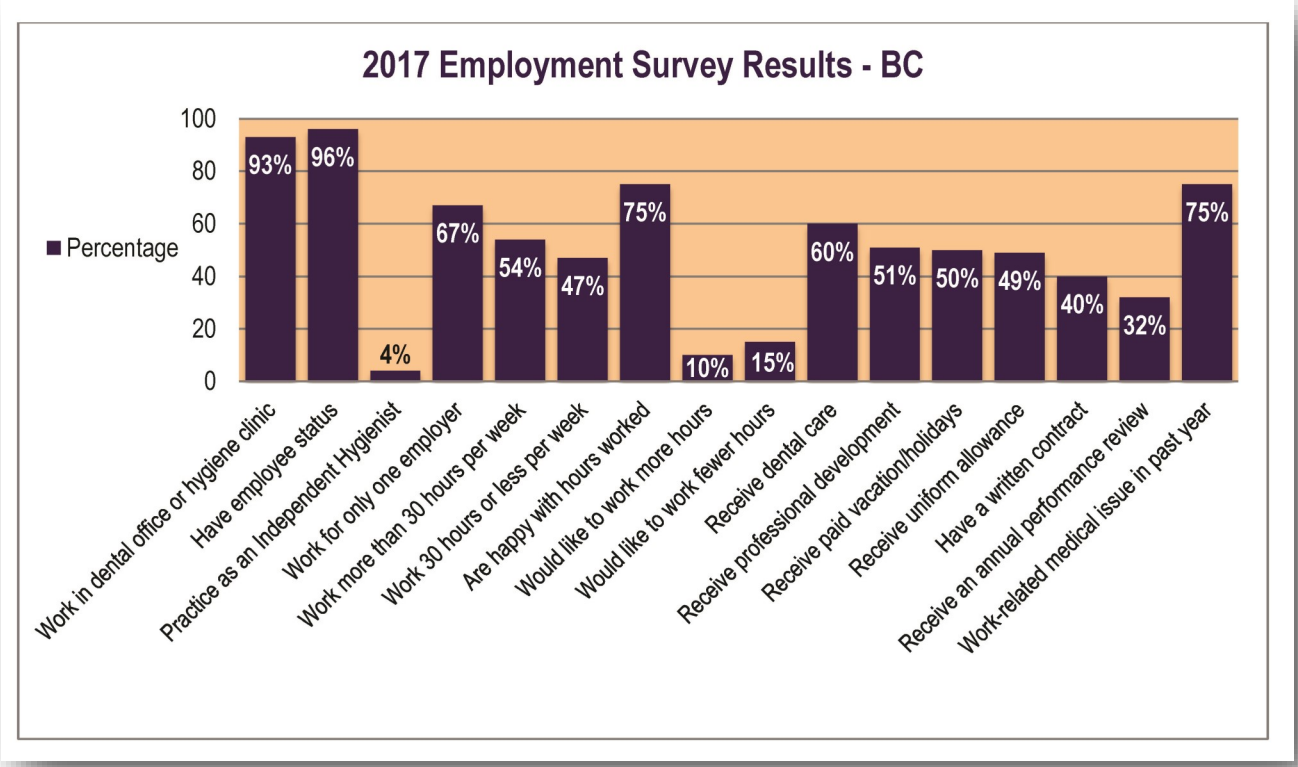
FALL 2017 / Vol. 52 • Issue 2

BCDHA
OUTLOOK
British Columbia Dental Hygienists' Association

Your connection to a growing, vibrant professional community

2017 Employment Survey Results Are In



The Canadian Dental Hygienists Association conducted a national online survey of dental hygienists across Canada in May/June 2017. The complete survey contains a lot of information about the profession and dental hygienists are encouraged to review the survey results report found on the CDHA website (www.cdha.ca). Highlights of the statistics for BC are provided here.

A total of 1397 dental hygienists from BC completed the survey. Forty-nine percent of these respondents were under 40 years of age, while 14% were over the age of 55. Twelve percent reported having a Bachelor's Degree in Dental Hygiene and an additional 15% reported having a Bachelor's Degree in another field.

The average hourly wage reported across BC was $43.71. While this is up from $43.05 in 2015, forty-seven percent

(Continued on page 10)

Inside this issue:

Chair's Message	2
Instrument Sharpening Workshop	3
Dianne Gallagher Inspiration Award Recipient	5
Patients with SB/ CMD/ SDB	6
Yes YOU Can Be a Coroner	8
Teamwork: The Key to Success	11
Your Zip Code as Important to Health as Genetic Code	12
Your Colleagues	14
CDHA Corner	19

Message from the Chair

By Tammy Gulevich, RDH

As I prepare this message, I have just returned home from my 30 year reunion celebrations at the University of Alberta. I truly feel like I must have been just a baby when I graduated from dental hygiene since it seems like yesterday! It was wonderful to connect with former classmates and to see where our professional lives have taken us. Amongst our group we had such diversity in our professional paths. There were a few who had been practicing in the same private practice for over 25 years, those that had branched beyond dental hygiene via further education, and others who have had various employment opportunities obtained through their roots in dental hygiene. There were also educators, independent practitioners and a couple of retirees!

When I was a young student, I remember being asked what I would do "after" dental hygiene. At that time I had never thought about what would lie beyond the academic halls other than the anticipated employment in a dental office. It is exciting to see all the opportunities available to our profession today.

Strong leaders in our profession have given us these opportunities by allowing us to follow in their footsteps. It is important to realize that these leaders were not a lot different from the rest of us. They started with the same education, and built on that foundation to make change. Having the strong support system of colleagues (your profession) gives one the strength to formulate change.

The most rewarding part of the weekend festivities was how easily we all fell into our old conversations and comradery. Dental hygienists truly are a wonderful group of people!

Enjoy your fall and all the best in the coming holiday season,

Tammy Gulevich, Chair •

BCDHA Chair, Tammy Gulevich preparing for the meeting.

BCDHA Annual General Meeting held in June 2017

Due to a change in the Association's fiscal year, BCDHA held another Annual General Meeting on June 2nd at the BCDHA office. Members that attended this 'mini' AGM accepted the financial statements for the 2016-2017 fiscal year and were asked to approve the auditor for the 2017-2018 fiscal year. Members had the opportunity to tour the BCDHA office and meet the members of the Board and staff. •

Mandy McGill, incoming Director for the Kootenay region, receives her board pin from Chair Tammy Gulevich.

Instrument Sharpening Workshop for the Dental Hygienist

On Wednesday July 12, 2017 BCDHA and Hu-Friedy hosted a continuing education opportunity ***"No more dull instruments! - Instrument sharpening workshop for the Dental Hygienist"*** with speaker Danny Woodrow, in Kelowna, BC. The workshop offered attendees a lecture component which reviewed current and novel methods of instrument sharpening, as well as ample opportunity to practice hands on sharpening techniques. There were 13 dental hygienists who attended the workshop. They provided overwhelming feedback indicating that the workshop assisted them with their sharpening skills and was of great value to them in their work. Attendees particularly stressed the value of receiving one on one instruction and feedback.

One attendee indicated, *"The location was great; Danny and Wendy made you feel comfortable especially because I know a lot of us feel like we could be sharpening our instruments better, and are worried about our skills in front of our peers. The prizes were great and I loved that the money for the course was going to a great cause."* 100% of the workshop registration fees were donated to the Kelowna Gospel Mission.

Kelowna's Gospel Mission

If you are interested in having a sharpening workshop come to your part of the province, you are encouraged to contact Wendy Jobs, BCDHA Dental Hygiene Practice Consultant at wjobs@bcdha.bc.ca or call the BCDHA office 604-415-4559 ext. 304, toll-free 1-888-305-3338, ext. 304. •

BCDHA Grant Funds

Supporting Members & Their Communities Around the Province

Since 2008, Fort St. John resident and BCDHA member Tammy Gulevich has accessed funds through BCDHA Member Grants to support an oral health award she established for the Northern BC Regional Science Fair. With more than 250 students from grades 4 to 10 participating in the fair, this opportunity has encouraged students to learn more about oral health.

This year's winner of the "BCDHA Best Oral Health Project" at the 2017 Northern BC Regional Science Fair was Nadia Lotysz, a grade 6 student from Fort St. John. Her project was titled "Bacteria Battle".

Nadia discovered that bacteria causes cavities and 'bad things to your gums' and it is bacteria that causes these problems. She used swabs and agar plates to show the difference in the bacteria growth in the brushed teeth vs un-brushed teeth.

This is her description of the project:

"In my project I wanted to know if I brushed my teeth for a longer period of time, would it remove more bacteria. I used a Q tip and took a sample of my teeth, then I brushed my teeth and took another sample. I found out that if you don't brush your teeth the bacteria in your mouth will keep growing and will cause plaque, which will lead to cavities. I also learned that it doesn't matter how long you brush your teeth, as long as you brush well."

BCDHA is pleased to have the opportunity to recognize the accomplishments of students who are exploring the area of oral health.

Are you looking for funding for your community project? The 2018 BCDHA Member Grant application forms are available on the website under Professional Resources > Grants & Awards. The deadline for applications is February 15, 2018. •

Recognize Your Colleagues
Nominations Due Dec 31, 2017

Look around and you will see we have many outstanding dental hygienists among us that contribute to our profession, and in turn, the high regard the public has for dental hygienists. Let's recognize their accomplishments!

BCDHA has a number of awards that are offered annually to recognize the special contributions of our members. Think about your colleagues, mentors, and coworkers, and consider nominating someone you think is deserving of one of our BCDHA awards? Be sure to read the criteria for each award to ensure the person you are considering is a good fit. Follow the directions for submitting your nomination form, **located on the BCDHA website under Professional Resources > Grants & Awards.** •

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

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

Dianne Gallagher Inspiration Award

Donna Lee

2017 Recipient Donna Lee

I was so delighted when I received notice I was selected for the 2017 Dianne Gallagher Inspiration Award. I am touched that I have been an inspiration to my fellow dental hygiene colleagues, but it is I who has been inspired by my colleagues who saw the potential in me. I feel very fortunate and honoured to have worked with, and be mentored by, so many talented dental hygienists. It is to them I owe much gratitude for where I am today in my dental hygiene career. I have always loved learning and am very passionate with sharing my knowledge and experiences with others.

My parents were immigrants to Canada and growing up with limited financial resources was challenging. I have memories of my deciduous dentition laden with numerous dental caries and my father experiencing severe pain in his upper right first molar. I will always remember how difficult it was to seek dental care and how we struggled to pay for dental services. Extraction was our only treatment option. These childhood experiences impacted me profoundly, thereby fostering my personal and professional philosophy focusing on disease prevention and health promotion, which ultimately bolstered my desire to become a dental hygienist.

My decision to return and study dental public health was motivated by many years of clinical practice in rural communities and not-for profit settings. I was moved by the amount of oral health disparity, especially among the Indigenous communities and the countless stories shared by my patients regarding lack of access to care and resources, neglect and discrimination from health care workers.

As a pilot project, I was awarded a prestigious Public Health Award recognizing my work in the development, implementation and evaluation of an Indigenous curriculum for UBC Faculty of Dentistry. In moving forward with my dental hygiene career, my passion and goal is to increase equitable access to both health and oral health care for all Indigenous peoples.

I am thrilled to be identified as a trailblazer and I am excited for the infinite possibilities this unique dental hygiene specialty practice will offer for existing and future dental hygienists. Let's join our forces of passion together to make a difference and advocate for those who are unable to speak for themselves!!! •

Donna Lee Biography

Donna received her dental hygiene diploma from Vancouver Community College (VCC) and Bachelor of Dental Science (DH) degree at the University of British Columbia. Most recently, Donna completed the combined Masters in Public Health and Dental Public Health specialty at the UBC, Faculty of Medicine School of Population and Public Health and the Faculty of Dentistry. Donna is the first and only dental hygienist to graduate from the specialty program. Prior to Donna's dental hygiene career, she was a Social Worker and a Certified Dental Assistant in her home province of Alberta.

Donna's 24 years of dental hygiene experience include clinical periodontal practice in Richmond, BC and the Yukon Territory. She has travelled and provided oral care to numerous rural and Indigenous communities throughout BC and has worked for 13 years at the not-for-profit Mid-Main Community Dental Clinic in Vancouver. Donna is also an educator in the dental and dental hygiene programs at UBC and also a researcher focusing on oral care among marginalized and oppressed populations.

Donna actively volunteers in many community projects in various capacities with Indigenous programs, Special Olympics, public health and dental public health initiatives and study clubs as a consultant, educator, clinician and administrator.

Donna loves the outdoors and has completed numerous triathlons and national marathons. She also has kayaked the beautiful Vancouver Island west coast Clayoquot Sound; whitewater rafted the Colorado River, and successfully summited Mount Kilimanjaro in Tanzania, Africa.

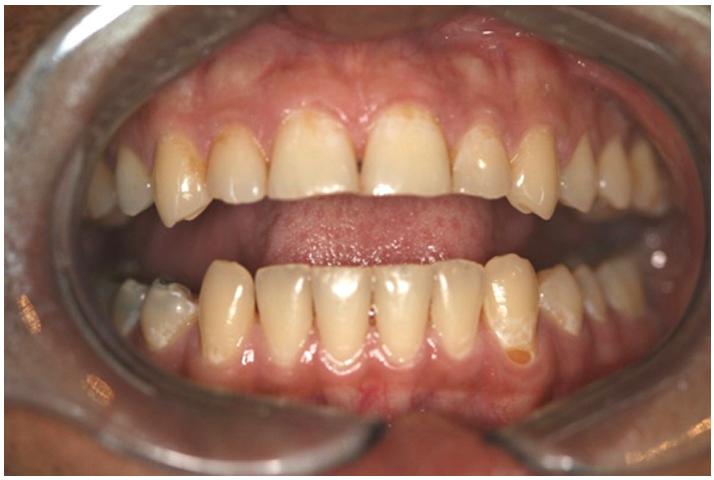
What to look for in patients with Sleep Bruxism, Craniomandibular Dysfunction and Sleep Disordered Breathing

Dr. Stephen Bray

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

Airway disturbance during development causes developmental changes, often predisposing to more airway problems later in life. It begins to make sense why Sleep Bruxism (SB), Craniomandibular Dysfunction (CMD) and Sleep Disordered Breathing (SDB) may develop in association. The dental hygienist is a perfectly positioned practitioner who has the requisite knowledge and education to assist in the detection of signs of varying sleep related disturbances.

We can look at a patient with certain characteristics, and often restrict our vision to treatment rather than looking for the root cause of the problem or problems. As a consultant surgeon many years ago, Joseph Bell emphasized the importance of close observation in making a diagnosis. This lead Arthur Conan Doyle to base his character Sherlock Holmes upon, who would often pick a stranger and, by observing him, deduce his occupation and recent activities. I believe we should strive toward this ability.



Normal development is driven by both internal and external factors. If it is believed that form follows function, the adaptive body will respond to both such influences, good and bad. With habitual mouth breathing for instance, a child's tongue will be held low in the mouth to allow such air flow. Failure of the tongue to sit within and develop the palate laterally results in a deeper, narrower palate, which in turn narrows the dental arch. The relatively wider lower dental arch is restricted in forward freedom in the cuspid area, often aggravating and increasing both incisor overjet (horizontal) and overbite (vertical) and may result in posterior cross bites. The development of the nasal cavity and contents (sitting above the palate) are often also affected. The deep palate may therefore not be the cause, but the result of the breathing disorder. We can begin to seek and accept the bidirectional aspects of cause and effect.

Not uncommon in adults, this 'mandibular entrapment' is also the process whereby we see children post orthodontic treatment with TMJ clicking.

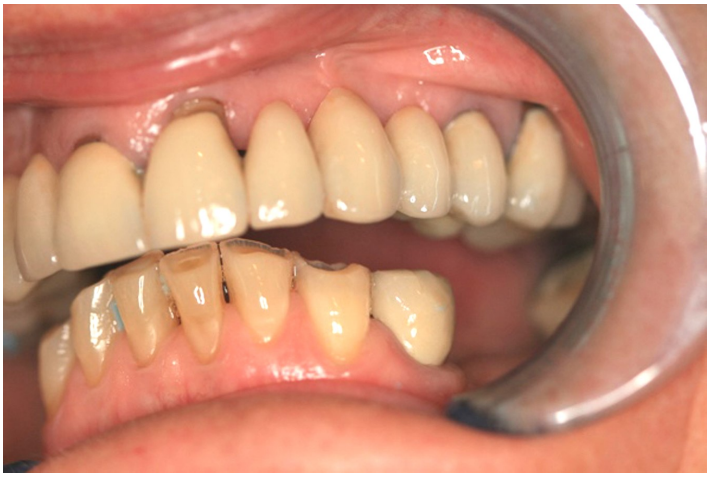
Such a low tongue posture, may overlie the molars and result in inadequate vertical molar development. We all see the result of a lack of molar support, just subtler here, as the jaws are closer together when the teeth are in occlusion (over closed). This accentuates the overbite and starts to impede normal forward and downward jaw growth. Since the mandible continues to grow in the adolescent, TMJ compression becomes a possibility as well. Holding back the jaw (and tongue) may increase the likelihood of sleep disordered breathing.

(Continued on page 7)

(Continued from page 6)

Signs of SDB/SB/CMD may include;

- Where the lower arch is restricted by the upper arch, crowded and often worn, lower incisors and lingual inclination of lower incisors and molars, as well as abfraction lesions.
- The space posteriorly held by the tongue, may lead to a decrease in maxilla-mandibular separation and a narrow mandibular arch with a drop of occlusal distal to the mandibular cupid.
- A narrow palatal vault is often associated with a distorted (constricted) upper dental arch form and potential crowding in the cuspid area, even in the presence of an increased overjet.
- Chipped and worn upper and lower anterior teeth due to this restriction (or entrapment)
- Deeper overbite and/or pronounced overjet, unexplained gingival hypertrophy and periodontal inflammatory changes.



LEFT: This molar depression (bicuspid drop off) is all too common, yet often misdiagnosed as anterior tooth over-eruption. Wear and abfraction lesions are commonly seen in association.

BELOW & RIGHT: Before and after of the reversible and non-invasive restoration of molar support.

It remains unknown why a high percentage of normal subjects present with SB, a centrally mediated movement disorder during sleep and why this activity is three times more frequent and higher in amplitude in SDB patients. Again it must be stressed that night guards may aggravate pre-existing obstructive sleep apnea. SB torques teeth during para-function and may result in causing enamel prism fracture. This resultant notching at the neck of the tooth (abfraction) frequently leads to recession, tooth sensitivity and repeated loss of class V restorations when placed.

By an understanding of physiology, facial development and potentially pathological factors, the entire dental team has a role in helping with the identification of patients who experience airway disturbances. As always, we work with the goal of providing our patients with the most comprehensive dental care. •

CAREER OPTIONS

Yes, YOU, a dental hygienist, can be a coroner!

I am a dental hygienist, a mother, a wife, a daughter, a sister and a good number of things in my everyday life. One of the things that I never thought I would be was a Coroner. But in July 2014, that is exactly what I found myself doing! Who would have imagined that a dental hygienist would be qualified to be a Coroner in the Province of British Columbia (BC)? I would like to share my story, but first, I think a little bit of history on the BC Coroner Service is prudent.

In BC, the Ministry of Justice houses the BC Coroners Service, and under the Chief Coroner (Lisa LaPointe) there are 32 full-time coroners and approximately 75 community coroners working from five regional offices and The Office of the Chief Coroner in Burnaby. The Coroners Service is responsible for investigating all unnatural, sudden and unexpected, unexplained or unattended deaths in the province. It determines who, when, and why a person (decedent) died and also makes recommendations to improve public safety and prevent death in similar circumstances.

The background preferred for community coroners is previous education and experience in legal, medical or investigative fields. Community coroners do not perform autopsies or other specialized procedures. Whew! I know you all wanted to know that.

Community coroners should have a demonstrated ability to work with grieving families in a sensitive, supportive manner; provide leadership and coordination at scenes and have the ability to communicate effectively with the public, police, medical community and other agencies. The job also requires excellent skills in analysis.

So how did I come to be a community coroner? I left my faculty position at the College of New Caledonia in December 2013. My family and I made a move to Kelowna and I spent the next year rebuilding our family home. Used to being a busy professional, who was without a steady income, I jumped at the chance when a dental hygiene colleague of mine sent me a job posting with a subject line of "Hey, who would have thought we were qualified to be a coroner?" Well, I applied, I interviewed and surprise, surprise….they offered me the job. I had one week of training in Burnaby at headquarters and then I shadowed two other long term Community Coroners for a number of weeks.

During training we visited a hospital in Vancouver that often performs autopsies for the Coroners Service. The staff warned us of the potential for horrible smells while at the morgue… I was prepared for the worse, but let me mention that the living can be a whole lot more smelly (note: I have been a dental hygienist for over 25 years). I was able to watch an autopsy from the start to the finish… I was allowed to hold each organ and learn from the pathologists performing the autopsy how to determine cancer and signs of previous systemic disease. There was one thrilling/scary moment when the pathologists ushered us from the room because they suddenly suspected that the decedent had had tuberculosis (TB) (certain markings on the lungs alerted them). They took a sample to the lab and had it tested. It was negative for TB so we were all safe. That autopsy was one of the most exciting and interesting things I have ever had the opportunity to be a part of.

When a coroner attends the place of death (the scene), there are several important elements that are investigated - the body, witnesses and the place where the decedent was found or had been prior to and leading up to their death. There are many elements to scene investigations. For example, I might have counted the number of pills found in a prescription container to determine if the decedent had been taking their medication as prescribed or review a cell phone or social media posts to help indicate past events and state of mind. Every death investigation includes a head to toe examination, which is a thorough visual and tactile observation of the decedent for the purpose of identification and to help determine cause and time of death. Sometimes it is the smallest, seemingly insignificant observation that helps to determine the cause of death or assist in identification. Performing the head to toe examination (which literally continues from the head to the tips of the toes) was initially unsettling, however, once I realized that it was not that much

(Continued on page 9)

(Continued from page 8)

different from a dental hygiene head and neck examination, my job as a Coroner became psychologically much easier. Both professions, the Dental Hygienist and the Coroner, pay attention to detail, describe and then document what they observe. However, the Coroner, does not stop at the clavicle.

Another part of the investigation that the community coroner is responsible for is witness interviews. The community coroner collects witness information, contact details and information that might assist with the investigation as a whole. After all investigative avenues have been thoroughly considered, the community coroner will either complete and close the file if it was determined that the death was due to a natural cause, or alternatively, if the cause was deemed to be unexpected and not of natural causes then the file is forwarded to a full time coroner for continued investigation.

In conclusion, my time with the Coroner's Service offered the opportunity to generalize my professional dental hygiene skills into the field of forensics. Overall, my experience was an extremely rewarding one; however, I am happy to be back working in the land of the living as a Dental Hygiene Practice Consultant for the BC Dental Hygienists' Association. If you are interested in possible employment opportunities as a Coroner or if you have questions for your BCDHA Dental Hygiene Practice Consultant feel free to contact me at wjobs@bcdha.bc.ca.

About town...

55+ Lifestyle Show *presented by Inspired Senior Living*

BCDHA was pleased to be a part of this show for the 2nd year running. It was an opportunity to promote the importance of oral health for overall health to the attendees.

Left: BCDHA member volunteers, (LtoR) Aneesha, Jennie and Crystal.

Below: BCDHA member volunteer Tamryn talking with attendees

Gift from the Heart—April 8, 2017

On April 8, 2017 these dental hygienists joined Joanna, owner of Fresh Dental Hygiene & Wellness in Kelowna to provide FREE dental hygiene care to those less fortunate.

Left to right: Kelly Ann Clark, Marilynne Fine, Joanna Bernath & Wendy Jobs

To view more photos visit the BCDHA Facebook page @theBCDHA.

…***Employment Survey*** *(Continued from page 1)*

of respondents reported that their wage had not increased over the last 2 years. Geographic location, practice setting, experience in the profession and benefits offered may result in a considerable variance in this average rate.

Sixty percent of the respondents receive dental care benefits, while approximately half receive professional development, additional paid vacation and/or uniform allowance. Forty percent reported that they had a written employment contract.

The study reflects that the vast majority of dental hygienists (93%) practice primarily in a dental office or dental hygiene practice, and 67% work for only one employer. Four percent are currently practicing as independent dental hygienists. Just over half (54%) work more than thirty hours per week and 82% reported that their weekly number of hours worked has increased or stayed the same over the last two years. Seventy-five percent (up from 69% in 2015) indicated they were happy with the number of hours worked per week, while 10% would like to work more hours and 15% wanted to work fewer hours.

Of ongoing concern is that 75% of respondents reported having a work-related medical issue in the last year.

For a complete summary of the *2017 Employment Survey of BC Dental Hygienists* please visit: www.bcdha.com > Practice & Employment > Employment Issues > *2017 BCDHA Labour and Wage Results*. •

BCDHA Executive Director meets with MLA David Eby

BCDHA Executive Director Cindy Fletcher discusses the role of Dental Hygienists in improving the health of British Columbians with MLA David Eby

Teamwork: the key to success

By Ken Gnauck

For a patient during a medical emergency, the chance of a positive outcome starts before the event even happens. A dental office with a well practised plan will be able to respond to a medical emergency with confidence and efficiency. However, this plan is pointless without a foundation of high quality training for the entire office. This training should go beyond just CPR. Training should include basic assessment skills and incorporate protocols for patients in medical distress such as asthma attacks, cardiac events, hypo-ventilation due to a poly-pharmaceutical over-dose and other emergencies that can happen in a dental office.

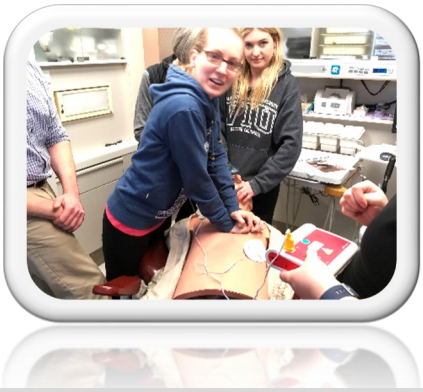
During World War I, while the French and British were sending masses of troops to attack the German trenches, Canadians came up with the idea of using smaller units of five to twelve men instead of one massive unit. Each person in this unit had a specific task and they would train together as that unit. This proved to be highly effective and greatly reduced casualties. It also increased their ability to achieve their objectives. This method was the birth of many special forces throughout the world today. From the cockpit of large airline aircraft to any trauma room in the emergency department of a hospital, the idea of a team that trains together, as well as being familiar with the other members' responsibility, has proven to lower stress and reduce the risk of mistakes.

For the dental office, the objective is the same as the previous examples: to reduce the risk of serious errors in the treatment plan and administration of medications. Pre-hospital care requires quick decision making while using incomplete information. The effective coordination of team members for critical care is best delivered with an algorithmic system within a "team" framework. If a patient senses distress and fear in the team caring for them, they can become even more stressed. Stress can have a serious effect on the patient as well as increasing the chance of an error in the treatment of the patient. And yes, simply calling 911 can be considered a serious error.

For a dental office, team objectives are as follows:

1. To identify one person as the team leader. in their absence another person will have to be selected.
2. To pre-assign various roles for each team member. However, all team members should be trained in all aspects emergency medical response.
3. To have written protocols and the ability to identify which protocols should be used. It must be clear to everyone on the team what protocol is being used.
4. Advocate and assert a position or corrective action. It is important that all team members feel that they have the freedom and confidence to speak if there is an error or omission in the treatment plan.

Just like teams in the military, the airline industry and the trauma room; dental offices need specialized training provided by a qualified person who is experienced in pre-hospital care in order to be effective during an actual medical emergency.



Help First Aid BC
Complete Training Solutions

Ken Gnauck is the owner/instructor of Help First Aid BC and has the privilege of combining his two passions of being a paramedic and teaching first aid, with over 30 years of extensive experience in the first-aid, emergency intervention field.

He has worked in heavy industry for 21 of those years in first-aid/plant protection as well as obtaining certification in industrial fire-fighting and heavy industry rescue. Ken has taught first-aid for the past several years and currently works for the British Columbia Ambulance service as a Primary Care Paramedic in Victoria.

You can contact Ken with any question you might have at helpfirstaidbc@telus.net

Your ZIP Code Might Be As Important To Health As Your Genetic Code

By Kristian Foden-Vencil

Do you ever have difficulty making ends meet at the end of the month? Many of us struggle, given the rising gap between income and expenses in British Columbia, made worse by the heated housing market. BC has one of the highest poverty rates in Canada, where income is far below that needed for even basic needs such as shelter, food, and clothing for some of our most vulnerable citizens. This is made worse when a dental emergency drives the need to seek and pay for expensive dental care out-of-pocket. But the reality is that many of these British Columbians are eligible for government services and benefits, including dental benefits, but need support in navigating the paperwork or a website to be enrolled. The Centre for Effective Practice has launched a useful resource for primary care professionals, including physicians, nurses and dental hygienists to support these clients in navigating the system. It prompts us to ask key questions, educate the client, and intervene by linking them to resources, services and benefits that have the ability to pull them out of poverty.

While the article below comes from our neighbor's to the south, it contains information that is relevant to our practice in BC.

Shannon McGrath, pictured with her son Rayder, says it has been a lot easier to make her medical appointments recently, thanks to help from a "patient navigator" — assigned to her by Kaiser Permanente — who arranged McGrath's transportation. *Kristian Foden-Vencil/OPB*

When a receptionist hands out a form to fill out at a doctor's office, the questions are usually about medical issues: What's the visit for? Are you allergic to anything? Up to date on vaccines?

But some health organizations are now asking much more general questions: Do you have trouble paying your bills? Do you feel safe at home? Do you have enough to eat? Research shows these factors can be as important to health as exercise habits or whether you get enough sleep.

Some doctors even think someone's ZIP code is as important to their health as their genetic code.

That's why Shannon McGrath was asked to fill in a "life situation form" this spring when she turned up for her first obstetrics appointment at Kaiser Permanente in Portland, Ore. She was 36 weeks pregnant.

"When I got pregnant, I was homeless," she says. "I didn't have a lot of structure. And so it was hard to make an appointment. I had struggles with child care for my other kids, transportation, financial struggles."

The form asked about her rent, her debts, her child care situation and other social factors. On the strength of her answers, Kaiser Permanente assigned her what is called a "patient navigator."

"She automatically set up my next few appointments and then set up the rides for them, because that was my No. 1 struggle," McGrath says. "She assured me that child care wouldn't be an issue and that it would be OK if they came. So I brought the kids and everything was easy, just like she said it would be."

McGrath's navigator helped her get in touch with local nonprofits that helped her with rent, a phone and essentials for the baby — such as diapers and bottles — all in the hope that making her life easier might keep her healthier and, in turn, keep Kaiser's medical costs lower.

(Continued on page 13)

(Continued from page 12)

McGrath says her patient navigator, Angelette Hamilton, was a bureaucratic ninja, removing paperwork obstacles that kept her from taking care of herself and her family.

Patient navigators have been around for a while. What is new is the form that McGrath filled out and how hospitals are using the socioeconomic and other data the forms glean to serve patients. The details now go into a patient's file, which means providers such as Dr. Sarah Lambert have more information at a glance.

"I find it incredibly helpful because it can be very hard to find out," says Lambert, who is McGrath's OB-GYN and works at Kaiser Permanente Northwest. "Having it coded right there — we have this problem list that jumps up — really can give you a much better understanding as to what the patient's going through."

Federal officials introduced new medical codes for the social determinants of health a few years ago, says Cara James, director of the Office of Minority Health at the Centers for Medicare and Medicaid Services.

"More providers are beginning to recognize the impact that the social determinants have on their patients," she says.

Nicole Friedman, a regional manager at Kaiser Permanente Northwest, agrees. But she goes one step further.

She hopes giving doctors more information about the home life of each patient will push health care in a new direction — away from more high-priced treatments and toward providing the basics.

"My personal belief is that putting more money into health care is a moral sin," she says. "We need to take money out of health care and put it into other social inputs like housing and food and transportation."

Linking health organizations like Kaiser with nonprofit social services such as the Oregon Food Bank will help governments and medical providers see where their money can make the biggest difference, Friedman says.

For example, spending more on affordable housing for homeless people can also have health benefits, in turn saving the government money down the line.

Friedman says that when Kaiser started addressing people's social needs, one study found a 40 percent reduction in emergency room use.

McGrath was initially skeptical when doctors offered to help her with things like rent and transportation.

"I didn't want someone to see my situation and have it raise alarms," she says.

But ultimately she was glad to have shared that information.

"I'm able to look at life and not feel overwhelmed or burdened," she says, "or like I've got the whole world on my shoulders. •

This article can be found online at: (http://www.npr.org/sections/health-shots/2017/08/04/539757759/your-zip-code-can-be-as-important-to-health-as-your-genetic-code). Links can be accessed within this article.

Angelette Hamilton works as a patient navigator at Kaiser Permanente Northwest, helping patients get social services. After Kaiser started offering patients this sort of support, one study found a 40 percent reduction in emergency room use.

Kristian Foden-Vencil/OPB

Help Your Clients Get Connected!

Dental Hygienists are well positioned to help their clients get connected to dental hygiene services that ultimately can reduce oral pain, suffering, and demand on emergency rooms.

Check out the resource — **Poverty: Clinical Tool for Primary Care Providers**… *which suggests that we ask clients some key questions during the interview to elicit information regarding SDoH (social detriments of oral health) and then link them to a client navigator or directly to the benefits and resources they are eligible for within Canada as seniors, families with children, Indigenous Peoples, social assistance recipients and/or people with disabilities.*

The link to this tool can be found on the BCDHA website by clicking on Professional Resources.

Your Colleagues...

My trip to Myanmar

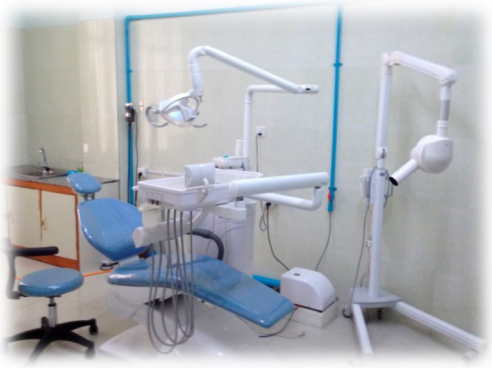
By BCDHA member Mary-Ann McKinnon, RDH

Repairs to a congenital cleft lip and palate typically begin within the first few months post partum, with some children requiring additional surgeries as they get older. If you live in a country like Canada with its health privileges, this process, while traumatic, is easily accessible. Other countries do not have the health services or the experts we are so fortunate to have, so when presented with the opportunity to go to Myanmar as part of an international cleft palate mission, I could not resist.

After 18 hours in transit from various points in the United States and Canada, we had a quick overnight in Yangon before embarking on a 4 hour bumpy flight down the Andaman coast to the town of Myiek. None of this did anything to drain the energy of this magnificent team as we immediately went to Datkhina Dipar Hospital to screen almost 100 patients ranging in age from 3 months to 51 years old. Only a handful of patients were turned away, typically due to illness preventing an uncomplicated anaesthesia. The rest were assigned a date to return for their life altering surgery.

Travelling with this team I gained clear insight of the effort required to provide such a valuable service to the marginalized population of Myanmar. The medical team of anaesthetists, plastic surgeons, paediatricians and nurses only tell half the story. The behind the scenes hard work of a photographer to document our work, a record keeper who kept a log of the patients, a dedicated 'sterilizer' to ensure the instruments were prepped and ready when needed, plus the months of logistical preparation are all critical components of a successful trip.

As the sole dental representative, my job was to prepare the patients by ensuring a clean oral environment to aid in minimizing post-operative infections. This was only one aspect of my role, however. I seized the opportunity to provide oral health education to anyone I could and dispensed more than 200 toothbrushes. The clinic, provided specifically for our visit, was exceptional, and demonstrated the value the Myanmar people have for dental education. Parents, siblings, hospital employees, and especially our volunteers who worked long days to translate, were all given the opportunity for dental hygiene education and debridement. Most already knew how to brush, and demonstrated very good skills, though their access to regular dental treatment was limited. This was shown in the decay rates, and while a local dentist was available for emergency treatment, he was not able to treat 'minor complaints'. Fortunately, I was able to apply silver diamine fluoride (Advantage Arrest), to arrest and remineralize decay. While silver diamine fluoride has been used extensively in third world countries, it was only approved in Canada in 2017 and proved to be an invaluable adjunct in providing treatment to this population. A clear liquid, the silver in it turns bacteria black, showing that it has arrested the decay process, while the fluoride provides a remineralizing agent. It proved to be a much appreciated treatment, giving the patient time to have the still present 'cavity' treated more permanently.



It wasn't all work, as the Myanmar hosts spent a day showing us the beautiful sites of their town. We toured local prawn and soft shell crab businesses, visited a bird

(Continued on page 15)

(Continued from page 14)

nest cave where the swiftlets were creating their nests made of solidified bird spit. We were even offered a sample of the extracted drinkable saliva, which I had to decline. A hygienist will only go so far, even with the promise of a more youthful skin.

The people of Myanmar proved to be generous and caring, opening their doors and hearts to us knowing that we came to help their marginalized populations receive the care otherwise not available. The Myanmar volunteers provided invaluable assistance, from translating to being our personal guides. The team of surgeons repaired over one hundred lips and palates while I treated and provided education to at least that many. Although the days were long, and our bodies tired, the spirit of Team Myiek was insurmountable. •

Mary-Ann McKinnon with Nay Chi Win, volunteer translator.

BCDHA Student Awards

University of British Columbia

Right: Ms. Courtenay Johnson recipient of the BCDHA Joan Voris Award (ctr) with Tammy Gulevich, BCDHA Chair (L) and Cindy Fletcher, Executive Director

Camosun College

Below: Christina Neal recipient of the Award of Excellence (ctr) with BCDHA Board members Bev Jackson, Victoria Region (L) and Mandy Hayre, Dental Hygiene Educator Representative

Camosun College

Right: Presentation Award recipients Ruchy Maher and Deanna Haworth

Continued on page 16

BCDHA Awards...*continued from page 15*

Vancouver Island University

Left: Award of Excellence recipient Lynsey Jones with Andrew Hollenberg

Above: Presentation Award recipients Courtney Craig (L) and Hilary McLoughlin (R) with Lauren Ashbee

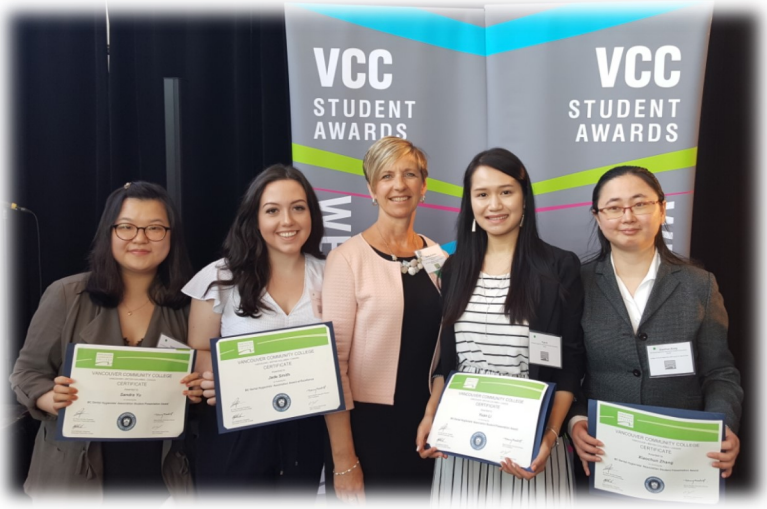
Vancouver College of Dental Hygiene

Above: Sara Andrews with her Award of Excellence and VCDH representatives

Not shown: Presentation Award recipients Breanna Hoegler and Savannah Wheaton

Continued on page 17

Vancouver Community College



Above: Award of Excellence (2nd from left) Jade Smith. Presentation Award recipients (LtoR) Sandra Yu, Leanne Li and Spring Zhang with BCDHA Executive Director Cindy Fletcher (centre)

Above: All award winners from the VCC graduating class

CDHA Awards

CJDH Research Award

Jessica E Morris and Zul Kanji for their article entitled "Exploring how the quality of the client-dental hygienist relationship affects client compliance."

Above: CDHA President Sophia Baltzis (left) presents Jessica E. Morris with the CJDH Research Award. Zul Kanji (right) receives his award from Salme Lavigne, CDHA Scientific Editor

Right: Elizabeth Cavin (ctr) receives her CJDH Research Award from Sophia Baltzis (CDHA President) (left) and Salme Lavigne (Scientific Editor)

CDHA Life Membership

Carol Kline

CJDH Research Award

Elizabeth Cavin - For the best published literature review "Culturally safe oral health care for Aboriginal peoples of Canada"

Not Shown:

Oh Canada! Readers' Choice Award

Taryn Coates and Dee Dee McMillan for their article, "Early childhood caries in public health: Filling in the gap."

SHOP BCDHA

Visit the BCDHA website and click on the Shop BCDHA button where you will find practice resources and promotional items.

NEW!

Ornament

Ceramic ornament featuring Dental Hygienist graphic on dark purple background with gold thread.

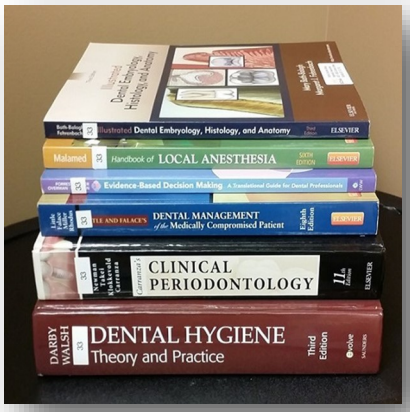
Watch - Gold & Silver

Perfect for everyday wear, this gold and silver tone watch features a small-faced design and fold over clasp with safety. Battery included

'Dental Hygienists Bring the Sparkle'

The BC Dental Hygienists' Guide To Dental Hygiene Clinic Ownership

90 page guide provides framework for steps to translate your practice vision into a reality.



Textbook Rental

3 month rental of 6 Refresher Program textbooks

Corporate Offers

NEW!

CAR 2GO

BCDHA members get FREE registration and $10.00 in drive time*.

Grab a car2go from anywhere on the street, then drop it off anywhere on the street in the operating area. No reservations required. No long lines. No refueling. No worries.

With car2go, you're in control of every mile and every minute. You only pay for how long you're actually using the car.

Get the car2go app and get going. From setting up your account, to finding a car2go, to unlocking the car - do it all with your phone.

**Drive time is valid for 30 days from the date loaded to account. $2.00+tax annual fee applies to BC residents.*

CDHA CORNER

Dear friends and colleagues,

*It is a privilege to represent you as the director from British Columbia on the board of the Canadian Dental Hygienists Association (CDHA). I am in my last term and would like to take this opportunity to thank each of you for your unwavering support over the last few years. I am also happy to bring greetings on behalf of CDHA—**your** national association.*

For some of you, membership in CDHA may be new, and I believe it is amazing! Not only do you have liability insurance, but CDHA also plays an important role as the national voice for our profession, taking critical oral health care issues to the policy and decision makers in government. In addition, CDHA undertakes important lobbying efforts in support of underserved populations across the country.

Equally as important, CDHA members can take advantage of free webinars and other professional development opportunities, job postings, employment surveys, advocacy and research resources, and social media platforms such as Twitter, Facebook, and Instagram. You can also correspond and reconnect with colleagues from across Canada at events like CDHA's biennial national conference. This year's conference, Translating Knowledge to Action, *was co-hosted with the National Center for Dental Hygiene Research and Practice and was held in Ottawa from October 19–21.*

If you have a question, suggestion or comments that matter to you, please share them. CDHA's door is always open. I wish you and yours the very best as we move into the fall.

Best,

Mandy Hayre, RDH, BDSc, PID, MEd
CDHA board director, British Columbia

WHAT'S NEW AT CDHA?

PROFESSIONAL DEVELOPMENT

CDHA is committed to supporting your ongoing professional development so we're thrilled to announce that **all webinars will be available to members for FREE as of November 1, 2017,** saving you hundreds of dollars.

Webinars now on demand:

Silver Diamine Fluoride for Caries Control

Oral Rinsing: What Should You Tell Your Clients?

2017 Job Market & Employment Survey Report

Dentin Hypersensitivity, *sponsored by Colgate*

Community Water Fluoridation

FREE webinars coming soon:

Challenges of Our Diabetic Clients, November 15, 2017
sponsored by SUNSTAR

www.cdha.ca/webinars

MEMBERSHIP RENEWAL

CDHA membership provides access to many great benefits. Check out our new benefits flyer to learn more: www.cdha.ca/benefits. Your CDHA membership is renewed when you complete your annual CDHBC registration.

PARTNERS' CIRCLE

CDHA's Partners' Circle is comprised of dental industry firms dedicated to the advancement of the dental hygiene profession and the important role that dental hygienists play in the oral health care team. We are extremely proud to announce the members of the 2017 CDHA Partners' Circle: www.cdha.ca/partnersCircle

CDHA POSITION STATEMENT: COMMUNITY WATER FLUORIDATION

CDHA's updated position statement on community water fluoridation is now available at www.cdha.ca/positionstatement

NDHW™ 2017

Another round of celebrations are over and our contest winners have been announced at www.cdha.ca/NDHW. Thanks to our sponsors Dentsply Sirona, Sunstar G•U•M, TD Insurance, PHILIPS Sonicare, and PHILIPS ZOOM! Mark your calendars now for #NDHW18 **(April 7–13)**.

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