



Spring Issue - April 2012
Issue 2

The SDHA *Edge*

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The **SDHA Edge** is the newsletter publication for dental hygienists in SK. The newsletter will be circulated in the fall, winter and spring seasons to inform members about issues that affect their dental hygiene practice. It has been designed to be a tool and resource for members to keep current on news, programs and services of the SDHA, new technologies and research and a forum for discussion about current topics of interest.

Story ideas, articles and letters are welcome. Please send your submission to sdha@sasktel.net.



Saskatchewan Dental Hygienists' Association

Striving for optimal oral and overall health for the people of Saskatchewan and a dynamic dental hygiene profession

We have a winner! Congratulations Tianna Albrecht! CDHA National Dental Hygienists Week - Slogan Contest

To help CDHA rebrand National Dental Hygienists Week, they asked all members across Canada to submit ideas for a new slogan. With 31% of the popular vote, "**Oral Health for Total Health**" submitted by Saskatchewan's very own, Tianna Albrecht of Prince Albert was selected as the winning slogan. Tianna won a \$100 Future Shop gift card. Thanks to all who contributed and participated.

Tianna's Message: I received my dental hygiene diploma from Oulton College in Moncton, NB. My experience out there was something I will never forget and I'm so glad I had that opportunity! I graduated this past June and began my career in Prince Albert in July working for Dr. Jerry Janzen. He has a well-established practice and I love getting to know the regular patients that have been there for many years as well as providing care to new patients. The longer I work, the more comfortable I get and passionate I become for the dental hygiene profession. Although I am enjoying my time as a clinical hygienist, I am very interested in broadening my experience as a dental hygienist; developing programs to address the oral health needs of the population and increasing awareness and accessibility of oral health care. I want to be as involved with the provincial and national dental hygiene associations as I can and hope that somehow I can eventually hold a leadership role with one of these associations.



I decided to submit a slogan for the CDHA contest and wanted to come up with something that involved what dental hygienists are focused on every day; the ultimate goal of dental hygiene and what we believe in. In my opinion, the most important aspect of dental hygiene is the idea that although we provide oral care, we are concerned with the entire well-being of the patient. I think the fact that oral hygiene has so much of an impact on the rest of the body is not only interesting, but very important for the public to be aware of! These ideas, mixed with a coffee that I drank too close to bedtime, allowed me to lay awake in the middle of the night and develop a fitting slogan!

What is the National Dental Hygienists Week™?

National Dental Hygienists Week™ is an annual event dedicated to heightened awareness about preventive oral health care, and to help Canadians understand the role and importance of the dental hygiene profession. The Canadian Dental Hygienists Association (CDHA), as the collective voice of dental hygiene in Canada, is proud to sponsor National Dental Hygienists Week™.

Every year in the month of April, dental hygienists in every province and territory will be marking National Dental Hygienists Week™ in diverse and creative ways. National Dental Hygienists Week™ activities are most often community outreach events, and often include contests, classroom presentations, mall displays, tours of dental offices, and much more!

National Dental Hygienists Week™ is a perfect time to remember that a healthy mouth is much more than a great smile. Regular brushing and flossing, a healthy diet, and visits to your dental hygienist contribute to a lifetime of talking, eating and smiling.

Please share your National Dental Hygienists Week/April Oral Health Month stories with us! We would love to hear about what activities were held across Saskatchewan.

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RDH



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Message from the President - Chris Gordon

It is hard to believe that another year as SDHA President is coming to a close. In reflecting back, I am so fortunate for the opportunity to be a part of Council and be the SDHA President.

I was first elected to Council in 2007 and was at a point in my life where I wanted to try and contribute more to my profession but really did not know how. Working in private practice just didn't seem to be enough, but I really had no idea what sitting on the SDHA Council really entailed. I decided to put my name forward anyway.

The first Council meeting in May 2007 came quickly and there I was sitting at a table with the big wigs! (really, just regular grass roots hygienists, no different from you or me). I was nervous but everyone was so welcoming and encouraging. Soon I realized that there was work that was being done within the SDHA that I needed to get educated on, specifically Policy Governance and our Legislation. At times, I had no idea what the heck they were talking about. The terminologies and language that were being discussed were foreign to me. In my operatory with patients, I had never discussed Ends or By-laws. I thought many times, "what the heck have I gotten myself into?" However, I was up for the challenge and took on a whole new learning curve.

With the help of our Governance and Leadership Coach, I progressively began to understand Policy Governance and its important concepts. Our governance policies ensure that the SDHA is always looking and moving forward. We are responsible for ensuring that our members are safe and competent to practice (ensuring they are licensed and keeping up with continuing competency requirements to be current with the trends) and to ensure that we are keeping the public safe. This is what the government requires of us as a Council and a regulatory body. As Council members we are always working to maintain a relationship with our members and our Executive Director/Registrar.

The SDHA Council generally meets 3-4 times per year. In preparation for the meetings, Council members are expected to review all the documents that pertain to the agenda items being discussed. It is important for all of us to be prepared for each meeting, as there is always lots of discussion that goes into each agenda item. We also review what was done at the previous meetings to ensure that tasks were completed that needed to be done.

Each and every Council member has a voice and they represent you the members and what your future will be. There are all levels of experience and all different opinions. The diversity of our Council is what makes it work well. Between Council meetings, there are other meetings, emails, and phone calls that we may be involved with. We do a lot of work behind the scenes, for you the members.

The Council also contains two (2) public representatives which the Government appoints. They are people out in the community that want to make a difference. They have an even larger learning curve to overcome, because not only do they need to be familiar with the legislation and governance policies, they need to learn and understand the profession of dental hygiene and the environment in which we exist. Our current Public Reps, Kathy Bradford and Gladys Junop are completing their final year with us and have done a terrific job for the people of Saskatchewan. On behalf of Council, I would like to sincerely thank you both for all of your hard work over the years.

I look back and still wonder how I got to be President of SDHA! I am so fortunate for the experience I have gained and would like to encourage you when an opportunity arises, to take it!



- ⇒ I have met so many wonderful people, both here and throughout Canada.
- ⇒ I have had many other doors opened for me as a result.
- ⇒ I have learned so much from our members.
- ⇒ I have had many laughs but also frustrations and tears.
- ⇒ I have had lots of self-doubt.
- ⇒ I am at times, way out of my comfort zone.

I take my volunteer job as a Council Member and President very seriously; equally as much as I do my profession. I am just like you, a regular grassroots hygienist, equally as special and important, trying to give back to our profession.

Think about running for Council.

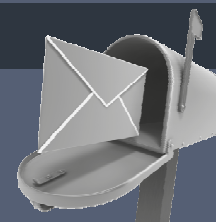
I urge you to challenge yourself and step out of your comfort zone. It is truly rewarding and will make you a better person!

New Contact Information???

Please ensure that your contact information is always current with the SDHA.

Incorrect or out-of-date addresses can lead to missed mailings that may include important documents and notices.

Address changes can be submitted via email at sdha@sasktel.net, or by mail. Changes in contact information will be made within the SDHA and CDHA databases.



Message from the Registrar - ED, Kellie Hildebrandt

The SDHA: A View from 35,000 feet



Once upon a time...

In July of 1970, the Canadian Dental Hygienists' Association approved its initial constitution and bylaws and the Saskatchewan Dental Hygienists' Association (SDHA) was born! The first annual meeting of the SDHA was held in November of 1970 with fourteen members attending.

Over the years, the SDHA has contributed towards the advancement of dental hygiene in Saskatchewan by lobbying the provincial government on very important issues such as the Dental Care Program for Children, and the Dental Profession Act. In the late 1970's the number of continuing education programs for members increased and SDHA began receiving grants from the College of Dental Surgeons of Saskatchewan to provide those programs. In 1981, the CDSS instituted continuing education credits as a requirement for licensure.

In 1980, the first class of Saskatchewan Dental Hygienists graduated from Wascona Institute, and the SDHA also initiated a "Mary Geddes Memorial Award" for a graduate of the program, which still continues today.

The SDHA became incorporated under the Societies Act in 1978 and in 1996 was registered with "The Non-profit Corporations Act" as a non-profit organization. In 1997 the Dental Disciplines Act came into being with self-regulation becoming a reality for the dental hygiene profession on March 13, 1998 when the SDHA Administrative and Regulatory Bylaws were proclaimed by Government.

What began as a small professional association has grown into an organization that not only advocates for dental hygienists and the dental hygiene profession, but has the enormous responsibility of protecting the people of Saskatchewan by ensuring safe, competent dental hygiene care; self-regulation.

Responsibilities of the SDHA:

Saskatchewan is different than most other provinces across Canada in that there are typically two separate organizations that handle the tasks that ours does with one. Alberta and Nova Scotia operate similarly to us where the professional association and regulatory body are the same entity.

In order to understand what the organization does and why it exists, I would like to invite you on a journey with me to look down on the SDHA from 35,000 feet. It is with that broad scope that you will be able to see that all of what the SDHA does is not as tangible as we might like.

Let us start by imaging the SDHA as an airplane soaring through the sky, on its way to an ultimate destination. Not a warm, Caribbean holiday unfortunately, a much more long-term and gratifying place; a Saskatchewan where we can help achieve optimal oral and overall health for the people of our great province.

This is the ultimate goal for our organization, our global End and where we dedicate all of our resources. Because this is very broad concept, this End is further defined within three (3) other Ends (see diagram next page); **Competent Dental Hygiene Practice, Improved Access to Dental Hygiene Practice, and Promotion of the Dental Hygiene Practice.**

So how do we accomplish these Ends?

1. Self Regulation

First and foremost, the purpose of the SDHA is regulation; ensuring that professionals practice in a safe, competent and ethical manner - End 1.

Self-regulation means that the government has granted a profession, such as dental hygiene, the privilege and responsibility to regulate themselves. Society contracts with the SDHA to regulate its own members in order to protect the public from harm that could be caused by dental hygienists in the course of their practice.

Self-regulation acknowledges that a profession itself is in the best position to regulate its members because their specialized body of knowledge makes external regulation difficult and impractical. Dental hygienists understand dental hygiene better than anyone else, so it simply makes good sense for the public to have professionals regulate themselves as long as they do so in the public interest.

To that end, self-regulation involves three over-all principles: promoting good practice, preventing undesirable practice and intervening when necessary. These broad responsibilities, and essentially regulation, include all of the activities directed toward this End:



• Promoting good practice

- ◇ Establishing and monitoring practice standards
- ◇ Promoting evidence-based practice that is safe, competent and ethical
- ◇ Establishing and monitoring continuing competence requirements
- ◇ Influencing healthy public policy by raising government's awareness of the dental hygienists' ability to contribute meaningfully to solutions to important oral/health care issues.

• Preventing undesirable practice

- ◇ Setting and monitoring requirements for registration
- ◇ Approving a code of ethics to guide practice
- ◇ Requiring individuals to write the National Dental Hygiene Certification Examination (NDHCE) to demonstrate a beginning level of knowledge on which to base their practice

• Intervening when necessary

- ◇ Receiving formal complaints and administering appropriate disciplinary and corrective remedial action when necessary

Tangibly, regular tasks might include: responding to requests regarding any of our processes, reviewing and approving license and registration applications, assisting with Council and governance policies, meeting and collaborating with CDHA, other dental hygiene regulatory bodies and other health professions, maintaining our website, reviewing and approving continuing competency activities and maintaining the Continuing Competency Program policies, working with Saskatchewan Health, promoting and establishing programs that benefit overall health of the public, just to name a few.

Self-regulation accounts for where 80% of our resources are allocated. Like I mentioned earlier, in most other provinces, **one** organization handles all of

A Closer Look at the SDHA as a Regulatory Body and Professional Association - Continued...

the above mentioned responsibilities; The College of Dental Hygienists of Manitoba, College of Dental Hygienists of BC, and the College of Dental Hygienists of Ontario. These provinces also have CDHA affiliate organizations; MDHA, BCDHA, and ODHA that perform the professional advocacy responsibilities. **However, in Saskatchewan the SDHA does both.**

2. Professional Responsibilities

Different than self-regulation, professional associations like the CDHA/SDHA advocate for the dental hygienist and the dental hygiene profession. These are further defined in END 2 and 3 (below) and account for 20% of our resources. Responsibilities for a professional association include:

- Concern for the professional profile; public awareness campaigns for example
- Collaborate with other health professions, health regions and facilities to establish best practices
- Address employment concerns/opportunities
- Provide professional development programs
- Lobby government on behalf of its members
- Produce publications and resources to best educate members and the public

As you may realize, many of these responsibilities can overlap. For example, offering professional development programs increases the knowledge and skill of a dental hygienist but also ensures safe, competent and ethical care. Perfect!!

How does the SDHA fees compare to other provinces when we look at license and professional association fees? We are lucky in Saskatchewan whereby we pay one fee which includes license fees, and membership into our provincial and national association, as well as malpractice/liability insurance. The table below demonstrates a comparison between the SDHA fees and those of other provinces.

	License fees	CDHA Fees	Total
BC	\$445.00	\$316.13	\$761.13
MB	\$400.00	\$277.00	\$677.00
AB	\$475.00	\$162.00	\$637.00
NS	\$438.00	\$162.00	\$600.00
NB	\$350.00	\$247.00	\$597.00
SK	\$388.00	\$162.00	\$550.00
QC	\$351.00	\$162.00	\$513.00
ON	\$250.00	\$162.00	\$412.00
PEI	\$105.00	\$250.00	\$355.00

To understand what your license/membership fees pay for, I encourage you to look at the SDHA Financial Statements. These reports are a very detailed description of the resources allocated to the Ends. Not only does it indicate revenue sources (license fees, etc), it details expenses that the SDHA incurs through the course of normal business: postage, lawyer, accounting/auditing, continuing competency programs, office lease, utilities, salaries, general office expenses, etc...

In Summary:

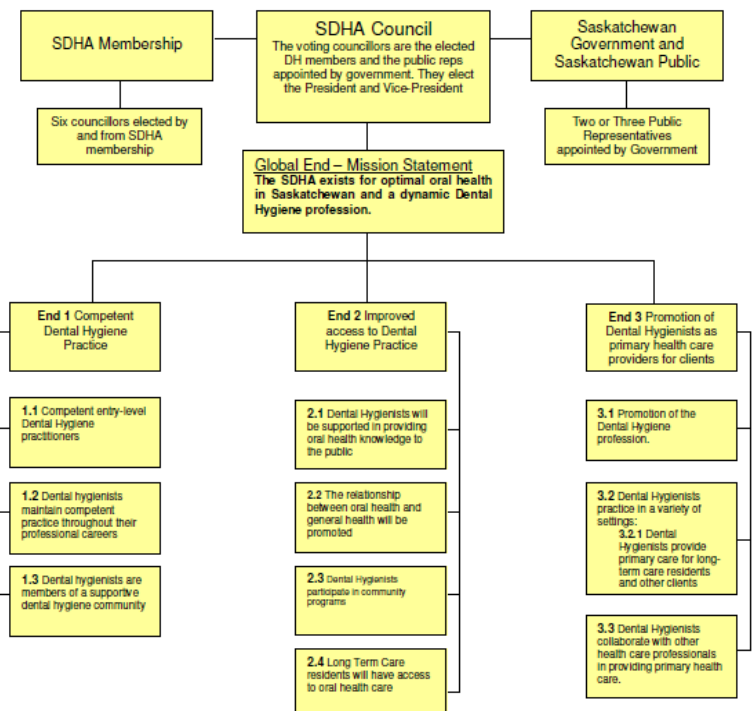
I am proud of our profession and what the SDHA has accomplished over the years. I also love that my job is dedicated to achieving all of what I have just described. It is a huge responsibility, and some days I feel the weight of all members and the people of Saskatchewan on my shoulders. But I believe we do it well, and there is a focus and a priority to continue to do it even better.

The work we do affects the people of SK today, tomorrow and in the future. Ensuring that dental hygienists practicing today are safe and competent, helps to keep the public safe today. However, the projects and programs we develop and the relationships we foster today, can bring about change for years to come. It shapes the care we provide to our patients, and to the underserved populations. It helps to advance our profession and our professionals beyond what we see today. This is exciting and it is what drives me to work as hard as I do each and every day. Knowing that the work I, Council, Committees, volunteers and you, the health professionals, do has an impact on the people of Saskatchewan, is priceless.

I don't want to get too "Oprah" on you, but in January, when you sit down to write a cheque for your license fees, know that you are not just paying to practise your profession, you are paying for a healthier Saskatchewan. One where not only you, but everyone around you is better off because dental hygienists and the SDHA exist.

Thanks for taking this journey with me!!

SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION Organizational Structure and Ends – January 2012



NOTICE - AGM and PROFESSIONAL DEVELOPMENT PROGRAM

SATURDAY, MAY 5, 2012

SIAST Auditorium, Wascana Campus, Regina, SK



Schedule of Events

- 10:00 am SDHA AGM
- 11:00 am Bachelor of Health Studies and YOU! Jennifer Love Green
- 12:00 pm Lunch
- 1:00 pm A Review of Local Anesthesia Administration: *The Old and the New!* - Salme Lavigne

1. SDHA AGM Agenda

1. Call to order
2. Appointment of Parliamentarian
3. Adoption of Agenda
4. Adoption of Minutes of AGM May 7, 2011
5. Council Report – Chris Gordon - President
6. Registrar-Executive Director Report and Financial Report (Audited Financial Statements 2011) – Kellie Hildebrandt
7. Official Representative Reports
8. Awards and Recognitions
9. New Business - National Dental Hygienists Week/Oral Health Month Committee
10. Elections – Council Members (2) and Committees
11. Adjournment.

2. Bachelor of Health Studies and YOU! Jennifer Love Green, University of Regina

The Bachelor of Health Studies (BHS) at the University of Regina aims to provide students with an integrated understanding of the ways in which social, economic and cultural determinants of health shape individual beliefs, attitudes and practices, and how these affect how individuals function. As health issues continue to dominate public policy choices, this program will prepare students to meet many of the health care needs facing Saskatchewan and Canada.

Modification of the BHS allows students who have completed a Dental Hygiene diploma the opportunity to continue their education in the health field, and complement their education by including coursework from the 5 pillars of dental hygiene education: Clinical, Research, Adult Education, Business and Health Promotion. This modified curriculum is available to graduates of the SIAST Dental Hygiene diploma only.

In this session, you will be provided with an overview of the Bachelor of Health Studies - Dental Hygiene (BHSDH) at the University of Regina, look at ways the BHS-DH can be completed while you continue working, and review how we have accommodated the 5 pillars of Dental Hygiene into the remaining requirements. More important, the session aims to answer any questions you may have regarding the program. Prior to the session, please forward your questions to jennifer.love@uregina.ca with BHSDH Session in the subject. Your questions will be collected, and then addressed during the session on May 5.

3. A Review of Local Anesthesia Administration: The Old and the New! Prof. Salme Lavigne

This course is designed to provide a comprehensive review of the administration of local anesthetics for dental hygienists. The review will include the pharmacokinetics of both local anesthetics and vasoconstrictors; contraindications & adverse reactions; commonly used local anesthetics currently on the market; as well as a discussion of the landmarks of less frequently used injections such as the Gow Gates and Infraorbital injections. New pain management products such as Oraqix® and Cetaine® will also be discussed. The presentation will be followed by a question/answer period.

Course Objectives:

1. Review the basic pharmacokinetic principles of local anesthetics and vasoconstrictors.
2. Discuss the contraindications and adverse reactions associated with both local anesthetic and vasoconstrictor administration.
3. Discuss the commonly used anesthetic agents currently available on the market.
4. Review the landmarks and indications for all injections including less frequently used techniques such as the Gow Gates and the infraorbital injections.
5. Provide rationale and evidence for the use of newly introduced pain management products.

The Presenter: Salme E. Lavigne, Dip.DH, BA, MS(DH)

Prof. Lavigne received a diploma in Dental Hygiene from the University of Toronto, a Bachelor of Arts degree in Biomedical Anthropology from Lakehead University and a Master of Science degree in Dental Hygiene Education from the University of Missouri-Kansas-City, School of Dentistry. Currently she is completing a PhD degree in the Department of Community Health Sciences, Faculty of Medicine, University of Manitoba. Prof. Lavigne served as Coordinator of Dental Programs at Confederation College; was Chair of the Department of Dental Hygiene at Wichita State University and was the Director, School of Dental Hygiene at the University of Manitoba for 13 years where she now serves as a full Professor and teaches periodontology to both dental and dental hygiene students as well as medical microbiology to dental hygiene students. Her research interests currently lie in oral systemic medicine, periodontology and the older institutionalized adult. Professor Lavigne has authored more than 20 peer-reviewed Journal articles in National and International Journals as well as 3 textbook chapters. She has delivered over 75 continuing education professional presentations in numerous countries including Italy, Sweden, China, the U.S. and Australia.



Call for Nominations

The SDHA Council consists of 8 to 9 voting members; 6 dental hygienists and 2-3 public representatives. Dental hygienist councilors are elected by the membership at the Annual General Meetings every year. At the May 5, 2012 SDHA Annual General Meeting, two (2) positions on the Saskatchewan Dental Hygienists' Association Council will become vacant. If you are interested in becoming a member of Council, or know of someone who would contribute their expertise and time towards SDHA initiatives, please consider the nomination process now open. The term of office for these positions is three years. Council meets three to four times a year usually on Saturdays. A per diem of \$150 is paid for each meeting attended and travel expenses are reimbursed.

Council is seeking individuals who have characteristics that support the goals and core values of the organization:

- Commitment to linking with members and the public
- Ability to see the big picture
- Effective interpersonal and communication skills
- Interest in and capability to discuss the values underlying the actions taken by the SDHA
- Willingness to delegate operation detail to others
- Ability and willingness to deal with the vision and the long term, rather than the day to day details
- Ability and willingness to participate assertively in deliberation, while respecting the opinions of others
- Willingness and commitment to honor council policies and decisions
- Ability to accept the honour as well as the criticism of leadership
- Commitment to dental hygiene as a profession
- Good organizational skills and basic computer literacy
- Willingness to engage in orientation, training and ongoing study and application of the Policy Governance® model of governance.

According to the SDHA Administrative Bylaws, any full registrant in good standing may nominate for office. The nomination shall be made in writing, signed by the nominator and at least two other full registrants and shall be endorsed with the acceptance of the nominee.

If you would like to nominate a member for one of these positions, please complete a nomination form (included with this package) and forward it to the SDHA office. Nomination forms may be submitted by mail, fax or be brought forward at the AGM.

SDHA Council 2011-12 Council members continue to work hard on behalf of the people of Saskatchewan and dental hygienists to impact the governance and direction of the SDHA.



Chris Gordon,
President



Devona Saul,
Vice-President



Shelby Bowerman



Stephanie Canfield



Janel Parkinson



**Gerrard
Weinberger**



Kathy Bradford



Gladys Junop
Public Rep



Diane Moore
SIAST Rep



Maureen Bowerman
CDHA Rep



Update on the Long-Term Care Strategy: Saskatchewan Oral Health Professions (SOHP)

The Saskatchewan Oral Health Professions are meeting to develop a Saskatchewan-made "Access to Care" strategy for our province. Our first meeting was held in January with a second meeting planned for mid-March. The strategy will include public and private dentistry and involve all dental personnel (dentists, hygienists, therapists and assistants).

As part of the project, the SDHA would like to gauge the interest of our Registered Dental Hygienists in relation to the dental needs of those in long term care. At this point we do not know how the plan will evolve across the province, but we do know that it will function within the established health regions.


We tend to believe that it will take a special kind of dental hygienist to build a successful career providing dental hygiene care in a long-term care facility. We also know that many dental hygienists in Saskatchewan will excel in this capacity.

If this is a branch of oral care to which you see yourself involved, please let the SDHA staff know! Please email the SDHA office so that we can compile an email group. This way we will be able to easily keep you abreast of developments throughout the province. SDHA email: sdha@sasktel.net

SDHA Public Awareness Initiatives:

It is an SDHA priority to increase the awareness of dental hygienists and the impact we can have on the oral and overall health of the people of Saskatchewan. In 2012, the following initiatives have been undertaken to promote dental hygienists and educate the public on our unique abilities as primary health care providers.

1. **Feature advertisements** in the Regina Leaderpost and the Saskatoon Star Phoenix to support National Non-Smoking Week (January 16, 2012), and March is Nutrition Month (February 29, 2012).



The Saskatchewan Dental Hygienists' Association

is a strong supporter of
Weedless Wednesday.

Your dental hygienist can provide you with detailed self-help information about smoking cessation.

Take the challenge and quit today;
your oral and overall health will be better for it!

www.sdha.ca

LEADER-POST



The Saskatchewan Dental Hygienists' Association

is a strong supporter of
Nutrition Month.

Choosing the right foods in your diet is an important aspect
in having a healthy mouth and body.

Talk to your dental hygienist about nutritional tips that lead to healthy living:

- Eat a variety of healthy foods from the major food groups
- Brush and floss daily
- Drink lots of water
- Limit the amount of carbonated beverages and sugary snacks/drinks
- Get regular professional oral care by your dental team

www.sdha.ca

The StarPhoenix

CDHA Delegates: Maureen Bowerman and Christine Gordon

On behalf of the SDHA, I would like to sincerely thank Maureen Bowerman for representing Saskatchewan on the Canadian Dental Hygienists Association (CDHA) Board of Directors. Maureen Bowerman has been the CDHA delegate for SDHA since 2006 and is currently serving her last year. In the fall, we put a call out for interested members willing to assume the CDHA Delegate position from Maureen. We received resumes from very excellent candidates, and we are proud to announce that Christine Gordon will be starting her first term as of September 2012.



Maureen communicated the following: "It has been my pleasure to serve as a Board Member from Saskatchewan on the CDHA Board for the past 6 years. I have experienced firsthand the hard work and dedication of Dental Hygienists across the country working to advance our wonderful profession. Christine Gordon will become the new representative in September 2012 and I know she will provide vision to the Board. As a Director/Board Member it is important to remember that each province does not discuss issues of that particular province but that they are visionaries for the profession of Hygiene for Canada".

Chris is the current SDHA President and will head to the CDHA Board of Directors with a vast amount of experience; she is a dental hygienist and dental therapist in Saskatchewan and has practised in a variety of settings over her career including private practice, education, and long-term care. Her passion and dedication to the dental hygiene profession is extraordinary.

GREAT OPPORTUNITY FOR DENTAL PROFESSIONALS AND STUDENTS!

A new and exciting opportunity is already on the horizon for Spring 2012! We have been given the go ahead for another program at **Costco, Walmart & Loblaws**.

These programs will focus on the "Crest and Oral-B" products. You will be promoting the **Crest and Oral-B** products and educating the public about oral health care and helping them achieve their best oral health.



The Program is scheduled to run in 82 (Costco); 125 (Walmart) and 100 (Loblaws) stores nationwide on the weekends of:

Costco – April 5-7, 12-13-14-15, and 20-21-22

Walmart – April 7, 13-14

Loblaws- April 14-15 and 21-22

Costco will have 2 Reps per event and **Walmart** and **Loblaws** will have 1 Rep a per event

Please email your resume to **Katie** at katie@kmacassociates.com if you are interested in applying for this position.

Membership Statistics

Effective March 1, 2012:

Full Licenses:	482
Conditional Licenses:	20
Non-Practicing Licenses:	31
Total SDHA Membership:	533

- There are currently 20 members practicing dental hygiene with a conditional license. Conditional license status is used by dental hygienists who have not yet completed an approved local anesthesia program.
- 19 dental hygienists did not renew their license as of January 15th, 2012

Registration/Licenses Lapsed as of January 15, 2012

Carmen Agar	Dipika Jain
Happy Apaya-Wipf	Linda McCaig
Jody Carey	Virginia Niro
Erin Donaldson	Jennifer Prednichuk
Berkeley Donkervoort	Lyn Swift
Cheryl Drever	Chloe Taylor
Mimi Godin	Holly Thome
Teneil Hunter	Aaron Wade
Syed Hussaini	Angela Yarnton
	Tsedale Zewudia

Post-Diploma Degree Completion Program B.Sc. in Dental Hygiene



Stay at Home and Continue Working While Finishing Your Degree

Graduates of accredited dental hygiene programs (such as the program at SIAST) can now explore completing a Bachelor of Science degree from the University of Alberta through distance education.

Why Choose to Obtain a Degree in Dental Hygiene?

- Broadens and extends understanding of dental hygiene within overall health and well-being
- Enables dental hygienists to continually apply knowledge in diverse practice settings
- Facilitates access to graduate education
- Enhances the role of dental hygienists in the interdisciplinary healthcare team
- Provides opportunity to expand your personal development

Frequently Asked Questions

1. What are the admission requirements?

- A. 30 units of course weight (ucw). The following four courses must be included in the 30 ucw: English (6 ucw), Psychology (3 ucw), Sociology (3 ucw), and Statistics (3 ucw); The remaining courses can be selected by the student. These courses can be taken at any university-level institution.
- B. An accredited dental hygiene diploma program

2. What courses make up the degree completion program?

- **ANTHR 393** Health and Healing or **SOC 382** Sociology of Health & Illness
 - **D HYG 417** Small Business & Entrepreneurship
 - **D HYG 418** Long Term Care & D HYG Services
 - **D HYG 422** Health Information & Policy
 - **D HYG 440** Advocacy for Change in Health Care
 - **D HYG 468** Research Methods
- Note: All D HYG courses are offered online
- **Four Options Courses** (Students may choose their own option courses but two can be at the 100/200 level and two must be at the 300/400 level.)

3. Is the Post-Diploma Degree Completion Program completely on-line at the University of Alberta? This Program is designed for students to complete the program without having to attend the University of Alberta in person. All five of the dental hygiene (D HYG) courses are available online through the U of A. The remaining five required courses can be taken through other institutions, as long as the courses transfer to the U of A. As stated in the Calendar, a minimum of half of the units of course weight must be taken at the U of A. The U of A has a minimal number of other courses available on-line.

4. What option courses can I take? The option courses can be in the area of interest of each student, but if they are not taken at U of A, they must be transferable here. Students require 4 option courses, two must be at the 300/400 level and the other two can be at the 100/200 level. The Dental Hygiene Program offers one online course, D HYG 430 Individual Study. This online course can be taken 1-2 times for option course credit. This course requires the approval of the Director and availability of a faculty supervisor from the Dental Hygiene Program

5. What about ANTHR 393 or SOC 382? The University of Alberta will accept HADM 326 from Athabasca University, a totally online university, as equivalent to ANTHR 393. Please visit their website at www.athabascau.ca.

6. Is this program full time or part-time? Typically students take 3-4 years to complete the program while working and studying part-time. While it is possible to study full time with the goal of completing the program in one year, students desiring to do so must have the support of the program director to ensure they have access to all the required courses. This approach involves a substantial course load. Therefore employment is not recommended for full time students. It is important to structure your courses appropriately as students must be actively registered in one course every year at the University of Alberta.

7. Is there a Spring admission intake? There is both a Spring and Fall Admission intake for the Post Diploma Degree Completion Program. Students must register into at least one course for the term they are admitted. It is important to note that Spring courses are condensed and run for 6 weeks in May and June. A Fall (or Winter) course follows the regular 13 week University term.

8. What is the application deadline? The deadline for application for spring or fall admission is November 1st of each year.

9. Who do I contact for admissions information? Melanie Grams (melanie.grams@ualberta.ca or 780.492.6437).

10. Who do I contact for information about courses within the program and/or technical requirements for distance learning? Shelley Schindell (shelley.schindell@ualberta.ca) or 780-492-6884.

Visit the website at: education.med.ualberta.ca/Programs/DDH/. Dental hygienists who did not graduate from the University of Alberta will apply to program B.



Updates on Revised Guidelines

Mark Vooght, Chairman, MHOCOS and The Dental Health Promotion Working Group of Saskatchewan

In December 2010, the Medical Health Officers' Council of Saskatchewan (MHOCOS) approved the April 2010 revised CDA guidelines on "Use of Fluorides in Caries Prevention".

The revised guidelines are based on scientific evidence demonstrating both the safety and effectiveness of fluorides in the prevention of dental caries. It is recognized that the availability of fluorides from a variety of sources, needs to be taken into account. This is particularly important for children under the age of six years, in order that the appropriate daily intake of fluoride is maintained.

These guidelines (below) are summarized by the Dental Health Promotion Working Group of Saskatchewan, and amongst others, include guidance:

- For children from birth onwards, with specific actions to be taken for those children at risk of early childhood tooth decay
- On optimal target concentrations for fluoride in drinking water

1. FIRST DENTAL CHECK BY FIRST BIRTHDAY

- Children's first dental visit helps determine the risk for developing tooth decay and the benefit from using fluoridated toothpaste



2. BIRTH TO 3 YEARS OLD

- Children not at risk for tooth decay:
 - Should have their teeth brushed by an adult using only a wet toothbrush. Before teeth erupt in infants they should have their gums cleaned with a soft cloth after feedings.
- Children determined to be at risk* for tooth decay:
 - Should have their teeth brushed by an adult using fluoridated toothpaste the size of a grain of rice



* A child may be at risk of early childhood tooth decay if one or more of the following conditions exist:

- ⇒ The child lives in an area with a non-fluoridated water supply, or a low natural fluoride level of less than 0.3mg/L.
- ⇒ The child has visible plaque, such as white or yellow deposits on the teeth.
- ⇒ The child's teeth are brushed less than once a day.
- ⇒ The child has a visible defect, notch, cavity or white chalky area on a tooth.
- ⇒ The child regularly consumes sugar (even natural sugars) between meals. This includes the use of a bottle or sippy cup filled with any liquid other than water and consumption of sweetened medications.
- ⇒ The child was born prematurely with a very low birth weight of less than 1500 grams (3 pounds)
- ⇒ The child has special health care needs that limit his/her cooperative abilities, thus making it difficult to have their teeth brushed.
- ⇒ The child has a sibling, parent or caregiver with tooth decay.

3. 3 TO 8 YEARS OLD

- Children should be assisted by an adult with brushing their teeth using fluoridated toothpaste the size of a green pea.

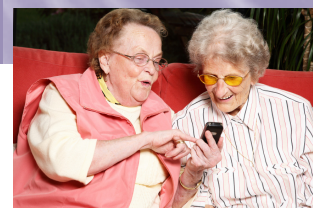


Children should be taught to spit out after brushing

Maximizing Women's Health: Strategies to prevent disease

Keeping you and your clients healthy for a lifetime

Kellie Hildebrandt, RDH, MBA



The correlation between oral and systemic health is at the forefront of all we hear and read. We all know that the mouth is connected to the body; what we see in the mouth can be an indication of systemic diseases, but also that an improvement in oral health can improve that systemic condition. Why and how are these related? It is believed that inflammation is the common denominator.

Inflammation in the body, not only in the mouth is reeking havoc on people's overall health. When there is inflammation, the body's response is to send the "immune system army" to fight it off. Unfortunately, the immune system cannot always remove the cause of the inflammation (biofilm, fat, plaque in the arteries, etc) and a chronic situation occurs. This chronic inflammation present in many diseases, including periodontal, diabetes, respiratory and cardiovascular, can be prevented, and dental hygienists can play a big part in this.

In February and March of this year, I was treated to several fabulous professional development sessions; first in Saskatoon with Prof. Salme Lavigne taking us through an evidence-based journey into periodontitis, inflammation and overall health. Most recently, I attended the Pacific Dental Conference (PDC) and heard many speakers talk about inflammation and strategies for prevention. The one in particular that I thought would benefit each and every one of you was given by Dr. Kate O'Hanlan. She spoke about the interrelation of Women's Oral Health with their Total Health.

In light of our theme for National Dental Hygienists Week - **Oral Health for Total Health**, I thought it would be a good idea to reflect on some positive lessons learned and some strategies to not only incorporate into our own lives, but to begin talking to our clients about each and every day. Many of these are not new, but rather a good reminder that by doing these simple things every day, we can help reduce inflammation in our bodies, and stay healthier for a lifetime.

* **Quit Smoking**

Cigarette, cigar and pipe smoke attacks living tissue wherever it travels - mouth, tongue, throat, esophagus, air passages, lungs, stomach. Eventually, nicotine and tobacco by-products reach the bladder, pancreas and kidneys. Smokers therefore have a higher risk of developing many life-threatening health conditions including heart disease, chronic lung disease, stroke and cancers. As prevention professionals dental hygienists can see evidence of smoking in the mouth and are concerned with its effects on both oral and overall health. By quitting now, according to the BC Lung Association, after 1 year the risk of smoking-related heart attack is cut in half.

* **Limit alcohol to 1 drink per day**

Alcohol use is related to a wide range of physical, mental and social harms. Most health professionals agree that alcohol affects practically every organ in the human body and was linked to more than 60 disease conditions including cancer, cardiovascular disease, hypertension, liver diseases, etc.

* **Eat a low fat, high fiber diet**

Incorporating fiber into your diet, at a minimum of 18g per day helps to keep a person healthy and reduce diseases such as colon cancer. A fiber content of >50g daily or from at least 9 sources (fruits, grains, veggies, legumes) can reduce LDL (bad) cholesterol by 33%, and heart attacks by 44%. Examples of high fiber foods include beans, sweet potatoes, green beans, apples, blueberries, blackberries, raspberries, oranges, pears, and whole grains.

* **Exercise at least 30 minutes, 3 times per week**

It is not a new concept that exercise helps to keep us healthy. Reducing our weight and lowering our Body Mass Index (BMI) to 25 or less will help to prevent inflammation and disease. Life is busy and it is often hard to incorporate exercise between work, families and our winter weather. But taking a walk, using the stairs, and trying to include some exercise each week can make a huge difference in yours and your client's overall health.

* **Control blood pressure, blood sugar and cholesterol**

How many of us know our blood pressure, blood sugar or cholesterol numbers or ask our client's about theirs? Being aware of these values can help predict inflammation and therefore oral and systemic conditions. Blood pressure, blood sugar and cholesterol can often be controlled by lifestyle changes (exercise or diet). When it cannot, medication is prescribed.

- Have your blood pressure checked regularly and take blood pressure on clients within your practise. Knowing a person's blood pressure will allow us to treat them more safely or it could alert a client about a condition he/she is not aware of. If you are not taking blood pressures in your practise as part of the medical history, now is the time to start.
- Ask patients with diabetes what their blood sugar values are. Is it controlled? What you learn may help you in diagnosis and treatment planning.
- Know your cholesterol levels and ask your clients about theirs. These levels are a good indicator of possible cardiovascular disease. Good cholesterol (HDL) should be greater than 80 and bad cholesterol (LDL) should be less than 130.

* **Manage Stress**

Learn healthy ways to cope with stress. Easier said than done right? But excess stress hormones can tax your immune system. Stress and fatigue also lend itself to bad habits; fast food, lack of exercise, smoking and alcohol. Take time to relax and rejuvenate yourself, and ensure a good night sleep. Anything less than 6 hours is like being under the influence (.05 blood-alcohol level)

As dental hygienists, we are not just 'cleaning' teeth. We are primary health care providers concerned about oral **and** overall health. Talk about these topics with your clients, friends, and family, and practice what you preach. Let's be healthier - together!

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ANNOUNCEMENTS??

The SDHA would like to share announcements of weddings, births, and retirements with fellow members. If you would like to submit announcements, or any ideas on topics/articles for upcoming issues of the SDHA Edge, please submit them by email to sdha@sasktel.net.

Thank you!



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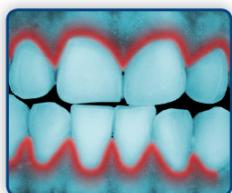


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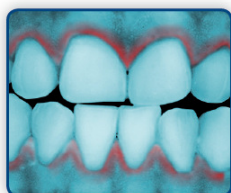
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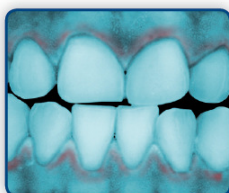
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