

FOCUS

for Ontario Dental Hygienists

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Ontario Dental Hygienists' Association

2025-2026 membership



PRESIDENT'S MESSAGE

Heather Kleinberg, RDH
ODHA President

Dear ODHA members,

I would like to begin by expressing my heartfelt gratitude for your confidence and trust in me as your new president. As I take on this role for the 2025–2026 term, I assure you I take this responsibility very seriously. It is an honour to follow in the footsteps of the many leaders who have held this position.

Looking back on the past year, I want to extend my sincere thanks to the ODHA Board and staff for their dedication. Together, we've made great progress toward advancing dental hygienists as primary care providers in the interests of the profession and the public in Ontario.

I'm pleased to welcome our newest board member, Carmen Le Comte (Region D), and to congratulate Amy Currie as our President Elect. Special thanks go to our past president, Rozy Bhimji, whose remarkable leadership has helped shape ODHA's success during her tenure on the board since 2017 and

presidency over the last two years.

My journey to becoming a dental hygienist wasn't direct. I first became a dental assistant and spent 15 years learning the inner workings of a dental office and the importance of teamwork. Life's responsibilities delayed my return to school, but I never gave up on my dream of being a dental hygienist. Once financially possible, I returned to school with determination to help people achieve lifelong oral health.

Since graduating in 2006, I've worked full-time as a dental hygienist. While I've loved supporting clients, I've also witnessed systemic challenges across the profession that persist.

These concerns often come up in conversations among dental hygienists and reflect broader issues affecting our work environments and professional growth. I want to be part of the solution.

Having been an active ODHA member since my educational period, I've recognized the Association's role in

supporting and advocating for dental hygienists in Ontario. In 2022, I joined the ODHA Board as a regional director to contribute more directly.

Serving on the board has been enlightening. I've seen firsthand the impact of our collective efforts to elevate the profession, empower members, and enhance the support systems we rely on.

ODHA delivers professional development, salary and work environment surveys, public awareness campaigns, townhalls, client information fact sheets, and community outreach. Recent examples include our participation in Baycrest Bike for Brain Health and the Special Olympics' Special Smiles program - important initiatives that promote oral health in meaningful ways.

In anticipation of an exciting year ahead, I am actively engaged with key partners, such as the Dental Hygiene Practitioners of Ontario (DHPO), the College of Dental Hygienists of Ontario (CDHO), the Canadian Dental Hygienists Association (CDHA), the Ontario Dental Association (ODA), and the Ontario Association of Public Health Dentistry (OAPHD), in an effort to strengthen dental hygiene and dentistry for the greater good.

This includes promoting the value of regulated dental hygienists, supporting

comprehensive oral care in long-term care homes, and addressing misconceptions about the workforce through research and data.

At the heart of all of this is you - our members. I encourage each of you to get involved and make your voice heard. Together, we make ODHA stronger!

As ODHA President this year, I aim to enhance our image and raise awareness among the public and potential members about the benefits of joining our Association. I intend to lead with passion and purpose, not only upholding the reputation of our profession but also ensuring our value is recognized by our government, our employers, and most importantly, our clients and to continuously work toward our vision of oral health for all Ontarians.

The dental hygienists of Ontario should know:

We hear you.

We see you.

And we support you.

After all, we are you!

Thank you!





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Research corner

HYPERTENSION AND ORAL HEALTH



Kim Ivan, RDH, BIS (Hon) is an award-winning dental hygienist with over 40 years of dental hygiene and leadership experience. She is a long-time member and volunteer of ODHA serving in various capacities including former president. Kim is ODHA's Policy Advisor and Chair of the Research Advisory Board.

Disclaimer: Research corner is not intended to provide clinical advice nor should it be used as a replacement for professional dental or medical advice. Dental hygienists are encouraged to consult with College of Dental Hygienists of Ontario (CDHO) practice advisors and refer to CDHO guidelines. Dental hygienists are responsible for the decisions they make and for the consequences associated with those decisions.

Periodontitis associated with hypertension



Hypertension is a major risk factor for heart failure, [atrial fibrillation](#), [chronic kidney disease](#), [heart valve diseases](#), [dementia](#), [coronary heart disease](#), and stroke. More than 30% of the general population has hypertension, with a considerable number of people unaware they have the condition as elevated blood pressure is usually asymptomatic. [Inflammation](#) is recognized as a key factor in causing vascular dysfunction and plays a role in hypertension development and progression.

Periodontitis is a chronic inflammatory disease characterized by a dysregulated host inflammatory response to dysbiotic oral biofilm that, if not effectively treated, can cause progressive destruction of the tooth-supporting tissues and eventual tooth loss. Approximately 750 million people globally present with moderate to severe symptoms of periodontitis. Recent evidence suggests a possible causal link between periodontitis and hypertension. However, limited data are available on the nature of the

association. Moreover, the prevention and treatment of periodontitis [reduce systemic markers of inflammation](#) and improve endothelium function.

[Muñoz Aguilera et al. \(2021\)](#)

investigated the relationship between periodontitis and blood pressure in a sample of otherwise systemically healthy individuals. The findings showed participants with periodontitis had higher mean systolic and diastolic blood pressure and higher odds of systolic blood pressure ≥ 140 mm Hg. Undetected hypertension was a common finding among the participants.

Why this research is important:

- Raises awareness of the association between periodontitis and hypertension, highlighting its significance in generally healthy people.
- Reinforces the importance of screening blood pressure at dental hygiene appointments and referring for medical follow-up as indicated.
- Emphasizes the importance of early diagnosis and management of periodontal disease, as maintaining good oral health may help reduce the risk of hypertension and its related complications.

Provide your clients with [ODHA fact sheets](#) to enhance their oral health:

- Periodontal (Gum) Disease
- Brushing, Flossing, Rinsing
- Smoking and Smokeless Tobacco
- Dry Mouth

Managing hypertension in oral health care



Hypertension is a serious chronic illness. Risk factors for hypertension include age, family history, [tobacco use](#), [elevated alcohol consumption](#), [high cholesterol](#), sodium-rich diet, and [sedentary lifestyle](#). Lifestyle modifications are vital to control hypertension.

The high prevalence of hypertension, along with its lack of initial clinical symptoms, can make managing clients with hypertension in oral health care settings challenging. For example, antihypertensive medications can cause oral side effects and negatively interact

with medications commonly used in oral health care. Dental treatment can induce [fear and anxiety](#), resulting in increased blood pressure, which can complicate the management of clients with pre-existing hypertension. Staying informed on hypertension is crucial for administering appropriate oral care.

[Valtellini and Ouanounou](#) provide guidance for managing hypertension in oral health care.

Why I like this article:

- Reviews the pharmacology of antihypertensive drugs and potential treatment implications.
- Examines oral adverse effects of antihypertensive drugs, such as xerostomia, oral lichenoid reaction, gingival hyperplasia, and dysgeusia, and their management.
- Discusses orthostatic hypertension and managing clients with dental anxiety.

Refer to the CDHO Knowledge Network for additional information on hypertension:

- [Factsheet: Hypertension in adults](#)
- [Factsheet: Hypertension in children & adolescents](#)
- [Advisory: Hypertension](#)

To layer your learning listen to [Conversations with Dr. Glogauer and Kim Ivan](#):

- Episode 135 on the types of hypertension, its risk factors, complications, and treatment, including medications and lifestyle modifications.
- Episode 136 on the impact of hypertension on oral health and oral health care.
- Episode 133 on dental fear and anxiety, including management strategies.
- Episode 101 on tobacco use and cessation.
- Episodes 79, 80, and 81 on cardiovascular diseases, including diagnosis, treatment and impact on oral health.

PROFESSIONAL DEVELOPMENT

At ODHA, we are committed to fostering continuous professional growth and offering high-quality online learning courses by industry professionals. Check [ODHA's online learning platform](#) for the recently added courses.

Temporomandibular Disorders (TMD)

This comprehensive course is designed to equip dental hygienists with the knowledge and skills necessary to understand, assess, and manage musculoskeletal orofacial pain in clinical practice. Musculoskeletal orofacial pain encompasses a range of conditions that can significantly impact a client's oral health, quality of life, and overall well-being. This course will explore the underlying causes, assessment techniques, and evidence-based management strategies for clients experiencing orofacial pain of a musculoskeletal origin.

Online Learning

Temporomandibular Disorders (TMD)

Presented by

- Dr. Sidney Lisser, HBSc, DC
- Dr. Brittany Kucharski, BA, DC
- Dr. Amelia Edmonds BSc, DC

Zero Cavity Future: Building a Smile Defense Plan for Kids

Presented by Dr. Mariana Leon, RDH, DDS. Sponsored by [Colgate](#).

Dental caries is the most common chronic disease among children. Despite being preventable, 1 in 5 children under the age of 5 in Canada have already experienced dental caries. This course explores how oral health professionals can use the three pillars of effective caries management to build a proactive smile defense plan for pediatric clients.

Participants will learn to understand the current pediatric caries rates in Canada, conduct quick and effective caries risk assessments, recommend and apply evidence-based treatments, and communicate treatment rationale to increase client acceptance.

Online Learning



**Zero Cavity Future:
Building a Smile Defense Plan for Kids**

Presented by Dr. Mariana Leon, RDH

Sponsored by 

Infection Prevention and Control (IPAC) Review

Presented by Linda McLarty.

Infection prevention and control (IPAC) is essential in oral health-care settings to protect both clients and staff. This course will help you stay informed on the latest best practices, compliance requirements, and resources to ensure safe and effective care.

With 32 years of experience as an IPAC educator and medical device reprocessing specialist, Linda McLarty provides an in-depth review of critical topics, including medical device processing, dental water quality and biofilm control, IPAC training and audits.

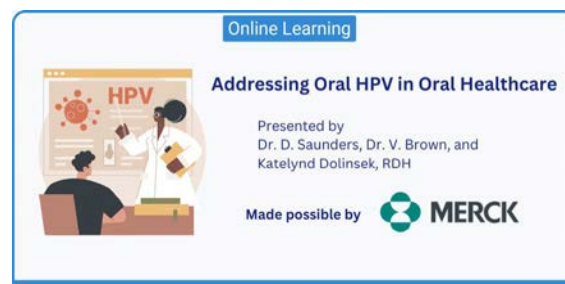


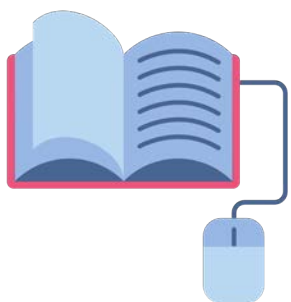
Addressing Oral HPV in Oral Healthcare

Presented by Dr. D. Saunders, Dr. V. Brown, and Katelynd Dolinsek, RDH.

Made possible by [Merck Canada Inc.](#)

This presentation offers a comprehensive overview of human papillomavirus (HPV), including its transmission and risk factors for oral HPV infection. It explores the link between HPV and HPV-associated cancers, particularly oropharyngeal cancer. The session also covers HPV vaccines, current data on vaccine effectiveness, and recommended usage guidelines. Oral health professionals will gain the knowledge and confidence to advocate for HPV vaccination, including understanding vaccine types, dose schedules, and effective communication strategies when discussing vaccination with clients.





More coming...

- **It's NOT All in Your Head: Oral Health and Mental Health**

Presented by Jo-Anne Jones, RDH, FIADFE.

Sponsored by [Philips](#).

This webinar will explore the association between oral health and mental health. The thought of how these are both connected may NOT be all in your head! Existing research illustrates the undeniable association between periodontitis and other systemic disease; however, more recently, this research has expanded into the potential interaction with mental illness.

Join Jo-Anne for a thought-provoking webinar and examination of the research which is beginning to provide answers as to how oral health and mental health may be connected.



- **Managing Medically Compromised Clients.**

Presented by Dr. Sanjukta Mahonta, BSc, DDS.

Sponsored by [LISTERINE® & Kenvue](#).

This dynamic presentation will make you capable and confident managing medically compromised clients. You will learn when to proceed with treatment, modify treatment, and postpone treatment for clients with common medical conditions such as hypertension, heart attack, stroke, diabetes, defibrillators, cancer, and clients taking medications such as bisphosphonates and blood thinners. You will also learn about the best evidence-based oral hygiene products which decrease oral and systemic disease. Have fun while learning a simple system to manage complex cases.



2025-2026 Membership FABULOUS PERKS

Early Bird Draws (July 23 – July 31)

Join or renew by phone only for a chance to win 1 of the following:

- 1 of 7 Sonicare ExpertClean toothbrushes (retail value: \$209.99). Donated by [Philips](#).
- 1 LM 8-Instrument Kit (retail value: \$672; includes 3 diagnostic instruments + winners can choose their own selection of 5 scalers). Donated by [Curion](#).
- 1 of 7 \$100 Visa Gift Cards.



Weekly Draws (August 1 – October 31)

For a chance to win 1 of 24 Sonicare ExpertClean toothbrushes (retail value: \$209.99). Donated by [Philips](#).



Monthly Draws (August, September & October)

For a chance to win 1 of the following:

- Orascoptic gift card up to \$1,000. Donated by [Orascoptic](#).
- LM 5-Instrument Kit (retail value: \$495; includes 2 diagnostic instruments + winners can choose their own selection of 3 scalers). Donated by [Curion](#).



Free Membership Draws (August 1 – October 31)

For a chance to win 1 of 10 FREE [ODHA](#) 2025-2026 memberships (value: up to \$259). Donated by [Relief Buddy](#).



Free New Professional Development Online Courses

It's NOT All in Your Head: Oral Health and Mental Health
Presented by Jo-Anne Jones, RDH, FIADFE.
Sponsored by [Philips](#).



More coming!





Inflammatory bowel disease and oral health

Ker-Yung Hong
BSc (Kinesiology), DDS (Candidate)

Ker-Yung Hong is an incoming third-year dental student at Schulich School of Medicine and Dentistry, Western University. He completed his Bachelor of Science (Kinesiology) at McMaster University in 2021. He has recently been engaged in research looking at how oral health relates to overall health as well as the implementation of a periodontal disease-detecting mouth rinse (PerioMonitor™) in marginalized groups.

Inflammatory bowel disease (IBD) primarily affects the gastrointestinal tract; however, manifestations of the disease extend beyond the intestines and involve multiple areas of the body. These areas include the joints, skin, perianal region, stomach, and oral cavity.^{1,2} Studies have reported oral manifestations are seen in 5-50% of IBD cases.²⁻⁵ These can include lesions from the disease itself or side effects from medications.^{6,7} Understanding the connection between oral health and IBD can help us detect early signs of IBD and implement changes in oral hygiene regimens and oral health treatments to adapt to problematic changes in the mouth.

What is IBD?

IBD is a group of immune-mediated diseases that affect different parts of the gastrointestinal (GI) tract and involve an inflammatory response.⁸⁻¹⁰ The etiology is multifactorial, involving genetic predisposition, immune dysfunction, gut microbiome dysbiosis, and



environmental triggers as factors that may elicit or sustain the inflammation associated with IBD.^{8,9,11,12} The two most notable diseases under IBD are Crohn's disease and ulcerative colitis (UC). Crohn's disease can affect any part of the GI tract, from mouth to anus, with lesions that are patchy and discontinuous. The lesions penetrate deep into all layers of the intestinal wall (mucosa, submucosa, muscularis propria, and serosa) and are associated with complications, such as fistulas and strictures. Due to its extensive nature, Crohn's disease can have recurring lesions after surgery. In contrast, UC involves continuous lesions that span only from the rectum to the colon. Lesions are only found on the mucosal surface and are curative with colectomy. UC, being an inflammatory disease, will still place clients at risk of extraintestinal manifestations, including those in the oral cavity.

How is IBD related to oral health?

Oral manifestations of IBD usually stem from nutritional deficiencies, immune-mediated inflammation, and

medication-related side effects. Below is a list of common oral manifestations^{4,6,13–18} followed by medication-related side effects.^{6,7,19}



Common oral manifestations

- Aphthous ulcers: immune-mediated mucosal inflammation
- Cobble stoning: granulomatous inflammation in oral mucosa
- Facial or lip swelling: immune-mediated inflammation
- Angular cheilitis: vitamin B12 or iron deficiency
- Glossitis: vitamin B12 or iron deficiency
- Pyostomatitis vegetans: neutrophilic mucosal disorder
- Gingival erythema or edema: immune-mediated or secondary to poor oral hygiene

Medication-related side effects

- Corticosteroids (prednisone): oral candidiasis (oral thrush) and delayed wound healing
- Long-term immunosuppressants (cyclosporin, methotrexate, thiopurines): delayed wound healing, inflammation, and gingival overgrowth for cyclosporin
- Biologics: monoclonal antibodies derived from living organisms (infliximab, vedolizumab, ustekinumab): infection risk, oral ulcers, and inflammation

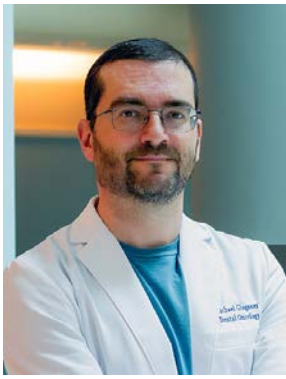
Role of oral health professionals

While not an exhaustive list, many connections between IBD and the oral cavity exist. Understanding the oral manifestations of the inflammatory disease itself can help oral health professionals notice and detect

problematic patterns in the mouth early. If the client is unaware of any IBD issues, oral signs may precede gastrointestinal symptoms and offer a critical window for early detection. Recognizing these signs allows for appropriate referral and interprofessional care. If the client is aware of the diagnosis, having knowledge of common oral manifestations can help oral health professionals tailor the oral care regimen.^{17,20} This may include a more meticulous oral hygiene routine to mitigate the client's higher risk of infection. Emphasizing daily at-home oral hygiene and implementing antibacterial or fluoride mouthrinse can be helpful. Careful attention needs to be given to clients taking medication that causes gingival overgrowth, as teeth and gingival tissues become harder to clean.

Although the oral cavity may not be the primary area affected in diseases, the presence of oral manifestations is crucial for us as oral health professionals. Often, the oral cavity will provide the first visible signs of a more serious underlying condition, and it is up to oral health professionals to identify these issues and guide the client to receive a proper diagnosis. Even once diagnosed, the manifestation of the disease and the medications can prompt us to change oral hygiene regimens to help the client maintain a healthy mouth. Although our specialty is the mouth, as oral health professionals, we can learn more about other diseases and how they impact our work, enabling us to provide the best holistic care for our clients.

* References available upon request



PerioMonitor™: Advancing chairside detection of periodontal inflammation through neutrophil quantification

Dr. Michael Glogauer DDS, PhD, Dip Perio, FCAHS

Periodontal disease remains one of the most common chronic conditions globally, affecting nearly half of adults over age 30 and more than 70% of seniors.¹ Yet despite its prevalence and impact, traditional diagnostic tools - such as periodontal probing and radiographs - primarily identify historical tissue destruction rather than ongoing inflammation. Research through the Glogauer lab at the University of Toronto recognized the need for early and dynamic detection of inflammation and disease activity and focused on the study of oral neutrophil levels, a key white blood cell, and their association with periodontal inflammation levels. This resulted in the concept of oral inflammatory load (OIL). After validation of this biomarker as an indicator of periodontal inflammation, a method was developed to quantify neutrophils in oral rinse samples, offering a noninvasive, evidence-based approach to assessing periodontal inflammation² (Figure 1).

Oral Inflammatory Load: Treatment Considerations		
RESULT	NEUTROPHIL COUNT RANGE (CELLS/ML ×1000)	TREATMENT CONSIDERATIONS
NEGATIVE	<15,000	Stable, healthy. Continue current treatment, hygiene interval, and oral self-care.
LOW	15,000–50,000	Mild. Implement appropriate treatment and monitor regularly. Healthy outcomes are highly predictable.
MEDIUM	50,000–200,000	Medium. Full assessment warranted ASAP. Consider changes to treatment, more frequent hygiene intervals and improved oral self-care.
HIGH	>200,000	Full assessment warranted ASAP. Generalized inflammation or local highly inflamed sites are likely. Treat immediately to reverse or arrest.

Figure 1: Oral inflammatory load: Oral neutrophil counts in a 30 second mouth rinse correlate with periodontal health status. Individualized care can be formulated based on the level of the immune response as reflected in the oral neutrophil count.

Rethinking inflammation in periodontal diagnostics

The pathogenesis of periodontal disease is driven by a dysregulated host immune response to a microbial biofilm, with neutrophils playing a central role.³ As first responders of the innate immune system, neutrophils migrate from the bloodstream to periodontal tissues and eventually into the oral cavity through the gingival crevice. Elevated neutrophil counts in oral fluids reflect active inflammation and correlate with the presence and severity of periodontal disease.²

Traditional clinical assessments, such as bleeding on probing (BOP), probing depths, and attachment loss, offer valuable data but often reflect cumulative damage. They can fail to capture active inflammatory status, especially in early or subclinical stages. This is where PerioMonitor™ adds significant value—by directly measuring neutrophil levels in real time to identify ongoing inflammation before irreversible damage occurs.²

The science behind PerioMonitor™

PerioMonitor™ is a Health Canada-approved, chairside screening test that quantifies neutrophils collected from a simple 30-second oral rinse. Unlike site-specific diagnostic methods, PerioMonitor™ provides a whole-mouth

inflammatory burden score, reflecting the level of neutrophilic activity in the oral environment.

The underlying technology leverages cell-capture and biochemistry to isolate and quantify neutrophils from a collected rinse. A recent clinical validation study, published in the *Journal of Clinical Periodontology*, confirmed oral neutrophil levels measured by PerioMonitor™ strongly correlate with clinical signs of periodontal disease.⁴ Participants with higher periodontal probing depths and BOP showed significantly elevated neutrophil counts, establishing the test's relevance to both localized and generalized inflammation.

The test is performed chairside in under 5 minutes, with results quantified as neutrophils per mL. This immediate feedback enables clinicians to integrate objective inflammatory data into their periodontal assessments during the same appointment — transforming the dental hygiene visit into an opportunity for early intervention.

Clinical applications in dental hygiene practice

Dental hygienists are at the forefront of preventive and periodontal care. The introduction of an objective, quantifiable biomarker like oral neutrophil counts has the potential to shift dental hygiene practice toward a precision-based, inflammation-centred model of care (Figure 2).



Figure 2: Two client PerioMonitor™ results are highlighted in relation to the bleeding on probing percentage from the examination. These examples are reflective of the sensitivity of the test in differentiating health from periodontal inflammation normally reflected in the percentage of probing sites that bleed.

Applications of PerioMonitor™ include:

- Early detection of subclinical inflammation: Neutrophil counts may be elevated even in the absence of clinical signs, identifying clients at risk before tissue destruction occurs.
- Personalized care planning: Results allow tailored recare intervals, therapy choices, and client education strategies based on the individual's inflammatory burden.
- Motivational interviewing and communication: Sharing visual, numerical data with clients improves understanding and engagement in oral health decisions.
- Monitoring treatment response: Neutrophil levels tend to decline following effective periodontal therapy, offering a noninvasive method to track healing or detect persistent inflammation.

Validating the evidence

In a pivotal study, oral neutrophil quantification was validated in a cross-sectional cohort involving over 300 adult participants. The authors found a

strong positive correlation between oral neutrophil counts and clinical measures of periodontitis, including bleeding on probing, probing depth, and plaque scores.⁴ Additionally, neutrophil levels exhibited a clear stratification between healthy, gingivitis, and periodontitis groups — highlighting the test’s diagnostic utility across the disease spectrum.

Importantly, the test’s reproducibility and consistency were confirmed under typical clinical conditions, reinforcing its reliability as a chairside screening tool.

Integration into clinical protocols

PerioMonitor™ is designed to augment — not replace — standard clinical protocols. Its role is to enhance diagnostic accuracy by providing objective insight into inflammatory status. Best practices for implementation include:

- Performing the test at dental hygiene or periodontal maintenance appointments, especially for high-risk clients.
- Performing the test on clients with full arch/All-on-X to screen for peri-implant inflammation and disease where access to the implants is not easily obtained.
- Using test results to prompt further examination, client education, or periodontal referral.
- Tracking changes in neutrophil levels over time to assess treatment efficacy.

As inflammation becomes increasingly recognized as the common denominator linking oral and systemic diseases, such as diabetes and cardiovascular conditions, tools like PerioMonitor™ may also have value in interdisciplinary

care pathways in non-dental settings.⁵

Looking ahead

Oral neutrophil testing represents a new frontier in preventive and periodontal care—offering clinicians and clients alike a real-time window into inflammatory status. By providing rapid, objective, and noninvasive results, PerioMonitor™ aligns with the future of personalized oral health care and supports a shift from reactive treatment to proactive prevention.

For dental hygienists, this test empowers more informed decision-making and enhances the ability to detect, educate, and intervene early—before irreversible damage occurs. As salivary and oral fluid diagnostics continue to evolve, PerioMonitor™ stands as a clinically validated, science-driven innovation ready for everyday practice.⁵

*References available upon request

Ad



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[Learn more](#)

Student column



Graduation is just the beginning — and we're celebrating with you!

Congratulations on reaching this important milestone. While you take a well-deserved moment to celebrate, we have more good news — your complimentary student membership continues after graduation!

Here's what you can still enjoy:

- Free student membership remains valid until October 31 of your graduation year.*
- Professional liability (malpractice) insurance continues with your free student membership until December 31 of the same year.

What's next?

Purchase an Entry to Practice membership (50% off on an active membership fee) on or before October 31 for the 2025 - 2026 membership year — designed just for recent grads! Get full access to ODHA benefits and services.

Need help navigating your transition into the profession? Be sure to check out the [Roadmap to Practice](#), your step-by-step guide from the National Dental Hygiene Certification Examination (NDHCE) to CDHO registration to dental hygiene practice.

*Graduating in November or December? Your free student membership is extended until October 31 of the following year.

New resource for students coming soon:

Study Tips from Dental Hygiene Students



Looking for practical ways to stay on top of your coursework and succeed in the dental hygiene program? ODHA's new student resource, *Study Tips from Dental Hygiene Students*, brings together proven strategies from peers who've been in your shoes. Covering everything from time management and lecture preparation to effective study tools and peer support, this guide is designed to help you thrive academically while maintaining balance. Whether you're just starting out or navigating a tough semester, these tips offer real-world advice to support your learning journey — because you're not alone, ODHA is with you every step of the way.



2025 NIHB Dental Fee Updates

On April 1, 2025, the release of the 2025 NIHB regional dental fee updates were synchronized across provinces/territories.

The updated fees appear in the NIHB Regional Dental Benefit Grids, organized by general practitioners (GP), specialists (SP), oral surgeons (OS), denturists (DN), and dental hygienists (HY). The grids contain maximum NIHB fees for eligible procedure codes.

The current NIHB Regional Dental Benefit Grids, as well as the latest updates, errata, and amendments, are available on the Express Scripts Canada NIHB Provider and Client Website at nihb-ssna.express-scripts.ca/en > [Provider](#) > [Dental](#). The Dental Benefit Grids can be found at nihb-ssna.express-scripts.ca/en > [Provider](#) > [Dental](#) > [Dental benefit grids](#). Upon entering the Dental Benefit Grids, choose the current year and the desired province/territory to view the grid corresponding to the applicable provider specialty (e.g., GP/SP, HY, DN, and OS).

Claims submission period increased to 365 calendar days from date of service

Effective June 7, 2024, the claims submission period for dental providers increased from 30 calendar days to 365 calendar days from the date of service. This period applies to claims submitted by dental providers in real-time through Electronic Data Interchange (EDI) or through the Express Scripts Canada NIHB Provider and Client Website.

Please note if a claim is submitted to Express Scripts Canada more than 365 calendar days from the date of service, the claim will be rejected. Also note there has been no change to the process for submitting manual claims. Providers continue to have 365 calendar days from the date of service to submit their claim.

If you have any questions about the increased claims submission period or the eligibility of a claim, you may contact the NIHB Call Centre at Express Scripts Canada at 1.888.511.4666 Monday to Friday: 6:30 a.m. to 8:30 p.m., Eastern Time.

For more information on this change to the claims submission period, you may access the associated bulletin Claims Submission Period Increased from 30 Calendar Days to 365 Calendar Days on the Express Scripts Canada NIHB Provider and Client Website dental bulletins page (nihb-ssna.express-scripts.ca/en > [Provider](#) > [Dental](#) > [Bulletins](#)).

* This article is available in [French](#).

ODHA TEAM:

SUPPORTING YOU EVERY STEP OF THE WAY

Behind every email, phone call, publication, and campaign, there's a dedicated team working hard to support Ontario's dental hygienists.

I wanted you to know the people in the ODHA office — a small but mighty team dedicated to supporting all ODHA members. From member services and communications to policy and event planning, meet the individuals who work together every day to help you thrive.

In this special feature, I am excited to introduce the ODHA team — the individuals who keep everything running smoothly and are here to assist our members every step of the way. Each team member brings unique strengths, passion, and commitment to the work we do. I would also like to profile our external Policy Advisor Kim Ivan.

Now, when you think of ODHA, we hope you'll remember the friendly faces who are proud to serve and support you.

- Marg Harrington, CEO



Emily Bain, Member Engagement Coordinator
Years with ODHA: 3

Emily plays a key role in organizing virtual events such as ODHA's Townhall meetings and the annual Educators' Forum. She manages the student ambassador program and new grad advisory panel, supports email communications, and coordinates the recording of online courses with guest speakers. Emily also represents ODHA at events like the ODA ASM and Spectrum Day. During membership season, she helps with renewal efforts and supports members over the phone.

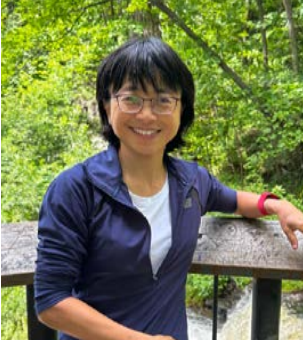
She enjoys working in a collaborative environment where everyone contributes to meaningful work that supports ODHA members.



Shanda David, Receptionist/Office Assistant
Years with ODHA: 4

As the first point of contact for members, Shanda assists with phone and email inquiries, processes memberships, distributes mail, maintains office equipment, and supports colleagues with technical tasks.

She finds her role rewarding, especially when she can help members solve a problem or answer a question. Shanda values the sense of teamwork and behind-the-scenes support she provides every day.



Lan Gao, Communications Coordinator
Years with ODHA: 3

Lan leads communication efforts that support member engagement, public awareness, and membership development. She manages ODHA's email communications and social media marketing and oversees the planning and implementation of major initiatives, including the annual membership campaign, National Oral Health Month, and Public Awareness Campaign. Lan also serves as the editor of the FOCUS digital publication, responsible for its planning, content, design, promotion, and delivery.

What she enjoys most is being part of a team where everyone brings unique strengths and ideas to support Ontario's dental hygienists and promote better oral health across the province.



Donna Hood, Member Support and Executive Coordinator
Years with ODHA: 38

Donna provides essential administrative support for member relations, recruitment, engagement, and strategic initiatives. She also manages key information for the Board of Directors, including documentation, policy coordination, and planning meetings and events.

What Donna appreciates most about being part of the ODHA team is the strong sense of partnership and shared purpose. The team is truly a group of individuals working collaboratively toward shared goals, characterized by open communication, mutual respect, and a shared commitment to success.



Onkar Singh Kang, CPA
Manager of Finance, Administration and Member Programs
Time with ODHA: 9 months

As Manager of Finance, Administration and Member Programs, Onkar oversees the organization's budgeting, accounting, payroll, and annual audit processes, while also managing human resources, IT infrastructure, insurance, and other administrative operations. He also supports ODHA members through the coordination of professional development opportunities, sponsorship initiatives, and employment-related programs.

What Onkar loves most about being part of the ODHA team is the people he works with every day and the opportunity to contribute meaningfully to the association's growth and membership engagement.

External Policy Advisor



Kim Ivan, RDH, BIS (Hon), ODHA Policy Advisor
Years with ODHA: 10

Kim has served as ODHA's Policy Advisor since 2015 and is also Chair of the Research Advisory Board. Her responsibilities include drafting resources, presenting to dental hygiene students, and cohosting 'Conversations with Dr. Glogauer and Kim Ivan,' the biweekly audiocast offering professional development to ODHA members on a wide variety of topics.

As an external policy advisor, Kim enjoys collaborating with the ODHA team to advance and support the dental hygiene profession and utilizing her dental hygiene knowledge, analytical, critical thinking, and problem-solving expertise.

New! ODHA Educator Resources webpage



ODHA is excited to introduce a dedicated Educator Resources webpage designed to support dental hygiene educators. This curated resource hub offers information on:

- ODHA Educators' Forum
- Student presentations - arrange to have ODHA provide a presentation specific to first-year or graduating students, advocacy, or developing a business plan for a dental hygiene practice
- Professional development opportunities
- Research
- Articles of interest
- Discounts
- Employment opportunities
- Resources to share with students

Explore the page and check back regularly for updates: <https://odha.on.ca/prof-development/educator-resources>.

2025 ANNUAL GENERAL MEETING

ODHA held its 2025 Annual General Meeting (AGM) on May 23, 2025, in Burlington. At this meeting, members approved the minutes from the 2024 AGM, the 2024 financial statements and auditor's report, and reappointed BLR Chartered Professional Accountants as the Association's auditor. The AGM also confirmed the new and returning members of the ODHA Board of Directors for the 2025 - 2026 year.

Heather Kleinberg (RDH) officially assumed the role of President, and Amy Currie (RDH) was welcomed as President Elect. The Board also officially welcomed Carmen Le Comte (RDH) as the new regional director for Region D.

Click [here](#) to learn more about the [2025-2026 ODHA Board of Directors](#).



Heather Kleinberg, RDH
President



Carmen Le Comte, RDH
D - Ottawa, Kingston & District,
Bay of Quinte, Renfrew,
Peterborough & District



Amy Currie, RRDH
President Elect

2025 ProvinciaLINK June update video release

The ODHA [2025 ProvinciaLINK June Update](#) video, featuring important news and highlights about your provincial Association, is available.

In this edition, our new ODHA President Heather Kleinberg, and the Chief Executive Officer Marg Harrington, MHS, MHE, cover a range of topics:

- 2025 ODHA AGM;
- recognition of ODHA's 2025 award recipients, celebrated during the President's Dinner;
- national Oral Health Month activities;
- key advocacy updates including ODHA's response to a recent petition regarding internationally trained dentists and our ongoing efforts to clarify misleading workforce shortage claims;
- a recap of the Educators' Forum, which brought together over 90 dental hygiene educators for meaningful discussions and updates;
- 2025-2026 membership campaign;
- and more.

Watch the [video](#) to stay well informed of the latest ODHA developments.

ODHA's [Awards and Recognition program](#) recognizes the outstanding contribution of its members to the Association, the dental hygiene profession, and the community. The following members are the 2025 ODHA award recipients:

Anna Louise Tolan was awarded the ODHA Elizabeth Craig Award of Distinction for her exceptional commitment to the promotion of dental hygiene.

Michelle Aube-Simmonds and Indu Dhir were both honoured with the ODHA Distinguished Service Award for outstanding contributions to the dental hygiene profession and the Association.

Congratulations, Anna Louise, Michelle, and Indu! Your hard work and dedication are truly inspiring!

Elizabeth Craig Award of Distinction



Anna Louise Tolan, RDH

Distinguished Service Award



Michelle Aube-Simmonds, RDH

Distinguished Service Award



Indu Dhir, RDH

Student Award for Excellence in Advocacy

Congratulations to ODHA student member Racha Murtada (Canadian National Institute of Health). She was honoured with the ODHA 2025 Student Award for Excellence in Dental Hygiene Advocacy for outstanding advocacy efforts in the province. Racha will receive her award at the school graduation ceremony in August.



In the photo (from left to right): Nanette Feil-Megill, Program Director; Racha Murtada; and Shairose Gillani, Course Facilitator.

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