



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

# **CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:**

Combining Dental Hygiene and Dental Therapy Education

**2018**





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#### **Mary Bertone**

Chairperson  
Education Advisory Committee  
Canadian Dental Hygienists Association

#### **Colleen Brickle**

Dean of Health Sciences  
Normandale Community College

#### **Arlynn Brodie**

Registrar  
College of Dental Hygienists of Manitoba

#### **Mario Brondani**

President  
Canadian Association of Public Health Dentistry

#### **Stacy Bryan** *(as of May 2018)*

Registrar  
College of Dental Hygienists of Nova Scotia

#### **Daniel Côté**

Assistant Professor, School of Indigenous Relations  
Laurentian University

#### **Heather Doucette** *(June 2018 meeting)*

Assistant Professor  
Dalhousie University

#### **Judith Eigenbrod** *(as of July 2018)*

Senior Policy Analyst – Health  
Assembly of First Nations

#### **Linda Gunn**

Programme Director  
School of Oral Health Science  
University of the Highlands and Islands

#### **Dwight Krauss**

Representative  
Saskatchewan Dental Therapists Association

#### **Carrie Robinson** *(until July 2018)*

Senior Policy Analyst – Health  
Assembly of First Nations

#### **Cara Tax** *(as of May 2018)*

Director, School of Dental Hygiene  
Dalhousie University

#### **Carol Yakiwchuk**

Manager, Oral Health  
First Nations Health Authority

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## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

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### Introduction

Competencies describe the essential knowledge, skills, and attitudes required for the practice of a profession. This document presents a competency profile for 4-year baccalaureate programs designed to educate oral health practitioners with both dental hygiene and dental therapy scopes of practice. These baccalaureate competencies are intended to provide guidance and to support one standard for education, accreditation, and regulation in Canada.

### Background

While the oral health of Canadians has been improving, oral health inequalities and inequities persist. In 2000 the American Surgeon General<sup>1</sup> described oral disease in the United States as a “silent epidemic”; the Canadian reality has been described in similar terms.<sup>2</sup> Despite efforts to encourage and support optimal oral health, oral disease remains at epidemic proportions in Canada for many people.<sup>3,4</sup>

In 2010, the global economic impact of oral disease was estimated to be US \$442 billion which translated into 4.6% of global health expenditure, with 83% of these costs occurring in high income countries such as Canada.<sup>5</sup> Added productivity losses in terms of days missed from work due to oral infections were estimated to be US \$144 billion. Canadians alone spend \$14 billion annually for dental care; less than 6% of these costs are covered by the health care system.<sup>6</sup> The limited inclusion of oral health services in North American health care systems has profound implications for vulnerable and underserved populations.<sup>7-13</sup>

People who have the financial resources to pay for oral health care are generally well served by the current fee-for-service model.<sup>14-15</sup> However, oral health disparities have been increasing for specific groups of Canadians<sup>3,4,16</sup> with the most vulnerable bearing the greatest burden of oral disease. Visits to physicians and emergency departments are costly and ineffective given that physicians and other health professionals are often unable to address oral health issues.<sup>7,12,17-19</sup>

Researchers, policymakers, and health care organizations have advocated for change in the delivery of oral health services, particularly for populations with unmet oral health needs.<sup>4,20-24</sup> While recommendations vary, many suggest that increasing the capacity and flexibility of the current health care workforce offers an important opportunity to improve the health status of groups with unmet health needs.<sup>25,26</sup> Health promotion and disease prevention are necessary for oral health,<sup>27</sup> but such services alone are not sufficient. Management of pain and restoration of function are also important.<sup>28,29</sup> There is a need for oral health practitioners who can provide health promotion and preventive, periodontal, basic restorative, and surgical services for people in the communities where they live and work.

The re-establishment of dental therapy abilities within Canadian postsecondary education is an example of a capacity building strategy. Since the 2011 closure of the dental therapy program in Canada, there has been an interest at the provincial, territorial, and national levels to re-establish such a program and/or integrate dental therapy abilities within the scope of practice of dental hygienists.

The Canadian Dental Hygienists Association (CDHA) has been a strong advocate for access to oral health care from the beginning. In response to national discussions about oral health disparities, CDHA

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commissioned a study to explore how best to re-establish dental therapy abilities within Canadian postsecondary education. Key informants including oral health administrators and/or clinicians at the federal, provincial, and territorial levels as well as national and international educational administrators and educators were invited to discuss their views on this question (n = 53; 74% response rate).<sup>30,31</sup> Through semistructured telephone and in-person interviews respondents were asked to identify the types of abilities that would best support increased access to oral health care for people living in Canada and the educational models that would be most viable to educate providers with such abilities. Three educational models were generated from the study data, with two models proposed for programs to educate dually qualified providers with dental hygiene and dental therapy abilities, and a third model proposed for a 24-month/3-year dental therapy diploma program. The models leading to a dually qualified clinician were as follows:

- 1-year dental therapy curriculum added to 3-year diploma dental hygiene education (hereafter referred to as the “3 plus 1” model)
- 1-year postgraduate diploma program for dental hygienists with a baccalaureate degree

A more detailed description of these models is found in the CDHA position statement entitled *Filling the Gap in Oral Health Care*.<sup>30</sup> The option that received the greatest support from Canadian respondents was the 1-year addition to diploma dental hygiene education resulting in a baccalaureate degree with a specialization/major in dental therapy. A graduate with such a baccalaureate degree would have the abilities of both a diploma dental hygienist and a diploma dental therapist.

The creation of such a degree major would be complementary to the current 4-year dental hygiene baccalaureate education option with its health promotion specialization/major emphasizing competencies in community programing, education, advocacy, and policy use. It is anticipated that existing Canadian baccalaureate programs will continue to support dental hygienists with an interest in enhancing their abilities in health promotion. Degree-granting institutions without a baccalaureate route for their diploma learners may see the dental therapy major as an opportunity to explore a baccalaureate option, while the universities currently offering baccalaureate programs may see it as a chance to offer a second baccalaureate major in the field of oral health by integrating a new option rather than changing current degree programs.

The curriculum of the “3 plus 1” model with a dental therapy major is similar to that of dental hygiene programs in The Netherlands<sup>32</sup> although the Dutch model comprises an integrated 4-year program. Such dually qualified providers have also practised in Australia,<sup>33</sup> New Zealand,<sup>34</sup> and the United Kingdom<sup>35</sup> for many years and have recently been introduced in the United States.<sup>36</sup> The job titles of these dually qualified providers vary internationally; the most common titles are oral health therapist, dental hygienist, and advanced dental therapist.

This project has opted to identify such a provider as an “oral health practitioner” (OHP) to align with the

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current dental hygiene legislation under review by the government of British Columbia. However, the designation for such a provider will ultimately be determined by provincial regulatory authorities and their governments.

In January 2018, CDHA began developing the baccalaureate competencies for the “3 plus 1” model. The advisory committee viewed dually qualified providers as an innovative addition to the oral health team because of their broader scope of practice. CDHA’s vision involves a provider who is able to make autonomous decisions, to provide care for people throughout their life cycle, and to practise independently in diverse settings including inner city as well as rural and remote areas. Such providers are capable of engaging in independent and joint decision making to support continuity of care for individuals, families, and groups within their communities.

This resource details the graduate competencies underpinning such education and how they could be provided in an integrated and realistic manner to support one standard of oral care for all Canadians.

### Oral Health Practitioners Defined

Graduates with dual qualifications in the dental hygiene and dental therapy scopes of practice are providers whose work is grounded in a preventive framework focused on individuals, families, and groups within their communities.

#### Oral health practitioners...

...are primary oral health care providers guided by the principles of social justice who specialize in services related to health promotion, disease and injury prevention, and clinical therapy.

...are skilled in applying scientifically sound research to practice decisions and making autonomous judgements to support individuals, families, and groups within their communities, helping them to increase control over and improve their oral health.

...provide oral health services with diverse clients including those with medically complex needs throughout the life cycle. They have had the opportunity to provide services in a variety of practice environments where they have worked collaboratively with clients and members of their support network, such as guardians, and other professionals to enhance the quality of life of their clients.

...provide periodontal care, basic restoration of function, and pain management. They also have a more nuanced understanding of interprofessional collaboration and coordination.

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The graduates of both the health promotion and dental therapy majors share common core abilities but also have unique abilities in their area of specialization. They have shared abilities to:

- make practice decisions based on greater depth of knowledge and the ability to apply that knowledge
- use research with its associated critical thinking, evaluation, and decision-making abilities
- coordinate care with individuals and families in interprofessional and community contexts
- make autonomous decisions while working collaboratively with others including clients and their networks of support as well as other professionals
- work in diverse community practice contexts where people with oral health needs live and work

Graduates with a health promotion major have specialized/enhanced abilities to:

- advocate particularly in the context of social policy
- work within a public policy and governmental context
- help to facilitate change within organizational, government, and political contexts<sup>37,38</sup>

Graduates with a major in dental therapy have specialized/enhanced abilities to:

- provide basic restorative services
- provide simple surgical care
- work in rural and remote areas

The graduates with a major in dental therapy also have abilities in health promotion and advocacy, with a focus on working with individuals, families, and groups within their communities; these latter abilities arise from their dental hygiene diploma education and are enhanced through the fourth-year curriculum. However, the broader and deeper health promotion, advocacy, and policy use competencies reflect the specialization of graduates with a health promotion major. Both baccalaureate majors have the abilities to provide care with people throughout the life cycle in diverse public and private practice settings.



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### Baccalaureate Competencies for a Dental Therapy Major

The articulation of graduate competencies for a dental therapy major was viewed as an important step in developing the fourth-year curriculum and guiding the work of faculty members, regulators, examination boards, and the national accreditation organization. The competencies for such a provider were generated from the exploration of international program information for dually qualified providers on organizational websites, in Canadian and international policy documents, and in peer-reviewed studies. The most influential documents analysed were as follows:

- international competency and curriculum documents for dental therapists and dually qualified providers<sup>33-36,40-44</sup>
- Canadian public health competencies<sup>45,46</sup>
- interprofessional education competencies<sup>47,48</sup>
- government expectations of baccalaureate degrees<sup>49,50</sup>
- Canadian dental hygiene competency documents<sup>51,52</sup>
- Canadian and international peer-reviewed studies reflecting differences between diploma and baccalaureate competencies<sup>37,38,53-59</sup>
- Canadian dental hygiene<sup>60</sup> and American dental therapy accreditation standards<sup>61,62</sup>

The expectations developed by the Council of Ministers of Education Canada (CMEC)<sup>49</sup> were particularly influential as they have been integrated by all provinces with the exception of Québec. This ministerial statement specifies that baccalaureate degree programs are expected to support learners in acquiring the following:

- depth and breadth of knowledge in a particular field of study
- knowledge of research methodologies
- ability to apply discipline-specific knowledge
- ability to communicate at an academic level
- awareness of the limitations of knowledge
- autonomy and professional capacity<sup>49</sup>



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The CMEC expectations provide comparisons between baccalaureate and graduate degree outcomes. However, comparable resources could not be found to evaluate differences between diploma and baccalaureate degree outcomes. The outcomes of diploma education tend to be generic in nature with resources referring to abilities such as communication, critical thinking, problem solving, numeracy, and interpersonal skills<sup>63</sup> without explaining the differences between 2-year and 3-year diploma programs let alone baccalaureate programs. A document by the Council of Ontario Universities<sup>50</sup> was the most helpful as it compares the outcomes of 3-year and 4-year baccalaureate degrees. Differences between these degrees were expressed through such phrases as the following (*italics added*):

- *general* knowledge versus *developed* knowledge
- *broad* understanding versus *critical* understanding
- critical thinking versus *developed* critical thinking
- using a *basic range* of established techniques versus using a *range* of established techniques
- communicating *accurately and reliably* versus communicating *information, arguments, and analyses accurately and reliably*
- exercising *personal responsibility and decision-making* versus exercising *initiative, personal responsibility and accountability in both personal and group contexts*.

These documents, coupled with the results of the 2017 CDHA study, were used in generating the domains and their associated subcompetencies.<sup>30,31</sup> This document presents Version 1 of the competencies with the understanding that they will need to be vetted further by educators, regulators, and clinicians.

The competency domains are divided into three sections: integration of knowledge, core competencies, and oral health practitioner service competencies. The “knowledge of discipline” competency articulates the science base of the two professions while highlighting the importance of integrating the cultural knowledge of different populations into practice judgements and client engagement efforts. The “core competencies” include abilities that are fundamental to the provision of all oral health services and are shared by other health care professions. The description of these core competencies is then followed by “service competencies,” which detail the services provided by dually qualified practitioners with both the dental hygiene and dental therapy scopes of practice. It is understood that many of these abilities are also shared with other oral health professions.

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The competency profile is based on the understanding that a problem-solving process, the process of care model (ADPIE: Assess, Diagnose, Plan, Implement and Evaluate), underpins decision making within the service domains. It reflects a decision-making process that is used by many professions to articulate aspects of their reasoning. Cultural competencies to support learners in working with Indigenous people and other groups with unmet oral health needs have also been threaded throughout the domains and their associated subcompetencies. The competencies specific to working collaboratively and effectively with Indigenous people include the following:

- Use knowledge of Indigenous culture and history including the impact of historical and current colonization to support people in developing and achieving culturally safe individual, family, and community goals.
- Engage individuals, families, elders, healers, and community leaders in designing, implementing, and evaluating care/services.
- Support shared leadership integrating an Indigenous model of well-being in the provision of oral health care/services.
- Communicate in a respectful and inclusive manner integrating Indigenous values and beliefs.
- Help to resolve conflicts in a culturally positive manner.

The following page lists the domains and provides associated definitions. It is followed by more detailed descriptions of the domains through the articulation of subcompetencies. Examples of how learners might demonstrate each domain are included for clarity, given that many of these domains are also found in diploma and master's level competency documents. A glossary of terms is found at the end of the document.

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### Knowledge of Discipline Competency

1. **Integration of Knowledge of Discipline:** Incorporate cultural knowledge and foundational knowledge in behavioural, social, and biological sciences to generate evidence-informed, autonomous practice judgements.

### Core Competencies

2. **Professionalism:** Demonstrate self-management and self-regulation within oral health and interprofessional settings within the parameters of relevant legislation, codes of ethics, and practice standards.
3. **Communication:** Integrate unique cultural perspectives and health literacy abilities when engaging with individuals, families, and groups to facilitate their use of information about oral and general health.
4. **Collaboration & Coordination:** Work effectively with others to address the oral health needs of individuals, families, groups, and communities with a view to improving overall health and wellness.
5. **Evidence-Informed Decision Making:** Use scientific information and Indigenous ways of knowing to inform and improve services.
6. **Leadership:** Facilitate change and innovation to support and promote the well-being of people.

### Service Competencies

7. **Clinical Therapy:** Manage therapeutic and ongoing supportive periodontal, restorative, and oral surgical care with people throughout the life stages.
8. **Health Promotion & Disease and Injury Prevention:** Assess, diagnose, plan, implement, and evaluate health promotion and preventive services with people of diverse backgrounds.
  - **Oral Health Education:** Support people in the exploration of their cultural traditions, values and beliefs, and in the acquisition of knowledge, skills, and self-care habits related to oral health and wellness.
  - **Advocacy:** Engage in activities to reduce inequities in oral health status and to increase access to oral health services.

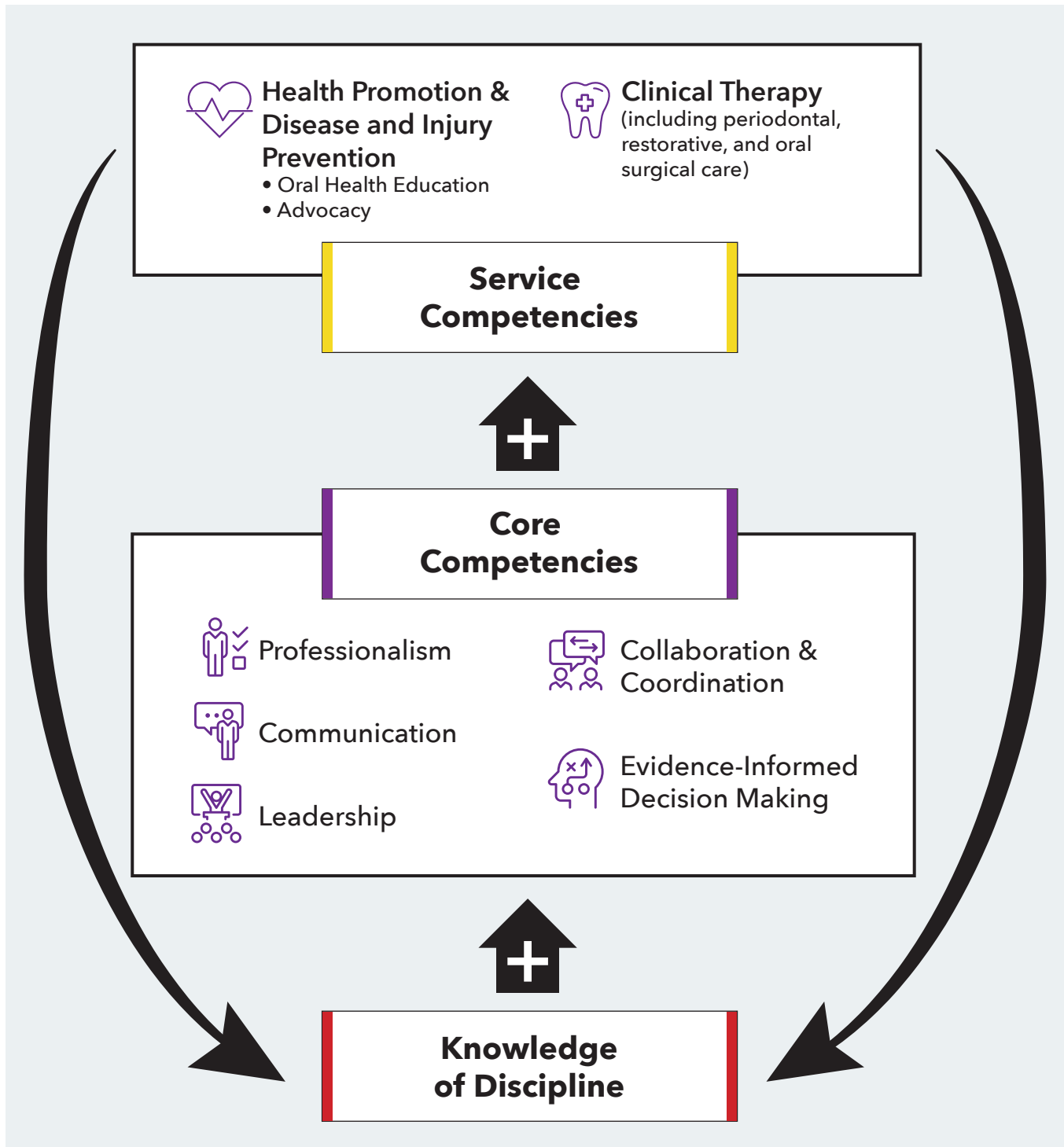
**Figure 1** is a schematic representation of these domains, illustrating the iterative learning process in educational settings as well as practice.

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**Figure 1.** Canadian Competencies for a Baccalaureate Oral Health Practitioner



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### KNOWLEDGE OF DISCIPLINE

**Integration of Knowledge of Discipline:** Incorporate cultural knowledge and foundational knowledge in behavioural, social, and biological sciences to generate evidence-informed, autonomous, practice judgements.

This domain highlights the importance of broad-based knowledge for professional practice, including the knowledge gained through the scientific method and that acquired from studying and understanding the cultural practices of different populations. Particular emphasis is given to the diverse knowledge and history of Indigenous peoples. This domain underscores how the views and experiences of people can form the basis of legitimate ways of knowing. Oral health providers need to apply varied types of knowledge to engage individuals, families, groups, and communities in oral health enhancing actions.

***The graduate has reliably demonstrated the ability to:***

1. Integrate Indigenous ways of knowing with the knowledge of general, behavioural, social, and oral health sciences to support the provision of culturally safe and relevant services.
2. Collaborate with other professionals to incorporate knowledge of evaluation to assess outcomes of oral health services.
3. Use qualitative and quantitative research to inform the development, delivery, and evaluation of oral health services.
4. Apply theories, theoretical frameworks, empirical studies, and other evidence to support judgements and the provision of holistic oral health services.

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### KNOWLEDGE OF DISCIPLINE

#### Examples:

- a. Apply the epidemiology triangle (host, environment, and agent) to the analysis of early childhood caries in an Indigenous community.
- b. Explore the history and culture of a local First Nations community.
- c. Incorporate behavioural science research into the development of a tobacco cessation program for teenagers.
- d. Use peer-reviewed literature to assess strategies to support the mobilization of communities to help members in bringing about oral health enhancing changes.
- e. Provide a local community group with information about community water fluoridation.
- f. Assess the individual client's learning style as part of the planning process.
- g. Develop educational plans based on principles of change and stages of behaviour change.
- h. Examine the impact of intergenerational trauma, violence, and racism on the health and wellness of Indigenous people.
- i. Adopt a stance of cultural humility when initiating a conversation with a client.
- j. Explore the variables that affect access to healthy foods in inner city and remote areas.
- k. Examine strategies to support equity-oriented care.
- l. Access systematic reviews comparing interproximal cleaning products.
- m. Assess current recommendations for the use of silver diamine fluoride.
- n. Analyse the strength of evidence available for a new restorative material.

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### CORE COMPETENCIES

**Professionalism:** Demonstrate self-management and self-regulation in oral health and interprofessional settings within the parameters of relevant legislation, codes of ethics, and practice standards.

A profession is “an occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession[...]the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.”<sup>64</sup>

***The graduate has reliably demonstrated the ability to:***

1. Exhibit the capacity to be governable through licensure and fulfillment of regulatory legislation.
2. Display a disposition towards critical thinking (e.g., to be inquisitive, truth seeking, open minded, systematic, and analytical).
3. Be aware of own limitations and the implications of these limitations on oral health services provided.
4. Develop approaches for dealing with the ambiguities, incomplete information, and the uncertainty of an ever-changing environment.
5. Exercise initiative, personal responsibility, and accountability.
6. Take responsibility for integrating current best practice guidelines.
7. Manage own learning in changing circumstances.
8. Self-correct professional performance in relation to standards of practice and legislation.
9. Use ethical decision-making strategies when providing care with clients, including those with limitations and impairments.
10. Apply culturally safe approaches to interactions with people from diverse cultural, socioeconomic, and educational backgrounds, and persons of all ages, genders, health status, sexual orientations, and abilities.
11. Work with other professionals, and community leaders including Indigenous elders and healers to better meet the needs of clients.
12. Serve society and the profession through community activities and affiliations with professional organizations.



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#### Examples:

- a. Work with the dietitian to support the oral health of a resident with dysphagia.
- b. Maintain professional decorum and behaviour in clinical and community environments.
- c. Report unethical, unsafe, and/or incompetent services to appropriate faculty members.
- d. Listen attentively while participating in a meeting with local Indigenous elders and healers.
- e. Volunteer time to provide oral health information at a community health fair.
- f. Respect sensitivities of capacity when working with a client living with quadriplegia.
- g. Seek input from clinical faculty members after reviewing relevant resources about a question.
- h. Examine the relationship between personal health, self-renewal, and the ability to deliver sustained quality care.
- i. Assess the practice environment to identify the possible manifestation of professional privilege and its possible impact on people.

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**Communication:** Integrate unique cultural perspectives and health literacy abilities when engaging with individuals, families, and groups to facilitate their use of information about oral and general health.

"Communication involves an interchange of ideas, opinions and information. This category addresses numerous dimensions of communication including: internal and external exchanges, written, verbal, non-verbal and listening skills, computer literacy, providing appropriate information to different audiences, working with the media and social marketing techniques."<sup>45</sup>

***The graduate has reliably demonstrated the ability to:***

1. Assess challenges, barriers, and opportunities for effective communication with diverse individuals, groups, cultures, and communities.
2. Use professional resources to support the development of culturally safe and relevant oral health messages.
3. Incorporate strategies for interacting with people taking their personal and cultural variables, and linguistic issues into account.
4. Identify clients' support networks and include them in communications while respecting current privacy legislation.
5. Explore strategies to engage a person/family/group/community in discussions about oral health.
6. Use information technologies to enhance communication with clients, other professionals, and community leaders/influencers.
7. Support people in exploring opportunities for goal-directed change to improve their oral health.
8. Maintain accurate, comprehensive records based on best practice and regulatory guidelines.
9. Work with others to incorporate information technologies into the ongoing analysis of services provided and practice operations.

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### CORE COMPETENCIES

#### Examples:

- a. Manage appointments through professional email communication with clients.
- b. Assess the health literacy of a new client in the practice.
- c. Access client information through a health database.
- d. Work with a family translator to obtain information about the views of a person who is not able to communicate in English.
- e. Recognize the influences of an ongoing history of colonization when exploring the beliefs and values of an Indigenous client.
- f. Use conflict resolution strategies to resolve a disagreement between students involved in a community rotation.
- g. Prepare a referral letter to a dentist regarding a lesion on the attached gingiva for a client of Asian descent.
- h. Use health literacy principles and assessment tools to develop messages for new immigrant families about early childhood caries.
- i. Recognize how the context in which they live affects communication with individuals, families, groups, and communities.
- j. Follow regulatory guidelines to protect the confidentiality and safety of client records.
- k. Document services provided by following program and regulatory policies.
- l. Work with people at risk to gain informed consent for HIV screening.
- m. Communicate with an Indigenous child in a respectful and inclusive manner, integrating the values and beliefs of the child's family.

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**Collaboration & Coordination:** Work effectively with others to address the oral health needs of individuals, families, groups, and communities with a view to improving overall health and wellness.

Collaboration encompasses the abilities required to influence and work with others to improve the health and wellness of the public through the pursuit of a common goal. Partnership and collaboration optimize performance through shared resources and responsibilities.<sup>45</sup> Coordination abilities enhance collaboration by bringing the contributions of diverse people together to support the needs and outcomes of clients.

***The graduate has reliably demonstrated the ability to:***

1. Support the development of shared language to promote communication about roles, knowledge, abilities, and oral health and wellness.
2. Develop professional relationships based on respect, empathy, and trust.
3. Engage individuals, families, elders, healers, and community leaders in designing and implementing care/services.
4. Use coaching and networking strategies to promote problem solving and decision making.
5. Help to resolve conflicts and negotiate acceptable outcomes in a culturally positive manner.
6. Work with others to establish culturally safe and relevant practice environments for the delivery of oral health services.
7. Organize services by bringing together the contributions of diverse individuals and their cultural ways of knowing to manage the oral health needs of clients.
8. Take responsibility for the overall coordination of oral health care including the use of community resources, appropriate delegation to qualified individuals, and management of referrals.
9. Integrate basic principles of practice management including ethics, bookkeeping, marketing, and entrepreneurship into practice.
10. Support practice that is consistent with legal, professional, and ethical responsibilities.
11. Engage in independent and joint decision making to support continuity of care for individuals, families, and groups within their communities.

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### CORE COMPETENCIES

#### Examples:

- a. Provide oral health input in a care conference to support a resident living with dysphagia.
- b. Work with the family of a recent immigrant to help the family navigate through the health and oral resources available to them.
- c. Follow up on a referral related to a possible area of dysplasia.
- d. Work with public school teachers to support pregnant teenagers with their oral health needs.
- e. Review personal practice data to verify timely completion of client services.
- f. Review policies related to biological monitoring of sterilizers to determine if they are aligned with the frequency-of-use parameters of the clinic.
- g. Work with Indigenous elders and healers to evaluate the outcome of an oral health activity implemented within their community.
- h. Work with residential care staff to assess the oral health learning needs of their co-workers.
- i. Work collaboratively with Indigenous and non-Indigenous people to develop a message about a sealant program.
- j. Work with others to engage with Indigenous elders on a session about early childhood caries.
- k. Recognize the challenges of transportation when helping families to access oral health services.
- l. Consider the impact of income on the ability of individuals and families to purchase healthy foods low in sugar content.



## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

Combining Dental Hygiene and Dental Therapy Education

2018

### CORE COMPETENCIES

**Evidence-Informed Decision Making:** Use scientific information and Indigenous ways of knowing to inform and improve services.

Making evidence-informed decisions involves the use of research, experience, as well as the best available information to inform practice.

*The graduate has reliably demonstrated the ability to:*

1. Develop focused, realistic, and meaningful questions about practice and/or the profession.
2. Explain the strengths and limitations of different research approaches and their contributions to evidence-informed practice.
3. Navigate diverse databases and resources related to oral and general health.
4. Differentiate between more and less valid, reliable, and/or credible types of information.
5. Explore the use of statistical tests based on the theories underpinning the tests.
6. Question study methodology and conclusions for their relevance and application to oral health services.
7. Work with others to weigh various perspectives, biases, and assumptions related to complex issues.
8. Use information from Indigenous ways of knowing, and credible research and resources to support evidence-informed judgements about oral health services.



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## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

Combining Dental Hygiene and Dental Therapy Education

2018

### CORE COMPETENCIES

#### Examples:

- a. Write a reflective paper on personal beliefs about professional knowledge including biases and prejudices.
- b. Identify issues in practice that would benefit from further exploration.
- c. Seek out and analyse studies related to a new technology with possible oral health benefits.
- d. Compare best practice standards developed by different organizations to look for common themes and differences in recommendations.
- e. Develop a client fact sheet on dry mouth products based on primary sources.
- f. Explore literature with the goal of developing abilities to participate in talking circle and/or medicine wheel discussions.
- g. Work with partners to document data gained through a needs assessment of a group of immigrant mothers attending a local community centre.
- h. Generate a table comparing fluoride recommendations from national organizations.
- i. Assess current and relevant resources to learn about decolonization approaches.
- j. Explain how evidence from a recent peer-reviewed study might influence clinical policies in the practice.
- k. Explore the evidence to support fluoride varnish programs for children.



## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

Combining Dental Hygiene and Dental Therapy Education

2018

### CORE COMPETENCIES

**Leadership:** Facilitate change and innovation to support and promote the well-being of people.

This domain comprises abilities that improve performance, build capacity, and generally enhance the quality of the environment. It is focused on enabling practices, organizations, and communities "to create, communicate and apply shared visions, missions and values."<sup>45</sup>

***The graduate has reliably demonstrated the ability to:***

1. Promote the integration of culturally safe approaches to reduce inequities in practice environments.
2. Include Indigenous ways of learning into communications with First Nations, Inuit, and Métis peoples.
3. Support shared leadership integrating an Indigenous model of well-being in the provision of oral health care and services.
4. Work with others to advance oral health within overall health.
5. Compare and contrast ways of initiating and managing change for self and others.
6. Mentor peers in their learning and professional practice.
7. Contribute to the measuring, reporting, and continuous improvement of practice performance.
8. Participate in implementing the vision of the practice, organization, and/or community.
9. Model the values of social justice within the work of the practice, organization, and/or community.
10. Provide critical analysis and independent thoughts regarding oral health services.
11. Accept responsibility to improve access to care for people.



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## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

Combining Dental Hygiene and Dental Therapy Education

2018

### CORE COMPETENCIES

#### Examples:

- a. Assist other students in the development of their learning plans.
- b. Contribute independent thoughts about topics discussed at student clinical meetings.
- c. Help to organize a free sealant clinic for children whose parents cannot afford to pay.
- d. Serve as a student representative on a university/institute/college committee.
- e. Provide feedback to clinical staff related to the implementation of infection control and prevention protocols.
- f. Volunteer to help at a local food kitchen.
- g. Integrate Indigenous ways of learning into communications about tobacco cessation strategies with a group of Inuit teenagers.
- h. Participate in a mentoring program to support more junior students in their learning.
- i. Support partners in using a multilevel, multipronged approach for gaining community input on an oral health initiative.
- j. Help to create opportunities for dialogue between community members and oral health care providers to support access to oral health services.
- k. Volunteer to develop a table clinic about oral health for a local health fair.
- l. Write a reflective paper about the ethic of caring and justice.

## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

Combining Dental Hygiene and Dental Therapy Education

2018

### SERVICE COMPETENCIES

**Clinical Therapy:** Manage therapeutic and ongoing supportive periodontal, restorative, and oral surgical care with people throughout the life stages.

Clinical therapy involves the provision of “interceptive, therapeutic, preventive and ongoing care procedures that help to enable people to achieve optimal oral health that contributes to overall health.”<sup>65</sup>

*The graduate has reliably demonstrated the ability to:*

1. Apply standards, best practices, and protocols to support client and practitioner safety, and client oral health outcomes.
2. Perform needs assessments with individuals using evidence-informed and culturally safe approaches.
3. Differentiate between significant and non-significant findings when summarizing client assessment data including those with medically complex needs.
4. Recognize the rights of people to determine the care they wish to receive.
5. Develop evidence-informed diagnostic statements.
6. Ground care in a preventive approach that contributes to the individual's long-term oral and general health.
7. Develop treatment options based on the individual's values, needs, and desires.
8. Plan strategies for obtaining and maintaining informed consent from clients including those with learning and cognitive limitations and impairments.
9. Work with others to identify alternative care options for clients for whom the initiation or continuation of treatment is contraindicated.
10. Initiate and manage primary oral health care in diverse contexts with individuals focusing on risk assessment, prevention, education, therapeutic services, and referrals.

#### **Periodontal Care:**

- 10.1 Use a range of methods for periodontal debridement of oral tissues to support the establishment and maintenance of biologically compatible tooth surfaces.
- 10.2 Manage the health of peri-implant tissues.
- 10.3 Use therapeutic agents including antimicrobial medications based on best practice standards.
- 10.4 Manage complications associated with periodontal therapy.

## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

Combining Dental Hygiene and Dental Therapy Education

2018

### SERVICE COMPETENCIES

#### Restorative Care:

- 10.5 Remove caries and place fluoride-releasing and/or adhesive restorative materials to stabilize carious teeth.
- 10.6 Restore form and function for decayed and fractured teeth by placing direct restorations and stainless-steel crowns.
- 10.7 Select and place space maintainers.
- 10.8 Repair complete dentures and acrylic partial dentures without clasps.
- 10.9 Perform pulp therapy on primary teeth.
- 10.10 Place preformed temporary crowns and temporarily re-cement existing crowns.

#### Oral Surgical Care:

- 10.11 Re-insert/reposition permanent teeth that have been traumatically displaced.
- 10.12 Perform extractions of primary teeth.
- 10.13 Perform uncomplicated extractions of permanent teeth.
- 10.14 Place and remove sutures and medicaments in extraction sites.
- 10.15 Manage common post-extraction complications.
- 11. Assist clients with the management of anxiety and pain.
- 12. Prescribe medications in collaboration with clients based on their health history and potential drug interactions and contradictions.
- 13. Identify errors in care and make recommendations to support client safety.
- 14. Work with others to analyse the outcomes of oral health services in diverse settings including urban, rural, and remote areas.

## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

Combining Dental Hygiene and Dental Therapy Education

2018

### SERVICE COMPETENCIES

#### Examples:

- a. Include Indigenous ways of healing into communications with people from a local First Nations community.
- b. Manage medical emergencies including risk assessment, risk reduction, and emergency care based on recognized cardiopulmonary resuscitation and first aid standards.
- c. Discuss a choice of services within a range of affordable options consistent with the client's needs and values as well as health literacy.
- d. Recognize the possible influences of racism exhibited by those in position of authority, including health care professionals.
- e. Use professional judgement and methods consistent with medico-legal-ethical principles when providing care with residents in an assisted living centre.
- f. Implement an oral health screening clinic at a local homeless shelter.
- g. Engage a mother in discussions about her baby's oral health care during the baby's first dental visit.
- h. Incorporate the individual's beliefs and values into the treatment options provided.
- i. Recognize the possible influence of intergenerational trauma and violence on the members of a First Nations family attending the practice.
- j. Place a temporary adhesive restorative material on a primary molar for a child with Down's syndrome.
- k. Re-insert an anterior incisor after a hockey stick injury.
- l. Place enamel sealants on the first molars of a child with deep developmental pits.
- m. Remove soft debris from a carious lesion on a premolar and place a fluoride-releasing material for a senior living with dementia.



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## **CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:**

Combining Dental Hygiene and Dental Therapy Education

**2018**

### **SERVICE COMPETENCIES**

- n. Place a stainless-steel crown on a primary molar.
- o. Use ultrasonic instrumentation to debride the molars of an adult with 5 mm to 6 mm periodontal pockets.
- p. Use area-specific curettes to debride a Class II furcation involvement on a lower molar.
- q. Work with peers to explore the outcomes data from a fluoride varnish program to determine the impact of the program on the oral health of the children.
- r. Write a prescription for a post-surgical analgesic to support a client whose tooth was extracted.
- s. Seek client input about services provided to support ongoing assessment of services.
- t. Evaluate the co-axial alignment of surgical telescopes/loupes to support undistorted vision for clinical care.

## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

Combining Dental Hygiene and Dental Therapy Education

2018

### SERVICE COMPETENCIES

**Health Promotion & Disease and Injury Prevention:** Assess, diagnose, plan, implement, and evaluate health promotion and preventive services with people of diverse backgrounds.

The health promotion domain involves “the process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments for health; strengthen community action for health; develop personal skills; and re-orient health services.”<sup>45</sup> From an oral health perspective these pillars of health promotion are grounded in abilities related to oral health education and advocacy as well as disease and injury prevention, a complementary term that involves fostering competence and averting problems.

***The graduate has reliably demonstrated the ability to:***

1. Apply knowledge of the social and ecological determinants of health and associated inequities when participating in the planning of health promotion and preventive activities, strategies, and programs.
2. Establish partnerships with communities, other professionals, and other partners to create culturally safe health promotion and preventive goals.
3. Use community mobilization approaches to support community members in developing oral health enhancing changes.
4. Support people within communities to build their capacity for oral health and wellness based on their beliefs and spiritual values.
5. Work with community partners to select and to implement evidence-informed and culturally safe health promotion and preventive strategies and interventions.
6. Raise awareness of risk factors such as diet, drugs, and substances such as tobacco and alcohol on oral and general health.
7. Use a range of preventive agents and products based on best practice standards.
8. Participate in the development of mechanisms to monitor, evaluate, and modify services for their cultural relevance, safety, effectiveness, and quality.
9. Describe the current and potential role of oral health professionals in the management of community incidents, outbreaks, and emergencies.



## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

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### SERVICE COMPETENCIES

#### Examples:

- a. Analyze how the Indigenous social determinants of health influence goal setting by a local Métis community.
- b. Collect information about client services provided, Decayed, Missing, Filled Teeth (DMFT) scores, and client demographics during the course of an enamel sealant program.
- c. Use knowledge of Indigenous culture including the impact of historical and current colonization to support a local community in developing a culturally safe community goal.
- d. Participate in a sports guard clinic at a local community centre.
- e. Implement an oral health presentation with an ESL group of Vietnamese parents about oral health and nutrition for preschool children.
- f. Participate in a communication circle organized by elders and healers from a First Nations community to learn about the outcomes of an oral health program.
- g. Work with community members to create spaces where they engage in dialogue about oral health information.
- h. Work with community partners to recognize changes in needs of seniors as they live longer.

### ORAL HEALTH EDUCATION

Support people in the exploration of their cultural traditions, values, and beliefs, and in the acquisition of knowledge, skills, and self-care habits related to oral health and wellness.

Health education involves “the application of teaching and learning principles to facilitate the development of specific attitudes, knowledge, skills, and behaviours”<sup>65</sup> with particular emphasis on oral health and its relationship to general health and wellness.

#### ***The graduate has reliably demonstrated the ability to:***

10. Contribute to assessing and improving the health literacy of people.
11. Recognize the influence of the social determinants of health on the self-care habits of individuals, families, groups, and communities.
12. Create a culturally safe and relevant environment to support learning.
13. Translate oral health information for other health professionals to incorporate into their practices.
14. Coach individuals and groups in acquiring oral health knowledge and skills.
15. Assist people in learning psychomotor abilities to support oral health.

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### SERVICE COMPETENCIES

16. Support people to develop self-management skills.
17. Engage with community elders, spiritual leaders, care workers, and other professionals on issues related to oral self-care.
18. Evaluate the effectiveness of learning activities and revise the learning strategies as needed.

#### Examples:

- i. Identify cultural ambiguities and misunderstandings that may have affected the outcomes of an oral health session within a local Indigenous community.
- j. Develop an oral health session with the participants of a prenatal program.
- k. Incorporate community elders' support into the delivery of an oral health activity within a First Nations community.
- l. Help a care assistant in developing brushing techniques to support residents.
- m. Review tobacco cessation strategies with clients.
- n. Participate in a local health fair.
- o. Write a letter to the editor of a local newspaper about an oral health issue.
- p. Recognize the importance of connecting to the land/mother earth when speaking with a group of Métis children.
- q. Implement a session on oral self-care with recent immigrants attending a local church.
- r. Use plain language writing strategies to develop a post-surgical information sheet for clients.

### ■ ADVOCACY ■

Engage in activities to reduce inequities in oral health status and to increase access to oral health services.

Advocacy involves "speaking, writing or acting in favour of a particular issue or cause, policy,"<sup>45</sup> individual or group of people. The focus is often aimed at reducing inequities in oral health status or improving access to oral health services.

#### ***The graduate has reliably demonstrated the ability to:***

19. Examine how workplaces, organizations, communities, and government shape the delivery of oral health care.

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### SERVICE COMPETENCIES

20. Participate in the identification of networks and alliances inside and outside the profession for facilitating access to care.
21. Challenge systems and structures that result in inequities.
22. Work with others to create environments that support social justice through the acknowledgement of power, privilege, and oppression.
23. Contribute to actions that will support change and facilitate access to care.
24. Engage with community partners in their efforts to improve quality of life.
25. Act as a voice for change in the face of behaviour that might bring harm to people.
26. Work with community partners to evaluate and reflect upon the processes and results of advocacy activities.

#### Examples:

- s. Question actions that appear to be inconsistent with clinical best practices and/or policies.
- t. Participate in an advocacy initiative for clean water in a remote community.
- u. Promote the use of sports guards through a local parent association.
- v. Write a letter to a community leader regarding a possible collaborative project related to oral health.
- w. Provide a client with the name and telephone number of an appropriate regulatory organization with which the person can communicate about a concern.
- x. Discuss the types of oral health services and benefits available through the Non-Insured Health Benefits Program with people eligible for the plan.
- y. Raise awareness of inequities in the community and support changes in the system that produce them.
- z. Engage Métis elders in the local community in a discussion about fluoride varnish programs.



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### Conclusion

As the delivery models for oral health services evolve, so too must the competencies for oral health care providers. The competency profile presented in this document reflects the outcomes of a 4-year baccalaureate degree with a major in dental therapy. It provides a unique addition to national competency profiles in the oral health sector given the integration of Indigenous ways of knowing, being, doing, and relating. The adoption of the baccalaureate competencies requires acceptance and commitment from a variety of groups, including educators and regulatory and accrediting bodies. While the profile was vetted through an online survey of national and international educators, as well as the project advisory committee, it requires further examination once one or more programs for dually qualified providers are established and their graduates are in practice.

## CANADIAN COMPETENCIES FOR A BACCALAUREATE ORAL HEALTH PRACTITIONER:

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### Glossary of Terms

Most definitions in this glossary were compiled by Dr. John M Last in October 2006, revised and edited by Peggy Edwards in July 2007, and published in 2008 by the Public Health Agency of Canada (PHAC)<sup>45</sup> as an appendix to its *Core Competencies for Public Health in Canada*. All glossary definitions are direct quotations from their identified source document.

**Advocacy:** Interventions such as speaking, writing or acting in favour of a particular issue or cause, policy or group of people. In the public health field, advocacy is assumed to be in the public interest, whereas lobbying by a special interest group may or may not be in the public interest. Advocacy often aims to enhance the health of disadvantaged groups such as First Nations communities, people living in poverty or persons with HIV/AIDS.<sup>45</sup>

**Analysis:** The examination and evaluation of relevant information in order to select the best course of action from among various alternatives [...] this requires the integration of information from a variety of sources.<sup>45</sup>

**Assessment:** A formal method of evaluating a system or a process, often with both qualitative and quantitative components.<sup>45</sup>

**Atraumatic restorative therapy (ART):** Removal of carious, insensitive outer tooth tissues using hand instruments and placement of an adhesive restorative material, preferably a fluoride-releasing material.

**Attitude:** A relatively stable belief or feeling about a concept, person or object. Attitudes can often be inferred by observing behaviours. Related to definition of values.<sup>45</sup>

**Collaboration:** A recognized relationship among different sectors or groups, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the public health sector acting alone.<sup>45</sup>

**Client:** An individual, family, group, organization or community accessing the professional services of a dental hygienist. The term "client" may also include the client's advocate such as the parent of a young child.<sup>65</sup>

**Collective competence:** Collective competence<sup>66-70</sup> emphasizes the interaction among professionals in practice as they share their knowledge, experience, and perceptions to support care. It recognizes the need for both competent individuals and competent teams in health care.

**Communication skills:** These are the skills required by [...] health professionals to transmit and receive ideas and information to and from involved individuals and groups. Communication skills include the ability to listen, and to speak and write in plain language; i.e., verbal skills, often reinforced with visual images.<sup>45</sup>

**Community mobilization:** Community mobilization approaches seek to create and harness the agency of marginalized groups [...] enabling them to build a collective, community response, through their full participation in the design, implementation and leadership of health programs, and by forging supportive partnerships with significant groups both inside and outside of the community.<sup>71</sup>

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**Community participation:** Procedures whereby members of a community participate directly in decision-making about developments that affect the community. It covers a spectrum of activities ranging from passive involvement in community life to intensive action-oriented participation in community development (including political initiatives and strategies). The Ottawa Charter for Health Promotion emphasizes the importance of concrete and effective community action in setting priorities for health, making decisions, planning strategies and implementing them to achieve better health.<sup>45</sup>

**Culturally relevant (and appropriate):**

Recognizing, understanding and applying attitudes and practices that are sensitive to and appropriate for people with diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.<sup>45</sup>

**Culturally safe:** An environment which is safe for people, where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening.<sup>72</sup>

**Data:** A set of facts; one source of information. (See *definition*—Information)<sup>45</sup>

**Determinants of health:** Definable entities that cause, are associated with, or induce health outcomes. Public health is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environments. These, in combination, create different living conditions which impact on health.<sup>45</sup>

**Disease and injury prevention:** Measures to prevent the occurrence of disease and injury, such as risk factor reduction, but also to arrest the progress and reduce the consequences of disease or injury once established. Disease and injury prevention is sometimes used as a complementary term alongside health promotion.<sup>45</sup>

**Diversity:** The demographic characteristic of populations attributable to perceptible ethnic, linguistic, cultural, visible or social variation among groups of individuals in the general population.<sup>45</sup>

**Empowerment:** A process through which people gain greater control over decisions and actions affecting their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs.

(See *definition*—Health promotion)<sup>45</sup>

**Equity/equitable:** Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences and various social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity, which result, for example in unequal access to health services, nutritious food or adequate housing. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life.<sup>45</sup>



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**Ethics:** The branch of philosophy dealing with distinctions between right and wrong, and with the moral consequences of human actions. Much of modern ethical thinking is based on the concepts of human rights, individual freedom and autonomy, and on doing good and not harming. The concept of equity, or equal consideration for every individual, is paramount [...] Finding a balance between the public health requirement for access to information and the individual's right to privacy and to confidentiality of personal information may also be a source of tension.<sup>45</sup>

**Evaluation:** Efforts aimed at determining as systematically and objectively as possible the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.<sup>45</sup>

**Evidence:** Information such as analyzed data, published research findings, results of evaluations, prior experience, expert opinions, any or all of which may be used to reach conclusions on which decisions are based.<sup>45</sup>

**Governability:** A concept borrowed from the sciences to refer to "governableness," which can be defined as the quality of being governable; that is, capable of being controlled or managed (<http://sk.sagepub.com/reference/governance/n219.xml>). Governable health professionals are accountable within the organizations in which they work to uphold a high quality of care and to abide by the standards and expectations set out by their regulatory body.

**(Health) planning:** A set of practices and procedures that are intended to enhance the efficiency and effectiveness of health services and to improve health outcomes. This important activity [...] commonly includes short-term, medium-term, and long-range planning. Important considerations are resource allocation, priority setting, distribution

of staff and physical facilities, planning for emergencies and ways to cope with extremes of demand and unforeseen contingencies, and preparation of budgets for future fiscal periods.<sup>45</sup>

**Health policy:** A course or principle of action adopted or proposed by a government, political party, organization, or individual; the written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization. Policies have three interconnected and ideally continually evolving stages: development, implementation and evaluation. Policy development is the creative process of identifying and establishing a policy to meet a particular need or situation. Policy implementation consists of the actions taken to set up or modify a policy, and evaluation is the assessment of how, and how well, the policy works in practice. Health policy is often enacted through legislation or other forms of rule-making, which define regulations and incentives that enable the provision of and access to health services and programs.<sup>45</sup>

**Health program:** A description or plan of action for an event or sequence of actions or events over a period that may be short or prolonged. More formally, an outline of the way a system or service will function, with specifics such as roles and responsibilities, expected expenditures, outcomes, etc. A health program is generally long term and often multifaceted, whereas a health project is a short-term and usually narrowly focused activity.<sup>45</sup>

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**Health promotion:** The process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental, political and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments; strengthen community action; develop personal skills; and re-orient health services.<sup>45</sup>

**Health protection:** A term to describe important activities of public health, in food hygiene, water purification, environmental sanitation, drug safety and other activities that eliminate as far as possible the risk of adverse consequences to health attributable to environmental hazards.<sup>45</sup>

**Indigenous:** Considering the diversity of Indigenous peoples, an official definition of 'Indigenous' has not been adopted by any UN-system body. Instead the system has developed a modern understanding of this term based on the following:

- Self-identification as Indigenous peoples at the individual level and accepted by the community as their member.
- Historical continuity with pre-colonial and/or pre-settler societies
- Strong link to territories and surrounding natural resources
- Distinct social, economic or political systems
- Distinct language, culture and beliefs
- From non-dominant groups of society
- Resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities.<sup>73</sup>

**Indigenous knowledge:** The time-honoured cultural practices of Indigenous people; whether spiritual, physical, emotional or mental. It includes ceremonies (sweat lodge, Sundance, condolence, thanksgiving address, uwipi, hatowi, circle, vision quest, sunrise, fasting, feasting, etc.); teachings (seven grandfathers, seven stages of life, dark versus light, the Anishnaabe medicine wheel as a contemporary representation of worldviews); values, beliefs, and ecological knowledge; foods, diet, and movements; and spiritual journeying through dreams and visions.<sup>74</sup>

**Indigenous healer:** A person who offers help and guidance to individuals in their pursuit of holistic health. The classification covers a wide range of expertise; each contributing to the whole: spiritualist (faith keeper, holy person or priest), herbalist, diagnosis specialist (seer, referral source), medicine man/woman (bundle keepers, song keepers, pipe carriers, lodge keepers, etc.). Other healers carry the gifts of touch, doctoring, energy work, midwifery, and use mixed methods.<sup>74</sup>

**Indigenous healing:** Healing is the pursuit of holistic health and wellness through the prevention and treatment of illness. It is the lifelong journey toward bimaadiziwin or the good life [...] Healing is the journey toward self-awareness, self-knowledge, spiritual attunement and oneness with Creation. It is also the lifelong process of understanding one's gifts from the Creator and the embodiment of life's teachings that the individual has received. When Indigenous peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counselling, and the accumulated wisdom of elders.<sup>74</sup>



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**Information:** Facts, ideas, concepts and data that have been recorded, analyzed, and organized in a way that facilitates interpretation and subsequent action.<sup>45</sup>

**Interim stabilization therapy (IST):** Removal of soft debris (plaque and/or food particles) from a carious lesion and placement of fluoride-releasing material to promote the remineralization of tooth tissues to support their stabilization.

**Investigation:** A systematic, thorough and formal process of inquiry or examination used to gather facts and information in order to understand, define and resolve a public health issue.<sup>45</sup>

**Leadership:** Leadership is described in many ways. In the field of [...] health it relates to the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge.<sup>45</sup>

**Lifelong learning:** broad concept where education that is flexible, diverse and available at different times and places is pursued throughout life. It takes place at all levels—formal, non-formal and informal—utilizing various modalities such as distance learning and conventional learning.<sup>45</sup>

**Mediate:** A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Facilitating change in people's lifestyles and living conditions inevitably produces conflicts between the different sectors and interests in a population. Reconciling such conflicts in ways that promote health may require

considerable input from health promotion practitioners, including the application of skills in advocacy for health.<sup>45</sup>

**Partnerships:** Collaboration between individuals, groups, organizations, governments or sectors for the purpose of joint action to achieve a common goal. The concept of partnership implies that there is an informal understanding or a more formal agreement (possibly legally binding) among the parties regarding roles and responsibilities, as well as the nature of the goal and how it will be pursued.<sup>45</sup>

**Performance standards:** The criteria, often determined in advance, e.g., by an expert committee, by which the activities of health professionals or the organization in which they work, are assessed.<sup>45</sup>

**Population health assessment:** Population health assessment entails understanding the health of populations and the factors that underlie health and health risks. This is frequently manifested through community health profiles and health status reports that inform priority setting and program planning, delivery and evaluation. Assessment includes consideration of physical, biological, behavioural, social, cultural, economic and other factors that affect health. The health of the population or a specified subset of the population can be measured by health status indicators such as life expectancy and hospital admission rates.<sup>45</sup>

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**Public health:** An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term “public health” can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise.<sup>45</sup>

**Public health sciences:** A collective name for the scholarly activities that form the scientific base for public health practice, services, and systems. Until the early 19th century, scholarly activities were limited to natural and biological sciences sometimes enlightened by empirical logic. The scientific base has broadened to include vital statistics, epidemiology, environmental sciences, biostatistics, microbiology, social and behavioral sciences, demography, genetics, nutrition, molecular biology, and more.<sup>45</sup>

**Research:** Activities designed to develop or contribute to knowledge, e.g., theories, principles, relationships, or the information on which these are based. Research may be conducted simply by observation and inference, or by the use of experiment, in which the researcher alters or manipulates conditions in order to observe and study the consequences of doing so. [...] Qualitative research aims to do in-depth exploration of a group or issue, and the methods used often include focus groups, interviews, life histories, etc.<sup>45</sup>

**Social justice:** Acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation.<sup>75</sup> It is a state of health equity characterized by the equitable distribution of services affecting health and helping relationships. Social justice is achieved through the recognition and acknowledgement of social oppression and inequity.<sup>76</sup> The goal of social justice is to develop the ability of people to realize their potential in the society in which they live.<sup>77</sup>

**Social marketing:** The design and implementation of health communication strategies intended to influence behaviour or beliefs relating to the acceptability of an idea such as desired health behaviour, or a practice such as safe food hygiene, by a target group in the population.<sup>45</sup>

**Social responsibility:** An ethic of service that involves undertaking actions that advance the common good.<sup>13</sup>

**Structural competence:** The concept of structural competence<sup>78-83</sup> builds on cultural competence to emphasize the often-invisible social inequities underlying illness; it directs attention to the structural and psycho-social complexities of working with vulnerable populations.

**Surveillance:** Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death.<sup>45</sup>

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**Sustainable development:** The use of resources, investments, technology and institutional development in ways that do not compromise the health and well-being of future generations. There is no single best way of organizing the complex development-environment-health relationship that reveals all the important interactions and possible entry points for public health interventions.<sup>45</sup>

**Values:** The beliefs, traditions and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time and are often grounded in religious faith. They include beliefs about the sanctity of life, the role of families in society, and protection from harm of infants, children and other vulnerable people. Social values are more flexible and may change as individuals undergo experience. These may include beliefs about the status and roles of women in society, attitudes towards use of alcohol, tobacco and other substances. Values can affect behaviour and health either beneficially or harmfully.<sup>45</sup>

**Vision:** If a strategic plan is the “blueprint” for an organization’s work, then the vision is the “artist’s rendering” of the achievement of that plan. It is a description in words that conjures up the ideal destination of the group’s work together.<sup>45</sup>

**Working environment:** A setting in which people work. This comprises not merely the physical environment and workplace hazards, but also the social, cultural and psychological setting that may help to induce harmony among workers, or the opposite—tension, friction, distrust and animosity which can interfere with well-being and aggravate risks of injury.<sup>45</sup>

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1122 Wellington St W,  
Ottawa, ON K1Y 2Y7  
1-800-267-5235  
[info@cdha.ca](mailto:info@cdha.ca) | [www.cdha.ca](http://www.cdha.ca)