



# Mosaic

Canadian Association of Public Health Dentistry

SPRING 2011

## What do Undergraduate Dental Students Learn about Dental Public Health? *Doug Brothwell*

The dental health workforce in Canada is comprised of individuals from a number of different professional and educational backgrounds. Combined, we are responsible for ensuring that a full-spectrum of dental health interventions (see Figure #1) are available to meet the needs of Canadians. Clearly, dental public health plays an important role in filling some of the gaps left by Canada's extensive system of private dental clinics. Despite the fact that all dental professionals work as part of the spectrum of dental health interventions, many in public health experience challenges when working with our private practice colleagues. Perhaps some of this experience is related to educational preparation.

While a small proportion of the Canadian dental health workforce has advanced training and experience in the principles and methods of public health, arguably the public health knowledge of most is limited to what was taught in undergraduate programs. This article summarizes the dental public health training and experience given to undergraduate dental

students at the University of Manitoba. It is my hope that the article will entice others to contribute future articles summarizing the undergraduate training in other programs and/or provide dialogue on this article by posting comments on the CAPHD listserv.

### **Competencies for a Beginning Dental Practitioner in Canada**

Undergraduate dental education in Canada is substantially guided by the 47 'Competency Statements' published by the Association of Canadian Faculties of Dentistry.<sup>1</sup> In this context Competency assumes that all behaviors are supported by foundation knowledge and skills in biomedical, behavioral and clinical dental science, and by professional behavior. While all 47 competencies apply to a dentist providing clinical care in a community clinic, there are several competencies that, in Manitoba, are seen as being primarily in the domain of dental public health classes. These competencies include the following:

*President's Message con't on page 2*

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## **Introducing the new CAPHD newsletter...Mosaic**

*Mary Bertone Communications Chair*

Welcome to the first edition of the Canadian Association of Public Health Dentistry (CAPHD) Newsletter! The goal of this publication is to provide twice yearly useful and current information to our members about what's happening across Canada. We welcome any news that you would like to share. Items of interest can be submitted to [admin@caphd.ca](mailto:admin@caphd.ca) for inclusion in future issues.

1. recognize the determinants of oral health in individuals and populations and the role of dentists in health promotion, including the disadvantaged.
  3. evaluate the scientific literature and justify management recommendations based on the level of evidence available.
  23. obtain informed consent including the patient's written acceptance of the treatment plan and any modifications. *(NOTE: in dental public health class we teach appropriate consent methods for vulnerable patients unable to give their own consent)*
  25. provide education regarding the risks and prevention of oral disease and injury to encourage the adoption of healthy behaviors. *(NOTE: in dental public health class we teach appropriate methods for use at a population level)*
  26. provide therapies for the prevention of oral disease and injury. *(NOTE: in dental public health class we teach appropriate methods for use at a population level)*
  47. demonstrate professional behavior that is ethical, supersedes self-interest, strives for excellence, is committed to continued professional development and is accountable to individual patients, society and the profession.
2. Third Year Dentistry – 31 hours total contact time  
Topics:
    - a. Health promotion and disease prevention in populations (11-hours; 1,25,26)
    - b. Evidence-based practice (10-hours; 3)
    - c. Care for the underserved (2-hours; 47)
    - d. Geriatric dentistry (8-hours;1,23,25,26, 47)
  3. Fourth Year Dentistry – 177 hours total contact time  
5 weeks of clinical experience in community dental clinics
    - a. 2-weeks inner-city pediatric clinic – (70-hours; all competencies)
    - b. 2-weeks inner-city family clinic – (70-hours; all competencies)
    - c. 1-week geriatric clinics – (35 hours; all competencies)
    - d. Cultural competency orientation (2-hours; 47)

Guided by the ACFD's Competencies for a Beginning Dental Practitioner in Canada, the University of Manitoba has integrated dental public health education into the curriculum for undergraduate dental students. Having successfully completed these experiences, we are confident that our graduates are competent practitioners who are ready to enter either the private practice or public health sectors of the dental health workforce. While the University has not formally incorporated PHAC's *Discipline Competencies for Dental Public Health in Canada*,<sup>2</sup> we anticipate that our graduates will have achieved the Level B – Foundation Competencies, or the Level C – Advanced Competencies in all 8 categories.

### Dental Public Health in the Manitoba Curriculum

Undergraduate students in Manitoba are treated to the following 229 hours educational experience in dental public health:

1. Second Year Dentistry – 21 hours total contact time  
Topics:
  - a. Canadian medical and dental healthcare systems (5-hours; Competency 47)
  - b. Social determinants of health (6-hours; 1)
  - c. Health measurement and dental epidemiology (10-hours; 1,3)

### References:

1. Association of Canadian Faculties of Dentistry. COMPETENCIES FOR A BEGINNING DENTAL PRACTITIONER IN CANADA, website <http://www.acfd.ca/en/publications/ACFD-Competencies.htm>. Accessed February 6, 2011.
2. Discipline Competencies for Dental Public Health in Canada. Release 4.0 – March 2008 Version, website <http://www.phac-aspc.gc.ca/ccph-cesp/links-liens-eng.php#PHDP> Accessed February 8, 2011.

**Figure 1: Spectrum of Dental Health Interventions**

Healthy Public Policy	Group Health Education	Early Detection (Screening)	Ambulatory Diagnostic/Therapeutic	Acute Inpatient Services	Longterm Inpatient Services	Support Services (Homecare)
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# Member Profile

**Kimberley Laing**, DipDH,  
BDS(c)(DH), PID, RCR, RDH, MPH student

## Member-At-Large, CAPHD Executive

I have completed 2 years of a Master of Science, Population and Public Health degree through Simon Fraser University. This program takes a broad view of health, working collaboratively across disciplines and sectors to employ a mix of disease prevention and health promotion research, programs and policies that address the multiple socio-cultural, behavioural, environmental, economic, and political determinants of health. My interdisciplinary studies provide a fresh perspective and an ability to leverage networks and partnerships to support expanded opportunities to integrate oral health within population and public health. My educational foundation was gained through completing my Diploma of Dental Hygiene at Vancouver Community College, BDS(c) in Dental Hygiene at University of British Columbia, and coursework for Residential Care licensure. To support my work in education and community-based projects, I completed the Provincial Instructor's Diploma Program. I have practiced for 14 years in both general and periodontal practice and mentored a dental hygiene study club for 9 years. My current roles are as a clinical and community health educator (Vancouver Community College, University of British Columbia), community outreach research coordinator (BC Cancer Agency, Provincial Health Services Authority), and policy advocate (CAPHD, PHABC, BCDHA professional associations). My voice on the CAPHD Executive is focused on reducing inequities in oral health with the interests of underserved populations at the forefront.



## ONTARIO

### Healthy Smiles Ontario

Good oral health is important to kids' overall health. Yet, for some, regular dental care may not be affordable. Healthy Smiles Ontario is a new program for kids 17 and under who do not have access to any form of dental coverage. If eligible, your kids will get regular dental services at no cost to you.

The [36 local public health units](#) across Ontario are leading the program in communities and are working with local partners such as Community Health Centres, primary care providers, dentists, dental hygienists, hospitals, schools and universities to deliver this program.

The initiative is part of Ontario's Poverty Reduction Strategy to support the development of healthier communities.

Excerpted from: <http://www.health.gov.on.ca/en/public/programs/dental/>

## Membership Renewal

Gear up for 2011 and support the only national association solely dedicated to dental public health (DPH) in Canada. DPH specialists, dental professionals, health professionals, organizations, and students are invited to renew or join as members.

Visit the new website at [www.caphd.ca](http://www.caphd.ca) to renew online or download the mail-in application form.

Renew before March 31, 2011 and enter to win a free membership for the following year.

### Membership Fees:

\$75 full	\$20 student
\$20 retired	\$150 corporate

For the website update:

Visit the new CAPHD website at [www.caphd.ca](http://www.caphd.ca)

The site is a work in progress and will be completed by the end of March, 2011

# Business a new way: Carver Policy Governance™

## How does CAPHD conduct its business NOW?

The Canadian Association of Public Health Dentistry (CAPHD) currently **governs** through an Executive Council. The governance of the Association is through the Constitution and Bylaws and by a Strategic Plan, both of which are undergoing a refreshing.

The **operational work** of CAPHD is currently carried out through volunteer efforts of the Executive Council and Committees. The Executive Council is kept busy with day-to-day operations of member services such as the listserv, website, newsletter, membership processing, annual conference planning, advocacy & policy work, and daily correspondence.

## But CAPHD can do more....

Members join CAPHD with dreams and a vision underpinned by distinct values and a desire to make a difference. But this vision of what CAPHD could accomplish as the collective voice of dental public health in Canada is not easily captured and translated into strategic action. Although the Executive Council should govern with its collective hand on the pulse of dental public health issues and by setting strategic outcomes (goals) and monitoring intended results, this often is superseded by operational work to support member services.

## How does CAPHD propose to conduct its business in FUTURE?

The CAPHD Executive Council proposes to adopt the **Carver Policy Governance™** model to strengthen its strategic governance, and to make it distinct from the operational. Through Rogers Leadership Consulting, the Executive Council is exploring the benefits of this model, which is the premier approach internationally for governance of non-profit boards.

## What is the Carver Policy Governance™ model?

The Carver Policy Governance™ model intends to bring organizations and their Board of Directors to a higher level of performance, so that they can make a difference. The model empowers boards to provide leadership, establish meaningful organizational direction, clarify roles and responsibilities, plan productive meetings, and establish officers and committees that function well through job descriptions, terms of reference, and monitoring performance.

Under the Carver model, the role of the Board of Directors is to set policy, create opportunities to link with members and other stakeholders, and envision what dental public health in Canada should look like in future. The Board develops and annually revises the Constitution and Bylaws, with member input through voting at the Annual General Meeting. As well, the Board develops and regularly revises four categories of governance policies, which are organized into “Ends” and “Means”:

1. **Ends Policies** (strategic vision, and goals / outcomes of the Association, ENDS);
2. **Governance Process Policies** (how board of directors accomplishes it’s governance work);
3. **Board-Executive Delegation Policies** (interface between board governance & executive operations);
4. **Executive Limitations Policies** (boundaries limiting methods used by executive operations, MEANS).

## What are CAPHD’s challenges with implementation of Carver Policy Governance™?

The current CAPHD Executive Council spreads their commitment across both governance and operational work, with boundaries that are not well defined. As well, many CAPHD members volunteer on Committees to accomplish

operational work, but without a clear mechanism for ongoing communication with the current Executive Council. Nor is monitoring and evaluation of governance or operational work clear or well documented. Reorganization and a new way of doing business are needed in order to move CAPHD forward on many fronts.

Implementation of **Carver Policy Governance™** would clarify the boundaries between governance and operations, to ensure that operational work does not wholly consume the time invested but is nonetheless effective and efficient. Ultimately this would enable us to focus on achieving our vision (Global End) and strategic goals or outcomes (Ends) for the Association.

For CAPHD, a future transition to 8 elected board members comprising a Board of Directors could increase governance capacity, as well as diversity of perspective, geography, and practice.

As well, in the future, a paid Executive Director or staff could take CAPHD operational capacity to the next level. We expect that with targeted Ends focused on our annual membership drive and working to provide value-added member services, we could feasibly expand our financial resources to support such an addition in time.

***Your input is needed as we debate and consider the benefits of these proposed changes to the way CAPHD does its business.***

Send us an email with your comments:  
[admin@caphd.ca](mailto:admin@caphd.ca)

### **What has CAPHD done so far to implement Carver Policy Governance™?**

Dec 2009: A draft revision of the Constitution and Bylaws was created.

Feb 2010: CAPHD Executive Council hired Rogers Leadership Consulting to explore the **Carver Policy Governance™** model and its application.

June 2010: An education seminar on Carver Policy Governance™ was presented by Susan

Rogers to the membership at our Annual Conference in Toronto.

June 2010: A strategic planning “Creating the Future” workshop, facilitated by Susan Rogers, engaged members in the draft development of Ends Policies (strategic goals or outcomes) for the Association. This used a methodology of appreciative inquiry to develop many qualitative themes that could be captured in the Ends.

Fall 2010: A second draft of the Constitution and Bylaws was created through the consultation of Susan Rogers to ensure it meets the legislative requirements for national non-profit status, and is consistent with Carver Policy Governance™. This draft will be circulated to the membership and voted on at the 2011 Annual General Meeting.

What are next steps for CAPHD to implement Carver Policy Governance™?

Next steps 2011: Create a **Global End Statement** (vision), and refine and finalize the **Ends Policies** (strategic goals or outcomes) with member input.

Next steps 2011 - 2013: Consider expansion of governance capacity through election of 8 Board members to serve on a Board of Directors. This would mean adding 3 elected members to the existing 5 Executive Council members.

Next steps 2011 – 2013: Develop the other 3 policy categories (**Governance Process Policies; Board-Executive Delegation Policies; Executive Limitations Policies**) to create a Board Manual for reference by a future Board of Directors (to support governance) and by Executive Operations staff or volunteers (to support operational work). This will also help clarify the operational work of our Standing and Ad Hoc Committees.

Next steps (undetermined): Consider expansion of operational capacity through hiring a paid Executive Director or operational staff with education and expertise in dental public health.

We make a living  
by what we get,  
but we make a  
life by what we  
give.

~Winston Churchill

# Call for Volunteers!

## NEW: Ad Hoc Committee on Policy & Advocacy

### Terms of Reference:

The Ad Hoc Committee on Policy Advocacy is a committee of the Executive Council. It is responsible for oversight of the Association's official policy advocacy, which often relies on using media advocacy to achieve its ends.

### Role of the Committee:

1. To build recognition of the Association as the national voice for dental public health by working to ensure that the Association's policy advocacy is accurate, timely, and useful to the membership and Canadian public.
2. To support the Association and Executive vision to advance the art and science of Dental Public Health, and by its application, maintain and improve the oral health of the public.

### Appointment of Committee Members

The Executive Council shall appoint 1 or 2 Officer(s) to the Committee. As well, volunteers from the general membership will be appointed, with 3 or 4 individuals who represent diverse areas of practice, residence and perspective. The term of appointment is one year, and lapses at the Annual General Meeting, unless reauthorized by the vote of the General Assembly.

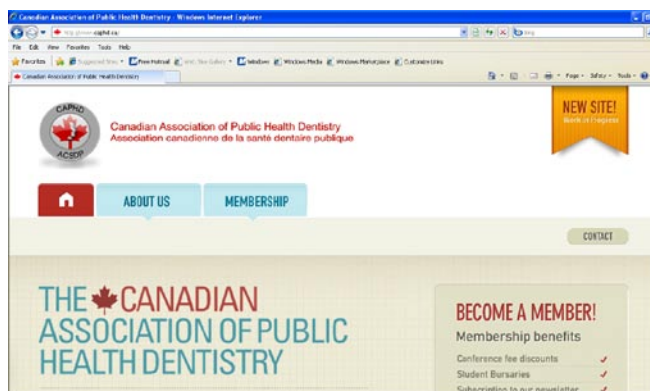
Want to volunteer on this new Committee? Offer your voice...

For a full description of the Terms of Reference, refer to the website link: [www.caphd.ca](http://www.caphd.ca)

And, **contact the Secretary-Treasurer** at [admin@caphd.ca](mailto:admin@caphd.ca) with the following:

1. Name and contact information
2. Short paragraph describing:
  - a. Your specific interest in policy advocacy;
  - b. Practice setting;
  - c. Residence location;

visit the new website...  
[www.caphd.ca](http://www.caphd.ca)



## Canadian Best Practices Portal

### – Oral Health Section *Barry Maze*

Work is progressing on the development of the Oral Health Section of the [Canadian Best Practices Portal](#) (CBPP). It is expected that the section will be online in the late spring.

The CBPP will be a resource for health planners, by providing examples Canadian interventions in oral health promotion and disease prevention that have shown to be effective in improving oral health outcomes or access to care. If you are wishing to implement a community program you will be able to find what is being done elsewhere and adapt or replicate it for your own region.

There will be a limited number of interventions listed on the portal initially, but it is hoped that other program managers and directors will share their programs as well – the more programs that are on the portal, the more valuable this resource will be! In particular programs are needed for Infants and Early Childhood (pre-natal oral health promotion, prevention early childhood caries), Oral Health Promotion (smoking cessation, accident prevention, nutrition), Programs for Vulnerable Populations (low-income clinics, programs for immigrants, Aboriginal, seniors), and Prevention programs for Children and Adolescents (school-based programs, fluoride varnish).

If you are managing an effective oral health promotion or disease prevention program please share it on the portal. You can contact Dr. Barry Maze at [barry.maze@dbmhc.ca](mailto:barry.maze@dbmhc.ca) or (902) 314-6084 for more information or to submit an intervention.

## 2011 CAPHD Conference Update



The CAPHD Conference scheduled for June 16-18th, 2011 has been postponed until the fall of 2011. Details are forthcoming and will be posted on the CAPHD website as soon as they are available.

#### ATTENTION STUDENTS:

The Dr. James Leake Student Bursary for the CAPHD Conference is given to 2 students each year. Details are on the CAPHD website.

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## Canadian Association of Public Health Dentistry's Response to the Canadian Health Measures Survey- Oral Health Report 2007-2009

The CAPHD would like to learn what health professionals and Canadians have to say about access to oral health care and oral health disparities and what CAPHD should do to address these two issues. CAPHD will use personal stories paired with the CHMS oral health data to help guide the direction of advocacy and policy work that CAPHD does.

Send your feedback to [admin@caphd.ca](mailto:admin@caphd.ca). Your stories and comments will be included in an online document, which can currently be found on the CAPHD homepage.

# CAREER Opportunities



## Translational and Health Services Research

### Faculty of Dentistry

*McGill University is committed to equity in employment and diversity. It welcomes applications from indigenous peoples, visible minorities, ethnic minorities, persons with disabilities, women, persons*

*of minority sexual orientations and gender identities and others who may contribute to further diversification. All qualified candidates are encouraged to apply; however, in accordance with Canadian immigration requirements, Canadians and permanent residents will be given priority.*

McGill University is one of the world's top-ranking universities. It has outstanding research and a very strong commitment to excellent teaching and learning and service to the community. The Faculty of Dentistry, the strongest research dental faculty in Canada, envisions a healthy and equitable society. It is committed to the promotion of oral health and quality of life in the whole population, with emphasis on the needs of under-served communities and individuals.

The Faculty of Dentistry invites applications for a tenure-track position in the domains of Translational and/or Health Services Research. Requirements for a tenure-track position include a PhD or equivalent degree and the ability to conduct independent research in a relevant field, in addition to teaching at the undergraduate and graduate student level. We encourage people with a research background in social sciences, health services, practice-based research or technology assessment and an interest in underprivileged populations to apply. Health professional and/or social science work experience will be an asset. Responsibilities will include research, teaching and administrative work to support these activities. A working knowledge of French will be advantageous. Rank and salary will be commensurate with experience.

Applications, including a curriculum vitae, a statement of research and teaching interests and the names, postal and e-mail addresses of three referees, should be sent to the address below. The selection process will commence on April 4, 2011.

Dr. Jocelyne Feine, Chair, Search Committee  
Office of the Dean  
Faculty of Dentistry  
McGill University  
3640 University Street, Room M/30  
Montreal, Quebec, Canada H3A 2B2  
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# Oral Health & the Aboriginal Child Knowledge Transfer Website

A knowledge transfer website dedicated to improving the oral health of Aboriginal children was launched in August 2009. The website provides Aboriginal communities, health service providers, dental health professionals and the general public with free access to culturally appropriate and effective oral health resources and teaching tools. Since it was launched, nearly 5200 visitors from 97 countries have accessed this website.

The site includes a comprehensive online catalogue of health promotion resources, information, protocols, reports and “lessons learned” from previous research and oral health promotion projects that focus on the oral health of indigenous children. The material is not exclusive to Canada, as it showcases resources and research from the United States, Australia and New Zealand.

Those involved in developing the website hope that organizing and sharing this type of information and resources will contribute to improved oral health for indigenous children around the world and encourage communities to develop effective, culturally appropriate and sustainable oral health promotion programs. The need for such a website was a recommendation from the former

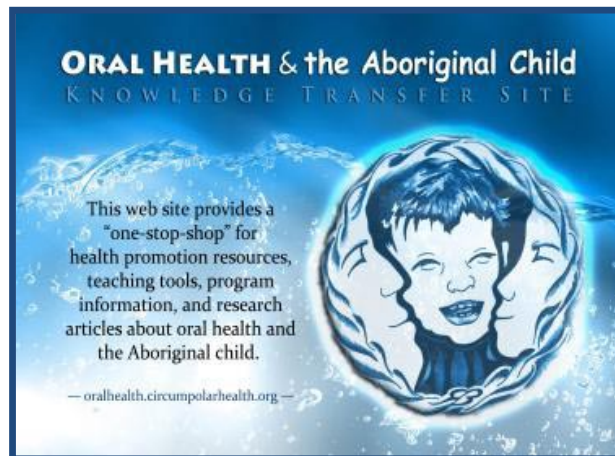
Oral Health and the Aboriginal Child forum held in Winnipeg, Manitoba in June 2007.

The website was developed in consultation with the Aboriginal health librarian at the University of Manitoba who gave advice on the selection of important reports, articles, resources and links. The success of this site supports the value of timely implementation of recommendations, especially those of community members. Many people were involved in developing this website.

A particular thank you to Eleonore Kliewer of the Manitoba Institute of Child Health and the University of Manitoba for identifying and compiling the wealth of resources and research articles found on the website. The Institute for Circumpolar Health Research was also a key

partner in hosting this website, with particular thanks to Rajiv Rawat.

The website is updated on a regular basis so those willing to share resources relating to the oral health of Aboriginal children are encouraged to submit potential material to Ms. Kliewer at [ekliewer@mich.ca](mailto:ekliewer@mich.ca) or you can call her at 1-204-480-1351.



If you haven't already visited the website, feel free to log onto [www.oralhealth.circumpolarhealth.org](http://www.oralhealth.circumpolarhealth.org)