2015 • Volume 2 • Issue 1

CDA Oasis App
Knowledge on the Go
P. 9

Access to Care
Uof T and Schulich Dentistry
P. 34

Clinical Review
Financial Barriers to Care
P. 39

CDA *essentials*

The Canadian Dental Association Magazine

Developmental Disabilities

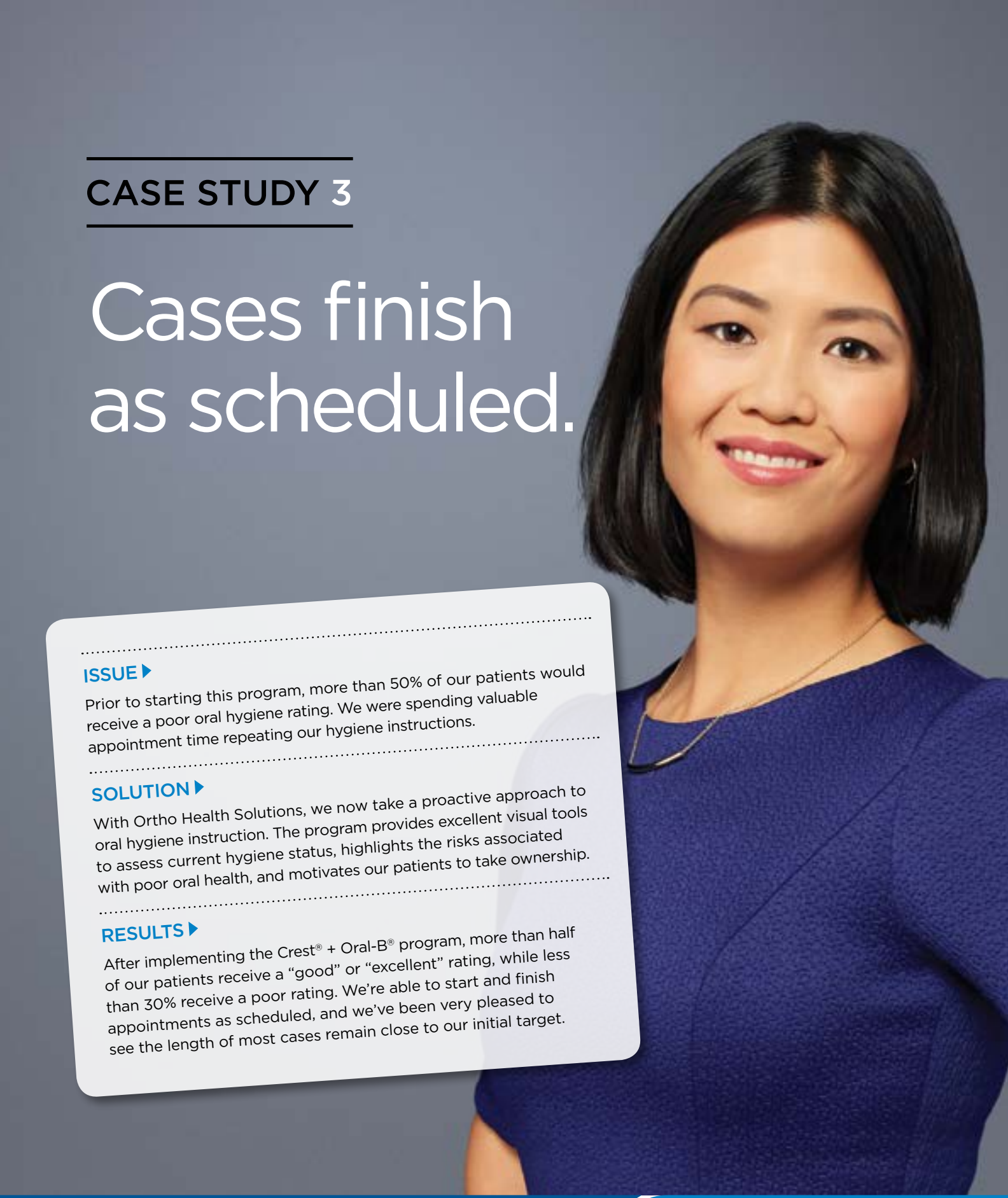
Treating Adult Patients

Pages 26-32

PM40064661

CASE STUDY 3

Cases finish as scheduled.



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CDA essentials

2015 • Volume 2 • Issue 1

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The Canadian Dental Association (CDA) is the national voice for dentistry dedicated to the promotion of optimal oral health, an essential component of general health, and to the advancement and leadership of a unified profession.

CDA *essentials* is the official print publication of CDA, providing dialogue between the national association and the dental community. It is dedicated to keeping dentists informed about news, issues and clinically relevant information.

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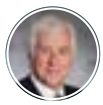

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New CDA Oasis App: Knowledge at your fingertips **Page 9**

RCDC facilitated the relationship between CDA and the newly formed Afghan Dental Association **Page 22**

CDA at Work

News and Events

With this issue!

Future of Dentistry Survey

The Dental Industry Association of Canada's (DIAC) 19th Annual Future of Dentistry questionnaire is included in the polybag of this edition of *CDA Essentials*. Please take a moment to complete and return the survey using the postage-paid reply envelope.

You can also complete the survey online at: **tinyurl.com/DIAC2015**

DIAC

CONTENTS

Ontario Universities Taking Action on Access to Care

Page 34

Treating Adults with Developmental Disabilities

Page 26

CDA National Conference, August 26-29, 2015 in St. John's, Newfoundland

Page 24

Issues and People

Supporting Your Practice

Classifieds

Obituaries

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Supporting your practice and Community Connections

CANADIAN DENTAL ASSOCIATION

Community engagement has always been important to me. For several years, I volunteered on the parent-teacher association at my children's high schools and the town's recreation commission. And of course I've always enjoyed a special connection with my community through the relationships developed with my patients.

But that feeling of fellowship is more difficult to maintain when your community extends beyond the boundaries of your hometown, as is true of the Canadian dental community. That's why CDA has been working on initiatives designed to connect and support dentists across the country. CDA initiatives introduced in 2014 are making it easier for dentists to learn about issues affecting the profession, share experiences and expertise, and manage daily transactions in their offices.

Download the free **CDA Oasis** app in the App Store or Google Play Store.

I certainly hope that 2015 will build on the momentum that CDA started last year—a year of many firsts. CDA held the inaugural National Oral Health Action Plan Symposium (which will be followed by a second event on February 26, 2015); completed the first year of publication for *CDA Essentials*, a new magazine for Canadian dentists; launched *CDA Oasis*, CDA's first mobile app (p. 9); and began to rollout the CDA Practice Support Services website, a new self-serve website for dentists and office staff (p. 13).

Focusing on the 2 most recent initiatives, the CDA Oasis app—a mobile version of content found on the Oasis Discussions website—rekindles conversations across the country by providing information and perspectives on issues pertinent to the profession. App users will have access to expert clinical advice through Oasis Help and JCDA.ca along with a link to the CDA website. More interestingly, the app's potential for interactivity means Canadian dentists can be involved in creating content. Dentists can submit their own questions, comments or challenging clinical cases, and tap into the knowledge and experience of your dental colleagues. And if you're shy about sharing such material online, rest assured that all content is vetted by CDA staff before going live—and you can remain anonymous if you wish.

Through the CDA Practice Support Services website, CDA is making some aspects of your office management easier. When a new dentist joins the practice, the new website provides a more efficient process for registering a dentist in an office in preparation for transmitting e-claims. It also provides dentists with a CDA Digital ID, an important security measure that guards against fraudsters and simplifies the claims process for the dental office. If you haven't been able to visit the new website yet, be patient: it is being introduced across the country in stages. The website was launched in Alberta in November 2014, and will be more widely available this spring.

These are just some examples of how CDA continues to provide services that offer substantial value to dentists. By supporting the practice environment, CDA is helping dentists achieve their goal of quality patient care. Making stronger community connections is a New Year's resolution I can feel good about; I hope you'll feel inspired to do the same. May the year ahead be an outstanding and successful year for all.

GARY MACDONALD, DDS

president@cda-adc.ca

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1. Burwell A, et al. *J Clin Dent.* 2010;21(Spec Iss):66–71. **2.** LaTorre G, et al. *J Clin Dent.* 2010;21(3):72–76. **3.** West NX, et al. *J Clin Dent.* 2011;22(Spec Iss):82–89. **4.** Earl J, et al. *J Clin Dent.* 2011;22(Spec Iss):62–67. **5.** Efflant SE, et al. *J Mater Sci Mater Med.* 2002;26(6):557–565. **6.** Parkinson C, et al. *J Clin Dent.* 2011;22 (Spec Iss):74–81. **7.** Earl J, et al. *J Clin Dent.* 2011;22(Spec Iss):68–73. **8.** Wang Z, et al. *J Dent.* 2010;38:400–410.

CDA OASIS APP

Knowledge at your fingertips

CDA launched its first mobile app in December 2014 to help keep Canadian dentists and dental team members up to date on the issues and information useful for day-to-day practice.

CDA Oasis, is a free, searchable app that features four main sections: Supporting Your Practice, News & Events, Issues & People, and CDA @ Work. The app places content from Oasis Discussions in a user-friendly format at your fingertips. The app also has links to Oasis Help, JCDA.ca and the CDA website.

"To be successful in today's practice environment, it's important for the dental team to know about the issues facing the profession and be aware of emerging trends that could potentially affect dentists or public health," says Dr. John O'Keefe, CDA director of knowledge networks.

"One of the app's features allows users to upload their own content, including questions, comments, and documentation of clinical cases," says Dr. O'Keefe. "We want to build a united, interactive community where dentists can share experiences from their practices and connect with colleagues across the country."

Download the app **today!**

Search for **CDA Oasis** in the App Store (iOS) or Google Play Store (Android) on your mobile device.

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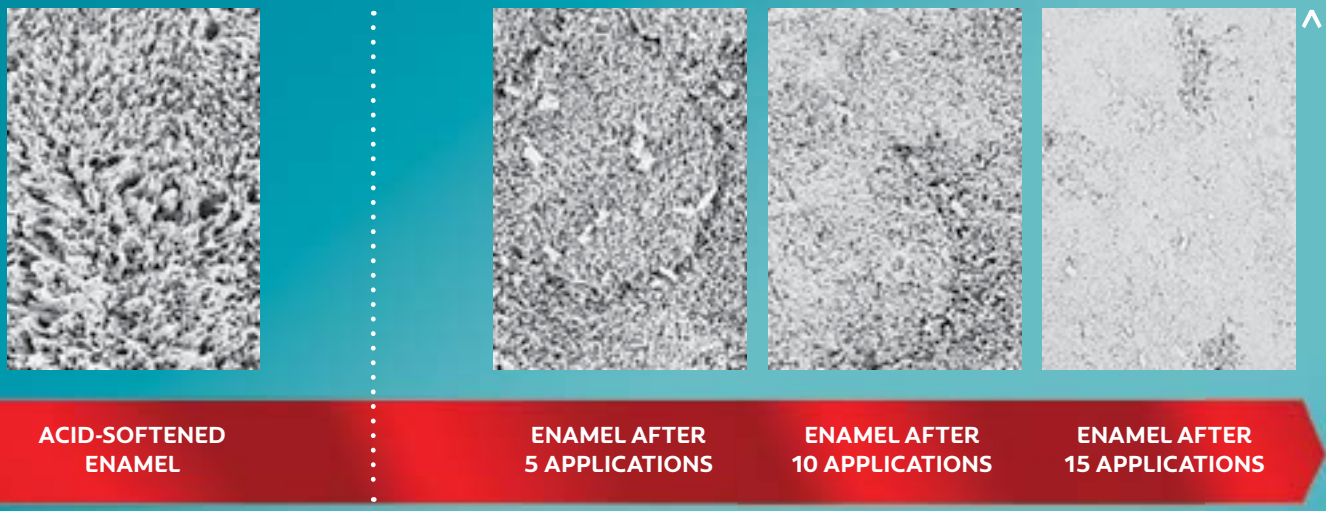

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†Strengthens enamel by rebuilding weak spots. ^Demonstration of Colgate* Enamel Health™ mode of action. Images were captured using an electron microscope in a lab study. Colgate-Palmolive Canada Inc. *TM Reg'd/M.D.

Thompson Trophy Presentation: Standing between Lieutenant-Colonel Dwayne Lemon (far left) and Colonel James Taylor (far right) are several of the recipients of the 2014 Thompson Trophy. (L. to r.): Major Domenico Belcastro, Lieutenant-Colonel Teodora Russu, Sergeant Jolene Mudicka, Sergeant Katarina Vasic, and Honorary Colonel Claude Paul Boivin, CDA executive director.

CDA AWARDED THOMPSON TROPHY *for its efforts in Afghanistan*

The Royal Canadian Canadian Dental Corps (RCDC) bestowed CDA with the 2014 Thompson Trophy in recognition of CDA's key contribution to Operation ATTENTION in Afghanistan from 2011 to 2013.

Op ATTENTION was Canada's capacity building response to the NATO Training Mission in Afghanistan that delivered training and professional development support to Afghan national security forces. In collaboration with the RCDC, CDA guided and supported the development of organized dentistry in Afghanistan and the establishment of the Afghan Dental Association. CDA also sponsored the Afghan Dental Association for its election to membership in the FDI World Dental Federation.

The Thompson Trophy—named after Brigadier-General (retired) W.R. Thompson, former Director General Dental Services and a former CDA president—recognizes the most significant contribution to the deployed land, sea or air operations of the RCDC during the prior calendar year or past several years.

Claude Paul Boivin, CDA executive director and Honorary Colonel of 1 Dental Unit, attended a ceremony in Edmonton to accept the Thompson Trophy on behalf of CDA.

"Op ATTENTION provided CDA with a unique opportunity to work collaboratively with the RCDC in offering guidance and assistance to dentists in Afghanistan. It was a most rewarding experience to contribute to the development of organized dentistry in a country facing immense challenges," says Mr. Boivin.

The 2014 Thompson Trophy was also awarded to RCDC personnel who deployed to Afghanistan during the NATO training mission, and to Health Canada through Dr. Peter Cooney, Chief Dental Officer of Canada. Health Canada was recognized for its significant support in securing and providing the RCDC with a validated curriculum for a mid-level provider education initiative for the Afghan National Army, a core element of Op ATTENTION.

Editor's note: *Brigadier-General (retired) William Thompson passed away on November 30, 2014.* *See p. 46*

GC America - 2014 Deming Prize Winner
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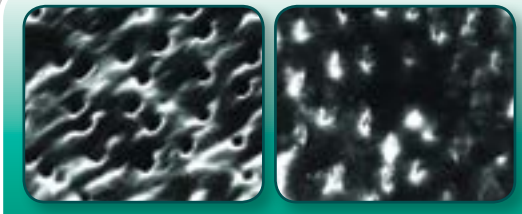

Electronmicrograph demonstrating occlusion of exposed dentinal tubules by CPP-ACP. CPP-ACP relieves sensitivity within 3-5 minutes.

Prof. E. Reynolds.
Mount, G.J., Hume, W.R. (2005). Preservation and Restoration of Tooth Structure (2nd edition). Queensland, Australia: Knowledge Books and Software.

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GC

WHAT'S NEW *in Electronic Claims?*

By Geoff Valentine, CDA Manager of Health Informatics Services

In 2014, there were many changes to the way electronic dental claims (e-claims) are transmitted or administered. Driven by a variety of factors—claims processors' desire to reduce costs, retirement of old technology, and CDA's goal of making things simple for dental offices—the following developments could have an impact on the way your dental office processes claims.

Electronic Payments and Statements

Several carriers are moving away from mailing paper cheques and statements to dentists for assigned claims, toward direct deposit and online statements. Some carriers have offered paperless transactions for some time but the recent push follows a rise in postal rates.

Although carriers promote the benefits of direct deposit and electronic statements, many offices prefer paper-based processes. CDA has been encouraging carriers to provide dentists with incentives for switching to paperless transactions. For example, Sun Life Financial provides patient plan information and predetermination results on their website where online statements are accessed.

The move to electronic processing will continue in all facets of business and dentistry. A common factor in all these services is an increased reliance on email and up-to-date computer equipment to ensure security. Dentists should anticipate these changes and consider:

- a separate work email account
- a bank account for direct deposit payments from carriers that is separate from the main practice account
- separate usernames and passwords for all staff members

New CDA Practice Support Services Website

CDA has simplified the subscription process for CDAnet and ITRANS Claim Service by creating a self-serve website for dentists and office staff: the CDA Practice Support Services website (**https://services.cda-adc.ca**).

The new website enables dentists to be added to an office and set up to transmit e-claims within a day. Although insurance companies still need a few days to add the dentist to their systems, e-claims set-up is now quick and simple.

The CDA Practice Support Services website is being introduced across Canada in a phased approach:

- November 2014: AB
- March 2015: SK, MB, NS, NB, PE, NL, NU, NT, YK
- April 2015: BC, QC
- May 2015: ON

Look for a CDA communication (e.g., letter, fax or email) in advance of these dates with instructions on how to validate your account.

CDA Digital IDs

CDA Digital IDs will replace the ITRANS digital certificates and will be compatible with the insurance industry's CCDWS software.

Digital certificates help ensure that fraudsters cannot send claims using a dentist's name and ID. The CDA Digital ID can be used with both ITRANS and CCDWS, simplifying the claims process for the dental office while maintaining security.

Dentists will need the CDA Digital ID when:

- their current ITRANS certificate expires
- they opt to use the CCDWS
- a dentist starts using ITRANS in an office for the first time.

The CDA Digital ID is available through the CDA Practice Support Services website.

The Insurance Industry's Claims Software

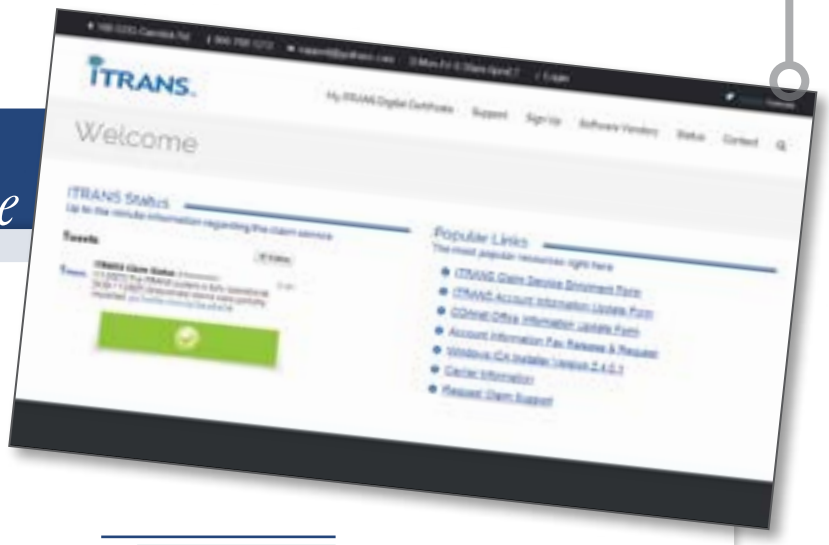
The insurance industry has developed the CCDWS, its own software for sending claims on the Internet. This is an alternative to the CDA member benefit, the ITRANS Claim Service. The CCDWS is distributed by Telus Health Solutions and Alberta Blue Cross.

In 2015, your practice management software vendor may suggest the CCDWS as an alternative to ITRANS.

The CCDWS will send claims only to the CDAnet carriers and networks that support this software.

Dentists can choose to use the CDA-supplied ITRANS Claim Service that has all the benefits listed under "The ITRANS Advantage." Both the insurance industry's CCDWS and ITRANS rely on the CDA Digital ID for security. When the CDA Practice Support Services website is available in their province, dentists should log in to validate their account and download the new CDA Digital ID to avoid any disruption in claims processing.

The ITRANS™ Advantage



Since 2004, the ITRANS Claim Service has reliably relayed hundreds of millions of dental benefit claims from dental offices to claims processors. Yet there are a number of features in the ITRANS Claim Service that not all offices may be aware of:

The ITRANS website (**goitrans.com**)

If your office uses ITRANS and a member of your team signs in to the ITRANS website, they can see claims transmitted by your office in the last 30 days, the response to the claim, and any associated error messages—useful information for troubleshooting any issues. A dental office can also view any pended claims and transmit documents (such as notes and X-rays for referrals) to other dentists on ITRANS.

Claims in process

For claims and predeterminations that cannot be processed immediately, ITRANS stores the message for later transmission, or stores the response until you pick it up. To pick up pended messages, use the "Request for Outstanding Transactions" function. This ITRANS service makes it easier to manage unprocessed transactions, especially for carriers who lack a similar function.

The Help Desk

For years, the ITRANS Help Desk has been the first call dental offices make for help with e-claims issues. Now, support for ITRANS, CDAnet, and the CDA Practice Support Services website are available from one Help Desk, giving dentists access to a broad pool of expertise. As of January 1, 2015, the Help Desk is open from 6:30 am to 8:00 pm EST at **1-866-788-1212** or **goitrans.com/support**

Access to all CDAnet carriers

ITRANS is the only Internet option that can send claims to all CDAnet claims processors in Canada (except Alberta Blue Cross), which was the original CDAnet vision 25 years ago.

CDAnet, ITRANS and the Help Desk services are provided to dentists as part of their association membership fees. CDA and its corporate members, the provincial dental associations, are committed to providing effective office workflow solutions.

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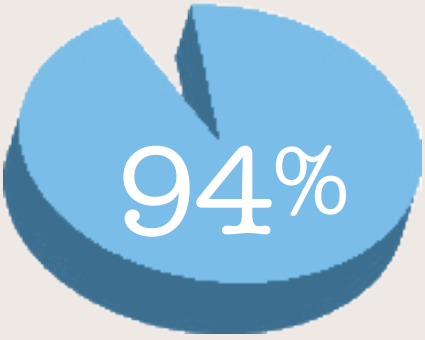

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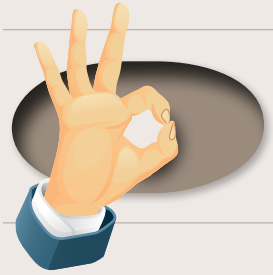

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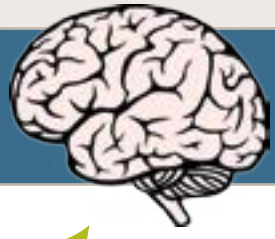

1-800-561-9401

The number to call to make a contribution to your existing account or for assistance in setting up a new **RRSP** or **TFSA** account.

CDSPI

cdspi.com/RRSP2014

* As of November, 2014 † For the period ending September 30, 2014. Based on analysis by Morningstar, Inc. Past performance is not necessarily indicative of future results. For more details on the calculation of Morningstar quartile rankings, please see www.morningstar.ca. ~ Source: Morningstar, May, 2013 Δ Contribution limits are subject to revision by the federal government. ° CDSPI provides the Canadian Dentists' Investment Program and the Canadian Dentists' Insurance Program as member benefits of the CDA and participating provincial and territorial dental associations. Advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.

15-752 01/15

INDIGENOUS COMMUNITIES:
adopting the "two-eyed seeing" approach to improve oral health

Rethinking the way we approach the issue of improving the oral health of Indigenous Canadians—that was the mandate of Drs. Mary McNally, Robert J. Schroth and Rosamund Harrison when they hosted the *Pathway to Oral Health Equity for First Nations, Métis, and Inuit Canadians: Knowledge Exchange Workshop* in 2014.

Mary McNally

Dalhousie University

Robert J. Schroth

University of Manitoba

Rosamund Harrison

University of British Columbia

The event was in response to the launch of one of the Canadian Institutes of Health Research's (CIHR) signature initiatives, Pathways to Health Equity for Aboriginal Peoples, which identifies oral health as a priority area for Canadian First Nations, Métis and Inuit communities.

"Two-eyed seeing"

The workshop was framed within the "two-eyed seeing" approach, a principle brought forward by Elder Albert Marshall of the Eskasoni Mi'kmaq First Nation, in Cape Breton, Nova Scotia. It refers to "learning to see from one eye with the strengths of Indigenous ways of knowing and from the other eye with the strengths of Western ways of knowing, and learning to use both eyes together for the benefit of all."

The organizers wanted the focus to be on Indigenous people and the inequities they face regarding oral health. Representatives from First Nations, Métis and Inuit communities led off the event. "In keeping with the 'two-eyed seeing' approach, it was important to hear first and foremost from the voices of Indigenous people, to bring them together with Canadian oral health researchers," says Dr. McNally.

The event participants also included clinicians, health promoters, health service program managers and decision-makers, and academics.

"We opted for a non-typical research meeting," explains Dr. Schroth. The idea was to foster open conversations between stakeholders to reach a better, common understanding of the current gaps and challenges in oral health care delivery. Attendees were able to exchange and share their perspectives on 4 key themes—communities, measurement, approaches, and providers—during facilitated panel discussions.

"I think many Canadian dentists are keen and sensitive to the specific oral health needs of Indigenous people," says Dr. Schroth. "And I think many are now realizing that having access to the Non-Insured Health Benefits (NIHB) program doesn't always translate into improved oral health status. Many other factors are at play. If you live in a remote community where professionals aren't visiting very often, NIHB isn't necessarily going to change your outcome."

Partnerships and capacity building

The phrase "nothing about us without us" resonated strongly with the Indigenous representatives who attended the workshop. "The former concept of a researcher parachuting into communities, gathering data and leaving is no longer acceptable," Dr. Schroth explains. Research has to lead to concrete benefits for the communities, and research endeavours have to focus on building capacity within communities, echoes Dr. McNally.

As Dr. McNally points out, another way to build capacity is to get into an interdisciplinary network and draw on other areas of expertise. "We share the same social determinants. We have to be creative about how we network

not only with the communities but also with our interdisciplinary colleagues." Dr. Schroth mentions the possibility of tapping into existing prevention programs. "We've never evaluated the impacts that a breastfeeding program, a preschool nutrition program or an obesity prevention project may have on oral health. We are excited to see there are other avenues to explore."

The workshop organizers are thrilled with the positive feedback they received from the participants. "Attendees were willing to move this agenda forward, realizing that it will take time," says Dr. Schroth. "A lot of people, including some outside the dental community, felt that way. It's encouraging for me as a dentist to know we're not alone, and neither are the communities."

The benefits of hosting this event can already be seen. "A few of us are moving forward with proposals to CIHR for team-building operating grants," mentions Dr. Schroth. "Participants showed interest in being part of an ongoing collaborative research network focused on Indigenous peoples' oral health. I think that's a clear sign that the workshop wasn't perceived as being a researcher-driven event."

NCOHR in action

The event was funded through a workshop grant from the Network for Canadian Oral Health Research (NCOHR).

NCOHR's mission is to:

- Promote mentoring of the next generation of oral health researchers;
- Aid development of interdisciplinary research teams;
- Enable sharing of research-related resources;
- Guide development of sustainable infrastructure; and
- Facilitate communication between and among knowledge creators and knowledge users.

To learn more about NCOHR and funding opportunities, visit ncohr-rcrsb.ca

> *..."learning to see from one eye with the strengths of Indigenous ways of knowing and from the other eye with the strengths of Western ways of knowing, and learning to use both eyes together for the benefit of all."*
>
> – Elder Albert Marshall of the Eskasoni Mi'kmaq First Nation

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Saint John considers FLUORIDE DELIVERY METHODS

In the wake of the Saint John, New Brunswick, city council decision in March 2014 to remove fluoride from municipal drinking water, the New Brunswick Dental Society (NBDS) is pursuing alternative ways to deliver fluoride to the city's residents.

Dr. Kelly Manning

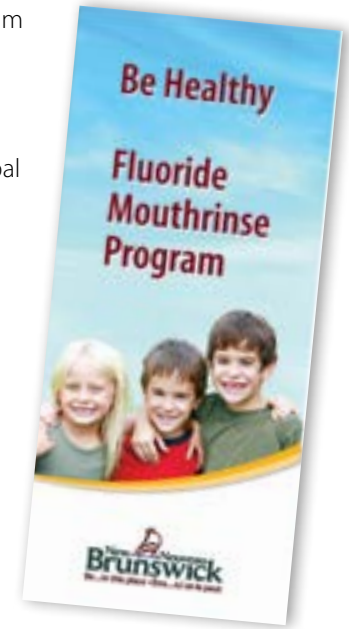
Visit Oasis Podcasts to hear Dr. Manning's interview following the Saint John city council decision in March 2014
oasisdiscussions.ca/oasis-podcasts

Preventing tooth decay is especially important for the city's most vulnerable residents says Dr. Kelly Manning, president of NBDS and a Saint John-area dentist. "Our biggest challenge, I think, is to reach preschool-aged children and the elderly."

Through its work on a committee of Vibrant Communities Saint John, an organization that supports local poverty-reduction efforts, NBDS is raising awareness of a fluoride rinse program provided in elementary schools. The program has been available to children in kindergarten to grade five for some time, but has experienced poor uptake in recent years.

"Even with fluoridated drinking water, there's always a segment of the population that we're missing..."

"The benefit of this fluoride rinse program is that it has the potential to reach people who choose not to drink municipal water, regardless of whether it's fluoridated or not. They're choosing bottled water or use well water. Even with fluoridated drinking water, there's always a segment of the population that we're missing," says Dr. Manning.



The NBDS also had the opportunity to discuss the benefits of fluoridated drinking water with a Saint John city councillor who sits on the Vibrant Communities committee, "since we didn't have a chance to have that conversation before council made their decision to remove fluoride," explains Dr. Manning. "I'm ever hopeful that the council will re-implement water fluoridation because I think it's the most equitable way of getting fluoride to those vulnerable populations."

The Royal Canadian Dental Corps:

THE WAR IN AFGHANISTAN

Canada's military dental services have looked after the oral health needs of Canada's troops in both World Wars, Korea, Afghanistan, and served on many other peacemaking, peacekeeping, humanitarian and forensic operations. In the lead-up to the 100th anniversary of the Royal Canadian Dental Corps (RCDC) in 2015, this article is the seventh in a series that will bring to light the history of the RCDC over the last century, celebrating the heritage, accomplishments and dedication of the dental services personnel of the Canadian Armed Forces.

CDA*essentials* is honoured to publish a regular series of articles, leading up to the celebration of RCDC's 100th anniversary.

Operation APOLLO, 2002

In 2002, Canada entered the longest sustained conflict in its history. Operation APOLLO was Canada's contribution to the US-led operation against terrorist elements in Afghanistan—a campaign that included sea, land and air forces. RCDC teams (or Canadian Forces Dental Services as the Dental Corps was then known) were deployed with HMCS Preserver and HMCS Protecteur. The land-based mission deployed a dental team with 1 Canadian Field Hospital in the Kandahar region of southern Afghanistan, where the harsh climate—temperatures in the 40–50°C range, dry and dusty conditions, and frequent high winds—challenged NATO personnel.

The dental team was also called upon to assist the medical teams with mass casualties. When a friendly fire incident took four lives and wounded eight others, the dental team provided paramedical care and supported the victim identification process.

Operation ATHENA, 2003

In 2003, Canada contributed to the NATO-led International Security Assistance Force based in Kabul. Two thousand Canadian troops, including a dental team, deployed to the capital city in August, with the contingent reduced to 600 troops for Rotation 2. The Canadians were housed in a camp along with American, Belgian, Hungarian, Slovenian and Norwegian troops. The Canadian dental team was in high demand: they treated patients from every nation in the camp, civilian employees, Afghan interpreters, civilians from the Canadian, British and American embassies, and British troops flown in from Mazar-e-Sharif for treatment.

In late 2005, the Canadian contingent moved back to Kandahar and became the lead nation for a multinational field hospital that included British and Dutch forces. The number of patients had grown to many thousands and the dental team spent long hours providing emergency care until other dental resources arrived. The hospital's two military dental teams were led by an oral and maxillofacial surgeon and a comprehensive dentist or general dentist from RCDC, with assistance provided by dental technicians.

Dental technicians were also deployed to Kandahar to work in the patient administration department. They coordinated the movement of patients within theatre, medical evacuations to the American military hospital in Germany, and one served as crew of a Bison armoured ambulance.

Major Mike Kaiser, who was awarded the Meritorious Service Medal, and Major Annick Gingras both served as Deputy Commanding Officers of the Canadian Health Services Unit. Colonel Kevin Goheen deployed to the multinational Role 3 hospital at Kandahar Airfield as the Deputy Commanding Officer of the then US-led field hospital.

Operation ATTENTION, 2011–13

Operation ATTENTION was Canada's capacity building response to the NATO Training Mission in Afghanistan, which delivered training and professional development support to the Afghan National Security Forces (ANSF). At that time, the ANSF Dental Corps suffered from diminished capabilities in the realms of training, education and patient care.

Over the three years of Canada's participation in the NATO mission, the RCDC Dental Advisory Teams met many challenges and contributed to significant improvements in Afghan military dentistry. With support from Health Canada, RCDC dental advisory teams adapted and oversaw the implementation of a mid-level provider program designed to increase the oral health care capacity within the ANSF Dental Corps.

The RCDC also facilitated the relationship between CDA and the newly formed Afghan Dental Association. CDA staff worked with RCDC personnel on the ground to help that Association develop its preliminary constitution, leading to its approval and formal recognition by the Afghan Ministry of Justice. The CDA then facilitated a relationship between the Afghan Dental Association and the dental publishing and supply industries, to help sustain Afghan dentistry through the provision of current textbooks and dental materials.

In a further measure of support, CDA sponsored the Afghan Dental Association's membership in the FDI World Dental Federation and funded its participation in the 2013 FDI Congress held in Istanbul, Turkey. The meeting was attended by Drs. Farzana Nawabi and Hasamuddin Alamyar—the president and vice-president of the new Association. The FDI General Assembly approved Afghanistan's membership and welcomed it into the global dental family as a member of the FDI World Dental Parliament. Concurrently, the Afghan National Army Chief of Dental Services, Colonel Abdul Latif Sultani, was sponsored by NATO to attend the 2013 FDI meeting along with the Afghan delegation, and participated in the FDI's military section meeting.

CDA is playing a central role in commemorating the 100th anniversary of the RCDC in May 2015, reflecting CDA's role in establishing a military dental service in Canada and the close partnership between CDA and RCDC since that time.

1. LCol Teodora Russu mentors her Afghan military and civilian colleagues in Kabul.
2. Maj Sandeep Dhesi (l.) leads an OMFS team in the operating room in Kandahar, assisted by Maj Frederick Ferron (r.) while Col Kevin Goheen (c.) looks on.
3. The CDA and Afghan Dental Association delegations at the 2013 FDI Congress. (l. to r.): Dr. Gary MacDonald, Col James Taylor, Dr. Peter Doig, Dr. Farzana Nawabi, Col Abdul Latif Sultani, Dr. Hasamuddin Alamyar, Maj Ashley Mark.

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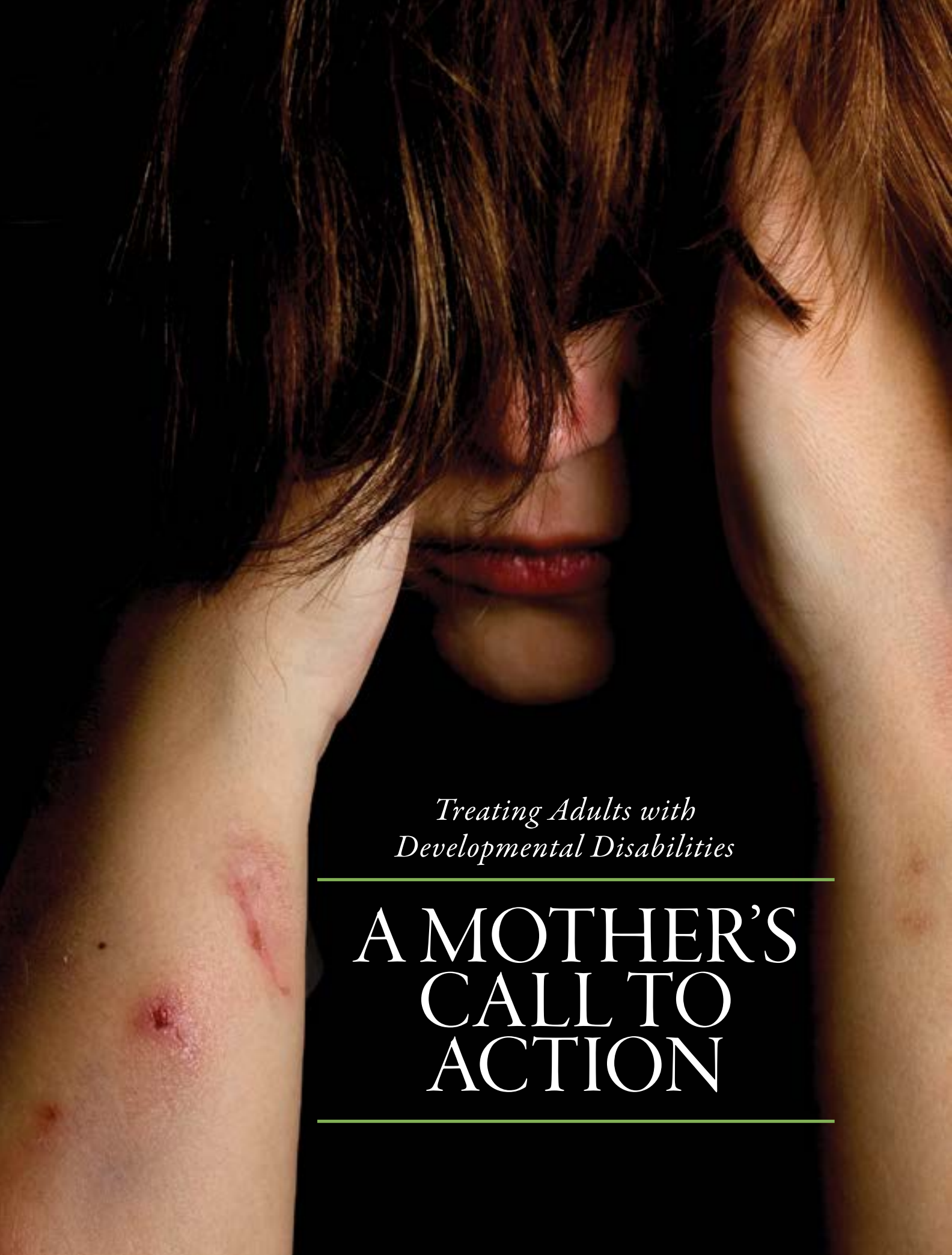
PLAN AHEAD

There are many places to learn more about our beautiful city and province to help you plan your time here. One thing is for sure—you will need to come early and stay late to make the most of your trip.

To plan your visit and learn more about what you can do in and around St. John's visit **www.destinationstjohns.com**

To learn more about what to do in Newfoundland and Labrador visit **www.newfoundlandandlabrador.com**



Treating Adults with Developmental Disabilities

A MOTHER'S CALL TO ACTION

Autism, Down syndrome, cerebral palsy, mental retardation and fetal alcohol syndrome are all forms of developmental disabilities (DDs). Individuals with DDs represent between 1% and 3% of the Canadian population[1] and require special care from skilled professionals to achieve and maintain oral health.

A retired lawyer specializing in health concerns, Joan Rush decided in 2013 to focus her efforts on lobbying for improved dental services for adults with DDs. The cause is close to her heart: her 28-year-old son Graeme was diagnosed with autism at the age of 3. In 2013, Ms. Rush published a report titled Help! Teeth Hurt—Government's Obligation to Provide Timely Access to Dental Treatment to B.C. Adults Who Have Developmental Disabilities: A Legal Analysis. *CDA asked for her perspective on the access to dental care challenges facing adults with DDs.*

Joan Rush

CDA: Your report focuses on provincial obligations toward adults with DDs, including the need to secure sufficient funding to cover the cost of dental treatments and to create special needs clinics for timely access to operating rooms (ORs). Were provincial governments receptive to the recommendations made in your report?

Joan Rush: While my report focuses on the obligations of the British Columbia (BC) government, the problem exists across Canada.

The provincial government did not directly respond to my recommendations. However, extra OR hours have been authorized to reduce the 2- to 3-year waiting lists for dental treatment in hospitals. In addition, the government initiated an audit of services to adults with DDs, and the Representative for Children and Youth agreed to review the problem. I hope these investigations spur the creation of lasting measures to ensure timely access to dental treatment.

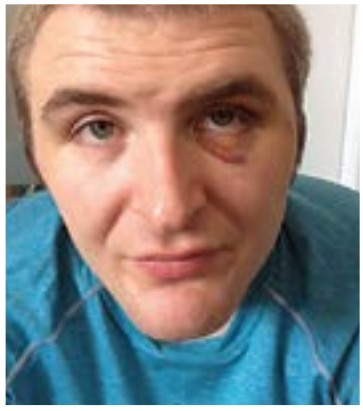
The BC dental plan typically runs a surplus at year-end, which is diverted to other uses within the ministry. The coexistence of a surplus and long wait times for treatment highlights both the barriers to treatment and the constraints on accessing coverage. That is why I hope government revises the plan to make it more accessible, in addition to increasing coverage to recognize the complexity and time involved in treating patients with DDs.

At the federal level, I believe a national oral health strategy for adults with DDs should be part of the public dental health program.

Do you think dentists receive enough training at the undergraduate level to treat patients with DDs?

Absolutely not. I learned from my research that dental students typically receive no clinical training on treating patients with special needs at the undergraduate level. The Commission on Dental Accreditation of Canada does not include a mandatory accreditation requirement that all students must be qualified to provide care for adult patients with special needs. In fact, it is my understanding that even the pediatric programs only offer an elective on treating this patient group. (*Ed. Note: All graduate-level pediatric program residents must provide care for special needs children.*)

> *At the federal level, I believe a national oral health strategy for adults with developmental disabilities should be part of the public dental health program.*
>
> - Joan Rush



The cause is close to Ms. Rush's heart: her son Graeme was diagnosed with autism at the age of 3. Non-verbal individuals with DD may express dental pain with self abuse, as was the situation with Graeme.

In my opinion, not ensuring that undergraduate dental programs require their graduates to achieve clinical competency in treating adults that have special needs constitutes a form of discrimination against these members of our society. Dentists should not turn away special needs patients, but some may do so because they don't feel qualified to treat them. I believe that the Canadian Dental Regulatory Authorities Federation and the faculties of dentistry should approve the creation of a specialty in special needs dentistry, like the ones in the United Kingdom, New Zealand and Australia, for example.

What advocacy efforts would you like to see from the profession?

CDA has advocated, along with other health care associations, for the maintenance of health and dental services for refugees. I believe the profession should petition just as strongly for better dental plans and greater access to treatment for adults with DDs—these people deserve the same high quality of dental care as all Canadians.

CDA could also advocate for enhanced training of undergraduate students and seek enhanced funding of faculties from the federal and provincial ministries of advanced education.

What solutions would you propose to help address the issue?

The dental profession could approach the dental industry and health foundations to help fund special needs clinics. Further, the profession could approach the Canadian Life and Health Insurance Association for its member companies to fund costly dental treatments (similar to the funding assistance for costly drugs), for assistance enhancing the typically underfunded provincial dental plans, or for assistance creating a suitable pan-Canadian dental plan for adults with DDs.

Finally, I think the profession could encourage dentists to offer low-cost and free dental treatment to adults with DDs as part of individual philanthropy. Another option would be to advocate the federal government so that the value of any unpaid treatment (e.g., the differential between government plans and provincial fee guides) is tax-deductible for dentists treating patients with DDs.

Reference

1. Sullivan WF, Berg JM, Bradley E, Cheetham T, Denton R et all. Primary care of adults with developmental disabilities: Canadian consensus guidelines [accessed 2014 Feb 14]. Available: www.cfp.ca/content/57/5/541.full.pdf.

This interview has been condensed and edited.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

– Photos of Graeme provided by Joan Rush

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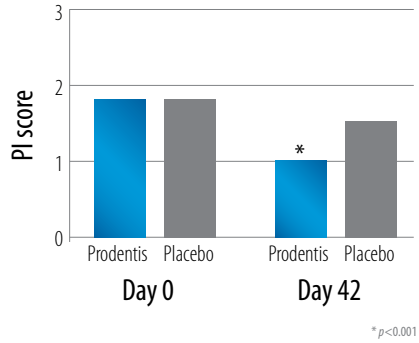

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1. Plaque Index on a scale from 0, for no plaque, to 3, for abundance of soft matter within gingival pocket and tooth surface
2. Split-mouth design, double-blind, randomized, placebo-controlled trial of 30 patients with chronic periodontitis
3. Vivekananda MR, Vandana KL, Bhat KG. Effect of the probiotic Lactobacilli reuteri (Prodentis) in the management of periodontal disease: a preliminary randomized clinical trial. J Oral Microbiol. 2010;2:2.
4. When used in conjunction with good oral hygiene.

Treating Adults with Developmental Disabilities

The Chairside Perspective

Dr. Clive Friedman

Dr. Clive Friedman of London, Ontario, is a pediatric dentist. He is a past president of the International Association for Disability and Oral Health (iADH) and the Academy of Dentistry for Persons with Disabilities. He was instrumental in developing the iADH undergraduate curriculum document on special care dentistry published in 2013. CDA asked Dr. Friedman for his thoughts on Joan Rush's experiences.

While recently giving a lecture to a final-year class, I asked the students if they thought access to care for persons with disabilities was an issue. Interestingly, about half of them said no. "After all," they replied, "we have hospitals where these people can be treated, and pediatric dentists can take care of them." Clearly, they did not perceive this to be an issue at all.

Koneru and Sigal found in a recent study[1] that 80% of dentists in Ontario are willing to see persons with disabilities, and the Association of Canadian Faculties of Dentistry says in its introduction to competency statements for undergraduate curricula[2] that all competencies equally apply to individuals with special needs. If this was true, then people like Joan Rush's son would never have a problem getting access to care.

The situation Ms. Rush describes is unfortunately not an isolated one and certainly not limited to BC. A 12-year-old girl with autism presented just recently in my clinic. She originally came from a town in Ontario where she was held down by 5 people in order to be administered a general anesthetic for a cleaning and exam. She subsequently moved to London, where she managed to obtain an examination and treatment with a "sleep dentist"—again under general anesthesia. Her extreme stress in a medical or dental environment was palpable merely with her attending the office. Even though the practitioners she consulted before perhaps had the expertise to do the actual dental treatment, the impact they had on this patient was devastating. In my opinion, willingness to treat does not equate access to appropriate care.

> *By improving education and increasing the number of clinicians who are able to treat this population, the work can be spread among many, leaving only the most difficult to be taken care of within the hospital or specialist community.*

A bigger problem exists in the population transitioning from pediatric to adult care. There is a dearth of practitioners prepared to treat these patients as they enter into adulthood and worse yet those of the geriatric population with special needs.

A study by Sherman and Anderson[3] found that of the 10 schools of dentistry in Canada, 5 provided no specific didactic instructions and 5 devoted no clinical time to treatment for patients with disabilities. In my opinion, our current education system is not addressing these issues and fails to prepare dentists to appropriately treat this population. In order to be competent in treating and knowing one's capabilities in assessing and treating a person with special needs, I do not believe that even the school with the upper limit comes close to providing an educational background that allows dental practitioners to adequately treat persons with special needs.

Research has shown the impact of social stratification prevalent among this marginalized community. Consequences of this inequality can be tempered by the social climate and culture and shaped by those who lead and teach. Our profession can have an impact—and it should be with education. I believe our current leaders need to make a bold paradigm shift in educational requirements and standards in order for this to change in our current curricula.

Most special needs patients receive treatment through government-sponsored programs, meaning that their dentists only receive on average between 40% and 50% of their customary fees. And since many practitioners run an overhead of 60% to 70%, they are in fact providing this care for free. So in answer to Ms. Rush's request that CDA petition dentists to treat individuals for free or at a lower cost: this is already occurring. The problem is that hospitals and a limited number of practitioners are bearing this financial burden. By improving education and increasing the number of clinicians who are able to treat this population, the work can be spread among many, leaving only the most difficult to be taken care of within the hospital or specialist community.

Advocating as Ms. Rush suggests for a tax deduction is a novel approach. Another would be to advocate for a federal program to support residencies specifically related to training new dentists in special needs dentistry. Perhaps, as in Ireland, Britain, Japan and Argentina, this could result in special care being designated a specialty—thereby increasing its credibility among the profession and providing an increase in expertise and maybe a motivation to treat this population.

Rather than continuing to react to the past and do yet another study to show the inadequacy of care, it might be time to engage in conversations that focus on generating a culture where all can obtain care in a timely and safe fashion. I believe we are called to a leadership and a vision that embraces access to care that focuses on a combination of education, funding, private and public resources and advocating for changes in all these arenas.

References

1. Koneru A, Sigal MJ. Access to dental care for persons with developmental disabilities in Ontario. *J Can Dent Assoc.* 2009 Mar;75(2):121.
2. Association of Canadian Faculties of Dentistry. ACFD Educational Framework for the Development of Competencies in Dental Programs [access 2014 March 12]. Available: http://acfd.ca/about-acfd/publications/acfd-competencies/.
3. Sherman CM, Anderson RD. Special needs education in Canadian dental school curriculum: is there enough? *J Can Dent Assoc.* 2010;76:a11.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

A Tool Kit for Dentists

- Dr. Friedman discusses the effective delivery of oral hygiene instructions to children with autism.

  oasisdiscussions.ca/2013/05/07/aut

- Karen Raposa and Dr. Steven Perlman are co-editors of *Treating the Dental Patient with a Developmental Disorder.* Ms. Raposa is on the CE program at the CDA/NLDA Convention in August 2015.

  ca.wiley.com/WileyCDA/WileyTitle/productCd-0813823935.html

- The CDA Position on Provincial Funding of Hospital-Based Dental Services and Post-Graduate Dental Education explains the critical importance of maintaining hospital-based dental services for those with developmental disabilities.

  cda-adc.ca/_files/position_statements/fundingHospitalDentalServices.pdf

- The National Institute of Dental and Craniofacial Research (US) offers tools on practical oral care for people with developmental disabilities for health professionals and caregivers.

  nidcr.nih.gov/OralHealth/Topics/DevelopmentalDisabilities/default.htm

WE WANT TO HEAR AND LEARN FROM YOU

— What are your experiences with treating patients with developmental disabilities?
— Do you treat adult patients with developmental disabilities?
— Do you feel appropriately trained in this area?
— What avenues should be explored to offer better oral care to these patients?

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1. GSK data on file, 2013. 2. Lussi A. Erosive tooth wear – a multifactorial condition. In: Lussi A, editor. Dental Erosion – from Diagnosis to Therapy. Karger, Basel, 2006. 3. Lussi A. *Eur J Oral Sci.* 1996;104:191–198. 4. Hara AT, et al. *Caries Research.* 2009;43:57–63. 5. Lussi A, et al. *Caries Research.* 2004;38(suppl 1):34–44.

Access to Care

ONTARIO UNIVERSITIES TAKING ACTION

Dr. Joonyoung Ji (shown) is a dental anesthesia resident at the University of Toronto.

Many Canadians with special needs struggle to access dental services. To help remove some of the existing barriers to care, the two Ontario dental schools—the University of Toronto Faculty of Dentistry and the Schulich School of Medicine & Dentistry—have designed facilities and programs focused on treating underserviced populations.

This reflects a commitment to delivering dental care to all Canadians, and ensuring access to general anesthesia (GA) for those in need—children, individuals with special needs, and anxious or medically complex patients. It is also part of an effort to build and sustain excellence in dental education by providing unique training opportunities for dental students.

University of Toronto

At the University of Toronto, residents in pediatric dentistry and dental anesthesia, along with undergraduate students, provide care under GA. "We are improving access to care for children while also carrying out our educational mandate in training both graduate and undergraduate students in performing dentistry on patients under anesthesia," says Dr. Daniel Haas, Dean of the Faculty of Dentistry. "We also train our dental anesthesia residents in giving general anesthetics to children."

> *"We often see parents and patients who are overwhelmed, and sometimes even embarrassed, by their oral health needs or that of a child. I think they are very appreciative when they find a team to provide the care and compassion they need, and reassured that their safety is always prioritized in an environment that specializes in anesthesia services."*
>
> — Dr. Michelle Wong, dental anesthesia resident, U of T

These efforts have a long history. Residents have been treating children under GA at the Hospital for Sick Children (SickKids) since the 1950s. At first, patients included children with special needs as well as young, uncooperative kids with extensive dental disease. In response to SickKids' decision in 2005 to focus only on children under the age of 3 with early childhood caries (ECC) and children with special needs, the U of T Faculty of Dentistry opened the Pediatric Dentistry Surgicentre. The facility, which covers both pediatric dentistry and dental anesthesia, offers care to uncooperative children 3 years and over with extensive treatment needs. The wait time for dental care under GA is currently well over 18 months.

The late Dr. Norman Levine addressed the issue of providing care to adults with disabilities by developing in 1974 the Mount Sinai Hospital Dental Program for Persons with Disabilities, a co-venture with the University of Toronto Department of Pediatric Dentistry. Clinics at the Faculty of Dentistry and Sunnybrook Health Sciences Centre department of dentistry have also been collaborating since the 1970s to meet the needs of dental phobic and medically complex adults.

Schulich Dentistry

Access to care issues are common to many communities, and Southwestern Ontario is no exception. Hospitals in London, Ontario, have seen a consistent reduction in operating-room time allocated for dentistry, leading to wait times of approximately 14 to 18 months.

Aware of the need to provide dental services under GA for people with disabilities and those who cannot afford dental care, Schulich Dentistry completed construction in early 2014 of its General Anesthesia Suite. Located on campus, the facility will offer students the opportunity to participate in the oral care of patients who require GA.

Photo credit: Jeff Comber, University of Toronto, Faculty of Dentistry.

"Schulich Dentistry is becoming a champion for oral health care of underserviced children, special needs patients and the growing geriatric population. Our new suite is pivotal in this mission," says Dr. Harinder Sandhu, Director of Schulich Dentistry. (*Ed. Note: Dr. Sandhu was director from 2006–2014.*) "Through this suite, we will enhance our educational programs and train our students to gain the knowledge and sensibilities to provide care to some of the most vulnerable populations. It is a milestone for Schulich Dentistry."

Funding Challenges Remain

Securing funding to develop such programs was no easy task. Both universities received provincial support, and the University of Toronto achieved additional funding through donations by alumni, instructors, and fundraising events. The costs associated with running these programs are covered by the schools' operating budgets. Although patient billings subsidize operations, financial sustainability remains an important concern for long-term success.

With the implementation of such unique programs, access to care has improved for children with ECC and wait times have been reduced. At the Toronto surgicentre, wait times are approximately 2 to 4 months. The goal is for Schulich Dentistry's new suite to also reduce wait times, but this will be assessed after the clinic comes into full service in 2015.

Both universities serve patients from communities all across Ontario. Approximately 20% of patients visiting the U of T surgicentre come from outside the Greater Toronto Area, and individuals from Northern Ontario make the journey down to London. There are no restrictions for patients coming in to either centre, as long as they can arrange for transportation. Patients can access these clinics through referrals from public health programs or general and specialty dentists.

Through their facilities and programs, both the University of Toronto and Schulich Dentistry are working to better service those in need.

Article by Alexandra Rabalski

Ms. Rabalski is a first year dental student at McGill University. She is also a contributor to Oasis Discussions (oasisdiscussions.ca).

Schulich Dentistry General Anesthesia Suite (below).

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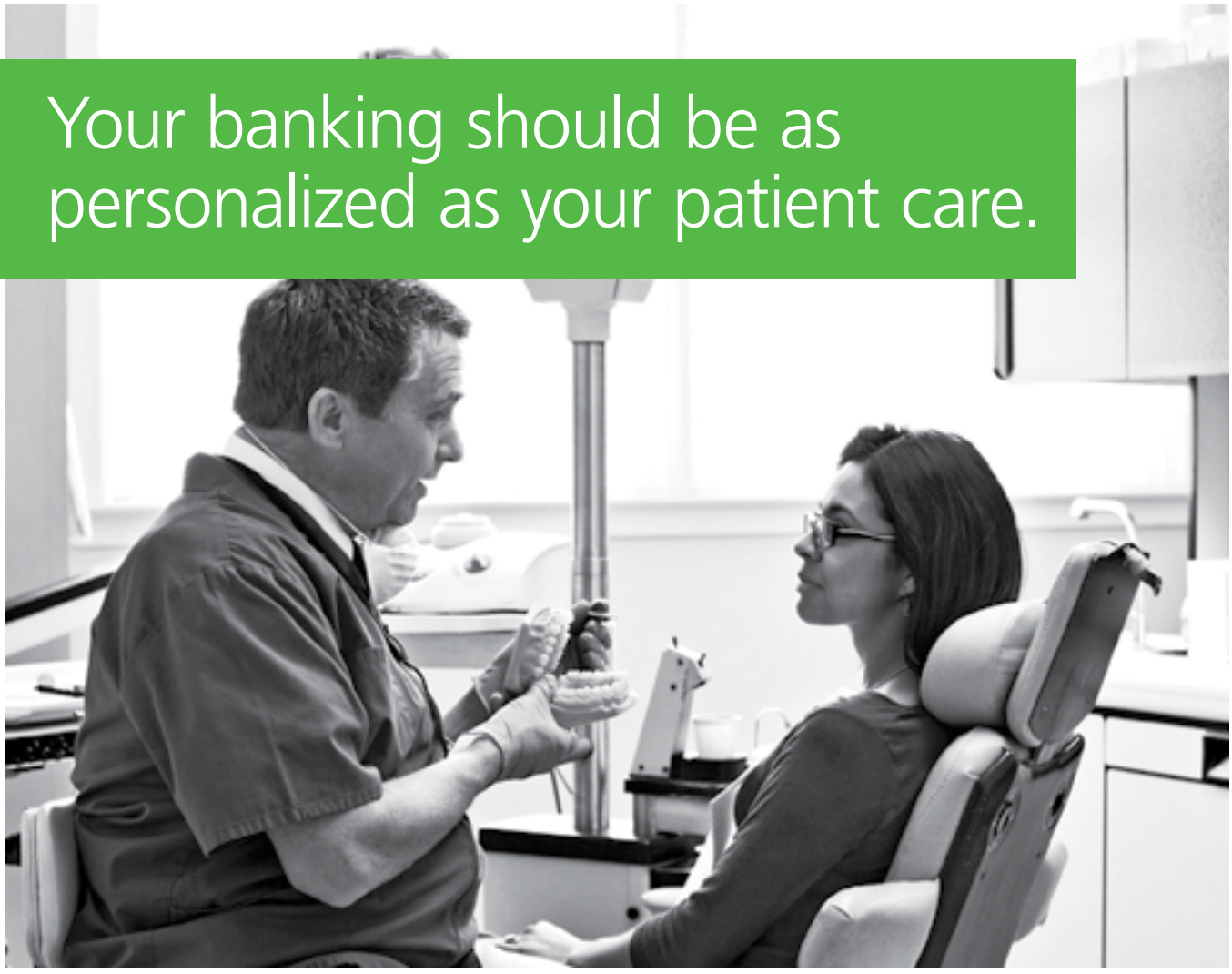

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Clinical Summary

*The following is based on a research article originally published in the 'Clinical Review' section of **jcda.ca**—CDA's online, open access scholarly publication that features articles indexed in Medline, Journal Citation Reports and Science Citation Index.*

A MACROECONOMIC REVIEW
of Dentistry in Canada in the 2000s

Chantel Ramraj
MSc

Eleanor Weitzner
MSc

Rafael Figueiredo
DDS, MSc

Carlos Quiñonez
DMD, MSc, PhD, FRCD(C)

A team of researchers conducted a macroeconomic review of dentistry in Canada in the 2000s. Their findings were presented in a Clinical Review article on JCDA.ca in 2014. CDA discussed the research with one of the authors Dr. Carlos Quiñonez, associate professor and director of the dental public health program at the University of Toronto.

What did you want to examine with this study?

- Over 20 years ago, Dr. James Leake, my predecessor in dental public health at the University of Toronto, began providing macroeconomic reviews of the dental care market in Canada. Along with his students, he examined the time periods of 1960–80, the 1980s, and the 1990s. These articles were highly influential in my academic life, so I wanted to continue his excellent work given the solid analytical framework he provided.

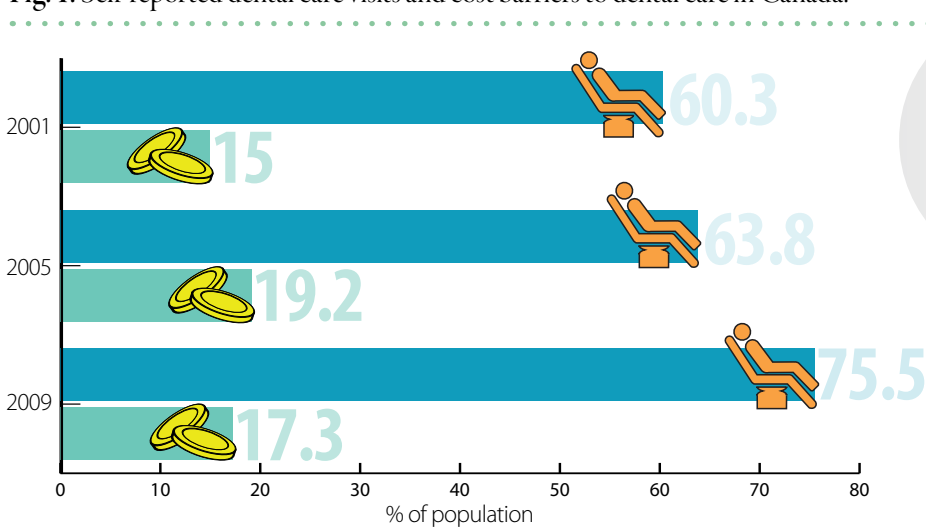
  In short, reviewing the economics of the dental care market from a macro perspective is important in order for us to understand trends in spending, human resources, utilization, access to care and ultimately public policy.

What are some of the key findings of your study?

- Dental care spending continues to increase year over year, with a greater proportion of this spending coming from out-of-pocket expenditures, as opposed to private or public insurance. The role of private insurance is actually diminishing, and there has been a rise in government investments in dental care—although in relative terms, these investments still remain quite small. So small in fact that Canada now ranks behind the U.S. in terms of per capita spending on publicly financed dental care.

  The percentage of the population visiting the dentist has steadily increased, while self-reported financial barriers to dental care also increased (**Fig. 1**). The number of

Fig. 1: Self-reported dental care visits and cost barriers to dental care in Canada.



Over the study period, the prevalence of self-reported dental visits increased from 60.3% in 2001 to 75.5% in 2009

Self-reported cost barriers to dental care increased slightly from 15% in 2001 to 17.3% in 2009

Self-reported visits to the dentist in the past year

Self-reported cost barrier to dental care

Sources: Statistics Canada, Health Canada.

dentists and dental hygienists compared to the overall population has increased, indicating that the growth of dental human resources is outpacing population growth in Canada.

Were these findings surprising or somewhat expected?

- We were surprised by the increasing share of dental care spending borne by families using after-tax dollars and the decline in the share borne by private insurers. We were also surprised by the general increase in utilization in the face of increasing affordability issues, even among middle-income populations.

What are the next steps?

- This study demonstrated the need to explore the quality of dental insurance, not just quantity. Employment-based insurance is still quite prevalent in the Canadian population, but its robustness (or quality) has diminished. We need to have a better understanding of these changes and their implications, especially for Canada's rapidly aging population.

More Online

Want to learn more about this study? Read the full article at **jcda.ca/article/e55**

What are the implications for dentists?

- Dentists will need to address issues of access to care not just for no- or low-income populations, but potentially for middle-income patients that have been with them for a long time. Whether that is through payment plans or other means, it may be that middle-income patients may face new challenges when engaging in treatments that they need or that have been recommended to them.

  In terms of dentists and their organized representation, there is a need to start thinking more strategically about access to care, as this will soon become the bailiwick of other public interest groups, such as those representing seniors and labour.

What's one takeaway message for your colleagues?

- Financial barriers to dental care are now more prevalent than ever, and this will impact how governments and the public perceive and engage with us as dentists and as a profession.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

CDSPI Funds Performance

Period ending December 31, 2014

CDSPI Funds can be used in your Canadian Dentists' Investment Program RSP, TFSA, RIF, Investment Account, RESP and IPP.

Canadian Growth Funds	MER	1 YEAR	3 YEARS	5 YEARS	10 YEARS
Aggressive Equity Fund (Fiera Capital)	1.00%	14.6%	15.9%	10.4%	6.6%
Canadian Equity Fund (Trimark)	1.50%	-2.4%	10.8%	6.3%	4.4%
Common Stock Fund (Fiera Capital)	0.99%	13.0%	9.0%	5.1%	6.3%
Dividend Fund (PH&N)†	1.20%	9.7%	12.2%	8.9%	5.8%
High Income Fund (Fiera Capital)†	1.45%	1.5%	9.9%	9.5%	n/a
TSX Composite Index Fund (BlackRock®)††	0.67%	9.7%	9.4%	6.7%	6.9%
International Growth Funds					
Emerging Markets Fund (Brandes)	1.77%	-0.6%	7.9%	2.3%	8.0%
European Fund (Trimark)†	1.45%	3.3%	19.7%	13.0%	6.0%
Global Fund (Trimark)	1.50%	10.0%	17.2%	11.8%	5.1%
Global Growth Fund (Capital Intl)†	1.77%	10.4%	19.5%	12.0%	6.9%
Global Real Estate Fund (Invesco)†	1.75%	23.9%	19.0%	12.0%	n/a
International Equity Fund (CC&L)	1.30%	0.7%	15.7%	7.4%	2.4%
Pacific Basin Fund (CI)	1.77%	9.5%	11.8%	5.8%	3.8%
S&P 500 Index Fund (BlackRock®)††	0.67%	22.6%	24.3%	16.5%	6.2%
US Large Cap Fund (Capital Intl)†	1.46%	20.0%	21.5%	13.3%	n/a
US Small Cap Fund (Trimark)	1.25%	17.9%	21.1%	17.7%	8.6%
Income Funds					
Bond and Mortgage Fund (Fiera Capital)	0.99%	1.9%	1.3%	1.8%	2.6%
Bond Fund (PH&N)†	0.65%	8.5%	3.4%	5.0%	5.1%
Fixed Income Fund (MFS)†	0.97%	8.2%	3.1%	4.5%	4.3%
Cash and Equivalent Fund					
Money Market Fund (Fiera Capital)	0.67%	0.4%	0.5%	0.3%	1.4%
Growth and Income Funds					
Balanced Fund (PH&N)	1.20%	11.1%	10.4%	6.9%	4.9%
Balanced Value Fund (MFS)†	0.95%	11.6%	12.4%	7.9%	5.6%
Corporate Class Funds					
Canadian Bond Fund Corporate Class (CI)†	1.10%	7.9%	3.2%	4.6%	n/a
Canadian Equity Fund Corporate Class (CI)†	1.65%	11.7%	13.9%	8.6%	n/a
Corporate Bond Fund Corporate Class (CI)†	1.25%	5.3%	6.9%	6.8%	n/a
Income and Growth Fund Corporate Class (CI)†	1.45%	10.0%	11.6%	8.6%	n/a
Short-Term Fund Corporate Class (CI)†	0.75%	0.4%	0.7%	0.6%	n/a
MANAGED RISK PORTFOLIOS (WRAP FUNDS)					
Index Fund Portfolios					
Aggressive Index Portfolio (BlackRock®)†	0.85%	11.5%	11.9%	8.4%	6.2%
Conservative Index Portfolio (BlackRock®)†	0.85%	10.7%	7.1%	6.8%	5.2%
Moderate Index Portfolio (BlackRock®)†	0.85%	11.1%	9.5%	7.7%	5.7%
Income/Equity Fund Portfolios					
Aggressive Growth Portfolio (CI)†	1.65%	9.8%	15.8%	9.6%	5.8%
Balanced Portfolio (CI)†	1.65%	9.4%	11.7%	8.3%	6.2%
Conservative Growth Portfolio (CI)†	1.65%	9.1%	12.6%	8.7%	5.9%
Income Portfolio (CI)†	1.65%	7.8%	7.7%	7.2%	5.8%
Income Plus Portfolio (CI)†	1.65%	8.5%	9.3%	7.4%	5.8%
Moderate Growth Portfolio (CI)†	1.65%	9.3%	13.9%	9.1%	5.8%

Figures indicate annual compound rate of return. All fees have been deducted.
As a result, performance results may differ from those published by the fund managers.
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Notice of Meeting

CANADIAN DENTAL ASSOCIATION
ANNUAL GENERAL MEETING

Friday, April 24, 2015

TAKE NOTICE that the Canadian Dental Association will hold its Annual General Meeting on Friday, April 24, 2015 at the Fairmont Chateau Laurier Hotel, Ottawa, Ontario.

Claude Paul Boivin
Executive Director
Canadian Dental Association

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Advertisers' Index

REMEMBERING DENTISTRY LEADERS

Brigadier-General (retired) DR. WILLIAM R. THOMPSON

Brigadier-General (retired) Dr. William R. ("Will") Thompson, of Belleville, Ontario—a distinguished leader in military and civilian dentistry both nationally and internationally—passed away on November 30, 2014, at the age of 91.

A veteran of World War II and the Korean War, Dr. Thompson first enrolled in 1942 as a Private dental assistant with hopes of becoming a dental laboratory technician, "a valuable skill set when I returned to training as a dentist after the war." As things would have it, his country needed him in another capacity and he soon transferred to the Royal Canadian Air Force where he served as an air navigator in the European theatre. At war's end he followed up on his ambition to become a dentist, graduating from the University of Toronto faculty of dentistry in 1949. In his last year of school he rejoined the Royal Canadian Dental Corps (RCDC), going on to serve for 35 years in uniform across Canada and in Europe, the United States and Korea.

With a deep concern for comprehensive care to the men and women in service, he advocated for uniformed preventive and specialty care providers and undertook specialty training himself, first at the Walter Reed Army Medical Center in Washington DC, followed by postgraduate studies in oral surgery at U of T. Reaching the highest rank in the RCDC of Brigadier-General and Director General of Dental Services, he was appointed to the Order of Military Merit in the grade of Commander in 1981. The current head of the RCDC, Colonel James Taylor, remembers Will: "He was truly an iconic figure in our Corps, and our last Director General with service in WWII and Korea. Having first met him when I was a young lad, I had the privilege over time of watching him meet the challenges of his many positions of great responsibility with the wisdom, fairness, kindness and probity for which he was so well known, as a consummate gentleman and professional."

Dr. Thompson's focus on clinical excellence did not prevent him from delving deeply into organized dentistry. While in uniform he served as chair of the Commission on Defence Forces Dental Services of the FDI World Dental Federation, followed by a term on the FDI Executive as its treasurer. He also served on the CDA Board of Governors and immediately upon retirement from the Canadian Armed Forces in 1982, Dr. Thompson was elected CDA president. At Dr. Thompson's Installation ceremony, outgoing president Dr. Donald E. Williams described his successor as a "friend, confidant, proven leader, a person who is dedicated to the betterment of dental health, not only in Canada, but internationally." In 1987, CDA recognized Dr. Thompson with an Honorary Membership for his outstanding contributions to the dental profession. He was appointed to the honorary position of Colonel Commandant of the Dental Corps from 1985–1990, and has served on the RCDC Senate since its inception in 2011.

In retirement, Dr. Thompson continued to enjoy life to the fullest, being engaged in dentistry affairs, giving back to his community through charities such as Meals on Wheels, and remaining physically active on his farm, traveling extensively and even cycling into his nineties.

Dr. William R. Thompson with his wife Carol at a recent President's Installation event in Ottawa.

..."friend, confidant, proven leader, a person who is dedicated to the betterment of dental health, not only in Canada, but internationally." — Dr. Donald E. Williams

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CLEARFIL MAJESTY ES-2 Classic Shades are the ideal choice for direct restorations due to its ability to blend seamlessly with surrounding tooth structure. **VITA Approved Shades** make shade matching easy!

Ask Koala.

Q. Why are CLEARFIL SE BOND 2 & CLEARFIL MAJESTY ES-2 classic shades the perfect pair for all your direct restorations?

A. **CLEARFIL SE BOND 2** has an improved catalyst chemistry for an even stronger bond. **CLEARFIL MAJESTY ES-2** classic shades offer intuitive shade matching with only a single shade. It is the only composite with **VITA Approved Shades** which match the **VITA Classical Shade Guide.**

Find out more - go to: kuraraydental.com/ask-koala

Questions for Koala?! Email us: info@kuraraydental.com

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