



The SDHA *Edge*

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Saskatchewan Dental Hygienists' Association

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

Canadian Breast Cancer Foundation - Run for the Cure

On October 2, 2011 members of CDHA all across the country joined forces to raise awareness and funds for breast cancer research. Here in Saskatchewan, *The SDHA Busted Molars* participated in both Regina and Saskatoon and I am proud to announce that for CDHA's first time effort, over \$32,000 dollars was raised nationally. Amazing!! Thank you to everyone for your enthusiasm, energy, commitment and determination to fundraise and motivate others to *Run for the Cure* in 18 communities across Canada. It was a beautiful day for a walk/run and very emotional and inspirational for all involved.

In Saskatoon, it was an extra special day for us because a very good friend and colleague, Shelley Ruiters, breast cancer survivor, participated with us. All of the breast cancer survivors involved with the Run for the Cure received beautiful pink shirts (see Shelley in the middle above, and with Lori Coben below). Shelley said after the race, "Please pass on to CDHA how much I appreciate the support from the provincial and national levels. For me, having a breast cancer diagnosis and treatment not once, but twice in a very short time was devastating. It is a painful, exhausting and sometimes isolating journey. Having colleagues acknowledge your struggle and offer support with such a fun activity is uplifting to say the least and an excellent way to unite other hygienists going through the same experience".

It is SDHA's intent to be involved every year, so please plan on joining us next October!



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.



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Message from the President - Chris Gordon

It is now 2012 and this is our first newsletter in many years. The SDHA is excited to be able to provide this for our members. There is valuable information that needs to be shared. It has been said "knowledge is useless, unless you share it with others." There has been more change in dental hygiene over the last five years than in the last thirty. I know that there will be many more changes to come.

There have been many changes in dentistry over the years and there is evidence that dentistry was practiced as early as 7000 BC. There is text from 5000 BC describing that a "dental worm" was the cause of dental decay! During the middle ages and throughout the 19th century, dentistry was not a profession in itself, and often, barbers or general physicians performed dental procedures. Barbers usually limited their practice to extracting teeth, which alleviated pain and associated chronic tooth infection. All very interesting, but the statement that made me laugh out loud was this: "There has been a problem of quackery in the history of dentistry, and accusations of quackery among some dental practitioners persist today."

Mary Geddes was the first dental hygienist to register in Canada. She registered with the College of Dental Surgeons of Saskatchewan on April 1, 1950.

She graduated from the University of Minnesota on June 12, 1948 and resided in Regina. Her brother was a well-known Regina dentist Dr. Brett (Geddes was her married name). In 1952 in Saskatchewan, there was an amendment to the Dental Professions Act and it was passed to include Dental Hygienists as dental auxiliaries. The amendment was passed in April 1952 and Mary Geddes was the first "legally" practicing dental hygienist in Canada. It is now 50 years since there have been dental hygienists practicing legally in Canada!

The practice of dental hygiene has evolved even since I began practicing, and I am not that old! I think of the hygienists that are just starting in this profession and how exciting it must be. There are so many more opportunities arising for us, but we need to make sure that we take advantage of them. We need to work together to "pave the road" that leads to these opportunities.

The SDHA is working in collaboration with the other oral health professionals to make this happen, but we need your help to advocate for our profession.

- ⇒ Educate your patients about our profession.
- ⇒ Volunteer at a health fair or at a school and talk about oral health.
- ⇒ Talk to your local politicians about concerns you have about the overall health of the people of Saskatchewan.



The SDHA will be developing working committees to help us continue to move forward; to ensure all dental hygienists meet standards of practice and provide safe, competent dental hygiene care, and to provide oral health care to those who can not access it.

The SDHA needs you, the members to get involved and be part of these committees and Council. I can tell you first-hand how rewarding this is. I know that all of you have volunteered in other aspects of your lives, but I am now inviting you to volunteer for your profession's future. Change takes time and work. Change is good and necessary. Watch for the emails and newsletters that will inform you of the upcoming opportunities. The SDHA looks forward to working with you. I am sure that if we all pull together, we can prevent any "quackery" in our profession.

Introducing 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. Thank you!



Chris Gordon,
President



Devona Saul,
Vice-President



Shelby Bowerman



Stephanie Canfield



Janel Parkinson



Gerrard Weinberger



Kathy Bradford
Public Representative



Gladys Junop
Public Representative



Diane Moore
SIAST Representative



Maureen Bowerman
CDHA Representative

Message from the Registrar - ED, Kellie Hildebrandt

Welcome to the first issue of the new SDHA newsletter - The SDHA *Edge*. It is with great pleasure that I bring you my first message.

I assumed the position of Registrar-Executive Director from Barbara Long on June 1, 2011 and am very excited to have the opportunity to lead our profession into the future. Barbara proudly represented the SDHA in this position from 2003 to 2011 but has also made significant contributions to the dental hygiene profession across Canada for many more years than that. The impact she has had is second to none.

Dental hygiene and the SDHA have grown leaps and bounds over the years. It is my goal to ensure that we keep up with future growth, change and advancement of the dental hygiene profession, while at the same time continuing to provide superior services and programs to both members and the public.

The SDHA's mission is to strive for optimal oral and overall health for the people of Saskatchewan and a dynamic dental hygiene profession. That involves ensuring that the Saskatchewan people have access to safe, competent dental hygiene care and services. That is my passion and what I dedicate each and every day to achieving.

As a means to assess how we are doing in meeting these goals, we have been asking for you to provide us feedback. Thank you for your responses!

There are many priorities we intend to focus on in the near future; one of them being this very publication.

NEWSLETTER: As a dental hygienist myself and a member of the SDHA for many years, I felt it important that we have a means to stay informed and connected locally within our profession in Saskatchewan. Based on the survey that was sent out, you agreed! Over 95% of members indicated that they support the SDHA newsletter to help keep members current on news, programs and services of the SDHA/CDHA, new technologies and research and a forum for discussion about current topics of interest. Three (3) issues per year will be published and included with other annual mailings; January with annual certificates, April with the AGM notice, and fall with License Renewal Packages. If you have any general suggestions, story ideas, or articles please send them to the SDHA office at sdha@sasktel.net.

Collaboration: Interdisciplinary care, collaboration and respect for other health professions is paramount to ensuring optimal oral and overall health for the people of Saskatchewan. It is my goal to work closely with the Dental Assistants and Dental Therapists Associations and the College of Dental Surgeons to achieve our common goals. There is much that we can accomplish as a team. Collaboration to me, also means working closely with health regions, Public Health, long-term care facilities, First Nations, educational institutions, SK Health and so on, to ensure that the public has access to dental hygienists and the vital services we provide.

Public Awareness Initiatives: One of the SDHA's priorities is for the public to be aware of the dental hygiene profession. Currently, we are working on initiatives such as public service announcements, brochures, April Oral Health Month/National Dental Hygiene Week projects in order to achieve this goal. As well, informing the public about the oral-systemic link is extremely important for the health of the Saskatchewan people.

Professional Development Seminars: With the amount of required Continuing Competency credits/hours increasing over the past couple of years from 36 to 50, and with there being so many new and valuable topics/speakers, it is important that the SDHA offer ample opportunities for members to remain current. Please watch for more seminars to be offered throughout the year, both in Regina and Saskatoon. Upcoming professional development seminars will be advertised through email broadcasts, mailed brochures and in each newsletter issue. If you have suggestions for seminar topics, venues, or speakers, please let us know.

Website: At present both the CDHA and SDHA websites have valuable information for you as a member. It is my goal to continue to add more resources to the SDHA site that includes locally specific policies, guidelines, news and information for members and the public. In the future, offering electronic renewal through the website, and the ability to check Continuing Competency status would be ideal.

And so on... The SDHA and I are committed to these priorities and always appreciate your ongoing comments and suggestions. ***I very much look forward to working with you in the years to come!!***



Membership Statistics

Effective December 31, 2011:

Full Licenses:	500
Conditional Licenses:	30
Non-Practicing Licenses:	21

Total SDHA Membership: 551

- There are currently 30 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.
- 20 of the 24 graduates from the May 2011 SIAST graduating class registered/licensed in 2011.
- 21 dental hygienists did not renew their license as of June 30, 2011.
- 21 members requested Letters of Good Standing between July 1, 2010 and June 30, 2011. Practice destinations included BC, Alberta, Manitoba, Nova Scotia and Ontario.



People have been known to achieve more as a result of working with others than against them.

Dr. Allan Fromme,
American Psychologist & writer

Helping Hands...Clean Teeth: A Rwanda Experience

By Sara Stewart



Rwanda... a country that faced genocide less than two decades ago. A people that survived and now want to build a better country. A dentist that has created a program that gives dental students the opportunity to serve the dental needs of this country better. Where do I fit in??

Just hours after setting foot in Rwanda, I came to love this little country. It was clean, friendly, and beautiful. The people were full of hope for a better future. I came to this country with only the intent to travel. I left this country with the desire to return again one day to offer my services as a dental hygienist.

On a walk around Kilgali, the capital city of Rwanda, we stopped to have a bite at "Hotel Rwanda". There, we happened come across Dr. Drew Cahoon, a dentist that had started "Adopt an African Clinic". He, along with a dentist and two hygienist volunteers, were working with the Kilgali Health Institute to train Rwandan dental students to provide quality care for their people. His mission is to teach dental students scaling, sealant placement, and how to properly educate in daily oral hygiene along with dental skills, so they can provide adequate care if and when all foreign help leaves the scene. As he says, "Give someone a fish, they eat for a day...teach them to fish, they eat for a lifetime." They asked me to help in their mission. I didn't even pause to say yes. My sightseeing could fit around this opportunity!

With a love to teach, I spent a good portion of the next day guiding these students in how to scale teeth correctly. It brought back memories to the first clinic days in hygiene school. I'm not sure if we were more nervous holding these new instruments or being the classmate guinea pig! It felt good to be on the other side, as an instructor trying to instill confidence in the students about the new skills they were learning and someday would master. The facility was nice, some units were permanent, others temporary. The students showed so much interest in learning, making it easy to guide them.

I was in my glory, proud that I could help Rwanda in this way. I was glad that my skills as a dental hygienist could help make a difference in oral care worldwide. We all have a way of finding satisfaction in the work we do as dental hygienists. For me, the opportunity to teach others brings me the greatest satisfaction.

If you too have an interest in helping Dr. Cahoon and his staff empower dental students in East Africa, they would love for you to join them. For more details, check out his website at www.adoptanafricanclinic.org.



SDHA: Advocating for Public Health Promotion

A friendly sharing and review of topics and personal experience at the annual Canadian Association of Public Health Dentistry (CAPHD) conference in Calgary, Alberta, October 21st-22nd, 2011.

By Kaitlyn Fieger, RDH, undergraduate student of Health Studies



I attended the Canadian Association of Public Health Dentistry's (CAPHD) annual conference entitled **Health Promotion: Strengthening the Evidence Base**. As a 2010 graduate of SIAST who is now enrolled in Health Studies at the U of R, I signed up for this conference with zeal and fervor! This is one association I feel any health promoter should be a member of. CAPHD is made up of so many collective minds in pursuit of better understanding, analyzing and planning effective public oral health resolutions in our country. Dr. Steve Patterson of the University of Alberta deserves a round of applause for organizing this great event.

The conference was attended by big names in the public health sector. It was empowering to be among this conglomerate of great minds, who have been working in the field for decades. We all respected and listened to one another's views as we intermingled between sessions and asked questions of the presenters.

Though I wish I could share details of each presentation with you all, I will do my best to help you understand the significant points I was left with. The following are what I found to be the most inspirational as well as evidence-based messages. I also aim to pay respect to the presenters for the concepts learned by including their names in parentheses. The end of this article has a list of resources and tools that are related to our better understanding of Canada's role in public health, and I encourage all those interested to look them up (most are found online).

Lessons Learned:

- ⇒ "Work where people are and not where you want them to be." Be empathetic to those who are not willing to change and be a good resource for those who ask for it. (Dr. Blánaid Daly)
- ⇒ "Not the business of health, but health is everyone's business" holds to the CDHA model of being an advocate for everyone's oral well-being. (Daly)
- ⇒ Evaluating outcomes is a very important step in the implementation of a plan, whether it is a care plan carried out in the office or as part of a public health initiative and this should occur in the planning stages. Evaluation methods must be clear from the beginning to remain cognizant of changes, failures and successes. (Daly)
- ⇒ First Nations and Inuit oral health decay and untreated dentition rates are 2-3x higher than the rest of our nation (compared to Canadian Health Measures Survey[CHMS] results).(Dr. Harry Ames)
- ⇒ A visual review of dental fluorosis proved valuable by reminding me how important it is to stay current on my basic knowledge to ensure I am recognizing dental anomalies correctly, and providing information to my clients confidently. (Ames)
- ⇒ The CHMS Oral Component also brought evidence to the major areas of controversy of mercury leakage in amalgam fillings. There were blood tests performed on the national survey group, and the geometric mean was 0.69 micrograms of mercury/L. The total mercury guidance values for the general and vulnerable populations are 20 and 8 micrograms of mercury/L, respectively. (Dr. Peter Cooney)
- ⇒ We are the advocates of policy in our municipalities to ensure our water systems are fluoridated. (Cooney)
- ⇒ Use evidence-based public oral health models already in place and build upon them. If possible, all provinces should work on the same area to further our gains. (Cooney)

SDHA: Advocating for Public Health Promotion

A friendly sharing and review of topics and personal experience at the annual Canadian Association of Public Health Dentistry (CAPHD) Conference continued...

Lessons Learned Continued...

- ⇒ Alberta's public health sector has been implementing what's called *Alberta's Oral Health Action Plan*, whose goals are to improve preventive reach to the province's population through fluoride varnish and sealants to underserved children based on a parental self-identification program, or expressed consent. This program also includes trained non-dental workers in the public health field. Their breakdown of the program lends insight and resources for other provincial public health workers to draw from. (Vickie McKinnon, RDH, & Dr. Luke Shwart)
- ⇒ Do not apply national data to provincial or other populations. In order to have our own data we need to conduct our own provincial research; hopefully using the same survey tools as the CHMS.(Cooney)
- ⇒ If we want to see improvement in our public health sector, it is necessary for the admissions process of dental professional education institutes to ensure they are accepting applicants to their programs with the inclusion criteria of advocacy as a major drive for the student's enrollment. (Three country collective panel discussion: Cooney, Daly, & Tomar)
- ⇒ There is a large amount of research being conducted on different population groups and programs across our country. The conference provided a variety of statistics and sources to analyze where funding and policy should be imposed for access to care.
- ⇒ It is significant for SDHA members to know that Dr. Vinay Pillay has taken office as the President of the Canadian Association of Public Health Dentistry for 2012. He has performed in-depth research on the oral health of our province's communities.

It is our role as dental hygienists to build the evidence-base through proper research on underserved populations and then go forward and be the pioneers of equitable health for our province (and most importantly, future generations). More research needs to be done on at-risk and marginalized groups in relation to their demand for, barriers to, expectations of, and overall understanding of oral health.

In my opinion there is room for both private and public roles in dental hygiene. To draw from the Alberta Health Services' comparison between private and public roles of maximizing chance for best outcome and minimizing chance of worst outcome, we can begin to identify where each sector's roles lay. Our initiative (through both the CDHA and the SDHA) to ensure equality of access to fundamental basic oral health education, preventive and service-based needs are among the trails we (yes, us!) can blaze. Thank you to those out there whose calling it is to the public sector and for listening to that fire inside of you. Our towns', communities', cities' and future generations' oral health outcomes will be the measure of our profession's success in this field.

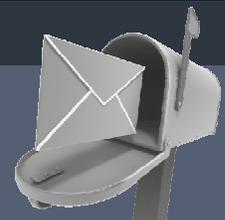
Resources to consider: *Canadian Oral Health Strategy, Saskatchewan Dental Health Screening Program 2008-2009 Report, Public Health Canada's Program evaluation tool kit, Canadian Health Measures Survey-Oral Health Component, First Nations Oral Health Survey (results not yet published) and Inuit Oral Health Survey.*

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.





HANDLE WITH CARE: PATIENT RECORDS

Health Providers' Privacy Obligations for Patient Records:

The old saying that there is no such thing as bad publicity has a nice ring to it, but health professionals know better. No one wants to hear their name mentioned on a news report about privacy violations of patient information, or worse, on a court summons.

In addition to the threat of fines of up to \$500,000 and possible jail time, privacy violations can damage the reputation of an individual and their profession for years to come.

A recent case of thousands of medical files discovered in a Regina recycling bin received significant negative media attention. The incident drives home the importance of trustee responsibility for health information.

The Health Information Protection Act (HIPA) and its regulations describe the responsibilities of people who are "trustees" of personal health information. Under HIPA, trustees have a duty to:

- Ensure records are stored safely and securely;
- Prevent unauthorized access to the information;
- Ensure patients have access; and
- During disposal, protect patient privacy until records are fully destroyed.

Protect yourself and those you work with by making sure you have clear procedures in place for handling and protecting the personal health information of your clients.

The Ministry of Health advises that all trustees and their office managers should review their compliance with information protection laws and regulations, and make adjustments to processes and security measures where necessary.

For more information:

- * Contact your professional regulatory body, the SDHA
- * Visit the Saskatchewan Health website: www.health.gov.sk.ca/health-information-protection-act
- * Read the Saskatchewan Information and Privacy Commissioner's Advisory for Saskatchewan Health Trustees for Record Disposition, under the What's New tab on the Commissioner's website: www.oipc.sk.ca/whats_new.htm

Insert from the Privacy Commissioner:

We recommend that all trustees and trustee organizations **IMMEDIATELY** implement the following procedures:

1. Ensure that someone in the organization is formally designated as the Privacy Officer with specific responsibility for HIPA compliance, particularly the safe retention and disposition of personal health information.
2. Ensure that the trustee organization has written policies and procedures as prescribed by section 16 of HIPA including physical, administrative and technical measures reasonable for the protection of personal health information.
3. Ensure that every person in the trustee organization understands the difference between the historic culture of confidentiality and the new requirements of HIPA including the continuing responsibility for patient files pursuant to section 22 of HIPA.
4. Ensure that the trustee organization is in compliance with the transparency obligations in sections 9 and 10 of HIPA.
5. Ensure that there is a proper record retention and disposition schedule and that it is followed.
6. Ensure that all personal health information is properly and safely stored at all times.
7. Ensure that when disposing of personal health information all materials are shredded or otherwise completely destroyed.
8. Ensure that if the storage or destruction of patient files is outsourced or if an information management service provider is involved that there is a proper agreement that complies with sections 16, 17 and 18 of HIPA.

We encourage all trustee organizations to review HIPA and the following resources available at the OIPC website: oipc.sk.ca

- Helpful Tips: Privacy Breach Guidelines
- Privacy Considerations: Faxing Personal Information and Personal Health Information
- Advisory for Saskatchewan Health Trustees for Record Disposition
- Best Practices - Mobile device security
- Archived issues of our e-newsletter, the Saskatchewan FOIP FOLIO, and OIPC Annual Reports

Enhanced Preventive Dental Services

Population Health Branch, Saskatchewan Health



The Government of Saskatchewan is taking steps to improve children's oral health by increasing access to dental care, particularly preventive services for children at risk. Enhancements to existing regional preventive dental services for pre-post natal mothers, preschool and school-age children start this fall.

All health regions will provide Oral Health Assessments and Referrals and follow-up services. Fluoride varnish and dental sealants will be provided by health regions through a phased approach. Initially phase one will include Athabasca, Keewatin Yatthé, Mamawetan Churchill River, Prince Albert/Parkland, Prairie North, Regina Qu'Appelle and Saskatoon Health Regions. In phase two the enhancements will expand to the remaining health regions early in 2012.

Oral Health Assessment, Referral and Follow-up:

- Oral Health Assessments will be provided to children from two months to five years of age using the *Saskatchewan Child Health Clinic Guidelines*. Public health staff will provide an oral health assessment to determine children who are at risk of developing Early Childhood Tooth Decay (ECTD).
- All children with treatment needs will be referred for follow-up by an appropriate oral health professional. The establishment of a dental home will be a priority for children with unmet dental needs.
- All children who have dental treatment under general anaesthesia will be followed-up in the community, by the appropriate oral health professional.

Fluoride Varnish:

- Children from six months of age (or from the time the teeth erupt) to five years, who are identified as "at risk" of ECTD, will be provided with two fluoride varnish applications each year.
- Fluoride varnish services will be provided in all health regions. Most health regions currently provide a fluoride varnish service in some capacity. This service enhancement will ensure a standardized approach for preventive dental services across the province.

Dental Sealants:

- This fall, dental sealants will be provided for Grade one children who attend schools that have been identified as "at risk". At risk schools are identified as those where Grade One Canadian Oral Health Strategy (COHS) goals have not been met. These goals are:
 - ⇒ 50% or more of age six children that are cavity-free; and
 - ⇒ 20% or less have unmet dental needs.
- Beginning in the fall of 2012, Grade seven children in "at risk" schools will be included. At risk schools are identified as those which Grade seven COHS goals have not been met. These goals are:
 - ⇒ 75% or more children that have never had a cavity in a permanent tooth;
 - ⇒ 10% or more have unmet dental needs; and
 - ⇒ a DMFT of one or less (this means they have one or less decayed, missing or filled permanent teeth).



For more information please call: Tami Denomie, Population Health Branch, 306- 787-7110.



APRIL ORAL HEALTH MONTH & NATIONAL DENTAL HYGIENISTS WEEK

April Oral Health Month and National Dental Hygienists Week will soon upon us (April 8-14th). We would like to bring dental hygienists together from across Saskatchewan to collaborate on province-wide programs that support oral and overall health. Programs will be geared towards oral health education, public awareness, health promotion and increased access to dental hygiene services for the people of Saskatchewan. If you are interested in working on ideas and volunteering, please email the SDHA at sdha@sasktel.net or call 931-7342. Students, practising and non-practising members welcome!

Barbara Long receives the CDHA Distinguished Service Award

The CDHA Distinguished Service Award recognizes a dental hygienist who has made a significant contribution to the advancement of the dental hygiene profession in Canada. Candidates are selected on the basis of their outstanding contributions to one of the following: a task committee, an innovative project, a CDHA Board or committee, in academic advancement or in corporate support.

In 2011, the award goes to...
Barbara Long

Barbara has held an executive position with the Saskatchewan Dental Hygienists' Association since graduation in 1980, and was the Registrar/ED from 2003 until her retirement this past spring. In addition to her other duties, she has held the position of lecturer and clinical instructor with the department of periodontology at the University of Saskatchewan for over thirty years. She worked with Hu Friedy to design the "vision curettes" - the first short blade curettes - and holds the Canadian and US patents for these instrument designs. Barbara was also instrumental in the lobbying efforts to bring self regulation to Saskatchewan in 1997.

Congratulations Barbara!!



Maureen Bowerman, Barbara Long, and Chris Gordon celebrating Barbara's award at the CDHA National Conference in Halifax, June 2011

Official Home for the SDHA:

114-3502 Taylor Street East, Saskatoon, SK S7H 5H9

In January 2011, the SDHA proudly opened the doors to our new home!

The SDHA office provides formal working and meeting space for employees, Council, committees and working groups. It is also a place where information, documents and forms can be picked up or dropped off.

The space is approximately 1000 square feet and houses a reception area, two offices, a board room, storage space, and a small kitchen area.

Located on the main floor of The Lakeview Place building at the intersection of Taylor and Acadia, there is free parking available on either side of the building or directly on Taylor Street.

An Open House was held on December 8, 2011 to welcome members and colleagues to the SDHA office. It was a great opportunity to network with Council and members.

We welcome you to visit the SDHA office during regular business hours. If no one is in the office, and you are dropping off correspondence, please feel free to use the mail slot in the door.



Stephanie Canfield, Kellie Hildebrandt, Chris Gordon and Shelley Ruiters at the SDHA Open House, December 8th, 2011.

CC Corner: Supporting Professional Development



SAVE THESE DATES!!

- February 25, 2012 - **Periodontitis, Inflammation and Overall Health**,
The Willows, Saskatoon
- March 3, 2012 - SDAA/SDHA Event - **Senior Populations: 'Dentistry and Beyond'**,
Evraz Place, Regina
- March 31, 2012 - SDAA/SDHA Event - **Senior Populations: 'Dentistry and Beyond'**,
Western Development Museum, Saskatoon
- April 28, 2012 - TENTATIVE - **Sharpening Review**,
Saskatoon (venue TBD)
- May 5, 2012 - **SDHA Annual General Meeting & Professional Development**
SIAST, Regina
- June 2, 2012 - **Prairie Rhapsody**,
Delta Regina (see ad on page 14)
- September 13-15, 2012 - **Saskatchewan Oral Health Professions Conference**
TCU Place, Saskatoon (see ad on page 14)
- September 15, 2012 - **SDHA Member Meeting and CDHA Annual General Meeting**
TCU Place, Saskatoon

SK Ministry of Health's Position Statement on Community Water Fluoridation

The Ministry of Health continues to support Community Water Fluoridation as a safe and effective public health measure in preventing tooth decay. Water fluoridation benefits all residents serviced by community water supplies regardless of their age, social or economic status.

The use of fluoride for the prevention of tooth decay is endorsed by over 90 national and international professional health organizations, including Health Canada, the Canadian Public Health Association, the Canadian Dental Association, the Canadian Medical Association and the World Health Organization.

In Saskatchewan, Community Water Fluoridation is endorsed by the Medical Health Officers' Council of Saskatchewan, the Saskatchewan Public Health Association, the College of Dental Surgeons of Saskatchewan, and the Saskatchewan Dental Therapists, Hygienists and Assistants Associations.

To ensure quality, effective, accountable health care, we need to base our decisions about programs and services on sound research and data.

For more than 60 years, studies continue to see the cost-effective benefit of community water fluoridation where people living in communities with fluoridated water have fewer cavities than those living where the water is not fluoridated.

In 2011, the Medical Health Officers' Council of Saskatchewan supported Health Canada's recommendation of a level of 0.7 mg/L as the optimal target concentration for fluoride in drinking water.

The fluoridation of drinking water supplies is a decision that is made by each municipality in collaboration with the appropriate provincial authorities. Saskatchewan's Ministry of Health strongly encourages municipalities to provide fluoridated water to their residents.

For more information contact your local public health office.



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

MEDIA RELEASE:

What's in Your Water Can Improve Your Oral Health

November 30, 2011 (Ottawa, ON) — The Canadian Dental Hygienists Association (CDHA) wants Canadians to know that fluoridation of community water supplies plays an important role in oral health.

The public debate on fluoridation of water has increased in recent months but water fluoridation has been safely used since the 1940s. The Office of the Chief Dental Officer indicates there is widespread usage of water fluoridation across Canada with an overall Canadian average of 45%. CDHA recognizes that Canadians may be confused about the benefits and safety of fluoride and has launched [a Q and A on community water fluoridation](#) to help educate the public.

"It's understandable for people to wonder what the fluoride debate means for them and their families in practical terms," says Mandy Hayre, Educator-Director on the CDHA board of directors. "The CDHA urges Canadians to get informed. Find out about water fluoridation in your community and consult your dental hygiene professional about use of oral health products containing fluoride."

The CDHA supports water fluoridation because of its proven benefits in the prevention of dental caries (cavities); one of the few conditions that affects Canadians of all ages. Fluoride protects tooth surfaces from acid attack and promotes repair of early cavities. If fluoridated water is consumed in childhood, teeth become even more resistant to decay.

Fluoridation of community water supplies has been called one of the top ten most significant breakthroughs in public health of the 20th century. It is a safe, effective and inexpensive way of protecting the oral health of all Canadians and is supported by Health Canada.

"Fluoride definitely has a place in oral health care, but is just one component of a comprehensive approach to promoting good oral health," says Ms. Hayre. The CDHA advises Canadians to take a number of steps to keep their teeth and gums healthy: brush teeth daily; clean between teeth with floss or an interdental brush; rinse with over-the-counter mouthwash; make healthy food choices; and regularly visit a dental hygienist.

For more information on protecting oral health, visit: www.cdha.ca/OralCareCentre, and http://www.cdha.ca/pdfs/profession/fluoride_QA_community_EN.pdf for the Q & A document described above.

Angie D'Aoust, Director of Marketing and Communications
1-800-267-5235 ext. 134, or email adaoust@cdha.ca

CDHA Position Statement: Community Water Fluoridation

On September 29, 2011, the Canadian Dental Hygienists Association (CDHA) Board of Directors endorsed the 2011 Position Statement on Community Water Fluoridation.

The CDHA:

- Endorses the use of fluoride as an important oral health promotion and disease prevention approach;
- Recommends that water fluoridation be maintained and extended to additional communities where feasible;
- Encourages ongoing fluoridation research in the following areas:
 - * Developing methods for determining the optimal fluoride concentration in community drinking water, which takes into account other sources of fluoride from air, food, and dental products. Currently this concentration is set at .7 ml/litre in Canada
 - * High quality water fluoridation efficacy studies
 - * Developing recommendations for caries prevention and control using various combinations of fluoride modalities
- Recommends that information be made available to the public on the sources and quality of fluoride used in oral health products and water supplies.

Every \$1 invested in water fluoridation saves \$38 in dental treatment costs.

Unlike other ways of preventing dental decay, no individual effort or direct action needs to be taken. All people drink water and eat food prepared with water, therefore everyone using fluoridated water will automatically benefit.

Dental disease is the number one chronic disease among children and adolescents in North America. This makes fluoridation an important public health measure.

According to the Findings and Recommendations of the Fluoride Expert Panel for Health Canada, "Community water fluoridation remains an effective public health method to reduce the prevalence of decay in the Canadian population." (Health Canada/2007)

Is community water fluoridation safe?

Community water fluoridation has proven to be safe through both practical experience and research. The safety of fluoride has been studied more thoroughly than any other public health measure during the past 60 years.

Over 405 million people world-wide enjoy the benefits of fluoridated drinking water.

Who supports fluoridation?

The use of fluoride in the prevention of tooth decay continues to be endorsed by over 90 national and international professional health organizations including Health Canada, the Canadian Dental Association, the Canadian Medical Association, and the World Health Organization. (March/2008)

What is the current status of community water fluoridation in Saskatchewan?

Less than 37 percent of the population in

Saskatchewan currently has access to water with sufficient levels of fluoride.

The cities of Humboldt, Melfort, Moose Jaw, Saskatoon, Swift Current, and Weyburn account for the most significant numbers of residents in the province that have access to fluoridated water.

What are the costs to fluoridate community water sources?

Communities can provide fluoridation at an estimated cost of about 60 cents to \$1.00 per person per year. This is less than the cost of one filling over a life-time.

Is the drinking water in your community fluoridated?

To find out if your water is fluoridated, check with your municipal government or local public health office.

Community water fluoridation is the best way to prevent dental decay.

Fluoridation:

- is the least expensive and most effective way to reduce tooth decay;
- is safe;
- benefits people of all ages;
- reduces the cost of dental treatment;
- is equitable; and
- requires no individual action or effort by those who will benefit.

"Community water fluoridation has been identified by the Canadian Public Health Association as one of the twelve great public health milestones in the past 100 years."

For more information, contact a dental health educator at your local public health office.

Saskatchewan Community Water Fluoridation 2010 (by Health Region)

Athabasca	0%
Cypress	40%
Five Hills	69%
Heartland	28%
Keewatin Yatthe	0%
Kelsey Trail	24%
Mamawetan Churchill	12%
Prairie North	8%
Prince Albert Parkland	2%
Regina Qu'Appelle	3%
Saskatoon	86%
Sun Country	21%
Sunrise	15%
PROVINCIAL	36%

Community Water Fluoridation (CWF) 2010 by Community

Aberdeen	Allan
Annaheim	Assiniboia
Baldon Colony	Balgonie
Beatty	Bradwell
Bruno	Canora
Carnduff	Clavet
Cudworth	Dalmeny
Dinsmore Colony	Domremy
Elstow	Eston
Gronlid	Gull Lake
Hague	Humbolt
Indian Head	Kindersley
Kinistino	La Ronge
Lake Lenore	Langenburg
Luseland	Martensville
McTaggart	Milden Colony
Meadow Lake	Melfort
Melville	Moose Jaw
Moosomin	Muenster
Osler	Outlook
Quill Lake	Rosetown
RM Corman Park	RM Kinistino
Saskatoon	St. Louis
St. Isidore de Bellevue	
Star City and Star City Colony	
Swift Current	Tisdale
Wadena	Wakaw
Warman	Watson
Weldon	Weyburn
Wynyard	

- 58 communities with CWF
- 48 communities with optimal (.7+) CWF
- 10 Communities with less than optimal (.7) CWF
- 61 communities have discontinued CWF since 1969
- 12 communities have discontinued CWF since 2005

Provincial Estimates for Community Water Fluoridation

Province	Total Population	Population With CWF	Population Without CWF	Percent With CWF	Percent Without CWF
Alberta (2007)	3,290,350	2,457,406	832,944	74.7%	25.3%
Saskatchewan (2010)	1,036,285	372,236	664,049	36%	64%
Manitoba (2009)	1,214,403	920,800	293,603	75.8%	24%
Canada (2007)	31,611,911	14,258,078	17,364,803	45.1%	54.9%

Source: Provincial or Territorial Environment Ministries, Dental Directors of each province, Ministries of Environment. Dental Health Promotion Working Group of Saskatchewan.

Reference/Source for fact sheet and statistical information: **Saskatchewan Community Water Fluoridation Report, 2010, Dental Health Promotion Working Group of Saskatchewan.**

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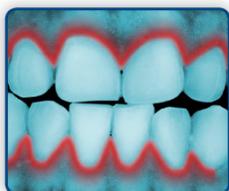


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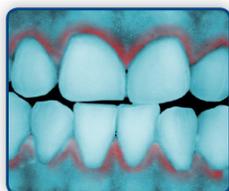
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*when used in combination with New Crest® Pro-Health™ Clinical Gum Protection Toothpaste

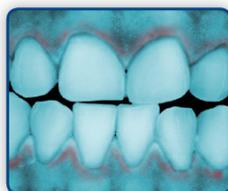
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6 weeks of use:
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¹ After 6 weeks of use. Compared to a dental prophylaxis and brushing with a regular manual toothbrush and anti-cavity toothpaste.

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