FALL 2018 / Vol. 53 • Issue 2

BCDHA

OUTLOOK

British Columbia Dental Hygienists' Association

Your connection to a growing, vibrant professional community

Caring Campaign...

Look at what we can accomplish when we work together!

The British Columbia Dental Hygienists' Association's *Caring Campaign* is helping to provide dental hygiene care for underserved or disadvantaged British Columbians who might not otherwise be able to access these important services. This project is a collaborative initiative between the British Columbia Dental Hygienists' Association (BCDHA), corporate sponsors Sunstar and Maxident, and independent dental hygiene practitioners across BC. BCDHA worked closely with four independent dental hygienists to identify deserving individuals or families from their communities. Those selected for the program will attend their local dental hygiene clinic to receive preventive dental hygiene services that will be paid for by the *Caring Campaign*.

Continued on page 10

Inside this issue:

Message from the Chair

By Tammy Gulevich, RDH

I would like to take this opportunity to welcome Rick Gambrel as the new Executive Director of the BCDHA. Until her retirement in August, Cindy Fletcher led the organization for the past 22 years and helped to develop the BCDHA into the well-established and respected voice of the BC Dental Hygienist. I look forward to Rick leading us into the future and tackling the challenges still faced by our profession.

One of the challenges continues to be increased access to dental hygiene care for the public. To accomplish this we must remove the barriers placed on the practice of dental hygiene. We will continue to focus on political action and increasing awareness of the role of the dental hygienist as primary care providers.

Throughout the past few months, in various locations around the province, the Board of Directors have been meeting with BCDHA members in interactive *Sharing Circles,* with the purpose being to listen to you, our members. We are interested to learn about the rewards and challenges of everyday practice. All of the *Sharing Circles* have been well received and the social aspect has been very gratifying. The networking and interaction has been a fun aspect of the events and it is very fulfilling for me to see the passion that dental hygienists have for making a difference in the lives of those in their care.

At our last national dental hygiene conference, the theme was "Translating Knowledge into Action." This is where the work of the Board will focus over the next few months. Because we want to meet the needs of our members, the Board will use the feedback from the *Sharing Circles* to assist us with planning for the future.

This summer, the Province of BC again faced significant wildfire challenges. There were many examples of how communities supported each other in the face of adversity. I am reminded, once again, of the importance of community; and how a strong profession supports all of us.

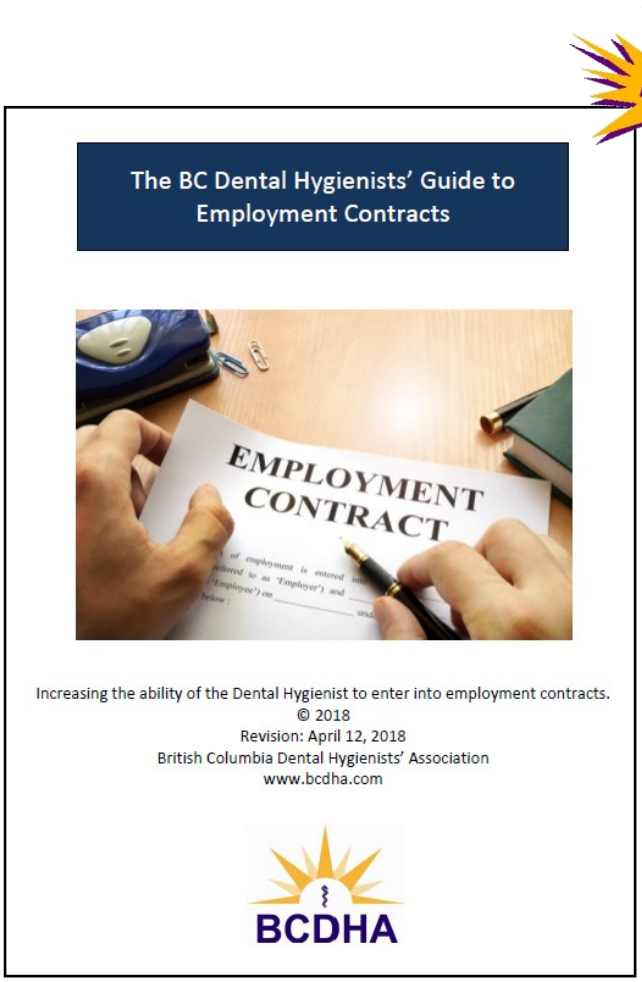
Embrace the change of seasons, the cooler weather and clearer skies, and take a moment to enjoy your community! •

SEND US YOUR ANNOUNCEMENTS, EVENTS AND PHOTOS

Do you have an announcement, event or story idea? We welcome articles of 500 words or less. Topics should be of interest to your colleagues or provide food for thought. Submissions published subject to Editorial Board approval and space.

Email to: outlook@bcdha.bc.ca

#307-9600 Cameron Street, Burnaby, BC V3J 7N3
T: 604.415.4559 / 1.888.305.3338
F: 604.415.4579 / info@bcdha.bc.ca
www.bcdha.com



"The BC Dental Hygienists' Guide to Employment Contracts"

If you are starting a new job, being asked to sign an employment contract, or are currently working without a written contract and wish to have one in place, this guide is for you.

An employment contract governs the relationship between you and your employer. Keep in mind that any agreement you reach with your employer, oral or otherwise, will be your "employment contract." Ideally, the terms of your employment should be put down in writing. A well written employment contract makes the terms, benefits and obligations of your employment clear, secures your position, and reduces the chance for future confusion and uncertainty.

This guide is available to all BCDHA members at no charge on the BCDHA website.

Go to www.bcdha.com, hover over Practice & Employment > click on Employment Issues.

My Adventure with the Children's Oral Health Initiative

By Wendy Jobs, RDH, M.Ed.
BCDHA Dental Hygiene Practice Consultant

What is the Children's Oral Health Initiative? I decided that I needed to know more, so I spent a day with some of the providers who deliver services for our Native communities. This article shares my story and what I learned.

It is well accepted that there is a significant oral health disparity between indigenous and non-indigenous Canadians.[1,2] Of the BC kindergarten children surveyed in 2015/2016, 45.7% of Aboriginal children were caries free compared with 69.1% of all other BC children. Additionally, 23.6% of Aboriginal children surveyed had evidence of visible decay compared with 14.2% of other children.[1]

This long-standing disparity in oral health outcomes between indigenous and non-indigenous children led to the implementation of the Children's Oral Health Initiative (COHI). COHI is an upstream, prevention-focused program aimed at reducing childhood dental caries for children aged 0 to 7 by working with the children, parents, caregivers and pregnant women in Canada's First Nation and Inuit communities.[2,3]

The program was first piloted in 2004 by Health Canada and included 41 Canadian communities. Services offered include screening eligible children, applying fluoride varnish and sealants to children's teeth, education sessions and stabilizing active dental caries. The program includes dental therapists and hygienists who serve as COHI providers but also includes COHI Aides. The COHI Aide is a band-hired community member who serves as an oral health advocate for the community and is truly the corner-stone of the program. They provide instruction to children, parents, caregivers and expectant mothers about preventing dental caries and applying fluoride varnish. They support the community and mobilize members prior to and during a COHI visit.[2,3]

By 2012, 23,085 children had received COHI oral health services from a COHI Aide or COHI Provider and by 2014, the program had expanded to 320 FN/I communities, representing 55% of all eligible FN/I communities.[3]

The province of British Columbia is unique in that it has the first and only Provincial Health Authority in Canada to assume services and responsibility for First Nations' programs that were previously overseen by Health Canada. With transfer occurring in 2013 from a tripartite agreement, the First Nations Health Authority's (FNHA's) vision is to transform and improve the health and well-being of First Nations by working in partnership with communities. The unique health governance structure ensures that First Nations people are represented through various governing groups, thus enabling program decisions to be based more around community needs and aspirations. BC's current COHI program includes 6 dental therapists, 17 dental hygienists, and over 80 COHI aides serving 79 communities and 4000+ people.[4]

My adventure with COHI started when I met Britta Budden, Children's Oral Health Initiative Specialist with the FNHA, and Ashley Pendree, COHI provider for the Neskonlith Indian Band, at a continuing education course. Although I had heard of COHI, I was not clear about how dental hygienists operationalized their services within a community, so I asked if I could do a ride along. In April 2018, I visited two of the COHI programs in BC and had a very informative and fruitful day.

We started our trip together in Salmon Arm with Ashley sharing some of her journey. She has been a COHI provider for nearly 3 years and spends

(Continued on page 5)

(Continued from page 4)

approximately 3 days per month serving the Neskonlith Indian Band which is located between three regions and two towns; Salmon Arm & Chase, BC. During the day we visited several locations and programs where COHI is up and running. I observed Ashley providing education and fluoride varnish, and witnessed the positive impact the program is having. The parents and children involved were clearly very engaged.

Ashley and I made our way to Kamloops to observe another COHI program in action; this one run by a full-time COHI veteran, Crystal Chartrand (RDH) and COHI Aide, Courtenay Campbell for the Q'wemtsin Health Society. At the SK'ELEP Elementary School in Kamloops, I witnessed the excellent teamwork between the COHI Provider and the COHI Aide. Crystal and Courtenay used a small room provided by the school and worked together to provide preventive care for many school children. I was very impressed by the ability of both practitioners to manage the children's curiosity and energy.

Lastly, we drove to Chase, BC where I had the privilege of meeting Mindy Dick, COHI Aide, and Carol August, Health Director of the Cwelcwe'It Wellness Centre. Both work closely with Ashley and together, as a team, they plan oral health and wellness activities and projects with the Neskonlith community. The relationship between the COHI Provider, Health Director, and other allied health professionals in the community is paramount to supporting COHI initiatives and integrating oral health into other community programs and activities.

While at the Cwelcwe'It Wellness Centre we chatted about the history of the Neskonlith people and engaged in one of the health activity initiatives by going for a walk around parts of the community. Afterward, Ashley, Mindy, and Carol discussed future oral health projects and how best to implement them with community support.

After a busy day, I had the chance to reflect on what I had seen…

I saw how COHI Providers, COHI Aides, and others work together to support a community and build capacity. I better understand the term "cultural safety" and that oral health care practitioners should be ***"working with"*** and not ***"for"*** a community - this was clearly apparent during my short visit. Although I observed only a small glimpse of how a COHI program might function, I am humbled by this experience. I still have much to learn about how dental hygienists can support and positively impact the oral health of our indigenous communities. I encourage all dental hygienists to look for opportunities to learn about cultural safety, including taking the San'yas Indigenous Cultural Safety Course (ICS).

A very sincere thank you to all those who contributed to my journey and adventure that day and assisted me with writing of this article! If any BCDHA members would like further details about the San'Yas ICS course or any other aspect of this article, please feel to contact me at wjobs@bcdha.bc.ca. •

References

1. BC Ministry of Health. British Columbia Dental Survey of Kindergarten Children: A Provincial and Regional Analysis, 2016/2016. British Columbia, Canada. Nov 2017. [cited 2018 Sept 6]. Available from: https://www.health.gov.bc.ca/library/publications/year/2017/provincial-kindergarten-dental-survey-report-2015-2016.pdf

2. Mathu-Muju K, McLeod J, Walker ML, Chartier M, Rosamund L, Harrison RL. The Children's Oral Health Initiative: An intervention to address the challenges of dental caries in early childhood in Canada's First Nation and Inuit communities. Canadian Journal of Public Health [Internet]. 2016 [cited 2018 Sept 6];107(2):e188-e193. Available from: file:///C:/Users/jobsw/Downloads/5299-20764-1-PB%20(1).pdf

3. First Nations Health Authority: Children's Oral Health Initiative [Internet]. British Columbia; c2018 [cited Sept 6, 2018]. Available from: http://www.fnha.ca/what-we-do/maternal-child-and-family-health/childrens-oral-health-initiative

4. Budden, Britta. COHI article [Internet]. Message to: Wendy Jobs. 2018, Aug 29 [cited 2018. Sept 6]. Accompanied by: 1 Word file.

The Postural Chain Revisited Part 2

Dr. Stephen Bray

Dipl. (Behavioral Sleep Medicine), BDS (Hon, Med). DDS,
Fellow Sleep Disorders and Orofacial Pain

In the last article of the Outlook, I spoke of "The Other Foot and Mouth Disease", which is a disorder of the postural chain (from the jaws superiorly to the feet inferiorly) within the body. This disorder may be affected by, and may affect, many organ systems and the central nervous system. Does this matter to us as dental professionals?

Well, you may have guessed it - no and yes. It may not change the day-to-day disease treatment, prevention, and preventative therapy, but it often affects the overall maintenance of our patients.

Physiologic Adaptive Range

An observer may ask; "how come all patients who suffer from a disorder of the postural chain aren't found suffering in bed, ill and incapacitated?" This is where the concept of "physiologic adaptive range" (PAR) comes in. PAR simply refers to the range in which the individual must adapt. Some have little distance or ability for adaption and become ill (or don't function well) while those with a wide range appear to cope well.

In this context, what does "appear" mean? Well, going back to the postural chain where there is a bi-directional relationship between tissue and organ systems, a "dysfunction" may be pushed further up (or down) this chain. This is why signs may arise in areas where there seems to have been little evidence of prior problems. The PAR (as you will no doubt have guessed) also affects a patient's susceptibility to periodontal breakdown (along with genetic and inflammatory responses). Could it be through this dysfunction, that the immune system becomes, in part, detrimentally affected as a type of 'acquired autoimmune deficiency'?

A seaside pier looks good when the tide's in. This is an analogy of a wide adaptive range – everything looks good.

A seaside pier shows its rust and barnacles when the tide is out. This is an analogy of a narrow adaptive range – signs and symptoms become apparent.

Practical Considerations

Many health care professionals who practice in busy environments are tempted to treat the "clinical circumstances or symptoms" of the patient in our dental chair. It was, I believe, the famous Canadian physician, Sir William Osler, who said, "the good physician treats the disease; the great physician treats the patient who has the disease."

So, what do we need to know?

(Continued on page 7)

(Continued from page 6)

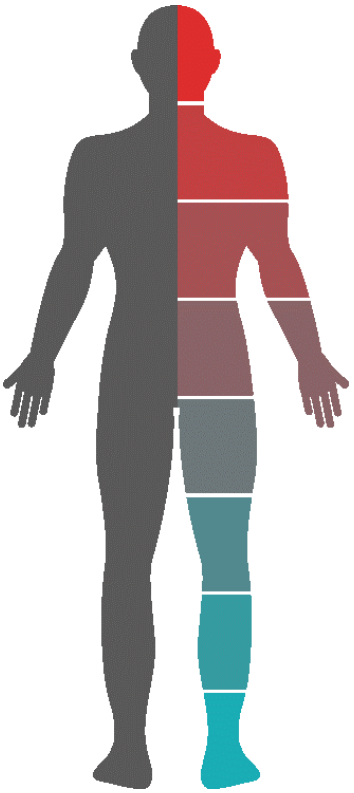
1. There is a "head to toe" postural chain of balance within the body.
2. There is a bi-directional relationship between tissues and organs associated with this postural chain and its function or dysfunction.
3. "Dis-ease" may result from this dysfunction, possibly to the detriment of local or distant sites.

Just as the eyes are claimed to be the "windows of the soul" for emotional health, the mouth has long been recognized as reflecting general health or disease status (U.S. Surgeon General's Report 2000). There are plenty of examples in the literature which demonstrate how oral tissues may signal the presence of disease, disease progression, or exposure to risk factors, and how oral cells and fluids are increasingly being used as diagnostic tools; we all know these things to be true.

Many systemic diseases and conditions have oral manifestations.

The Surgeon General's report goes on to say:

1. These manifestations may be the initial sign of clinical disease, and as such, serve to inform clinicians and individuals of the need for further assessment.
2. The oral cavity is a site of, as well as a portal of entry for, microbial infections that affect general health status.
3. The oral cavity and its functions can be adversely affected by many pharmaceuticals and other therapies commonly used in treating systemic conditions.
4. Individuals with diabetes are at greater risk for periodontal diseases.
5. Many studies have demonstrated an association between periodontal diseases and diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes.
6. I'm sure that almost all dental hygienists would agree that these are of great importance to our everyday practices. These clinical findings support a model of bi-directional interplay.



What should we do?

1. Decide if we are satisfied with our responsibilities "ending at the gingival margin." Accept that learning can be life-long, for "the more you know, the more you know you don't know".
2. Use our existing knowledge of physiology and the body. Keeping an open mind, recognize our short-comings then add information. The ability to diagnose correctly is likely the most rewarding clinical feat we enjoy.
3. Share your interests and findings. Start a group of like-minded hygienists. Read things that interest you within the subject. The facts will join up with clinical experience.

Dentistry is a business and becoming more so every day.

This may seem an irrelevant fact - but is it? We need to be effective, efficient and ultimately, profitable. We can still fulfill these business expectations while continuing to increase our knowledge and ultimately improve the care that we provide. While we might feel pressure to maximize services in our practice, we might also feel pressure regarding the overall patient's needs. When these pressures collide with one another we may experience inner turmoil. Ultimately, the overall needs of the patient may be best met with a wider base of care providers such as, physiatrists, physiotherapists, optometrists, podiatrists, etc. We need to "share the care" which is generally something that we in the dental profession haven't been good at.

Conclusions

Ultimately, the dental hygienist is in an ideal position to recognize dysfunction and when something is wrong, educate our patients (and sometimes also our colleagues) and then refer. Develop these skills and your patients (as well as your practice) will benefit almost as much as your work satisfaction will! •

Your Community...

Connecting the Ends Healthcare Event

On October 8th, 2018 (Thanksgiving Monday), BCDHA took part in the ***Connecting the Ends*** healthcare event, part of the City sponsored, ***Homelessness Action Week***. This event, a joint effort of St. Paul's Anglican Church Advocacy Office and First Baptist Church, focused on providing health services, information and healthcare items to Vancouver's homeless and less fortunate. Chris Kilmaster, BCDHA's Member Services Coordinator, along with 3 enthusiastic and dedicated RDH members (Sharon Leung, Simar Grewal and Neetu Sangha) provided oral care instruction, information about reduced cost dental/dental hygiene services, toothbrushes and toothpaste to approximately 80 visitors. In addition, Sharon (365 exempt) provided screening for some visitors with significant concerns, and offered recommendations for follow-up care. •

Healthcare Travelling Roadshow

Vanessa Johnson, student in the UBC Dental Hygiene Degree Program Class of 2020 showcased the dental hygiene profession and distributed toothbrushes and toothpastes (provided by BCDHA) to high school children in Lax Kw' alaams at the Healthcare Travelling Roadshow in May 2018. •

(Continued on page 9)

Vancouver Baby & Family Fair

For the second year in a row, BCDHA attended the Vancouver Baby & Family Fair on October 27th & 28th. Hundreds of young children, parents and parents-to-be visited our booth where they received excellent oral care advice, encouragement and toothbrushes from our helpful volunteer members.

BCDHA booth with dental hygienist member volunteers, Alvan and Aneesha.

BCDHA dental hygienist member volunteers pictured here are, Alvan, Reena and Luna.

View more photos on Facebook: @theBCDHA

Continued from page 1

Caring Campaign

Maxident sponsorship presented by Alex Zlatin, CEO and Christian Johnson to BCDHA staff members (LtoR) Cindy Fletcher, former Executive Director, Denise Pulice, Communications & Corporate Relations Manager and Wendy Jobs, Dental Hygiene Practice Consultant.

To date, 17 clients and $2250 worth of dental hygiene services have been paid for by the *Caring Campaign*. Here are some stories from your independent dental hygiene colleagues that were involved in this initiative.

Sunstar sponsorship presented by Francine Gagnon

Andrea Noel, Kootenay River Dental Hygiene Inc., Castlegar

Thank you to the *Caring Campaign* for providing much needed financial support to my clients. As a residential care dental hygienist in the West Kootenays, I provide much needed dental hygiene care for people who reside at home, in long term care facilities or the hospital, and are unable to access dental hygiene care at a traditional dental setting due to mental or physical limitations. My travels take me as far as Kaslo and Creston, which can exceed 3 hours of travel to and from. With the help of this very generous campaign, I can travel to these communities without having to transfer the travel costs for out of town services to my clients; most finding these and other costs to be exceedingly financially burdensome. As I expand my business, travel costs continue to go up and, thanks to the campaign, I can continue to provide my services to these communities for the remainder of the year. The *Caring Campaign* has helped me to establish contacts and relationships within the Interior Health Authority and has brought increased community awareness and knowledge about me and my services. Thank you again.

(Continued on page 11)

Michelle Worton, Blooming Smiles Dental Hygiene, Fort St. John

The BCDHA *Caring Campaign* provided Blooming Smiles with an opportunity to further solidify our commitment to our community by being able to reach vulnerable and under-served clients. It allowed us the opportunity to improve health, deliver vital education and build relationships through our profession. Because we believe in the role prevention plays in maintaining and encouraging wellness, while improving overall health, the *Caring Campaign* supported our vision to achieve health through disease prevention. Our clients were overwhelmed with gratitude by being provided with the opportunity to access dental hygiene care. They indicated that they will be forever grateful for the services, education and opportunity to connect with our dental hygiene team.

Joanna Bernath, Fresh Dental Hygiene, Kelowna

Throughout the *Caring Campaign*, our office was honoured to provide dental hygiene services to seven members of the Kelowna community. These included five children and two single, working mothers who presented with unmet dental needs due to lack of access to dental services.

This initiative allowed us to provide care to the hardworking underserved populations in our community, while improving their overall health. We recognize that there is a great need for increased access to care and are appreciative of the British Columbia Dental Hygienists' Association, Sunstar and Maxident for sponsoring this campaign.

(Continued on page 12)

Caring Campaign cont'd from page 11

Denise Pawlyshyn, Clean Between, Castlegar

Denise was sidelined with an injury that required surgery, however, has been able to provide dental hygiene care for three people who might not have had access to care without the Caring Campaign funds. Denise is confident that she will be able to get back to her practice soon and will be happy to report her continued successes in her community of Castlegar.

The staff and Board of Directors at BCDHA would like to extend a heart felt "THANK YOU" to corporate sponsors Sunstar and Maxident, and the independent dental hygiene practitioners that participated in this project.

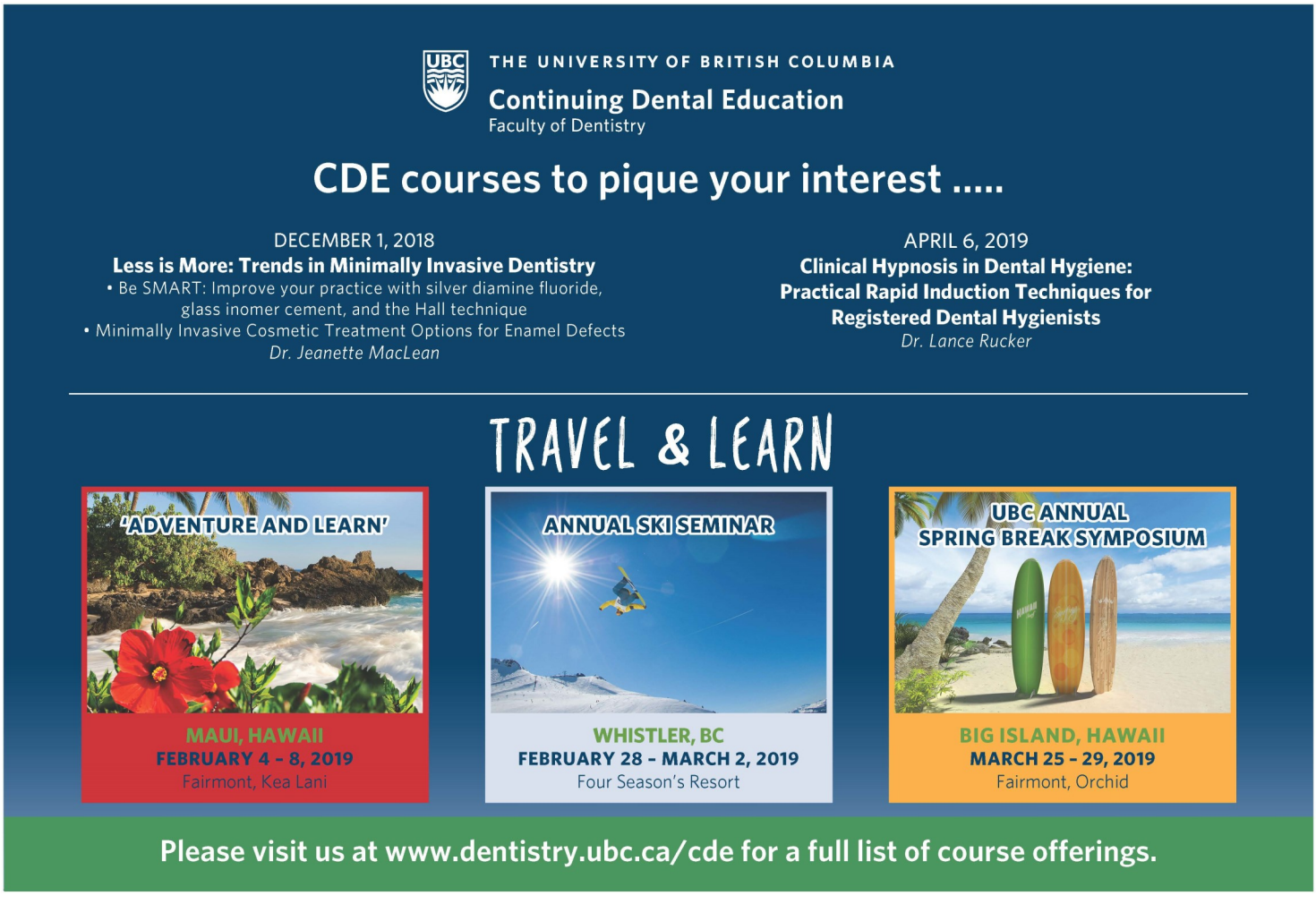
If you would like to know more about the *Caring Campaign*, are currently practicing independently or interested in independent practice as a future career goal, please feel free to contact me at wjobs@bcdha.bc.ca or 604-415-4559 ext. 304 or 250-960-0424; I will be happy to discuss your questions or comments.

Information about independent dental hygiene in our province

There are currently 47 independent dental hygiene businesses listed in the *BCDHA Directory of Independent and Mobile Dental Hygienists in BC.* This means that, of the approximate 3800 dental hygienists practicing in our province, more than 47 of your colleagues are practicing in an independent setting (remember, an independent dental hygiene clinic or practice may have more than one dental hygienist).

Directory of Independent and Mobile Dental Hygienists in British Columbia is accessed through the BCDHA website at: www.bcdha.com. •

Look for this button



50 Years of Dental Hygiene Education at UBC

By Terry Wintonyk and Zul Kanji

It is hard to believe 50 years has passed since the first dental hygiene class commenced in British Columbia at the University of British Columbia's Faculty of Dentistry in 1968. This year, 2018, marks a golden milestone for the university and for the province. Take a trip through the following timeline to discover how dental hygiene education has unfolded in its first 50 years.

1968
UBC Faculty of Dentistry launches British Columbia's first dental hygiene program: a two-year diploma program. Fifth faculty of dentistry to do so in Canada. UBC's accredited program requires pre-requisites in english, psychology, physics, chemistry and electives. First class admits 20 students.

1970
First graduates of a BC dental hygiene program.

(Continued on page 14)

(Continued from page 13)

1978 – 1982
Recognizing the need for advanced education in dental hygiene, the first attempts to convert UBC's diploma program into a degree program are made.

1986
UBC's dental hygiene diploma program was discontinued following the university's 1984 mission to offer only undergraduate degree programs. Subsequently, several colleges in British Columbia (Vancouver Community College, 1986; New Caledonia in Prince George, 1989; Camosun in Victoria, 1989; and Vancouver Island University in Nanaimo, 2006) began dental hygiene diploma programs. First year university transfer courses were maintained as pre-requisites to diploma programs at BC colleges with one private institute, Vancouver College of Dental Hygiene, following suit.

1990 – 1991
After successful lobbying by the BC Dental Hygienists' Association, and the push by UBC for faculties to expand education opportunities for women and offer multiple pathways, UBC approves initiation of a degree-completion program in dental hygiene (for practising diploma-holding dental hygienists who desired an undergraduate degree).

1992 – 1995
The degree-completion program starts with two full-time and three part-time students. One year of university pre-requisite courses and a two-year dental hygiene diploma from an accredited program are required. Curriculum focuses on academics with no clinic sessions. Some classes are combined with dental students for microbiology, periodontology, oral medicine and oral pathology. By 1995, UBC encourages small programs to grow or be discontinued; degree-completion program expands; increased enrollment leads to the rapid growth of online (distance-education) courses.

"After successful lobbying by the BC Dental Hygienists' Association, UBC approves initiation of a degree-completion program in dental hygiene."

2001
UBC approves a multiple admissions approach with several pathway options for admission tailored to the variety of CDAC-accredited dental hygiene diploma program graduates. An international category is approved for non-North American students. Demand for admission increased immediately. Also approved in principle was an Entry-to-Practice (ETP) option for students with no prior dental hygiene education to earn the four-year Bachelor of Dental Science in Dental Hygiene degree [BDSc (DH)].

2006
All degree-completion courses are offered by distance education to enhance accessibility and flexibility. Enrolment soars with students from all over North America. ETP option gains approval.

2007
First ETP class admitted which provides a science degree and prepares students for registration in the dental hygiene profession. Students can be admitted after secondary school or with previous post-secondary credits. Program is the first in Canada and is favoured by domestic and international families. ETP curriculum prepares dental hygienists for enhanced community health roles, and many students intend to pursue graduate studies.

(Continued on page 15)

(Continued from page 14)

2011
The first class in the ETP option graduates receiving a BDSc (DH) degree after completing four years of studies in science combined with specific education to become a dental hygienist.

2015
Committed to fostering global citizenship, the Dental Hygiene Degree Program commences dental hygiene international service-learning experiences to Vietnam. Fourth-year students and faculty provide instruction and preventative care for oral cancer patients, conduct oral cancer screenings, present seminars and demonstrations to students and health care professionals at hospitals and a university, and provide oral hygiene care to children and staff at orphanages.

2016
UBC is the first to integrate the newly published Canadian Competencies for Baccalaureate Dental Hygiene Programs in its program and includes Scientific Investigation as an additional competency. ETP option develops robust inter-professional learning opportunities with 11 UBC health science programs. Subjects include ethical practice, resiliency, e-Health, and Indigenous cultural safety.

2018
UBC BDSc (DH) graduate outcomes study published: thirty percent of graduates from ETP and degree-completion options have pursued graduate education (dental sciences, adult education, public health, business administration). Forty-five percent are working outside of private clinical practise in diverse settings (education, public health, administration, industry, research) and adopting leadership roles.
View the poster from the study at http://bit.ly/2xNDdjM.

Throughout the years, the Faculty of Dentistry is proud of all its dental hygiene graduates: 328 Diploma in Dental Hygiene alumni and 515 Bachelor of Dental Science in Dental Hygiene alumni to date!

UBC looks forward to continuing its leadership role in dental hygiene education in British Columbia and Canada! •

Your Colleagues...

Camosun College 2018 Student Awards

BCDHA Student Presentation Award was given to Yusheng Zhang (right) and Karen Lin (left) with faculty member Leta Zaleski in the middle.

BCDHA Award of Excellence presented to Gurpreet Gahunia by BCDHA Board member Bev Jackson.

Vancouver Island University 2018 Student Awards

Josi Zimmermann (left) receiving the BCDHA Award of Excellence from Monica Soth, Co-Chair, Dental Hygiene Program.

BCDHA Student Presentation Award recipients Andrea Lee & Dailyn Hanson with faculty member Stephanie Crocker in the middle.

(Continued on page 17)

(Continued from page 16)

Vancouver Community College 2018 Student Awards

BCDHA Student Award recipients L to R: Laura Gordon, Sierra McCann, Tamara Khatabi with BCDHA Award of Excellence recipient Roanna Lam.

University of British Columbia 2018 Joan Voris Award

Joan Voris Award recipient Teresa La Chimea (right) receives her award from Dean, Mary MacDougall.

Endless Savings & More (ESM)

Discounts on your smart phone for BCDHA Members

Download a BCDHA version of the ESM App to save on every day purchases from hundreds of businesses including national chain retailers, service and travel providers.

Also, save hundreds per year on your smart phone plan or home insurance with direct group rates.

For complete details and to get the ESM App, view the BCDHA Welcome Letter

ENDLESS SAVINGS & MORE

Vancouver College of Dental Hygiene 2018 Student Awards

BCDHA Award of Excellence - Gloria Kay

BCDHA Student Presentation Awards:

Anna Nguyen; Peter Chiang; Charandeep Grewal & Lisa Pai

CDHA CORNER

Dear friends and colleagues,

It is a pleasure to represent you at CDHA's board of directors table. As I am finishing my last term, I invite you to consider letting your name stand for the position of BC director when the call for nominations is issued next year. It is a wonderful opportunity to grow and contribute to your profession in a meaningful way. I am often asked if any special skills are required to take on this role, and I always say that all you need is passion for your profession and a commitment to the position. There is built-in education and mentoring when you get to the national table, and you work with dental hygienists from across Canada.

I hope you had the opportunity to attend the 104th annual meeting of the American Academy of Periodontology (AAP) held in Vancouver, October 27 to 30, where the new AAP classification system was reviewed. I was pleased to represent CDHA on a panel at the event's dental hygiene symposium.

CDHA is hosting a cannabis and wellness workshop, sponsored by PHILIPS, in Vancouver on January 18, 2019. Watch CDHA's website www.cdha.ca/workshops for details. I hope to see you there.

Please do not hesitate to contact me or CDHA if you have any questions or comments. We are always listening to you...our members.

Best,

Mandy Hayre, RDH, BDSc, PID, MEd
CDHA board director, British Columbia
directors@cdha.ca

WHAT'S NEW AT CDHA?

PROFESSIONAL DEVELOPMENT

CDHA is committed to supporting your ongoing professional development with **webinars that are now available to members for FREE**, saving you hundreds of dollars.

NEW webinars now on demand:
Orofacial Function Matters

Polish Up on Rubber Cup Procedures, *sponsored by Dentsply Sirona Academy*

Fundamentals of Educational Assessment

Webinars coming soon:
Identifying Product Hazards in the Dental Setting, November 21, *sponsored by Johnson & Johnson*

Cannabis, January 16, 2019, *sponsored by Philips*

www.cdha.ca/webinars

Online Courses

Lifelong Smiles for Individuals with Intellectual Disabilities
This four-module course, made possible through a partnership with Special Olympics BC, is designed to help oral health professionals more effectively connect with and support clients with intellectual disabilities in maintaining good oral health over their lifetime.

www.cdha.ca/onlinecourses

Workshops
Cannabis and Wellness workshop, *sponsored by Philips*
Vancouver, January 18, 2019

www.cdha.ca/workshops

UNMASKING OUR DENTAL HYGIENE SUPERHERO!

The submissions were numerous–818 in all, including 121 from British Columbia–and the judging extremely difficult, but we're thrilled to finally unmask the identity of CDHA's dental hygiene superhero. Congratulations to our competition grand prize winner Donna Lee and two honourable mentions: Mary Ito and Lisa Chovin. We look forward to sharing all the inspiring stories over the coming year.

TIP SHEET FOR DENTAL HYGIENE IMAGES

Are you using images of dental hygiene clinicians, clients or practice settings on your website? For an oral health advertising campaign? To enhance fact sheets or brochures? If so, please review and download CDHA's handy new checklist to ensure you are accurately portraying dental hygienists and reflecting proper dental hygiene practice.
www.cdha.ca/imageBank/Top_TipsDHPPhotos_final.pdf

MEMBERSHIP RENEWAL

Your CDHA membership is automatically renewed when you complete your annual CDHBC registration. CDHA membership provides access to many great benefits. Check out the top advantages in our infographic and video.
www.cdha.ca/6reasons

With over 400 medications causing Dry Mouth,[1,2] many patients try to cope by drinking an excessive amount of water.[1,3] Thankfully, there's a more effective treatment.*[4]

If you suspect Dry Mouth, suggest Biotène®.

* Biotène showed an improvement vs. water after 28 days of use in a clinical study (based on a 5-point scale).

1. Eveson JW. *Periodontol 2000.* 2008;48:85–91. **2.** e-CPS. Accessed February 2015 at www.e-therapeutics.ca.
3. Plemons JM, et al. *J Am Dent Assoc.* 2014;145(8):867–873. **4.** GSK data on file 2014, RH01986.

GlaxoSmithKline Consumer Healthcare Inc.
Mississauga, Ontario L5N 6L4

biotène®

BCDHA is not responsible for ads or their compliance with any federal or provincial/territorial legislation.

BCDHA
British Columbia Dental Hygienists' Association
#307-9600 Cameron Street, Burnaby BC V3J 7N3
T: 604.415.4559 1.888.305.3338
F: 604.415.4579 Email: info@bcdha.bc.ca