

Mosaic



THE  CANADIAN
ASSOCIATION OF PUBLIC
HEALTH DENTISTRY

ASSOCIATION 
DE LA SANTÉ DENTAIRE
PUBLIQUE

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Filling the Gap in Oral Health Care: Optimizing our Oral Health Care Workforce

Paula Benbow

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I recently attended a conference in the United States where many presenters spoke about the growing movement to include dental therapists in the oral health workforce of many states. While dental therapy is a relatively new profession in the US, it is a recognized profession in over 50 countries, including Canada. Dental therapists have been practising in some parts of Canada for more than 40 years, but their numbers are small and in decline, resulting in significant oral health human resource shortages, especially in many northern communities. It is estimated that no more than 300 dental therapists are currently practising in Canada, many of whom are approaching retirement age. The closure of Canada's last dental therapy program in 2011 has only exacerbated these shortages.

In recent years, there have been discussions among government and other stakeholders about re-establishing a dental therapy program and/or integrating dental therapy abilities into the scope of practice of dental hygienists. In response, the Canadian Dental Hygienists Association (CDHA) commissioned research on how best to reintroduce dental therapy abilities (basic restorative and surgical procedures) into postsecondary education in Canada with the goal of supporting cost-effective education opportunities that would improve access to care. As part of the research methodology, national and international key informants with expertise in education, regulation, clinical care, public health, and Indigenous culture and policy were invited to participate in semi-structured interviews (see CDHA's Filling the Gap in Oral Health Care at www.cdha.ca/fillingthegap).

An educational framework was generated from the results of the research. It includes two main strategies:

1. harmonizing the scope of dental hygiene practice as a means of enhancing access to care; and
2. outlining possible educational models that incorporate the full scope of dental therapy abilities into postsecondary education

The framework also proposes educational strategies to support learners from under-represented communities who are seeking to become oral health care practitioners. >

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In addition, the research team developed three educational models, two of which would produce a provider with a combination of dental hygiene and dental therapy abilities; the other would produce a provider with dental therapy abilities. The educational model that received the most support comprises a 2- to 3-term addition to the current dental hygiene diploma program. This option is considered the most cost-effective, accessible, and realistic approach to the re-establishment of dental therapy abilities in Canadian postsecondary education. The model also aligns with international trends to base dental therapy abilities upon dental hygiene education or to combine the education of the two professions. Further, by having a degree-completion option for practitioners interested in enhancing their abilities, the model builds capacity of the oral health workforce.

A dually qualified provider with dental hygiene and dental therapy abilities could have a positive impact on access to care through the provision of health promotion, disease prevention, and periodontal services, while at the same time alleviating pain through basic restorative and surgical

procedures. Yet, while an enhanced educational program is necessary, it is not sufficient on its own to address the oral care needs of underserved groups. Other elements need to be in place for progress to be made. Canadian policymakers and elected officials need to invest in sustainable preventive oral health initiatives; offer employment opportunities for graduates; establish regulatory parameters that allow oral health care providers, both dental hygienists and those with dental therapy abilities, to practise to full scope; develop support mechanisms for learners from underrepresented communities to undertake postsecondary education; and implement cost-effective remuneration models.

Decisions about education and health are most often made by Canada's provincial and territorial governments. Nonetheless, members of the Canadian Association of Public Health Dentistry (CAPHD) can play a key role in initiating dialogue in their communities about solutions to address the oral care needs of underserved groups in Canada. Building capacity of the current oral health workforce through enhanced education and targeted policy and legislative responses is a critical next step. 🍁



2018 CONFERENCE
UNIVERSALISM AND
ORAL HEALTH CARE:
Local Solutions to a
Global Problem

September 21 & 22
Vancouver,
British Columbia



President's Message

Message du Président

Dr. Mario Brondani, Ph. D.

I am honored and thrilled to serve as your Canadian Association of Public Health Dentistry President from 2017-2019. As the national voice for dental public health in Canada, CAPHD is dedicated to improving the oral health of all Canadians and ensuring oral health equity is promoted within Canada. Together with the CAPHD, I will foster open dialogue; ensure transparency and accountability, support our current and new members; and exchange proactive ideas with government, institutions, organizations, universities and agencies from coast to coast to coast.

The ever changing Canadian demographics and political scene offers a great platform for advocacy and leadership to ensure that all voices are heard. As much continues to change since the CAPHD was formally introduced as an organization, we are focused on growing our membership with oral health providers, allied members and many other professionals who are committed to dental public health in Canada. In order for such an ongoing collaboration to be in effect, I will ensure that our practices are based on flexible approaches that adapt to your needs and priorities.

One of our main events includes the annual conference. As passionate volunteers, we are working hard to make sure that your conference is current and keeps you interested, engaged and of course, challenged. As we go to Vancouver in 2018 and to Toronto in 2019, we will encourage your continued participation since the conference is developed with you in mind. Stay tuned for updates!

I would like to echo what our past presidents have committed to. As we move forward and face the challenges ahead, I am confident that together with you, the CAPHD will continue to advocate for dental public health issues and access to care across Canada. >

C'est un honneur et un grand plaisir pour moi d'occuper le poste de président de l'Association canadienne de santé dentaire publique (ACSDP) pour 2017-2019. Se voulant la voix nationale pour la santé dentaire publique au Canada, l'ACSDP s'engage à améliorer la santé buccodentaire de tous et à assurer l'équité en matière de soins buccodentaires. Pour ma part, et en collaboration avec l'ACSDP, j'entends agir pour ouvrir le dialogue, assurer la transparence et la responsabilité, soutenir nos membres actuels ainsi que nos nouveaux membres et favoriser l'échange d'idées proactives avec le gouvernement, les établissements, les organisations, les universités et d'autres groupes de partout au Canada.

L'évolution constante de la situation démographique et de la scène politique du Canada crée une excellente occasion de défendre les intérêts et faire preuve de leadership en ce qui a trait à la santé buccodentaire, cela dans le but de garantir que toutes les voix sont entendues. Dans un monde où la tendance est au changement, et ce, depuis la création officielle de l'ACSDP en tant qu'organisation, et nous sommes résolu à accroître le nombre de membres parmi les intervenants en soins buccodentaires, les membres associés et de nombreux autres professionnels qui s'engagent à protéger la santé dentaire publique au Canada. Pour qu'une collaboration soutenue de la sorte soit possible, je veillerai à ce que nos pratiques s'appuient sur des démarches flexibles pouvant s'adapter à vos besoins et priorités.

Notre congrès annuel est l'un de nos événements les plus importants. En tant que bénévoles passionnés, nous travaillons fort pour que le contenu soit d'actualité, intéressant et, bien entendu, stimulant. À l'approche des congrès de Vancouver en 2018 et de Toronto en >

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I would like to extend my sincere thanks to all our collaborators and members who remain the real champions of dental public health. 🍁

MEET YOUR BOARD OF DIRECTORS

<http://www.caphd.ca/board-directors>

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2019, nous vous encouragerons à participer, toujours en rappelant que le congrès est conçu spécialement pour vous. Restez à l'écoute pour obtenir les dernières nouvelles!

J'aimerais réitérer les engagements de nos anciens présidents et vous dire que malgré les défis qui nous attendent, avec vous, l'ACSDP continuera de défendre les intérêts liés à la santé dentaire publique ainsi que l'accès aux soins partout au Canada.

Je tiens à exprimer mes sincères remerciements à tous nos collaborateurs et tous nos membres, qui demeurent les véritables défenseurs de la santé dentaire publique. 🍁

Access to Oral Health Care for All Canadians...

impossible

RENEW YOUR CAPHD MEMBERSHIP TODAY.
WORKING TOGETHER TO ACHIEVE THE POSSIBLE!
www.caphd.ca/membership





Announcement from the Office of the Chief Dental Officer

Annonce du Bureau du Dentiste en chef

At the Office of the Chief Dental Officer (OCDO), we have, over the past two years, continued to move forward with our results-oriented support to Community Water Fluoridation (CWF) through:

- a position statement co-signed by the Chief Dental Officer of Canada and the Chief Public Health Officer of Canada: <https://www.canada.ca/en/services/health/publications/healthy-living/fluoride-position-statement.html>
- a CWF fact sheet: <https://www.canada.ca/en/services/health/publications/healthy-living/fluoride-factsheet.html>
- updated information about fluoride and CWF on the Canada.ca website: <https://www.canada.ca/en/health-canada/services/healthy-living/your-health/environment/fluorides-human-health.html>
- commissioning a Health Technology Assessment of CWF with the Canadian Agency for Drugs & Technologies in Health as a foundation document for a conversation, via established and appropriate channels of intergovernmental communication, to enable evidence-based decision-making at the community level.

Recently, OCDO, in collaboration with Provincial and Territorial Dental Directors and the First Nations and Inuit Health Branch of the Department of Indigenous services Canada, has also published the 2017 version of the report "The State of Community Water Fluoridation across Canada": <https://www.canada.ca/en/services/health/publications/healthy-living/community-water-fluoridation-across-canada-2017.html>

That report - along with a map <https://www.canada.ca/en/public-health/services/fluoride-water-map-canada.html> - is intended to inform Canadians, coast to coast and in Indigenous and non-Indigenous >

Au Bureau du dentiste en chef (BDC) nous avons, au cours des deux dernières années, continué à aller de l'avant avec notre soutien orienté vers les résultats concernant la fluoruration de l'eau potable (FEP) par:

- un énoncé de position cosigné par le dentiste en chef du Canada et l'administrateur en chef de la santé publique du Canada: <https://www.canada.ca/fr/services/sante/publications/vie-saine/enonce-de-position-fluoruration.html>
- une fiche d'information sur la FEP: <https://www.canada.ca/fr/services/sante/publications/vie-saine/fluoruration-feuille-information.html>
- des renseignements à jour sur le fluorure et la FEP sur le site Web Canada.ca: <https://www.canada.ca/fr/sante-canada/services/vie-saine/votre-sante-vous/environnement/fluorures-sante-humaine.html>
- la commande d'une évaluation des technologies de la santé sur la FEP à l'Agence canadienne des médicaments et des technologies de la santé comme document de base d'une conversation, par l'entremise de canaux de communication intergouvernementaux établis et appropriés, pour permettre au niveau des communautés la prise de décisions fondées sur des données probantes.

Récemment, le BDC, en collaboration avec les directeurs dentaires provinciaux et territoriaux et la Direction générale de la santé des Premières nations et des Inuits du ministère des Services aux Autochtones Canada, a également publié la version 2017 du rapport «L'état de la fluoruration de l'eau potable au Canada»: <https://www.canada.ca/fr/services/sante/publications/vie-saine/fluoruration-eau-potable-canada-2017.html>

Ce rapport - accompagné d'une carte <https://www.canada.ca/fr/sante-publique/services/fluorure-eau-carte-canada.html> - avait pour but d'informer les Canadiens et les Canadiennes d'un océan à l'autre et dans les >

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communities, about the CWF national landscape. The 2007 report presented estimates (by province/territory and nationally) of the population's access to optimal levels of fluoride through a community water supply. In the 2012 report, estimates of the population access to well water supplies that contained naturally occurring fluoride were added. The further addition to this 2017 report is estimates of access to fluoridated drinking water in Indigenous communities.

The results show that 38.7% of Canadians benefit from CWF.

We take this opportunity to remind Canadians of the importance of CWF as a safe, effective and equitable population-based measure to prevent tooth decay. Indeed, CWF contributes to oral health equity by overcoming common social determinants of health including age, education, income, and access to professional dental care.

Office of the Chief Dental Officer
Public Health Agency of Canada 

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communautés autochtones et non-autochtones sur le portrait national concernant la FEP. Le rapport de 2007 présentait des estimations (par province / territoire et à l'échelle nationale) de l'accès de la population aux niveaux optimaux de fluorure grâce à un approvisionnement par les réseaux d'alimentation en eau potable. Dans le rapport de 2012, des estimations de l'accès de la population à l'approvisionnement en eau de puits contenant du fluorure naturel ont été ajoutées. L'ajout supplémentaire à ce rapport de 2017 est des estimations de l'accès à l'eau potable fluorée dans les communautés autochtones.

Les résultats montrent que ce sont 38,7% des Canadiens et Canadiennes qui bénéficient de la fluoration de l'eau potable.

Nous profitons de l'occasion pour rappeler aux Canadiens et Canadiennes l'importance de la fluoration de l'eau potable en tant que mesure sécuritaire, efficace et équitable visant à prévenir la carie dentaire. En effet, la FEP contribue à l'équité en matière de santé buccodentaire en surmontant les déterminants sociaux de la santé, notamment l'âge, la scolarité, le revenu et l'accès aux soins dentaires professionnels.

Bureau du dentiste en chef
Agence de la santé publique du Canada 

Call for Submissions

Now accepting submissions for the
Winter 2018 issue of the Mosaic Newsletter.

Submission guidelines can be found here:

<http://www.caphd.ca/programs-and-resource/the-mosaic-newsletter>

Behavioural impacts of school-based oral health education among children

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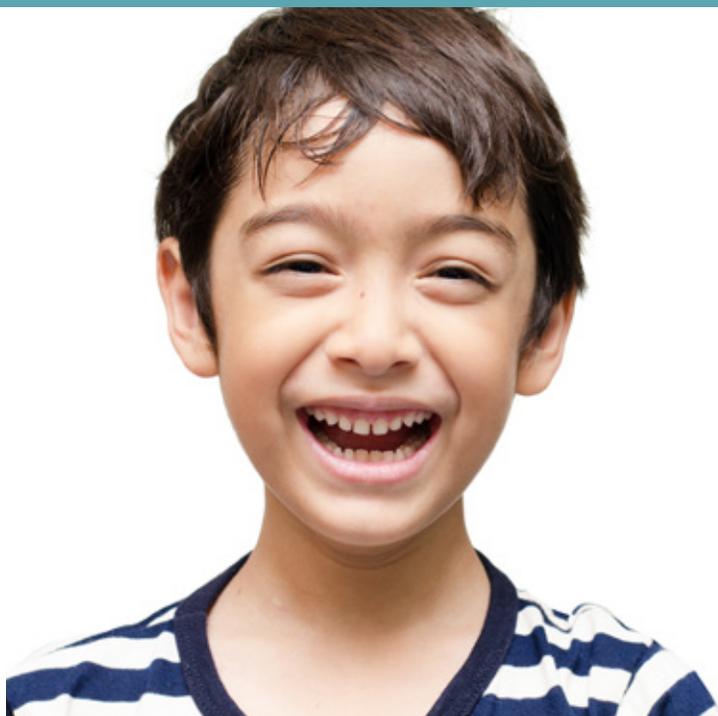
Oral health plays an important role in maintaining the general health and well-being of an individual. As such, prevention remains a cost-effective approach, with the majority of dental diseases being preventable, by maintaining good oral hygiene practices.

Teaching good oral health habits early in life can go a long way in reducing the burden of oral diseases in adulthood. School-aged children are particularly receptive to learning and establishing new habits as part of their daily routine. Schools are an appropriate setting to provide health related information to children, as they provide convenient access to children and the atmosphere is socially conducive to learning, which can improve health-related behaviours and attitudes.

Before implementing an oral health education intervention in schools, it is important to have a clear understanding of the different behavioural outcomes to expect if the intervention is implemented. Therefore, at Public Health Ontario, we reviewed the existing literature to understand the effect of school-based oral health education programs on school children in terms of behavioural outcomes such as oral health knowledge, dietary habits, oral hygiene practices, attitudes, and behaviours.

The main findings of the review are as follows:

- School-based oral health education interventions can positively impact on behavioural outcomes among children.



- Repetition and reinforcement of oral health messages tends to significantly improve results in the short term.
- Experiential learning is more effective than conventional methods.
- Implementation considerations include intervention type, mode and frequency of delivery.

For further details about this review, please visit: http://www.publichealthontario.ca/en/eRepository/EB_Oral_Health_Education_Among_Children.pdf 🇨🇦

Alberta Dental Public Health Services

Dr. Rafael Figueiredo, BDS, MSc, FRCD (C)
Provincial Dental Public Health Officer

The Alberta Health Services (AHS) Provincial Oral Health Office (POHO) made significant achievements in dental public health to advance strategies for improving the oral health of Albertans as outlined in the AHS Oral Health Action Plan (OHAP). OHAP focuses on four core function domains: Health Promotion, Prevention Services, Treatment Services, and Research and Surveillance (Figure 1). Within Population, Public and Indigenous Health, POHO sets the direction and provides leadership across all four domains. The POHO team engages directly in Health Promotion and Research & Surveillance; identifying, leading and collaborating with health care professionals and community partners to advance initiatives in these two domains. Within the domain of Prevention Services, POHO works collaboratively with AHS Zones to provide standardized prevention services targeted to children in low socio economic families and seniors living in Continuing Care Facilities. The domain of Treatment Services provides dental treatment to low income and underserved populations through two models: the AHS Public Health Dental Clinics, and the Dental Outreach Program in Northern Alberta. Across the province, dental assistants, dental hygienists and dentists engage in client care to achieve the success of the OHAP domain initiatives. The results presented here reflect their commitment to equitable access to Albertans’ oral health.

DOMAIN 1: HEALTH PROMOTION

The POHO team engages directly in Health Promotion by identifying, leading and collaborating with health care professionals and community partners to advance the following three objectives:

- Community Water Fluoridation: We build partnerships to support and sustain the adjustment of fluoride in public water supplies.
- Oral Health Information: We collect, appraise and deliver information based on best evidence to enable Albertans to increase control over and improve their oral health.
- Oral Health Policy: We promote and sustain initiatives to support improvement of oral health.

DOMAIN 2: PREVENTION SERVICES

OHAP outlines four services for prevention of tooth decay and directs services to vulnerable groups of the population aimed at improving oral health and reducing inequities. POHO sets out standards and objectives, while the five AHS Zones manage operations and delivery of prevention services. The services and results for the 2014-2016 reporting period are as follows:

- Fluoride varnish applications for preschool children 12-35 months of age – 5% of this group of the population received at least one application >

Figure 1: The Four Domains of the Oral Health Action Plan, 2016

HEALTH PROMOTION	PREVENTION SERVICES	TREATMENT SERVICES	RESEARCH & SURVEILLANCE
<p>To enable people to increase control over and improve their oral health</p> <p>To go beyond individual behaviour and address socioeconomic and environmental factors</p>	<p>To provide preventive initiatives focused on addressing oral health inequities among disadvantaged Albertans</p>	<p>To provide dental treatment services focused on oral health inequities among geographically isolated and disadvantaged Albertans</p>	<p>To collect and analyze information to improve the oral health of individuals, communities and populations</p>

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- Fluoride varnish applications for school age children in kindergarten, grades 1 and 2 – 16% of this group of the population received at least one application
- Dental sealant applications for school age children in grades 1 and 2 – 11,982 children received at least one dental sealant
- Training to support daily oral hygiene for residents of Continuing Care Facilities – 118 Facilities engaged in this service

DOMAIN 3: TREATMENT SERVICES

POHO oversees the provision of dental treatment through two models:

A. AHS Public Health Dental Clinics: The two Public Health Dental Clinics (PHDCs) located in Calgary provide basic comprehensive oral health services for vulnerable Albertans regardless of where they reside in the province. Sixty four percent of referrals to the PHDCs come from homeless shelters, other community services or self-referrals; 27% from refugee populations; and 9% from acute care. The number of emergency patients seen in the PHDCs continues to increase, with two major reasons contributing to this increase in 2015-16: the influx of Syrian refugees (156% increase over 2014-15); and the partnership with emergency departments and Home Parenteral Therapy Program (HPTP).

B. Dental Outreach Program: The Dental Outreach Program (DOP) is an agreement between Alberta Health Services and the Faculty of Dentistry, University of Alberta,

to provide dental services to underserved areas of the province. Undergraduate dental and dental hygiene students deliver supervised dental services 30 weeks per year in the northern Alberta communities: McLennan, High Level and La Crete. The 30 weeks of service per year is comparable to a full time general practitioner offering dental treatment in these communities. This program was put in place to ensure that dental services are available in remote and underserved areas of Alberta where access to dental services are very limited or not available due the lack of local dental professionals. This model of services delivery has been proved to be cost-effective bringing enormous benefit to these communities.

DOMAIN 4: RESEARCH & SURVEILLANCE

POHO, in collaboration with partners both internal and external to AHS, conducts research and surveillance projects to understand Albertans oral health issues better. POHO focuses on translating the knowledge gained through research into actions to improve oral health and address inequity. Oral health research also informs political, social, and economic sectors of the oral health status of Albertans. Surveillance activities identify populations at increased risk for dental disease and direct delivery of services to those in need. From 2014-2016, the major topics for research and surveillance included:

- Oral health practice quality improvement
- Community Water Fluoridation
- Emergency department visits for dental problems
- Access to oral health care in Alberta 🍁

Call for Nominations

CAPHD Life and Honorary Members

CAPHD Recognition Awards (Public Service Award, Merit Award)

Accepting nominations until August 22, 2018.

See the CAPHD Listserv for details.

Recognizing Dental Public Health Success

2017 Recipients of the CAPHD Recognition Awards

Public Service Award

The CAPHD Public Service Awards recognizes dental public health professionals who through their actions (i.e., research, advocacy, and clinical practice) has shown a substantial commitment and contribution to public health dentistry in Canada.

Dr. Robert Schroth (DMD MSc PhD) is an Associate Professor in the Department of Preventive Dental Science (College of Dentistry) and the Departments of Pediatrics & Child Health and Community Health Sciences (Max Rady College of Medicine) at the University of Manitoba. He is also a research scientist at the Children's Hospital Research Institute of Manitoba. Dr. Schroth is a dental clinician-scientist, practicing out of two inner city community-based dental clinics in Winnipeg. His research focuses on early childhood oral health and the epidemiology of Early Childhood Caries (ECC) in at-risk populations particularly among Indigenous children. Some of his work has examined the role of prenatal factors, including vitamin D levels, on the oral health of infants and preschool children. His research has also documented associations between ECC and poor nutritional status. He also co-facilitates an early childhood oral health promotion and ECC prevention project in Manitoba, Healthy Smile Happy Child, which uses community development principles to promote oral health, and includes program evaluation and research. He

currently leads two CIHR funded studies – one evaluating the Children's Oral Health Initiative and the other which is “scaling up the Healthy Smile Happy Child initiative: tailoring and enhancing a community development approach to improve early childhood oral health for First Nations and Metis children.



Merit award

The CAPHD Merit Award recognizes the efforts of groups and individuals, who are not oral health professionals, in improving the oral health of all Canadians. These efforts can include, but are not limited to, administrative work, inter-professional education and health promotion.

First Nation Health Authority

First Nation Health Authority (FNHA) is the first province-wide health authority of its kind in Canada, and in 2013 assumed the programs, services, and responsibilities formerly handled by Health Canada's First Nations Inuit Health Branch – Pacific Region. FNHA vision is to transform the health and well-being of BC's First Nations and Aboriginal people by dramatically changing healthcare for the better, including oral health to children via its COHI - Children's oral health initiative. FNHA works under the “Engagement and Approvals Pathway”, a process by which the First Nations Health Council and FNHA gather input, provide guidance and builds consensus on key decisions. The FNHA is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in BC. Guided by the vision of embedding cultural safety and humility into health service delivery, the FNHA works to reform the way health care is delivered to BC First Nations through direct services, provincial partnership collaboration, and health systems innovation. FNHA is also engaged with the teaching of cultural competencies within the dental and dental hygiene curricula at UBC. Equally important, FNHA employs the dental therapists working in BC. Its services are largely focused on health promotion and disease prevention and include primary health care; children, youth and maternal health; mental health and wellness; communicable disease control, environmental health and research, FNHB, eHealth and Telehealth; health infrastructure and human resources. >



2017 Recipient of the CAPHD Life Membership Award

Dr. Dick Ito

Dr. Ito earned his Doctor of Dental Surgery and Masters in Science - Dental Public Health from the University of Toronto in 1981 and 2007, respectively. His interest in dental public health started with and is maintained by observations of the disparity in health between the rich and the poor, and the privileged and the marginalized.

Dr. Ito worked for the City of Toronto Dental and Oral Health Services from 1990 to 2003. As a Specialist in Public Health Dentistry, he recently retired as the dental consultant for the Simcoe Muskoka District Health Unit, and the Thunder Bay District Health Unit. He is also the Chief Examiner in Dental Public Health for the Royal College of Dentists of Canada, on the Executive of the Ontario Association of Public Health Dentistry (OAPHD) and an Assistant Professor in the discipline of Dental Public Health at the Faculty of Dentistry, University of Toronto.

Dr. Ito is an avid promoter and researcher of community water fluoridation. He is known provincially, nationally and internationally for his expertise on this topic. His achievements have not been without their challenges. Over the years, different groups have opposed the continuation and/or expansion of community water fluoridation. Educating the public about the impact of oral health on overall health and well-being, and working with community groups to improve the burden of dental disease has been a long journey.

2017 Recipients of the Dr. James Leake Student Bursaries

Elizabeth Chisholm for: Gender differences in dental visiting behaviors in an Ontario population: The role of economic, human and social change

Elizabeth received a Bachelor of Medical Sciences (Honours) degree in 2016 and is now in her second year at the University of Toronto, Faculty of Dentistry. During the summer after her first year, she worked under the supervision of Dr. Carlos Quiñonez and Julie Farmer. Her



Top:
Ms. Chisholm receiving the CAPHD Dr. Leake Student Bursary

Bottom:
Ms. Kaura receiving the CAPHD Dr. Leake Student Bursary

research involves the investigation of capital influences on differences in oral health behaviours in men and women. Elizabeth was awarded the Isaak Orfanidis Achievement Award, the Dr. Myers L. Stitt Scholarship, and the Zindart Award in Community Dentistry in recognition of her academic achievement in her first year of dental school.

Ms. Kamini Kaura for: Contributions of structure and agency to the oral systemic link in an Ontario population: A cross sectional analysis.

Kamini Kaura, BSc, DipDH, is a Registered Dental Hygienist and a Masters student at the University of Toronto pursuing a thesis-based program in Dental Public Health. With a passion for preventative dental care and adult chronic disease management, Kamini is working towards a Master's thesis that explores chronic diseases complications among diabetics reporting poor oral health status. With her research, she hopes to shed light on the need to invest in the oral systemic link and disease management among Ontario residents while addressing the social determinants of overall health. 🍁

2017 CAPHD Annual Scientific Conference The Common Risk Factors Approach

The 2017 CAPHD Annual Scientific Conference - The Common Risk Factors Approach: The Role of Policy, Programs and Research was held in conjunction with the Ontario Association of Public Health Dentistry and University of Toronto, Faculty of Dentistry in Toronto. As always, this conference welcomed hundreds of dental professionals from across the country and provided an excellent opportunity for networking!

Dr. Marko Vujicic gave a presentation on how fiscal policy affects access to dental care and Dr. Dennis Raphael presented on the Social Determinants of Oral Health as keynote speakers of the Murray Hunt and James Leake Lecturers. Various sessions

were offered, such as innovations in silver diamine fluoride, and update from the Alliance for a Cavity Free Future (ACFF), an update from the Office of the Chief Dental Officer. The latest dental public health research was presented through a vast assortment of oral and poster presentations. The lunch and learn poster presentations gave an interactive forum for delegates to ask researchers questions. Our hope is that the latest research will inform their dental public health practice.

The 2018 Conference - Universalism and Oral Health Care: Local Solutions to a Global Problem will be held September 21 & 22 in beautiful Vancouver. We hope you'll join us for another great event! 🍁



TOP: Dr. Sonica Singhal, CAPHD Director; Dr. Mario Brondani, CAPHD President Elect; Ms. Andrea Richard, CAPHD Administrator; Dr. Rafael Figueiredo, CAPHD President. **MIDDLE:** Dr. Eileen de Villa, Toronto Public Health; Mr. Paul Sharma, OAPHD; Ms. Gerry Cool, CDHA; Ms. Charlene Cratt, Speech Language Pathologist; Dr. Larry Levin CDA; Dr. Leeann Donnelly, University of British Columbia. **BOTTOM:** 2018 CAPHD Scientific Session Speakers