of turning cancerous, and LD should not be ignored because dysplasia with or without lichenoid features can become cancer. Studies also note disagreement on how to classify and what to call LD. A major issue in the literature is the inconsistency and subjectivity in diagnosing these conditions, leading to variability among different observers and potentially inaccurate diagnoses. More research is needed to understand OLP and LD, but both should be considered potentially cancerous and taken seriously.

Impact of research paradigms on low-income female caregivers and their children: an oral health literacy discourse, by MG Bennett (*Can J Dent Hyg.* 2024;58(2):106–110).

WHY THIS RESEARCH IS IMPORTANT FOR DENTAL HYGIENISTS

- Oral health professionals must improve their understanding of how to empower and advocate for low-income female caregivers to increase their oral health literacy.
- An emphasis on social justice and advocacy has the potential to help change female caregivers' behaviours, improving their ability to access and navigate health care information and services and, ultimately, their and their children's oral and overall health.

Despite extensive research and public health efforts, dental cavities are still common among children from low-income families. Given the established connection between female caregivers' oral health literacy (OHL) and the oral health of their children, this literature review analysed 9 research articles to identify assumptions in research methods and how these assumptions may shape understanding of and response to the OHL needs of low-income female caregivers. Seven (7) of the articles used quantitative methods to explore OHL among low-income female caregivers. This "positivist" approach tended to ignore the voices of female caregivers in favour of the health care professionals. It also identified race and socioeconomic status as barriers to higher OHL but did not seek to understand or address these barriers. Health care professionals need to consider all the factors that affect caregivers' OHL by seeking out the perspectives of this patient population. Strategies should be developed to empower and support female caregivers in increasing their OHL to improve their own and their children's overall oral health.

Continued...

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Biomarkers of epithelial-mesenchymal transition: E-cadherin and beta-catenin in malignant transformation of oral lesions, by IS Yim and DM Laronde (*Can J Dent Hyg.* 2024;58(2):111–19).

Identifying oral lesions that are likely to become cancerous can lead to early treatment to prevent oral cancer. Diagnosing dysplasia in an oral lesion helps predict this risk but can vary between observers. Biomarkers, such as E-cadherin and beta-catenin, which show changes at the molecular level, may offer a more objective way to assess risk. These markers are involved in a process called epithelial-mesenchymal transition (EMT), which may play a role in early cancer development in oral tissues. The authors reviewed 60 articles, including research papers, reviews, and consensus statements, and explain EMT, its link to oral cancer, and how E-cadherin, beta-catenin, and the Wnt pathway interact in the progression to oral cancer. Depending on the Wnt pathway activity and loss of E-cadherin in cell membranes, E-cadherin and beta-catenin can play different roles in cancer progression, from preventing tumours to promoting early- and late-stage tumours. Future research should study the long-term role of EMT markers in predicting cancer progression in oral tissues.

WHY THIS RESEARCH IS IMPORTANT FOR DENTAL HYGIENISTS

- Understanding the complex biological mechanism, epithelial–mesenchymal transition (EMT), and its relationship to oral cancer and potentially oral epithelial dysplasia is important for oral health professionals.
- Understanding the role of the molecular markers of EMT, specifically E-cadherin and beta-catenin, in oral malignant progression may improve the accuracy of lesion risk assessment.
- Future research on EMT and oral dysplasia should be undertaken to guide lesion risk assessment and clinical management.

Effectiveness of herbal oral care products in reducing dental plaque and gingivitis: an overview of systematic reviews, by V Mehta, A Mathur, S Tripathy, R SA, and T Sharma (*Can J Dent Hyg.* 2024;58(2):120–34).

Many clinical trials and systematic reviews have looked at how well herbal and regular oral care products reduce plaque and gingivitis, but their results have been mixed. This umbrella review gathered data from systematic reviews to provide a summary of how herbal oral care products (such as mouthrinse and toothpaste) affect plaque and gingivitis. Some herbal oral care products, especially mouthrinses, appear to be as effective as traditional oral care products in reducing plaque and gingivitis and so can be used alongside traditional toothpastes. However, because many clinical trials were short (less than 4 weeks), lacked sufficient sample sizes, and had an uncertain risk of bias, oral health professionals should be cautious when recommending herbal products to their patients. To better understand the effects of herbal extracts on gum health, long-term, well-designed, and controlled trials following standardized research methods are needed.

WHY THIS RESEARCH IS IMPORTANT FOR DENTAL HYGIENISTS

- Herbal oral care products have attracted a lot of attention from manufacturers, researchers, clinicians, and the public.
- Some studies have shown herbal oral care products to be as effective at preventing plaque and gingivitis as conventional products, but these studies have been of lower quality, biased, and conducted for short periods only.
- Oral health care professionals should exercise caution when recommending herbal dentifrices and mouthrinses to their patients.

LISTERINE®
ANTISEPTIC MOUTHWASH

Efficacy of Professional Flossing, Supervised Flossing and Mouth Rinsing Regimens on Plaque and Gingivitis: A 12-Week, Randomized Clinical Trial[1]

Bosma ML, McGuire JA, Sunkara A, Sullivan P, Yoder A, Milleman J, Milleman K. Efficacy of Flossing and Mouthrinsing Regimens on Plaque and Gingivitis: A randomized clinical trial. J Dent Hyg. June 2022; 96(3), 8-20.

OBJECTIVE

To evaluate the efficacy of twice-daily alcohol-containing, essential oil mouthrinse (LISTERINE® Antiseptic) and brushing, and flossing and brushing, under once-daily supervision for the prevention and reduction of plaque and gingivitis.*

***Floss is intended to remove plaque and food particles between teeth to reduce tooth decay.[2]**

METHODOLOGY

Primary endpoints were interproximal mean Modified Gingival Index (MGI) and interproximal mean Turesky Modification of the Quigley-Hein Plaque Index (TPI) at Week 12. Interproximal mean bleeding index (BI) at Week 12 was a secondary endpoint.

- All subjects were supervised once daily at the clinic, Monday through Friday. Second treatment of the day, Saturdays, and Sundays at home were unsupervised and recorded in diaries
- For all oral examinations, subjects refrained from oral hygiene for 8-18 hours and did not eat for >4 hours before the visit

SUBJECTS (N=156) WERE RANDOMIZED INTO 4 GROUPS:

Inclusion criteria: aged >18 years; good general and oral health; no known allergies to commercial dental products; >20 teeth with scorable facial and lingual surfaces; evidence of gingivitis; >10 bleeding sites based on the BI; and absence of: fixed or removable orthodontic appliance or removable partial dentures, significant oral soft tissue pathology excluding plaque-induced gingivitis, and advanced periodontitis based on a clinical examination and discretion of the investigator/dental examiner.

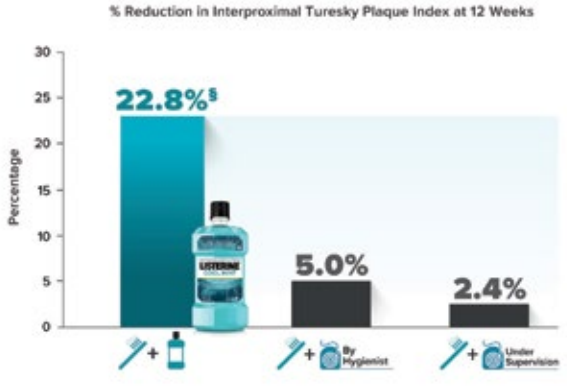
Exclusion criteria: dental prophylaxis within 1 month prior to the Baseline visit; need for antibiotics prior to dental treatment; use of antibiotics, anti-inflammatory or anticoagulant therapy within 1 month prior to Baseline; use of oral care products containing chemotherapeutic anti-plaque/anti-gingivitis products within 2 weeks prior to Baseline; use of smokeless tobacco; and any other medical or psychiatric condition that would make the volunteer inappropriate for the study in the judgement of the Investigator.

Subjects were randomized to either:	Following a complete prophylaxis on day 1, subjects were instructed to:
BRUSHING + LISTERINE® ANTISEPTIC	• Brush 2x daily • Rinse with 20 mL of LISTERINE® Antiseptic for 30 seconds 2x daily following brushing
BRUSHING + FLOSSING UNDER SUPERVISION	• Brush 2x daily • Floss supervised by a hygienist
BRUSHING + FLOSSING BY HYGIENIST	• Brush 2x daily • Floss supervised by a hygienist
BRUSHING + 5% HYDROALCOHOL RINSE	• Brush 2x daily • Rinse with 20 mL of 5% hydroalcohol rinse (negative control) for 30 seconds 2x daily following brushing

RESULTS

At Week 12, compared with brushing + negative-control mouthrinse, only brushing + LISTERINE® Antiseptic provided statistically significant plaque reduction; and brushing + LISTERINE® Antiseptic, brushing + flossing by hygienist, and brushing + flossing under supervision groups provided statistically significant gingivitis and bleeding reduction.

- Compared with brushing + negative-control mouthrinse, interproximal and whole mouth plaque were significantly reduced for the brushing + LISTERINE® Antiseptic group, but not for the brushing + flossing by hygienist or brushing + flossing under supervision groups, at Week 12.



§ $P<.001$; comparing each investigational product vs Brushing + 5% hydroalcohol mouthrinse (negative control)

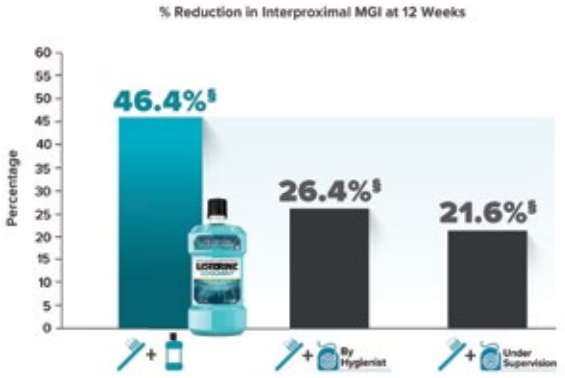
LISTERINE® Antiseptic Significantly Reduced Plaque and Gingivitis:

4.6X MORE EFFECTIVE THAN FLOSS FOR SUSTAINED PLAQUE REDUCTION ABOVE THE GUMLINE‡

‡Flossing by dental hygienist. Sustained plaque reduction after a dental prophylaxis.

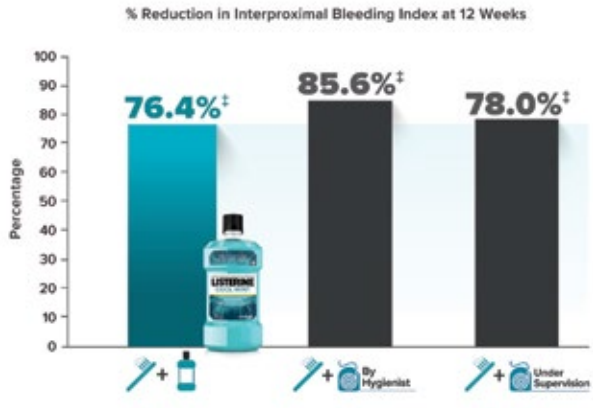
NOTE: Flossing effectively removes imbedded food particles and biofilm between the teeth, helping improve the health of patients' gums and offering a useful tool in daily oral hygiene. Together, flossing, brushing, and rinsing with LISTERINE® Antiseptic on a daily basis provides a comprehensive approach to oral care and an approach to cleaning that reaches nearly 100% of the mouth.[2,3]

- Compared with Brushing + negative-control mouthrinse, interproximal and whole-mouth gingivitis were significantly reduced for the Brushing + LISTERINE® Antiseptic group, as well as for the Brushing + Flossing by Hygienist and Brushing + Flossing under supervision groups



§ *P*<0.001; comparing each investigational product+5% hydroalcohol mouthrinse (negative control)

- Compared with Brushing + negative-control mouth rise, interproximal bleeding index was significantly reduced in the Brushing + LISTERINE® Antiseptic, Brushing + Flossing by Hygienist, and Brushing + Flossing Sous supervision groups
- To measure bleeding index, a periodontal probe with a 0.5 mm tip was inserted into the gingival crevice and swept about the tooth at approximately a 60-degree angle. Each of four gingival areas (disto-buccal, mid-buccal, mid-lingual, mesio-lingual) was assessed after about 30 seconds. (0=no bleeding; 1 = bleeding after 30 seconds; 2=immediate bleeding.)



‡ *P*<0.001; comparing each investigational product vs Brushing + 5% hydroalcohol mouthrinse (negative control).

CONCLUSIONS

- LISTERINE® Antiseptic yielded larger reductions compared to brushing alone in plaque (TPI) and gingivitis (MGI) than hygienist-performed or hygienist-supervised flossing at Week 12
- LISTERINE® Antiseptic, hygienist-performed flossing, and hygienist-supervised flossing all statistically significantly reduced interproximal bleeding at Week 12 compared to negative-control mouthrinse
- Adding LISTERINE® Antiseptic to an oral care routine reduced supragingival plaque more effectively than flossing by a dental hygienist.
- Dental professionals may use these data to recommend the most effective oral care routines to their patients depending on their needs

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FEATURE

Managing Dental Caries Risk in Children: The Role of Fluoridated Toothpaste

by Harishni Ramesha, RDH, HBSc, MEd • hramesha@cadh.ca

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Dental caries, a prevalent concern among children ages 6 and above, continues to be a challenge in pediatric oral health. Early childhood caries (ECC) has been defined as "the presence of one or more decayed, missing or filled tooth surface in any primary tooth of children aged under 71 months."[1] In Canada, 57% of children aged 6 to 11 years have or have had caries, while 24% of all children have damage to their permanent teeth related to caries.[2] Given these staggering statistics, despite advancements in preventive dentistry, dental caries remains a significant public health concern. Contributing factors such as a cariogenic diet, poor oral hygiene, limited fluoride exposure, microbial composition, and socioeconomic determinants of health contribute to the issue.[3] By exploring the multifactorial nature of dental caries, examining the risk factors of dental caries, current preventive strategies, and the potential of high-concentration fluoride toothpaste as a solution, this article aims to provide insights into effective risk management and strategies for decreasing the incidence of dental caries in children.

RISK FACTORS

Understanding the complexity of risk factors for dental caries is vital in determining an individual's susceptibility to dental caries. A systematic review reported that the most common dietary risk factor associated with ECC was the frequency, amount or timing of sugar consumption throughout the day.[4] Beyond dietary impacts, other risk factors include behavioural and socioeconomic factors, breast/bottle feeding, presence of Streptococcus mutans in saliva, and enamel hypoplasia.[4] For example, research shows that children with attention deficit hyperactivity disorder (ADHD) have a higher DMFT and plaque index. Yet, dental caries management may be more difficult when working with these children because they may find it more onerous to adhere to oral health instructions. As a result, it was also found that children with ADHD are more susceptible to develop dental caries than their peers without ADHD.[5] As registered dental hygienists, we have a duty to examine our clients and perform a caries risk assessment prior to recommending possible solutions.

DETERMINING DENTAL CARIES RISK IN CHILDREN

Do you have a pediatric client coming in every 6 months for their regular dental hygiene appointment and being diagnosed with a new carious lesion? How do you approach such cases? As dental hygienists, we are in a unique position to perform a caries risk assessment on all our clients. A common standard in determining caries risk is the Caries Management by Risk Assessment (CAMBRA®) tool.[6] To perform a comprehensive caries risk assessment, we must analyse and document risk factors, such as:

- current, visible carious lesions or newly diagnosed caries
- previous restorations
- high cariogenic diet
- saliva testing results
- systemic conditions/medications
- fluoride exposure
- oral hygiene status
- socioeconomic barriers[3]

Once we determine a value for these risk factors, we need to assess the client's protective factors, such as:

- uses fluoridated toothpaste daily
- has had fluoride varnish application in the last year
- lives in a fluoridated community
- has good oral hygiene[6]

Based on the results of the assessment, we can then assign the level of risk for dental caries (low, moderate or high) and determine possible treatment options and protective measures for our pediatric clients.

STRATEGIES FOR MANAGING DENTAL CARIES RISK

Effective management of dental caries risk in children requires a comprehensive approach addressing various factors that contribute to caries development. Dental hygienists can utilize some key strategies such as:

1. Promotion of healthy dietary habits, including reducing sugar intake and encouraging consumption of nutritious and noncariogenic foods.[7] A nutritional assessment or referral to a registered dietitian may be necessary.

2. Implementation of good oral hygiene practices, such as brushing with fluoridated toothpaste twice daily and interdental cleaning.[8]

3. Encouraging optimal fluoride exposure through community water fluoridation, fluoride supplementation, and use of high-concentration fluoride toothpaste as needed.[8]

4. Delivery of preventive oral health care services such as professional fluoride applications, dental sealants, and regular dental and dental hygiene appointments.[8]

5. Education and awareness campaigns targeting parents, caregivers, and children to promote oral health literacy and encourage adherence to recommended preventive measures.[8]

By integrating these strategies into clinical practice and community outreach efforts, registered dental hygienists play a crucial role in mitigating dental caries risk and promoting healthy. lifelong oral health practices among children.

FLUORIDE CONCENTRATIONS

Fluoridated toothpaste stands as a fundamental strategy in preventing dental caries, with formulations containing higher fluoride concentrations, such as 5000 parts per million (ppm), emerging as promising tools for enhancing caries risk management. While typical toothpaste strength ranges from 1000 to 1500 ppm fluoride, variations exist globally, with maximum permissible fluoride concentrations varying by age and jurisdiction. Many systematic reviews highlight the benefits of fluoride toothpaste in preventing tooth decay, with higher concentrations demonstrating greater efficacy. Importantly, when making the decision to use fluoride toothpaste in young children, we must weigh the benefits of caries prevention against the risk of dental fluorosis. There is some weak and unreliable evidence that suggests a potential association between fluoride toothpaste use under the age of 12 months and increased fluorosis risk.[9] Ultimately, a balanced consideration of caries prevention and fluorosis risk is vital in guiding clinical decision making regarding fluoride toothpaste use in pediatric populations.

CURRENT PREVENTIVE STRATEGIES

Preventive strategies for managing dental caries risk in children are multifaceted. They include dietary modification, instruction on oral hygiene practices, fluoride exposure, and regular dental and dental hygiene appointments. Community-based interventions, such as water fluoridation and school-based fluoride programs, have demonstrated efficacy in reducing caries prevalence. Additionally, topical fluoride applications, fluoride varnishes, sealants, and fluoride toothpaste are widely used for caries prevention in clinical settings.

Recent studies have investigated the efficacy of 5000 ppm fluoridated toothpaste in reducing dental caries, particularly in high-risk populations. Research suggests that higher fluoride concentrations in toothpaste formulations can enhance remineralization of early carious lesions, inhibit bacterial growth, and provide long-lasting protection against demineralization.[8] Clinical trials have demonstrated the superiority of 5000 ppm fluoridated toothpaste over conventional fluoride toothpaste in reducing caries incidence and arresting caries progression, particularly in individuals with elevated caries risk.[10]

CONCLUSION

Dental caries in children remains a significant public health challenge, indicating the need for effective risk management strategies. The use of 5000 ppm fluoridated toothpaste presents a promising approach to reducing caries risk and promoting oral health in children. By adopting a balanced approach, it is possible to mitigate caries incidence and improve the oral health outcomes of children. Moving forward, it is imperative that dental hygienists continue advocating for and implementing effective preventive strategies including promoting healthy dietary habits, encouraging optimal oral hygiene practices, facilitating fluoride exposure, and conducting regular dental hygiene assessments. By integrating these approaches into clinical practice and community outreach efforts, we can strive towards reducing the burden of dental caries. Continued research and collaboration within the oral health community are crucial for advancing our understanding and implementation of evidence-based decisions, with the goal of reducing the incidence of dental caries in our pediatric population.

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Student Scene

The Oral Care Spectrum: Tips for Providing Oral Health Care for Children with Autism Spectrum Disorder

by Andrea Hare, RDH, MEd, and Autumn Penney, Bethany Thompson, Desiree Bennett, Hailey Buhler, and Shayna Coish, 2024 graduates of Dalhousie University's Diploma in Dental Hygiene Program • andrea.hare@dal.ca

Autism spectrum disorder (ASD) is a lifelong neurodevelopmental condition affecting various aspects of an individual's life, including behaviour, sensory processing, communication, cognition, and social interaction.[1] Its prevalence is increasing, with 1 in 66 children and youth between the ages of 5 and 17 diagnosed in Canada in 2015.[2] Research suggests children with ASD face a heightened risk of caries and periodontal disease, yet many are hesitant to attend preventive care appointments.[3,4] This reluctance can lead to worsening oral health conditions and the need for more complex dental procedures requiring anesthesia or sedation.[3] The pediatric dentistry unit in Halifax, Nova Scotia, part of the IWK Health Centre, provides specialized care for individuals under 16 years of age, including those with ASD.[5] Currently, the average wait time for surgical procedures stands at 801 days,[5] possibly contributing to patients experiencing ongoing oral pain, sleep disturbances, and disruptions to schooling and extracurricular activities.

Ideally, children with ASD would access preventive care within their own communities, reducing the burden on our health care system and alleviating long wait times. However, children diagnosed with ASD often find it challenging to cope with new experiences.[6] The oral health care environment, with its variety of sounds, smells, and visual stimuli, can intensify feelings of anxiety and fear for them.[6] In addition to heightened fear and anxiety, research highlights other barriers[1] that may contribute to an overall reluctance to access preventive oral health care, such as:

- challenges understanding verbal and non-verbal cues
- comfort with personal space
- difficulty adapting to change
- trouble with verbal communication
- hypersensitivity leading to anxiety and discomfort
- negative behaviour responses to stress

Considering the rising prevalence of ASD diagnoses, it is important for oral health professionals to equip themselves with the necessary skills and strategies to provide preventive oral care to this demographic in their communities. Navigating the intricacies of ASD requires a thoughtful approach, but research suggests that simple, cost-effective measures can yield remarkable results. The following strategies have been shown to be effective:

1. DENTAL DESENSITIZATION

Children with ASD may react strongly to new environments and stimuli such as noises and smells.[7,8] Offering a tour of the dental office can help familiarize them with the setting, staff, and equipment used during their appointment. This approach is most effective when the tour occurs shortly before the appointment.[7,8]

2. SOCIAL STORIES

Social stories provide clear, step-by-step information, clarifying ambiguous situations or activities.[9] Dental offices can customize social stories to their clinic and team members, starting from outside the building and detailing a typical appointment sequence for the child.[9,10]

3. TELL, SHOW, DO

"Tell-show-do" introduces procedures in a stepwise manner. The child first understands the procedure through explanation, then it is demonstrated in a way that involves the appropriate senses before the procedure is performed on the child.[11] For example, before applying fluoride varnish, explain what the fluoride varnish is used for, show the child the fluoride varnish, use the brush on their finger, then apply fluoride to their teeth.[11]

4. NOISE-CANCELLING HEADPHONES

About 70% of children with ASD experience heightened sensitivity to auditory stimuli, potentially leading to adverse behavioural reactions. Noise-cancelling headphones offer a cost-effective solution, and while highly effective in reducing low-frequency noises, human voices remain audible.[12]

5. ALTERNATIVE TOOTHBRUSHES

Children with ASD may exhibit uncooperative behaviour due to touch sensitivity, particularly in relation to oral sensations.[13] Work with parents/guardians/caregivers to discover the best toothbrush option. Various alternatives such as three-sided, electric, singing or silicone toothbrushes are readily accessible.[14,15]

6. VISUAL AIDS

Visual aids are invaluable tools for improving oral hygiene skills and cooperation in children with ASD.[6] These aids help familiarize children with oral health care environments, reduce anxiety, and facilitate learning. Pictures or videos are effective for non-verbal or non-fluent patients, increasing the likelihood of cooperation during oral health care.[6]

7. AUDIOVISUAL INTERVENTIONS

Audiovisual distractions have been shown to be successful in reducing children's pulse rate, and can be effective in reducing fear, anxiety, and uncooperative behaviour.[4] One study revealed that a tablet device fixed to the operatory chair was superior in pain control during an IAN block when compared to AV glasses, a VR box or no intervention. While audio aids are more commonly accessible, audiovisual aids exhibit greater effectiveness overall.[4]

8. VIDEO OR PEER MODELLING

Children show a preference for visual information, such as television or videos.[4] Consider showing a video of another child's preventive oral care treatment, covering all aspects of a typical appointment.[4] In one study, children with ASD watched a desensitizing video before their appointment, which resulted in decreased anxiety and improved cooperation.[3]

9. LIGHT SENSITIVITIES

The impact of lighting on children with ASD is profound and can influence both their mood and behaviour. Neutral lights create a calming atmosphere. LED lightbulbs are preferred over fluorescent bulbs.[16] Additionally, having the ability to adjust or dim the lighting can significantly enhance the child's emotional state and behaviour during their visit.[16]

The many barriers faced by children with ASD emphasize the importance of individualized, patient-centred care, as there is no "one size fits all" solution. Utilizing these simple accommodation strategies can aid in increasing clinician confidence and patient comfort during oral health care visits. Additionally, it can contribute to easing the burden on surgical wait times while fostering inclusivity and understanding within our communities.

Continued...

>>>> Student Scene

The Oral Care Spectrum…cont'd

A CLINICIAN'S TOOLBOX FOR PROVIDING EXCEPTIONAL CARE TO CHILDREN WITH ASD

- Electronic screen media, such as tablets, can serve as an engaging distraction, providing a positive focus.[3]
- Visual aids and video peer-modelling offer visual cues, helping comprehension and eliminating uncertainty.[3]
- Desensitization appointments provide a structured, gradual introduction to the oral health care environment, helping to ease anxiety in children with ASD.[6]
- Social stories help with executive functioning and sequencing.[9]
- "Tell-show-do" allows clinicians to demonstrate procedures step-by-step, enhancing predictability for the child with ASD.[10]
- Using earmuffs or noise-cancelling headphones helps minimize sensory overload, creating a quieter and more controlled atmosphere.[11]
- Alternative toothbrush options cater to individual sensory preferences.[12]
- Neutral and controllable lighting contributes to a calming environment, accommodating those with sensitivities to bright and/or flickering lights.[16]

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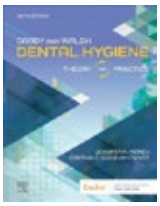
Member Moments

CDHA Congratulates the Following Members for Various Achievements and Honours:



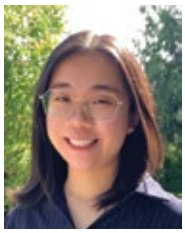
A strong contingent of CDHA members and other Canadian dental hygienists served as lead or co-authors of chapters 2, 4, 29, 52, and 53 of the recently released 6th edition of *Darby & Walsh Dental Hygiene: Theory & Practice*. Congratulations Laura MacDonald, Kathy Yerex, Mary Bertone, Dani Botbyl, Lorraine Glassford, Lynda Mckeown, Ruth Busby, Sue Raynak, Carolyn Weiss, and Heather Woodbeck, and thank you all for your important contributions to dental hygiene education and the profession.

Five CDHA member dental hygiene graduates from Algonquin College in Ottawa recently received the school's prestigious Student Changemaker Award, given by the Board of Governors. The award was presented to Sule Hamamcioglu, Priya Kumari, Lisa McLeod, Zeel Patel, and Tuli Chakma in recognition of their community project, Heart of the Matter, designed to provide complimentary oral health care to individuals who could not otherwise access such services. Read more in the *Algonquin Times* (algonquintimes.com/news/five-dental-hygiene-grads-receive-the-student-changemaker-award).

Congratulations to Luminita Dica, owner of Lumi's Dental Hygiene Care, for being one of the 2024 Sunstar/RDH Award of Distinction recipients in the full-time clinician category. These awards, now in their 23rd year, have recognized more than 143 dental hygienists, including several Canadians, who are influential change makers and leaders in their field. Lumi was honoured at RDH Under One Roof in July.

Congratulations to Shannon Maitland, owner of Complete Oral Wellness, winner of the 2024 *Faces Magazine* award for Ottawa's Dental Hygienist of the Year.

Jenna Smith Sage, owner of Sage Dental Hygiene, won first place and the People's Choice Award in the North Okanagan Community Futures Enterprize Challenge.



The Network for Canadian Oral Health Research recently announced the Oral Health Research Externship Competition Winners for 2024–2025. Congratulations to CDHA member Ilena Yim, BSc, MSc, who was awarded a full-time research externship for fall 2024 to work with Statistics Canada. Ilena is a PhD candidate in craniofacial science and is supervised by Denise Laronde, DipDH, MSc (Dental Science), PhD, in the Faculty of Dentistry, University of British Columbia.

The Filipino-Canadian Dental Hygienists' Society, which is led by Noreen Ocampo and includes a number of CDHA members, was the recipient of two awards recently. The organization received an award from National Filipino Heritage Canada for their advocacy efforts for health equity and providing oral health education and dental hygiene services for underserved populations in Canada and the Philippines. The society also placed second in the International Federation of Dental Hygienists' Social Responsibility Program with their project, "Going Miles for Healthy Smiles." Their project was showcased at ISDH 2024 in Seoul, South Korea, in July.

We are very proud of how much our members give back to their communities and to the profession. If you know of any deserving CDHA members who should be recognized, please submit details to Angie D'Aoust at marketing@cdha.ca.

Member Moments

Celebrating Our Superheroes

Though CDHA's Dental Hygiene Superhero competition has now been retired, we are pleased to partner with Haleon to expand our Member Moments column, allowing us to revisit and recognize the many amazing accomplishments and achievements of the competition's 102 finalists. From close to 3,900 nominations over the five-year history of the competition, these finalists shone brightly because of their extraordinary and inspiring narratives. Dental hygienists don't always recognize the incredible impact they have on the individuals and communities they serve. These special stories shared by the nominators show they absolutely do!

MARY FINDLAY OF GIBSONS, BRITISH COLUMBIA

I have been a patient of Mary Findlay's for over 45 years. In her professional capacity, she has kept my mouth healthy and clean, all the while guiding me gently in maintaining a healthy mouth and body. She conveys her excellent and science-based advice in the ways that she knows I will hear and absorb—recognizing that I am an individual with specific quirks and her approach must be, of necessity, different than it would be with someone else. Thanks in large part to Mary, at 70 years old, I have all my teeth and a dazzling smile! Over this long association, Mary has never stopped "going to school", first achieving a university degree while working full time and subsequently taking hundreds of hours of continuing education courses—way more than is required to maintain her licensing—just because she is committed to being the best dental hygienist that she can be. She carries her well-researched messaging throughout our community as "Tooth Mary" to all local schools, daycares, and public health gatherings and never misses the opportunity to celebrate and/or support individuals and families in her practice and her community, bringing them healthy and supportive resources and messages of sympathy and encouragement..

Read the full story at dentalhygienecanada.ca/pdfs/NewsEvents/Superhero2022/Mary_Findlay-Nomination_Stories.pdf

LISA TIFFANY BOWIE OF EDMONTON, ALBERTA

Tiffany is patient, compassionate, curious, meticulous, motivated, and full of life! In addition to being a dental hygienist, she is also a myofunctional therapist. She provides exceptional patient care. From the minute I met Tiffany it was clear that her focus was both encouraging and educational. She pointed out the areas where my flossing was going well and places where I could do better. Tiffany and I discussed the importance of quality oral care and its impact on overall health. Through her influential and knowledgeable approach, I am empowered to be diligent about my oral health care. Each dental hygiene visit I can see the positive results of a consistent approach. Tiffany takes pride in celebrating these results with me! Tiffany goes well beyond the "Oral Health for Total Health" motto by creating and sharing podcasts on a variety of oral health topics. These podcasts highlight Tiffany's leadership and integrity to help people live healthy, productive lives. She has influenced me to be a solid advocate for healthy oral care every day. She is a professional ambassador who makes the connection between dental practice to a person's overall well-being. This visionary focus is the ultimate in self-care and improved quality of life. I am grateful for her support.

Read the full story at dentalhygienecanada.ca/pdfs/NewsEvents/Superhero2022/Lisa_Tiffany-Nomination_Stories.pdf

KRISTA LANGILLE OF NANAIMO, BRITISH COLUMBIA

I cannot adequately describe the enthusiasm and magnetic personality that this young woman has. She is key to the growth and success of our clinic, developing our protocols, promoting our practice, and sharing with our community how we strive for excellence in patient care and how we partner through education to elevate our dental community. Krista is an exceptional colleague—a true teammate to her coworkers. Always there to help where needed to make the clinic run efficiently, and seemingly calm even during those harried moments that sometimes happen. Never an attitude…positivity exudes from her from the moment that she arrives in the clinic to her departure. I can say that literally every second patient will tell me how exceptional she is, how she has helped them shape their path to better oral health and systemic well-being. She comprehensively guides them through individualized education. Krista brings a wealth of knowledge to our specialty clinic and is our go-to hygienist. Always keen to learn and ready to help, whether it is in our study club or at the office, she is a pleasure to work with. She inspires me to want to grow alongside her. I feel lucky to know Krista, as do her colleagues. Our patients are the recipients of exceptional care. The dental hygiene community has an exceptional representative on Vancouver Island.

Read the full story at dentalhygienecanada.ca/pdfs/NewsEvents/Superhero2022/Krista_Langille-Nomination_Stories.pdf

NAVJEET GILL OF WINDSOR, ONTARIO

Navjeet is the absolute best and kindest hygienist. She makes children feel completely comfortable with their first-time visits and creates such a positive environment! I have a son who is on the spectrum, and she is the only one able to perform dental hygiene services for him. Navjeet provides accommodations to us and is also very involved with the community, providing education on dental hygiene. Her services are so convenient! She comes to you for teeth cleaning. I love the mobility the Smile Wagon brings to the community! Not everyone has easy access to transportation to visit an oral clinic which can undermine care. Navjeet regularly sets up her dental hygiene clinic in places where people would not necessarily have easy access to dental hygiene care. This was especially helpful during pandemic times when many people did not feel comfortable coming out of their homes to seek dental hygiene services. Navjeet has a heart for people and excellent communication skills to help anyone feel comfortable in her care, regardless of social or economic status. She is an amazing human—always reaching out and going above and beyond to help adults and children with her generous, gentle nature. She has helped me get over my fear of oral care providers and has been amazing for my family members with oral issues!

Read the full story at dentalhygienecanada.ca/pdfs/NewsEvents/Superhero2022/Navjeet_Gill-Nomination_Stories.pdf

Read all our superhero stories at
dentalhygienecanada.ca/healthcaresuperhero
Stay tuned for more stories in our next issue.

Dental Hygiene Then

Self-Regulation

by Catherine Thom, DipDH, MA • hct1@bell.net

This is the eighth in a series of retrospectives on the evolution of the dental hygiene profession. Sometimes we take the status quo for granted. Sometimes we need to understand and appreciate that we are where we are because we stand on the shoulders of those who came before. To know where we're going, we must know where we've been.

Just as formal education begins the transition of an occupation into a profession, attaining self-regulation marks the transition complete. For the occupation of dental hygienist in Canada, this journey began in the early 1950s when the first dental hygiene educational program was established at the University of Toronto.

What is so special about self-regulation? Basically, it means members of a profession have the right and responsibility to direct and monitor themselves. It makes dental hygienists solely responsible for their professional behaviours. With self-regulation, dental hygiene practice is no longer controlled by members of the dental profession who, since its beginning, have been the principal employers of dental hygienists.

Health care in Canada is mainly a provincial matter. Specific provincial statutes define the scope of practice for each recognized, controlled profession. Other laws define how these professions must be regulated. Statutes vary from one province to another. However, the major expectations under all provincial legislative acts regarding self-regulated health care professions are similar. These laws typically define:

- **the scope of practice:** general areas of professional activities
- **the authorized acts:** all aspects of specific procedures a registered member of the profession is allowed to provide to clients, described in detail. In dental hygiene practice, some acts are self-initiated (undertaken directly by the dental hygienist); some must be prescribed by a dentist.
- **the structure of the regulatory body to be established:** the numbers, roles, and required qualifications of members of the governing council
- **the proportion of professional to public members on council:** public members are usually appointed by the provincial government from applicants who volunteer their services. Public members who have been a member of the profession in question are usually ineligible to sit on the council of their former profession but may sit on council for a different discipline.
- **the operations** required of the body to approve, register, monitor, and discipline practitioners

Attaining self-regulation does not necessarily mean increased scope of practice. With self-regulation, the government grants authority to the regulatory college to govern its members on an equal basis with other self-regulated professions such as dentistry, medicine, and nursing.

While members of the public and even some health care practitioners tend to assume that professional self-regulation operates in the interest of promoting the profession and its practitioners, this is not the case. The core mandate of all regulatory authorities in Canada is protection of the public they serve.

For example, the *Ontario Regulated Health Professions Act (1991)* provides a comprehensive framework for establishment and operation of the professions' (named in the Act) regulatory colleges. The following is a short list of required duties of the College of Dental Hygienists of Ontario (CDHO). It must:

- ensure registrants perform care safely, ethically, and competently
- protect the public from unqualified, incompetent or unfit practitioners
- promote high quality services and accountability of practitioners
- provide the public with access to health care practitioners of their choice

Self-Regulation

To achieve these basic goals, all dental hygiene regulatory authorities must develop, update, and maintain:

- requirements for becoming a dental hygienist
- a registration process for qualified practitioners
- a publicly accessible register of practitioners
- guidance for practice and enforcement of standards
- a quality assurance mechanism to foster and evaluate ongoing competence of registrants
- a mechanism to answer complaints from clients, assess professional misconduct, and provide suitable resolution

Each province develops legislation to guide its dental hygiene regulatory authority in developing appropriate mechanisms to direct and monitor members of the profession according to its defined scope of practice.

With the establishment of the *Ordre des hygiénistes dentaires* in 1975, Quebec became the first province to sanction self-regulation of dental hygiene practitioners. It would be 15 years before another province would follow suit. Between 1990 and 2023, the nine remaining provinces were granted self-regulation status as follows:

- **1990** – **Alberta**
- **1993** – **Ontario**
- **1995** – **British Columbia**
- **1998** – **Saskatchewan**
- **2005** – **Manitoba**
- **2009** – **New Brunswick and Nova Scotia**
- **2010** – **Newfoundland and Labrador**
- **2023** – **Prince Edward Island**

In 1995, the registrars of the four regulatory colleges of dental hygiene in Canada at the time formed the Federation of Dental Hygiene Regulatory Authorities (FDHRA). This group achieved representation on the board of the Ontario Dental Hygienists' Association (ODHA) and the Commission on Dental Accreditation of Canada (CDAC).

One of FDHRA's first initiatives was to work towards reciprocity for practitioners to access work in other jurisdictions more easily. The provinces involved (Quebec, Alberta, Ontario, British Columbia) established a "mutual recognition agreement" (MRA). Under the MRA, dental hygienists could move from one of the four jurisdictions to another to practise if they provided:

- a diploma in dental hygiene from an accredited educational program
- a certificate of successful completion of the National Dental Hygiene Certification Board examination (established in 1994)

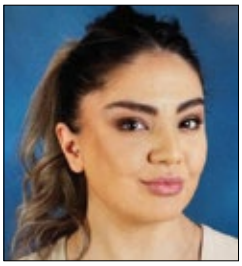
Provinces in which pain management (such as administration of local anesthesia) and restorative procedures were taught in their dental hygiene programs could require existing competencies in these procedures. The colleges involved could also, at their discretion, choose to provide limited registration to practise for incoming dental hygienists until continuing education in the skills could be successfully completed.

According to recently published CDHA statistics, there are now over 30,000 registered dental hygienists in Canada. Ontario oversees about 13,000 of Canada's practitioners followed by British Columbia (4,100) and Alberta (3,200). As expected, Prince Edward Island, the most recent province to attain self-regulation, oversees about 95 dental hygienists who care for its much smaller population.

With the small numbers of dental hygienists working in the north, government departments in the Northwest Territories, Nunavut, and Yukon regulate and monitor active dental hygienists.

With maturation of dental hygiene practice into a self-regulated profession comes responsibility and opportunity. The directions both dimensions have taken will be explored in future articles.

Dental Hygienists Home & Away



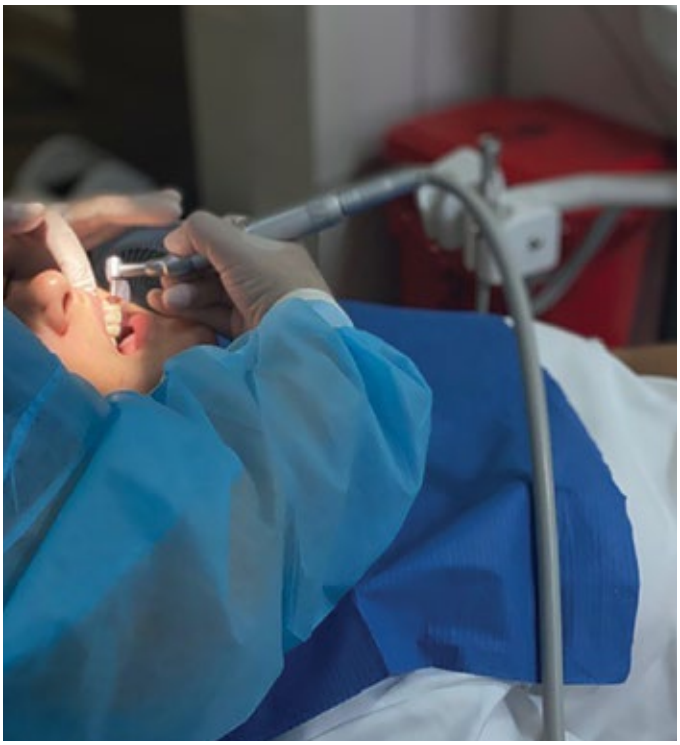
Difference Between Voluntourism and Volunteerism: Balancing Good Intentions with Impactful Engagement

by Shabnam Alcozay, RDH • salcozay@gmail.com

Understanding the difference between voluntourism and volunteerism and what each opportunity offers is crucial before deciding to participate in one. How do we know when and if there is a balance? The only way to find out is either by personal experience or word of mouth, which is what prompted me to write this article! I am excited to share my personal experience as a registered dental hygienist with an international volunteering organization in an attempt to raise awareness and draw attention to the subject in the oral health care field and for my peers and colleagues who may be considering volunteering abroad.

I was raised by a woman who dedicated most of her life to helping and advocating for the underprivileged in her community. My mother has been a strong force of inspiration in my life, serving as a guiding light, helping me recognize and appreciate the transformative power of small acts of kindness. I intend to carry her spirit with me as I continue on my path to social service. Following my graduation from the dental hygiene program at Oxford College three years ago and as an active member of the profession, I remember constantly thinking of ways I could contribute to communities with limited or no access to oral health care resources. I had heard of international programs that offer oral health care and education abroad and so naturally, after a few years in the field, I decided to participate in one. Now I know most of you might think, "Well you could have done that here at home," and I absolutely agree and assure you that I have been contributing in other ways. However, my wanderlust spirit is always looking for ways to fulfill that undeniably strong desire to explore and travel, to discover and make meaningful connections across cultures, which led me to this experience.

As a first timer, I was completely oblivious to the difference between the two terms. According to the authors of *Learning Service: The essential guide to volunteering abroad*,[1] which I highly recommend reading if you're thinking of volunteering abroad, volun**tourism** is a short-term travel experience where some volunteering is involved but it is mostly focused on more traditional touristic activities. In contrast, volun**teerism** is more of a long-term commitment with a focus on making a meaningful, long-term impact on local communities. If you don't know what you're signing up for, you'll end up disappointed!



DETERMINING THE MOTIVATION OF AN INTERNATIONAL VOLUNTEER ORGANIZATION

I was thrilled when I learned about the volunteering opportunities in the dental program offered by International Volunteer HQ (IVHQ), since there aren't that many. This, I believed, served both my passions for travel and for making meaningful contributions in the community. I joined the program for one week in Costa Rica. However, unfortunately due to my lack of understanding of the program's main focus (which was heavily directed towards the touristic aspect of the trip), I felt my participation in the project added no value to or made no meaningful impact on the community or the cause.

To say I was disappointed would be a gross understatement, as it fails to encapsulate the profound sense of disillusionment and betrayal that ensued. The aggressive sales tactics employed by the organization promoting their touristic adventure packages to the volunteers were incredibly disheartening. While the organization claims that volunteers with appropriate qualifications will provide oral health care to underserved communities, the volunteers and resources were in fact placed in urban areas rather than in rural communities. Furthermore, I was placed in two different dental offices to merely shadow the dentists for a few hours each day while the rest of the days were left open to sightseeing and other touristic activities.

Voluntourism is a massive and highly lucrative industry, which makes it even more crucial that the broader social, cultural, and ethical implications are considered beyond just the financial gains, and that these programs are designed to genuinely benefit the local communities rather than just serving the interests of volunteers and tour companies.

I strongly recommend doing extensive research and even asking for recommendations and guidance from colleagues and peers who may have prior experience before committing to any of these programs. I feel I jumped the gun without researching other organizations that may offer *volunteerism* opportunities for the dental hygiene community rather than *voluntourism*!

Reference

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Association in Action

NOTICE OF ANNUAL GENERAL MEETING

Notice is hereby given that the Canadian Dental Hygienists Association's annual general meeting (AGM) will be held virtually on Saturday, September 28, at noon ET. Check CDHA's website at cdha.ca/agm for details. Registration for the AGM is free and includes an education session on interpreting a patient's medical history. Registration opens August 14. If you cannot attend, you may complete our proxy form and submit it to the CDHA office as instructed, no later than 4:00 pm ET on September 20. The formal notice and proxy form can be found at files.cdha.ca/Education/notice_agm_proxy_2024.pdf.

CDHA'S PARTNERS' CIRCLE

The Canadian Dental Hygienists Association greatly values its dental industry partnerships, which help the association develop and maintain meaningful programs for its members.

CDHA's Partners' Circle consists of eight dental industry leaders at sponsorship levels ranging from bronze to elite. The elite-level members are Haleon and Waterpik; Kenvue is a gold-level member; Colgate, Philips, and Dentsply Sirona are silver-level members; and HuFriedyGroup and Sunstar are bronze-level members.

CDHA is proud to recognize each of these dedicated members of the Partners' Circle and is grateful for their unfailing commitment to the dental hygiene profession, CDHA, and its members.

PUBLIC RECOGNITION

The past year has been exceptionally busy for CDHA in terms of media activity, particularly related to the Canadian Dental Care Plan (CDCP). Our members and/or the profession were included in a record-breaking 341 news segments compared to last year's 277, a 23% increase. We devoted significantly more effort to media monitoring and reporting, managing responses (letters to editor corrections and arranging/providing interviews) as well as circulating media releases (9 in total) and building strong relationships with reporters, particularly from Canadian Press (CP) and CBC.

Our national advertising campaign focussed on seniors and the impact dental hygienists are having delivering the Canadian Dental Care Plan. Efforts included the following:

- 233 thirty-second ads on 7 television networks, including CBC News Network, CTV News Channel, Silver Screen Classic, Food Network, Moi Et Cie, and Casa (FR) reaching an audience of 4,419,300.

- 118 ads (98 digital screens and 20 static posters) in medical offices across the country reaching an audience of 3,006,172 for a total combined reach of 7.4 million.

- Banner ads and a sponsored article in two issues of ZOOMER magazine enewsletter distribution, with an audience reach of 136,149 seniors.

- A paid series of 8 bilingual feature articles on oral health topics distributed to 40,000 community newspaper editors via News Canada/Fifth Story. Coverage from these articles generated 97 articles, reaching an audience of 5,584,912, up exponentially from 2,103,541 prior to the pandemic.

CDHA EXPANDS SOCIAL MEDIA

There is now one more platform you can use to stay connected with CDHA and all the latest news and updates. Find us on LinkedIn at linkedin.com/company/canadian-dental-hygienists-association!

Charting a Course: Strengthening the Oral Health Workforce in Canada

The last national study of human resources in Canada's oral health care sector was conducted in three phases between 1999 and 2005. Unfortunately, a lack of valid data to populate the model developed prevented a more effective human resource planning environment from emerging. In the absence of such a planning environment, measures intended to address human resources issues in other health care sectors have been inappropriately applied to the oral health care sector, resulting in insufficient support for the delivery of oral health care. The COVID-19 pandemic exacerbated this issue.

With the launch of the new Canadian Dental Care Plan heightening concerns about the availability of human resources in the oral health care sector, the Canadian Dental Hygienists Association (CDHA) and the Canadian Dental Association (CDA) recognized the importance of hosting a workshop to discuss current sources of information, how such information can be used to develop evidence-informed human resource policies, and actions that can be taken to promote the development of a more effective human resource planning environment.

Together, CDHA and CDA planned and hosted a workshop on June 23 in Halifax, in conjunction with the Canadian Oral Health Summit. Participants included the presidents of CDHA, CDA, the Denturist Association of Canada, and the Canadian Dental Assistants Association.

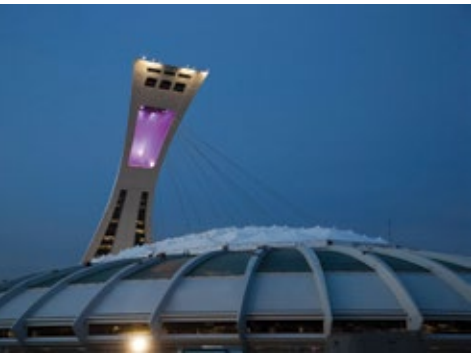
Also invited were key association staff, regulators, educators, health human resources experts, and representatives from the Commission on Dental Accreditation of Canada and the Association of Canadian Faculties of Dentistry.

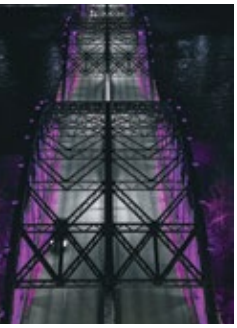
All four oral health professions represented at the workshop gave presentations, providing an overview of the current state of the oral health workforce. Key statistics on the distribution, demographics, and areas of practice of dentistry, dental hygiene, and dental assisting professionals were also shared.

In addition, the workshop featured excellent presentations from Health Workforce Canada and two health human resources experts on the oral health sector and forecasting models. Following the presentations, participants formulated some actionable strategies. It was a great collaborative first step in ensuring a strong oral health workforce to support the needs of the people of Canada.

National Dental Hygienists Week™
April 4-10
Oral Health For Total Health!

#NDHW24: Lots of Buzz and More Broken Records!



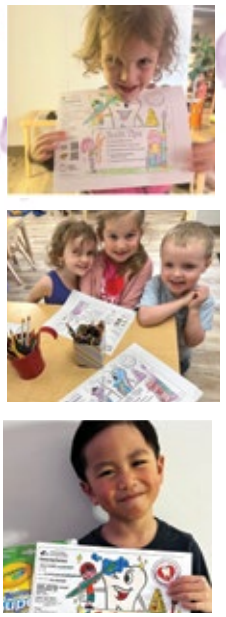


Once again, National Dental Hygienists Week™ (NDHW™) activities between April 4 and 10, did not disappoint! Members celebrated with media interviews, study club and alumni gatherings, dental hygiene student activities, fundraising, and community service. There were free oral health care clinics and oral cancer screenings, plus many educational presentations at schools, seniors' centres, parent expos, farmers' markets, and even a running club.

It was heartening to see the hundreds of gratitude posts by dental clinics and employers celebrating their RDH teams. Equally inspiring was the amazing increase in francophone participation this year. There was even an NDHW™ celebration in Japan.

In all, 103 landmarks were lit in purple, including 24 brand new locations. There were 2,693 colouring contest entries, with 36 school boards across Canada promoting the contest to their students (10 more than last year!). Hundreds of members added frames to their social media profiles, and Instagram activity was high, reaching 62,000 accounts with more than 6,000 likes, comments, shares, clicks, and saves. Website traffic on NDHW™ pages totalled 22,261 views (up 60% over last year) and 12,864 NDHW™ resources were downloaded.

Members of Parliament made two statements in the House of Commons recognizing dental hygienists, plus there was a statement from Minister of Health Mark Holland. An MP toured a member's dental hygiene practice in Hamilton, and an op-ed was published in the *Hill Times*.



CONGRATULATIONS TO ALL OUR CONTEST AND AWARD WINNERS

Put Your Purple On! Photo Contest: From over 800 photos, Priya Chekuri's fun purple celebration was voted the grand prize winner. Runners-up were Maria Tima, Canadian National Institute of Health (CNIH) dental hygiene students, and Christine Beyleveldt. View the winning entries at cdha.ca/pypo and the entire image gallery at cdha.ca/pypophotos.

Show Us Your NDHW™: Countless members and groups contribute to the success of the week but each year, we like to highlight the efforts of those who, in some special way, went above and beyond. In 2024, we recognize the inspiring efforts of Melanie Murray, Melanie Johnston-Dore, Newfoundland & Labrador Dental Hygienists Association, Nicole Kielly, Melissa Sedore, Shannon Maitland, Vanessa Bravo, and Julie DiNardo.

Colouring Contest: This year's winning young artists are Oliver, Joaquin, Aryahi, Averie, Isla, Abdullah, Jonah, Taylor, and Madeline. View their entries at cdha.ca/colouringcontest

We sincerely appreciate your participation in and dedication to this annual event. Thank you for putting on your purple, raising your voices with #DHpurplepride, and celebrating the profession with us! You are all an inspiration and the very heart ♥ and soul of dental hygiene and CDHA.

CDHA extends sincere thanks to our sponsors Dentsply Sirona, Sunstar G•U•M, TD Insurance, PHILIPS Sonicare, and PHILIPS ZOOM! whose generous support helped to make this week possible.

Be sure to mark your calendars now and start planning for **#NDHW25** (April 4–10).

Your Professional Development Planner

All CDHA webinars are FREE for members and are released for immediate viewing.

Upcoming Opportunities

CDHA Annual General Meeting & Education Session: Mysteries of the Medical History
Dr. Tom Viola, RPh
Virtual event: September 28

Oral Health Hacks: What Helps & What Hurts Webinar
sponsored by Kenvue
Release date: November 20

CJDH Between the Lines Video Podcast: Episode 3
Release date: December 4

AAP Perio Disease Classification Presentation
Virtual event: January 25

Oral Probiotics Webinar
Release date: February 19

CJDH Between the Lines Video Podcast: Episode 4
Release date: March 12

Trauma-Informed Dental Hygiene Care Webinar
Release date: March 19

Orofacial Myofunctional Therapy Presentation
Virtual event: April 19

CDHA National Conference
Practice360
October 17–19, 2024 | Niagara Falls, Ontario

Live Event!
3 Days | 50+ Exhibitors | 25+ Dental Hygiene Sessions

DHQ Dental Hygiene Quarterly

Check out the summer 2024 edition featuring *Prepare for the Unexpected! Medical Emergency Preparedness*, presented by India Chance, RDH, CDIPC (from the US), and *Digital Scanning for Examinations and Communication*, presented by Cat Edney, DipDH, DipDT, PgDip (DIST) (from England). Plus, **save over 25%** with the Summer Learn and Save program—offer ends August 31!

Visit cdha.ca/DHQuarterly

Visit cdha.ca/ProfessionalDev for details.
Offerings listed are subject to change.

THE CANADIAN DENTAL HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES

CDHA National Conference

Practice360

October 17–19, 2024 | Niagara Falls, Ontario

Hurry!
Early Bird Pricing Ends Sept. 11

Earn your continuing competency hours at the RDH event of the year!

Program Highlights

- Forensic Odontology
- AAP Periodontal Disease Classification
- Oral-Systemic Link

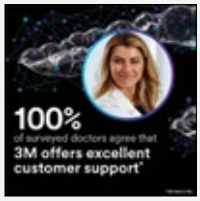
cdha.ca/conference | #RDHpractice360

Oral Health Product TRENDS

Visit cdha.ca/trends for detailed listings.

An oral health product bulletin brought to you by CDHA

Keep your fingers on the pulse of industry trends with the latest oral health product information. Insight into the newest oral health products on the market today can help shape your client care for tomorrow.



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Healthy Smiles.

[1]When equal strokes applied in an in-vitro study. Abstract which has been reviewed and presented at IADR

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