SPRING 2017 / Vol. 52 ● Issue 1

BCDHA

OUTLOOK

British Columbia Dental Hygienists' Association

Your connection to a growing, vibrant professional community

"It is not in numbers, but in our unity, that our great strength lies."

Thomas Paine

March 1st, 2017 will forever mark an important milestone on the timeline of the British Columbia Dental Hygienists' Association (BCDHA). For the first time in our 53 year history, the membership of our Association includes every practicing dental hygienist in the province. And more importantly than the increase in membership, this transition also marks a significant milestone for the dental hygiene profession. The importance of having a strong association to represent the unified voices of dental hygienists cannot be overstated.

The Canadian Dental Hygienists Association (CDHA) and BCDHA work diligently to advance the dental hygiene profession at the national and provincial levels. Your support enables your professional associations to provide a strong voice that is respected and valued by government, the public, and other health professions and organizations.

For those dental hygienists who are members of their professional associations for the first time this year (or rejoining after a period of time) you are joining professional organizations that have a proud history. Here are just a few examples of the important work previously accomplished by your professional associations:

- *achieved self-regulation for our profession,*
- *advocated for legislative changes to increase the dental hygiene scope of practice and improve access to care,*
- *lobbied government at the national and provincial levels to recognize the importance of dental hygienists in government funded health programs,*
- *worked with insurers across the country to establish dental hygienists as service providers so independent practitioners can bill insurance companies,*
- *established a standard for competencies for entry-to-practice diploma level dental hygienists,*
- *launched public awareness campaigns about the dental hygienist's role in oral and overall health,*
- *developed position papers for government on issues important to our profession,*
- *partnered with the First Nations Health Authority in BC to create practice opportunities for dental hygienists.*

(Continued on page 10)

Inside this issue:

Message from the Chair

By Tammy Gulevich, RDH

I am excited to welcome all practicing dental hygienists in the province of BC to our professional association. Now every dental hygienist has access to, and contributes to, the valuable resources a strong professional association can provide. Your professional association advocates not only for our members but also for the public. And, as our professional image grows, so does our influence. As the public continues to understand the importance of dental hygienists as primary care providers, we need to be able to fill that role professionally and live up to the trust they place in us as those providers.

The BCDHA has many resources available for our members. For example, there are manuals to assist those considering practicing in Residential Care and Independent Clinic ownership. We have an extensive library of textbooks and refresher modules to use for the Quality Assurance Program (QAP), both for the assessment tool portion and to assist in meeting continuing competency requirements. There are resources to use when presenting at special interest groups, schools, and community events. Grants are available to members who want to undertake special projects in their community.

No one in the province, in any area, should feel isolated because of their geography. Being from the North, I know the isolation that can come from being so far from the "hub" of the lower mainland. But I have never felt isolated from the assistance that BCDHA can provide. All it takes is a phone call or email.

One of the most valuable member resources is the staff at the BCDHA office. All are very knowledgeable and are happy to assist you with any questions you may have. The ability to have a safe place to ask a question regarding any practice concerns is invaluable.

And, as always, the Board of Directors welcomes your questions and concerns and uses this feedback in determining the Association's goals. We recognize that the professional challenges change and we are committed to staying current through dialogue with our members.

By staying informed and taking the time to read this article you have taken the first step to being an active part of your association. Thank you for your commitment.

Best wishes for a wonderful spring and summer and enjoy all that our beautiful province has to offer!

Tammy Gulevich, Chair •

Highlights of the 2017 Annual General Meeting

BCDHA's 53nd Annual General Meeting took place in Burnaby on February 18, 2017. Attendees enjoyed breakfast while browsing through our exhibitors' displays and the Dental Hygiene Student Table Clinics. It was wonderful to see the enthusiasm of our next generation of dental hygienists as they discussed their valuable research projects. Good discussions about new and innovative products were also had with Sunstar, Patterson Dental, Paradise Dental Technologies,

(Continued on page 3)

Speed Learning session

HuFriedy and Johnson & Johnson, and we thank them for their continued support of the BCDHA.

The AGM provides a unique and valuable opportunity for the BCDHA Board of Directors to connect with members and gather information that guides the creation of BCDHA ENDS policies (goals). The Board used information gathered from various other owner linkage sessions to highlight some of the major issues and present a "speed-learning" session. We had speakers give quick 5 minute presentations with Q and A session afterwards in smaller group settings. Presentations were given on corporate dentistry, public health, community outreach, baccalaureate pathways and BCDHA goal setting.

Chair Tammy Gulevich highlighted some of the activities BCDHA has engaged in this year and the continued importance of advocacy. Our association had many opportunities to advocate on our behalf this year and one of the most notable was the role the CDHA played in urging the Liberal Government in Ottawa to reconsider taxing health benefits. Provincially, we must continue to lobby the BC government to move the College of Dental Hygienists of BC's proposed Regulation and Bylaw changes through government in a timely manner.

Tammy Gulevich, Chair (L) with outgoing Kootenay Director, Connie Goertson

It was the Board's pleasure to recognize Heather Cooper as the recipient of the 2017 *Barbara J. Heisterman Award for Innovation and Commitment to Care* for her outstanding achievements in improving access to care for the underserved communities on Vancouver Island.

Student Table Clinics and Exhibits

The BCDHA Board recognized the contributions of outgoing Kootenay Director Connie Goertson. Connie has been a valued board member for two terms and we will miss her voice on the board. At this time, the Board installed the new Kootenay director Mandy McGill. It was announced that Bev Jackson (Victoria), and Karl Gunderson (Interior) had been re-elected for another term. The election of officers was announced and Tammy Gulevich and Karl Gunderson are returning as

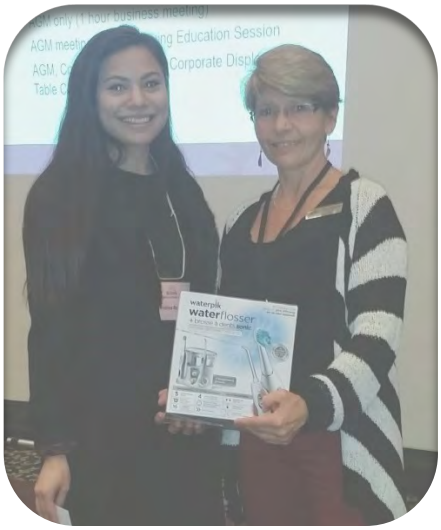
(Continued on page 4)

***AGM**...(Continued from page 3)*

Chair and Vice-Chair respectively.

In November 2016, the decision was made to change the BCDHA fiscal year to align with the Streamlined Professional Renewal and membership date of March 1st. Therefore, this year we had a shortened fiscal year which ended February 28th, and according to our Bylaws we will need to have another AGM in June. The Board welcomes all of you to attend our mini-AGM session consisting of a short business meeting and a tour of the BCDHA office in Burnaby on June 2, 2017. Watch your mailings for further details. •

UBC student Yolanda Lan with her table clinic - Diabetes & Oral Health



Christina Radeka won the Waterpik Waterflosser presented by Bev Jackson, Victoria Director

VCC students Maria Dool, Jessica Newman and Vanessa Vieira with they table clinic - Oral Health Literacy.

Kam Kahlon won a bag & gift certificate from Uniform Central

Visit British Columbia Dental Hygienists' Association on Facebook to view more photos of this and other events.

Independent Dental Hygiene Practitioner Meeting 2017

On March 9, 2017 BCDHA hosted an Independent Dental Hygiene Practitioner (IDHP) meeting. There were 15 IDHP's in attendance along with VIP guests, Ondina Love - CDHA CEO, Gerry Cool - CDHA President, and Victoria Leck - CDHA Manager of Professional Development. Special thanks to Sunstar Americas for sponsorship of this meeting.

Victoria Leck provided a brief update of CDHA activities such as the Interim Stabilization Therapy (IST) course planned for May 2017 in Coquitlam. Wendy Jobs, BCDHA Dental Hygiene Practice Consultant provided an update of BCDHA activities over the past year. One of the exciting plans is the creation of one or more Virtual Study Clubs around the province. If any dental hygienists, especially independent practitioners are interested in starting an independent specific study club please contact Wendy for more information. The meeting also provided members with the opportunity to discuss common topics of interest, such as insurance coverage issues, IST, plan reimbursement changes and fees. BCDHA is planning another in-person IDHP meeting next year and we would love to have all IDHP's attend. Watch future eNewsletters for more details on this and other upcoming events.

If you are interested in the particulars of this meeting, or interested in independent practice, please contact **Wendy Jobs, BCDHA Dental Hygiene Practice Consultant** at wjobs@bcdha.bc.ca or call 604-415-4559. •

Meet Your Board of Director

Mandy McGill

Kootenay Region

BCDHA is pleased to welcome Mandy McGill to the Board as the Kootenay Regional Director. After graduating from the University of Manitoba Dental Hygiene Program in 1996, Mandy moved westward to BC. The past twenty years of dental hygiene experience have provided her with rich knowledge from diverse environments, including working in clinical practices in Vancouver, Vancouver Island, Salt Spring Island, and several communities within the Kootenays.

In addition to clinical practice, Mandy has had the fulfilling opportunity to work as a dental hygienist for the Department of National Defence, and is currently working as a public health dental hygienist for the Interior Health Authority in the Kootenay region, as well as continuing to work in private practice.

Mandy's love of adventure and travel have taken her around the world, and in her spare time, she can be found daydreaming about her next trip or actively taking part in the mountain lifestyle that she loves with her husband and two children, in their small 'magical' community of Rossland.

As a board member, Mandy is open to all input from the membership and the community, and will work collaboratively to represent and promote the dental hygiene profession towards a progressive future. •

safeTALK

Canadian Mental Health Association
British Columbia
Mental health for all

Have you had a client share a personal story, was troubled and thinking about suicide and you felt uncertain about what to say or do? In BC, 600 people committed suicide in one year, and for every death it's estimated there are 20 suicide attempts. Hygienists are in a position of trust. Clients often get to know their hygienist well over time and may disclose information about their lives, or the hygienist may notice something about the client that tweaks concern. Knowing what to look for, how to ask and what to do to help can be very important.

While suicide prevention really is everyone's business, being suicide aware, able and ready to offer help and support to someone who might be at risk, whether client, family member, friend or colleague, is perhaps particularly important for those of you likely to encounter people in their more vulnerable or less defended moments.

safeTALK is a half-day alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, and trained caregivers.

Since its development in 2006, safeTALK has been used in over 20 countries around the world, and more than 200 selectable video vignettes have been produced to tailor the program's audio-visual component for diverse audiences. safeTALK-trained helpers are an important part of suicide-safer communities, working alongside intervention resources to identify and avert suicide risks.

Learning goals and objectives

Over the course of their training, safeTALK participants will learn to:

- Notice and respond to situations where suicide thoughts might be present
- Recognize that invitations for help are often over-looked
- Move beyond the common tendency to miss, dismiss, and avoid suicide
- Apply the TALK steps: Tell, Ask, Listen, and KeepSafe
- Know community resources and how to connect someone with thoughts of suicide to them for further help

Training features:

- Presentations and guidance from a LivingWorks registered trainer
- Access to support from a local community resource person
- Powerful audiovisual learning aids
- The simple yet effective TALK steps: Tell, Ask, Listen, and KeepSafe
- Hands-on skills practice and development

safeTALK helps expand the reach of suicide intervention skills in communities around the world. Visit: https://www.livingworks.net/programs/safetalk/ •

If you would like to attend a course or help to plan a workshop in your community, please contact a Regional Coordinator in your area:

- **Vancouver Island** – CMHA Nanaimo – **Judy North**: Judy.North@cmha.bc.ca
- **Lower Mainland** – CMHA New Westminster - **Steve Bail**: Steve.Bail@cmha.bc.ca
- **Interior** – CMHA Salmon Arm - **Shannon Hecker**: Shannon.Hecker@cmha.bc.ca
- **Northern BC** – CMHA Prince George - **Devon Flynn**: Devon.Flynn@cmhapg.ca
- **Kootenays** – CMHA Cranbrook - **Patricia Whalen**: Pwhalen@cmhakootenays.org

2017 Barbara J. Heisterman Award

Heather Cooper (L) receives award from Tammy Gulevich, BCDHA Chair

I'd like to thank the BCDHA Board of Directors for selecting me for this amazing award and I am thrilled to have been invited to accept the award in person and to give thanks to Barbara herself for being an inspiration to many and a leader in the field of mobile dental hygiene treatment.

It only takes one snowflake to start a snowball, then just keep rolling and watch it grow.

The possibilities with mobile dental hygiene treatment are endless and require only a dream or inspiration, some encouragement and a forward motion to become a reality. Our profession just keeps growing and evolving and it will be ever changing so keep moving with us, have goals, dream big and find solutions, not excuses.

I would also like to give huge thanks and gratitude to Bronwynne Sove for nominating me for this award. We met last year on our volunteer trip with Share A Smile Society up to Nootka Sound on Vancouver Island. We were lucky to have chosen such a caring, thoughtful and hardworking Registered Dental Hygienist to receive some of the funding from a BCDHA grant that was awarded to Share A Smile Society last year.

I do find however, that you don't have to look far to find these amazing people in our profession. They are everywhere, yourself included, so give thanks to you and those around you for our dedication and commitment to care and be proud of our profession and know we are making a difference in the lives of those we touch.

I never stop dreaming of the opportunities that await me in this profession and in life. What is over the crest of the next hill, the next upward climb? Usually, a fun ride down! It is without question, one of the best things about our profession, the expanding, growing body of knowledge and scope of practice. There are always bumps in the road or maybe even some road blocks but eventually the construction is over and everything clears for the path ahead.

Our Society will again apply for the grant and I hope to meet more dental hygienists who have the motivation and desire to give back to our communities and help those who do not have access to regular professional dental hygiene care. I want to welcome all Registered Dental Hygienists in BC to BCDHA, our professional association, this year. We are a stronger voice united and there is so much support within.

Thank you.
Heather Cooper

Heather Cooper, RDH

I began my career in dental hygiene over 20 years ago as a student at the College of New Caledonia graduating in 1996. I started working in private dental practice in Victoria on Vancouver Island. I had completed board examinations for Canada, United States and Australia at the end of my dental hygiene training and within a short 10 months I was off to Australia to complete clinical examinations and practice in a small town on the south east coast of New South Wales. Just over a year later I was back in Victoria until moving to Nanaimo in 2000. I opened my private dental hygiene clinic, Harbour City Dental Hygiene Group Inc., in 2003. In 2009, I started my mobile dental hygiene practice alongside my clinic practice and work in Residential Care facilities, on First Nations Reserves, Home visits and of course with Share A Smile in remote Vancouver Island communities.

THE HYGIENIST'S ROLE IN DISORDERS OF BREATHING DURING SLEEP.

Dr. Stephen Bray

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

The dental hygienist is an integral part of the dental team, bringing knowledge, skill and insight. In regards to sleep disordered breathing this includes disease awareness, screening and primary care advice and referral where appropriate.

Sleep disordered breathing (SDB) represents a group of disorders often considered to be a continuum ranging from snoring, through to mild, moderate and severe obstructive sleep apnea (OSA). While there may be other disorders, associations and causalities, as dental professionals, we are primarily interested in the management of SDB and its dental association and consequences.

In patients with OSA, airway soft tissues collapse to differing degrees and in different areas. Airway protection is fundamental and critical in anesthesia, immediate life support and recovery, therefore protection of such loss is clearly paramount. Yet despite this, this disease of pandemic proportion remains largely unrecognized nor diagnosed.

Essentially, when the patient breathes in, an obstruction to air flow causes the airway to be sucked in, causing collapse, not just front to back, but side to side as well. When there is only a very small opening left (hypopnea), airway turbulence and pressure changes cause vibration and snoring noises may result, as the airway restriction worsens airflow ceases completely (apnea). To all intents and purposes the individual is now suffocating and without return of airway patency, will die.

Airway loss causes hypoxia. The brain recognizes this 'fight or flight' emergency and using the sympathetic nervous system releases adrenalin, cortisol and other means to "arouse" the sufferer from their fate. This disruption results in overall sleep deprivation to which the patient may be completely oblivious.

The history of dental appliances through mechanical 'stenting' of the open airway during sleep is a fascinating one.

SDB represents a significant public health burden with a prevalence of OSA in men ranging from 10%-26%. Snoring is a major symptom of OSA and affects 40% of males and 20% of females. It is often the only reported symptom and has been proposed as an independent contributor to the development of carotid calcifications (CC). OSA has been linked to systemic hypertension, myocardial infarction, stroke, congestive heart failure, atrial fibrillation, carotid artery atherosclerosis, diabetes, excessive daytime sleepiness, impaired quality of life, increased car and work place accidents and increased medical mortality. Airway disturbance in children may detrimentally affect facial and dental development as well as social and intellectual development.

The dental team routinely provide a medical screening for head, neck and oral cancer, yet many more of our patients will suffer and/or die from undetected SDB. Why is this? We need to investigate potential benefits for those in our care from a broad perspective, not just another stand-alone productive dental service. The treatment of SDB should be viewed from a medical requirement perspective, yet with significant dental benefits.

Surgery has always been the option until the invention of Continuous Positive Airway Pressure (CPAP) by Sullivan in 1981 by "pneumatically stenting" the airway open by increased intraluminal pressure. This usually works effectively and although compliance issues have plagued the approach, many lives have been improved or saved using it. The history of dental appliances through mechanical 'stenting' of the open airway during sleep is a fascinating one.

Ultimately the objective goal of any OSA management is to prevent the occurrence of complete or partial upper airway collapse during sleep. Oral Appliance Therapy (OAT) has been associated with a reduction of the apnea hypopnea index (AHI) to normal levels (< 5/h) in 36% to 50% of patients, therefore the potential efficacy of OAT for the effective management of snoring and/or OSA is no longer in question. Only their correct use, management, testing and supervision require clarification. Unfortunately, aggressive marketing of specific appliances and systems of treatment, along with an over

(Continued on page 9)

simplification of the process have slowed down the acceptance of this modality by physicians as a meaningful one, it is up to our profession to change this.

Screening either by written questionnaire or by verbal interview can reveal much. The STOP/BANG questionnaire provides a quick and convenient first look into some major potential areas of concern associated with SDB. As diagnostic testing may not be performed without medical prescription the first step is referral to their physician for a prescription to test or have tested. Well trained dentists with adequate test facilities may perform them under prescription, but cannot legally interpret such results. This must be done through a Sleep Physician.

A few points to note;

1. All diagnostic testing must be prescribed by a physician to be covered by MSP, and with sleep physician interpretation. Only a physician can diagnose OSA. It is lawful for a dentist to interpret interim, but not initial diagnostic data.
2. The management of OSA is medical - appliances must be by medical prescription and are considered to be Durable Medical Equipment (DME).
3. Recognize the difference between sleepiness and fatigue (tired). Insomnia is frequently associated with SDB and may have a bi-directional relationship as are chronic pain syndromes such as fibromyalgia.
4. Recognize appliance limitations in effectiveness - they don't always work and without objective and effective investigation you don't always know that they don't. Predictive testing (MATRx) to foretell such effectiveness (or not) is available at some Medical Sleep Clinics.
5. Sleep Bruxism (SB) and temporomandibular dysfunction (TMD) are associated with SDB. Associated gastro-esophageal reflux (GERD) may acidify the saliva and complicate wear with erosion. SB may result in worn, broken and cracked teeth and/or dental restorations which may provide clues to SDB.
6. Multiple studies have shown that the provision of bruxism guards frequently worsens SDB. Patients suspected of SDB should be investigated prior to such 'night guard' provision, not afterwards.
7. No particular fully adjustable appliance has been shown to be superior to others nor any one appliance ideal for everyone but boil and bite or non-adjustable appliances have been shown to be inferior.
8. Not everyone who snores has OSA, not everyone who has OSA snores.
9. Recognize there are many other issues involved in SDB, such as upper airway resistance syndrome (UARS), neuromuscular, psychiatric disorders, fibromyalgia, etc. SDB is not the only sleep disorder!
10. Orthodontic treatment may be detrimentally affected by airway disorders. Tooth movement from OAT may be exaggerated following orthodontics.
11. Sleepy adults fall asleep, sleepy children often become hyperactive (as those with children will know!) Children may have SDB too.
12. Children's issues should be reviewed. Early intervention may assist - although dental sleep appliances are contra-indicated.

While the process may often be lengthy and complicated, it can provide a life changing service. Those interested in learning more are encouraged to pursue further education. •

*It's not in numbers**...(Continued from page 1)*

Today, with the support of every practicing dental hygienist in BC, our voice is stronger than ever before. Your professional associations will continue to work hard on behalf of our members and our profession. Because of you, our history is strong and our future is bright.

Value in Membership

In addition to the important advocacy work to advance our profession, CDHA and BCDHA are committed to ensuring that every member finds value in their membership that exceeds its annual cost.

Your membership gives you access to a wide range of benefits and supports to assist you in your practice of dental hygiene.

- *Members have free access to the online Compendium of Pharmaceuticals and Specialties (e-CPS), which provides you with the most current Canadian drug information. This exclusive benefit is not available through any other dental hygiene association and has an annual value of $359. Over 2000 members have downloaded the app and find this a convenient way to access the latest drug information, and it has quickly become an essential chair-side tool for many practitioners.*
- *Check out the CDHA and BCDHA websites for information on topical subjects and current issues. The professional associations provide members with timely and evidence-based resources for their practice.*
- *Your membership also includes an annual subscription to the Canadian Journal of Dental Hygiene (CJDH): the official peer-reviewed journal of the Canadian Dental Hygienists Association. The searchable index helps you easily find articles on a specific topic.*
- *CDHA and BCDHA offer continuing education opportunities in a variety of formats – including live and on-demand webinars, in person and hands-on continuing education sessions, self-study guides and conferences.*
- *Your CDHA membership includes superior liability insurance at no additional cost.*
- *Both CDHA and BCDHA have experienced dental hygienists on staff to answer your practice questions and to assist you with employment issues. The practice consultants are also great resources for dental hygienists considering establishing a mobile or stand-alone dental hygiene practice.*

In addition to these important practice supports, by accessing the range of personal discounts and benefits offered, members can easily save an amount exceeding their investment in the annual membership fee.

Benefits include:

- *Discount on a preferred Good Life Fitness membership.*
- *A range of insurance products at preferred rates. Be sure to get a quote from TD through the CDHA website when your home policy is nearing the end of its term. Members are reporting considerable savings!*
- *A 10% discount on many items at Mark's Work Wearhouse. Check out their Image Uniforms for savings.*
- *Access to various discounted products and services, including: theatre, hotels, attractions, movies, shopping, travel & much more, through our discount partners "Perkopolis" and "Endless Savings".*
- *Instant access to more than 365,000 shopping, dining, travel, and entertainment discounts across North America through CDHA's "Perks" program.*

Your Associations remain committed to ensuring that your experience as a member of our organizations will be positive and valuable to you as a dental hygienist. CDHA and BCDHA are the only organizations that speak for the dental hygiene profession. We are not-for-profit organizations that are governed by dental hygienists, and provide services for dental hygienists.

Your membership is important to us and we value your thoughts and input at any time. •

Reprinted with permission from the Canadian Dental Hygienists Association

YOUR VOICE MATTERS! FEDERAL GOVERNMENT WILL NOT TAX HEALTH AND DENTAL BENEFIT PLANS

In response to media reports that the federal government was contemplating the taxation of premiums on health and dental insurance plans, CDHA collaborated with other health associations on an aggressive advocacy strategy, including participation in numerous meetings with MPs, Department of Finance officials, and the leader of the Official Opposition. We also helped to develop advocacy resources, held a press conference with member organizations, took part in three radio interviews, and participated in launch of the website www.donttaxmyhealthbenefits.ca. The campaign was a huge success, with 160,000 letters sent to MPs and the Minister of Finance. On February 1, Prime Minister Justin Trudeau stated in the House of Commons that there would be no new taxes on health and dental benefits for Canadians, a statement that was confirmed with the release of the 2017 federal budget on March 22. Thank you to everyone who contributed to this important initiative.

Ondina Love, CEO, CDHA, speaks at a press conference on Parliament Hill on December 21, 2016, to urge government not to add a tax on health and dental benefit premiums.

Your Membership Dollars at Work

Here's a breakdown of BCDHA's revenue sources and expenditures over the last full fiscal year. Members can be assured that the majority of our revenue is allocated to advancing the profession and providing direct member benefits.

Dental Loupes and Ergonomics

A Perfect Pairing

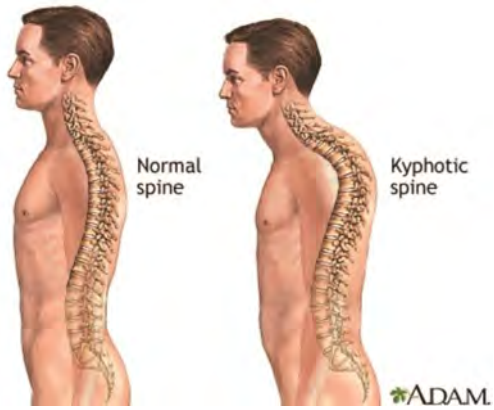
By Ann Tran, BSc, RO, RDH – ann.t@synca.com

One of the biggest aspects in our scope of practice is "PREVENTION"! Yet, as a dental professional group, we rank the highest in reporting pain related to our work![1] Ergonomics related to your working posture and patient positioning are some of the most important aspects in helping us achieve a healthy long lasting career. We always strive to work in the ideal position, but we all know we have to work efficiently and we have to deal with one of the biggest variables: our patients!

So, what do you do to prevent the pain? Or, what steps have you already taken? Are you working in the right position? How can we reduce or minimize pain? If so, are you truly both physically and visually working ideally and comfortably? The fact that 96% of hygienists will report pain in some part of their body over the span of their careers, truly stresses the importance of taking the necessary steps to improve our posture and minimize loads on the body, day in, day out.[2] Dental loupes over the past 30 years have become the key instrument in achieving the visual benefits for our work. The question then becomes…, why are we not ALL wearing loupes when we practice?

What are the visual benefits of loupes?

As a practicing registered optician, we know that an eye's natural near point is 25cm. This is why if you are not wearing loupes, you naturally will bring your focal point closer by leaning in towards the patient. No matter how hard we try to stay upright and neutral; our eyes eventually will dictate our body's position, resulting in poor ergonomics and heavier loads on the body. With time, we start to deviate away from our normal spine position, which can have long term dramatic physical effects, as seen in the diagram below.



The goal of magnification is simple; it is to bring the image closer, eliminating one's need to lean in. Simply putting a 3x magnification, one can now see 10x more information and better than humanly possible. Many of the research related to dental loupes over the last 20 years in dentistry has reported improved treatment diagnosis, radiographic interpretation, and even individuals committing half as many mistakes on fixed prosthodontic procedures after evaluations. [3]

However, with the surge over the last 20 years of dental loupe users, as well as loupe manufacturers, growing reports have demonstrated that approximately 66% of dentists continue to have musculoskeletal disorders. Yet 80% of dentists currently use loupes! Why are loupe users still having such a high prevalence of musculoskeletal disorders (MSDs)? Why? Because a poorly measured and made loupe can do more damage than good. [4] You may be sitting up straight, but your neck posture is too declined due to improperly made loupes resulting in long term neck problems.

A pair of ergonomically fitted loupes is the KEY to achieving an ideal posture throughout your upper body, neck and head in order to maintain proper biological alignment, reduce loads on the body and maintain long term physical health. In order to achieve this success, choosing the right pair of loupes will provide you the benefits, while an ill-fitted pair may increase the risk of MSDs.[5]

What do you need to know about ergonomically fitted loupes and position?

The recent work of a fellow colleague, Maggie Wen's master thesis, stated – there are 3 very important criteria in a properly fitted loupes: working distance, co-axial alignment, and

angle of declination.[6] In addition to the above measurements, one MUST also consider: oral cavity positioning, patient positioning, interpupillary distance, ear heights, eye angles, arm angles, frame fit and size, and most importantly the neck angle and displacement. It is this aspect of a true customization to one's physical features and work environment that can help one achieve the most accurate ergonomic position.[7] Without these accurate measurements and details, one's neck may be displaced and angled further than recommended resulting in detrimental effects on your musculoskeletal health in a very short period of time. 70% of students already complained of physical ailments *before graduating* school.[9]

To further enhance and support the benefits of ergonomic magnification loupes and patient positioning, the type of seating also needs to be considered. Your dental chair in theory is supposed to support you throughout your work day. It is supposed to help you manage and support your ideal posture and balance, especially when you rotate between an active and relaxed position while working. In order to reduce the strain on your lower back, your hip should be positioned above the knee, allowing a more angled upper leg position.[8] At this heightened position, the seat pan of your chair should also be adjusted to allow for a downward tilt. This will help release the pressure on the underside of the upper thighs and allow one to pivot clock positions with greater ease. One must also always remember to keep your feet flat on the floor, under your knees, and to horizontally separate the legs just a bit. Achieving this well-balanced lower body position will help you support your upper body, will minimize stress on the lower back and allow you to sit closer and in a more balanced position while working.

Ergonomically measured dental loupes and proper seating are two of the best tools to add to your armamentarium in order to achieve an optimal working posture and minimize loads on the body. Only then will you truly improve your visual and physical well-being. Working this way will allow you to execute your work with greater ease and efficiency and will lead you down a long rewarding and healthy career road. It is never too late to protect and prevent any further damage! Invest in a pair of ergonomic loupes and seating now! PREVENTION, PREVENTION, PREVENTION! •

1. *Shah MA, Pellegrini JM. Magnification basics: Tips to choosing the best loupes system to help you improve your working posture and musculoskeletal health. Dimens Dent Hygiene*. November 2010; 8(11): 36-38.
2. *An international review of MSD disorders in the Dental Hygienist Profession. International Dental Journal 2010; 60.*
3. *Leknius, Geissberger, "The effects of magnification on the performance of fixed prosthodontic procedures", UOP School of Dentistry (CDA journal Dec. 95)*
4. *Hokwerda, O, "Posture Problems: risk or choice". Practice Essentials Oct 2007.*
5. *Strassler, Sheryl Syme RDH, Jacquelyn Fried RDH, MS.: Enhanced Visualization using Magnification: Journal of Dental Hygiene. 1997: 202-206.*
6. *Wen, Maggie, "Out of the loupes – Are your surgical loupes working for you?", Dental Loupe Ergonomics (Issue 31, 2017)*
7. *Tran, Ann, "Dental Hygiene Practice: Passion or Pain?", Oh Canada Spring Issue, 2016: 51-53.*
8. *Tran, Ann, "Dental Hygiene Practice: Passion or Pain?", Oh Canada Spring Issue, 2016: 51-53.*
9. *San Francisco study, ergonomic requirements for dental equipment, May 2006*

Dental Hygiene Awareness Event at UBC

"Brush Up Your Health"

On Thursday March 16, student volunteers from all four years of UBC's Dental Hygiene Degree Program interacted with UBC students and staff to *brush up* their overall and oral health. Table clinics at 4 locations across campus focused on educating UBC students and staff on the importance of oral personal self-care, nutrition and oral health, and the dental hygiene program and profession.

The table clinic at the AMS Student Nest increased the presence of the Dental Hygiene Degree Program on campus. The volunteers introduced the DHDP curriculum to the audience, and presented the areas of responsibility in the dental hygiene profession. Many participants gained new knowledge about the different types of practice settings dental hygienists can work in. They were also awed by the photos showing the levels of impact, ranging from individual to international, UBC's student dental hygienists have. The participants were encouraged to ask questions related to dental hygiene, in which the majority asked for personal self care advice.

(Continued on page 15)

At the Student Recreation Centre, volunteers engaged participants through games that demonstrated the quantity of sugar in popular energy drinks and protein bars. Participants were informed of the potential negative side effects of acid exposure from frequent snacking. They had fun trying to guess the sugar content of popular foods and drinks and often worked in small teams to order the items from least to greatest sugar content.

Participants asked a variety of questions about sugar and acid and were surprised at the impact they can have on oral health; they were also appreciative of the information and prizes. Toothpaste and toothbrushes were provided through donations from UBC Dentistry, Colgate and Sunstar to support students' oral health.

This outreach project, supported with a funding grant from the British Columbia Dental Hygienists' Association (BCDHA) gave UBC dental hygiene students the opportunity to interact with students in other programs. It was a great initiative to support students in improving their oral health knowledge and increase awareness and visibility of the dental hygiene degree program on campus. •

UBC Students Take Part in International Service-Learning Initiative

In December 2016, fourth year Dental Hygiene Degree Program students, Iris Lin and Alyssa Barnsley with UBC faculty, Sherry Priebe and Dr. Denise Laronde participated in an international service-learning experience to Ho Chi Minh City, Vietnam. During their visit they used their skills in education, health promotion, research, and clinical therapy to help and learn from the various communities. •

To view the inspirational video on their experience go to **www.youtube.com** and search **BCDHA UBC**

Share A Smile Visits Nootka Sound

The Share a Smile Society is a Registered Canadian Charity and its mandate is to provide dental care to those in underserviced communities, including diagnostic and restorative procedures, as well as oral health education, in remote Canadian and international communities where such services are lacking.

The Society deploys trained dental personnel and team members, and provides the equipment necessary to administer dental treatment to remote communities that do not have regular access to dental care. The dental charity also delivers the appropriate education to members of remote communities in order to prevent dental diseases and improve oral health.

Share a Smile Society relies heavily on support from the dental community and suppliers. A generous grant in 2016 from the BC Dental Hygienists' Association (BCDHA) was used to aid dental hygiene volunteers with the cost of transportation and accommodation for our most recent trip to Nootka Sound. It was one of the most successful years we have had to date. Having enough volunteers left no one untreated and aided us in providing the full scope of dental hygiene treatment for the residents of 4 different communities on the West Coast of Vancouver Island. This included educational talks to local preschool and elementary school children.

The following are personal accounts from two of the dedicated dental hygienists that joined us in September 2016:

I had the opportunity to join a team of 4 hygienists to adventure out to the west coast of Vancouver Island in September 2016. I decided to embark on this adventure to share my skills as a hygienist with people that cannot readily access dental care in their community. Professionally, as a hygienist, this trip opened my eyes to the limited access to care that so many people in our own province struggle with and how it affects their overall health and quality of life. The limited amount of time we spent in each community only allowed for us to provide a small amount of care for these people, but it made a huge impact in their lives: we provided education that will serve their health for the rest of their lives and also to be passed down generations, we provided immediate hygiene therapy to improve their current health status and empower them to improve their hygiene habits at home. We also had people smile with their teeth showing after a confidence boost aesthetically! These clinical experiences re-ignited my passion for my profession and desire to make a difference in people's health. Personally, I was also able to build relationships with the people we encountered: we shared life stories, shared meals together, and shared in their culture. I personally loved interacting with the children in the communities we visited, and hope to be able to continue to visit them with future mission trips. Building these relationships with the communities we visited could be strengthened with annual or semi-annual trips, sharing compassion and care, and building trust with the members of the communities which in turn would increase compliance and attendance to

(Continued on page 17)

clinics! Thank you BCDHA for the grant, Dr. Lathangue at Dogwood Dental for sponsoring me for my trip and to Share A Smile Society for making these trips possible for us to interact and impact so many people's lives.

Kayla Rau, BSc, RDH

Volunteer Share A Smile 2016

If you are looking for a local volunteer experience, Share a Smile is a great charity to volunteer with. It all started with asking myself, how can I help people with the skills I've learned outside of my regular work setting? After going to the PDC and talking with someone who had a booth set up who does International charity work, I knew I was ready to do a dental mission. I looked internationally but have felt for a long time, since living and then working in remote areas early in my career in the NWT, that there are still areas in Canada where access to care is difficult so I was really excited when I came upon an advertisement for a local mission.

I met the team at the crack of dawn in early September and we set off in the RV, then jumped in a water taxi, followed by a pick up truck ride, one more water taxi and then finally reached the first stop of our two week adventure to a remote area off of Vancouver Island called Kyuquot. We set up the clinic and then had some time to take in the scenery. I enjoyed the isolation of the area. With no cell and minimal internet service, the team really got to know each other quickly and everything just seemed to work out smoothly. During the clinic days we all pitched in to make sure that we could provide care to as many people as possible. While working with the team of Dental Hygienist's from all over BC, the different setting and equipment, gave me a new perspective on my approach to dental hygiene. There were definitely a few thinking outside my regular routine moments which I have taken the knowledge from and used to adapt to my professional practice. I have to admit there were times I was missing the ease of my fully functioning ergonomic room back at the dental office. Things really did just seem to click with this group, volunteering in the clinic, packing and loading our equipment when we were on the move to the next community, and sharing meals and accommodations. We had several people who were quite surprised to find out the team of volunteers had just met!

We also had some time set aside to go and talk with the preschool and elementary school children about preventative care. This became a bit of an adventure when the locals announced there was a bear wandering around near the school. I will remember to pack bear spray next time!

It is a very relaxed pace of life in the remote communities that we visited, which included Tahsis, Zebellos, Esperensa and Kyuquot. Living so close to nature and the water was different than what I'm use to. The people in all of our stops were incredibly easy going and welcoming. We got to enjoy conversation and delicious potlucks with the locals who wanted to show us their appreciation for volunteering our time.

The otters, humpback whales and salmon we spotted on our daily commute and bioluminescence in the evenings, added to such an incredible experience.

I do hope that the charity will continue to have the interest and volunteers that are able to follow up with regular maintenance for people in these isolated areas of Canada.

Lisa Gifford, RDH

Volunteer Share A Smile 2016

If you have an interest in joining our team, becoming a member of our Society or making a tax deductible donation please visit our website at shareasmile.ca and follow us on Facebook at @shareasmilesociety. •

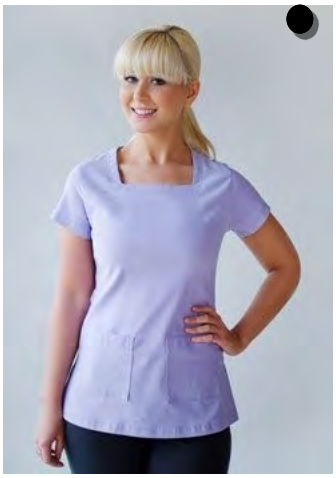
Bulletin Board

Follow BCDHA on Instagram
bcdentalhygienists

gloapparel.com

BCDHA Members Receive 15% Discount on Glo Apparel

Glo Apparel offers a large selection of styles and colours to choose from. For details on how you can save, visit the BCDHA website.



Have you purchased Refresher Program Modules?

After you've completed the modules, don't forget to send us your signed & dated ***Declaration of Completion*** and ***Module Evaluation*** forms so that BCDHA can issue your Certificates of Completion. These forms are located at the back of each module.

Best wishes to these members that have retired!

Gerlinda Chapman / Carolyn King / Paula McAleese and Dorthy Rosenberg

British Columbia Dental Hygienists' Association

#307-9600 Cameron Street, Burnaby, BC V3J7N3
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 & space.

Email to: outlook@bcdha.bc.ca

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

CDHA CORNER

To my RDH colleagues in BC,

My name is Mandy Hayre and it is my honour to serve as the director from British Columbia on the Canadian Dental Hygienists Association (CDHA) board of directors. I am in my last term and would like to highlight some of the work we are doing at the national level on behalf of our members.

Advocacy and lobbying for the profession and for the public are an important part of what the board does. For the last few years, we have organized a Lobby Day on Parliament Hill where we take YOUR issues and those of the public to the decision makers of Canada. Last year our focus was on access to care and not being able to bill NIHB directly for services provided—we are now able to do so! This year we were focused on the proposed taxation of health and dental benefits—the Liberal government has announced that they will not do this. Your voice is being heard!

CDHA also has many member services and benefits to support your dental hygiene career and professional development, including webinars and courses, a research journal and member magazine, and the e-CPS. We have had wonderful feedback on CDHA Perks, a program that offers more than 365,000 shopping, dining, travel, and entertainment discounts across North America. I encourage you to look into the different benefits available and take advantage of them.

At CDHA we love to hear from our members. If you have a question, comment or would like to discuss your ideas with us, our door is always open. We couldn't do any of this important work without you!

Best,

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

WHAT'S NEW AT CDHA?

PROFESSIONAL DEVELOPMENT

Webinars now on demand:

The Naked Truth: Bare Essentials for Baby Boomer Health
Sponsored by Philips

How to Put Your Purple On! For NDHW™

Oral Rinsing: What Should You Tell Your Clients?

www.cdha.ca/webinars

Please note: CDHA's PD offerings now have an expiration date of one year from the date of purchase or selection (in the case of free offerings) unless otherwise specified.

SUCCESS! FEDERAL GOVERNMENT WILL NOT TAX HEALTH AND DENTAL BENEFITS

On February 1, Prime Minister Justin Trudeau stated in the House of Commons that there would be no new taxes on health and dental benefits for Canadians. We thank all CDHA members and other Canadians who participated in the #donttaxmyhealthbenefits campaign and sent 160,000 letters voicing their concerns about the proposal to their members of Parliament.

NATIONAL TELEVISION ADVERTISING CAMPAIGN

CDHA was excited to launch another national television advertising campaign during this year's National Dental Hygienists Week™. Highlighting the dental hygiene profession, these 30-second ads in English and French ran 70 times between **April 8 and 14** on English and French national TV networks CBC, Slice, HGTV, the Food Network, and Séries+ with an expected audience reach of 4.5 million. The ads were also distributed via a Google Video campaign, with an additional expected reach of 473,000. Check our YouTube channel for video of the ad.

SAVE THE DATE

- CDHA National Conference, October 19 to 21, 2017
  Ottawa, Ontario. www.cdha.ca/2017conference

SERVICE CODES LAUNCHED

CDHA is pleased to release the 2017 National List of Service Codes, the first major revision to the list since 2012. This newest edition is the result of consultations with numerous stakeholders, including members, the Independent Practice Advisory Committee (IPAC), provincial regulators, and government. Key changes are summarized in chart form for quick reference. www.cdha.ca/servicecodes

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