VOLUME 47 ISSUE 1 FEBRUARY 2012

BCDHA OUTLOOK

British Columbia Dental Hygienists' Association

Director's Message by Mandy Hayre

"I felt a powerful sense of accomplishment; and knew that I was contributing in meaningful ways to the challenges and successes of our profession."

In 2005, I received a notice from BCDHA that nominations were being sought for the Upper Island region of the BCDHA board of directors. At the time, I was a grass roots dental hygienist working in a general dental practice with no formal involvement in the dental hygiene profession. But, my interest was piqued because I loved my profession and wanted to give back to it in some way.

At the next study club meeting, I shared my desire to put my name forward for the position with several dental hygiene colleagues. I was overwhelmed with the level of enthusiasm and support I received from my peers and my nomination was filled out and faxed to the BCDHA office in quick order.

That was over eight years ago now, and I am currently in the last year of my final term as the Upper Island Director. I'd like to share with you some of the experiences I have had as part of the BCDHA board. I do this because I know that there are many dental hygienists just like me in BC that have thought that they would like to become more involved in their profession. But many of them may be unsure how to do so. If you are one of those dental hygienists, please read on.

The first thing I would like to share is that my initial belief that I would benefit my profession by serving as a director was not entirely accurate. I did serve on the board, but I believe that I've ***received*** much more from the profession than I gave. I have grown in many ways, learned a great deal, had a lot of fun, and met many wonderful dental hygienists across Canada. It has truly been a very rewarding experience; one I highly recommend.

We are still a young profession, and I was surprised to learn that many of our pioneering dental hygiene leaders are STILL a part of our profession today. I loved meeting Esther Wilkins and Margaret Walsh! Currently on the Board we have Dianne Gallagher who has been a part of dental hygiene for decades. Even in 'retirement' she is still active within the profession. I had the opportunity to review her resume and was again struck with how much she has contributed continuously during her career. We also have Arlynn Brodie on the board, who opened the FIRST independent dental hygiene practice nationally; and is currently the President of the Canadian Dental Hygienists Association.

I had the opportunity to go to the Canadian Dental Hygienists Association National conference twice; once in Ottawa and the other in Edmonton. At these conferences dental hygienists from across Canada and the US came together to learn and share from each other. It is wonderful to learn about the challenges, successes of our profession and the phenomenal leaders we have leading the profession, but, most importantly, to be involved in the resolution of issues. I felt a powerful sense of accomplishment; and knew that I was contributing in meaningful ways to the challenges and successes of our profession. It is the involvement of many individual dental hygienists that made our achieved milestones possible.

I also had the opportunity to learn from the other directors on the Board. I have learned a lot about the thoughts and values of those

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IN THIS ISSUE:

PM 42080018

BCDHA
ANNUAL GENERAL MEETING

Saturday, March 31, 2012
9:30 am – 4:00 pm
Sandman Hotel and Suites
Abbotsford BC

Come join us for this **FULL DAY EVENT** to hear the latest updates on current issues impacting the Dental Hygiene profession, both provincially and nationally.

Lunch included.

AGM Registration forms will be emailed to all BCDHA members soon.

COUNSELLING SERVICES PROGRAM FOR DENTAL HYGIENISTS

The former Dental Hygiene Assistance Program has a new name to more accurately reflect the purpose of the Program and the services provided. The Program provides free short-term counselling services for dental hygienists, dental hygiene students and their immediate family members.

Strict confidentiality is respected and names of individuals using this service are not divulged to anyone. The mandate of this Program is to help dental hygienists in need.

WENDY HALOWSKI
(604) 263-2157 1-888-655-3427

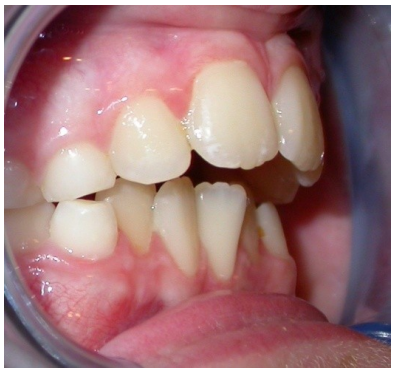
Orofacial Myofunctional Therapy for the Dental Hygienist

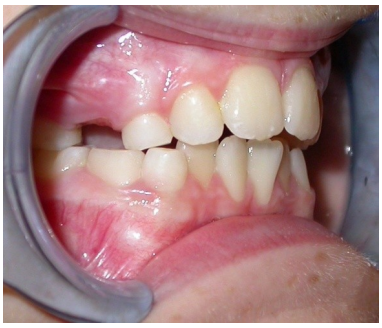
By Joy L. Moeller, BS, RDH

Why should a dental hygienist be interested in the growing field of orofacial myofunctional therapy? As dental hygienists, we all took an oath to save teeth. We are the principal dental health educator in the dental office. Why not expand our knowledge to include the treatment of thumb sucking and other detrimental habits, such as tongue thrusting and open mouth rest posture? Orofacial myofunctional therapy may be proactive in preventing improper craniofacial growth and development. Patients want this treatment and will feel grateful to have someone who understands and is able to treat a problem they knew they had, but didn't know how to address (or even find a solution for).

Before and after treatment. Note the face shape change.

Mouth breathing may cause the tongue to rest down and is often associated with "long faced syndrome," orthodontic relapse, allergies, periodontal disease, and sleep disorders. What causes mouth breathing? It may be allergy related or a restricted airway which may be caused by large tonsils or a deviated septum. Mouth breathing, sucking habits, and tongue thrusting are all etiological factors which may lead to orofacial myofunctional disorders.





Four months of treatment, before and after.

Also, restricted lingual frenum attachments may cause a low tongue rest position and lead to a high, narrow palate and/or a Class III malocclusion. A tight labial frenum may be associated with a short upper lip, which affects lip seal, an important component of good occlusion. It is important to know that a patient must see an orofacial myofunctional therapist after the frenectomy to make sure the tissues heal properly. These, in addition to grimacing when swallowing are some things to look for in the evaluation of orofacial myofunctional disorders.

Habits and incorrect facial muscle patterns may negatively affect the TMJ. Myofunctional therapists are trained to eliminate habits which may affect the TMJ. Also, habitual grinding and clenching may affect the masseters and temporalis muscle function. It is always best to do the least invasive treatment first. There are also new studies out proving that the position of the tongue may evolve into full-blown and irreversible musculoskeletal disorders.

The therapy is "fun" and the patient loves to do the exercises. There are five parts to the treatment:

1. Elimination of noxious habits with behavior modification. This is done with positive reinforcement and rewards.
2. A series of exercises to teach proper nasal breathing, tongue rest position and the development of a lip-together at rest posture.
3. Introduction of optimal chewing and swallowing.
4. Establishment of proper functional head and neck posture.
5. Habituation all of the new muscle patterns.

The future for orofacial myofunctional therapy looks bright. People all over are demanding proactive treatment and dental hygienists have an excellent, if not ideal background to make it happen.

Currently, there is a shortage of well-trained orofacial myofunctional therapists in

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OMT for Dental Hygienists *(Continued from page 2)*

Canada and there is a need for treatment. Dental hygienists, dentists and speech pathologists are perfect clinicians to fulfill this need. We are excited that the Canadian Dental Hygiene Association (CDHA) has just added, working with some of our Academy of Orofacial Myofunctional Therapy (AOMT, where we teach healthcare professionals how to do OMT) alumni, a fee code for Orofacial Myofunctional Therapy. We look forward to helping build the profession in Canada.

i. Smithpeter, Covell, AJODO, May, 2010
ii. Campanha SM, Fontes MJ, Camargos PA, Freire LM., 2010
iii. Gulati MS,et al, 1998
iv. Grimaraes, et al, 2009
v. Jang SJ, Cha BK, Ngan P, Choi DS, Lee SK, Jang I , AJODO,2011
vi. Ovsenik M, 2009
vii. de Felício CM, de Oliveira MM, da Silva MA, 2010
viii. Lumbau A, Schinocca L, Chessa, 2011

AOMT
ACADEMY of OROFACIAL MYOFUNCTIONAL THERAPY

About the Author

Joy L. Moeller, RDH, BS graduated from dental hygiene school in 1976 from Prairie State College in Chicago Heights, Ill. She has taken many post graduate courses in the treatment of orofacial myofunctional disorders. She has lectured on orofacial myology at the venue of universities such as the University of British Columbia, the University of Sydney, Loma Linda University, University of Southern California, Cerritos, Columbia University, and UCLA. She has written several books and many articles. She can be contacted at joyleamoeller@aol.com. She teaches courses internationally in Orofacial Myofunctional Therapy. For more information about courses, visit www.myoacademy.com or www.facebook.com/oralmyology .

CDABC
CDAs: *Respected Healthcare Professionals*

RECOGNITION
DENTAL ASSISTANTS
WEEK

March 4 - 10, 2012

Please acknowledge the CDA's in your office for their contribution to the dental team.

Maximize you RRSP today and reap the rewards.

By Suleman Bhamjee BBA (Finance) Consultant

Year after year, many Canadians leave a key financial opportunity on the table by not contributing the maximum allowable amount into their Registered Retirement Savings Plan (RRSP). If your annual income tax assessment includes a notice from the Canada Revenue Agency that details how much unused contribution room you have left in your RRSP from previous years, the time to act is now.

For example, contributing $10,000 into an RRSP that offers a 7% return, compounded annually could turn into $76,123 over the span of just 30 years. Plus, contributing the full amount creates a larger income tax deduction that could result in a significant tax refund.*

Although it may seem difficult to find the money to contribute into your RRSP every year, we can show you a number of strategies to consider that can help accelerate your plan using assets you have readily available and key tax planning benefits.

Know Your Limits

It's important to know how much contribution room you have, prior to sitting down with us to discuss your RRSP strategy. Each year, the Canada Revenue Agency identifies your unused contribution room for the upcoming tax year on your Notice of Assessment. If, however, you are unable to locate your Notice of Assessment, a quick call to the Canada Revenue Agency at 1-800-959-8281 or a visit to www.cra.gc.ca can provide the information you need.

Invest Smart

It may be to your benefit to move money you currently have in savings accounts or other investments into your RRSP sooner, rather than later. Moving these dollars into your RRSP will not only result in a reduction of your annual tax bill – but it also allows you to maximize growth inside your RRSP, without generating immediate taxable income. It's important to remember that interest earned on savings accounts and both realized and unrealized capital gains on non-registered investments will be taxed prior to when they are moved into your RRSP. You can also withdraw from a Tax-Free Savings Account (TFSA) to make your RRSP contribution. Any withdrawals from your TFSA are added to the available TFSA contribution room the following year.

Invest Regularly

Consider working your RRSP contribution into your budget by using our monthly investment plan that automatically deducts a specified amount from your savings or chequeing account on a regular basis and invests it into funds held inside your RRSP.

Monthly investment plans can be customized to work best for you. We will work with you to help determine the appropriate dollar amount and frequency.

Consider the Benefits of Borrowing

In many cases, borrowing to take full advantage of RRSP contribution room makes sense. Maximizing your RRSP contribution now offers immediate tax savings this year and tax-deferred potential growth for many years to come. Using this strategy can make it beneficial to borrow for a short period to maximize your plan. **

As your Consultant, I can help you determine whether a loan fits into your financial plan by looking at the following factors:

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Maximize your RRSP

(Continued from page 3)

> Your age – The impact of compound growth increases depending on the time that money is invested. While borrowing to invest may have more impact at a younger age, I can prepare an illustration that shows it's never too late to save for your retirement.

> Your Ability to Repay – We would never recommend that you borrow more than you could possibly repay because it could make it difficult to save for next year's RRSP contribution. Together, we will create the right plan to make sure you can pay off the balance of your loan quickly and then start a regular investment plan to automatically take care of future RRSP contributions. In addition, contributing to an RRSP generates an income tax deduction that may result in a significant tax refund that could be used to help pay down a portion of the loan almost immediately.

> Your Ability to Borrow – An RRSP Loan or Line of Credit available through Solutions Banking™, like any other use of credit, will increase your Debt Service Ratio (the percentage of your monthly income that goes to pay off debts) and lenders rely on this ratio to determine your loan eligibility. When preparing your plan, we'll be sure to take your complete financial picture and other monthly commitments into account.

Let's get together soon to determine the best strategy for your personal RRSP plan.

***Pre-tax RRSP contribution assumptions** - *$10.000 investment purchased on January 1, 2012 at a gross rate of return of 7% over a 30 year period. The rate of return is used only to illustrate the effects of the compound growth rate and is not intended to reflect future values or returns on investment.*

****RRSP Loan assumptions –** *Client takes out a 1 year RRSP loan of $10,000 at a fixed rate of 6% on Jnuary 1, 2010 and makes a $860.66 ($810.66 principal and $50.00 in interest) payment on January 31, 2010. Client has a marginal tax rate of 40% and receives a tax refund of $4,000, which is used to pay down the loan on February 1, 2010 (remaining balance on February 1, 2010 is $10,000-[$810.66+$4,000] = 5189.34), which is paid monthly ($486.03) over the remaining 11 months.*

Suleman Bhamjee is a Consultant with Investors Group Financial Services Inc. Suleman has over 7 years in the financial industry and has earned his Bachelor's in Business Administration designation specializing in Finance and Entrepreneurial Leadership as well as completed the Professional Financial Planning Accreditation. Suleman coaches financial advisors and lectures to both industry and non-industry audiences. As a former business owner, Suleman also counsels business owners on corporate financial planning issues. ***Suleman.bhamjee@investorsgroup.com 604.250.0159***

Leaves and Jury Duty - *Do you know your entitlements?*

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mcmillan
combining Lang Michener LLP and McMillan LLP

Leaves and Jury Duty

It is important to know what leaves of absence you are entitled to under the *Employment Standards Act* R.S.B.C. 1996, c. 113 (the "ESA") as well as the statutory obligations owed to you by your employer if you are called for jury duty.

Pregnancy Leave

The ESA provides minimum standards which must be met by employers. One available leave of absence available to all pregnant employees, regardless of their length of employment, is pregnancy leave. The pregnancy leave of absence is without pay, unless you have a separate agreement with your employer. An employee is entitled to up to 17 weeks of a leave of absence without pay, which may begin at any time up to 11 weeks prior to the expected date of delivery. If the birth is delayed beyond the expected date, this has no effect on the length of the leave, unless it would exceed 17 weeks. As part of the total of 17 weeks, the employee is entitled to six consecutive weeks after the actual date of the birth of the child. Please note that this period can be shortened on the request of the employee. If the employee does not take the leave before the birth of the child, the employee is still entitled to take 17 consecutive weeks of unpaid pregnancy leave.

If the employee's pregnancy is terminated through miscarriage or abortion, the employee is entitled to up to six weeks consecutive leave without pay. In addition, if the employee is unable to return to work for reasons related to the birth of the child or termination of the pregnancy, further leaves may be taken as long as the total leave of absence does not exceed a total of 6 additional consecutive weeks.

An employee who wishes to take a pregnancy leave must provide their employer with a written request at least 4 weeks before the day the employee proposes to begin the leave. A note dated and signed by the employee which clearly states the nature of the request and the start and finish date of the leave is considered to be sufficient as long as it is properly received by the employer.

Many employees are not aware that the period of the pregnancy leave is determined by the employee and not the employer. As long as the employee meets the requirements set out in the ESA, the employer must grant the leave.

Parental Leave

Both mothers and fathers, adopting or new parents, are entitled to leaves of absence without pay to care for newborn or newly-adopted children. Similarly with pregnancy leave, the right to parental leave is available for all employees regardless of how long they have been employed.

Employees are entitled to apply for parental leave as long as they are the mother or father of an expected newborn child or an adopting parent of a child placed or about to be placed with the parent for the first time.

One period of full parental leave is available for each parent. Note that in the case of multiple births, the employee is not entitled to double the parental leave entitlement.

Duration:

If the birth mother has taken a pregnancy leave, then she is entitled to up to 35 consecutive weeks of parental leave without pay. The parental leave must begin immediately following the end of the pregnancy leave, unless the employer and employee agree otherwise. Alternatively, if the mother did not take pregnancy leave, then the mother is entitled to up to 37 consecutive weeks of parental leave which may begin any time between the child's birth and 52 weeks after the event.

As per a birth father and adoptive parents, they are entitled to up to 37 consecutive weeks of parental leave which in the former case may begin any time between the child's birth and 52 weeks after the event or in the latter case, within 52 weeks after the child is placed with the parent.

A written request to the employer for parental leave must be made separately from pregnancy leave.

Family Responsibility Leave

Family responsibility leave is an employee-initiated unpaid leave of up to 5 days in an employee's employment year, based on the starting date. The leave does not have to be as result of an emergency but it must be related

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Visit the BCDHA booth *(#1731 in the Exhibit Hall)*

and try your hand at PLINKO to win a prize!

The BCDHA Hospitality Suite is located on level 2, Room 223.

BCDHA BRITISH COLUMBIA DENTAL HYGIENISTS' ASSOCIATION

#307-9600 Cameron Street, Burnaby, BC V3J 7N3

NOTE NEW SUITE # 604-415-4559 / 1-888-305-3338

info@bcdha.bc.ca / www.bcdha.com

SEND US YOUR THOUGHTS

Story ideas and letters are welcome. Submissions should not exceed 500 words and be on topics of interest to your colleagues or provide food for thought. Submissions are published subject to Editorial Board approval and space.

Email your submission to: outlook@bcdha.bc.ca

Leaves and Jury Duty
(Continued from page 5)

to the health, and in the case of a child, education, of a member of the employee's immediate family.

Under the ESA, "immediate family" means the spouse, child, parent, guardian, sibling, grandchild or grandparent of an employee and any person who lives with the employee as a member of the employee's family. It also includes common-law spouses, step-parents and step-children and same sex partners and their children as long as they live with the employee as a member of the employee's family.

The leave is supposed to help employees deal with family problems that conflict with job responsibilities. It does not carry forward from year to year and since it is a statutory entitlement, it is not at the discretion of the employer. Note that any time taken off on any day (even one hour) qualifies as one day for the purposes of this section under the ESA.

Compassionate Care Leave

All employees are entitled to up to 8 weeks of unpaid leave within a period of 26 weeks to care for a gravely ill family member. This leave is available to all employees, regardless of how long they have been employed. The employee must provide their employer with a certificate from a medical practitioner, stating that the family member has a serious medical condition with a significant risk of death within 26 weeks. If the employee takes the leave and the family member is still alive within the 26 week period, the employee may obtain a new certificate which will entitle the employee to a further 8 weeks of leave within a subsequent 26 week period.

A "family member" is a member of the employee's immediate family (listed in the Family Responsibility Leave) as well as the following list of people in relation to the employee:

- a step-sibling;
- an aunt or uncle;
- a niece or nephew;
- a current or former foster parent;
- a current or former foster child;
- a current or former ward;
- a current or former guardian; or
- the spouse of:
  - a sibling or step-sibling;
  - a child or stepchild;
  - a grandparent;
  - an aunt or uncle;
  - a current or former foster child; or
  - a current or former guardian;

In relation to the employee's spouse:

- a parent or step-parent;
- a sibling or step-sibling;
- a child;
- a grandparent;
- a grandchild;
- an aunt or uncle;
- a niece or nephew;
- a current or former foster parent; or
- a current or former ward; and
- any individual with a serious medical condition who is like a close relative to the employee

Note that for the purposes of this section in the ESA, a "week" commences on a Sunday so if the employee begins the leave in the middle of the week, it will be considered to be a full week even though it is less than 7 days.

The employee must provide the employer with a copy of the certificate as soon as practicable; however, due to the nature of this leave, the employee is not disentitled from taking the leave because they do not have the medical certificate at hand.

The leave ends on the last day of the week in which the family member passes away, or at the end of the 26 week period, whichever comes first.

Bereavement Leave

An employee is entitled to an unpaid leave of absence of up to 3 days to grieve, attend a funeral, and take care of issues relating to the death of a member of their "immediate family" (defined in the aforementioned section entitled Family Responsibility Leave).

Note that the days of the unpaid leave do not have to be consecutive and the employee does not have to take a full 3 days. An employer may request that an employee provide proof of death and the nature of the relationship.

Jury Duty

If an employee is required to attend court as a juror, the employee is entitled to an unpaid leave unless the employer and employee agree otherwise.

With all the above-mentioned leaves of absence and jury duty, it is important for employees to know that an employer cannot terminate an employee or change a condition of employment without the employee's written consent. As soon as the leave ends, the employer must place the employee in the position the employee held before taking the leave or jury duty or in a comparable position. Further, while the employee is on leave or while serving on jury duty, the employment is deemed continuous for the purposes of calculating annual vacation entitlement and additional pension, medical or other benefits to which the employee is entitled. The employee is entitled to all increases in wages and benefits that they would have been entitled to had the leave not been taken or the attendance as a juror not been required.

Snapshot on the Board

Silvio Lorusso RDH, RDT (Ret.)

Silvio graduated from the 3 year Dental Technology program at George Brown College in Toronto in 1986. After becoming a Certified Dental Assistant in Ontario, he later returned to Canadore College to complete the 1 Plus 1 Dental Hygiene program in 1992.

In British Columbia, Silvio became registered as a Dental Hygienist under the College of Dental Hygienists as well as a Registered Dental Technician under the College of Dental Technicians.

He has been the Fraser Valley Director for six years with the British Columbia Dental Hygienists' Association.

Dianne Gallagher Inspiration Award

The BCDHA Board of Directors is calling for nominations for the *2012 Dianne Gallagher Inspiration Award.* This award was created in honour of Dianne Gallagher, a dental hygienist who has given selflessly to her profession for more than 40 years. Through her dedication, Dianne has inspired many dental hygienists in British Columbia and across Canada. She has lead by example, and through her vision, she has challenged dental hygienists to make their personal and professional futures better. She has been a role model to thousands, and has mentored and nurtured the role models of the future. Dianne Gallagher was the recipient of the inaugural award presented in 2011.

This award is presented annually, and recognizes and honours a dental hygienist or dental hygiene student whose commitment and character have inspired dental hygienists to support the dental hygiene profession. The recipient of the award will be chosen by the Board of Directors. The recipient and nominator must both be members of BCDHA.

If you would like to nominate a dental hygienist or dental hygiene student for this prestigious award, please complete the nomination form found on the BCDHA website www.bcdha.com and return to the BCDHA office **before May 15, 2012.**

Director's Message *(Continued from page 1)*

entrepreneurs carving out new niches in dental hygiene. And I especially value the voice of the grass roots dental hygienists around the table. The BCDHA board table is not solely for the leaders, the educators, the pioneers ... it is for EVERYONE because BCDHA represents all of the members. The only real criterions are that you are a member of BCDHA and that you have an interest in becoming involved in your profession.

Since joining the Board I have also become much more politically astute. I have learned that political action is sometimes necessary for changes to occur; and I was proud to be involved with such initiatives such as the MLA campaign and "A Day at the Legislature". I have also learned a great deal about how to effectively lobby and influence government through involvement in issues such as the 365 Day Rule. It is amazing to me how effective we can be if we unite for a common cause. Every interview conducted, event attended, politician spoken to, letter written counts.

Each year, the Board received education (which is interesting and painless I promise) on different aspects of the board's role. While the role of 'director' seemed initially daunting; I quickly learned as I was provided the tools to govern with excellence. The other benefit of this education is that I have been able to use the skills and knowledge in other aspects of my life; the knowledge is definitely transferrable.

There are a number of profound 'teachings' that I will take away with me. First, I learned that membership organizations such as CDHA and BCDHA do much more than I originally believed. I previously believed that my membership dollars were paying for my malpractice insurance, provided discounted rates for continuing education, the employment survey results, better rates on house and disability insurance and so on. And while it is certainly true that the associations work hard to provide these member benefits; there are other very important things the organizations do on behalf of all dental hygienists and the profession that I wasn't aware of.

An example to illustrate this would be the development of the national dental hygiene competencies. A number of years ago, the dental hygiene educators in Canada recognized that we did not have a common set of national competencies for the profession of dental hygiene. At the time, the main players in our profession, the Commission on Dental Accreditation of Canada (CDAC), the National Dental Hygiene Certification Board (NDHCB), and the Federation of Dental Hygiene Regulatory Authorities (FDHRA), were all using different frameworks which were not coordinated with each other. This made it very difficult for schools to determine what should be taught, thus creating a situation where dental hygiene education looked very different from one school to another. Not having a common standard generally results in discrepancies in quality, and what resulted in dental hygiene education in recent years was no exception.

A project was undertaken to develop a central document, the *Entry to Practice Competencies & Standards for Canadian Dental Hygienists,* upon which the activities of NDHCB, CDAC, Regulators and schools would be based on. This document makes it clear to everyone involved (including government) what the benchmark for entry into the profession is. To develop a document such as this, required time, buy-in from the stakeholders, expertise, numerous drafts, continued feedback ... and a lot of money.

In the last couple of years, BCDHA heard from many, many members. There was concern of the number of new dental hygiene schools, particularly in Ontario, and the subsequent increased numbers of dental hygienists which made the job market more competitive. My point for using the example of the national competencies is to let you know that the situation is being addressed. There is currently a moratorium on the opening of new dental hygiene schools in Ontario, and any existing schools that do not obtain accreditation by CDAC will be closed. These changes are occurring as a result of the lobbying efforts of dental hygiene organizations. Specifically, the national competencies have been adopted by CDAC, NDHCB, and the regulatory Colleges so now there is a national standard, and all schools must meet them. As a result many schools in Ontario are looking to increase the

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Director's Message *(Continued from page 7)*

length of their programs, are revamping their curriculum, or have closed.

So, the question is: who orchestrated the development and implementation of the national competencies to essentially 'save the day'? Who bore the cost of such an expensive undertaking? Finally, we get to the point of why I think the national competencies are a good example of the many other things that both CDHA/BCDHA do on behalf of their members. The answer to the two questions above is: CDHA. Your membership organization of which BCDHA is a constituent member. But, to be truly accurate, it was really all of you that made the National Competencies document possible because it was YOUR membership dollars that paid for their development. And because you supported your membership organizations, your membership organization used those dollars to develop something that ultimately addressed your main concerns regarding the crisis that had developed in dental hygiene education. So, I will say it again, membership in your association is not entirely for your membership benefits … it is for the advocacy for your profession and to deal with larger issues facing the profession that cannot be addressed by individual hygienists alone. So when asked what is being done about these serious issues, please acknowledge that YOU ARE DOING YOUR PART by being a member! And the Board and staff at BCDHA/CDHA are doing their part by using your support to address issues that are important to you.

Are you interested in becoming more involved in your profession? It doesn't really matter at what level your involvement takes. It could be to serve on the executive of a study club, or to volunteer at a career fair, or visiting an MLA if needed, or serving on the BCDHA board. If you are interested in being involved, please contact your board member or the BCDHA office. I can honestly say that I have thoroughly enjoyed my time as a BCDHA board member; and would do it all over again if the opportunity arose.

Before closing, I would like to say that mentorship is the truest form of giving back. And I have heard from many of our current, leading dental hygienists that they are ready and willing to pass on the gavel to the next generation of dental hygiene leaders; and that they would welcome the opportunity to mentor. Let's all take them up on their offer. Already I have been very fortunate to have had some profound mentors. I strive to pass on their lessons of mentorship, wisdom, and support.

In closing, I would like to thank Cindy Fletcher our Executive Director, all of the board members I have served with, the members in the Upper Island area for their continued support for my appointment to the BCDHA Board, and every dental hygienist across the province. Without you there wouldn't be a BCDHA, and consequently, no voice for dental hygiene in the profession. **I am in awe of all of you!**

BCDHA is pleased to announce the Clinical Tobacco Intervention Program on-line course developed by the BC Cancer Agency

All health care professionals can play a key role in improving the health care system's effectiveness in tobacco cessation. Tobacco users look to health care professionals to provide them with help in their tobacco cessation attempts. Dental hygienists have a unique opportunity to provide useful aid, whether through a one-time brief intervention or through continued follow-up.

This course is intended to offer the key elements of clinical tobacco intervention and has been developed specifically for dental hygienists.

The course will cover:

- Health consequences of tobacco use
- Tobacco dependence and addiction
- Principles of clinical tobacco intervention
- The 5 "A's" of clinical tobacco intervention
- Tobacco cessation medications
- Special population considerations

BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

This on-line course is **FREE** and is designed for self-directed learning approximately 2 - 5 hours in length with an evaluation quiz at the end . Upon successful completion of the quiz you will receive a certificate and letter of recognition.

To register and take the course go to: http://tobaccoed.org/courses/