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Ontario Dental Hygienists' Association

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PRESIDENT'S MESSAGE

Amy Currie, RRDH
ODHA President

As I begin my term as President of the Ontario Dental Hygienists' Association, I'm honoured to represent ODHA members - a strong community of professionals. Together, we advocate for support, and inspire registered dental hygienists across Ontario. It is a privilege to serve this incredible membership, and I'm excited about the opportunities ahead as we continue to build an even stronger future for our profession.

Before looking ahead, I want to thank our immediate past president, Heather Kleinberg, for her leadership, dedication, and countless hours of service to ODHA. I would also like to recognize Harishni Ramesha for her contributions during her time on the board. Their commitment has helped position our Association for the important work that continues today.

I'm also pleased to welcome Laura Perri and Karmahn Porteous to the board and congratulate Michelle Aube-Simmonds as our President Elect. New voices and perspectives strengthen our Association, and I look forward to working together.

One of the biggest milestones this year came on May 11, 2026, when the government accepted our proposed scope enhancements. While there is still work ahead, this is a significant step forward. It reflects years of advocacy and collaboration and keeps us moving toward expanding access to care for Ontarians while continuing to strengthen the role of registered dental hygienists within our health-care system.

For those I have not yet met, I graduated from John Abbott College in 2007 as a restorative RDH and soon moved to New Zealand, where I helped develop preventive dental hygiene programs in practices that had not previously offered them. This experience reinforced my belief when dental hygiene is fully integrated into client care, everyone benefits.

Over the past 19 years, I have worked in general dentistry, periodontics, orthodontics, restorative dental hygiene, and in a dental hygiene practice. I became authorized to prescribe in

2017 and later completed a Bachelor of Science in Oral Health Promotion while balancing family life during the COVID-19 pandemic. Throughout my career, I have continued to learn, adapt, and grow—an experience I know many registered dental hygienists share.

Like many of you, I have been an ODHA member since graduation. I appreciate ODHA's professional development and member benefits. However, early in my career, I did not fully realize the extent of the advocacy taking place behind the scenes on behalf of our profession.

Everything changed when I saw an ODHA call for Board of Directors. After speaking with our CEO, Marg Harrington, I decided to apply and was selected as the Region D Director. That decision gave me a much deeper appreciation for the work required to advance our profession at the provincial level and the importance of having a strong, united professional voice.

As President, I remain committed to continuing the important conversations with the government regarding scope enhancement. Meaningful progress takes persistence, collaboration, and an Association which speaks with one strong, collective voice.

This year's message - "Join ODHA. Continue the Momentum." reflects that commitment. We need the energy of new graduates, the experience of seasoned professionals, and the engagement of every member to keep moving our profession forward.

Together, we have built meaningful momentum. I look forward to continuing working with you and ensuring registered dental hygienists across Ontario feel connected, supported, and represented.

Sincerely,

Amy Currie, BSc, RRDH

Research corner

HEALTH IMPACT OF ULTRA-PROCESSED FOODS

Kim Ivan, RDH, BIS (Hon) is an award-winning registered 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.

Adverse health outcomes

Ultra-processed foods, including packaged baked goods, snacks, sugary drinks, and ready-to-eat meals, undergo multiple industrial processes and often contain colours, emulsifiers, flavours, and other additives to improve taste, texture, appearance, and shelf life. These products also tend to be high in added sugar, fat, and salt, but are low in vitamins, minerals, and fibre.

Ultra-processed foods can account for up to 58% of total daily energy intake in some high-income countries and have rapidly increased in many low- and middle-income nations in recent decades.

Lane et al. (2024) conducted an umbrella review of 45 meta-analyses involving nearly 10 million participants. The review found high intake of ultra-processed foods is associated with 32 adverse health outcomes, including early death, cancer, and cardiovascular, respiratory, and mental health conditions.

Consuming more ultra-processed foods was linked to a higher risk of dying from any cause. There were also strong associations between higher consumption and cardiovascular disease-related deaths, mental health disorders, and type 2 diabetes. The researchers also found highly suggestive evidence showing ultra-processed foods were associated with poor sleep, obesity, and wheezing.

Why this research is important:

- Explains possible mechanisms contributing to these adverse health effects.
- Underscores the need for measures to reduce ultra-processed food intake.
- Highlights the importance of further research to confirm how these products contribute to poor health and early death.

To enrich your learning, listen to *Conversations with Dr. Glogauer and Kim Ivan*:

- Episode 160 on ultra-processed foods
- Episode 161 on the impact of ultra-processed foods on oral and systemic health
- Episodes 144, 145, and 146 on nutrition and oral health
- Episodes 79, 80, 81 on cardiovascular diseases
- Episode 88 on mental health disorders
- Episodes 91, 93, and 94 on diabetes
- Episodes 120, 121, and 122 on obesity
- Episodes 156, 157, and 158 on sleep and sleep-disordered breathing

Dental caries in children and adolescents

Ultra-processed foods are abundant in the food supply. Among the most common are highly refined breads, fast food, soft drinks, cookies, sugary or salty snacks, breakfast cereals, and pasta and pizza dishes. Dental caries is the most prevalent chronic disease worldwide, affecting more than 2 billion people with untreated dental caries in permanent teeth.

Many ultra-processed foods are high in sugar, a known cause of dental caries, and may also contain processed starches that adhere to teeth and contribute to the development of dental caries.

Cascaes et al. (2022) conducted a systematic review and meta-analysis to examine the association between ultra-processed food consumption and dental caries. Their findings indicate higher consumption of these products is associated with a greater likelihood of dental caries in children and adolescents.

Why this research is important:

- Reinforces the importance of educating parents and youth on the negative effects of these products and strategies in dental caries prevention.
- Highlights the need for public health interventions to improve the oral health of children and adolescents.

Listen to *Conversations with Dr. Glogauer and Kim Ivan*:

- Episodes 86 and 87 on dental caries

Access ODHA fact sheets to enhance client education:

- Nutrition and Oral Health
- Tooth Decay (Caries)
- Oral Health for Children – A Parent's Guide
- Fluoride
- Pit and Fissure Sealants

Legal corner

From the Desk of Julia Martin, Complaints and Discipline Lawyer

How Laws and Regulations are Amended in Ontario

About Julia Martin: Julia has been practising for over 30 years in professional regulation. She has defended almost every type of regulated health professional, including many registered dental hygienists. Julia represents one health regulator, and a number of health professional associations. She regularly speaks and writes about the regulation of professionals.

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Direct Line: 613.513.6735

Welcome back to Legal Corner. In past installments, I have focused on the complaints and discipline processes at the College of Dental Hygienists of Ontario (CDHO).

In this edition, I want to step back and answer a question which you may have been wondering about: Where do the rules governing registered dental hygienists actually come from, and how do they change? Understanding how laws and regulations are amended in Ontario will help you make sense of announcements from the CDHO and, just as importantly, recognize when you have an opportunity to have your say.

The three layers of rules

Registered dental hygienists in Ontario are governed by three main layers of rules. At the top are statutes: The *Regulated Health Professions Act, 1991* (the "RHPA"), which applies to all regulated health professions, and the *Dental Hygiene Act, 1991*, which is specific to the profession. Beneath the statutes sit the regulations made under them, which contain much of the practical detail, such as the professional misconduct regulation and the registration regulation. Finally, there are the CDHO's by-laws, which deal with the internal operation of the CDHO, including fees, elections to council, and the information posted on the public register. Each layer is amended in a different way, by a different body, and on a very different timeline.

Amending statutes

Only the Legislative Assembly of Ontario can amend a statute such as the RHPA or the *Dental Hygiene Act*. The process begins with a bill, usually introduced by the government. A bill receives first reading when it is introduced, then proceeds to second reading, where its overall principle is debated. It is then typically referred to a standing committee, which may hold public hearings and consider clause-by-clause amendments. This committee stage is where professional associations and other system partners can make written or oral submissions, and it is often where meaningful changes happen. The bill then returns for third

reading and, if passed, receives Royal Assent. Even then, some provisions do not take effect until they are "proclaimed" into force on a later date. This is why you sometimes hear that a change is "law" but not yet in effect.

Amending regulations

Regulations never go through the Legislature. They are subordinate legislation, made under the authority of a statute, and in the health professions world they are generally approved by the Lieutenant Governor in Council (in practice, the provincial Cabinet). Under the RHPA framework, most regulations affecting a regulatory body are first developed by the college's council. The CDHO is generally required to circulate a proposed regulation to its registrants and system partners for comment, usually for at least sixty days, before submitting it to the Ministry of Health. The Ministry reviews the proposal, may negotiate changes, and ultimately brings it forward for Cabinet approval. Once approved, the regulation is filed with the Registrar of Regulations, published on the government's e-Laws website and in The Ontario Gazette, and comes into force on filing or on a specified later date. This can take years, which explains why changes to things can be announced long before they become enforceable.

Amending by-laws

By-laws are the most straightforward layer to change because council can make, amend, or revoke them itself, without government approval. The RHPA does, however, require that certain by-laws, such as those setting fees, be circulated to registrants for comment, ordinarily sixty days before council votes. When you receive a consultation notice from the CDHO about a proposed by-law change, that is your window to comment, and council must consider the feedback it receives.

Why this matters to you

Every layer of this system builds in consultation, whether through committee hearings on a bill, the mandatory circulation of proposed regulations, or by-law consultations. Registered dental hygienists who read those notices and respond, individually or through their professional association, can genuinely influence the rules they will have to live with. So watch for information from ODHA and consultation notices from the government and take a few minutes to respond when a proposal arises that could affect how you practise.

Feel free to reach out to me at julia@juliamartinlaw.com if you have questions about a proposed change to the legislation, regulations, or by-laws that govern you. I also welcome ideas for future installments of this column.

2026-2027 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 7400 power toothbrush evaluation units. 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. Provided by ODHA.

Weekly Draws (August 1 – October 31)

For a chance to win 1 of the following: (2 winners per week)

- 30 Sonicare 7400 power toothbrush evaluation units. Donated by Philips.
- 30 PDT instruments (retail value: $57.49 each). Donated by Paradise Dental Technologies.

Monthly Draws (August, September & October)

For a chance to win 1 of the following:

- Orascoptic gift card up to $1,000. Donated by Orascoptic.
- 2 × LM Flexplorer (retail value: $41.00 each). 2 winners per month. Donated by Curion.

Free Membership Draws (August 1 – October 31)

For a chance to win 1 of 10 FREE ODHA 2026-2027 memberships (value: up to $268). Donated by Relief Buddy.

Free New Professional Development Online Courses - join or renew by October 31, 2026

Including: Oral Health and Mental Illness: Strategies for Comprehensive Care, presented by Dr. David Clark BSc, DDS, MSc, FAAOP, FRCD(C). Sponsored by LISTERINE.

More coming!

Registered dental hygienists as primary health-care providers: Rethinking the oral-systemic link to include orofacial myofunctional disorders

Joe Siegfried, RDH

Joe Siegfried began his career in dental hygiene and oral health in 2006 after a background in the performing arts, bringing an engaging and energetic approach to education and client care. With over a decade of experience in orofacial myofunctional therapy, Joe is passionate about integrating airway health, sleep dentistry, and functional wellness into clinical practice. An international speaker and educator, Joe advocates for the expanding role of registered dental hygienists as health-care educators, leaders, and entrepreneurs. He leads the myofunctional therapy curriculum at *rdhu* Inc. and owns Kingsmill Dental Hygiene and Orofacial Myofunctional Therapy in Toronto.

The oral-systemic link is a two-way relationship where oral health can affect systemic health, and vice versa.[1] As primary health-care providers, we need to consider the oral-systemic connection between orofacial myofunctional disorders, craniofacial growth, and airway development.

The body functions as a homeostatic system, evidenced by the relationships among oral function, facial development, airway health, and overall well-being. Orofacial myofunctional disorders (OMDs) are conditions involving abnormal muscle function and habits of the face, mouth, tongue, and airway. Common examples include chronic mouth breathing, low tongue posture, tongue thrust swallowing patterns, lip incompetence, and dysfunctional chewing or swallowing habits.[2] These disorders may significantly influence a person's growth, posture, oral health, sleep quality, and overall quality of life.

During periods of growth, the bones of the face and head respond to the forces placed upon them. Proper nasal breathing, correct tongue posture, and balanced muscle function help guide craniofacial growth. Ideally, the tongue rests against the palate, the lips remain gently closed, and breathing occurs through the nose.[3,4]

When these functions are disrupted, growth patterns can change. Chronic mouth breathing may be caused by many factors such as allergies, enlarged tonsils, airway obstruction, tissue restrictions, or habit. Without the tongue supporting the palate, the upper jaw may not develop and may become narrow or collapse the dental arch forms. This can contribute to crowding of teeth, crossbites, gummy smiles, high palatal vaults, and altered facial development.[3,5]

Similarly, low tongue posture may fail to provide the natural support needed for proper jaw development.[2] These changes may affect both aesthetics and function and can increase the likelihood of requiring orthodontic

and dental caries treatment. A tongue that habitually rests against the teeth rather than the palate may contribute to open bites, spacing, and orthodontic relapse.[6]

The airway plays a critical role in guiding normal growth and development. When nasal breathing is compromised, the body naturally adapts to maintain adequate airflow. Unfortunately, these compensations can have long-term consequences on posture.[7]

Individuals who chronically mouth breathe frequently develop a forward head posture to improve airflow. This position places additional stress on the muscles and joints of the neck and shoulders. Over time, these compensations may contribute to muscular tension, headaches, neck discomfort, shoulder dysfunction, and changes in spinal alignment and can influence facial growth patterns and sleep-disordered breathing.[7,8] Addressing dysfunctional breathing and oral habits may therefore provide benefits beyond the mouth alone.

Airway dysfunction can contribute to sleep-disordered breathing and pediatric obstructive sleep apnea (OSA).

Poor sleep can affect cognitive development, attention, behaviour, learning, immune function, and emotional regulation. In adults, sleep-disordered breathing has been linked to cardiovascular disease, metabolic disorders, chronic fatigue, and reduced quality of life.[9]

The impact of OMDs extends directly into oral health. Mouth breathing reduces the natural protective effects of saliva, often leading to dry mouth. Saliva plays a critical role in buffering acids, controlling bacteria, and protecting tooth enamel. When saliva levels are reduced, the risk of dental caries, gingivitis, and periodontitis may increase.[10]

There is also an association between temporomandibular disorders (TMDs) and headaches, suggesting that dysfunctional oral and postural habits play a role in facial pain. Poor oral rest posture can alter jaw position and contribute to dysfunctional mastication.[7]

Orofacial myofunctional therapy focuses on improving tongue posture, lip seal, nasal breathing, swallowing patterns, and muscle coordination. Addressing the causes of dysfunction aims to support healthy growth, improve oral health, enhance sleep quality, and promote long-term stability of orthodontic and restorative outcomes.[11]

Registered dental hygienists, dentists, orthodontists, physicians, speech-language pathologists, ear, nose and throat specialists, physiotherapists, and myofunctional therapists all play important roles in recognizing and addressing these concerns. Signs, such as chronic mouth breathing, snoring, open-mouth posture, tongue thrust,

crowded teeth, frequent fatigue, poor concentration, or poor sleep quality, should not be overlooked.

When identified early, treatment may help optimize airway development, improve facial growth patterns, reduce orthodontic complications, and support better long-term health outcomes, oral health and occlusion stability.[2]

Orofacial disorders are far more than simple parafunctional oral habits. As our understanding of the oral-systemic connection continues to grow, health-care professionals are increasingly recognizing the importance of identifying and addressing these disorders early. Long-term success is most likely when both structure and function are evaluated and treated together. Through comprehensive assessment and collaborative care, clients can achieve improvements not only in oral function but also in breathing, sleep, growth, posture, and overall health.

* References available upon request

Joe Siegfried is a key keynote speaker and a facilitator of a round table discussion at the Early Career Summit. To register, go to page 21 and scan the QR code or click the registration link https://odha.on.ca/LGXE. For further details, visit the ODHA Early Career Summit web page.

Latest research articles for oral health professionals

ODHA's Dental Hygiene Newswire is an open access resource for all Ontario registered dental hygienists, dental hygiene students, and other oral health professionals in Canada. It contains the latest research, updates, and news on various topics such as oral health, mental health, diseases, addictions, wellness, etc., which can be used toward your quality assurance learning goals. It is updated four times a month with new research articles or ODHA news.

https://dhnewswire.odha.on.ca/

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 and ODHA website for all the courses and webinars.

- 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®.

  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.

Free & New 2026-2027 membership online course (join or renew by Oct. 31, 2026)

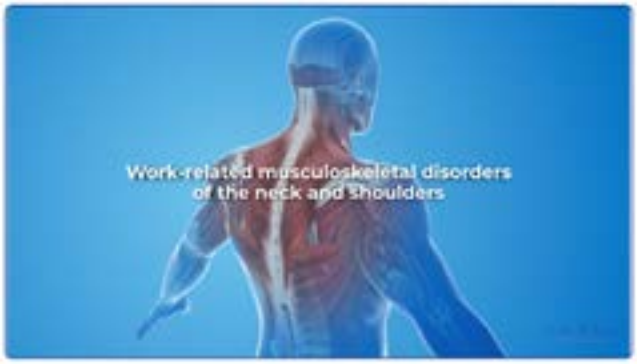
Oral Health and Mental Illness: Strategies for Comprehensive Care

Presented by Dr. David Clark, DDS, MSc (Oral Pathology), FAAOP, FRCD(C)
Sponsored by LISTERINE®

Learning Objectives:

- Oral-systemic health: Understand the intersection of mental illness and dental care highlighting, for example, the barriers to such care.
- Discover the unique needs and differing priorities for oral care that can accompany a specific mental illness diagnosis.
- Understand the important role of dentistry through the offering of empathy, communication, and collaboration with each other an other health-care professionals.

Preventing Work-Related Musculoskeletal Disorders in Dental Hygiene Practice



Registered dental hygienists are at increased risk of developing musculoskeletal disorders (MSDs) due to repetitive movements, prolonged static postures, and the physical demands of clinical practice. Protecting your health is essential to sustaining a long and rewarding career.

As part of the ODHA membership benefits, we have developed a three-part ergonomics video series in collaboration with the Ontario Chiropractic Association. Video 1: Neck & Shoulders was released in June. Video 2: Lower Back and Video 3: Hands & Wrists are coming soon.

Video 1: Neck & Shoulders

In this video, you'll learn about:

- The importance of spinal hygiene and prevention before pain develops.
- Ergonomic strategies to support neck and shoulder health.
- Chairside muscle activation exercises to help reduce strain and improve posture.
- Practical "movement snacks" which can be incorporated throughout the workday.
- Lifestyle habits supporting musculoskeletal health, recovery, and career longevity.

Visit ODHA website Professional Development/ Ergonomics to watch the video.

STUDENT AMBASSADOR PROFILE

LISA FEDUNCHUK (Fanshawe College)

Why do you want to become a registered dental hygienist?

Growing up, I realized that many factors, beyond the quality of treatment, can influence a person's decision to return to a dental office. One of the biggest factors is how you are treated by health-care professionals. For many people, going to the dentist can be a vulnerable experience. The last thing anyone wants is to feel judged or ashamed while sitting in the dental chair. Having experienced firsthand the negative impact of a provider's lack of empathy, which can lead clients to avoid frequent care, I decided to become a registered dental hygienist. My goal is to create a positive impact on clients, to in turn, encourage them to seek regular care. Oral care is health care, and no one's health should be compromised by fear of judgement.

What type of practice setting do you hope to work in?

Throughout my career, I hope to work in both general dental and orthodontic practice. I plan to work in a general practice at least part-time for most of my career because of the unique role registered dental hygienists play in this setting. Not everybody goes to a specialist, but nearly everybody who receives oral health care will visit a general dental practice and spend time with a registered dental hygienist. Not only is disease prevention a key objective for registered dental hygienists in general practice, but so is establishing client comfort. In a general dental practice, I hope to ensure all my clients leave the chair feeling comfortable enough to return. As far as orthodontics, I experienced braces and the unique environment an ortho office offers. Getting to see the progress in my smile was incredibly exciting as the client, and I'd love to be on the other side of that experience as a clinician. Lastly, giving back to the community is very important to me. I plan to volunteer my time at free clinics or clinics offering low-cost treatment to those who need it once I've found my footing as a clinician. Oral health care can be unaffordable, and financial barriers should never have to dictate someone's health or their access to necessary treatment.

Tell us about your best study tip or technique.

I live by a technique called the Feynman Technique, which revolves around the idea that if you really know a concept, you'll be able to teach it to someone else. First, I read whatever I need to learn, either from my notes or a textbook. Once I think I understand it enough, I put my notes away and pretend I'm explaining it to someone else who doesn't know anything about the

topic. I've used this technique my whole life, and I've realized it's also helpful while studying dental hygiene because I need to explain certain concepts to my clients in a way they can understand, assuming they have no prior knowledge of oral health.

When you start working, what aspect of the job do you think you'll enjoy most?

I truly think my favourite part of being a registered dental hygienist will be connecting with my clients. Being able to interact with so many different people every day and hopefully make a positive impact on them is something I'm looking forward to.

What do you like to do for fun?

In my free time, I love to read. Whether it is a fiction book or something online, I love immersing myself in something written, oftentimes more than I enjoy immersing myself in a movie or TV show. I also enjoy learning new things outside the dental hygiene classroom: I've most recently started learning Korean!

2026 ProvinciaLINK June update video release

The ODHA 2026 ProvinciaLINK June Update video features newly elected ODHA President Amy Currie and CEO Marg Harrington with key updates on leadership, advocacy, and member initiatives. In this edition:

- A warm introduction from President Amy Currie, along with a welcome to the 2026–2027 Board of Directors and recognition of outgoing leaders for their contributions to the profession.
- An update on the Ontario government's announcement regarding dental hygiene scope of practice enhancements.
- Highlights from recent ODHA activities, including the ODA ASM conference, Annual General Meeting, and Educators' Forum.
- A preview of ODHA's upcoming Early Career Summit on October 23, 2026, at the Mississauga Convention Centre.
- Updates on the member-only MSD video series developed in collaboration with the Ontario Chiropractic Association to support ergonomics and musculoskeletal disorder prevention.
- A first look at the 2026–2027 membership renewal campaign and upcoming opportunities.
- And more!

2026 ANNUAL GENERAL MEETING

ODHA held its 2026 Annual General Meeting (AGM) on May 22, 2026, in Burlington. At this meeting, members approved the minutes from the 2025 AGM, the 2025 financial statements and auditor's report. The AGM also confirmed the new and returning members of the ODHA Board of Directors for the 2026-2027 year.

Amy Currie (RRDH) officially assumed the role of President, and Michelle Aube-Simmonds (RDH) was welcomed as President Elect. The board also officially welcomed Laura Perri (RDH) as the new regional director for Region B and Karmahn Porteous (RDH) for Region C.

Amy Currie, RRDH
President

Michelle Aube-Simmonds, RDH
President Elect

Laura Perri, RDH
Board Director - Region B

Karmahn Porteous, RDH
Board Director - Region C

odha AWARDS

ODHA's Awards and Recognition program recognizes the outstanding contribution of its members to the Association, the dental hygiene profession, and the community.

Congratulations, Sonia Gracias who was awarded the ODHA 2026 Elizabeth Craig Award of Distinction for her exceptional commitment to the promotion of dental hygiene.

Sonia Gracias, RDH

In Memoriam

Mary Bondarchuk (nee Isky), RDH (1935–2026)

The Ontario Dental Hygienists' Association (ODHA) extends its heartfelt condolences to the family, friends, colleagues, former students, and all who knew Mary Bondarchuk (nee Isky), who passed away on April 23, 2026, at the age of 90.

A graduate of the University of Toronto Faculty of Dentistry in 1955, Mary dedicated her life to advancing the dental hygiene profession as a clinician, educator, mentor, and volunteer. She taught in the dental assistant and dental hygiene programs at Niagara College for more than two decades, inspiring generations of students with her knowledge, compassion, and commitment to excellence.

Mary was also a devoted ODHA volunteer and leader. From 1981 to 1992, she served in several leadership roles, including Chair of the Radiation Safety Committee, HARP Commission Representative, and CDHA Director representative. Through these roles, she helped advance the dental hygiene profession and demonstrated an unwavering commitment to serving registered dental hygienists across Ontario.

Throughout her distinguished career, Mary was respected for her professionalism, generosity, and dedication to lifelong learning. Her contributions extended beyond the classroom and committee table, leaving a lasting impact on the profession and on the many colleagues and students she mentored.

ODHA is grateful for Mary's many years of volunteer leadership and service. Her legacy will continue to inspire future generations of registered dental hygienists.

FOR REGISTERED DENTAL HYGIENISTS
IN THEIR FIRST 10 YEARS OF PRACTICE

Early Career Summit

A Day of Growth and Connection

OCTOBER 23, 2026
7:30 AM - 4:30 PM

MISSISSAUGA CONVENTION CENTRE
75 Derry Rd W, Mississauga

Early Bird Save & Register Now

Early Bird Pricing **ends** Aug 31, 2026

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